

# ACCESS UP *date*

December 2011

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

## Contents

Iowa's Model Drug Donation Repository Program  
pg. 1

Reducing Costs and Improving Quality by Addressing Hospital Readmissions  
pg. 3

Program Success Stories  
pg. 4

Partner Spotlight  
pg. 6

Program Announcements  
pg. 7

Worth Noting  
pg. 8

Calendar and Events  
pg. 14

Staff Directory  
pg. 15

## Iowa's Model Drug Donation Repository Program

In Iowa, patients in need of assistance can receive medications and medical supplies for little or no cost. The Iowa Drug Donation Repository Program recycles unused medications and supplies for use by Iowans struggling to afford their prescription drugs. Each month donations are received from long-term care dispensing pharmacies, medical facilities, and individual donors from across the country. These medications and supplies are inspected by a pharmacist, distributed to medical facilities, and dispensed to Iowans in need.

Since the program was launched in 2007, over 21,000 Iowans have received medications and supplies through the Drug Donation Repository Program. In total, over \$4.8 million in medications and supplies has been shipped to participating medical facilities across the state.

Iowa's program has grown to become the largest drug donation repository in the country. "It's a practical solution that provides exceptional value to every stakeholder involved in the process," says Jon Rosmann, executive director of the Iowa Prescription Drug Corporation.

Previously dispensed but unused medications and supplies can accumulate in a variety of medical settings. The expense to destroy these medications by incineration can be very high. As an alternative, these unused medications and supplies are donated to the Drug Donation Repository Program. For a list of requirements for donated medications and supplies click [here](#).

Upon inspection by a licensed pharmacist, the donated medications and supplies are entered into an online inventory system where participating medical facilities can place orders for the products. Currently over 200 medical facilities across Iowa, including community health centers, rural health clinics, free clinics, physicians' clinics, hospitals, and pharmacies participate in the program. The donated medications and supplies can be dispensed to any Iowan that is uninsured or underinsured, with an income 200 percent of the federal poverty level or below.



*Continued on page 2*

# Cover Article Cont.

*Continued from page 1*

Iowa's drug donation repository program is unique in that the Iowa Prescription Drug Corporation serves as a centralized repository for the entire state. In addition, Iowa's program accepts donations covering all disease states. Some major disease states covered by donated medications include: Alzheimer's disease, asthma, behavioral disorders, cardiac/hypertension, cancer/chemotherapy, depression, diabetes, multiple sclerosis, Parkinson's disease, renal, seizures, and transplant/anti-rejection.

The Iowa Prescription Drug Corporation administers the Iowa Drug Donation Repository on behalf of the Iowa Department of Public Health. Since this partnership was created in 2007, the Iowa Drug Donation Repository Program has experienced substantial growth annually.

Year	Patients Served	Medical Facilities	Orders Filled	Units Donated	Rx Shipped Value
2007	780	15	52	318,427	\$150,574
2008	3,011	47	258	701,726	\$646,699
2009	5,732	71	639	1,006,617	\$1,141,777
2010	6,237	106	1,289	1,078,317	\$1,301,961
2011 (Jan-Sept.)	5,754	203	1,979	982,239	\$1,573,663
Total	21,514	203	4,217	4,087,326	\$4,814,674

Preliminary data indicates that 2011 will be the highest performing year to date (2011 data reported includes calendar quarters 1, 2, and 3 only).

For more information on donating or dispensing donated medications and supplies please contact the Iowa Prescription Drug Corporation at (866) 282-5817, email [jon.rosmann@iowapdc.org](mailto:jon.rosmann@iowapdc.org), or visit their [website](http://www.iowapdc.org).

# Featured Articles

## Reducing Costs and Improving Quality by Addressing Hospital Readmissions

By Doreen Chamberlin

I have learned about our fragmented health care system first-hand as the primary advocate for my mother's health care until she passed away this year in March. Like many adult children who have an aging parent with chronic conditions, I have experienced numerous doctor visits, ER visits and hospital stays.

I witnessed hospital readmissions after numerous trips to the ER between her assisted living situation to a nursing home and intermittent stays in skilled nursing facilities. I also know we have some dedicated health care providers out there that deserve praise. However, even in the best of worlds, we have work to do.



According to the National Institute for Health Care Reform, about one in 12 adults discharged from a hospital to the community was readmitted within 30 days, and one in three adults was re-hospitalized within one year.

Among adults aged 21 to 64, readmission rates were highest for people with Medicare or Medicaid. These higher rates, in part, reflect the relatively poor health of people under age 65 who qualify for Medicaid based on disability.

To address this growing problem, the Iowa Department of Public Health, State Office of Rural Health and the FLEX Program, has partnered with key stakeholders who are working to reduce hospital readmission rates that drive up health care costs and result in poor patient outcomes. One new federal program opportunity that addresses this is the Community-Based Care Transitions Program (CCTP).

This program originated in the Centers for Medicare and Medicaid. Established by the Affordable Care Act, the CMS Innovation Center is a new part of CMS geared to revitalize and sustain Medicare, Medicaid, and the Children's Health Insurance Program. The intent of this particular program is to partner hospitals (especially those with higher readmission rates) with community-based organizations to work together to keep post-hospital patients well.

Historically, hospitals and community-based organizations have not collaborated effectively to benefit post-hospital residents. Beginning in 2014, CMS and private insurers will begin reduction of reimbursement for those who are readmitted when it was deemed preventable. There have already been three meetings to discuss the CCTP and potential for taking part in this new program. Partners at this time are the Iowa Department on Aging, Iowa Health Collaborative, Telligen, Iowa Hospital Association and the Iowa Department of Public Health.

# Program Success Stories

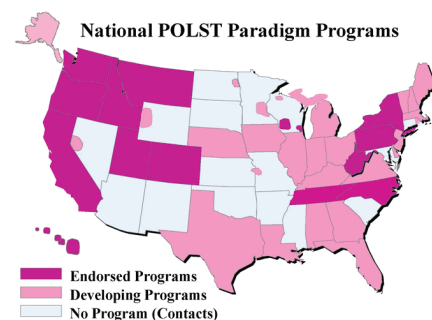
## Iowa Physician Orders for Scope of Treatment

Health decisions are a fact of life. You make wellness decisions daily as you decide what to eat and how active to be. These decisions become more focused as you work with your primary care provider to make treatment decisions. By the time you turn 50 you may have completed one or more forms called “advance directive.” In the last stages of illness, you make decisions about the breadth and depth of treatment. This declaration of your treatment wishes is documented in a formalized community process that not only turns the document into a set of physician orders, but also assures that local health providers implement these orders at the prescribed time.

The IPOST is based on the national POLST (Physician Order for Life-Sustaining Treatment) paradigm program. The program foundation is a tool that documents treatment choices and is honored across all health care settings. Creation of the document is a prescribed process with careful conversations that help individuals identify and document their treatment choices. These conversations are often difficult and sometimes painful for families but are critical to providing the directions important for the doctors, nurses, and emergency personnel who direct care in crisis situations.

The POLST movement began in Oregon in 1991 as a mechanism to assure that patient end-of-life health care wishes were being honored from one health care setting to another. The program is now widely used in several states, and the name varies by state; however, all programs share the following key POLST concepts:

- The community based system of care ensures that treatment choices are honored.
- A facilitated conversation process converts treatment choices into medical orders with a standardized, clearly identifiable form.
- The program is designed for individuals with serious or life threatening illness, including the frail and elderly.
- The facilitated interview produces a document that is portable across treatment settings.



In 2008, the Iowa Legislature passed House File 2539 creating the Cedar Rapids IPOST Pilot and in 2010 the pilot was expanded to include rural Jones County. The legislation mandated that the Iowa Department of Public Health convene a statewide advisory council to hear the results of the pilots and make recommendations to the legislature. The statewide IPOST Advisory Council met and developed a set of legislative recommendations documented in their January 2010 report. The second council report contains the 2012 recommendations from their meeting October 28, 2011.

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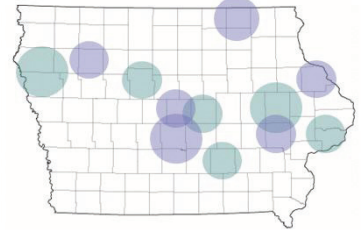
# Program Success Stories Cont.

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A hallmark of IPOST is the community coalition that is formed to build the local network inclusive of all health care settings. The coalition draws its membership from a broad array of disciplines and organizations including; physicians, attorneys, ethicists, evaluation experts, institutional administrators, public health, and community members. Implementation of IPOST is complex. The multifaceted challenges require a strong committed local collaboration to create effective processes and procedures. The Iowa pilots have created a replicable model to guide future communities in their implementation of IPOST. The map shows the communities that hope to implement IPOSTS. For more information you can email Jane Schadle at [jane.schadle@idph.iowa.gov](mailto:jane.schadle@idph.iowa.gov).

## Desire for IPOST

Linn and Jones County pilots have generated interest about IPOST in the following areas:



## National Rural Health Day

November 17, 2011, brought forward the uniqueness of our rural culture, the value of our health care providers and organizations, and the joy of a healthy community and family. Also, it raised awareness of the need for increasing access to quality health care in rural Iowa. **In Iowa the NRHDay celebrations were met with enthusiasm. We all did it - together!** The Iowa NRHDay website and toolkit had over 900 hits and downloads. A committee of members from 25 counties helped with planning and support. Some of the activities in Iowa were:

Proclamation signing by officials	Recognition celebrations	Community health fairs	Youth health activities
Editorial in newspapers	Newsletter articles	Social Marketing/internet	Staff recognition & awards
Hospital celebrations	Media releases	Flyers and posters distributed	Stickers & green beads worn
Clinic office displays	Good food shared	Iowa Rural Story shared nationally	Rural Health presentations

Some of the national activities were:

- The National Rural Health Day press release we distributed on November 10 was picked up by more than 210 media outlets;
- According to PR Newswire's e-monitoring service, "National Rural Health Day" was mentioned in at least another 290 additional media clips; and
- According to SocialMention.com, "National Rural Health Day" received mentions in at least 195 blogs, micro blogs, online videos/photos, etc.

To enjoy more of the National Rural Health Day events and stories visit the National Organization of State Offices of Rural Health Day [website](#).

See the photo wall with Iowa children, public officials, health care providers, rural advocates, business partners and hospital staff celebrating National Rural Health Day! Thanks to those who contributed photos: Iowa Public Health Association, Central Community Hospital Elkader, NOSORH, Ringgold County Public Health Agency, Governor's Office, Davis County Hospital; Peg O'Conner, Mercy Medical Center, and IDPH/OHDS

# Partner Spotlight

## **Public-Private Partnership Demonstrates Continued Support for Recruitment and Retention of Health Care Professionals**

Entering the second year of a unique partnership with Iowa Health Systems, Mercy Medical Center-Des Moines, and the University of Iowa Health Care, the Iowa Department of Public Health was pleased to grant loan repayment recently to two health care providers. One physician and one advanced registered nurse practitioner were awarded funds through the PRIMECARRE program (Primary Care Recruitment and Retention Endeavor), which provides loan repayment to health care professionals serving rural and underserved Iowans. This is in addition to the three providers – a physician, physician's assistant and social worker – who were awarded loan repayment funds last year as part of the partnership.

According to the Center for Health Workforce Analysis, the physician workforce is aging, average hours worked are falling, and many physicians are nearing retirement just as growth and aging of the population and advances in technology contribute to a growing demand for physician services. While much of the nation is dealing with health care workforce shortages of one type or another, Iowa is grappling with shortages of primary care providers in particular. The Office of Shortage Designations reports that Iowa has a total of 55 primary care shortage designations in 62 counties. The PRIMECARRE program is one important strategy the state employs to address workforce shortages, particularly in rural areas.

In 2010, the department had the opportunity to apply for federal American Recovery and Reinvestment Act funding to expand the PRIMECARRE program. Thanks to the commitment of the above-named organizations, the state secured the dollar-for-dollar match needed for a total of approximately \$120,000 in federal funds toward loan repayment. This means that the department was able to award a total of \$240,000, on a competitive basis, for eligible health care providers practicing in health professional shortage areas in Iowa. Director Miller-Meeks stated "I would like to take this opportunity to express my gratitude to our partners on this project; their contributions will help us improve access to primary care services for Iowans living in rural and underserved areas". For more information about PRIMECARRE and eligibility guidelines, visit our [website](#) or contact Sara Schlievert, [sara.schlievert@idph.iowa.gov](mailto:sara.schlievert@idph.iowa.gov) or call (515) 281-7630.

# Program Announcements

## **Health and Long-term Care Access Advisory Council**

The Health and Long-term Care Access Advisory Council met most recently on November 7, 2011. At the meeting, attendees decided that for the coming year the focus will be split into two main areas under the umbrella of “access”: infrastructure and workforce. Within the category of “infrastructure”, the group agreed that the expectation is that there will be no new money. There is an expectation to do more with less with a focus on collaboration. Key themes for this group will be effectiveness, efficiency, and quality. The group will discuss implementation of tools that make way for meeting these ideals. Examples discussed were telemedicine and care coordination/case management. Within the category of “workforce”, the group decided on four components: 1) issues no one is raising; 2) recruitment and retention; 3) new types of professionals (expansion); and 4) scope of practice of health professionals. The next council meeting is Friday, February 3, 2012, from 10 a.m. to 3 p.m. at the Urbandale Public Library. More information is available on the council’s [website](#).

## **Iowa Department of Public Health and Partners Release New Safety Materials**

The Iowa Department of Public Health’s Occupational Health and Safety Surveillance Program reports that Iowa work-related fatal injury rate per 100,000 full-time equivalent workers was 5.5 for 2009, compared to 3.5 for all U.S. workers. The IDPH OHSSP also analyzed data from 2003 to 2010; that analysis identified agriculture, forestry, fishing, hunting, transportation, and older workers as specific areas of concern. In response, the IDPH OHSSP and its partners have recently released new materials with the goal of making workplaces safer. These materials include:

- The [Iowa Fatality Assessment and Control Evaluation Program](#) hazard alerts on tractor overturn risks and grain entrapment
- Iowa’s Center for Agricultural Safety and Health, the Great Plains Center for Agricultural Health, and the Iowa Department of Transportation, [Rural Roadway Safety DVD and toolkit](#)
- [Iowa Rural Health and Safety Resource Plan, 2011](#)
- [AgriSafe Network](#) video, [My True Heroes](#)

For more information call (800) 972-2026 or go to <http://www.idph.state.ia.us>.



# Worth Noting

## Health Professional Shortage Areas

A report called [Designated Health Professional Shortage Areas Statistics](#) is available online. It includes information about HPSAs, presented with national and state statistics. These include the total population in the area, the estimated underserved population, the number of practitioners it would take to remove the designation, and the number of practitioners needed to achieve specific ratios.

The [Negotiated Rulemaking Committee on the Designation of MUPs and HPSAs: Final Report to the Secretary](#) was issued on November 1, 2011. Created to review criteria for the designation of Medically Underserved Areas and Health Professional Shortage Areas, the committee comprised 28 members who are key stakeholders representing the programs most affected by the designations, including health centers, rural health clinics and other rural providers, special populations with unique health care needs, and technical experts in health care access and statistical methods.

A Federal Register Notice updating the list of [designated Health Professional Shortage Areas](#) was published on November 3. This listing reflects all HPSAs that were designated as of September 1, 2011; all HPSAs that are not included on this publication are officially withdrawn as of the publication date of the lists ([Primary Care HPSAs Designated on September 1, 2011](#); [Dental Care HPSAs Designated on September 1, 2011](#); [Mental Health Care HPSA Designated on September 1, 2011](#)).

It is important to note that the HPSA data available through on-line searches, such as [HPSAFind](#) and the [HRSA Data Warehouse](#), are updated daily and will not exactly match the Federal Register listings, which are only updated once-a-year. New HPSAs may have been designated since September 1, 2011, and other HPSAs may have been proposed for withdrawal or had no new data supplied to support their continued designation. These changes will be reflected in the on-line searches but will not match the information in the Federal Register, due to the time required to prepare the official notice. Questions about HPSAs in Iowa should be directed to Lloyd Burnside, [lloyd.burnside@idph.iowa.gov](mailto:lloyd.burnside@idph.iowa.gov), (515) 242-6879.

## National Health Service Corps Loan Repayment Program

On December 13, 2011, the National Health Service Corps Loan Repayment Program opens its 2012 application cycle! The application cycle will be open until May 2012. Award amounts for this year's program have been modified to help ensure communities with the greatest need – those with the highest Health Professional Shortage Area scores – receive recruitment support to fill much needed clinical positions. Providers at sites with a HPSA score 14+ can receive up to \$60,000 for the initial 2-year commitment. Providers at sites with a HPSA score 0-13 can receive up to \$40,000. With continued service, NHSC providers may be able to pay off all of their student loans. For additional program details, please see the [2012 NHSC Loan Repayment Program At-A-Glance Fact Sheet](#). Click [here](#) for the complete application and program guidance.



# Worth Noting Cont.

## **Komen Iowa 2012-2013 Grant Request for Applications**

Komen Iowa has invested over \$3 million in local breast health and breast cancer awareness projects since 2006. Up to 75 percent of net proceeds generated by the Komen Iowa Affiliate stay in the service area, including 81 of the 99 counties in Iowa. The remaining revenue goes to the national Susan G. Komen for the Cure® Grants Program for energizing science to find the cures.

The Request for Applications and supporting documents are available on the Komen Iowa [website](#). Applications are due by January 13, 2012. Be sure to read all the information before applying to make sure you meet all qualifications. If after reviewing the information you decide your program does not fit the guidelines, please consider applying for a Komen Iowa Small Grant. For more information about Komen Iowa Small Grants please visit their [website](#).

## **CMS Revalidation of Enrollment**

The Affordable Care Act requires all providers and suppliers that enrolled with Medicare before March 25, 2011, to revalidate their enrollment information under new enrollment screening criteria, but only after such providers or suppliers receive notification from their Medicare Administrative Contractor. Once contacted by a MAC, suppliers and providers have 60 days from the date of the letter to submit complete enrollment forms. Failure to submit the enrollment forms as requested may result in the deactivation of Medicare billing privileges. CMS has posted a list of all providers who have been sent a request to revalidate their Medicare enrollment information. To view the list, visit the [Medicare Provider Supplier Enrollment Revalidation page](#) and click "Revalidation Phase 1 Listing." CMS will update this page monthly.

## **Iowa Study Finds Rural Women Face Greater Intimate Partner Violence, Less Access to Resources**

A research team from the University of Iowa, College of Public Health, Injury Prevention Research Center, recently published the results of a study showing that women in rural areas are at greater risk for intimate partner violence. The team, including Dr. Corinne Peek-Asa, Dr. Anne Wallis, Dr. Karisa Harland, and Dr. Audrey Saftlas, surveyed 1,478 Iowa women in central Iowa to determine the one-year prevalence of physical, sexual, and psychological intimate partner violence. For more information click [here](#).

# Worth Noting Cont.

## Iowa Hospitals Honored as “Most Wired”

Six Iowa hospitals have been named to the American Hospital Association’s Most Wired list for 2011. The honorees were chosen for their information technology infrastructure and its use in administrative management. Named to this year’s 100 most wired hospitals were:

- Fort Madison Community Hospital, Fort Madison
- Genesis Health System, Davenport
- Henry County Health Center, Mount Pleasant
- Mercy Medical Center, Cedar Rapids
- The University of Iowa Hospitals and Clinics, Iowa City

Broadlawns Medical Center in Des Moines was named to the list of 25 most wired small hospitals.

“The strong presence of Iowa hospitals on this year’s list reflects the rapid adoption of health information technology to improve efficiency and quality of care for the people of Iowa,” says Iowa e-Health Executive Director Kim Norby. Iowa e-Health is the public-private collaborative led by the Iowa Department of Public Health that will develop and manage a statewide network for health care providers to access patients’ electronic health records.)

To further support HIT efforts in Iowa, this year the IDPH Iowa Medicare Rural Hospital FLEX program worked with [Telligen-Iowa Health Information Technology Regional Extension Center](#) to fund four regional educational trainings. The trainings provided information and resource materials about the meaningful use of electronic health records for critical access hospitals. Rural hospitals appreciated the hospital-specific consultation and training completed in their hospitals and regions. This hands-on training model was valuable for hospital staff and allowed CAHs to meet federal requirements for EHR implementation.

# Worth Noting Cont.

## Iowa's Fourth Annual Mission of Mercy

This fall, Iowa hosted its fourth annual Mission of Mercy event in Sioux City where dentists, dental hygienists, dental assistants, lab technicians, and a host of other volunteers committed their time to provide free oral health care services to individuals who otherwise could not afford it. Barriers to dental care are increasing for many Iowans. For individuals who have low income or are without health or dental care coverage, the problem is much worse.



Representatives of numerous organizations serve on a statewide steering committee to coordinate this event including: The Iowa Dental Association, Iowa Dental Foundation, Delta Dental of Iowa, Iowa Dental Hygienists' Association, Principal Financial Group, Iowa Dental Assistants Association, Iowa Academy of General Dentistry, Iowa Department of Public Health, Henry Schein, Patterson Dental, and Iowa Dental Supply.

Officials from the IMOM in Sioux City were pleased with this year's results. More than 500 dental professionals saw more than 1,700 individuals and provided free oral health care that exceeded \$1 million. Although the number of individuals seen during this two day event is impressive, it is only a fraction of the Iowans that are unable to obtain a dental home due to costs and other barriers.

The details of next year's IMOM are still being finalized and an announcement will be made after the first of the year. Additional information can be found on the official IMOM website at <http://www.iowamom.org>.

## Iowans Report Access to Care as a Significant Need

Every five years, local boards of health lead a community-wide discussion with stakeholders and residents about their community's health needs. After identifying needs in the community the next step is to identify strategies to address those needs. The process is called Community Health Needs Assessment and Health Improvement Plan. For the first time, IDPH has completed a comprehensive analysis of the CHNA & HIP submissions and issued a report, [Understanding Community Health Needs in Iowa](#).

The report demonstrates the scope of Iowa's health needs and identifies critical issues affecting the health of Iowans. Readers of the *Access Update* will not be surprised to learn that access to health services was listed by 92 Iowa counties as an area of need. A gap analysis was conducted to understand what needs exist across the state that are not being met. Once the unmet need is weighted by the number of counties and the total issues identified with that area, the focus area with the greatest unmet need is health infrastructure.

# Worth Noting Cont.

## 2012 Iowa Governor's Conference on Public Health

You are invited to be a part of a unique opportunity! The Iowa Governor's Conference on Public Health is a one-of-a-kind event blending many facets of public health. The 2012 conference will be held April 17 & 18, 2012, at the Iowa State University Center Scheman Building in Ames, Iowa. Over 600 public and environmental health professionals are expected to attend the 2-day conference.

There are several ways to participate in and support the 2012 Iowa Governor's Conference on Public Health. The following link includes a chart that outlines the benefits of exhibitors & sponsors. It also lists information about advertising in the final conference program.

<http://ipha.memberlodge.org/Resources/Documents/2012%20IGCPH%20Exhibitor-Sponsor%20Opportunities.pdf>

Exhibit space is limited. Final location assignments will be made by the conference coordinator. Exhibitors are allowed one conference lunch per day. Additional lunches may be purchased for \$20 each and should be indicated on the registration form. The Scheman Building is a wireless Internet facility. This is a free service for guests at the building.

Please feel free to contact Sara Patkin, the conference coordinator, if you have any questions.

Sara Patkin

Phone: (515) 963-8664 Fax: (775) 535-3821

Email: [m spatkin@yahoo.com](mailto:m spatkin@yahoo.com)

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# Links, Resources and Maps

## Rural and Farm Safety for Children

The Children's Safety Network compiled a resource sheet on the prevention of child and youth agricultural injuries to provide state public health professionals with information on reducing these injuries. Click [here](#) to download the resource sheet.

## CMS: ICD-10 Implementation Handbooks

All entities covered under the Health Insurance Portability and Accountability Act must transition to the ICD-10 code sets by October 1, 2013. CMS has developed four implementation guides to assist you with your transition to ICD-10. These handbooks are step-by-step guides specifically for [small and medium provider practices](#), [large provider practices](#), small hospitals, and [payers](#).

## Affordable Care Act Helps 2.5 Million Additional Young Adults Get Health Insurance

The National Center for Health Statistics at the Centers for Disease Control and Prevention released data illustrating that the Affordable Care Act continues to significantly increase the number of young adults who have health insurance.

Data from the National Health Interview Survey shows that since September 2010, the percentage of adults aged 19-25 covered by a private health insurance plan increased significantly, with approximately 2.5 million more young adults with insurance coverage compared to the number of young adults who would have been insured without the law.

Data from the first three months of 2011 showed that one million more young adults had insurance coverage compared to a year ago. The numbers announced December 14, 2011, show a continuation of the coverage gains due to the health care law as students graduate from high school and college in May and June and otherwise would have lost coverage.

The data released are consistent with estimates from surveys released earlier in the year. Those surveys have shown an increase in the number and percentage of young adults 19 to 25 with health insurance coverage. Specifically, the Census Bureau and the Gallup-Healthways Well-Being Index Survey, as well as the NHIS release of data through March 2011, reported similar trends through early 2011. For more information about this announcement, please see the [HHS Issue Brief](#). For more information about the CDC NHIS data released, click [here](#).

# Calendar and Events

## **National Children's Dental Health Month**

February 1 - 29, 2012

For more information, visit <http://www.ada.org/2934.aspx>

## **Center for Rural Health and Primary Care Advisory Committee Legislative Breakfast**

February 9, 2012

7 a.m. - 9 a.m.

Iowa State Capitol, Legislative Dining Room, Des Moines, Iowa

For more information, visit [http://www.idph.state.ia.us/hpcdp/rural\\_health\\_primary\\_care.asp](http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp)

## **Center for Rural Health and Primary Care Advisory Committee Meeting**

February 9, 2012

9:30 a.m. - 12:30 p.m.

Lucas State Office Building, Rooms 517 & 518, Des Moines, Iowa

For more information, visit [http://www.idph.state.ia.us/hpcdp/rural\\_health\\_primary\\_care.asp](http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp)

## **Governor's Conference on Public Health**

April 17 - 18, 2012

Scheman Center, Ames, Iowa

For more information, visit <http://www.iowapha.org/Default.aspx?pageId=127969>

## **National Rural Health Association's 35th Annual Rural Health Conference**

April 17 - 20, 2012

Denver, CO

For more information, visit <http://www.ruralhealthweb.org>

## **Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals**

June 11 - 15, 2012

Iowa City, Iowa

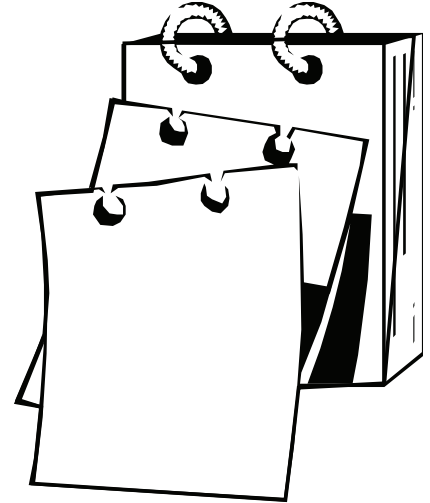
For more information, visit <http://www.public-health.uiowa.edu/icash/education/agmedtraining.html>

## **Free Clinics of the Great Lakes Region Conference**

April 18-20, 2012

Bettendorf, Iowa

For more information, visit <http://www.fcglr.org>





# ACCESS UP *date*

December 2011

## Staff Directory

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