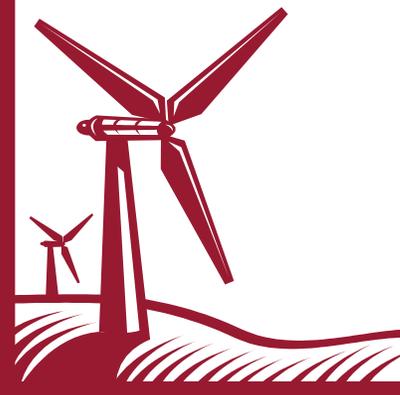


ACCESS UP *date*

August 2011



The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Oral & Health Delivery Systems.

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Physicians and Nurse Practitioners Can Help Children Have Good Oral Health

Sara Schlievert, RDH, CPH, Community Health Consultant, Iowa Department of Public Health



Did you know that physicians and nurse practitioners can play an important role in improving a child's oral health? Many children, especially those who are under age three or are enrolled in Medicaid, do not see a dentist. Without early and regular dental exams or screenings, tooth decay can advance rapidly and cause pain for a child. It can also affect the child's ability to eat, sleep, speak, concentrate, and thrive. Because physicians and nurse practitioners often see children routinely for well-child visits, they can help identify children with oral health problems or those who are at increased risk for tooth decay.

Dental screenings, fluoride varnish applications, and referrals to dentists, as part of well-child visits, are important preventive health strategies. Screening for early tooth decay and referring young children for dental care can decrease their risk of decay. Fluoride varnish can prevent decay from starting and also can stop early decay from progressing.

Iowa Medicaid reimburses physicians and nurse practitioners for application of fluoride varnish in conjunction with an EPSDT screening. *Iowa Administrative Code, Chapter 441-78.1(24)*

Guidelines

Patient Ages:	0 to 36 months
Frequency:	upto 3 times a year (120 days apart)
Reimbursement	\$13.82 (Physicians) \$11.74 (Nurse Practitioners)

Billing

- Use the HCFA-1500 Health Insurance claim form or electronic submission
- Diagnosis code: V20.2
- Procedure code: D1206 (fluoride varnish application for moderate to high caries risk patient)
- No modifiers are needed to indicate a separate service

Through the I-Smile™ dental home initiative, medical providers can link with an I-Smile™ coordinator who can provide oral health information, trainings on screenings and fluoride varnish applications, and coordinating a child's care with a local dentist.

To find contact information for your local I-Smile™ coordinator, please visit <http://www.ismiledentalhome.iowa.gov>.

Featured Articles

The Center for Congenital and Inherited Disorders: An Overview

Kimberly Piper, RN, BS, CPH, CPHG, State Genetics Coordinator, Iowa Department of Public Health

In 1976, the Iowa general assembly established the Birth Defects Institute at the Iowa Department of Public Health. Twenty-four years later, it was renamed as the Center for Congenital and Inherited Disorders to better reflect the scope of services offered through IDPH.

The CCID is responsible for activities that address all steps of the life cycle including prenatal, neonatal, pediatric, and adult. According to Chapter 136A of Iowa Code, the CCID shall:



1. Initiate, conduct, and supervise statewide screening programs for congenital and inherited disorders amenable to population screening.
2. Initiate, conduct, and supervise statewide health care programs to aid in the early detection, treatment, prevention, education, and provision of supportive care related to congenital and inherited disorders.
3. Develop specifications for and designate a central laboratory in which tests conducted pursuant to the screening programs provided for in subsection 1 will be performed.
4. Gather, evaluate, and maintain information related to causes, severity, prevention, and methods of treatment for congenital and inherited disorders in conjunction with a central registry, screening programs, genetic health care programs, and ongoing scientific investigations and surveys.
5. Perform surveillance and monitoring of congenital and inherited disorders to determine the occurrence and trends of the disorders, to conduct thorough and complete epidemiological surveys, to assist in the planning for and provision of services to children with congenital and inherited disorders and their families, and to identify environmental and genetic risk factors for congenital and inherited disorders.
6. Provide information related to severity, causes, prevention, and methods of treatment for congenital and inherited disorders to the public, medical and scientific communities, and health science disciplines.
7. Implement public education programs, continuing education programs for health practitioners, and education programs for trainees of the health science disciplines related to genetics, congenital disorders, and inheritable disorders.
8. Participate in policy development to assure the appropriate use and confidentiality of genetic information and technologies to improve health and prevent disease.
9. Collaborate with state and local health agencies and other public and private organizations to provide education, intervention, and treatment for congenital and inherited disorders and to integrate genetics and genomics advances into public health activities and policies.

To help meet the standards of the Iowa Code, the CCID administers the following programs:

Iowa Neonatal Metabolic Screening Program (INMSP): Every newborn in Iowa is screened for over 40 rare genetic conditions. The majority of these conditions are asymptomatic at birth. If left untreated, many of these conditions can cause mental retardation, mental and physical developmental delays, and even death. The INMSP allows for early detection and early treatment for these conditions, and has prevented poor outcomes saved many lives. Newborn screening is considered one of the top ten public health achievements of the last century.

Continued on page 3

Featured Articles Cont.



Regional Genetics Consultation Service (RGCS): RGCS is a team of physicians, nurse practitioners, nurses and genetic counselors from the University of Iowa Department of Pediatrics who travel to locations across Iowa to provide medical consultation by board-certified medical geneticists, diagnostic evaluations, confirmatory testing, genetic counseling, medical case management, and referrals to support services for individuals with a congenital disorder and their families.

Iowa Registry for Congenital and Inherited Disorders (IRCID): IRCID was established in 1983 through the joint efforts of the University of Iowa and IDPH. The program is located within the College of Public Health at the University of Iowa. The mission of the Iowa Registry for Congenital and Inherited Disorders is to: maintain statewide surveillance for collecting information on congenital and inherited disorders, stillbirth and confirmed newborn screening occurrence; monitor annual trends in birth defect occurrence and mortality; conduct research to identify genetic and environmental risk factors for registry-monitored conditions; and promote educational activities for the prevention of stillbirths and congenital/inherited disorders.

Neuromuscular and Related Disorders Program (NMP): The NMP provides comprehensive health services for individuals and families with a variety of neuromuscular and related disorders including Duchenne muscular dystrophy, Becker muscular dystrophy, limb-girdle muscular dystrophy, congenital muscular dystrophy, spinal muscular atrophy, myasthenia gravis, charcot-marie-tooth, and Friedreich's ataxia. Additionally, the program gives educational presentations for families, health care providers, educators and others throughout Iowa. Services provided include diagnostic evaluation; management of neuromuscular health care concerns; patient and family education; supportive patient and family services; physical therapy evaluation and recommendations; and access to research opportunities. The Muscular Dystrophy Association approves service provision by the Neuromuscular and Related Disorders program

Maternal Prenatal Screening Program (MPSP): MPSP is a pregnancy screening test available to all women during pregnancy. This screening test is designed to identify women with an increased risk to have a baby with Down syndrome, Trisomy 18, or an open neural tube defect. The screen may also identify women with an increased risk to have a baby with other kinds of birth defects or women at risk to develop a problem later in pregnancy. For most women the results of the screen will be screen-negative (lower risk) and no further tests are offered. This is reassuring, but does not guarantee that the developing baby is healthy. The screen is the first in a series of tests that may be offered. It cannot directly diagnose birth defects and chromosome abnormalities, but can help determine when other tests such as an ultrasound and amniocentesis may be of value. The University of Iowa Department of Obstetrics and Gynecology works with the prenatal care provider and provides guidance, consultation and follow up regarding screening results interpretation and referrals.



Featured Articles Cont.

Metabolic Formula and Medical Foods Program: Individuals with a congenital condition that requires specially prescribed low protein formula or foods may receive assistance from this program to order and pay for these expensive dietary products. This program is administered by the University of Iowa Department of Pediatrics Division of Medical Genetics.

Family Health History Initiative: Family history can be defined as a family's combination of shared genes, environment, behaviors and culture. A family health history can:

- Help you learn about diseases or conditions that you may be at an increased risk for developing;
- Point out behaviors (smoking, inactivity) or environmental exposures (secondhand smoke, farm chemicals) that may be increasing your risk for disease and that should be changed; and
- Help you take advantage of appropriate screening tests (genetic testing, mammography, colonoscopy, blood pressure checks) that may detect problems early.



The Surgeon General's Family Health History Initiative has developed a family health history tool that can help you collect information about your family health history. This website (<http://www.hhs.gov/familyhistory>) offers two different types of tools - one in a downloadable electronic form that you can put on your own computer and update as needed, or hard copy forms in English or Spanish that you may print off to use. The Genetic Alliance also offers family health history tools on their website that are customizable for different communities and cultures.



Early Hearing Detection and Intervention Program (EHDI): Iowa's EHDI program works to ensure that all newborns and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, medical intervention and family support. The EHDI program is also dedicated to providing unbiased support to families of children who are deaf or hard of hearing. Hearing screening is provided to all Iowa newborns.

For more information on the Center for Congenital and Inherited Disorders, please visit <http://www.idph.state.ia.us/genetics/default.asp>.

Featured Articles Cont.

AAPHD Educational Plan for Two-Year Dental Therapist Programs

The American Association of Public Health Dentistry announced the publication of a series of papers that highlight proposed curriculum guidelines for the training of a new workforce model, dental therapists. AAPHD believes that adding dental therapists as members of the dental team may help meet growing oral health needs, particularly among underserved populations. The papers are the work of an 11-person academic panel that was selected for expertise, experience and in-depth knowledge of dental education. The panel's work was funded in part by the W. K. Kellogg Foundation and the Josiah Macy Jr. Foundation.

The entire collection of papers is available online at: <http://onlinelibrary.wiley.com/doi/10.1111/jphd.2011.71.issue-s2/issuetoc> and will also be published in a special issue, Volume 71:S2 of the peer-reviewed Journal of Public Health Dentistry.

The series includes the following information: the principles upon which a dental therapy program should be based; the recommended length of training programs; the competencies required for graduates; and the general curriculum content of such programs. The proposed model curriculum is based on a two-year, post-secondary training program.

Presentations reviewing the panel's work have already been made during the American Dental Education Association Annual Meeting Symposium and the National Oral Health Conference, both in the spring of this year. According to Caswell Evans Jr., DDS, MPH, associate dean for Prevention and Public Health Sciences at the University of Illinois at Chicago and convener of the panel, "The AAPHD brought together this panel of academicians and highly respected authorities in dental education to determine an appropriate course of study to be included in a two year education program."

In completing its work, the panel has considered the course of study for dental therapists in programs already in the United States (Minnesota and the Alaska Native Tribal Health Consortium/University of Washington program) and throughout the world. The dental therapist designation is a professional, accredited position in 55 countries in the world today.

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You may receive an email back confirming your subscription choice. To confirm, you need to reply to the confirmation message.

Featured Articles Cont.

Dr. Evans continues, "There has been a growing interest in adding a new oral health professional designation to the dental workforce by both state and federal legislatures. The AAPHD and the panel it convened believe that such a designation could add value to the dental profession as a whole, and could assist the profession in its efforts to improve access to care for difficult-to-reach sectors of the population."

According to AAPHD President Diane Brunson, RDH, MPH, "AAPHD took on the charge of developing a model curriculum because of the increasing interest in the states and the need to standardize training to assure accreditation of programs, as well as develop a career path for entering the profession to best serve the oral health needs of all populations. We believe that the expert panel recommendations, used as a model to build on, will assure that curricula from school to school and state to state are consistent, of high quality and will pave the way for national accrediting." She adds, "We are most appreciative to the W.K. Kellogg Foundation and the Josiah Macy Jr. Foundation for the grant monies that made the panel's work possible."

For more information, contact AAPHD Executive Director Pamela Tolson at (217) 529-6941.

Source: AAPHD

2010—2011 School-Based Sealant Program Results

School-based dental sealant programs are an important and effective public health approach in promoting the oral health of children and adolescents. Placing dental sealants on the chewing surfaces of molar teeth significantly lowers the probability that decay in those teeth will occur.

The Iowa Department of Public Health funds seven school-based sealant programs. These programs are administered by local Title V child health agencies and target schools with a minimum of 40 percent free and reduced lunch rates.

During the 2010-2011 school years, approximately 5,800 children were screened for inclusion in the program, including 2,475 children on Medicaid (42.7 percent). Of the total children screened, 3,858 received dental sealants (66.6 percent), an average of 3.6 sealants per child. Over 55 percent of the Medicaid children seen through the program had a history of decay, while 16.8 percent had untreated decay; which demonstrates why these programs are so important for families with low incomes.

School-based sealant programs improve communication between parents and oral health professionals and help parents make informed decisions about the benefits dental sealants provide. In addition, these programs help families who lack insurance or who do not have access to preventive services due to transportation or other barriers to care. Most importantly, the coordination of these programs has also been linked to helping families establish dental homes.

Legislative Update

Legislative Update

Doreen Chamberlin, RD, MPH, Executive Officer, Iowa Department of Public Health

State Legislation

The 84th Iowa General Assembly started January 10, 2011, and was targeted to adjourn April 29, 2011. Little did we know at that time, the session would last until the end of June! Although there was drama and controversy this year, the Iowa Department of Public Health survived - with some reductions, new opportunities and challenges. Below is a list of some of the issues that affected us this year.

IDPH Technical Bill HF467

The legislation signed by the governor in April streamlines tobacco enforcement and moves IDPH's role of enforcement to the Alcoholic Beverages Division of the Department of Commerce. The IDPH Tobacco Division will be reorganized as a result of this legislation and budget reductions. Additional language was also added to make updates to Chapter 139A Communicable and Infectious Diseases, Chapter 141A Acquired Immune Deficiency Syndrome, and other miscellaneous changes to IDPH programs.

Alzheimer's Disease and Dementia HF 390

The bill amends the Iowa code provisions that established the Alzheimer's Disease Task Force. It requires the IDPH to convene a stakeholder workgroup that will design a strategy to respond to the needs of Iowans with Alzheimer's disease and other forms of dementia. Assigned to the Bureau of Oral and Health Delivery Systems, the bill requires the development of action steps, a timeline for implementation, and identification of the parties responsible for specific activities. The stakeholder workgroup must submit the response strategy to the governor and the general assembly no later than November 15, 2011.

Health and Human Services Appropriations HF 649

Division II of this bill relates to appropriations for the IDPH fiscal year 2012. Overall, IDPH saw a reduction of state funds from FY11 of a little over 4 percent. Reorganization of state government, efforts to provide cost savings implemented in 2010, and the elimination of federal stimulus funding contributed to this reduction.

Continued on page 8

How Are We Doing?

As a subscriber of the *Access Update* newsletter, we highly value your opinion. Currently, we are in the process of re-evaluating our communication methods and would like to improve the newsletter to better fit your needs.

A short survey has been developed to gather feedback. If you are a distribution list member, an email with a link to the survey will be sent to you directly. Otherwise, you can access the survey through the link listed below. Please note that the survey will close on September 16 at 5 p.m. <https://www.surveymonkey.com/s/2FMZM5N>.

Thank you for your feedback and continued readership.

Legislative Update Cont.

Health care reform legislation under Division VIII was amended to integrate the recommendations and policies developed by the prevention and Chronic Care Management Advisory Council into the medical home system. It incorporates the two councils beginning January 1, 2012. The legislation further mandates that the director convene a clinician advisory panel to advise and recommend to the department clinically-appropriate, evidence-based best practices regarding the implementation of the medical home and the prevention and chronic care management initiative. Funding for this effort and the Health and Long-term Care Advisory Council was redirected to the DHS with language that directs a transfer of funds to IDPH.

Federal Legislation

The recently-enacted health care reform package includes \$11 billion in new dedicated funding for the Health Centers Program for over five years. Of these resources, \$9.5 billion will fund new health centers for communities in need and expand capacity at existing health centers. In August, HHS Secretary Kathleen Sebelius announced awards of \$28.8 million to 67 community health center programs across the country. These funds, made available by the Affordable Care Act, will help to establish new health service delivery sites to care for an additional 286,000 patients. Unfortunately, Iowa was not among the recipients. To learn more about the Health Resources and Services Administration's Community Health Center Program, visit <http://bphc.hrsa.gov/about/index.html>.

Critical Access Hospitals and their provider-based Rural Health Clinics are now able to participate in the federal 340B Drug Pricing Program (340B Program) administered by the Health Resources and Services Administration's Office of Pharmacy Affairs. Section 340B of the Public Health Service Act limits the cost of covered outpatient drugs to covered entities enrolled in the 340B Program. Significant savings on pharmaceuticals may be seen by those entities that participate. For more information regarding eligibility go to <http://www.hrsa.gov/opa/criticalaccess.htm>.

We will continue to provide updates in upcoming issues of the newsletter as new information is released.

National Farm Safety & Health Week



September 18-24, 2011

National Farm Safety & Health Week

"Safety Counts- Your Community Depends On It" is the theme for 2011. The National Education Center for Agricultural Safety is located in Peosta, Iowa. The Center offers hands on training and proactive programs to prevent injury, illness and death. To learn more about NECAS and events for Farm Safety Week, click here <http://www.necasag.org/index.php>.

Partner Spotlight

An Interview with Dr. Oleg Shchelochkov

Originally from Uzbekistan in the former Soviet Union, Dr. Oleg Shchelochkov now calls Iowa his home. He currently practices at the University of Iowa Hospitals and Clinics in Iowa City where he specializes in genetics and long-term follow-up consultation for the Iowa Newborn Screening Program. Prior to coming to the state, Dr. Shchelochkov graduated from the Tashkent Pediatric Medical Institute and completed two genetics fellowship programs at Baylor College of Medicine in Houston.

He came to the UIHC for a pediatric residency program and found Iowa City to be a great place for his family. "It's a small college town my wife and I were familiar with. We have great arrangements in Iowa City." During his residency, Dr. Shchelochkov began to consider practicing in Iowa. Along with the community benefits for his family, he had already formed relationships with colleagues and saw tremendous career potential in academic genetics. Another major factor that influenced his decision to stay and practice in Iowa was the J-1 Visa Waiver/Conrad 30 program.

Through the Primary Care Office at the Iowa Department of Public Health, the J-1 Visa Waiver/Conrad 30 program offers a waiver of the foreign residence requirement for physicians holding J-1 visas. The intent of J-1 Visa Waiver/Conrad 30 is to assist in meeting the needs of the underserved by recruiting physicians to the state.

Dr. Shchelochkov believes that more physicians could be recruited to Iowa if the benefits of coming here were emphasized more. First, he states that this is a very family-friendly state. There is less traffic, which allows for more actual time with your family, as well as with patients and your work. He also thinks that some of Iowa's accomplishments in health and science are not well-known. For instance at the UIHC, the Genetics Division has collectively published or contributed to over 20 papers last year, and at least 24 additional papers have already been published in the first half of 2011. In turn, the head of the division is a Howard Hughes Medical Institute Scientist, and their program is growing rapidly. These are key, prestigious accomplishments, which if better known, would help in the recruitment of new health professionals. He also simply suggests that people who are not familiar with Iowa "should come and visit" to get a better idea of what the state has to offer.

Luckily for Iowa, Dr. Shchelochkov was attracted to the benefits of living here and working at the UIHC. He has not only helped improve the health of Iowans but has also found work that is personally rewarding. "The most rewarding part is being able to reach a diagnosis in patients who have been seen for years for suspected but undiagnosed problems. Seeing children with metabolic conditions growing and developing well is also rewarding to me. I also appreciate being able to collaborate academically with colleagues at the UIHC."

The Iowa Department of Public Health has enjoyed collaborating with Dr. Shchelochkov and hopes he continues to practice in Iowa for many years to come. For more information on the J-1 Visa Waiver/Conrad 30 Program, please contact the Primary Care Office at (515) 954-5674.



Oleg Shchelochkov, MD, FAAP
University of Iowa Hospitals and
Clinics

Worth Noting

Expansion of National Health Service Corps to Critical Access Hospitals

This past week at the White House Rural Economic Forum, it was announced that Department of Health and Human Services will modify the National Health Service Corps loan repayment program guidance. Critical Access Hospitals (those with 25 beds or fewer) may apply to become approved NHSC sites and recruit new physicians. The application cycle will open in late 2011. In addition, the NHSC will provide technical assistance to Critical Access Hospitals who wish to apply to become a NHSC site. The Health Resources and Services Administration will schedule conference calls to explain the program in more detail in the coming weeks.

The full report can be found at: <http://www.whitehouse.gov/blog/2011/08/12/white-house-report-shows-continued-focus-rural-america>.

NHSC Site Applications Now Accepted Online

National Health Service Corps is now accepting NHSC site applications on-line. Visit <http://www.nhsc.hrsa.gov/communities> to learn more about eligibility, read the NHSC Service Site Reference Guide, and access the on-line application. Contact the NHSC Recruitment, Training, and Support Center with questions at (877) 313-1823, Monday - Friday 8 a.m. to 6 p.m. EST (except Federal holidays).

Funding opportunities

A Request for Proposal for the Prescription Drug Donation Repository has been posted to the [Iowa Department of Public Health website](#) under Funding Opportunities. Proposals are due October 5, 2011, by 4 p.m. local Iowa time.

SAVE THE DATE – to Celebrate! November 17 will be the first ever National Rural Health Day

At a time in our country when there are so many challenges for rural communities, farm and rural families, and our health care systems—November 17 may be a day to smile and recognize the value of rural culture and the importance of rural health care in Iowa and the nation. A tool kit with materials and resources will be available after September 23 at <http://www.iaruralhealth.org>.

National Rural Health Day
2011
Celebrating the Power of Rural!

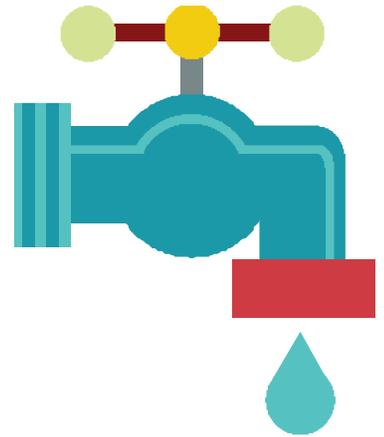


11.17.2011

Worth Noting Cont.

Is Your Drinking Water Missing Something?

Despite being named one of the top ten public health achievements in the 20th century, an alarming trend of fluoride elimination from community water systems is occurring across Iowa. Commonly-reported reasons for discontinuation or reduction have included equipment cost, the Department of Health and Human Services-Centers for Disease Control and Prevention’s proposed recommendations to set the optimal level at .07 ppm, and anti-fluoridation movements. Below are three growing lists of water systems that have discontinued, reduced, or are considering the elimination of fluoride from their community water. The IDPH objective is that all Iowa water systems meet that “minimum and optimal” standard as set by the HHS/CDC at 0.7 ppm, and not below.



These lists are updated as new occurrences are reported to the Iowa Department of Public Health.

No longer provides fluoride	
Water System	County
Ashton	Osceola County
Bloomfield	Davis County
Columbus Junction	Louisa County
Coon Rapids	Carroll County
Elkader	Clayton County
Everly	Clay County
Jefferson	Greene County
Sutherland	O’Brien County
Victor	Iowa County

Considering discontinuation or reduction	
Water System	County
Aplington	Butler County
Cedar Rapids	Linn County
Dallas Center	Dallas County
DeSoto	Dallas County
Gilmore City	Humboldt County
Granger	Dallas County
Keokuk	Lee County
Mechanicsville	Cedar County
New Sharon	Mahaska County
Ossian	Winneshiek County
Tama	Tama County
Waterloo	Black Hawk County

Reduced fluoride level to less than 0.7 PPM	
Water System	County
Fort Madison	Lee County

To view more facts on the benefits of water fluoridation, please visit the following links.

[Community Water Fluoridation in Iowa](#)

[Frequently Asked Questions on Water Fluoridation](#)

[New Research Concludes No Link Between Fluoride and Osteosarcoma](#)

Links, Resources and Maps

HRSA in Your State

“HRSA in Your State” provides a summary fact sheet about Health Resources and Services Administration’s activities in each state, as well as related reports that show more detail about selected topics.

“HRSA in Your State” offers overviews of HRSA programs and current information, such as the number and amount of grants awarded down to the county level. It also provides state-specific information about health centers, National Health Service Corps members and the communities they serve, and the number of participating providers through the 340B program. For more information, please visit: <http://hrsainyourstate.hrsa.gov>.

HRSA’s HIT Adoption Toolboxes

HRSA’s Office of Health Information Technology and Quality has developed a series of HIT Adoption Toolboxes to help implement HIT applications in your practice. The four toolboxes are designed to serve the needs of a broad audience within health centers and other safety net providers. Key IT stakeholders have reviewed and contributed to the toolboxes to ensure they are accurate, relevant, and effective in supporting HIT in safety net

organizations. Four toolboxes currently are available, and more are planned in the future.

- HIT Adoption Toolbox
- Rural HIT Adoption Toolbox
- HIT for Children Toolbox
- HIT for HIV/AIDS Toolbox

To see the toolboxes go to <http://www.hrsa.gov/healthit/toolbox/>.

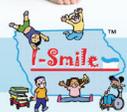
AgriSafe Network

The AgriSafe Network represents health professionals who provide agricultural occupational health and safety services to farmers and their families. The AgriSafe Network is one of the few organizations focusing exclusively on the provision of health and safety services to farmers.

As members of the AgriSafe Network, health professionals receive many benefits including access to educational materials, contact with other clinicians in the field, and updates on the most cutting-edge developments in agricultural safety and health.

For more information on the AgriSafe Network, visit <http://www.agrisafe.org>.

New place. New look. Healthier smiles.



www.ismiledentalhome.iowa.gov

The I-Smile™ Website has Moved!

IDPH’s Bureau of Oral and Health Delivery Systems – Oral Health Center is proud to announce the launch of the newly-renovated I-Smile™ Dental Home website! Iowa’s premier site for the I-Smile™ program and children’s oral health is now located at <http://www.ismiledentalhome.iowa.gov>. Enhanced features include better navigation, a dedicated page for dentists and health care providers, informative slideshows, and a searchable map to find your local I-Smile™ coordinator. Visit <http://www.ismiledentalhome.iowa.gov> and see what’s new!

Calendar and Events

Iowa Healthcare Collaborative 8th Annual Conference on Quality, Patient Safety, and Value

August 31, 2011

The Meadows Events and Conference Center – Altoona, Iowa

To register: <http://www.ihconline.org.aspx/eventsdetail.aspx?eid=77>

Iowa Healthcare Collaborative Fall 2011 Hospital Learning Community

September 1, 2011

The Meadows Events and Conference Center – Altoona, Iowa

To register: <http://www.ihconline.org.aspx/eventsdetail.aspx?eid=78>

The State of Weight in Iowa - Tools for Communities to Address Obesity

Iowa Public Health Association & The Wellmark Foundation
September 28, 2011

Wellmark Corporate Headquarters - Des Moines, Iowa

For more information and to register, visit <http://www.iowapha.org> or call (515) 491-7804

Iowa Hospital Association Annual Meeting

October 4-6, 2011

Des Moines Marriott Downtown – Des Moines, Iowa

To register: <http://www.ihaonline.org>

Fall Regional Dental Public Health Conference

“Core Public Health Functions and Oral Health Access: A Workforce Discussion”

October 9-10, 2011

Holiday Inn - Coralville, Iowa

For more information, contact Raymond Kuthy at raymond-kuthy@uiowa.edu or Susan McKernan at susan-mckernan@uiowa.edu.

2011 Iowa Rural Health Association Annual Conference

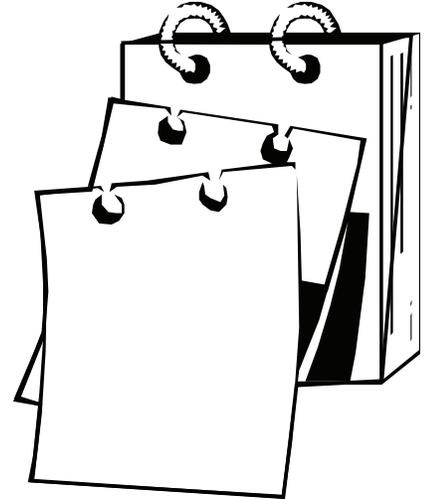
“Rural Health: Staying Connected”

October 13, 2011

Hilton Garden Inn - Johnston, Iowa

To register: http://www.iaruralhealth.org/index.php?option=com_content&view=article&id=18&Itemid=34

For more information, contact mprimus@iaruralhealth.org.



2011 Susan G. Komen Iowa Race for the Cure

October 22, 2011

State of Iowa Capitol Grounds – Des Moines, Iowa

To register: http://iowa.info-komen.org/site/TR/RacefortheCure/WAU_IowaAffiliate?fr_id=2200&pg=entry&autologin=true

2011 Midwest Rural Agricultural Safety and Health Forum

“Weathering the Elements”

November 16-17, 2011

Ramada Tropics Resort and Conference Center - Des Moines, Iowa

For more information, visit <http://cph.uiowa.edu/icash/events/MRASH/2011/>

Iowa Academy of Family Physicians

2011 Clinical Education Conference, 63rd Annual meeting – “Refresh, Renew, Rejuvenate”

November 18, 2011

West Des Moines Sheraton – West Des Moines, Iowa

For more information, visit http://www.iaafp.org/en/education/2011_annual_cme_conference/

ACCESS UP *date*

August 2011

Staff Directory

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