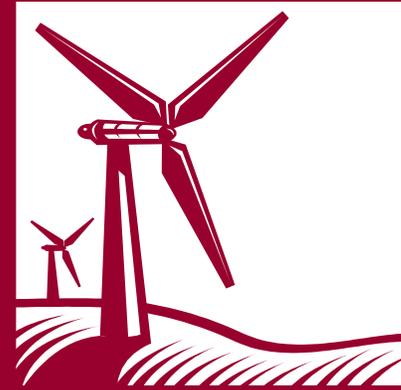


ACCESS UP *date*

April 2009



The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Health Care Access.

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Iowa Rural Health Champion

By Gloria Vermie, RN, MPH, Director State Office of Rural Health, Bureau of Health Care Access

Iowa like many other states is challenged to ensure health care access to rural residents. The facts and issues related to our geographical nature include; remote road conditions, travel time, and need for more providers who will live in small cities and towns to give care to our aging rural population and especially to farm families who may be struggling (but rarely complain) due to their underinsured status. All these factors sometime seem overwhelming. So what does it take to keep quality health care in rural areas? One answer is – an individual who will work relentlessly and who advocates for health reform and health care. Iowa is fortunate to have Cheryll Jones. She is a health care provider, and truly understands the issues and challenges related to rural health and life in an agricultural community. Cheryll is well-known and respected by her colleagues, at the legislature, in her farming community and by her patients.



Cheryll Jones

What about Cheryll – She received her BSN from the University of Iowa in 1969. She completed the Pediatric Nurse Practitioner Program at the University of Iowa in 1973.

She worked as a public health nurse at the Public Health Nursing Association of Linn County in Cedar Rapids from 1969 - 1974. She taught in the University of Iowa PNP program for two years from 1974 - 1976.

Currently she is employed as the Health Services Coordinator for the Ottumwa Regional Center of Child Health Specialty Clinics and has held this position since 1977. In her capacity as health services coordinator she provides diagnosis, evaluation and care coordination services for children with special health care needs which includes children exposed to drugs prior to birth. As part of these services Cheryll participates in the evaluation and follow-up of children with special health care needs through the use of telehealth. Child care is a special part of her life and one of her passions.

Continued on page 3

Featured Article

Behavioral Health Care of the Agricultural Population: A Brief History

By: Michael R. Rosmann

Keywords: agriculture, behavioral health, farm culture, rural

Abstract: *Historically, the behavioral health of the agricultural population has been affected by their economic well being. Sufficient research now exists to recognize the agricultural population as a health disparity group. A pattern of environmental, cultural, and economic factors unique to the agricultural community suggests a higher risk for health disparity among persons engaged in agriculture. This article traces the development of specialized behavioral healthcare services designed for the agricultural population. Gradually over the past few years a new field, agricultural behavioral health, has emerged.*

The land means everything to farmers. Ownership of a family farm is the triumphant result of the struggles of multiple generations of immigrants to America. Losing the family farm is the ultimate loss—bringing shame to the generation that has let down their forebears and dashing their successors' dreams. Farming has always been a stressful occupation because many of the factors that affect agricultural production are largely beyond the control of the producers, such as weather, disease, government policy, and changing supply/demand. The emotional well being of family farmers and ranchers is intimately intertwined with these changes.

Development of behavioral healthcare services specific to the agricultural population generally has accompanied periods of economic difficulty for farmers, ranchers, and farm laborers, such as the Great Depression of the 1930s and the Farm Crisis of the 1980s. The development of rural social work and the federal Works Progress Administration were responses to the great numbers of unemployed, displaced, and emotionally distressed rural people, who mainly were unable to continue farming or working in farming-related industries during the Great Depression. Similarly, the Farm Crisis of the 1980s contributed to a suicide rate among male farmers and ranchers that was nearly four times as high as the national average and led to a rash of homicides (e.g., shootings of farm lenders) and social protests (e.g., rallies at farm auctions), making the news on a daily basis. One response to the 1980s crisis was the institution, in a number of agricultural-based states, of telephone hotlines to provide confidential and free supportive counseling for farm and rural callers (e.g., Iowa Concern Hotline, Kansas Rural Family Helpline, Nebraska Rural Response Hotline, Wisconsin Farm Center).

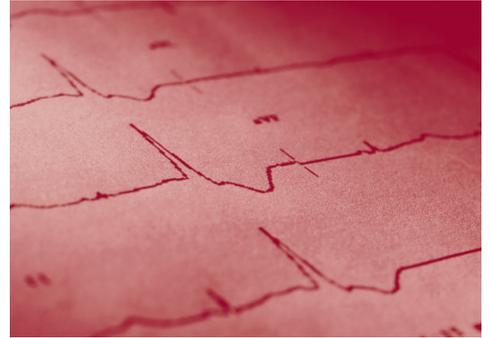
Read the entire article by Dr. Rossman at http://www.idph.state.ia.us/hpcdp/hca_resources.asp

Iowa Rural Health Champion Cont.

*Iowa Rural Health Champion
continued from page 1*

She is a practicing Pediatric Nurse Practitioner at Ottumwa Pediatrics, Ottumwa, Iowa. In this capacity she provides newborn nursery care.

Cheryll is a familiar profile on committees and in the board room. At the local community level she serves on the 4 Counties for Kids Empowerment Board, Community Task force on Drug Affected Infants/Children, Headstart Health Advisory Committee, Wapello County Healthy Community Committee, Davis County Council for the Prevention of Child Abuse, Wapello County Child Abuse Multidisciplinary Team, and Area XV Early Access Executive Committee. She is also a member of the Ottumwa Regional Health Center Board.



At the state level, she serves as the Legislative Chair of the Iowa Association of Nurse Practitioners, serves on Senator Tom Harkin's Nurses Advisory Committee, the Board of the Iowa Rural Health Association, the State Child Protection Council, Citizen Review Committee, and is co-chair of the Iowa Drug Endangered Children Alliance. She is a member of the Prevention of Disability Policy Committee. At the national level Cheryll is a member of the American college of Nurse Practitioners Public Policy Committee.

Cheryll lives with her husband Bob on the family farm in Davis County where they raise sheep and hay. The farm has been in Bob's family for 150 years and was recognized as a Heritage Farm in 2006. They are the parents of two children: Travis and Sarah and the grandparents of three grandsons: Bradley, Justen and Logan. Thank you Cheryll!

WE NEED YOUR HELP: Reader Survey

Dear Readers: We value your thoughts. This April 2009 newsletter is the third issue for the Bureau of Health Care Access. We have over 1040 subscribers who represent health care providers, organizations, partners, stakeholders and the general public. Please take approximately 3 minutes to complete the survey. The ACCESS Update should reflect news and information beneficial to readers. The survey will give us the opportunity to make changes and plan future issues. Thank You

[Complete the Survey](#)

Respond no later than May 8th

National Appointments and New Faces

New HRSA Administrator a Rural Health Advocate

Dr. Mary Wakefield began her appointment as the new Administrator for the Health Resources and Services Administration (HRSA) on March 10, 2009. She was most recently working in her home state of North Dakota, where she was the Associate Dean for Rural Health, and director of the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. No stranger to living “inside the Beltway,” Dr. Wakefield previously served as chief of staff to two United States Senators: Senators Quentin Burdick and Kent Conrad. The HRSA Administrator is a key position in the Department of Health and Human Services (DHHS). HRSA is a sister agency to the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS) and other major federal health agencies. President Obama appointed Dr. Wakefield on February 20, 2009, saying: “As a nurse, a Ph.D., and a leading rural healthcare advocate, Mary Wakefield brings expertise that will be instrumental in expanding and improving services for those who are currently uninsured or underserved.” Dr. Wakefield understands the challenges and rewards associated with delivering health care in rural America.



Dr. Mary Wakefield

CONGRATULATIONS & THANK YOU TO TIM FRY

Many Iowans involved in rural health know Tim Fry. Tim has been the Governmental Affairs Manager at the National Rural Health Association (NRHA) in Washington, D.C. In his role at the NRHA he has portrayed a source of energy and advocacy for rural health issues. Tim will be leaving the NRHA to assume a position in the Department of Health and Human Services (DHHS) where he will work directly with Centers for Medicare & Medicaid Services (CMS) and will continue his role in health policy. We are fortunate to have someone with Mr. Fry's extensive background and rural health knowledge in the CMS offices. On March 2, 2009, Tim gave an excellent webinar presentation for the National Organization of State Offices of Rural Health (NOSORH) on The Stimulus Bills Impact on Rural Health. [www.nosorh.org/events/files/TJF - NOSORH Call Feb 2009.ppt](http://www.nosorh.org/events/files/TJF_-_NOSORH_Call_Feb_2009.ppt) See the power point he used which clearly visualizes the issues and points. His Iowa colleagues wish Tim the very best in his new position and hope to see and hear more from him in the future!

April is National Minority Health Month



The IDPH Office of Multicultural Health (OMH) chooses Colon Cancer awareness and preventive screening services for Iowa's multicultural communities as its focus for National Minority Health Month, April 2009. In order to improve upon the disproportionate impact various chronic and communicable diseases have on Iowa's multicultural populations, OMH has partnered with the IDPH Iowa Comprehensive Cancer Control program (ICCC) - Barriers to Screening group to disseminate culturally-sensitive, educational materials to communities statewide regarding the importance of colon cancer screenings. They will also provide resources on free and low cost screening locations throughout the state.

ICCC is a collaborative effort program that pools community resources together in order to reduce the burden of cancer by working to achieve: prevention, risk reduction, early detection, better treatment, and enhanced survivorship. The initiative will target African American adults, aged 50 years and over. Distribution efforts will primarily focus on Polk, Black Hawk, Linn and Scott counties, however are not limited to those areas.

Cancer is the second leading cause of death in Iowa. African Americans die from cancer at higher rates than any other racial/ethnic minority group in Iowa. All educational and resource materials are free and available to community organizations wishing to increase awareness of colorectal cancer and improve screening outcomes. Colorectal Cancer Screening materials will soon be available for download on www.canceriowa.org. You may order materials by calling (319) 384-1741 or emailing brady@canceriowa.org. For more information about OMH and its initiatives please visit: www.idph.state.ia.us/hpcdp/mh_default.asp.

Iowa Legislative Update

Legislative Update

By Doreen Chamberlin, Bureau Chief, Bureau of Health Care Access

The legislative session is due to adjourn sometime in April although we continue to wonder if that will really happen. Much has been done and there remains more to be completed.

Bills of particular interest include the **Public Health Modernization Act**, HF 382.

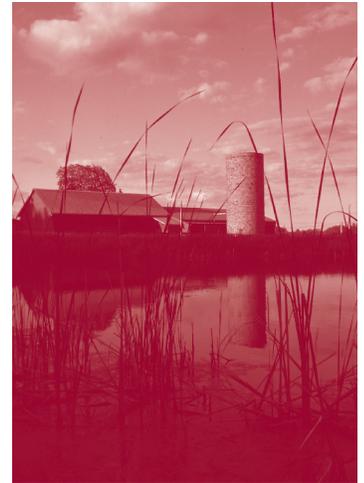
This act will allow boards of health, designated local public health agencies, and the department to increase system capacity, improve the equitable delivery of public health services, address quality improvement, improve system performance, and provide a foundation to measure outcomes through a voluntary accreditation program. This act will assure the public of the availability of a basic level of public health service in every community.

The Public Health Modernization Act, HF 382, received about \$161,000 in funding in the proposed Health and Human Services Appropriations bill. Lynh Patterson the departments legislative liaison states: "Although this is far less than the department's original request of about \$955,000, it is encouraging that legislators were able to appropriate some funds in such a challenging budget year." The Iowa Department of Public Health (IDPH) has developed a special webpage to track progress on this effort and remains a high priority for the department. You can get more information at <http://www.idph.state.ia.us/mphi/>

IDPH Drug Repository for Disasters and Emergencies, SF 377, passed the House April 2 and the Senate on April 8. It now awaits action by the governor. The original bill was amended to clarify that IDPH would only access prescription drugs from the Iowa Drug Donation Repository for individuals that have been victims of a disaster situation. More information of the Drug Donor Repository Program can be found at <http://www.idph.state.ia.us/hpcdp/ipddrp.asp>

The Bureau of Health Care Access is also tracking the bill introduced by Senator Hatch as [Senate File 389](#). While the greater focus of this bill is on insurance coverage there are sections that address workforce shortages and the establishment of medical residency programs and loan repayment programs. IDPH is requesting funds for staff to implement the programs in this bill but much remains to be seen. Numerous amendments have kept us busy wondering what will happen next as the bill continued to be discussed after being discussed in the Senate on April 21. The encouraging news is that the legislature is taking health care reform and the issue of health care workforce shortages serious.

Continued on page 7



Iowa Legislative Update Cont.

*Legislative Update
continued from page 6*

IDPH had to make cuts in the fiscal year (FY) 09 budget of 2 to 32 percent as a result of budget shortfalls. Health Care Access programs remained in tact through not filling two vacancies and some cuts to program contracts. FY10 remains to be seen however at this time cuts are being made to various programs that will result in a reduction of funds to contractors and a potential inability to fund new positions not filled from the Health Care Reform bill in 2008.

According to our legislative liaison, the legislature will work with the governor in crafting the final FY 2010 budget bills, they have already moved ahead with their own FY 2010 budget proposals. How much of the governor's recommendations will be incorporated into the final budget bills is yet to be seen. For further information on the governor's revised budget recommendations please go to <http://www.dom.state.ia.us/>. We anticipate that we will have to wait until at least the first week of May before we really know how the dust settles.

LINKS, RESOURCES & MAPS

Carol Lass Steinmetz, Iowa artist is well known for her rural landscapes and especially old barns in the Muscatine area. Carol's artwork is on display at the State Library April 7th through the 30th. See some of her colorful prints at www.statelibraryofiowa.org/services/steinmetzexhibit

Numerous health care workforce related resources, articles and tools are available at www.idph.state.ia.us/hpcdp/wf/resources.asp

Nationally there are several rural health workforce research projects and related pilots. To learn more visit the Rural Health Research Gateway at www.ruralhealthresearch.org/topics/100000045/currentprojects.php

MAPS: EBSCOHost, FirstSearch, NewsBank and Sanborn Digital Maps are information resources paid for by the State Library for its customers. Access these databases from your computer through our Web site at www.statelibraryofiowa.org. Click on Log in to Online Resources. To log in you will need a State Library card number. If you don't have a one you can register online at the [State Library of Iowa](http://www.statelibraryofiowa.org).

USDA Economic Research Service - [State Fact Sheets](#) contain frequently requested data for each State and for the total United States. The latest (2008) data on county and State population estimates are also available. This is great information for grant applications.

[The Joint Commission](#) and [American Heart Association](#) announced New Joint Commission Certification to Encourage Exemplary Care in Heart Failure. [The Disease-Specific Care Advanced Certification Program in Heart Failure](#) is certificate of distinction recognizes hospitals that are making exceptional efforts to foster better quality of care and outcomes for heart failure patients.

Worth Noting

Health literacy project offers a new tool for health care providers

What condition is a stronger indicator of a person's health than age, income, employment status, education level or race? What condition costs the U.S. economy between \$106 billion and \$238 billion annually? What condition affects 90 million American's ability to understand and use health information? The answer to all of these is low health literacy.

Health literacy refers to an individual's ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Rural Americans are particularly at risk low health literacy because of the higher incidence of poverty and lower educational levels as compared to metro areas. Low health literacy results in medication errors, more emergency room use, less use of appropriate health screenings, wrong diagnoses and many other negative consequences to the individual, community and health care system.

"Think of the people who walk through your clinic, rural hospital, public health, or health care facility doors everyday," urges Don McCormick, coordinator of the *Plain & Simple* health literacy project at the Iowa Department of Public Health. "We know that about 36 percent of Americans have basic or below basic health literacy skills. As many as 53 percent possess only an intermediate level of health literacy. Now think of the last time you had a meeting in your organization dedicated to health literacy. Has your response been commensurate to the problem?"

If your organization hasn't addressed the issue of health literacy or needs a refresher course, the *Plain and Simple* project has a discussion-based health literacy awareness package that may help. "All you need is a DVD player, a group facilitator, 60 to 90 minutes at your next staff meeting, and a willingness to discuss this important issue," McCormick said.

Included in the stand-alone awareness building package is a DVD with videos of real people speaking candidly about their low health literacy, discussion materials, and a copy of the *Health Literacy Style Manual*. The package also introduces the *Plain & Simple* Web site, www.idph.state.ia.us/health_literacy. In addition to the home page, information on the site is divided into seven subcategories: News, Tools, Readability, Examples, Stories, Resources and Research.

To see if the *Plain & Simple* health literacy awareness building package can benefit your organization, contact Don McCormick at 515-281-6692 or dmccormi@idph.state.ia.us. Use the same contact information to contribute to the *Plain & Simple* Web site. In particular, rural partners may have much to share in the way of stories or "before and after" samples on the examples tab.

Worth Noting Cont.

White House - Health Care Forum

On March 23, 2009, Iowa hosted one of five National White House Forums on Health Reform. The forum was planned through the Governor's office and coordinated by the Iowa Department of Public Health. The two hour agenda included a video from President Obama. Others on stage offering remarks and information were; Governor Culver, Senator Harkin, Governors Mike Rounds of South Dakota, and Nancy-Ann DeParle, Director of White House Office of Health Care Reform, Senator Grassley planned to attend but was in Washington, D.C. for an important senate committee call. Several attendees offered testimony from the floor including stories of lost lives and health due to lack of health care and insurance. The overall theme of the day was "health reform this year!" Senator Harkin gave the time line for the fast moving reform and concluded with a comment that they expected to have a bill for the President's signature by October this year.

Iowa is recognized as one of the state leaders in the area of health reform. In December of 2008 the presidential transition invited communities to hold discussion groups around the nation. All 50 states participated and over 9,000 individuals came together. In Iowa the meeting was held on December 27, 2009, at Osterhaus Pharmacy in Maquoketa. A complete analysis was done of all the comments and discussions. During the community discussions and at the March 23 event "rural health", "rural disparity" and "rural access" were mentioned several times. Visit [Health Reform](#) for complete information on the community discussions. Go to [Iowa Health Care Reform](#) to learn more about what is happening in our state and who is involved.

Rural Nurses Opportunity: Three Schools of Nursing received special funding from HRSA to develop and deliver a Rural Nurse Initiative. University of Missouri - Kansas City has initiated an RN to BSN Rural program. The program targets rural nurses who want to pursue a BSN degree without leaving home. The long-distance on-line courses offered include the loan of a lap-top to all students. This initiative is one more strategy to increase nurses in rural areas. For more information link to [UMKC](#).

Program Announcements

PRIMARY CARE OFFICE NEWS

The Primary Care Office has received 45 applications from the National Health Service Corps (NHSC) for facilities in Iowa interested in recruiting or retaining primary care providers through the NHSC scholarship and/or NHSC loan repayment program. NHSC is planning to have an open call for loan repayment applications soon, but has not yet announced the date the application will be available. For sites that have applied for site designation but have not heard of the status of the designation, use this website to search for your site by address: <http://nhscjobs.hrsa.gov/Search.aspx> and/or contact Iowa's site advisor Sandra Selha at 301-446-1630 ext. 7206 or sselha@nhscrtsc.net.

The PCO has allotted all 30 of the State of Iowa J1-visa waivers for fiscal year 2009, and will provide an overview of waiver allotments in an upcoming Access Update. We will begin accepting applications for waiver slots for fiscal year 2010 on October 1, 2009.

The PCO continues to review health professional shortage areas in Iowa that are due for 4-year re-designations. We also will review non-designated areas for primary care, dental care, and mental health care shortages if we hear of a change in the provider workforce in that area that lends itself to a potential shortage designation. Facilities and/or providers can also contact us with changes in the primary care workforce that may result in a shortage of providers in the geographic area. These changes include retirements, relocations, and providers working less than full time. If you are unsure if your area is located in a federally designated shortage area, do a quick query at <http://hpsafind.hrsa.gov/>.

FLEX NEWS

The Iowa Medicare Rural Hospital Flexibility program recently awarded seven information technology grants. Forty-three critical access hospitals applied for funding. The purpose of this the grant is to increase access to quality health care services through Iowa Critical Access Hospitals by using information technologies that will reduce medical errors, improve the quality of care, expand staff skills and knowledge, and improve the workflow environment.

The Iowa Medicare Rural Hospital Flexibility program is collaborating with the Iowa Foundation for Medical Care and the Iowa Hospital Association to assist teams of hospitals in becoming trained in [TeamSTEPPS](#). This process focuses on improving patient hand-offs as the patient transitions through the healthcare system and the various providers the patients encounter. The FLEX program funding will cover the majority of the travel costs for the teams to attend Train the Trainer training.

HEALTH WORKFORCE NEWS

Health workforce seems to be on the minds of policymakers more and more these days.

Many of you have probably already scrutinized the federal stimulus bill pretty closely by now. While we don't know exactly what programmatic requirements will be attached to them, we do know that portions of the stimulus package are designed to address the health care workforce. We continue to watch for developments.

Also at the federal level, Senator Jeff Bingaman (NM) has introduced S790, also known as "Health Access and Health Professions Supply Act of 2009". You may access more information on the senator's Web site at <http://bingaman.senate.gov/news/20090402-01.cfm>.

Program Announcements Cont.

Iowa was recently mentioned in two of the headlines in a national newsletter about health care coverage for direct care workers. The newsletter is published as a project of the Paraprofessional Healthcare Institute (PHI) and is available here: <http://archive.constantcontact.com/fs095/1102018902972/archive/1102534604845.html>.

The Health and Long-Term Care Access Advisory Council is actively learning from various experts about workforce issues in Iowa and developing a strategic plan as required by HF 2539 Health Care Reform Legislation. The Council has its own page on the IDPH Web site: http://www.idph.state.ia.us/hcr_committees/care_access.asp. Please visit frequently to learn about the council's activities.

Senate File 389 was passed in the House on April 20th. If funded, this effort will include several workforce recruitment and retention initiatives. See Sec.61. [Health Care Workforce Support Initiative](#).

The Bureau of Health Care Access is interested in sharing your local health workforce training, recruitment and retention successes with others. If you would like to share your story, please contact Michelle Holst at 515-281-6211 or mholst@idph.state.ia.us.

SHIP NEWS

January, February, and March expenditures will be due on or before May 8, 2009.

The FY 2009-10 federal SHIP grant application was submitted on April 17, 2009. Notice of grant award should arrive in late August or early September.

Please update your records: IDPH SHIP program manager, Katie Jerkin's phone number has changed to 515-233-2831. As always feel free to contact Katie Jerkins at (515) 233-2831 or kjerkins@idph.state.ia.us with any questions and or concerns.

For more information regarding the SHIP program please visit http://www.idph.state.ia.us/hpcdp/ship_program.asp.

SORH NEWS

On March 31, 2009, SORH hosted a Rural Health Clinics (RHC) teleconference. The topics covered included the 2009 Governor's Designated RHC process, information from the Primary Care Office, the Division of Inspections and Appeals and a briefing from Centers for Medicare & Medicaid Services Region VII Rural Health Coordinator Robert Epps. Information and maps used during the call can be located at http://www.idph.state.ia.us/hpcdp/rural_health.asp. Our appreciation to Heather Hulscher at the [IA Hospital Association](#), who distributed information about the call to IARHC members.

On April 27, 2009, the IA SORH participated in a national webinar. The National Organization for State Offices of Rural Health (NOSORH) hosted a webinar on State Health Reform. Speakers included Jennifer Tolbert from the Kaiser Commission on Medicaid., Cathleen McElligott Director, MA Office of Rural Health, Michelle Holst, Workforce Programs Manager IDPH, and Gloria Vermie, Director IA SORH.

As health care reform and funds from the American Recovery and Reinvestment Act (ARRA) moves forward rural health issues will be identified and integrated into funding streams and initiatives. The Center for Rural Affairs in Lyons

Program Announcements Cont.

NE released a comprehensive issue brief [Health Care in Rural American](#). The 6- page brief lays out many facts, issues and presents research data.

The IDPH – State Office of Rural Health worked with other national groups and Senator Harkin’s office to get language inserted into the National Omnibus Appropriations Act which ensured that the FY 2009 money appropriated by Congress for grants to State Offices of Rural Health (SORH) will be distributed. If Congress had failed to insert the requested language, some policy makers questioned whether the Health Resources and Services Administration (HRSA) had the authority to fund the SORH grants that are awarded annual to all 50 states.

Notice: CMS Clarification on RHC Staffing Waiver: In November of last year, the Centers for Medicare and Medicaid Services (CMS) issued a memorandum to state survey and certification agencies regarding the RHC Physician Assistance/Nurse Practitioner/Certified Nurse Midwife Staffing waiver. In effect, that policy announcement limited the availability of the PA/NP/CNM staffing waiver to RHCs that were originally certified prior to 1997. Until this announcement was released, the PA/NP/CNM staffing waiver had been available to ALL RHCs, regardless of the year the clinic was certified.

The memo said that this was a “clarification” of CMS policy and was being issued by CMS central office based upon a new interpretation of a change in the RHC statute that was approved in 1997. National agencies and associations provided with historical documents as well as information about the 1997 statutory change, the reason behind that change and the rationale for the change.

After reexamination, CMS rescinded the “clarification” issued last year on the PA/NP/CNM staffing waiver and made it clear that the opportunity to seek a one-year waiver of the staffing requirement is available to ALL federally certified RHCs, regardless of the year the clinic was initially certified. The ONLY limitation is that clinics seeking initial certification (so-called “new” clinics) cannot seek a staffing waiver contemporaneous with their RHC application. In order for a clinic to be certified, it must have a PA, NP or CNM on staff and available to see patients at the time of certification. If, subsequent to certification, the RHC loses its PA, NP or CNM, the clinic can apply for a waiver.

Calendar and Events

National Rural Health Association Annual Conference

National Rural Health Association
May 5-8, 2009
Miami Beach, FL
202-639-0550
Mccamman@NRHArural.org

NARHC 2009 Summer Institute

June 3-5, 2009
Las Vegas, Nevada
Registration: www.narhc.org

Rural Nurse Conference June 2009 20th Anniversary Celebration

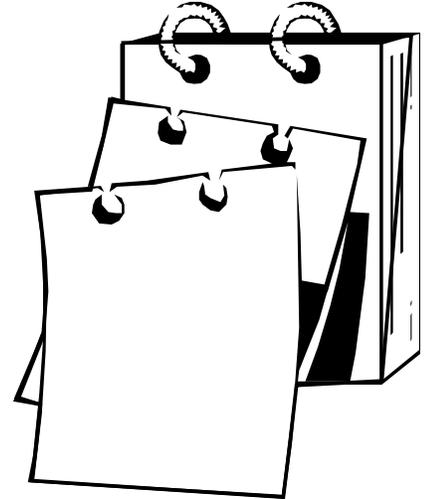
June 4-5, 2009
Boise, ID
www.isu.edu/nursing/opd/conference.shtml

Agricultural Medicine Course

Iowa's Center for Agricultural Safety and Health,
Great Plains Center for Agricultural Health
June 8-12, 2009
Hotel Vetro & Conference Center
201 S. Linn St., Iowa City
Early registration deadline is April 20
Registration: Kay Mohling at 319-335-4219 / kay-mohling@uiowa.edu
www.public-health.uiowa.edu/icash

2009 Immunization Statewide Conference

June 10-11, 2009
Hy-Vee Hall Downtown
730 3rd Street
Des Moines, IA 50309
www.trainingresources.org

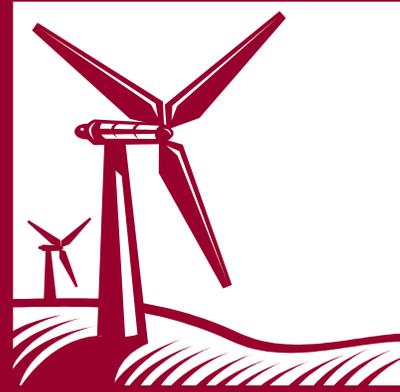


Agri Wellness Annual Conference Behavioral Health & Safety Conference

August 3-5, 2009
Sioux Fall Convention Center & Sheraton Hotel
Sioux Falls, South Dakota
<http://www.agriwellness.org/>

2009 NHSC Scholar Orientation Conference

The Bureau of Clinician Recruitment and Service
August 13-15, 2009
Tampa Marriott Waterside Hotel, Tampa, FL
Registration: Frank Ausby fausby@hrsa.gov



ACCESS UP *date*

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