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## State Releases Capital Grant Applications

*By Jill Hayden, Director of State Governmental Affairs, IPHCA*

**O**n September 2, 2010, the Capital Development Board announced the release of the competitive grant application for the new Community Health Center Construction Program that is available to all Illinois Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes.

Thanks to legislative sponsors Representative Sara Feigenholtz and Senator James F. Clayborne, Jr., the Community Health Center Construction Program was passed by the General Assembly and signed into law by Governor Pat Quinn in 2009. The program marks the first time in Illinois history that community health centers (CHCs) have been included in a statewide capital bill. A total of \$50 million has been appropriated to health center capital projects to be allocated over a two- to three-year period.

The purpose of the program is to provide health centers a portion of the capital funds necessary to leverage additional financing from banks, foundations and the community. Since their inception, community health centers have encountered difficulty obtaining financing for the building and equipment projects necessary to expand access to health care. Their slim operating margins, low cash reserves, complex and diverse funding streams (made up of federal, state and private monies), and lack of endowments make them “difficult credits” from a conventional lender’s point of view.

To help overcome these issues and further assist IPHCA members in addressing their capital needs, IPHCA is pleased to announce a new opportunity created through a partnership between IPHCA and IFF (formerly the Illinois Facilities Fund). For more than 20 years, IFF has helped FQHCs, other health care providers and nonprofit organizations across Illinois and beyond. Through this partnership, IFF has agreed to tailor its consulting and financing work to align with the needs of Illinois community health centers as they prepare to apply for both state and federal opportunities. Assistance available for CHCs includes:

#### Applying for Capital Program Funds

IFF’s facility planning and real estate development services offer the affordability, knowledge and track record to ensure projects are completed on time and on budget. To help health centers meet the evaluation criteria, IFF will also offer assistance in preparing the grant application, including:

# IPHCA

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Access Community Health Centers  
Access Community Health Network  
Alivio Medical Center  
American Indian Health Service of Chicago  
Asian Human Services Family Health Center  
Aunt Martha's Youth Service Center, Inc.  
Beloved Community Family Wellness Center  
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Established in 1982, the [Illinois Primary Health Care Association](#) is a nonprofit trade association of community health centers (CHCs) that proudly serves as Illinois' sole primary care association. IPHCA is governed by an Assembly of Delegates composed of one director from each Organizational member of the Association.

The Illinois Primary Health Care Association strives to "improve the health status of medically underserved populations by fostering the provision of high-quality, comprehensive health care that is accessible, coordinated, community-directed, culturally-sensitive, and linguistically-competent." Ultimately, IPHCA works to increase access to high-quality, cost-effective primary health care services in urban and rural populations throughout the state, regardless of an individual's ability to pay.

*IPHCA Health Source™* is a monthly publication that provides information on a variety of topics of interest to community health centers and related organizations.

## A Message from Bruce Johnson, IPHCA President & CEO

The Health Resources Services Administration (HRSA) has issued the New Access Point (NAP) guidance and it appears that Illinois will be submitting roughly 45 to 50 applications. During the National Association of Community Health Centers (NACHC) Community Health Institute meeting in Dallas last month, NACHC indicated that HRSA is anticipating 700 to 750 applications in total. Given HRSA's intent to award roughly 350 grants, approximately 50 percent of the applications will be funded.

As I visited IPHCA members over the last year, I encouraged everyone to consider submitting a NAP application this fall because I expected the opportunity for approval to be better than normal. And now it appears as if that will be the case. IPHCA stands ready to assist members with their NAP applications so please contact us with your questions and assistance requests. Kelly Carter, chief operating officer, is the best person to contact for immediate assistance. She can be reached at [kcarter@iphca.org](mailto:kcarter@iphca.org).

Given that Patient Protection and Affordable Care Act (PPACA) is now six months old and some of the insurance reforms have started to take effect we need to start talking about getting "reform ready." Now is the time to brush off those strategic plans that each community health center has developed to see whether an update to those plans is in order. While in the past it might not have been advantageous to partner with another health center, hospital or other community provider, health care reform should cause us all to take another look at the potential impact that partnerships might have on health centers in the future.



Health care reform will reward medical providers, including community health centers, which integrate with other providers to form networks to serve as medical homes for patients. These networks must include not only primary care but also acute care and specialty services. Some hospitals have begun to develop new ambulatory clinics throughout their communities to provide primary care. Unfortunately, these are often "quick care" clinics that function as emergency rooms outside the walls of the hospital and not true medical homes. This type of delivery system is not congruent with the intent of the PPACA.

Since hospitals cannot fulfill all aspects of a network, IPHCA members should carefully explore potential partnerships in their communities and attempt to develop fair and equitable arrangements so that each entity functions in its defined role to maximize the delivery of services in this model of care. This is not something that can be done overnight. Mutual respect and trust between the parties is earned over time. In the past, many hospitals and community health centers have found it difficult to work with one another. Under health care reform, those relationships need to be reexamined in hopes of developing an appropriate affiliation that is mutually beneficial for the patient and the providers. I know this is not easy, but begin now as health care reform is still being developed and implemented.

IPHCA is here to help members. Please reach out to us, as we want to help during these ever changing times in health care. ■

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## Four IPHCA Members Host Chicago Southland Health Conference

By Sarah Hamilton, Communications Coordinator, Aunt Martha's Youth Service Center



Virgil Tolbert, chief executive officer, Christian Community Health Center; Raul Garza, chief executive officer, Aunt Martha's Health Center; and Dr. James Washington, chief professional officer, South-Southwest Suburban United Way; participate in a panel discussion on the topic of health care reform.

Aunt Martha's Youth Service Center, Christian Community Health Center, Family Christian Health Center and TCA Health, Inc. commemorated the 45th anniversary of community health centers with the Chicago Southland Health Conference on Saturday, August 21, 2010. In partnership with Governor State University, these four entities celebrated the strong commitment of community health centers with a free conference for patients, students and community members.

The conference—*Healthy Families, Healthy Communities*—observed the strides that community health centers have made throughout the years by providing educational workshops for people in the south suburbs. It provided an opportunity for community health providers to highlight what community health centers offer, how patients can navigate the system and how access to care can improve public health.

Tommy Brown, director of community relations, Christian Community Health Center, welcomed guests to the inaugural Chicago Southland Health Conference. "The purpose of this conference is to educate, inform and encourage your very best health. We understand the importance of healthy families. When we commit to building healthy families, we see a positive and strong impact in the communities we serve each and every day," stated Brown.

Dr. Damon T. Arnold, director, Illinois Department of Public Health, spoke "from his heart" during a keynote address on current issues, such as obesity, physical wellness, diabetes and the need for health care services. Dr. Arnold commented, "It is essential that everyone's issues get resolved." Dr. Arnold expressed the strong need for education and access to care in the community. "We have to start really talking to people to help them understand what we're trying to do for them. They are our partners, the recipients [of our health care services]. And as we're helping people, we have to have compassion."

A panel discussion provided guests an opportunity to hear directly from the leadership of community organizations about their visions of support for the future. Raul Garza, chief executive officer, Aunt Martha's Health Center; Virgil Tolbert, chief executive officer, Christian Community Health Center; and Dr. James Washington, chief professional officer, South-Southwest Suburban United Way; answered questions on

health reform, including the impact on the audience, funding, preparedness for the future, challenges and opportunities.

"The fact that I'm sitting here with executives from these organizations and we have been able to put together an event like this, and that so many of you have taken the time to join us today – to talk about the changing direction of health care and about the way that we as individuals, as organizations and a community as a whole can move forward together – is testament to the fact that we are all committed to making the most out of the opportunities that are being presented to us," added Raul Garza.

Workshops featured topics such as asthma, obesity, mental health, diabetes, STD/HIV, heart disease, yoga, substance abuse, men's health, oral hygiene, and entitlement programs and health care benefits. The conference ended with a presentation on healthy cooking by a local organization, Real Men Cook. ■



Dr. Damon Arnold, director, Illinois Department of Public Health, provides the keynote address at the Chicago Southland Health Conference.

## Christopher Rural Health Planning Corporation Opens Doors in Sesser

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Board members, staff and policymakers participated in the ribbon cutting ceremony to officially open the Sesser Community Health Center. Pictured left to right: Dorothy DeAngelo board member, Christopher Rural Health Planning Corporation (CRHPC); Ted Mitchell, mayor of Sesser; Ruth Stanford, board member, CRHPC; Gerald Herring, board member, CRHPC; Kim Mitroka, president and chief executive officer, CRHPC; Jim Rea, former state senator; Jerry Costello, U.S. Congressman; Jim Kirkpatrick, office of State Representative John Bradley; and Keith Ward, community member.

"Senator Gary Forby and State Representative John Bradley worked together to help us get funding through a special fund the governor has appropriated to get community health centers started," Mitroka said. "And U.S. Representative Jerry Costello, who has shown unwavering support for community health centers, was able to help us get money through the American Recovery and Reinvestment Act." Construction of the \$1.5 to \$1.6 million building was funded by federal stimulus dollars, while state grants paid for the \$1 million worth of equipment inside the facility.

Before cutting a bright red ribbon to ceremonially open the facility, Congressman Costello said the center is an example of "government at its best, working together for the people."

"The center is expected to serve residents in the Sesser area and visitors to nearby Rend Lake who find themselves in need of health care services," Mitchell said. Two dentists are already on staff and CRHPC is actively recruiting physicians for the center.

Access to health care got easier for west Franklin County (Illinois) residents and visitors when the Sesser Community Health Center opened its doors on September 1, 2010.

"The one thing we were missing is right here," Sesser Mayor Ned Mitchell said at a ribbon-cutting ceremony for the facility on August 31, 2010. "We feel this is the final piece of the puzzle. With this, our community is going to grow."

According to Kim Mitroka, president and chief executive officer of the clinic's parent company – Christopher Rural Health Planning Corporation (CRHPC), the 10,000-square-foot center on Sesser's east side has space for two primary medical providers, three dentists, behavioral health services and a pharmacy with drive-through service.

Construction on the center, which will employ 20 to 24 people, began in March and was the result of a cooperative effort between local, state and federal governments.

*This article reprinted with permission from The Southern Illinoisan. It originally appeared August 31, 2010, at [www.thesouthern.com/news/local/article\\_abf7ed9a-b4b6-11df-aeaf-001cc4c002e0.html](http://www.thesouthern.com/news/local/article_abf7ed9a-b4b6-11df-aeaf-001cc4c002e0.html). ■*



Sesser's drive-thru pharmacy will ensure fast, convenient service.

## Senator David Koehler and Bruce Johnson Receive National Awards of Excellence

By Rebecca Phillips, Director of Communications and Member Services, IPHCA



The Honorable David Koehler, Illinois state senator, and Bruce Johnson, IPHCA president and CEO, are both recipients of 2010 Community Health Care Awards of Excellence from the National Association of Community Health Centers.

“Over the past several years, I have encouraged my colleagues in the Illinois General Assembly to support primary health care centers and to ensure that underserved groups have better access to health care and insurance,” said Koehler while accepting his award in Dallas. “Affordable access to basic health care is a fundamental need, like food, clothing or shelter.”

Bruce Johnson received the 2010 Norton Wilson State/Regional Leadership Award – an award that honors an outstanding staff member of a NACHC-chartered state or regional primary care association who exemplifies leadership excellence in the health care association arena.

“The Illinois Primary Health Care Association stands as one of our strongest and most effective partners at the state level, said NACHC Board Chair Anita Monoian during the awards presentation. “And it reflects the leadership of Bruce Johnson who has given exemplary service in growth and development of Illinois health centers.”

The Honorable David Koehler, Illinois state senator (Peoria), and Bruce Johnson, IPHCA president and chief executive officer, are each recipients of 2010 Community Health Care Awards of Excellence from the National Association of Community Health Centers (NACHC). The awards were presented on September 13, 2010, at the NACHC Community Health Institute (CHI) and EXPO in Dallas, Texas—a national conference attended by nearly 2,000 health center leaders from across the country.

an official in the legislative/administrative branches of a local, state or federal government, or other public or private agency, or as a health center leader who has been highly effective in the public policy arena.

“The Illinois Primary Health Care Association stands as one of our strongest and most effective partners at the state level. And it reflects the leadership of Bruce Johnson who has given exemplary service in growth and development of Illinois health centers.”

—Anita Monoian, NACHC Board Chair

“Senator Koehler was the chief sponsor for Senate Resolution 48 last year which supports IPHCA’s Access Illinois initiative to serve over two million

Illinoisans by 2015,” said

Jill Hayden, IPHCA director of state governmental affairs. “He was part of the original group that started the Heartland Free Clinic in Peoria (now called Heartland Community Health Clinic) and his passion for reducing medical disparities has not wavered in the last 20 years.”

Under Johnson’s leadership, 60 new projects have been funded for either new health centers or an expansion of services for existing centers since 1999. Since 1991, Illinois health centers have increased the number of patients served by 400 percent.

“While I am receiving the recognition and honor today, it is truly the board of directors and membership of IPHCA that deserve it,” said Johnson. “And it’s important to note that health centers are there not to be served by the communities, they are there to serve communities. We need to expand; we need to work together.” ■

Senator Koehler received the 2010 Aaron L. Brown Memorial Public Service Award – an award presented to an individual who has made significant contributions to the community health field, either as

## Your Healthcare Plus™ – Clinical and Financial Gains of the Medicaid Disease Management Program

By Carrie E. Nelson, M.D., Medical Director, Your Healthcare Plus

Your Healthcare Plus™ (YHP), a sister program of Illinois Health Connect, has shown steady gains since its inception in July 2006. Your Healthcare Plus staff are charged with improving the health of and decreasing costs for some of Illinois' most challenged citizens. Eligible individuals are enrolled in Medicaid and include:

- 117,000 adult aged, blind and disabled (10,000 of which are in long-term care facilities)
- 110,000 adults and children with persistent asthma
- 25,000 adults and children who use the emergency department six or more times in a year, none resulting in admission
- 8,500 waiver elderly and disabled citizens

The approach is a whole-person perspective – nurses, social workers, behavioral health specialists and community educators work in community-based teams to give participants help with managing their chronic illnesses and behavioral health

conditions. Barriers to getting consistent care from the medical home are resolved and providers offer tools to support guideline-based care. Because the disease management eligible Medicaid population in Illinois is so much larger than in other states, the model is one that can be viewed as highly valuable for other Medicaid programs to reference in their own efforts for positive impacts on cost and quality.

To monitor clinical improvements, HEDIS-type measures are tracked for five chronic conditions (diabetes, COPD, asthma, CHF and CAD). In recent months, depression was added to this list. Beneficiaries report:

- A 15.5 percent increase in receiving a flu shot
- More than 22 percent increase in receiving a pneumococcal vaccine
- More than 20 percent increase in those who have an asthma action plan in place and know how to use it

In addition, claims analysis shows the following:

- More than seven percent increase in diabetics receiving a retinal eye exam
- Approximately five percent increase in lipid lowering therapy for beneficiaries with coronary artery disease and diabetes
- Three-quarters (or 75 percent) of 24 quality measures trended positively in 2009, compared to 2008

The state of Illinois has reported a net savings of \$307 million in the past three years. Sources of these savings include:

- Approximately five percent reduction in inpatient utilization for the aged, blind and disabled population
- Approximately 33 percent reduction in inpatient utilization for the asthma population

Your Healthcare Plus™ is administered by McKesson Health Solutions. Dr. Carrie Nelson, a family physician and YHP medical director, can be reached at [carrie.nelson@mckesson.com](mailto:carrie.nelson@mckesson.com) for additional information. ■

## A New Gadget for Your Data Toolbox: The UDS Mapper

By IPHCA Community Development Staff

In a period of landmark health system reform and safety net expansion, it is essential that the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) and health center organizations have access to tools and data that can assist in evaluating the geographic reach, penetration and growth of Federally Qualified Health Centers (FQHC's), and their relationship to other federally-linked health resources.

As such, HRSA, John Snow, Inc. and the Robert Graham Center have collaborated to develop a mapping and decision-support tool that is driven primarily from data within the Uniform Data System (UDS)—a standardized reporting system for FQHCs to report patient activity, services and providers to track BPHC programs and performance.

The UDS Mapper is the result of this collaboration—a valuable tool for FQHCs

and those interested in becoming a FQHC to use in evaluation and planning. This data was previously not publicly accessible at the local level.

The UDS Mapper is designed to help inform users about the current geographic presence of FQHCs. It was largely designed upon algorithms and reporting methods developed by John Snow, Inc. for BPHC-requested service area analyses. The information available in the UDS Mapper includes estimates of the collective service area of health centers by Zip Code Tabulation Area (ZCTA).

ZCTAs are a new statistical entity developed by the U.S. Census Bureau for tabulating summary statistics from Census 2000. It was developed to overcome the difficulties in precisely defining the area covered by each zip code. In most instances, the ZCTA code equals the zip code for an area. Some

zip codes represent very few addresses (sometimes only one) and therefore, will not appear in the ZCTA universe. ZCTAs are generalized area representations of U.S. Postal Service (USPS) zip code service areas. Simply put, each one is built by aggregating the Census 2000 blocks—whose addresses use a given zip code—into a ZCTA. The ZCTA codes represent the majority of the USPS five-digit zip codes found in a given area. For those areas where it is difficult to determine the prevailing five-digit zip code, the higher-level three-digit zip code is used to generate the ZCTA code. All data presented in the UDS Mapper is specific to the ZCTA.

Currently, data reported by ZCTA in the UDS Mapper system includes the ratio of FQHC patients reported in the UDS to the target population, the change in the number of those reported patients over time, and an estimate of those in the target population that remain

Continued on page 8.

## The Importance of GAP Insurance

By Mike Reedy and Janie Mueller, Charles L. Crane Agency

**H**ave you taken the steps to make certain that your organization is fully covered from a medical malpractice liability occurrence?

As many of you know, the Federal Tort Claims Act (FTCA) provides protection for the medical malpractice exposures of Federally Qualified Health Centers (FQHCs). This coverage is provided by statute. However, like all statutes, there are limitations that can lead to dangerous gaps in how the law protects you. Specifically, there are activities and people who are not covered by FTCA. If you have these exposures and do not fill

the gap with the proper insurance, you may have an uninsured situation that could deplete the assets and resources of your entire organization.

Gap insurance is designed to provide coverage when the FTCA fails to respond on your behalf. The following are some activities that are not covered by FTCA for primary care, dental and eye care services:

- Community service/good Samaritan activities
- Sexual abuse and molestation
- Actions outside the scope of project or employment

- Prior acts
- Supervision of non-FQHC employees and staff at nursing homes
- Peer review/credentialing

The following people that fall outside of the scope of coverage include:

- Medical school residents/students
- Contracted services with a group
- Volunteers
- Certain part-time contractors

Contact Mike Reedy or Janie Mueller at the Crane Agency to become better informed of ways to eliminate serious impact to the financial strength of your organization. ■

*State Releases Capital Grant Applications, continued from page 1.*

- Documenting the need for the project, its scope and budget
- Presenting a realistic capital budget and timeline for project readiness and completion
- Documenting other funds, particularly for projects over the \$3 million application cap

### Financing Through Below-Market Rate Loans

IFF is the source for below-market rate, long-term financing for nonprofit corporations throughout Illinois. IFF loans are available up to \$1.5 million per project for capital needs such as acquisition, construction, renovation and equipment. IFF loans can be paired with

capital program funds and other sources to fill financing gaps and to ensure project objectives are achieved.

### Completing Capital Program Projects

IFF real estate professionals can assist health centers with project management from beginning to end, including architect and contractor selection and construction oversight. In addition, for centers acquiring a new location to establish a new site, IFF offers site search, evaluation and due diligence, as well as LEED™ Green Building Construction Certification process oversight. For centers renovating existing sites to expand services, IFF can provide energy efficiency assessments and recommendations.

With the passage of the federal Patient Protection and Affordable Care Act, these are exciting times for community health centers throughout the nation. Fortunately, grants established under the Community Health Center Construction Act and the services offered by IFF will ensure that Illinois health centers remain competitive as new federal opportunities become available. Community health centers have a responsibility to meet the needs of their communities and thanks to the Illinois General Assembly, Governor Pat Quinn and IFF, the Community Health Center Construction Program gets them one step closer to meeting those needs.

For a fee schedule and detailed menu of services, contact Amy Stewart at [astewart@iff.org](mailto:astewart@iff.org) or (312) 596-5114. ■

*A New Gadget for Your Data Toolbox: The UDS Mapper, continued from page 7.*

unserved by (but may be served by other providers). Due to data limitations, this tool is meant to be only one of many important resources available for exploring the extent of health centers. For additional exploration, users can map U.S. census data, such as race, ethnicity and poverty, against locations of all FQHC grantees and their access points, locations of other federally-linked providers (FQHC Look-Alikes, National Health Services Corp sites, rural health clinics, tribal organization facilities, etc.), and health care shortage areas such as Health Professions Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Currently,

the UDS Mapper system uses 2009 UDS data and 2000 census data, and utilizes monthly updates on the MUA/P and HPSA designations. It was developed for use by HRSA project officers, primary care associations and state primary care offices, current and prospective FQHCs and FQHC Look-Alikes, policy makers and planners (state and local), and staff from other health care providers.

The UDS Mapper is free and easy to use with the system's extensive help menu. With a simple user interface and clear definitions, the UDS Mapper tool is very intuitive. Map layers, e.g., highways, county borders and poverty data, are

easy to identify and turn on or off. Users can also export map data to tables in Excel, create a .pdf of a thematic map, and add their own shapes or lines to a map to identify a proposed site location or new service area. Users are unable to import their own data into UDS Mapper; however, developers have extended an open invitation to suggest what other data could be added to the system in the future.

The UDS Mapper, as well as tutorials and webinars to help you get started, can be found at [www.udsmapper.org/index.cfm](http://www.udsmapper.org/index.cfm). ■

## Erie Family Health Center Launches Community-Based Family Practice Residency Program

By Ruth Arway, SEARCH Coordinator, IPHCA

Erie Family Health Center recently launched a new community-based family practice residency training program that is among the most unique and innovative programs across the country. The program, directed by Deborah Edberg, M.D., will provide three-year training for a total of 24 residents (eight begin their training each year over a three-year period).

Erie was involved in various activities to promote the program nationally and locally, and was pleased with the interest they received from many bright and motivated students. The eight new residents that began training on July 1 represent a diverse group of women, each dedicated to working with the underserved and all with excellent academic records.

### About the Residency Program

Unlike traditional training that is hospital-based, Erie's new program is community-based at Erie's Humboldt Park site.

The Humboldt Park site has been the center of Erie's family practice clinical program and provides a variety of patient education activities and programs. In addition, the site's extensive case management services will be beneficial to trainees in learning to use and develop models to enhance patient care. The training model will provide an opportunity for family practice residents to gain exposure to all aspects of patient care and to manage a variety of patients in the community environment.

It is expected that the new residency program will attract more students and residents who plan a career in family medicine. According to Frank Castillo, M.D., director of medical student education, medical students may come to Erie to gain some experience at the center before applying for the residency program. "The presence of the training program will add a new level of energy to the center, it will provide the impetus for sharpening teaching skills, and it will raise the bar in teaching and providing the highest quality of care to the community."

Castillo notes that it is the mission of working for the underserved that draws people to community health, and he finds that patients are very grateful for these clinicians. "I am inspired by my colleagues who are very passionate about their work for the underserved," he said. The new program at Erie will develop future leaders who can carry the community health center (CHC) model and demonstrate its effectiveness for providing high quality care to the vast majority of the population. He further states that the National Health Services Corps (NHSC) scholarship and loan repayment programs are extremely important resources that support the training of clinicians to work with the underserved.

### Curriculum

Erie's new residency curriculum extends beyond the standard requirements for accredited residency programs and includes several unique components, including an extensive behavioral science program, support for trainees in sustaining careers in community-based settings, specific requirements for a scholarly project, and training to develop leadership skills.

Not only does the training program provide exposure to the issues that patients face, but it also addresses the challenges of having limited resources within the CHC and safety net hospital. The program will teach how to manage that system and how to work efficiently to maximize resources in order to provide an optimal level of patient care.

Most residents have Spanish speaking skills, but Erie is partnering with a language school that will do competency testing to ensure that residents' skills are at a level necessary to provide high quality care to patients. Faculty talk with residents about

"The presence of the training program will add a new level of energy to the center; it will provide the impetus for sharpening teaching skills; and it will raise the bar in teaching and in providing the highest quality of care to the community."

- Frank Castillo, M.D., Director of Medical Student Education

developing compassion for the underserved and teach them skills for preventing burnout and creating sustainable careers in underserved community settings.

The resident trainees will have their own continuity of patients they will care for over three years, and will be involved in the center's quality improvement (QI) reporting and improvement projects.

"Quality improvement is something that we do well at Erie, and I hope the residents will benefit from participating in our QI program," says Dr. Buchanan, chief medical officer. Residents will receive reports that summarize their performance on a number of quality indicators. "During training, there is so much that residents need to learn, and they usually learn it one piece at a time. The overall performance summary will provide residents with more information about their blind spots, rather than having years go by without realizing what areas need attention," he notes. Residents will also receive productivity reports which will help prepare them for their future careers. All residents will be trained and oriented to Erie's programs, policies, confidentiality requirements, billing rules and protocol, as well as the use of the electronic medical record (EMR).

Residents will gain experience by working with second and third year medical students at Erie, including those doing clinical rotations through the SEARCH (Illinois Student/Resident Experiences and Rotations

*Erie Family Health Center Launches Community-Based Family Practice Residency Program, continued from page 9.*

in Community Health) Program – a program that Erie has participated in since 2000. Dr. Castillo manages the placement and oversees the training of SEARCH and other students at Erie. He notes that medical students relate well to residents because they are only a few years apart in their training. Medical students who come to Erie for rotations will be assigned to teams to learn from the residents. At the same time, working with students will help residents further develop their teaching skills.

While all accredited residency programs require that residents be involved in a scholarly project, the resources of Northwestern University (one of Erie's partners) will allow residents to complete and present special projects through which they will assess the needs of the community and develop plans to improve health care delivery, as well as study and measure the impact of their projects.

#### Leadership Component

While nationally there is a need for primary care physicians—particularly to care for the underserved—there is also a need for leaders in the field, including physicians who have the ability to run or start-up FQHCs or safety net hospitals and advocate politically for patients and health care reform. The program is unique in that it includes a significant leadership component which will help residents develop skills that go beyond clinical care. During the third year, residents will act as medical directors of the community health center, attending all leadership meetings and managing issues that arise, including staffing, budget and funding.

As part of the leadership component, residents will be assigned to mentors in the second and third years of training. They will also be paired with faculty at Northwestern who will take them to meetings with elected officials to advocate on behalf of patients.

“Through these relationships with leaders in health care, the residents will see the direction their careers can take even beyond providing care; [that they] can be at the forefront of the new movement in the way that health care needs to change in this country,” said Dr. Edberg,

program director. The program will pilot this mentoring component and study its impact to determine if it has made a difference in training.

#### Funding and Partnerships

The development of the program was made possible through a multi-year partnership between Erie Family Health Center, Northwestern University and Norwegian American Hospital. Erie physicians visit Northwestern's Prentice Women's Hospital on a daily basis, doing deliveries, providing newborn care, and often giving lectures to physicians in training. For many years, Northwestern has provided support to many of Erie's community-based initiatives, such as the diabetes and cancer prevention programs.

When Northwestern embarked on the development of a new community-based family practice residency program, it realized that strong community partners were needed to start the program and make it successful. Erie was recognized as an ideal partner, and because both Erie and Northwestern already had partnerships in place with Norwegian American Hospital, bringing the three together was a natural fit.

Historically, graduate medical education (GME) funding flows through hospitals which hire and employ academic faculty. The Erie-Northwestern program is unique in that the faculty members are employees of Erie Family Health Center, shifting more focus and awareness to the community setting. Faculty positions for the program are being financially supported by all three entities.

Erie will continue to expand gradually. First year residents won't require as much space in the health center, but this need will increase by year three of training. Faculty offices will be located at the Humboldt Park site. Currently some space is being renovated, and a portion of the second floor will be devoted to offices and conference space. Renovations include a room for group medical visits, with a smaller adjacent room for private exams, as well as changes to the first floor to improve patient flow.

#### Program Staff

**Deborah Edberg, M.D.**, program director, is former faculty and later associate director for Northwestern's NorthShore residency program at Glenbrook Hospital. She also developed a curriculum for the Northwestern Integrative Medicine Program. Previously, she worked for over nine years at Cook County health centers on the south side and in the Logan Square neighborhood; and served as faculty to family practice residents. She began her career at a FQHC—Chicago Family Health Center (formerly Claretian Medical Center) on Chicago's south side.

**Thomas Halligan, M.D.**, associate program director, completed a Master in Public Health and Commonwealth Fellowship in minority health policy at Harvard University and also served as associate medical director for over five years at La Clinica De La Raza – a CHC in Oakland, California.

**Frank Castillo, M.D.**, director of medical student education, has served as Erie's director of the family medicine department since 2001. Dr. Castillo is also a clinical assistant professor of family medicine at the Feinberg School of Medicine of Northwestern University and a core faculty member for the Family Medicine Residency Program of the McGaw Medical Center of Northwestern University. Before beginning his tenure at Erie, Dr. Castillo served as medical director at Alivio Medical Center and as a family physician at a hospital-based practice. Dr. Castillo noted how opportunities for exposure to the community health center model were limited during his training and it wasn't until the end of his residency that he learned more about working with the underserved. He worked at a CHC upon completion of his residency and then transitioned to private care before returning to community-based care where he has served since. “In the private setting, the standards of care were not taught, integrated or enforced as well as in the CHC setting where there was more accountability,” he said. ■

## What to Know About the 2010-2011 Seasonal Influenza Vaccine

By John Longo, Emergency Preparedness Coordinator, IPHCA

Another flu season is about to begin. With most cases of influenza occurring between November and May, and peak months in January and February, now is the time to start preparing for the 2010-2011 seasonal influenza vaccination and take note of what has changed since last year's season.

### Recommended Vaccination Recipients

For the first time, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices' (ACIP) has recommended universal influenza vaccination for all persons six months of age and older. The following individuals—priority recipients—are especially susceptible to complications from influenza and should get vaccinated:

- Pregnant women
- Children younger than five, especially those younger than two years old
- People 50 years of age or older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - o Health care workers
  - o Household contacts of people at high risk for complications from the flu
  - o Household contacts and out of home caregivers of children less than six months of age.

### Vaccination Types

The 2010-2011 seasonal influenza vaccine protects against 2009 A/H1N1 influenza and influenza B, which are the same as last year's pandemic strains, as well influenza A/H3N2, which is a different strain (CDC, 2010).

Last year, there were two separate vaccines available – one for the 2009 A/H1N1 influenza virus and the other for seasonal influenza. This year, the A/H1N1 virus has been included in the seasonal vaccine, requiring only one shot. It takes up to two weeks for the vaccine to become effective.

The vaccine will be available in inactivated and attenuated forms. The inactivated vaccine contains inactivated (killed) viruses and is administered with a needle in the arm. The attenuated vaccine contains live viruses that are weakened and is administered with a nasal spray (U.S. Food and Drug Administration, 2010).

The priority groups identified previously should receive the inactivated vaccine. The attenuated vaccine is for healthy people who are two – 49 years of age. Adults and older children only need one dose of the vaccine for the year, but some children below the age of nine may need two doses (CDC, 2010). It is important to note that even people who contracted the 2009 A H1N1 influenza still should get the 2010-2011 seasonal vaccine.

Serious side effects of seasonal influenza vaccine are rare and reported side effects often are soreness around the injection site. It is very important to encourage people to get vaccinated this year, particularly those who are considered to be part of the priority groups. Getting the seasonal influenza vaccine is an easy way to stay healthy this flu season.

### References

Center for Disease Control and Prevention. (2010, August 10). Inactivated influenza vaccine 2010-2011: What you need to know [fact sheet]. Retrieved September 2, 2010, from [www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf).

Center for Disease Control and Prevention. (2010, July 15). Key facts about seasonal flu vaccine [website]. Retrieved September 2, 2010, from [www.cdc.gov/flu/protect/keyfacts.htm](http://www.cdc.gov/flu/protect/keyfacts.htm).

U.S. Food and Drug Administration. (2010, August, 25). 2010-2011 influenza season vaccine questions and answers [website]. Retrieved September 2, 2010, from [www.fda.gov/biologicsbloodvaccines/uidancecomplianceregulatoryinformation/post-marketactivities/lotreleases/ucm220649.htm](http://www.fda.gov/biologicsbloodvaccines/uidancecomplianceregulatoryinformation/post-marketactivities/lotreleases/ucm220649.htm). ■



## October is National Dental Hygiene Month

By Sharee Clough, Oral Health Network Coordinator, IPHCA

During the month of October, the American Dental Hygienists Association (ADHA) is collaborating with the Wm. Wrigley, Jr. Company to sponsor National Dental Hygiene Month. The purpose of the observance is to promote good oral hygiene and awareness about the role dental hygienists play in preventing oral disease.

The theme for this year's event is "Healthy Habits are Easier than You Think." Prevention is the focal point of the campaign. Materials will focus on educating the public about ways to maintain a healthy mouth while leading a busy lifestyle.

Peruse ADHA's website for more information about National Dental Hygiene Month and to access patient educational materials at [www.adha.org/ndhm/index.html](http://www.adha.org/ndhm/index.html). ■

## Centro de Salud Esperanza Addresses Obesity One Step at a Time

By Amy Garwood, Communications and Member Services Specialist, IPHCA

To address the need for a culturally tailored weight loss program in their Chicago community, Centro de Salud Esperanza developed *Paso-a-Paso: Un Peso Saludable*, or *Step-by-Step: A Healthy Weight*. *Paso-a-Paso*, which began as a pilot program in March 2010. The program addresses obesity through a community-based weight loss program that is affordable, accessible and culturally sensitive.

According to the Esperanza's needs assessment, "a recent chart review of Esperanza's adult patients resulted in the finding that 35 percent are overweight and 55 percent are obese, totaling a staggering 90 percent of patients who are above normal weight."

Led by Dr. Estella Hernandez, a family practice physician at the clinic, *Paso-a-Paso* hopes to change the health statistics of Esperanza's patients. Additional leaders of the program include Sonia Cruz, licensed clinical social worker, and Mariela Girotti, RN, lead nutritionist and curriculum advisor.



Pictured with Dr. Hernandez (far left) is Centro de Salud Esperanza CEO, Dan Fulwiler, and several participants and staff of the Paso-a-Paso program.

The key components of *Paso-a-Paso* allow Centro de Salud Esperanza a unique opportunity to offer a nutritional promotion and weight reduction program that is:

- medically supervised;
- led by a bilingual, culturally competent team of staff;
- accessible and affordable for all community members, regardless of language, insurance status, income or immigration status; and,
- tailored to address the unique needs of community members through a culturally relevant curriculum delivered by bilingual program staff who are grounded in the culture of the neighborhoods served.

Esperanza's *Paso-a-Paso* program recognizes the difficulty involved in changing behaviors to lose weight and incorporates a "Stages of Change" approach. This approach creates a continuum of change for participants. The program also utilizes a train-the-trainer aspect that provides an opportunity for peer education. Nutritional education and support groups provide a social network for participants.

According to Dan Fulwiler, chief executive officer, "The staff here, led by Dr. Estella Hernandez, Sonia Cruz and Mariela Girotti, have done an amazing job putting together an excellent program to address one of the most pressing issues in our community."

By creating a culturally-competent weight loss and nutrition program in the community, Centro de Salud Esperanza is addressing obesity-related health concerns at the core. Through the success of *Paso-a-Paso*, healthier communities will be forthcoming...step by step.

**Reference:**

Centro de Salud Esperanza. *Paso-a-Paso: Un Peso Saludable (Step-by-Step: A Healthy Weight), Needs Assessment & Program Model*. June 17, 2010. ■



Dr. Estella Hernandez promotes Paso-a-Paso throughout the clinic.

## Sterilization and Disinfection of Patient Care Items: A Summary of CDC Recommendations and the Guideline for Disinfection & Sterilization in Health Care Facilities

Submitted by Henry Schein

Millions of medical procedures occur in the United States each year, most requiring that the patient come into contact with a medical device or surgical instrument. As such, proper disinfection and sterilization of medical equipment is imperative in keeping patients safe from infection. The following is a summary of the Centers for Disease Control and Prevention (CDC) *2008 Guidelines for Disinfection and Sterilization in Health Care Facilities*.

Because sterilization of all patient-care items is not necessary, health care policies must identify—primarily on the basis of the items' intended use—whether cleaning, disinfection or sterilization is needed. Three categorizations of patient care items are identified, from critical to non-critical:

- **Critical:** Item is used to penetrate soft tissue or bone with greatest risk of infection transmission and requires heat sterilization.
- **Semi-Critical:** Item intended to touch mucous membranes, non-intact skin. For dental instruments, if heat tolerant, sterilize items. If not heat tolerant, use high level disinfection (cold sterilization) per manufacturer instructions; or use disposable items and discard.
- **Non-Critical:** Items that touch only intact skin. Instruments should be cleaned and then disinfected; or use disposable items and discard.

### Instructions for Cleaning, Disinfecting and Sterilizing

In operatory after use, place contaminated items in a puncture resistant container, secure cover and transfer to sterilization area. Place all disposable sharps in sharps container at point of use (operatory) and biohazard materials in red biohazard trash. Process all instruments in designated sterilization area that is divided into: a) receiving, cleaning and decontamination (debris removal); b) preparation and packaging; c) sterilization; and d) storage. Ideally, partitions should separate the areas to contain contaminants, or allow sufficient physical separation between areas to prevent splatter contamination.



#### A. Receiving, Cleaning and Decontamination:

- Deliver reusable contaminated items to designated place—a covered container.
- Remove organic and inorganic debris by scrubbing with a surfactant, detergent and water; or use an ultrasonic cleaner or instrument washer. To decrease risk of injury, use mechanical cleaning over manual cleaning. If you must clean instruments by hand, scrub them using a brush with a handle. Pick them up one at a time, using tongs – do not reach into piles of contaminated instruments.
- Wear personal protective equipment (PPE) to cover eyes, nose and mouth. Wear a gown and heavy puncture- and chemical-resistant gloves.
- After cleaning, rinse instruments with water to remove chemical residue. Use a strainer-type basket to reduce risk of injury.
- Always handle non-sterile items as contaminated.
- If unable to immediately clean instruments, place them in a puncture resistant container with

detergent, disinfectant/detergent or enzymatic cleaner to decrease bio-contaminant load and prevent hardening of adhesions.

#### B. Preparation and Packaging:

- Use a separate section for this process.
- Inspect, assemble into sets or trays, package or place in container system, wrap and label for sterilization. Process hinged instruments open & unlocked.
- Place an internal indicator in each package, or if it cannot be seen, also use an external indicator. Follow manufacturers' instructions for correct placement.
- Sterilize critical and non-critical items unwrapped for immediate use only.

#### C. Sterilization

- Use a separate section for sterilizers and related supplies with sufficient space for unloading and cooling.
- Use steam or heat sterilizers for all items that can be sterilized. Follow manufacturer instructions.
- Use dry cycle to complete process before storing items.

Continued on page 14.

*Sterilization and Disinfection of Patient Care Items, continued from page 13.*

- Do not overload sterilizer. Place packets and cassettes on their sides next to each other to allow heat and steam to penetrate through and around each package or container. Packages stacked on top of each other may not allow sterilization process to items in middle of pile.
- Place chemical sterilization indicator outside and inside packets and packages that have been sterilized. Recommend chemical indicator that measures time, pressure and temperature. If indicator does not react correctly during sterilization, repeat sterilization for the items.
- Use aseptic technique to transfer sterilized items from the sterilizer to storage, using sterile gloves and forceps.
- Do not sterilize implantable devices unwrapped.
- Disinfect the handle and controls of the sterilizer after starting cycle to prevent post-cycle contamination when opening and removing sterile items from the sterilizer.
- Critical and non-critical items must be dried by the sterilizer if they are stored before use. Wet packaging is porous and allows contamination.
- Heat sensitive items can be completely sterilized through complete immersion in a FDA-approved steriliant/high-level disinfectant. Make sure to use a product designated for the purpose and follow manufacturers' instructions. The process can take up to 12 hours. Keep cold-sterile container covered to prevent vapor irritation.
- When cold sterilization is complete, rinse items with sterile water to remove chemical residue, dry with sterile towels using sterile gloves and transport to point of use in aseptic manner.
- If stored before use, cold sterilized items are not sterile.

*Cautions With Regard to Sterilization:*

- Do not use cold sterile solution as a surface disinfectant.
- Match product to the purpose: Use all chemicals, cleaners and disinfectants for the purpose designated and follow manufacturers' use instructions.

Keep a copy of the Material Safety Data Sheet (MSDS) for safety instructions and compliance.

- Do not use bead sterilizers. The FDA has determined they are ineffective.
- Use a Biological Indicator (BI) at least weekly or as mandated by state law to check effectiveness of sterilization 'kill' of pathogens.
- If your BI activates during sterilization, run a second cycle with the BI. Common reasons for BI failure include: overloading, failure to provide adequate package separation, loading and spore testing. Often correcting the process will resolve the reading on the second cycle. Keep items in quarantine until you have determined if the sterilizer has malfunctioned.
- Record results of BI monitoring and corrective actions as part of the overall infection control program. Many sterilizers have record print ability. Maintain records in compliance with federal, state and local laws and regulations.
- When process tests show sterilizer is faulty, remove it from service, repair or replace as appropriate.
- The CDC has established protocols for positive BI tests.

**D. Storage of Sterile Items:**

- Keep sterile and disposable items in dry, enclosed storage.
- If packages tear, open or get wet before use, re-package and completely re-process contents.

**Disinfection of Treatment Areas**

- Identify all contaminated (clinical contact) surfaces, including light handles and switches, pens, x-ray cones, arms and exposure buttons, chair side keyboards, knobs, tubing, counters, drawer handles, faucets, lead aprons, etc.
- Clean all such surfaces with detergent or surfactant and rinse to remove debris.
- Wet disinfect surfaces with an Environmental Protective Agency (EPA)-registered hospital disinfectant with HIV, HBV (low-level disinfectant) claim or a tuberculocidal (intermediate disinfectant) claim. Areas that are visibly contaminated

with blood or other potentially infectious material need the latter. Allow wet surfaces to evaporate to dry.

- Check equipment manufacturer cleaning recommendations to assure disinfectant compatibility to reduce damage to upholstery and other surface materials, and prevent voiding of warranties.
- Use protective, disposable barriers on clinical surfaces whenever feasible and change between patients.
- Non-clinical (housekeeping) contact areas, such as walls and floors, should be washed regularly with an appropriate cleaner or an EPA-registered hospital disinfectant/detergent.
- Wear appropriate PPE when cleaning and disinfecting environmental surfaces.

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PHPA is a free service available for IPHCA members. Members can access a variety of vendors at no cost and with no volume requirements or limitations. To enroll, complete a simple Group Purchasing Participation Agreement, available online at [www.iphca.org/Services/GroupPurchasing.aspx](http://www.iphca.org/Services/GroupPurchasing.aspx). For more information about Henry Schein, contact Andrea Hight, regional merchandise manager, at (801) 829-3146 or [andrea.hight@henryschein.com](mailto:andrea.hight@henryschein.com).

For more information about the PHPA program, contact Kathleen Burton, associate director of training and data activities, at (217) 541-7337 or [kburton@iphca.org](mailto:kburton@iphca.org). ■



Through its Clinician Recruitment and Workforce Development Service, IPHCA provides complimentary recruitment and retention assistance to its member community health centers (CHCs). The IPHCA team is currently working to recruit for the following positions:

- **Certified Nurse Midwives**
- **Family Practitioners**
- **Medical Directors**
- **Pediatricians**
- **Licensed Clinical Professional Counselor**
- **Dental Hygienists**
- **Internists**
- **Nurse Practitioners**
- **Physician Assistants**
- **Dentists**
- **Licensed Clinical Social Workers**
- **OB/GYN**
- **Psychiatrists/Child-Adolescent Psychiatry**

Clinicians interested in pursuing a career in a CHC should submit their CV to Ashley Colwell, recruitment specialist, at [acolwell@iphca.org](mailto:acolwell@iphca.org) or fax to (217) 541-7310. IPHCA will send job descriptions and updates directly to you as new positions become available. For more information about IPHCA's Clinician Recruitment and Workforce Development, visit [www.iphca.org](http://www.iphca.org) or call (217) 541-7309.

*Please note: These positions are in addition to those appearing below.*

#### Community Health Centers of

**Southeastern Iowa, Inc.** (Burlington) – To apply for the following position, send cover letter and resume to CHC/SEIA Administration, ATTN: CEO, 1706 W. Agency Road, West Burlington, IA 52655.

- Chief Finance Officer

**Erie Family Health Center** (Chicago) – To apply for the following position, send cover letter and resume (with job code) to [jobs@eriefamilyhealth.org](mailto:jobs@eriefamilyhealth.org), or visit [www.eriefamilyhealth.org](http://www.eriefamilyhealth.org).

- Chief Financial Officer (WT) #081009

**Heartland Health Outreach** (Chicago) - To apply for the following positions, please apply online at [www.heartlandalliance.org/howeare/careers/search-careers.html](http://www.heartlandalliance.org/howeare/careers/search-careers.html).

- Manager - Clinical Operations Pathways Home
- Psychologist – Part-Time

**Near North Health Service Corporation** (Chicago) – To apply for the following positions, e-mail cover letter with job code and resume/CV to [nearnorthhr@nmh.org](mailto:nearnorthhr@nmh.org), fax to (773) 624-5642, or mail to Human Resources Office (w/ job code), Near North Health Service Corporation, 4829 S. Cottage Grove, Chicago, IL 60615. Additional details are available at [www.nearnorthhealth.org](http://www.nearnorthhealth.org).

- Assistant Director of Nursing (CF/AND)
- Billing Clerk (WT/BC)
- Community Nutritionist (AJ/NT)
- Director of Operations (BMT/DO)
- Director of Quality Improvement (CL/QI)
- Licensed Practical Nurse (CF/LPN)
- Maintenance Worker/Repairman (MB/MWR)
- Nutritionist (AJ/NT)
- Patient Advocate (LT/PA)
- Substance Abuse Counselor - CADC (YC/SAC)

**TCA Health, Inc.** (Chicago) – To apply for the following positions, e-mail resume and professional references to Human Resources at [hr@tcahealth.org](mailto:hr@tcahealth.org), fax to (773) 995-7985, or mail to TCA Health, Inc., NFP, 1029 E. 130th St., Chicago, IL 60628.

- Billing Manager
- Grant Writer
- Medical Billing Supervisor
- Medical Records Manager
- Pediatric Case Manager
- QA/Risk Manager
- WIC Coordinator

**VNA of Fox Valley** - To apply for the following positions, e-mail cover letter and resume to [hr@vnafoxvalley.com](mailto:hr@vnafoxvalley.com); mail to VNA of Fox Valley, Attention: Human Resources, 400 N. Highland Ave., Aurora, IL 60506; or fax to (630) 978-2709. When applying, please reference *IPHCA Health Source™*. For more information, visit [www.vnafoxvalley.com](http://www.vnafoxvalley.com).

- CNA/Phlebotomist – Bilingual (Aurora – Part-time House Calls)
- Custodian/Inventory Clerk (Aurora – Full-time)
- Dental Assistant – Bilingual (Aurora – PRN)
- Medical Biller (Aurora – Full-time)
- Physical Therapist/ Physical Therapy Assistant (Aurora/Elgin – Full-time/ Part-time/PRN)
- Quality Improvement & Education Specialist (Aurora/Elgin – Full-time)
- Registered Nurse (Aurora – Part-time Hospice)
- Registered Nurse Team Leader OB/ GYN or Family Practice (Aurora – Full-time)
- Registration/Exit – Bilingual (Aurora – Full-time)

**Will County Community Health Center** (Joliet) - To apply for the following positions, send CV and cover letter to Stacey Whitehead, Program Manager – Human Resources, Will County Health Department, 501 Ella Ave., Joliet, IL 60433.

- Administrative Assistant
- Grant Specialist

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## October Calendar

**October 20 – 22, 2010**

**2010 Annual Leadership Conference**  
Illinois Primary Health Care Association  
St. Louis, Missouri  
For more information, please visit  
[www.iphca.org](http://www.iphca.org).

**October 24 – 27, 2010**

**2010 National Primary Oral Health Conference**  
National Network for Oral Health Access  
Orlando, Florida  
For more information, please visit  
[www.nnoha.org/conference/npohc.html](http://www.nnoha.org/conference/npohc.html).

**November 4 – 6, 2010**

**61st Annual Meeting – Health People 2020: Scaling New Heights**  
Society for Public Health Education  
Denver, Colorado  
For more information, please visit  
[www.sophe.org](http://www.sophe.org).

**November 6 – 10, 2010**

**Annual Meeting & Exposition**  
American Public Health Association  
Denver, Colorado  
For more information, please visit  
[www.apha.org/meetings/](http://www.apha.org/meetings/).

**November 8 – 9, 2010**

**UDS Training**  
IPHCA Institute for Learning  
Springfield, Illinois  
For more information, please visit  
[www.iphca.org](http://www.iphca.org).

**December 1, 2010**

**Business Planning, Growth Strategies & Billing Management for Executives**  
IPHCA Institute for Learning  
Springfield, Illinois  
For more information, please visit  
[www.iphca.org](http://www.iphca.org).