



## Goals for Better Health

Harry Chen, MD, Commissioner of Health in Vermont, outlines three broad goals in the State Health Improvement Plan (SHIP) that aim to improve health. They are:

1. Reduce the prevalence of chronic disease (reduce tobacco use, improve nutrition and increase physical activity)
2. Reduce the prevalence of individuals with or at risk of substance abuse or mental illness (reduce alcohol use and decrease suicide rate)
3. Improve childhood immunization rates (recommended vaccines for those 19-35 months old; MMR vaccine for kindergarteners, and Tdap vaccine for youth age 13-15)

“Vermont’s health status depends in part on a robust and effective primary care network,” Chen states. “Although we’ve been recognized as the #1 healthiest state year after year, we still have room for improvement and primary care providers can help with all three of the most challenging issues we face.”

### Chronic Disease

The Centers for Disease Control and Prevention (CDC) and five physician groups launched a campaign to encourage smokers to “Talk With Your Doctor” about smoking cessation. A national television and online ad campaign called “Tips from Former Smokers” supported this effort. The CDC states that a doctor’s advice and assistance more than doubles the odds that a smoker will quit successfully, and



the National Health Interview Survey indicates that nearly 70 percent of all smokers say they want to quit.<sup>(2)</sup> Noting that 100,000 Vermonters smoke, Chen says there has been a \$500,000 increase in tobacco cessation funding from the state this year and an innovative media campaign targeting 25-year-olds includes a Goth piece, an Alternative one, Mudders, and “Signal Kitchen.”

*The State goal is to reduce the number of Vermonters who smoke from 16% to 12% by 2020, and to reduce youth in grades 9-12 who smoke cigarettes from 13% to 10% in 2020.*

*(continued on page 2)*

## From the Editor

Vermont was named the #1 healthiest state in the 2012 America’s Health Rankings but trends indicate challenges ahead. For this issue of “Primarily Vermont”, Commissioner Harry Chen, MD discusses some ways in which primary care practitioners can help their patients and the state achieve health goals.

We also bring attention to oral health as part of overall health and opportunities for medical/dental integration. The importance of dental care for pregnant women and young children is discussed with suggestions about how to incorporate oral health in the primary care practice setting. Please hang the enclosed “baby’s first dental visit” poster in your patient waiting rooms, exam rooms and other public spaces.

We note with sadness the recent passing of Mrs. Doreen Freeman who, with her husband Houghton, supported the Freeman Scholarship Programs for medical and nursing students at the University of Vermont. We remember not only the Freemans’ generosity, but also their genuine interest in ensuring health care access by helping to train the next generation of clinicians. Their health care workforce development legacy will live on in many good works, especially in the numerous Vermont health care professionals they assisted and encouraged. Currently there are 91 Freeman Medical Scholars in practice serving Vermonters, and many other are still in training. A tribute to the Freemans will be published in a future issue of “Vermont Medicine.” ■

*Elizabeth Cote, Director, UVM College of Medicine, Office of Primary Care and AHEC Program*



Harry Chen, MD, Vermont Commissioner of Health, demonstrates “hooping” to encourage Vermonters to “Get up and move!”

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Two-thirds of Vermonters are at an unhealthy weight, of which 25.4 percent are severely overweight.<sup>(5)</sup> Calling this trend an epidemic, Dr. Chen states obesity is the Number Two modifiable risk factor for death, making Vermonters more susceptible to medical problems such as asthma, diabetes, cancer and heart diseases, which adds tremendous cost to the health care system. “We know that when a physician talks with a patient about health risks – and provides strong recommendations – this helps smokers to quit, parents to vaccinate, problem drinkers to reassess their behavior,” said Dr. Chen. “It makes sense that a doctor’s advice about nutrition and physical activity would help a person reduce their risk for chronic illness.”

*Overall State goal is to reduce the percentage of adults age 20+ who are obese from 25% to 20% in 2020, and to reduce the percentage of children and youth who are obese from 12% to 10% in those ages 2-5, and from 10% to 8% in those ages 9-12. State goal is to increase the number of people who meet physical activity guidelines (youth in grades 9-12 at 24% baseline, adults over age 18 at 59% baseline) to 30% of youth and 45% of adults by 2020. Other goals include eating two or more servings of fruit per day and three or more servings of vegetables per day.*

## Substance Abuse and Mental Illness

Youth binge drinking and suicide are key targets in this category because Vermont has the highest rate in the nation of binge drinking among underage (ages 12-20) drinkers, and suicide is the second leading cause of death for young Vermonters between the ages of 10 and 24.<sup>(3)</sup>

Dr. Chen points out that half of adult Vermont suicide victims have seen their primary care provider in the month prior to taking their own lives. To primary care providers, he asks, “When you see that 60-year-old guy who’s depressed, do you ask him about that?”

In regard to substance abuse, he notes that the Legislature passed a bill that requires participation by prescribers in the Vermont Prescription Monitoring System (VPMS) before prescribing opiates, in an effort to identify potential abusers. “These

are our friends and family and we want to be careful of what we prescribe for them,” the commissioner states.

He also speaks of the “Hub and Spoke” model being implemented in the state, in which capacity to dispense methadone to recovering addicts will increase at the five hubs, and the State will work with primary care providers to offer more buprenorphine dispensing in their offices (the spokes). Current hubs are located in Burlington, Berlin, and Brattleboro, and one will open in Rutland this fall and in the Northeast Kingdom by January 2014. “The model was well-received by federal officials, who gave us an enhanced match of funds for the first eight quarters,” Dr. Chen remarks. He also comments about a 60% effectiveness rate nationally in emergency departments and FQHC locations when patients are screened and given a brief intervention.

In addition, a Unified Pain Management Advisory Council has been working to create a Vermont Standard for the prescription of pain medication which will establish guidelines for: the appropriate use of controlled substances in treating chronic non-cancer pain; and addiction and preventing prescription drug abuse. The Council has already made recommendations to Commissioner Chen about improvements in the Vermont Prescription Monitoring System, and evidence-based training modules for providers who treat chronic pain or addiction.<sup>(3)</sup>

Finally, Dr. Chen says a key question for providers to ask women of reproductive age is whether they intend to be pregnant in the coming year. If so, they should be advised to add folic acid to their diet, maintain a healthy weight, and avoid alcohol, tobacco, and other toxic substances.

*State goal is to reduce the prevalence of individuals with or at risk of substance abuse or mental illness. Indicators will include: percentage of people age 12+ who need and do not receive treatment for alcohol abuse (reduce from a baseline of seven percent to five percent by 2020); percentage of youth who binge drink (reduce from 11% to 10% by 2020); number of suicide deaths per 100,000 people (reduce from 13 to 11.7 in 2020); percentage of suicide attempts among youth in grades 9-12 that require medical attention (reduce a baseline of 1.6% to 1% by 2020).*

## Childhood Immunization Rates

Overall immunization rates in Vermont have trended downward until recently; some parents question whether some vaccines are still needed and have concerns about the increased number of vaccines that are recommended and misinformation about vaccine safety. To meet State goals for increasing the percentage of children receiving vaccines, the State encourages parents to ask their physicians about childhood immunization through the phrase, “It’s Okay to Ask.”<sup>(4)</sup> The Vermont Department of Health also encourages provider practices to use client reminder-recall systems, and to support vaccination requirements for child care, school and college attendance.

*State goal is to improve childhood immunization rates. Indicators are: percentage of children (19-35 months) who receive recommended vaccines; percentage of kindergartners with 2+ doses of mumps, measles, rubella (MMR) vaccine; percentage of youth ages 13-15 who are vaccinated with one dose of Tdap vaccine*

“The Vermont Department of Health and the state’s primary care network have the same goal: to improve the health of Vermonters. Primary care providers can help with these initiatives to address the most challenging issues we face,” Dr. Chen concludes.

The *State Health Improvement Plan 2013-2017* and *State Health Assessment Plan – Healthy Vermonters 2020* publications as well as a new *Healthy Vermonters Toolkit-Performance Dashboard* are available at [www.healthvermont.gov](http://www.healthvermont.gov).

### Sources:

1. United Health Foundation ranking: [www.unitedhealthfoundation.org](http://www.unitedhealthfoundation.org)
2. National Health Interview Survey: [www.cdc.gov](http://www.cdc.gov)
3. Vermont 2013 Unified Pain Management System Advisory Council, issued February 2013: [www.healthvermont.gov/adap/documents/UPM\\_Advisory\\_Council\\_Final\\_Report\\_022513.pdf](http://www.healthvermont.gov/adap/documents/UPM_Advisory_Council_Final_Report_022513.pdf)
4. Vermont Department of Health: [www.oktoaskvt.org](http://www.oktoaskvt.org)
5. State Health Assessment Plan: *Healthy Vermonters 2020* issued December 2012. ■



## We're in this Together!

### Dental Care for Pregnant Women and Young Children

The professions of medicine and dentistry have remained steadfastly separated despite a large body of research demonstrating a link between oral health and systemic health (IOM, 2011). The issue of early childhood caries (i.e., dental decay in children under age six) presents health care providers with an excellent opportunity for medical/dental integration; it is a dental disease that needs to be addressed in the “perinatal care home” because it often takes hold before the child accesses dental care in a dental office or “dental home” (Kagihara, Niederhauser, & Stark, 2009).

A child’s oral health status is strongly

related to the oral health status of his or her mother or primary caregiver (Dye, Clemencia, Vargas, Lee, Magder, & Tinanoff, 2011). Early childhood caries is a disease process that includes the transmission of pathogenic bacteria, *Streptococcus mutans* (*S. mutans*), to an infant or toddler. *S. mutans* is usually transmitted to the child by the mother or primary caregiver through vertical transmission (e.g., pretasting food, kissing on the mouth, wiping the pacifier off with the mouth) within the first two years of life when the child’s window of infectivity is greatest (Kagihara et al, 2009). If a pregnant woman has a history of dental decay, she’s particularly likely to pass *S. mutans* to her child (Dye et al., 2011). No one would argue that close maternal contact is crucial to development, but it’s important to understand that if a pregnant woman has high levels of *S. mutans* in her mouth (often a result of active dental decay), she is likely to unknowingly infect her child. Early childhood caries is overwhelmingly concentrated in the low socioeconomic status population, affecting almost exclusively those living in poverty. Ending this cycle of infection and decay needs to involve a coordinated approach between medical and dental health care providers to deliver consistent messages regarding early prevention.

The good news is that pregnant and postpartum women who are insured by Medicaid are no longer subject to the annual \$495 cap on adult dental services. By comprehensively addressing the pregnant woman’s oral health needs, the potential for her child to develop early dental decay is greatly reduced (Dye, et al., 2011). The bad news is that dental care for pregnant women and young children often remains a black hole. Many Ob/Gyns are not bringing up the subject of oral health with their pregnant patients, many pediatricians and family physicians are not assessing oral health or referring children to “dental homes” by age one, and many dentists are still reluctant to treat children under age three (CDAF, 2010). The California Dental Association Foundation has compiled the document “Oral Health During Pregnancy and Early Childhood: Evidenced Based Guidelines for Health Professionals” to address these issues. This document presents guidelines in an easy to read, bulleted format, followed by the supporting evidence and references for readers interested in the rationale behind the guidelines. [http://www.cdafoundation.org/portals/0/pdfs/poh\\_guidelines.pdf](http://www.cdafoundation.org/portals/0/pdfs/poh_guidelines.pdf)

Here are some examples of the guidelines for each profession, followed by a suggestion about how to incorporate oral health for pregnant women and young children into the practice setting:

### Prenatal Care Providers (Ob/Gyns):

**GUIDELINE:** Educate the pregnant woman about the importance of oral health, not only for her overall health, but also for the oral health of her children.

**SUGGESTION:** Hand the expectant mother a copy of the “Two Healthy Smiles” pamphlet. This pamphlet can be obtained free of charge from the National Maternal and Child Oral Health Resource Center at <http://www.mchoralhealth.org/materials/consumerbrochures.html>

This will not only provide the mom with oral health information, it will also serve as a visual prompt to the provider to encourage the patient to address her own oral health needs and to let her know about the expanded dental benefits for pregnant and postpartum women who are insured by Medicaid. Ob/Gyns do not need to become oral health experts,

## PRIMARYLY VERMONT

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but can employ the “Ask, Advise, Refer” method of addressing oral health in the prenatal care setting.

**Child Health Care Providers (family physicians and pediatricians):**

**GUIDELINE:** Integrate oral health risk assessments as a normal part of routine well-baby visits. Assist parents/caregivers in establishing a regular source of dental care (a “dental home” for the child and themselves). The first visit should occur when the child is 12 months of age or when the first tooth erupts. (Oral health risk assessments and fluoride varnish procedures are covered benefits under Vermont’s Medicaid program when physicians provide these services on children under age 3).

**SUGGESTION:** Hand the parents/caregivers a copy of the “A Healthy Smile for Your Baby” or “A Healthy Smile for Your Young Child” pamphlet. This pamphlet can be obtained free of charge from the National Maternal and Child Oral Health Resource Center at <http://www.mchoralhealth.org/materials/consumerbrochures.html>

It is an excellent visual prompt for physicians to discuss oral health with parents/caregivers. Physicians do not need to be oral health experts, but can do oral health assessments for children under age 3, and can employ the “Ask, Advise, Refer” method of addressing oral health care in the “pediatric health home.”

**Oral Health Care Providers (dentists and dental hygienists):**

**GUIDELINE:** Assess the risk for oral diseases in children starting by age one by identifying risk factors including: Inadequate fluoride exposure, past or current caries experience of child, siblings, parents and other caregivers, low socioeconomic status, and frequent or prolonged exposure to fermentable carbohydrates, especially between meals.

**SUGGESTION:** If you are not already seeing babies and young children in your practice, you and your staff may be unsure about how the visit should go. As with anything, beginning something new can seem daunting, but as oral health experts, you have the tools necessary to implement



this recommendation. There are resources available to help you and your staff feel more comfortable treating pregnant women and very young children.

**Summary**

It’s a fact that annually over 400 children under age 6, from every corner of Vermont, undergo general anesthesia in a hospital setting to treat dental decay, a preventable disease. The average cost per surgery is approximately \$6,000; the total cost is over \$2.5 million (DVHA, 2009).

These staggering costs can be reduced with all health care professionals working in concert: Ob/Gyn providers stressing the importance of oral health care with their pregnant patients and referring those at risk to a dental office; pediatricians and family physicians picking up the ball in well-baby visits, doing oral health risk assessments and referring all “at risk” children to “dental homes”; and dentists welcoming pregnant women and these very young children into their practices for routine oral health care.

The issue of early childhood cavities provides the professions of medicine and dentistry a wonderful opportunity to join forces to address this “silent epidemic” of oral disease among the state’s most vulnerable population. If you have any questions or would like additional support in implementing these guidelines in your practice, please contact Robin Miller at the Vermont Department of Health, Office of Oral Health. [Robin.n.miller@state.vt.us](mailto:Robin.n.miller@state.vt.us), 802-863-7272.

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Institute of Medicine (IOM). (2011). *Advancing Oral Health in America*. Washington, DC: The National Academies Press

Kagihara, L., Niederhauser, V., & Stark, M. (2009). Assessment, management, and prevention of early childhood caries. *Journal of the American Academy of Nurse Practitioners*, 21, 1-10. doi: 10.1111/j.1745-7599.2008.00367.x ■

**AHEC Rural Summer Projects 2013**

Three social work and five medical students from the University of Vermont are carrying out summer projects under the aegis of each of the three regional AHECs. The project in the Northeastern Vermont AHEC area is “Improving Latin Farm Workers’ Access to Primary Care in Lamoille County;” the Champlain Valley AHEC team is “Exploring Integration and Collaboration Between Mental Health and Primary Care”; and Southern Vermont AHEC is supporting two students who are learning about aging and elders in Townshend and Brattleboro.

“AHEC is pleased to fund these valuable summer learning experiences for future health care professionals, and give them hands-on time in rural settings to explore health needs of the specific populations they are working with,” comments Charles D. MacLean, MD, UVM Associate Dean for Primary Care. ■

## Summer Briefs

### Grand Rounds for School Nurses 2013-14

Topics and dates for the 2013-14 **Grand Rounds for School Nurses** sessions have been finalized from the top five issues identified by school nurses in their biennial survey. The Vermont Department of Health and AHEC Planning Committee met in June to develop the coming year's program which includes: concussion, autism, emergency preparedness, dermatology, and adolescent depression. The dates are: September 18 and November 19, 2013; January 15, March 18, and May 14, 2014.



From left, *Kary Towne, R.N., M.Ed., N.C.S.N., of the Vermont State School Nurses Association, and Laurie McLean of the UVM Office of Primary Care and AHEC Program.*

### People in the News

**Laurie McLean**, Program Specialist for the UVM Office of Primary Care and AHEC Program, received the J. Ward Stackpole, MD Recognition Award at the New England School Nurse Conference in Burlington this May, in recognition of "significant and sustained contributions to school health and its importance in ensuring the academic success of students in Vermont" for

her role in the VDH-AHEC Grand Rounds for School Nurses continuing education program. **Laurie Loveland**, Assistant Director in the UVM AHEC Program, presented a session about the Grand Rounds for School Nurses at the conference and **Michele Corriveau**, RPh, and **Amanda Kennedy**, PharmD, of the UVM College of Medicine faculty, presented an Academic Detailing session on "Management of ADHD."



**Charles Hackett**, **Whiney Hine**, **Dijana Poljak**, and **Matthew Robichaud** of the UVM COM Class of 2015 have each been awarded a \$5,000 Freeman Foundation Legacy Medical Scholarship toward their tuition costs. The program started in 2010 to honor the Freeman family and Foundation for their long history of support for COM students. Recipients sign a letter of intent to practice medicine in Vermont. **Elizabeth Cote**, Director of the Office of Primary Care and AHEC was

recently invited to join the National AHEC Organization Public Policy Leadership Committee.

University of Vermont College of Medicine faculty garnered several recognition awards at the conclusion of the academic year. Professor and Chair of Medicine **Polly Parsons, MD**, received the Distinguished Achievement Award of the American Thoracic Society at the organization's annual meeting in Philadelphia. The UVM College of Medicine's most prestigious alumni award, the A. Bradley Soule Award, was given to pediatrician **John J. Murray, MD**, of South Burlington, VT at Reunion 2013. Other COM alumni recognized include **Joyce M. Dobbertin, MD**, a family physician at Corner Medical Office at Northeastern Vermont Regional Hospital in St. Johnsbury, and **Omar Khan, MD**, who is medical director of Preventive Medicine & Community Health and director of the Global Health Residency Track at Delaware's Christiana Care Health System. **Charles Irwin, MD** was named Assistant Dean for Faculty at the College of Medicine with responsibility for faculty development and advancement. **Robert Borrego, MD**, surgeon at St. Mary's Medical Center in West Palm Beach, FL. and **John Fortune, MD**, surgeon at Fletcher Allen Health Care, each received the Howe Outstanding Teacher Award.

UVM medical students named the OB/GYN clerkship at St. Mary's Medical Center and Danbury Hospital in Danbury, CT as the best overall clerkships at those sites; the family medicine clerkships were similarly recognized at Fletcher Allen Health Care and Eastern Maine Medical Center. Fletcher Allen's Department of Family Medicine recognized two faculty preceptors with Teacher of the Year awards: **Michael Corrigan, MD**, a family medicine specialist in Swanton, VT, and **Carl Flynn, MD**, who practices in Caribou, ME (part of the Vermont clerkship).

**David Rettew, MD**, Associate Professor of Psychiatry and Pediatrics at the UVM College of Medicine is the author of a new book, *Child Temperament: New Thinking about the Boundary between Traits and Illness*, which will be released in late September.

### Vermont Academic Detailing Sessions

Practice-based sessions available for Vermont prescribers this fall through the Vermont Academic Detailing Program include: Practical Approaches for Discontinuing Medications, Management of Migraines, Atypical Antipsychotics in Primary Care, Management of Non-specific, Chronic Low Back Pain, and Management of ADHD. The UVM-based prescriber education and support program delivered 102 sessions in the past year and is currently booking dates for 2013-2014. For more information, contact Laurie McLean at 802-656-2888 or [laurie.mclean@uvm.edu](mailto:laurie.mclean@uvm.edu).

### Dental Symptom Checker

The American Dental Association has introduced a "Dental Symptom Checker," an interactive, web-based application that provides patients with accurate information about their oral health symptoms as well as help them become better informed when making decisions about their oral health. After entering age and gender on the application, patients can identify the location of the symptom and other factors,

*(continued on page 6)*

(Briefs continued from page 5)

such as pain and swelling, and read about various conditions that fit that description. Not meant to diagnose or replace the role of the dentist, many of the conditions emphasize the importance of seeing a dentist or physician. This interactive resource is available at [www.MouthHealthy.org](http://www.MouthHealthy.org).

### Open Enrollment Info for Consumers

The U.S. Centers for Medicare and Medicaid Services has re-launched the web site [HealthCare.gov](http://HealthCare.gov) to help consumers understand the open enrollment options in their state. Clicking on Vermont directs users to the Vermont Health Connect site at [healthconnect.vermont.gov](http://healthconnect.vermont.gov).

### October 26 is Prescription Drug Take-Back Day

Collection sites are being arranged for the seventh Prescription Drug Take-Back Day on Saturday, October 26 and will be available at: [www.deadiversion.usdoj.gov/drug\\_disposal/takeback/](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/) by September 26. Last April, the Drug Take-Back Day collected 50% more pills than the previous one, taking 371 tons of prescription medications out of circulation. The event provides a safe, convenient and responsible means of disposing of prescription drugs while educating the general public about the potential for abuse of medications. ■

### REGISTER NOW FOR "Bridging the Divide"

A Collaborative Conference between Primary Care, Mental Health, Substance Abuse, and Behavioral Health Practitioners.

Friday, November 8, 2013  
Hampton Inn, Colchester, VT

Contact: UVM Continuing Education at <http://cme.uvm.edu> or (802) 656-2292

## 2014 Vermont Educational Loan Repayment Applications Due September 9, 2013

Vermont nurses, nurse faculty educators, dentists and primary care practitioners (nurse practitioner, physician assistant, psychiatric nurse practitioner, certified nurse midwife, or physician in family practice, obstetrics/gynecology, internal medicine, pediatrics, or hospitalist trained in primary care) are eligible to apply. Recipients must commit to a one-year service contract, and funds go directly to lenders to pay educational loans. Applications and complete information are available at: [www.vtahec.org](http://www.vtahec.org). ■

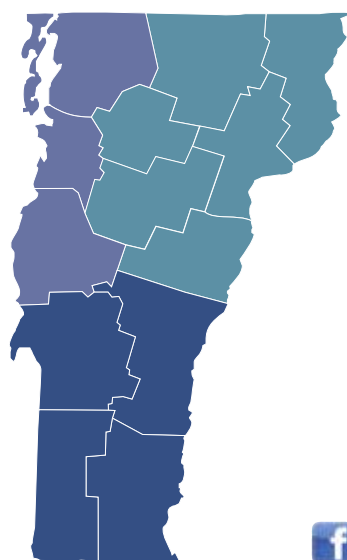
## Interpreter Services in Health Care

Best practices for cultural competency in health care settings are explained and detailed in the Champlain Valley AHEC Cultural Competency for Health Care Providers Handbook online ([www.cvahec.org](http://www.cvahec.org)). National standards known as Culturally and Linguistically Appropriate Standards (CLAS) issued by the Office of Minority Health, a division of the U.S. Department of Health and Human Services, are outlined, including the requirements that health care organizations must offer and provide language assistance services, (e.g. bilingual staff or interpreter services), at no cost to patients with limited English proficiency. Health care organizations must offer those services to patients in their preferred language, must assure the competence of language assistance, and must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups represented in the service area.

Additional federal and state laws related to cultural competence in health care, as well as resources for interpreter services, pamphlets in other languages, how to interact with a culturally diverse population in the health care setting, and how to bill insurance companies for the interpreter services, are outlined in the Handbook. ■

### AHEC News From Around the State

For news from Vermont's three regional Area Health Education Centers, check out their community-based web sites:



- Champlain Valley AHEC:  
St. Albans  
[www.cvahec.org](http://www.cvahec.org)  
(802) 527-1474
- Northeastern Vermont AHEC:  
St. Johnsbury  
[www.nevahec.org](http://www.nevahec.org)  
(802) 748-2506
- Southern Vermont AHEC:  
Springfield  
[www.svahec.org](http://www.svahec.org)  
(802) 885-2126

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## Summer MedQuest

This summer, 100 Vermont high school students spent a week learning about health careers in MedQuest camps around the state; another 14 deepened their health career exploration at an Advanced MedQuest camp. The six-week CollegeQuest experience for 24 Vermont students will be highlighted in the fall issue of *Primarily Vermont*.



Champlain Valley AHEC students on a visit to Northwestern Medical Center in St. Albans. Left to right - Top row (4th row): Richard Smith UVM MS II, Kyle Polson (Mt. Mansfield Union HS); 3rd row: Kelsey Preston UVM MS II, Evan Smith (Milton HS), Hope Denison (Mt. Mansfield Union HS), Nora Hill (VT Commons School), Hina Rattu (South Burlington HS), Brandon Salimi (Rice Memorial HS), Ben Sievers (South Burlington HS), Dan Haddad UVM MS II; 2nd row: Danielle Hart (Colchester HS), Katie Glidden (Missisquoi Valley Union HS), Alyssa Tenney (South Burlington HS), Jeannine Bissonette (Champlain Valley Union HS), Meghan Hanley (Champlain Valley Union HS), Catherine Markle (Bellows Free Academy – Saint Albans), Reema Sameen (South Burlington HS), Ashley Boise (Mt. Abraham HS), Janel Martir UVM MS II; 1st row: Alaina Danles (Mt. Mansfield Union HS), Katelynn Irish (Enosburg Falls HS), Emily Scott (Missisquoi Valley Union HS), Emily Coffin (Champlain Valley Union HS), Miranda Orcutt (Rice Memorial HS). Students enjoyed job shadows, lunch with healthcare professionals, and a tour of the hospital. ■



*Tim Chapman, MD, a pathologist from Southwestern Vermont Medical Center in Bennington, took MedQuest students into the autopsy room and showed them preserved brains and lungs. They were exploring the texture of a brain in this picture.*

PLEASE JOIN US AT

# Vermont Recruitment Day

Wednesday, September 25, 2013 • 11:00 am to 2:00 pm

University of Vermont College of Medicine, HSRF Hoehl Gallery

Representatives from hospitals, AHEC, the Vermont Department of Health, Vermont Medical Society, Vermont Recruitment Center and many others, will be available to meet with health professions students and FAHC residents about health career opportunities in Vermont.



# Calendar

## SEPTEMBER

- 6 *Jeffords Quality Conference\**,  
Sheraton Hotel, Burlington, VT.
- 10 *Rural Oral Health Conference*,  
Westford Regency Inn,  
Westford, MA.  
Contact: 802-453-5475.
- 12-13 *Vermont Association of Hospitals  
and Health Systems (VAHHS)  
Annual Meeting*, Equinox  
Hotel, Manchester, VT.  
Contact: 802-223-3461.
- 18 *Grand Rounds for School Nurses  
on Emergency Preparedness*;  
All Vermont Interactive  
Technology sites.  
Contact: 802-656-2179.

\*Contact: <http://cme.uvm.edu>  
(802) 656-2292

## SEPTEMBER

- 25 *Vermont Recruitment Day*,  
UVM College of Medicine,  
Burlington, VT.  
Contact: 802-656-2179.
- 25-27 *Primary Care Sports Medicine  
Conference\**, Sheraton Hotel,  
Burlington, VT.
- 30-10/2 *Obesity and Metabolism\**,  
Sheraton Hotel, Burlington, VT.

## OCTOBER

- 4 *Breast Cancer Conference\**,  
Sheraton Hotel, Burlington, VT.
- 17-18 *Vermont State Nurses'  
Association Annual Convention*,  
DoubleTree Hotel,  
South Burlington, VT.  
Contact: [www.vsna-inc.org](http://www.vsna-inc.org).
- 19 *Vermont Medical Society  
Annual Meeting*, Basin  
Harbor Club, Vergennes, VT.  
Contact: 1-800-640-8767.

## OCTOBER

- 24-25 *Blazing New Trails: Innovative  
Health Care Strategies from  
Rural New England*, Radisson  
Hotel, Nashua, NH.  
Contact: 802-453-5475.
- 25 *Neurology for the Non-  
Neurologist\**, North Conway  
Grand Hotel, North Conway,  
New Hampshire.

## NOVEMBER

- 8 *Bridging the Divide, A Primary  
Care Mental Health Substance  
Abuse and Behavioral Health  
Conference\**, Hampton Inn,  
Colchester, VT.
- 19 *Grand Rounds for School Nurses*;  
All Vermont Interactive  
Technology sites.  
Contact: 802-656-2179.

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