

ACCESS UP *date*

August 2010

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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Foodborne Illness and Farmers' Markets

By: Patricia Quinlisk, MD, MPH, state epidemiologist/medical director

It's just another weekend in the ER of a community hospital in Iowa. Patient complaints run the gamut from injuries to childhood illnesses to diarrhea. They learn that quite a few patients have been seen complaining of sudden onset of diarrhea and vomiting. The local health department is called and an investigation finds that most of them had recently purchased food at the local Farmer's Market.



According to statistics from the Centers for Disease Control and Prevention (CDC), 76 million people in the U.S. suffer from acute illness due to foodborne pathogens each year. Over 325,000 of them are hospitalized for treatment and 50,000 die. Young children, the elderly, and those who are immuno-compromised are more apt to experience severe disease or die from their illness.

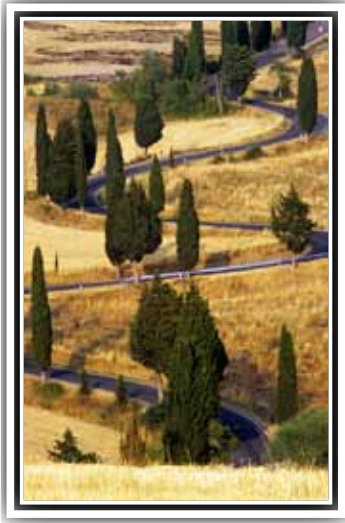
One of the great public health success stories of the last fifty years is the increased recognition of foodborne outbreaks and improvements in food safety. Identifying the cause of foodborne illnesses quickly is essential for a successful investigation and implementing control measures to prevent others from becoming ill.

The most common causes of foodborne illnesses in Iowa are Noroviruses, Salmonella, and Campylobacter. Symptoms of foodborne illness can include:

- Diarrhea, which can be bloody
- Vomiting
- Fever (usually with bacterial foodborne infections)
- Sudden onset of abdominal cramps and nausea
- Headaches, muscle aches, joint pain (usually from viral foodborne infections)

If foodborne disease is suspected, a stool test is essential; stool culture for bacterial causes and viral testing for Norovirus (the most common cause of foodborne illness

Foodborne Illness and Farmer's Markets Cont.



in Iowa), or possibly an O and P test if cryptosporidium, giardia or other parasites are suspected).

If anyone (doctors, nurses, social workers, patients, etc) suspects a foodborne outbreak, they need to report it immediately to public health officials: either their county health department or the state health department at (800) 326-2736.

Iowa Department of Public Health recently investigated an increase in illness due to Salmonella related to a freshly prepared fruit and vegetable product sold at a farmer's market in east-central Iowa. Farmer's markets are an excellent source of fresh fruits, vegetables, and other healthy foods, but it's important to remember that any freshly prepared fruit and vegetable product that is not properly refrigerated can be a potential health risk because they can allow bacteria to grow.

Because of warm temperatures, Iowans should be especially aware of food safety at farmers markets:

- Be aware that any freshly prepared fruit or vegetable product, such as hummus, salsa, cut fruit salad, and guacamole can be a potential health risk if not handled correctly.
- All these products must be kept refrigerated, both before and after the sale.

When shopping at a farmer's market, always remember:

- Only buy products from vendors who keep freshly prepared fruit and vegetable products cold, either in refrigerator units or on ice.
- Once purchased, keep freshly prepared fruit and vegetable products cold. If you plan to spend a lot of time at the market, bring a cooler or ice pack for storage.
- When you arrive home, place these products immediately in the refrigerator and eat within days.
- Any freshly prepared fruit or vegetable product that is not properly refrigerated should not be eaten, and should be discarded.

For more information on food safety, visit http://www.idph.state.ia.us/eh/food_safety.asp.

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Featured Article

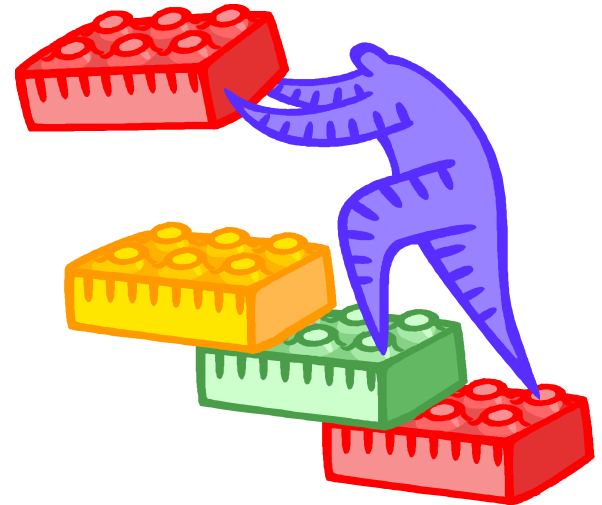
TeamSTEPPS® – What’s It All About?

By: Kate Payne, contract and projects manager, Iowa FLEX Program
Contributing writer: Mary Beth Sorensen, quality improvement advisor, IFMC

Iowa’s Critical Access Hospitals are serious about providing the highest quality of care, improving team work and communication, and patient safety. According to the [Iowa Healthcare Collaborative Iowa report summary](#), “For the past two years Iowa’s average performance was better than the national average for all 10 measures of patient experience.” The Iowa FLEX program works in partnership with stakeholder organizations to assist Iowa’s 82 Critical Access Hospitals to: improve the quality of healthcare, improve financial and operational performance, and to develop collaborative regional and local delivery systems.

In April 2010, the Iowa Medicare Rural Hospital Flexibility (FLEX) Program partnered with the Iowa Foundation for Medical Care (IFMC) to provide a train the trainer TeamSTEPPS® Master Training program to teams from the following seven Iowa Critical Access Hospitals (CAHs): Boone County Hospital, Buena Vista Regional Medical Center, Guthrie County Hospital, Franklin General Hospital, Jackson County Hospital, Kossuth Regional Health Center, and Van Buren County Hospital. TeamSTEPPS® = [Team Strategies and Tools to Enhance Performance and Patient Safety](#).

TeamSTEPPS® is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among health care professionals. TeamSTEPPS® includes a comprehensive suite of ready-to-use materials and training curricula necessary to successfully integrate teamwork principles into all areas of the health care system.



National Health Service Corps Update

National Health Service Corps is wrapping up the recently closed application cycle for loan repayment that was funded predominantly by the American Recovery and Reinvestment Act. Applicants who applied within the timeline will receive notice of awards by October 15th. As of the end of June, 75 primary care, dental, and mental health providers in Iowa were under a service contract to work in an underserved area of Iowa for a period of two years in exchange for up to \$50,000 in loan repayment.

TeamSTEPPS®

What's It All About? Cont.

The goal of TeamSTEPPS is to produce highly effective medical teams that optimize the use of information, people and resources to achieve the best clinical outcomes for their patients.

The CAHs were required to complete some pre-training assessments that included the [AHRQ Patient Safety Culture survey](#) and an assessment to determine their readiness to complete the training.

The participants left the two and one-half day training with powerful, evidence-based materials and skills to improve patient safety, communication and teamwork skills. Take home materials included: a TeamSTEPPS Manual with pocket guide and CD/DVD, two books, "Our Iceberg Is Melting" by John Kotter and "Why Hospitals Should Fly" by John Nance, along with a CD of additional culture change and patient safety materials. TeamSTEPPS can be customized and implemented across the entire facility or in phases targeting specific units or departments. Each hospital team will provide additional trainings for staff within each facility that will continue to produce highly effective teams that can resolve conflicts, improve information sharing, and eliminate barriers to quality and safety.



A few comments from participants included:

"Excellent resources, great/awesome speakers. Lots of good theory to now put into practice."

"Lots of great tools to take back to use!"

"Was better than I had expected it to be. Makes so much sense. Can't think of any reason why hospitals wouldn't want to implement this."

"I learned a lot that I will incorporate into my orientation and nursing orientation programs prior to going hospital-wide with TeamSTEPPS."

In conclusion, Iowa CAHs are committed to achieving the best outcomes for the patients they serve. If your hospital is interested in a future TeamSTEPPS train the trainer Master Program, please e-mail Kate Payne at kpayne@idph.state.ia.us.

Worth Noting

HPSA/MUA Methodology Committee Appointed

On July 9, the Health Resources and Services Administration announced the appointment of a committee to review and update the criteria used to define medically underserved areas (MUAs) and health professional shortage areas (HPSAs). The formation of this committee was required by the Patient Protection and Affordable Care Act. An area must have a HPSA designation to be eligible to apply for National Health Service Corps and State Loan Repayment, and the MUA designation is used as a basis for eligibility for Community Health Centers and Rural Health Clinics. There is also a bonus payment to physicians under Medicare for services provided in certain types of HPSAs. A variety of other federal and state programs use these designations to target resources to areas of need.

The committee comprises 28 key stakeholders representing programs that are affected by shortage designations. Those programs include:

- Community Health Centers,
- Rural health clinics and health care practitioners,
- Special populations with unique health care needs, and
- Technical experts in the areas of research in health care access and statistical methods.

Meeting schedules for the committee will be published in the Federal Register with a target date for a draft final proposal in July 2011. For more information and a list of committee members appointed, please visit <http://bhpr.hrsa.gov/shortage/criteriareview/committee.htm>.

Federal Office of Rural Health Policy Releases Network Planning Guidance

The Federal Office of Rural Health Policy announced the release of the Rural Health Network Planning Grant Guidance. This one-year program focuses on the development of an integrated health care network. Some examples of activities that can be conducted with the funds include: conducting a needs assessment, hiring a HIT consultant to determine HIT readiness, developing an economic impact plan and developing a strategic and business plan. Applicants can request up to \$85,000.

All applications must be submitted through <http://www.grants.gov> where applicants can click on Find Grant Opportunities, Basic Search and type in the funding opportunity number: **HRSA-11-085** or CFDA number **93.912**. All applications are required to be submitted electronically and due by **October 8, 2010**. ORHP strongly encourages applicants to submit their applications ahead of the due date to avoid any technical problems.

There will be a Technical Assistance Conference Call on Tuesday, August 31 at 1:00 p.m. Central Time. This call will provide further information on program purpose and requirements.

The number to access the call is:

Telephone Number: (888) 810-3951

Passcode: Network Planning

This call will be recorded for playback. Playback will be available until October 6, 2010, at: (888) 567-0495. For further questions on the Network Planning Program, please contact Eileen Holloran, eholloran@hrsa.gov or (301) 443-7529.

Worth Noting Cont.

Incentive Payments links...

The American Recovery and Reinvestment Act of 2009 authorized the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming 'meaningful users' of certified electronic health record (EHR) technology. These incentive payments begin in 2011 and gradually decrease annually through 2015. In 2015, providers who are not in compliance with the EHR and 'meaningful use' standards will be subject to financial penalties.

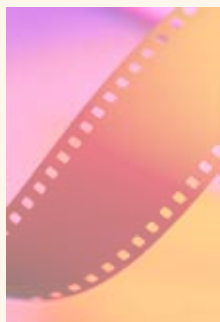
For more information on the incentive program visit: [National Rural Health Resource Center's Overview of the CMS EHR Incentive Program CMS EHR Incentive Program Fact Sheet.](#)

Additional Resources:

- CMS/ONC fact sheet on the rules, <http://www.cms.gov/EHRIncentivePrograms>
- Technical fact sheet on ONC's standards and certification criteria final rule, <http://healthit.hhs.gov/standardsandcertification>
- IFMC Health Information Technology Regional Extension Center (Iowa HITREC), http://www.iowahitrec.org/news_events

Immunization Registry Project

The IDPH Immunization Program has been working on a re-write to the existing version of the Immunization Registry Information System (IRIS). Immunization Program staff have identified an immunization registry that will address the current barriers for our users and will provide better functionality both now and in the future. The Immunization Program will be rolling out a new version of IRIS in 2011. Please 'stay tuned' for more details on this exciting project from the Immunization Program. IDPH will use the IRIS list serve to keep users apprised of upcoming changes to IRIS. To subscribe to the IRIS list serve, users can send a blank e-mail message to the following address: join-IRISUSERS@lists.ia.gov.



Please Send Your Pictures of Rural Iowa

When we say 'rural Iowa,' what do you see? Well, don't tell us, show us! We often use photographs in reports, documents, and on web pages to show off the rural landscape in Iowa. Please send any digital photographs that you have of rural scenery in Iowa (amateur shots are welcome!) to Lloyd Burnside, lburnsid@idph.state.ia.us.

Worth Noting Cont.

Access to Dental Care for Pregnant Women

Car seats. Baby gates. Childproof locks. For expectant mothers, many preparations must be made before the new baby arrives to ensure their safety and good health. However one of the most important preparations – regular dental visits for the pregnant mother - is often overlooked. Pregnant women are at an increased risk for periodontal disease due to hormonal changes during pregnancy, which has been associated with maternal diabetes and preterm births.



Dental care treatments are safe for women to receive during pregnancy, and since 2008 many women in Iowa have had better access to dental services, which has provided more incentive to seek care. In response to the low number of pregnant women on Medicaid who received dental care in Iowa, the Department of Human Services – Iowa Medicaid Enterprise partnered with the Centers for Disease Control and Prevention and the Iowa Department of Public Health - Oral Health Bureau to reinstate coverage for adult periodontal and endodontic services in Iowa. Since 2008, Medicaid provides reimbursement to providers for adult dental services, and pregnant women can receive preventive dental education and care coordination through the twenty-eight Title V Maternal Health Centers throughout the state.

The impact from the reinstatement of Medicaid coverage and increased preventive dental education has been significant. The number of pregnant Medicaid recipients who received root scaling increased from 10 in 2005 to 111 in 2009. In turn, the number of pregnant Medicaid recipients who received a full debridement increased from 12 in 2005 to 123 in 2009. The proportion of Medicaid recipients who received preventive dental care during pregnancy increased from 9.4 percent in 2005 to 21.2 percent in 2008.

Dental care access for pregnant women has been identified as a top priority in the Title V MCH Block Grant needs assessment, and further work to increase the awareness of dental care during pregnancy will be emphasized. For more information on oral health care for pregnant women, please contact the Iowa Department of Public Health – Oral Health Bureau at (866) 528-4020.

*The Iowa Department of Public Health would like to acknowledge the Maternal and Child Health Epidemiology Program, Applied Sciences Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion, Centers for Disease Control and Prevention for analytic support and preparation of this information.

Program Announcements

Center for Rural Health and Primary Care Advisory Committee

The Center for Rural Health and Primary Care Advisory Committee will be celebrating their 20th anniversary on September 9, 2010. The celebration and quarterly meeting will be held in the Lucas State Office Building from 9:30 a.m. to 2:00 p.m. in rooms 517 and 518. These meetings are open to the public. For more information visit http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp.

SHIP Year End Updates

Current SHIP grantees, your contract year ends on August 31, 2010. Please submit your general accounting expenditures (GAX) and budget forms immediately. If you have any questions or need assistance please contact Katie at (515) 233-2831 or kjerkins@idph.state.ia.us.

On August 24th, all SHIP contract administrators received an email including a Hospital Progress Report form. If your hospital did not receive this email and you participate in the SHIP program please contact Katie Jerkins at kjerkins@idph.state.ia.us. This progress report is due on or before September 21, 2010. Once the progress report is received your \$500 performance measure money will be released to your hospital.

State Office of Rural Health

The State Office of Rural Health (SORH) received notice of grant award for FY 2011-12 from HRSA: Office of Rural Health Policy. The grant amount helps sustain office infrastructure and allows for small funding amounts to support training for rural health care providers, for innovative projects, and to sponsor conferences for partner organizations.

To ensure rural health priorities, and access to health care, SORH staff participates on state committees and planning groups. This year funding for education and provider training included:

- Scholarships for physicians attending the University of Iowa Agricultural Medicine Core Course
- Sponsored speakers and registrations for Rural Health Clinic providers and staff attending the Annual Association of Rural Health Clinics
- Sponsored speakers and registrations for the Governor's Annual Public Health Conference
- Sponsored speakers and registrations for the IA Rural Health Association Annual Meeting
- Sponsored registrations for Critical Access Hospital participants in the TeamSTEPPS® training
- Funding for development of curricula for training mental health counselors

Farm Progress Show

The SORH will participate in the [2010 Farm Progress Show](#), August 31 - September 2 near Boone. The Iowa Department of Public Health is hosting a Health and Safety Tent. Several exhibitors in the large tent will offer health and safety related items. There will be mini-stage for education sessions, and the AARP Walgreens Wellness Tour Bus stationed near the tent will offer a variety of medical screenings. Click on the link above to learn more and to order discounted tickets. The Farm Progress Show is the largest agricultural event in the US. Farm families and ranchers come from around the nation to attend the events, eat good food and have fun.

Program Announcements Cont.

Save the Date Announcement

State Offices of Rural Health – Rural Health Clinics Webinar Series: Coding for RHCs Session II

September 9, 2010, 1-2 p.m. - No-Cost

For more information contact: gvermie@idph.state.ia.us

Go to http://www.idph.state.ia.us/hpcdp/hca_resources.asp under “Presentations” to see slides and information from the July 8, 2010, RHC Coding Webinar Session I

3RNet – Iowa’s Participation in the National Rural Recruitment and Retention Network

3RNet is the acronym for the National Rural Recruitment and Retention Network. This national organization includes one member from each of 49 states, one tribal nation, and one U.S. territory. Iowa’s membership is with the Iowa Department of Public Health, Bureau of Health Care Access. Contact Erin Drinnin at [Erin Drinnin](mailto:Erin.Drinnin@idph.state.ia.us), phone: (515) 281-3166.

Currently, there are 190 Iowa health professions vacancies posted at <http://www.3rnet.org>. In the months of June and July, Iowa’s 3RNet site had:

- 469 visitors
- 1050 views of job opportunities listed
- 54 new health professionals seeking jobs in Iowa
- 6 new vacancies posted by Iowa facilities

What is The Strategic Plan for Health Care Delivery Infrastructure and Health Care Workforce Resources?

In January 2010, the Iowa Department of Public Health (IDPH) submitted the first “Strategic Plan for Health Care Delivery Infrastructure and Health Care Workforce Resources” to the Governor and General Assembly. This is in fulfillment of IDPH’s charge in [Iowa Code 135.163](#) to “coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well qualified, diverse, and sustainable health care workforce in this state”.

The strategic plan is required to include several components or sub-plans. These include:

- A system assessment and objectives component
- A health care facilities and services plan
- A health care data resources plan
- An assessment of emerging trends in health care delivery and technology
- A rural health care resources plan
- A health care workforce resources plan

Program Announcements Cont.

The first plan objectives are focused on health and long-term care workforce, including:

- Codify the Iowa Health Workforce Center as the state's coordination point to address health workforce concerns in Iowa.
- Target and fund loan repayment programs and other recruitment and retention efforts to attract and retain health and long-term care professionals to underserved areas and underserved populations. Target and fund financial assistance programs for students of minority status.
- Support educational institutions, including Area Health Education Centers, and other entities in their efforts to create or update training, curricula and practicum experiences and in providing targeted continuing education opportunities for existing health professionals.

Development of the strategic plan occurs every two years. It involves a technical advisory committee made up of representatives from a variety of stakeholders. The technical advisory committee is called the Health and Long-Term Care Access Advisory Council.

If you would like to read the strategic plan or learn more about the council, please contact Michelle Holst or visit this page on the IDPH website: http://www.idph.state.ia.us/hcr_committees/care_access.asp. Strategic plan and council information is also provided in The Check-Up newsletter available at: <http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=CheckUp>.

Seeking Ideas for Next R&R Meeting

As part of the Bureau's efforts to support community recruitment and retention activities, we hosted a Recruitment and Retention Workshop in February. We learned a lot from the recruiters, human resources staff, and administrators who attended. Many attendees mentioned that more opportunities to network and receive technical assistance regarding recruitment and retention of health care professionals would be helpful. We would like to host another event later this year and we're looking for ideas. Take a minute to contact Erin Drinnin, edrinnin@idph.state.ia.us to share your suggestions for topics to help address current challenges related to recruitment and retention of health care professionals in Iowa. Thanks in advance for your input!

Congratulations - HRSA Rural Health Grants for Two Iowa Hospitals

The HRSA, Office of Rural Health Policy (ORHP) announced notice of grant awards for the Small Health Care Provider Quality Improvement program. The purpose of the grant is to improve patient care and chronic disease outcomes by assisting rural primary care providers with implementation of quality improvement initiatives using the Chronic Care Model and electronic patient registries.

Iowa recipients are Cass County Memorial Hospital in Atlantic which received \$99,884 and Pella Regional Health Center in Pella received \$93,331. Both hospitals displayed exceptional plans and models for community care through their hospitals.

In the last five years Iowa rural-based organizations have received approximately 2.5 million dollars in health grants. [Click here](#) to view information on ORHP grants.

Links, Resources and Maps

Updated Federal Poverty Guidelines: A federal register notice was published on August 3, 2010, updating the poverty guidelines for 2010. The guidelines will remain the same as for 2009. Legislation enacted in late 2009 and early 2010 prohibited publication of 2010 poverty guidelines before May 31, 2010, and required that the 2009 poverty guidelines remain in effect until publication of updated guidelines. <http://aspe.hhs.gov/POVERTY/10poverty.shtml>

CMS Website for the Medicare and Medicaid EHR Incentive Programs: This CMS web site provides up-to-date, detailed information about the Electronic Health Record (EHR) incentive programs. The site includes fact sheets, FAQs, links, etc. Under the tab for Hospitals there is a tip sheet for CAHs. <http://www.cms.gov/EHRIncentiveprograms>

Updated HPSA Maps Now Available: The maps depicting areas designated as federal Health Professional Shortage Areas (HPSAs) have been updated and are available as PDFs on the Bureau webpage. http://www.idph.state.ia.us/hpcdp/hca_resources.asp.

The Primary Care Office, within the Bureau of Health Care Access, analyzes areas of Iowa for designation as HPSAs following federal guidelines. As we are constantly analyzing areas of the state and always have applications for HPSAs in progress, the maps are simply a snapshot in time of designations statewide. HPSAs are an important tool in depicting areas of underservice in Iowa and are a requirement for many federal and state funding opportunities such as loan repayment, placement of international medical graduates, and bonus payments under the Medicare program.



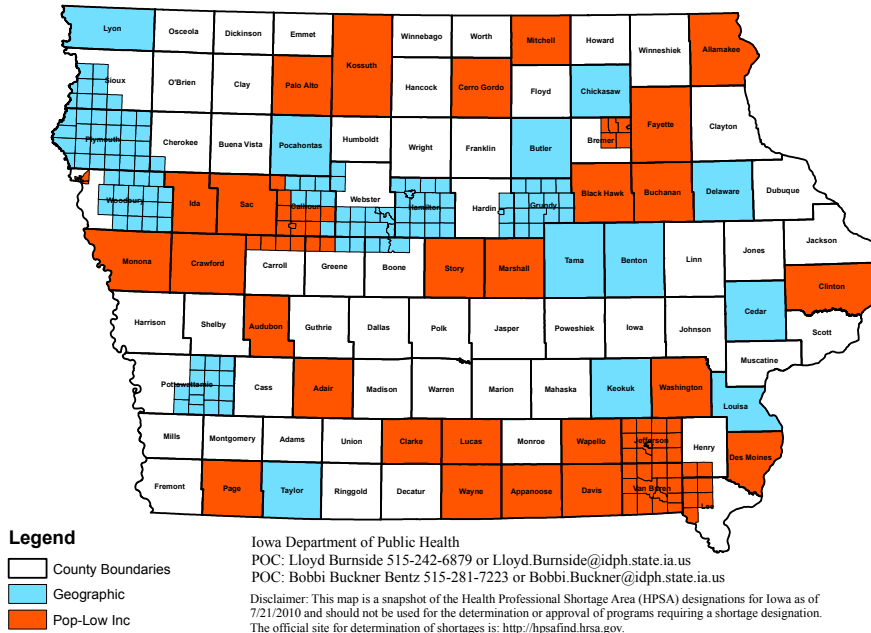
Flood-Related Disease Precautions and Information

It is hard not to hear of someone negatively affected by this summer's recent floods. Whether it is a wet basement or road closures, flooding has led to multiple concerns. The Iowa Department of Public Health has established a web page devoted flood information. The purpose of the web page is to highlight precautions during flooding and to provide resources for health and environmental precautions.

<http://www.idph.state.ia.us/EmergencyResponse/Flooding.aspx>

Links, Resources and Maps Cont.

Federal Primary Health Care Shortage Designations
July 2010

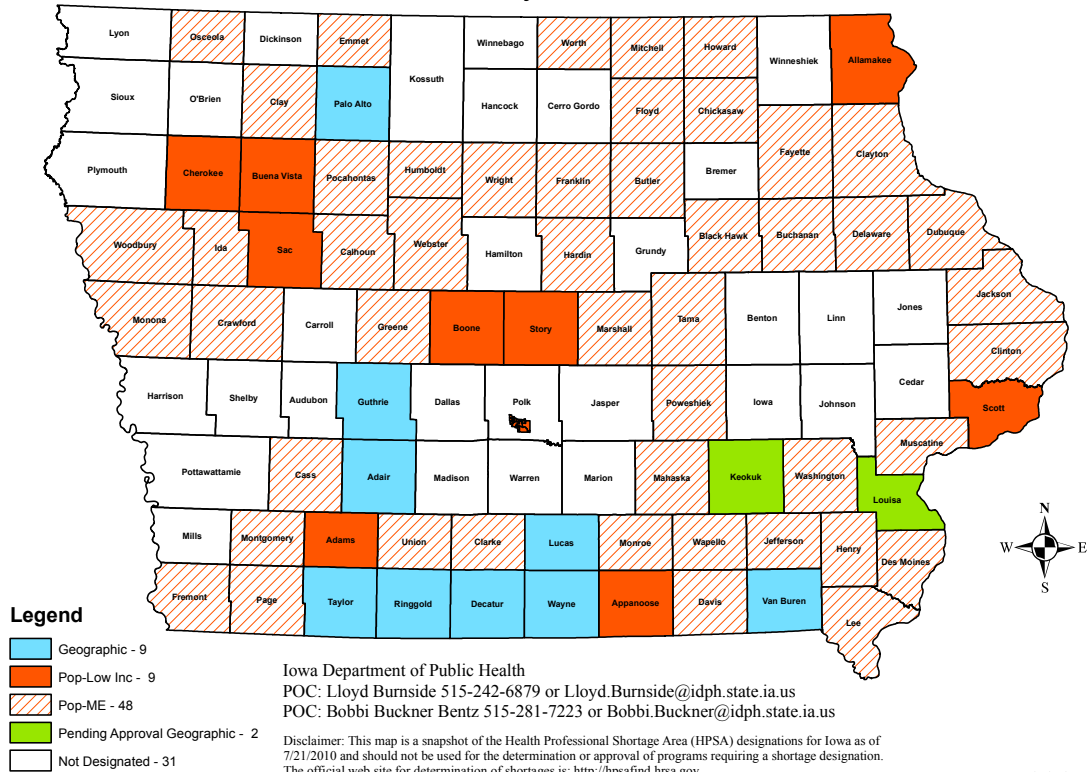


Primary Care HPSAs are analyzed in two ways:

1. A population to primary care physician FTE ratio of 3500:1. These areas are indicated by the blue shading on the map.
2. A low income population to primary care physician FTE seeing low income patients ratio of 3000:1 when at least 30 percent of the population is at or below 200 percent of the poverty level.

Links, Resources and Maps Cont.

Federal Dental Health Care Shortage Designations
July 2010

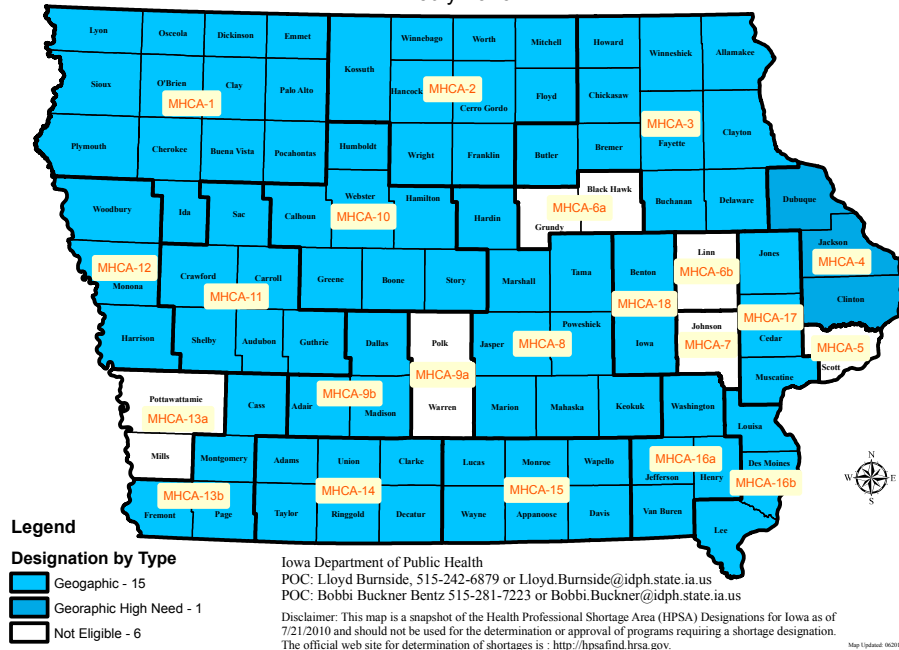


Dental Care HPSAs are analyzed in three ways:

1. A population to dental provider FTE ratio of 5,000:1. These areas are indicated by the blue shading on the map.
2. & 3. A low-income population or Medicaid population to dental provider FTE treating these populations ratio of 4,000:1. These areas are indicated by the red solid shading and red lined shading on the map.

Links, Resources and Maps Cont.

Federal Mental Health Care Shortage Designations
July 2010



Mental Health Care HPSAs are analyzed in two ways:

1. A population to psychiatrist FTE ratio of 30,000:1. These areas are indicated by the light blue shading on the map.
2. A high needs population to psychiatrist FTE ratio of 20,000:1. These areas are indicated by the dark blue shading on the map. High needs are determined by having a high poverty ratio or a high youth ratio or a high elderly ratio or a high substance abuse prevalence.

For more information on the HPSA methodology process, please contact Bobbi Buckner Bentz, PCO director, or Lloyd Burnside, Shortage Designation Staff, at bbuckner@idph.state.ia.us or lburnsid@idph.state.ia.us.

Calendar and Events

57th Annual Farm Progress Show

August 31- September 2, 2010

Boone, Iowa

1827 217th Street

Boone, Iowa 50036

IHC 7th Annual Conference on Quality, Patient Safety & Value

September 1, 2010

Scheman Building, Ames, Iowa

Register at <http://www.ihconline.org>

Fax: (515) 698-5131 or (515) 283-9366

The Winds of Change....

Hospital Learning Community

September 2, 2010

Scheman Building, Ames, Iowa

Register at <http://www.ihconline.org>

Fax: (515) 698-5131 or (515) 283-9366

Center for Rural Health and Primary Care Advisory Committee Meeting

September 9, 2010

Lucas State Office Building, Room 517/518

Des Moines, Iowa

For more information contact: [Katie Jerkins](#) at

(515) 233-2831

“What’s the Rush”

Acute MI and Stroke Collaborative Care Conference /Time to Treatment Initiative

Mercy Iowa City, Continuing Education Symposium

September 10, 2010

Coralville Marriott Hotel & Conference Center

Coralville, Iowa

For more information contact: Mercy On Call

(319) 358-2767 or Toll free (800) 358-2767

Iowa Family Planning Update

September 14-15, 2010

Sheraton West Hotel, West Des Moines, Iowa

Register: The deadline to register is August 24, 2010.

Register at <http://www.devsys.org>

one small change...

IHC Medical Home

Learning Community

September 22, 2010

Ramada Tropics Resort

5000 Merle Hay Road,

Des Moines, Iowa 50322

Register at <http://www.ihconline.org>

Fax: (515) 698-5131 or

(515) 283-9366

The Seeds of Change

Iowa Rural Health Association Annual Meeting

September 30, 2010

Hilton Garden Inn, Johnston, Iowa

For more information contact [Melissa Primus](#) at

(515) 282-8192

Rebalancing Health Care in the Heartland

Enhancing Geriatric Care Across Iowa

The University of Iowa Center on Aging

September 30, 2010

Embassy Suites on the River

Des Moines, Iowa

Registration: <http://www.centeronaging.uiowa.edu>

Health Information Exchange: Protecting Your Patient and Your Practice

October 14, 2010

IFMC Webinar

Website: <http://www.iowahitrec.org>

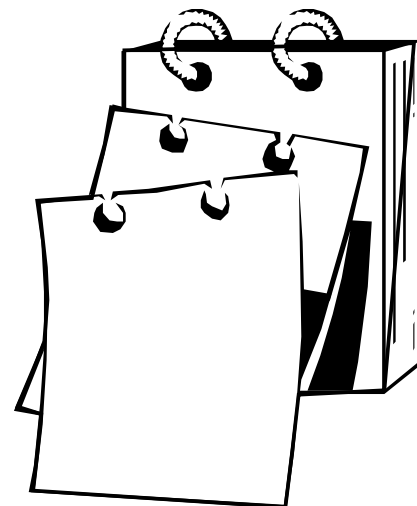
2010 Midwest Rural Agricultural Safety & Health Forum: “Cultivating Change”

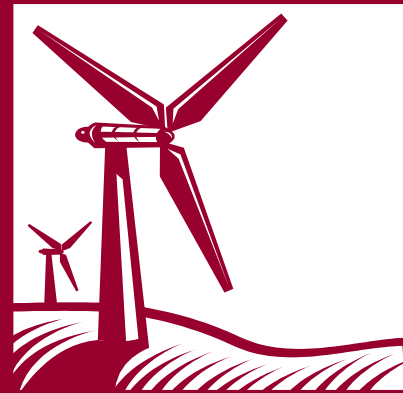
November 17-18, 2010

Hotel Vetro, Iowa City, Iowa

For more information contact: [Abby Harper](#) at

(515) 480-3643





ACCESS UP *date*

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Doreen Chamberlin, Bureau Chief	(515) 281-8517	dchamber@idph.state.ia.us
Rachel Davis, Secretary	(515) 242-6383	rdavis@idph.state.ia.us
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