

Health Update

HCHC'S
learning to live well

MOUNT PLEASANT, IOWA
OCTOBER / NOVEMBER 2009

Cancer care close to home

AREA RESIDENTS RECEIVE QUALITY CANCER CARE AT HCHC

If you or a loved one received a cancer diagnosis you would want the best care available. This means finding a hospital that has the technology, medical team, and treatment plan to help fight and win the battle against cancer. You also want a hospital where innovation, compassion and commitment are evident at each office visit, every step of the way.

Henry County Health Center meets all of these needs. Patients are satisfied and confident with the care at HCHC, finding multiple benefits in receiving care close to home in their community hospital.

This issue of *Health Update* is dedicated to informing readers about cancer care offered at HCHC. From diagnostics to treatment, HCHC has delivered high quality cancer care for 20 years, meeting patients' needs just as effectively and often times more conveniently than larger hospitals.

CHEMOTHERAPY AT HCHC

HCHC's Infusion Therapy Department takes the lead role in the treatment of patients with cancer. This department provides care for patients who need IV infusions like blood transfusions, IV antibiotics for treatment of infections, iron infusions for anemia, and in-

fusions for patients with multiple sclerosis, rheumatoid arthritis, osteoporosis, and other diseases. Another important service provided for patients with central lines is monthly maintenance for central line care, a cleaning process performed once a month. This is a tremendous service to receive locally because it saves patients on travel time.

Approximately 85 percent of the care given by the Infusion Therapy Department is received by cancer patients undergoing chemotherapy. HCHC's ongoing relationship with the University of Iowa Hospitals and Clinics provides area residents with the expertise of U of I Oncologist Dr. Susan Roeder. Dr. Roeder sees patients weekly in HCHC's Specialty Clinic, working closely with local primary care physicians and HCHC's oncology nurses to meet patients' needs. HCHC also offers top notch ancillary services to ensure that patients get the comprehensive care that they expect and deserve.

Patients needing chemotherapy aren't always aware that HCHC offers this service. "The patient needs to be an advocate for their own care. If you are seeing an oncologist somewhere

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Chris Svidal of Mt. Pleasant knows firsthand the quality of chemotherapy care given at HCHC. "I can't say enough about the care I have received here. The nurses who give the chemotherapy are excellent at what they do, and they have great caring and concern for their patients. I've been here many times and I have complete and total confidence in the care I receive," commented Svidal.

The convenience of having Dr. Roeder come to HCHC and the ability to receive other services locally have been of benefit to both Svidal and her husband.

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Cancer care at HCHC

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other than in our Specialty Clinic, let them know that you would like to receive treatments at HCHC. It is common for doctors from other hospitals to send us information and orders on their patients, and we manage their chemotherapy treatments. We have also had referrals from the Mayo Clinic and have provided treatments for their patients who live in this area,” commented Laurie Parks, RN, Infusion Therapy/Oncology Nurse.

“We have been giving chemotherapy for 20 years under the supervision of the University, and follow all the same protocols, which provides for a smooth transition for the doctors and patients. We have access to patient information on the University’s network system so we have an overall view of the patient’s care and patient charts are current and conclusive for the doctor to review at appointments.”

Parks emphasizes the importance of patients talking to their physicians about receiving treatments locally. The patient must be proactive and ask their doctor or hospital social worker if their specific treatment can be given in Mt. Pleasant.

BENEFITS OF RECEIVING CARE LOCALLY

The most obvious benefit of receiving cancer care services at HCHC is the absence of a long commute to another town. In addition, HCHC has two oncology (cancer) nurses which mean the nurses, patients, and their families get to know each other on a personal level. Patients are able to get the expertise of the University close to home, with an atmosphere that is relaxed with minimal wait time for tests.

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“There are many benefits to receiving chemotherapy close to home. Without a long commute, my husband can bring me to my appointment, and then can go home, and do whatever he needs to for the day, and I call him to pick me up when I’m finished. He doesn’t have to wait for hours at the hospital for me to finish my treatment like he would if I went for chemotherapy out of town. I appreciate that I can come to HCHC where the environment is relaxed and I know so many people.”

Pictured speaking with Svidal about her treatment are HCHC Nurses (l-r) Wyndie Gholson, Laurie Parks, and Deb Helmerston.

HCHC Infusion Therapy/Oncology Nurses Laurie Parks and Wyndie Gholson have years of nursing experience and have formed positive relationships with area physicians and the University of Iowa staff, all of which contribute to the quality care patients receive at HCHC.

“We have a wonderful opportunity for cancer care here at HCHC. Our relationship with the University of Iowa allows us to network with those doctors and our local physicians to provide overall quality of care for patients locally. We continually receive education so we have knowledge on the most cutting-edge chemotherapy drugs,” explained Parks.

When a plan of care is developed for a patient, that care can be followed at HCHC and overseen by Dr. Roeder. Dr. Roeder can always confer with the other specialists at the University as Dr. Roeder and the HCHC oncology nurses have direct and immediate access to cancer specialists at the University.

“It is so simple for our family practice doctors to network with us to get the plan of care implemented for their patients. We take the information from the doctor and make it convenient, giving the exact same care here at HCHC as they would get at the University. We can facilitate testing, biopsies, and any other medical needs for the patients,” explained Parks. “We want what is best for the patient. I am proud of the excellent care that we provide for our patients, and I know the University feels their patients are in excellent hands.”

DIAGNOSTIC TECHNOLOGIES AT HCHC

Henry County Health Center’s Imaging Services Department offers high quality diagnostic technologies for cancer imaging and cancer treatment planning. The Imaging Services Department is made up of a multidisciplinary team that is dedicated to providing the highest quality diagnostic images possible consistent with the highest level of patient safety.

The team consists of radiologists and technologists, each playing a distinct role in taking patients through their procedures and providing diagnostic images and reports for physicians so that the patients can receive the appropriate treatment.

The following imaging services are utilized in the diagnosis of cancer and are offered at HCHC:

- | | |
|----------------------------------|---------------------|
| DIGITAL MAMMOGRAPHY | 64-SLICE CT SCANNER |
| NUCLEAR MEDICINE | PET/CT |
| MRI (MAGNETIC RESONANCE IMAGING) | ULTRASOUND |

News at HCHC

Early detection is the best protection

HCHC'S DIGITAL MAMMOGRAPHY RECEIVES HIGHEST INSPECTION RATING

October is Breast Cancer Awareness Month which emphasizes early detection as the best protection. One way to ensure early detection is for women to receive yearly mammograms. Henry County Health Center's Imaging Services Department offers high

highly of the mammography services offered at the hospital.

"There are four possible outcomes of an MQSA inspection. A facility with no observed deviations may receive a no findings rating. If the facility is cited with deviations, it receives one of three possible ratings which range from Level 1, representing the most serious noncompliance with MQSA standards, to Level 3, representing minor deviations from MQSA standards," explained Deb Steenblock, HCHC's Mammography Quality Control Coordinator. "We received a no findings rating which shows that we met every single requirement. This means that HCHC's mammography program is in compliance with the required standards set forth by MQSA."

The inspection compared specific items in six major areas, which included equipment performance, technologist quality control, medical physicist survey, personnel qualifications of the radiologists and technologists, medical records to check the accuracy of reporting to physicians, and medical audits which verify the specificity and accuracy of the radiologists.

"We have daily, weekly, quarterly, and semi-annual quality control testing for the machines and we are required to log all of that information. We have a

'phantom' daily test that we perform on the mammography machine every single day, and evaluators check the log to make sure that has been done daily," said Steenblock. "To get a no finding means we have met every requirement of the inspection. For example, our radiologists and technologists must meet all of their licensing and continuing education requirements annually, our quality control must be done on time and documented the appropriate way, the physicist came when he was supposed to, and we've documented all changes. We have five or six binders that contain logs and documentation as proof that we are meeting all of the requirements."

The philosophy of the MQSA and its implementation through standards and inspections is to support continuous improvement in mammography services. HCHC was commended by IDPH for "the effort and attention given by staff to develop an exceptional operating system."

"HCHC has received this top rating for a number of years which speaks very positively of the quality of care that we offer our mammography patients. MQSA standards were set to give women peace of mind, and to hold facilities responsible to keep the highest standards for their patients," commented Steenblock. "The standards are intended to bring every institution to the same level of care, creating an assurance for the public that they are receiving quality care."

To schedule your mammogram, call Imaging Services at 319.385.6157.



Deb Steenblock, HCHC's Mammography Quality Control Coordinator, is pictured by the digital mammography machine. The high quality of HCHC's mammography program was recently confirmed during HCHC's annual inspection this summer as HCHC received a "no findings" rating which speaks highly of the mammography services offered at the hospital.

quality digital mammography to meet the breast health needs of area women.

HCHC's high quality mammography program was recently confirmed during HCHC's annual inspection under the Mammography Quality Standards Act (MQSA). This state inspection is conducted annually by the Iowa Department of Public Health (IDPH), which is the governing body licensed federally by the FDA to perform the annual inspection. HCHC received a "no findings" rating which speaks

Adding to a legacy of quality healthcare

As cancer incidence rates continue to climb and cancer care continues to move to the outpatient setting, it is imperative that health care providers focus on seamless care delivery and patient convenience. Since 1990, Henry County Health Center and University of Iowa Oncology have been working collaboratively to provide chemotherapy infusions in close harmony and close to home.

For HCHC to keep pace with the growth of Infusion Therapy and Chemotherapy Services and to build upon the existing clinical partnership between HCHC and University of Iowa Oncology, the HCHC Foundation has committed to raising funds for the Infusion Therapy/Chemotherapy Enhancement Plan. The Foundation recognizes the important role this plan has in the future health of our communities.

The Infusion/Chemotherapy expansion will allow us to add square footage for the department,

provide more treatment bays, increase privacy, and provide additional equipment and comfort amenities to meet the needs of patients. There are many ways you can be involved in helping us build for the future. Please give now.

Naming opportunities (*) are being offered to persons who contribute \$10,000 and above. Patient treatment bays and family areas can be named for your family, other loved ones, or a business. This is a wonderful way to give tribute to a special person in your life. It is also a way to demonstrate your commitment and encourage others to do the same.

GIFT AMOUNT	NUMBER	ITEMS - NAMING OPPORTUNITIES*	STATUS
\$23,000	1	Ultrasound PIIC	
\$10,000	1	Family Waiting Room*	
	1	Patient Consultation Room*	
	8	Treatment Bays*	
\$5,000	8	Picture Lights	
\$4,000	2	Datascope	
\$2,400	8	Patient Recliners/Treatment Chairs	1 reserved
	2	Supply Cart	
\$1,500	2	Laptop Computer for Supply Cart	
	1	Desktop Computer	
\$680	2	Flat -screen Arm-mounted TV	
\$560	6	Flat-screen Wall-mounted TV	6 reserved
\$200	8	Treatment Bay Art Work	
	8	Treatment Bay Visitor Chairs	

Golf benefit funds to benefit HCHC patients

Golfers, diners and volunteers flocked to the Henry County Health Center Foundation Inaugural Golf Benefit raising over \$18,000 in net proceeds to benefit the Henry County Health Center Infusion/Chemotherapy Enhancement project. This event marked the start of an HCHC Foundation campaign to raise funds for equipment and furnishing needed for the expansion of the HCHC Infusion/Chemotherapy Services.

The August 5 event was held at the beautiful Mount Pleasant Golf and Country Club. Golfers munched on lunch and practiced their swing and putts before teeing off. On the course, they played for course contest prizes, competed for team prizes, and were given a chance at a \$5000 hole in one. After play, golfers joined other Foundation supporters for a delicious dinner and lively auction. We are so grateful to the golf sponsors and area participants for their commitment to keeping high quality healthcare right here in Henry County. Thank you.



Bill Grimm, HCHC's Director of Support Services, and HCHC Associate Bill Bare, (l-r) prepare to tee off at the Golf Benefit.

Medical News at HCHC

Lab Department plays vital role in cancer care

Several departments at Henry County Health Center are instrumental in the diagnosis and treatment of cancer. HCHC's Laboratory is one of those departments that plays an integral role in cancer care.

HCHC's Lab offers area residents the convenience of having their testing done locally and in a timely manner. In addition, patients can be assured that their test results will be of the highest quality.

"One of the advantages to having lab tests done at HCHC is the convenience for patients to not have to travel and waste an entire day driving to another town, waiting for services or results," commented Brian Bocking, HCHC Laboratory Manager. "When patients come here to have labs drawn, they don't have a long wait. Most of our patient survey forms come back saying patients have waited five minutes or less. Many times if patients are seeing the oncologist here, they stop in Lab first to have blood drawn, and the results will print out in their doctor's office so their physician has the results in time for the appointment."

Patient satisfaction is important to the Lab staff which is evident in the top-notch service they provide. They go beyond expectations to serve individuals who are too ill to come into the Lab, meeting the needs of patients and making their comfort a top priority.

CANCER CARE

In addition to offering Prostate Specific Antigen (PSA) cancer screening for men, HCHC's Lab offers testing on certain biopsies. Once a biopsy is collected, a visiting pathologist who comes to HCHC looks at the speci-

men under the microscope and determines whether the cells are normal or abnormal right on site at the Lab. The department recently replaced equipment that will continue to allow the visiting pathologist to review frozen section biopsies.

"When patients are being treated for cancer, the Lab assumes more of a supportive role. When a patient is undergoing chemotherapy, we can check blood counts. There are other tests that the doctors may want to conduct when the patient is on therapy to monitor if certain levels are going up or down," explained Bocking.

Most tests can be performed in HCHC's Lab. But for the tests that have to be performed in a lab off campus there is a quick turnaround. A courier service comes to HCHC twice a day, so even if a specimen has to be sent to a different lab, the results are returned quickly within just a few hours.

QUALITY TESTING AND ACCURATE RESULTS

Patients and physicians can be confident that the test results they receive are accurate and high quality. The Lab is routinely inspected due to the Clinical Laboratory Improvement Act of 1988 (CLIA), a program administered by Centers for Medicare & Medicaid Services (CMS) that certifies laboratories to ensure quality, compliance, and regulatory status.

"When a hospital accepts Medicare payment like HCHC does, the hospital is automatically enrolled in the

CLIA program. That is how the quality standard is established and patients can be sure that our Lab measures up with other hospitals. CLIA requires our participation in proficiency testing for every individual who works in the Lab. At different times throughout the year we have

external measurements that we are required to perform and pass that involves receiving samples in the mail that we test and then send the results back to the testing company," explained Bocking.

The Lab also performs daily quality control as part of the overall quality program that must be documented and passed. The daily quality controls have to validate that each piece of equipment is working accurately. This entails running two or three levels of controls daily on each piece of equipment which amounts to hours of testing, ensuring that each test result is accurate. There are 12 individuals who work in the Lab, consisting of phlebotomists, medical laboratory technicians, and medical technologists – all trained to provide patients with the best care and accurate testing.

"We have quality standards in Lab and in every hospital department that we adhere to. The services at HCHC are local, right in your backyard, open 24 hours a day, seven days a week. We are your neighbors who are here when you need us most. Our associates in Lab are qualified and have longevity, ensuring a certain level of proficiency that you can trust."

"We are your neighbors who are here when you need us most."

Medical Technology at HCHC

Sentinel lymph node biopsies offered at HCHC

The addition of Michelle Tansey, MD, FACS, Board Certified General Surgeon, to Henry County Health Center's Medical Staff, also means the addition of a new biopsy procedure offered at HCHC for Southeast Iowa residents.



Michelle Tansey, MD, FACS

Sentinel lymph node biopsies have proven benefits to breast cancer patients. This type of biopsy does not cure breast cancer or affect the overall incidence or stage of breast cancer. However, sentinel lymph node biopsy does reduce certain risks to patients.

“The only reason we look at lymph nodes in breast cancer is to tell what stage of cancer a person has. This helps determine how frequently the cancer will come back, and if the patient will

require chemotherapy,” explained Dr. Tansey. “Sentinel lymph node biopsies also reduce the risk of lymphedema, swelling of the arm, and reduce other co-morbidities of the arm and shoulder, the biggest one being pain. There is less pain and soreness after this surgery than a standard axillary lymph node dissection. This gives an understanding of why this procedure is performed.”

WHAT IS A LYMPH NODE?

Sentinel lymph node biopsy is a procedure in which the sentinel lymph node is removed and examined under a microscope to determine whether cancer cells are present. A lymph node, which is part of the body's lymphatic system, has a size range of 2 mm up to 1 cm for normal, with most lymph nodes being about the size of an M & M. In the lymphatic system, a network of lymph vessels carries clear fluid called lymph. Lymph vessels lead to lymph nodes, which primarily function to filter the blood from things like infection, cancer, and extra fluid. Therefore, when even one lymph node is removed, there is a risk of people getting lymphedema of the extremity because their blood doesn't get rid of the extra fluid as well. The way to get rid of excess water in the blood and cells is through the lymphatic channels. The risk of taking out most of the lymph nodes through a standard axillary lymph node dissection means it is possible for up to 25% of women to get lymphedema.

The sentinel lymph node is the first lymph node to which cancer is likely to spread from the primary tumor. Cancer cells may appear in the sentinel node before spreading to other lymph nodes. In some cases, there can be more than one sentinel lymph node. By offering the sentinel lymph node biopsy technique, the risk of lymphedema decreases to around 5%.

WHAT IS A SENTINEL LYMPH NODE BIOPSY?

Sentinel node biopsy is based on the idea that cancer cells spread (metastasize) in an orderly way from the primary tumor to the sentinel lymph node(s), then to other nearby lymph nodes.

“When a patient has a cancer cell in their breast, the very first place that cancer cell goes is to the armpit (axilla). There are lymph channels in the breast, and the breast cancer cells will go to the axilla first, and it does so in a very predictable manner which means that the cancer will always go to one or two lymph nodes first in the axilla,” explained Dr. Tansey.

In sentinel lymph node biopsy, one or a few lymph nodes (the sentinel node or nodes) are removed. To identify the sentinel lymph node(s), the radiologist injects a radioactive isotope around the nipple or near the tumor. A probe is used that beeps and gets louder in the location of the most isotope uptake. When the probe beeps very loudly that is considered a “hot spot.”

Next, the patient goes in to surgery and Dr. Tansey injects blue dye around the nipple, which also travels through the lymph channels like the isotope used by the radiologist. During surgery, Dr. Tansey utilizes the probe to identify the sentinel lymph node(s) that contains the isotope and looks for the lymph node(s) stained with blue dye. Once the sentinel lymph node is located, the surgeon removes the lymph node(s). The sentinel node(s) are checked for cancer cells by a pathologist while the patient is still in surgery, and if cancer is found, more lymph nodes are removed during the biopsy procedure.

“For example, often times when both processes work, you take out a hot blue lymph node, send it to pathology where they look for breast cancer cells while we're still in surgery. Any blue lymph or hot node gets removed,” said Dr. Tansey. “The reason this sentinel node process works is because

the lymph nodes drain in a step-like fashion. So taking out the sentinel lymph node reflects the entire base of lymph nodes.”

If the pathologist says the lymph node(s) are negative, a negative biopsy result suggests that cancer has not spread to the lymph nodes. A positive result indicates that cancer is present in the sentinel lymph node(s) and may be present in other lymph nodes in the same area. This information can help the doctor determine the stage of cancer and develop a treatment plan.

BENEFITS TO SENTINEL LYMPH NODE BIOPSY

The benefits of sentinel lymph node biopsy are significant. Surgery for standard lymph node removal involves removal of most of the lymph nodes in the area of the tumor. The removal of multiple lymph nodes may cause the patient to experience negative side effects such as lymphedema, numbness, and infection, to name a few. However, because sentinel lymph node biopsy involves the removal of fewer lymph nodes, the potential for side effects is lower. If sentinel lymph node biopsy is done and the sentinel node

does not contain cancer cells, the rest of the regional lymph nodes may not need to be removed. The removal of fewer lymph nodes means fewer side effects.

“Many years ago when a woman was diagnosed with breast cancer her whole breast and all the lymph nodes were removed. Now, we look at the lymph nodes and are able to remove less breast tissue and less lymph nodes with the same rate of survival,” said Dr. Tansey. “Sentinel lymph node biopsy does not affect the rate of mastectomy or lumpectomy. Sentinel node is not yet the standard of care. Lumpectomy is considered standard of care and is equal to mastectomy. Sentinel node is an additional procedure that is recommended but not mandatory. This means less surgery, less risk for patients, and a greater benefit to women.”

EARLY DIAGNOSIS IS THE BEST PROGNOSIS

“Screening mammograms at age 40 are essential. Nowadays abnormal mammograms are showing precancers, with breast cancer being discovered at stage 0 and stage 1. The disease hasn’t changed, but we’ve changed when

we find it, so people are living longer and surviving this cancer,” explained Dr. Tansey.

Genetic testing is also essential if breast cancer is in a family’s history. The best person to test for the breast cancer gene is the person who has the cancer. When it is discovered which genes are affected, those particular genes can be tested in all family members.

“Less than 5% of breast cancers are genetically linked, but those cancers that are genetically linked often come earlier and those individuals have a worse survival rate. If you have a history of breast cancer in your family, talk to your physician about genetic testing,” said Dr. Tansey. “And every woman needs to remember that 95% of women who are diagnosed with breast cancer are the first in their family to have the disease. So regardless of what their family history is, every woman by the age of 40 needs to receive a yearly mammogram and a monthly self breast exam.”

To schedule your yearly mammogram, call HCHC’s Imaging Services at 319.385.6157.

SURGERIES FOR CANCER DIAGNOSIS AND TREATMENT

Surgery is used in several ways to help cancer patients, and plays an important role in diagnosing, staging, and supporting cancer treatment. General Surgeons Dr. Beth Hothan-Zielinski and Dr. Michelle Tansey perform surgeries related to diagnosing and treating cancer at Henry County Health Center. These surgeries include:

BREAST BIOPSIES
LUMPECTOMIES

COLON RESECTIONS FOR COLON CANCER

SENTINEL LYMPH NODE BIOPSIES
MASTECTOMIES

Dr. Zielinski and Dr. Tansey are both general surgeons at HCHC. Dr. Zielinski can be reached at 385-6550, and Dr. Tansey at 385-6770.



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Upcoming Events

CARDIAC/PULMONARY SUPPORT GROUP

Wednesday, October 21, Noon
Program: How to Stop the Spread
of Germs

Lunch provided
Health Education Center, HCHC

DIABETES SUPPORT GROUP

Tuesday, November 10, 2 p.m.
Classroom A1, HCHC

DIABETES REFRESHER CLASSES

Thursday, October 29, 3:00-5:00 p.m.
Health Education Center, HCHC

DIABETES GROUP TRAINING

Tuesday, October 20 and
Tuesday, October 27
Call 385-6518 to register
Health Education Center, HCHC

Tuesday, November 17 and
Tuesday, November 24
Call 385-6518 to register
Health Education Center, HCHC

PRE-DIABETES CLASS

Thursday, November 5, 4:00-5:00 p.m.
Call 385-6518 to register
Health Education Center, HCHC

HCHC AUXILIARY SOUP SUPPER

Friday, November 6, 4:30-7:00 p.m.
*Manning Hall, St. Alphonsus
Catholic Church, Mt. Pleasant*

HCHC AUXILIARY MEETING

Monday, October 12
9:00 a.m. Monthly Meeting
Classroom A-1

Monday, November 9

9:00 a.m. Monthly Meeting
Classroom A-1

Henry County Health Center's Outreach Clinics

serving the primary healthcare needs of the
Winfield and Wayland Communities

WAYLAND COMMUNITY CLINIC

Sylvia Graber, ARNP

227 W. Main
319.256.7100

Clinic held on Mondays and Thursdays
8:30 a.m.–Noon and 1 p.m.–5 p.m.,
Wednesdays 8:30–11:30 a.m.

WINFIELD COMMUNITY CLINIC

Tess Judge-Ellis, DNP, ARNP

110 W. Pine
319.257.6211

Clinic held on Tuesdays and Fridays
8:30 a.m.–Noon and 1 p.m.–5 p.m.,
Wednesdays 1–4 p.m.
(Sylvia Graber to conduct clinic on Wednesdays)

This publication does not constitute professional medical advice. Although it is intended to be accurate, neither the publisher nor any other party assumes liability for loss or damage due to reliance on this material. If you have a medical question, consult your medical professional.

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