



ACCESS UPDATE

December 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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Iowa's Center for Agricultural Safety and Health – Celebrating 20 Years

By: Gloria Vermie RN, MPH, director, State Office of Rural Health

In 1990, the Iowa Legislature passed House File 2548, which created Iowa's Center for Agricultural Safety and Health (I-CASH). I-CASH's development was facilitated by the "Agriculture at Risk" process which guided an agriculture health and safety model for both state and federal governments. This state center became an umbrella organization for four state institutional partners (the University of Iowa, Iowa Department of Agriculture and Land Stewardship, Iowa State University, and Iowa Department of Public Health) and many other agricultural health and safety related agencies including: Agrisafe Network, Iowa Farm Safety Council, AgriWellness, National Education Center for Agricultural Safety, Proteus, Farm Safety 4-Just Kids, producers and commodity groups such as Iowa Corn Association and Iowa Pork Producers. Kelley J. Donham, MS, DVM, is the I-CASH director. I-CASH has numerous worthy successful projects listed in its [Annual Reports](#).



Kelley Donham, MS, DVM, I-CASH director

One project, the Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals course, provides didactic medical information for physician, and other health care providers. The course can be taken for medical or nursing continuing education credits or for three-hours of graduate credit for public health students. This successful course has drawn over 300 participants from 29 states, the District of Columbia, Puerto Rico and eight other countries. It has also been duplicated in four Midwest states, Vermont and North Carolina. The course not only educates on patient modality, but it also allows health providers to inform and educate farmers and their families regarding their safety and injury prevention.



I-CASH Celebrating 20 Years Cont.

Each year I-CASH hosts the Midwest Rural Agricultural Safety & Health Forum (MRASH). The purpose of the forum is to provide updated information on agricultural and rural safety and health and to strengthen collaborative efforts among researchers, practitioners, agricultural producers and medical professionals. The forum includes a wide variety of topics in plenary sessions and breakout sessions on agricultural related health and safety issues such as agricultural related cancers, acute injury, environmental health, mental health, pesticide use, rural health care delivery, and injury and illness surveillance. The forum included a wide variety of topics and connects researchers with practitioners to form a cooperative network to disseminate knowledge, implement interventions, and create social and behavioral change. The November 2010 conference was highlighted with a celebration of I-CASH's 20th anniversary. The celebration included a gala banquet, entertainment, prolific speakers and honoring of leaders. Kelley Donham, MS, DVM, professor of occupational and environmental health and director of I-CASH, was the recipient of the I-CASH Lifetime Achievement Award in recognition of his 20 years as director and steadfast commitment to enhancing the health and safety of Iowa's agricultural community. Donham was lauded by colleagues and friends as a humble person and dynamic leader.

During 20 years of work, research, and national agricultural initiatives, I-CASH has met the expectations of its Vision Statement: "To make Iowa the world's healthiest and safest agricultural environment in which to live and work through creative leadership and collaboration among I-CASH, its partners and Iowa's agricultural community."

Nursing Education Loan Repayment Program

The Nursing Education Loan Repayment Program is a selective program of the U.S. Government that helps alleviate the critical shortage of registered nurses currently experienced by certain types of non-profit health care facilities by helping nurses repay their student loans. In exchange for the initial two years service commitment, participants receive 60 percent of their total qualifying nursing education loan balance. For an optional third year of service, participants may receive 25 percent of their original total qualifying nursing education loan balance. For more information, go to: <http://www.hrsa.gov/loanscholarships/repayment/nursing/index.html>.

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Featured Article

Iowa Mission of Mercy

By: Gloria Vermie, RN, MPH, director, State Office of Rural Health

On November 5 and 6, the Iowa Mission of Mercy (I-MOM), the state's largest free dental clinic, was held at the U.S. Cellular Center in Cedar Rapids. The U.S. Cellular Center was transformed into a full functioning dental clinic with mobile dental equipment and a triage system that assisted patients with accessing care for their most acute needs. The event has grown; in 2008, 1,200 patients received \$600,000 in free care, in 2009, 1,400 patients received \$800,000 in free care. Through the course of the 2010 event, 1,439 patients were provided \$955,647 in free oral health services. Patients were seen on a first come first served basis regardless of age, income, residency, or insurance status. I-MOM is one of several mass dental/oral care clinic events held in states throughout the nation.



To ensure they were seen, some patients arrived hours before the clinic was set to open. WHO-TV 13 in Des Moines reported people arrived at the U.S. Cellular Center 13 hours ahead of time. Most of the participants were from Iowa and most of those from the area surrounding Cedar Rapids. Nevertheless, one or more people participated in the event from each of the following states: Kansas, Missouri, Illinois, Wisconsin, Minnesota, Indiana, Pennsylvania, District of Columbia, Michigan and Ohio. Demographics include: Eighty-six percent of patients self reported as white, 10 percent as black/African American, less than 1 percent as Asian/Pacific Islander, and 1 percent as American Indian/Alaskan Native. When asked about ethnicity, 8.3 percent of patients identified as being Hispanic/Latino. **In Iowa**, 94 percent of the population is white, 4 percent are Latino/Hispanic, almost 3 percent are black/African American, almost 2 percent are Asian/Pacific Islander, and less than 1 percent is American Indian/Alaskan Native.

The success of each I-MOM event could not be achieved without the hard work and dedication of the volunteers. This year 1,347 volunteers, including over 200 dentists, were registered to volunteer during the two day event. The caring spirit and professionalism of the volunteers contributed to the success of the day. Dr. David Davidson, president-elect of the Iowa Dental Association, personally led the recruitment for dentists to offer their skills. Dental hygienists, dental

Social Networking

Health care organizations are increasing their use of social media to market their services, advertise, provide health education and communicate with clients. Products like Twitter, Facebook, Google Alert and LinkedIn can all enhance marketing and networking. The latest is [doximity](#). Dximity is for physicians, similar to LinkedIn, and is HIPAA-compliant so physicians can SMS message for quick interaction with colleagues. In the first week it gathered 1,000 physician members.

Featured Article Cont.

assistants, medical personnel and community volunteers worked hand-in-hand with dentists. The planning efforts for the large clinical effort involved collaboration, funding and resources from several organizations, agencies and community volunteers. Staff at the Iowa/Nebraska Primary Care Association were contracted to perform administrative duties and post event activities. After the event at the Cedar Rapids City Council meeting, Mayor Ron Corbett gave a formal thank you and presented a group representing the I-MOM with a proclamation for their work and contribution.



Delta Dental of Iowa Foundation, Suzanne Heckenlaible was quoted on [Iowa Radio](#) as saying, "The I-MOM brings together dental professionals who offer free care. It is a great way to treat immediate needs. Thousands get pain relief and their dental problems fixed. There needs to be more work done to address dental workforce shortages and access to dental care for Iowans." Delta Dental donated \$50,000 to support the event.

The Iowa Department of Public Health has identified access to oral health as a growing issue for Iowans. The Iowa Dental Association has identified 30 percent of Iowans as not having dental insurance and Medicare plans do not cover dental care. The [hawk-i](#) program provides health care coverage for uninsured children of working families and on March 1, 2010, it also began offering dental only coverage for children who have health insurance but may not have dental coverage.

Contributors: Barb Blough, Iowa Dental Association and Sarah Dixon Gale, Iowa/Nebraska Primary Care Association

Iowa Rural Health Association archived webinars for your convenience

Each of the webinars is a visual and audio of the 45 minute session. To view any of the no-cost sessions [click here](#)

Iowa Collaborative Safety Net Provider Network presented by Sarah Dixon Gale and Tori Squires of the Iowa/Nebraska Primary Care Association on July 16, 2009.

Iowa Medication Voucher Program presented by David J. Fries, executive director, Iowa Prescription Drug Corporation on August 13, 2009.

Health Reform Priorities for Rural America presented by Maggie Elehwany, Government Affairs and Policy vice president, National Rural Health Association on September 10, 2009.

AHEC: A Comprehensive Primary Care Workforce Development Program in Iowa presented by Wendy Gray, MS, Des Moines University AHEC Program Office director on February 10, 2010.

The University of Iowa AHEC: Reaching Out to Rural Iowa presented by Molly Guard, MA, University of Iowa AHEC Program director on March 11, 2010.

Public Health 2010 Legislative Lowdown presented by Lynh Patterson, legislative liaison, Iowa Department of Public Health and Karla Fultz McHenry, vice president of Public Policy and Advocacy, Iowa Medical Society on April 8, 2010.

VA Medical Foster Home presented by Jan O'Briant, LISW, Medical Foster Home coordinator, VA Central Iowa Health Care System on May 6, 2010.

Partner Spotlight

A Rural Provider Returns to Iowa... Thanks to Loan Repayment Support from Health Care Organizations

By: Erin Drinnin, MSW, Primary Care Recruitment and Retention Endeavor (PRIMECARRE)

Mary Ann Zakutney knows rural – she was born in a small mining town of 600 people and learned about the value of love and support from neighbors and the feeling of a strong community. She has lived and worked throughout the U.S. and the world, including American Samoa. She has also lived among the tribes of Borneo and Malaysia studying cultures, farming practices and family dynamics. Dr. Zakutney's first encounter with Fairfield, Iowa was in 1980 and again in 1983 when she taught nursing at the University of Iowa and worked as a family nurse practitioner.



Although Dr. Zakutney left Fairfield years ago to further her education, she leapt at the chance to return to practice as a family physician and bring her mother to reside with her in the community. "My experience in other countries as well as other cities have drawn me back to the more basic traditions of a community that has a strong relationship with the land and neighbors." She has incurred a significant amount of education loans and the opportunity for loan repayment was a significant incentive for accepting the position with Jefferson County Health Center.

Thanks to a partnership between the Iowa Department of Public Health (IDPH) and several private organizations, including Des Moines University, Mercy Medical Center – Des Moines, Iowa Health System, and the University of Iowa Health Care, IDPH was able to secure the dollar-for-dollar match needed for approximately \$75,000 in federal funds toward loan repayment. These additional funds, which are being distributed through the loan repayment program, known as [PRIMECARRE](#), are supporting health care providers like Dr. Zakutney who make a commitment to work in underserved areas in Iowa.

Dr. Zakutney is excited about her new job and residence, and hopes to become engaged in all facets of the community. "My commitment to this community is based on my respect for the people and their work. The diversity of the community in age, background, work, and cultural experiences is the right setting for my involvement as a family physician." In addition, Dr. Zakutney plans to educate new physicians and nurse practitioners about the benefits of living and working in rural areas and hopes to recruit them to rural Iowa.

Dr. Zakutney's story highlights the draw of rural communities, and the great opportunities that exist when the right connection happens with an experienced and compassionate health care provider. The IDPH would also like to take the opportunity to thank our partners on this project; their contributions are helping us improve access to primary care services for Iowans living in rural and underserved areas, and they made Dr. Zakutney's story possible!

Provider News

Monroe County Hospital & Clinics Recipe for Success Lies in its Employee and Patient Satisfaction Efforts

By Andria Seip, J.D., M.S., FLEX coordinator/program planner

The Monroe County Hospital & Clinics (MCHC), a Critical Access Hospital in Albia, was recently named the 22nd best place to work in health care by Modern Healthcare, a leading publication that covers the health care industry. "Modern Healthcare noted several things that set the hospital apart from others, including that the hospital lost only one employee to turnover in the last year",¹ that more than 7,000 hours of training were provided to the hospital's 140 employees, and that MCHC shares its profits with employees.

In addition to this prestigious award, MCHC is a six-time recipient of Press Ganey's² Summit Award. The Summit Award is given to facilities that receive a patient satisfaction ranking in the 95th percentile or above for three consecutive years. Categories for the Summit Award include: ambulatory surgery, emergency department, inpatient, inpatient behavioral health, medical practice, and outpatient. In the past six years, MCHC has been awarded one Summit Award in the area of ambulatory surgery, two for its emergency department services, and three for its outpatient services.

What, you may ask, is this rural, Critical Access Hospital doing to make its employees and patients so pleased to warrant the hospital being recognized with these national awards? It may be the methods MCHC uses to achieve its goal of "earn[ing] respect as a national model of the success of small, community hospitals [and] continually exceeding our community's expectations while providing our employees a rich and rewarding career experience."³

To reach this goal, MCHC has created a culture of service excellence, known as "The MCH Difference." The hospital functions under the philosophy that "all employees and physicians are team members at Monroe County Hospital and must function together to provide very good care to our patients."⁴ A team of MCHC employees created behavioral standards that are followed by all employees so they may exemplify the philosophy of the "MCH Difference." Within this philosophy is a "rigorous internal focus on employee skill and retention, quality control, and teamwork combined with a top-to-bottom emphasis on positive attitudes."⁵

Continued on page 10

1 Griffin, Shauna. "Monroe County Hospital & Clinics is 22nd Best Place to Work in Healthcare According to Modern Healthcare Magazine." November 2, 2010. MCHC. Print

2 Press Ganey is an agency charged with assisting health care entities in performance improvement.

3 Monroe County Hospital website, available at <http://www.mchalbia.com/About.aspx>

4 *Id.* at <http://www.mchalbia.com/Employment.aspx>

5 Monroe County Hospital, *supra* note 2.

Worth Noting

Quality of End-of-Life Cancer Care

Whether Medicare patients with advanced cancer will die while receiving hospice care or in the hospital varies markedly depending on where they live and receive care. Click [here](#) to find how Iowa fares in the Dartmouth Atlas Project report.

Farm Injuries Among Children

The rate of injury involving youth who live on, visit, or are hired to work on farms and ranches has declined by nearly 60 percent since 1998. To find out why visit [Farm Safety 4 Just Kids](#).



Farm Family Grants

Successful Farming® magazine has generously funded Farm Safety 4 Just Kids' Farm Family Grants for 15 years. The grant awards rural residents \$250 to make safety improvements to their family farms or conduct community based safety programs. Applications for the 2011 grant are currently being accepted. For more information call 1-800-423-5437.

Rural Meth Debrief

Children are our future. We hear this often, but often forget the importance that each life holds. They are especially vulnerable in areas where criminal activity and drug abuse are present. Their future is often determined by whatever unfortunate circumstance they may find themselves. With the support and guidance of those who protect such as law enforcement and Child Protective Services, and health care providers, children in vulnerable areas can have a new future that would not otherwise be possible. Read more, <http://www.methpedia.org/download/rlemi-newsletters/201011.pdf>.

Rural Healthy People 2020

Rural health policy makers and researchers are looking for your ideas on the most important health issues facing rural residents. This is a chance to help shape health goals that will guide rural leaders and researchers for the next decade. This project, Rural Healthy People 2020, is designed to identify the most significant preventable threats to the health of rural people and to establish goals for reducing these threats. The starting point for this conversation is an [online survey](#).

Program Announcements

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. The contact person is [Erin Drinnin](#), phone: (515) 281-3166. Please visit our website at <http://www.3rnet.org>!

In the months of October and November, Iowa’s 3RNet site had:

- 323 visitors
- 726 views of job opportunities listed
- 72 new health professionals seeking jobs with Iowa on 3RNet
- 2 new vacancies posted by Iowa facilities



Bureau of Health Care Access Hosts Iowa Recruitment and Retention Workshop

On December 1, the Iowa Health Workforce Center and the Primary Care Office held a one-day recruitment and retention workshop for health professional recruiters from around the state of Iowa. This was the second event focused on recruitment and retention and provided information on key retention factors, tools for developing and implementing retention plans, and best practices in Iowa related to recruitment and retention.

The event included an update from the department regarding loan repayment, the Conrad 30 program, and the department’s new Direct Care Workforce Initiative. Steve Shotwell from the Michigan Center for Rural Health, whose visit was made possible by the National Organization of State Offices of Rural Health (NOSORH), presented on his organization’s physician retention study. The findings highlighted many “practice factors,” such as professional satisfaction with practice, competent medical support staff, and communication and support of hospital administration as the major factors influencing retention among physicians in Michigan. Steve also shared the tool developed by the Michigan Center for Rural Health to assist non-profit and rural providers in developing and implementing retention plans.

Dr. David Schmitz and Dr. Ed Baker from the Idaho Center for Health Policy joined the workshop via web-conferencing to present on their validated tool for improving rural communities’ recruitment and retention practices. Known as the Community Apgar Project, Dr. Schmitz and Dr. Baker “assess” communities’ abilities to recruit and retain family physicians based on five areas: geographic, economic, scope of practice, medical support, and hospital and community support. The presentation provided background information regarding the research and details about the process utilized with communities (a series of site visits and interviews) to develop a targeted plan for improving recruitment and retention practices.



Program Announcements Cont.

Carol Alexander's presentation of findings from the Iowa Relocation Study reiterated the findings found from the retention study in Michigan. In 2008 and 2009, the Office of Statewide Clinical Education Programs (OSCEP) at the University of Iowa, Carver College of Medicine conducted a study of the Iowa physicians who relocated out of the state in 2007 and 2008. Practice factors, such as attitudes/values/relationships within practice, salary and income, call coverage, and work schedule were among the top factors influencing relocation decisions. Carol's presentation included additional information about where physicians relocated to, and whether or not they would be willing to return to Iowa.

Thanks to a great panel of providers and recruiters, participants at the workshop heard about best practices in recruitment and retention in Iowa. Panelists included:

- James Beck, senior staff, Trinity Health Systems, Fort Dodge
- Deb Herzberg, CEO, Davis County Hospital, Bloomfield
- Michelle Stephan, executive director, Siouxland Community Health Center, Sioux City
- Katie Warren, experienced physician recruiter and fellow, Association of Staff Physician Recruiters, Waterloo

All presentations and materials can be accessed on the [bureau's resources page](#). To be included in future events, contact [Kevin Wooddell](#) to be included on the invitation list.

Small Rural Hospital improvement Grant Program Update

The [Small Rural Hospital Improvement Grant Program \(SHIP\)](#) is a federally funded program which provides additional resources to small rural Iowa hospitals (49 staffed beds or less) to assist with: Implementation of prospective payment systems (PPS), value-based purchasing programs (VBP), accountable care organizations (ACOs); and the national pilot program on payment bundling.

HRSA, Office of Rural Health Policy (ORHP) awarded Iowa \$726,665.00 for Federal Fiscal Year 2010-11. Eighty three hospitals have contracted with the Iowa Department of Public Health to receive SHIP funds.

IMPORTANT UPDATE:

- 2010-11 contracts, GAX forms and expenditure forms have been emailed to SHIP contract administrators. Please contact Katie Jerkins at (515) 233-2831 if you have not received your SHIP documents.

Iowa National Weather Stations Map

Inclement winter weather is near. With a click this [interactive map](#) connects with a city in one of four regional areas showing the weather report via the National Oceanic and Atmospheric Administration (NOAA). This is a smart resource for organizations and individuals.

Program Announcements Cont.

State Office of Rural Health (SORH) Update

Iowa Rural Health Clinic (RHC) map revisions – recently some address inaccuracies were noted on the [CMS Medicare RHC listing](#). Some RHC facilities located near county borders were listed in wrong counties. We have notified state and federal agencies of the errors and corrected the Iowa RHC map. Please [click here](#) to see the revised map.

On November 4th, the Iowa SORH partnered with six other SORHs to host the second no-cost Rural Health Clinic Coding webinar training. The RHC Coding webinar is 2nd in a series of three. The PowerPoint and audio presentation are available at: <http://recordings.health.wyo.gov/rhcwebinarnovember42010/PubData/Engine/Default.htm?http%3A%2F%2Frecordings.health.wyo.gov%2Frhcwebinarnovember42010%2FPubData%2F>.

- To minimize telephone toll costs, more webinars facilitators are requesting participants use head phones or computer speakers. Purchase headsets to take advantage of free webinars.

Iowa SORH activities to support rural Emergency Medical Services (EMS) include:

- Submitted public comment to the Federal Communications Commission in support of previous comments to ensure that EMS is included in rural broadband access.
- Contributor and reviewer for a national discussion paper on development of Community Paramedics Programs
- Committee member of the Joint Committee on Rural Emergency Care (JCREC) and, Katie Jerkins, MPH, IDPH rural resource resources coordinator attended an EMS 101 training session at the November National Organization of State Offices of Rural Health Organization Annual Conference

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Continued from page 6 - Monroe County Hospital

MCHC may also contribute its success to the methods used to achieve its vision of providing “the best patient satisfaction in the nation.” One way MCHC works towards its vision is with its “themed rooms” that are used by patients during recover from illness or surgery. The walls of the “themed rooms” are painted with different scenes to decrease the feel of the sterile hospital environment and to make patients feel more comfortable. Example room themes include: lighthouse, lodge, americana, antique toys, farming, and aviation rooms.

MCHC CEO Greg Paris has expressed pride in receiving national recognition. “We are thrilled with the recognition, although we don’t provide health care for awards.”⁶ Paris states the awards are “representative of the outstanding people who are committed to providing quality care and service to our patients.”⁷

6 Griffin, Shauna, supra note 1.

7 Griffin, Shauna. “Monroe County Hospital & Clinics Wins National Top Performer Award.” December 7, 2010. MCHC. Print.

Links, Resources and Maps

Medicare Billing Information

This publication consists of rural billing information regarding Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Skilled Nursing Facilities (SNF), Home Health Agencies (HHA), Critical Access Hospitals (CAH), and swing beds. To view the 36-page document [click here](#).

AHRQ Free Patient Education Videos, Pamphlets in Spanish

The U.S. Agency for Healthcare Research and Quality is offering health providers its 60-second patient education videos in Spanish for closed-circuit television, website embedment, or linkage. They are located at http://groups.google.com/group/mhp_promotora/web/free-patient-education-videos-pamphlets-in-spanish.

- Taking Medicines Conozca sus medicamentos
- Having Surgery Consejos para la cirugía
- ER Visits Consejos para cuando tenga que acudir a la sala de emergencia
- Gestational Diabetes Diabetes gestacional
- Blood Clots Los coágulos
- Osteoporosis La osteoporosis



New Health Literacy Toolkit by Centers for Medicare & Medicaid (CMS)

This is an 11-part Toolkit for Making Written Material Clear and Effective that is now posted on the [CMS website](#). Help to make your written material easier for people to understand and use, this CMS Toolkit gives you:

- Guidelines for writing, graphic design, and culturally appropriate translation from English into other languages, with discussion and examples that show how to use the guidelines.
- Step-by-step guidance on how to test your materials with readers, emphasizing quick and low cost ways to get the most meaningful feedback directly from readers and use it to make improvements.
- Tips for taking a reader-centered approach to developing and testing your materials.
- Cautions about the uses and misuses of readability formulas to assess written material.
- Things to know if you are writing material for older adults.

What's new for Plain & Simple – health literacy project for Iowa

[Plain and Simple](#) (P & S) helps public health workers and partners get their message across. Communicating effectively with clients and the public increases understanding of the issues and topics that contribute to good health. See the seven new articles under News Tab, the Writing Tool under the Tools Tab helps develop messages, and the two tools for measuring difficulty of Spanish text can ensure readability for Spanish speaking clients. To get update P & S messages sign up by sending a blank message to join-PlainAndSimple@lists.ia.gov



Calendar and Events

The Health Forum and the American Hospital Association's Rural Health Care Leadership Conference

January 30 – February 2, 2011

Pointe Hilton Squaw Peak Resort, Phoenix, Arizona

[Click here](#) to download brochure

Center for Rural Health and Primary Care Advisory Committee Legislative Breakfast

February 10, 2011, 7 a.m. to 9 a.m.

Iowa State Capitol, Room 116, Des Moines, Iowa

Iowa Governor's Conference on Public Health

Iowa Public Health Association

April 5 - 6, 2011

Iowa State University Center Scheman Building, Ames, Iowa

For more information, contact: Sara Patkin at m spatkin@yahoo.com

Critical Access Hospital Peer User Group Meeting

Iowa Department of Public Health, FLEX Program

April 13, 2010

Foxboro Conference Center, Johnston, Iowa

For more information, contact: Kate Payne at kpayne@idph.state.ia.us

Iowa Medicare Rural Hospital Flexibility Program's 7th Annual FLEX Conference "Healthcare: Fast Forward"

April 27-28, 2011

Where: West Des Moines Marriott, 1250 Jordan Creek Parkway, West Des Moines, IA 50266

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

2011 National Farm Worker Health Conference

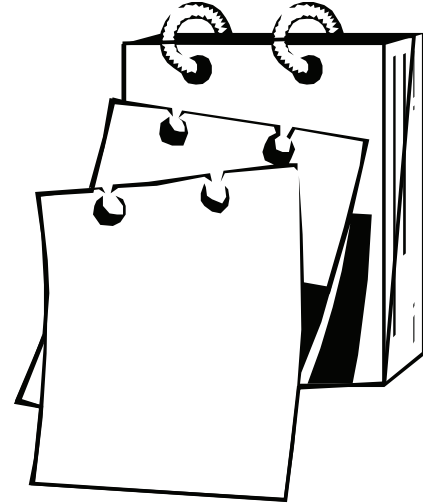
National Association of Community Health Centers

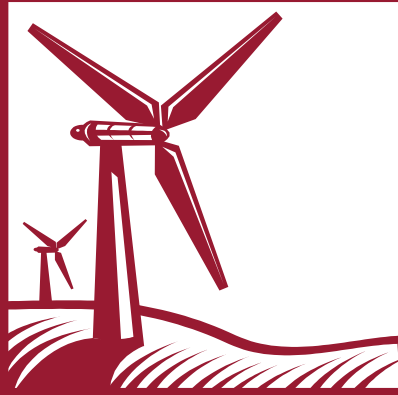
May 11-13, 2011

Delray Beach Marriott, Florida

[Submit Workshop Proposal](#)

For more information, contact: John Ruiz jruiz@nachc.com or Carla Brathwaite cbrathwaite@nachc.com, or call (301) 347-0400.





ACCESS UPDATE

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