



Reevaluating your Emergency Plan for Civil Unrest

How to prepare to support communities under stress *pages 18 - 23*

Rounding up an amazing
Navigator Monday!

Meet our new
Navigator of the Year!

See *pages 12 - 15*



also this month ...



Speaker Call - Last call!

Get your proposals in by June 19

- see *page 11*



Letter from Sean

Welcome to the June Edition

As we move into the summer months, there is tremendous energy and momentum across Indiana's community health center network. June is an exciting time as we continue advocating for the ever-important Federal 340B initiative.

Planning continues for the upcoming **Annual Conference** and we look forward to seeing you all in Muncie in October. We are currently **accepting submissions** and encourage individuals with innovative ideas, best practices, operational insights, and impactful programs to consider participating. The strength of our conference comes from the expertise and experience shared throughout our network, and we look forward to another outstanding event. Our **Speaker Call** closes on June 19, so don't delay!



Healthcare organizations continue to navigate an increasingly complex environment that includes cybersecurity threats, extreme weather events, operational disruptions, and other emerging risks. In support of these efforts, we are looking forward to the upcoming **Cyber Incident Tabletop Exercise** in June, which will provide health centers with practical opportunities to strengthen response coordination, test preparedness plans, and improve readiness for cyber-related incidents.

See article, page 18 - 23

Finally, we want to extend our sincere congratulations and appreciation to all of this year's **Navigator of the Year Award** nominees. Patient navigators play a critical role in helping individuals and families access care, overcome barriers, and successfully navigate complex healthcare systems. Their compassion, commitment, and advocacy make a lasting difference in the lives of patients every day, and we are proud to recognize the outstanding professionals nominated for this honor. **See pages 12-15**

Thank you for your continued leadership, dedication, and service to Indiana's communities.

We look forward to working with you on the challenges that lie ahead and to seeing many of you at upcoming events and initiatives throughout the year.

Sean

Sean Herbold, IPHCA CFO

Contact Sean



Monthly June 2026

>>> **Clickable links** are provided throughout this newsletter - please notify us of any missing or incorrect links.

Any comments or suggestions please contact **Sean Herbold**

In this month's issue ...



CEO Corner welcomes Rebecca Shetler Fast, celebrating the merge of Maple City with CAPS - see [page 6](#)



Welcome to the club!

Valley Oaks Health becomes the 38th IQIN Member - see [page 40](#)



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Dates to note for June:

(Click links for info)

- [Men's Health Month](#)
- [Alzheimer's and Brain Awareness Month](#)
- [Migraine And Headache Awareness Month](#)
- [PTSD Awareness Month](#)
- [World Sickle Cell Day \(June 19\)](#)
- [National HIV Testing Day \(June 27\)](#)

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please follow us on Facebook!



Also **visit our website** to find links to **previous issues**, an **events calendar**, our **resource center** and more!



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Our member organizations





UPDATES & NEWS

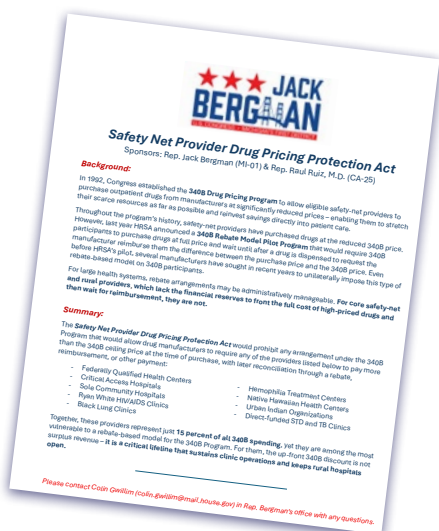


For help, to give feedback or provide resources for the Policy section of this newsletter please contact:

Julia Ketner, MPA

or call: 317.630.0845

>>> [Click here for all Policy and Advocacy resources](#)



Mark your calendars ...

National Health Center Week August 2–8 2026

- A great opportunity to celebrate the impact of Community Health Centers and connect with your community. Health centers are encouraged to submit their planned events to NACHC to help amplify visibility nationwide and showcase the vital work happening across Indiana.

Policy & Advocacy Update

IPHCA is actively engaging with federal partners this June as part of ongoing advocacy efforts to strengthen support for Community Health Centers (CHCs).

NACHC will host a **Fly-In in**

Washington, D.C., on June 2–3, where IPHCA leadership will meet with key members of Congress to advance policy priorities. Discussions will focus on ensuring CHCs have the resources needed to provide high-quality patient care, support the healthcare workforce, and maintain access to essential medications.

With Congress scheduled to recess from June 15–22, this presents a valuable opportunity for health centers to connect directly with lawmakers in their districts. Members are encouraged to host site visits and showcase the impact of CHCs in their communities. Those interested in coordinating a visit may contact Julia Ketner for support.

Additionally, **Rep. Jack Bergman (R-MI)** is expected to introduce legislation aimed at protecting CHCs from proposed 340B rebate requirements. Health centers are encouraged to engage their congressional representatives and request their support as original co-sponsors once the bill is introduced. Supporting materials, including **a copy of the bill** and **key talking points**, are available to assist in outreach efforts.



Submitting your event not only promotes your organization but also creates an ideal opportunity to invite local legislators, partners, and community members to visit your site and see your impact firsthand. Submit events for health center week at healthcenterweek.org/submit-your-event/



Building a Healthy, Safe, and Thriving Community Together



Rebecca Shetler Fast, LCSW,
President & CEO of CAPS and
Maple City Health Care Center

by Rebecca Shetler Fast, LCSW,
President & CEO of CAPS and Maple City Health Care Center

Elkhart County, Indiana, like many industrial-based counties, is no stranger to riding economic waves. When economic pressures hit, families often face multiple challenges at once.

As health care providers, we see this every day. Families come to us for primary care, to address an illness or behavioral health need, or to bring a child in for a well-child visit. But when vulnerable families enter our exam rooms, we often see needs that extend far beyond the reason for the appointment. Behind a physical health concern may be housing instability, transportation barriers, caregiver stress, or limited support at home.

And as providers, we are naturally compelled to want to do more.

We know that not every need can be addressed through a physical, behavioral health visit, or prescription. A child's asthma may be affected by housing conditions. A missed appointment may reflect not a lack of concern, but a lack of transportation, childcare, or flexibility at work.

These realities remind us why social determinants of health must be central to holistic care. Physical health, behavioral health, family stability, child safety, and caregiver support are deeply connected. For families to thrive, we have to build systems that recognize this.

That belief is what led Maple City Health Care Center to **merge** this year with **Child and Parent Services**, or CAPS, a social service agency focused on preventing and responding to child abuse and neglect. Together, we can provide care that is less fragmented, more accessible, and more responsive to the complex needs families bring with them.





As a combined organization, we can welcome families through more than one door and connect them to support from the start. A child's pediatric appointment can become a pathway to family support. A parent's behavioral health need can reveal opportunities for in-home case management, education, or primary care.

This is meeting families where they are.

Consider a new mother bringing her baby for a pediatric visit. Traditionally, that appointment focuses primarily on the child's immediate medical needs: growth, feeding, immunizations, and developmental milestones. All essential needs. In an integrated model, that same visit opens the door to a program like Healthy Families, where a home-based case manager comes directly to the family's home to provide parenting support, maternal mental health screening, and education through an evidence-based curriculum.

That connection adds another layer of care. It gives the family a trusted support person beyond the exam room, increasing the opportunity to notice concerns early, including postpartum depression or anxiety, caregiver stress, housing instability, or other barriers that affect access to care. It allows care to extend beyond an appointment and into daily life.

For families navigating crisis or trauma, integrated care can be even more immediate. As one organization, we bring together comprehensive

services when a child discloses abuse, including a forensic interview, forensic medical exam, and trauma-focused mental health support for both the child and caregivers. Families do not have to travel to multiple sites, retell their story multiple times, or wait for disconnected services. They can begin a healing journey with an integrated multidisciplinary team.

For FQHCs, this is familiar territory. Community health centers have always understood that health is shaped by more than what happens in an exam room. By bringing together traditional FQHC services with family support, child abuse prevention, and response services, we are expanding what is possible for families in Elkhart County.

The merger of CAPS and Maple City Health Care Center is not simply a structural change. It is a commitment to working differently: aligning physical health, behavioral health, child abuse prevention, family support, and advocacy around one shared vision — a healthy, safe community where children and families thrive.



Maple City
Health Care Center

Maple City Health Care Center
215 Middlebury St, Goshen, IN 46528

mchcc.org

The IPHCA Champions of Health Care and Quality Awards 2026

Award Categories



Volunteer of the Year Award

This award recognizes a primary health volunteer who has demonstrated excellence through: 1) patient advocacy; 2) innovative programs/services/systems; or 3) collaborative efforts.

- The primary health care volunteer must have volunteered for the health center for a minimum of two years.

Legislator of the Year Award

This award recognizes a state or national elected official who has championed access to health care and supported safety net infrastructure.

Provider of the Year Award

This award recognizes an outstanding provider who has demonstrated excellence in clinical leadership through: 1) advocacy; 2) innovative programs/services that have increased access, improved health care services to the community, or decreased disparities; or 3) collaborative efforts to reach high-risk populations in the community.

- A provider is defined as any provider who can directly bill hours for clinical services, including but not limited to: MD, DDS, NP, PA, Dental Hygienist, Psychologist, MSW, CNW, and CNS.
- The primary health care provider must have practiced at the health center for a minimum of three years.
- The Provider of the Year Award is given to the outstanding nominee in each of three categories - **Dental, Medical and Behavioral Health.**

Employee of the Year Award (Non Provider)

This award recognizes a primary health employee (non-practitioner) who has demonstrated excellence through: 1) patient advocacy; 2) innovative programs / services / systems; or 3) collaborative efforts.

- The primary health care employee must have worked for the health center for a minimum of two years.

Special Exemplary Project Award (x4)

This award honors a notable project by a member organization that has demonstrated excellence through: 1) advocacy; 2) innovative programs/services/systems that have increased access, improved health care services to the community, or decreased disparities; or 3) collaborative efforts to reach high-risk populations in the community.

- The project must have been in effect for a minimum of one year.
- The Project of the Year Award is given to the outstanding nominee in each of four categories - **Dental, Medical, Behavioral Health and Operations.**

The Debra Meers Grassroots Advocacy Award

This award is given in honor of Debra Meers. Debbie was the office manager and Director of Membership at IPHCA until she passed away in 2005 from a long-term illness. Debbie is fondly remembered for her bright smile and her passion for grassroots advocacy.

The award honors a health center consumer, Board member, or a staff person of an IPHCA member organization who has been a strong voice for community health centers with the state and national legislature and within the local community.

Philip L. Morpew, Health Center Dedication

This award recognizes an individual who has championed the advancement of community health centers' mission to deliver high quality, culturally competent, comprehensive primary care services regardless of patients' ability to pay. They have demonstrated a steadfast commitment to supporting the growth of the community health center program through education, partnership, or service.

- Recipients may include employees, community partners, consultants, contractors, or an individual demonstrating long term support of community health centers.

Start your nomination form

Conference Roundup ...



All roads lead to Muncie in October!

Join us for IPHCA Annual Conference on the 5th and 6th of October at the **Horizon Convention Center**, Muncie!

>>> For all details, updates and information head to our **Conference pages**



Our Conference hotel is the recently refurbished **Courtyard Marriott**, right adjacent to the Horizon Center.

Register to attend, or be a **sponsor** or **exhibitor** using these buttons.



Speaker Call - Last call!

Share your knowledge and expertise at
IPHCA Annual Conference 2026

Our conference brings together professionals across Indiana who are passionate about
“Leading the Way: Advancing the Future of High-Quality Primary Care.”

We welcome your expertise in clinical integration, behavioral health, value-based drivers of health, clinical operations, workforce

[>>> Start your Speaker proposal here](#)

development, policy, or other areas that advance primary care.

We encourage you to share your knowledge and help shape the future of community health in Indiana.

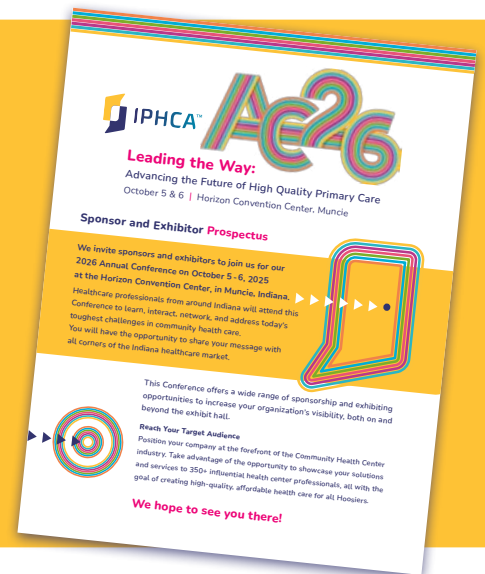
Speaker call closes on June 19!

[>>> Click here to find out more](#)

Sponsor and Exhibitor Prospectus

Healthcare professionals from around Indiana will attend this Conference to learn, interact, network, and address today's toughest challenges in community health care. You will have the opportunity to share your message with all corners of the Indiana healthcare market.

Find out what our conference offers sponsors and exhibitors - [download our prospectus today!](#)



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Navigator Monday

Monday 11 May 2026



Jody Puro-Bennet of Tulip Tree receiving her Navigator Choice Award

The Bumblebee brooch given to all nominees



Dylan Key and Kristin Jones, Kim Key's son and daughter, receiving her Bumblebee Legacy Award

>>> [Click here to access presentation materials from Navigator Monday](#)

Rounding up an amazing day!

Finding excellence and connection in a shifting landscape

As we close out Navigator Monday, I find myself reflecting not only on the events of the day, but on the incredible people who made it so meaningful.

We began the morning with continuing education and a wealth of shared knowledge. Every presentation and conversation reminded us that growth never stops, and that our collective commitment to learning strengthens the work we do every single day.

From there, we moved into the long-standing **FSSA panel** — always one of the highlights of the conference for me. There is something powerful about having the opportunity to speak directly with the staff who help implement changes that impact our communities. Open dialogue, honest questions, and shared understanding are what move progress forward.

Lunch brought both nourishment and inspiration with **the Bumblebee Story**. Scientifically, the bumblebee should not be able to fly. Its wings are too small, its body too large. But somehow, it flies anyway. Maybe that story resonates so deeply because it reflects the work Navigators do every day — overcoming obstacles, defying expectations, and continuing forward even when the path is difficult.

It was only fitting that this moment led into honoring **Kim Key** with the very first **Kim Key Bumblebee Legacy Award**. A recognition not only of leadership, but of perseverance, heart, and the lasting impact one person can have on so many others.

The afternoon continued with **Marian Frick Rigsby's** thoughtful presentation, **Stepping Back to Move Forward: Rethinking How We Help with Motivational Interviewing**. Her message challenged us to

reconsider how we engage, support, and empower the people we serve.

IPHCA's own **Julia Ketner** then brought us up to speed with an exceptional policy update, helping connect the dots between the work happening at the policy level and the lives affected every day in our communities.

And of course, there were moments of joy woven throughout the day — Girl Scout Cookies shared among friends, laughter across tables, and tacos that made lunch feel like a celebration in itself.

One of the most remarkable moments of the day was recognizing the overwhelming number of **Navigator of the Year** nominations. This year brought a record-breaking 43 nominations — and that doesn't even include the individuals who received multiple nominations. That number speaks volumes. It reflects the compassion, dedication, and life-changing work happening across this community every day.

To be nominated for Navigator of the Year is an incredible honor. But with so many deserving individuals, we found ourselves asking an important question: how do we continue to recognize excellence when the landscape evolves? We do what Navigators always do. We pivot.

All our amazing NOTY nominees



After reviewing the nominations, we created new awards designed to broaden the celebration and make recognition more inclusive of the many ways excellence shows up in this work.

More than anything, though, this day was about connection. It was wonderful to reconnect with old friends, welcome new faces, and spend time with people who care so deeply about serving others.

I hope you enjoyed the day as much as I did. Thank you for bringing your energy, your passion, and your purpose into every room you entered.

I already cannot wait to do it all again next year!

Jenny



The HealthNet O&E Team accepting their True North award



Navigator of the Year Awards

For the first time in the history of Navigator Monday, we received 43 nominations for the NOTY Award — Navigator of the Year.

That number alone speaks volumes about the incredible passion, dedication and impact that Navigators bring to their communities every single day.

As we reviewed the nominations, we realized we had an amazing opportunity: not only to celebrate excellence, but to expand that celebration in a way

that truly reflects the many ways Navigators lead, serve, and inspire. And what are Navigators known for? Meeting people where they are. So that is exactly what we decided to do.

I am incredibly excited to announce the expansion of Navigator of the Year to include four new awards as we continue striving to be more inclusive and adaptive in recognizing the extraordinary work happening across our communities.

The new awards are:

- **The Kim Key Bumblebee Legacy Award**

A lifetime achievement award honoring an individual whose lasting impact, dedication, and service have helped shape and strengthen the Navigator community for years to come. **Winner: Kim Key / IU Health**

- **The Compass Award**

Recognizes an individual who successfully leads a team while continuing to carry and manage a caseload with excellence, compassion, and dedication. **Winner: Jo Turnbloom / Windrose Health**

- **The Navigator Choice Award**

Awarded to an individual who was nominated directly by a community partner, community member, or patient — recognizing the real-world impact Navigators have on the lives of those they serve.

Winner: Jody Puro-Bennet / Tulip Tree

- **The True North Award**

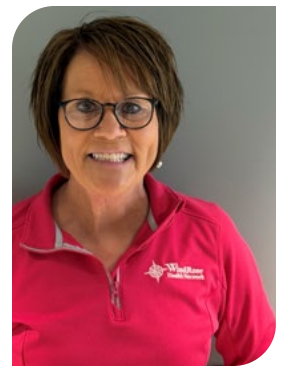
Presented to a team that exemplifies exceptional collaboration, unity, and commitment to serving others together. **Winners - HealthNet O&E Team**
Keily Hill - Outreach Enrollment Manager;
Beatriz Preciado Flores - Enrollment Specialist
Trainer; Shonndon Berry, Ariyana Gaddie, Yaily
Padron Melissa Rodriguez, Rudy Rodriguez, Manny
Varela, Hrang Zam - Outreach Enrollment Specialists



Left: Kim Key



Above: Jo Turnbloom
 Left: Jody Puro-Bennet



The NOTY — Navigator of the Year Award

This is our highest honor.

The NOTY recognizes the individual who truly embodies the heart, purpose, and spirit of what it means to be a Navigator. This person goes beyond expectations, leads through service, uplifts their community, inspires those around them, and represents the very best of who Navigators are and what they stand for.

To be nominated for the NOTY is an honor. To receive it is a recognition of extraordinary impact, unwavering dedication, and excellence in navigation.

Winner: Beverly Milon / Beacon Health System Indiana Navigator/Sickle Cell Health Educator

Beverly was nominated by her colleague, Tiffany Jamison. This is edited from her citation.

“Beverly has done health insurance navigation and care coordination for our community for years through Beacon.

Beverly has shown great dedication and commitment to our community through providing health care navigation and care coordination services. Known as a reliable source for our team to turn to, Beverly goes above and beyond-always-to ensure her patients (and patients of her peers) are taken care of. From setting up a table at the local public library to remove barriers to obtaining her services; to meeting patients within the community, their home or office appointments; Beverly always shows up and shows out for her patients. Anyone can tell that she works with passion at the forefront of her mind.

Beverly has recently been working hand-in-hand with our pediatric hematology oncology clinic where she connects with the social worker to identify patients that need additional resources or have been lost to follow up. I've been amazed to know that Beverly has taken the initiative to complete home visits and restore connection back to our offices. Many times Beverly reports there was a simple lack of communication, and her coordination allows a bridge between the family and provider office.



Beverly Milon receiving her award from Jenny Walden

Beverly has assisted myself with establishing a partnership with the state to provide social determinant of health screenings through WellRx to patients in Gary, IN at a mobile clinic. Again, reducing the barriers to care-Beverly provides education and navigation to all families.

Beverly believes in the underdog to say it simply. When I first began at Beacon Community Impact, Beverly sat in my office and explained that a family desperately needed our assistance. She went on to advocate for our team to supply funding to get a father from Indiana to Texas for work opportunities. She had worked with this family on health insurance navigation and care coordination, but the needs were greater. In this situation, Beverly could've explained that we don't have funding or ignored the need. But, that's just not Beverly. She took initiative to communicate with local agencies and obtained the funding needed to send this father to Texas for work. I believe this is an excellent example of how Beverly goes above and beyond her required duties by providing excellent care for the whole person and their family.

More nomination citations will be available [here](#) soon

NEWS & UPDATES



For help, to give feedback or provide resources for the O&E section of this newsletter please contact:

Jenny Walden
or call: 317.630.0845

FSSA Updates

The following is from an email sent out May 27, which I felt was worth including in our regular bulletin.

On Friday, May 22 IPHCA met with FSSA/DFR to discuss updates regarding PE, below are the updates.

First and foremost, if you are a community health center receiving this email, you have been given a bit of a reprieve. According to Senate Bill 222, hospitals will be the first entities evaluated. Health centers will not be evaluated until Quarter 3. Therefore, community health centers will not receive anything in July. FSSA will be issuing a bulletin regarding this change, but we do not yet know when it will be released.

Q1			Q2			Q3			Q4		
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Generate warning/term letters for Q3		Generate reports for Q4	Generate warning/term letters for Q4		Generate reports for Q1	Generate warning/term letters for Q1		Generate reports for Q2	Generate warning/term letters for Q2		Generate reports for Q3
First evaluation quarter for hospital QPs: Q1 2026						First evaluation quarter for all other QPs: Q3 2026					

I also want to share this graph with you. If you follow the color codes, it becomes much easier to understand the timeline and what is happening during each phase.

For example:

- Q1 is highlighted in pink, representing the first quarter of PE applications being tracked.
- In June, you will see pink again, indicating that reports for the first quarter will be sent out.
- Following the pink into July shows when warning letters will be issued.

Following the color coding will walk you through each step for every quarter.

Warning Letters

Warning letters will be emailed to the contact information provided to FSSA, either directly by your organization or through information you sent to me that I then forwarded to FSSA.

These emails will include a read receipt request. If FSSA does not receive confirmation that the email was opened, they will send the notice via certified mail.

FSSA also stated that they may offer training to organizations that receive noncompliance notices. At this time, they do not know exactly what that training will look like, but it could potentially be offered via Zoom.

Don't forget!



>>> See our article marking National HIV testing Day in our resource center

Work Requirements for Presumptive Eligibility

Initially, the state believed that work requirements would not apply to PE because it is not considered MEC. However, **work requirements will now be tied directly to PE.** This means individuals must meet the work requirements for the three months prior to applying for PE, just as they would for full HIP coverage.

The state indicated that they will provide a screening tool to assist with this requirement, although no timeline has been given for its availability.

What Is Being Tracked

Below are the three metrics providers must meet to remain compliant with PE IC 12-15-4-1.5:

- 1 OMPP must be notified of each PE determination within five (5) days of the determination. (This requirement is met when PE applications are completed through the provider portal.)
- 2 At least 95% of the provider's approved presumptive eligibility members must submit a complete application for full Medicaid before the end of their presumptive eligibility period.
- 3 At least 95% of the provider's presumptive eligibility members who apply for full Medicaid must not be denied Medicaid coverage due to ineligibility.

FSSA is currently interpreting "complete" to mean an application that contains sufficient information (name, address, signature) to be accepted by DFR and processed. However, it is still considered best practice to include as much information as possible on the full application.

Suggested Tracking Metrics for PE Providers:

- When checking for PE eligibility, utilizing the Social Security Number and DOB will provide a broader search, as often times there are name changes involved with RID's
- If an applicant has never had coverage, they will be assigned a 6000 RID Number. Monitoring when the 6000 number transitions into a traditional RID Number that will follow the applicant.

Suggested criteria for tracking the process is:

- Legal Name (as it appears on Social Security Card) Also ensuring that you submit the full application under the exact name as the PE
- DOB
- RID (includes 6000 number)
- T Number (this is the number that is assigned to the application when submitted, but before the application becomes a full case)
- Case Number
- Date of the submitted PE and Submitted Full Application
- Who submitted the application

Providers must meet the 95% threshold in all three metrics to be considered compliant.

5. Location Listings

There were also questions regarding how locations are listed on the PE report and how compliance is handled for organizations with multiple locations.

- Locations are listed based on provider numbers obtained through the provider portal. This means that organizations with multiple providers and locations may want to consider assigning each location its own provider number.
- Noncompliance is determined based on provider IDs and locations.
- For example, if a health center has five locations all listed under one provider number and is found noncompliant, the entire program could lose its ability to conduct PE determinations. However, if each location is listed under a separate provider number and only one location is found noncompliant, then only that specific location would lose its PE privileges while the others remain unaffected.

IPHCA received an update PE report, if your organization did not receive it, please email:

Jenny Walden, Outreach and Enrollment Director

>>> [View this article on our website here](#)

Reevaluating your Emergency Plan for Civil Unrest

Protecting Access, Staff, and Community Trust

Health Centers are often among the few organizations that remain open and operational when communities are under stress. Whether the disruption comes from severe weather, public health emergencies, or periods of civil unrest, health centers serve as trusted anchors for care, stability, and support.

Civil unrest can create significant operational challenges for health centers, even when a health center is not directly involved or targeted. Demonstrations, protests, politically charged events, community tensions, or isolated acts of violence can quickly affect staff safety, patient access, transportation, communications, and continuity of operations.

For emergency preparedness professionals, while civil unrest may not have been a consideration in Indiana in the past, the changing environment makes it a hazard that needs to be evaluated for plan addition. This planning is not a political exercise. It is an all-hazards emergency preparedness responsibility focused on protecting people, preserving access to care, and maintaining operational continuity.

Why Civil Unrest Planning Matters

Under the CMS Rule, health centers must maintain a current all-hazards emergency preparedness program that addresses both natural and human-caused events. Civil unrest falls squarely within that framework.

Recent years have demonstrated how rapidly community conditions can change. Healthcare facilities across the country have faced road closures, curfews, transit interruptions, vandalism, heightened security concerns, misinformation on social media, and increased behavioral health needs during periods of unrest or public tension.

Even peaceful demonstrations can create operational disruptions. Staff may struggle to reach clinics due to blocked streets or suspended public transportation. Patients may cancel appointments because they feel unsafe traveling or have concerns about what they may

encounter trying to reach the clinic. Deliveries may be delayed. Security concerns may increase anxiety among employees and patients alike.

Preparedness planning allows health centers to respond calmly, consistently, and safely rather than reacting in real time without structure. The process of planning and preparing is the same, the threat is all that has changed.

Start with a Realistic Risk Assessment

Every health center's risk profile is different.

A downtown clinic near government buildings or event venues faces different challenges than a rural health center or suburban administrative site.

Emergency preparedness teams should evaluate:

- Nearby gathering locations, government facilities, or event venues
- Reliance on public transportation
- Physical vulnerabilities such as glass storefronts or

multiple public entrances

- Essential clinical services that must continue during disruptions
- Staffing dependencies and travel concerns
- Community history of demonstrations or unrest
- Proximity to other entities that may bring unrest to your front door

The goal is not to predict political events. The goal is to understand how disruptions could affect clinic operations and patient care.

Define Clear Activation Triggers

One of the biggest challenges during civil unrest is uncertainty. Organizations often delay decisions because situations evolve quickly and information may be incomplete.

Health centers should establish clear activation thresholds in advance. Examples include:

- Planned demonstrations near clinic locations
- Law enforcement or emergency management alerts
- Major road closures or transit disruptions
- Threats directed toward facilities or staff
- Curfew declarations
- Violence or property damage in the immediate area

Using a tiered response model helps leadership make timely decisions about monitoring, partial activation, lockdown procedures, telehealth conversion, or temporary closure if necessary.

Prioritize Staff Safety

Staff safety must remain the top priority. Health centers cannot serve the community effectively if employees feel unsafe or unsupported.

Preparedness plans should address:

- Emergency staff notifications
- Safe parking and facility access
- Remote work options for non-clinical personnel
- Transition to telemedicine for non-urgent appointments
- Transportation disruptions
- Shelter-in-place and lockdown procedures

- De-escalation training
- Reporting pathways for threats or safety concerns

Staff should also be reminded to avoid political engagement or confrontation while representing the organization. The role of the health center is to provide care and maintain a safe environment for everyone.

Strengthen Facility Security

Physical security measures do not need to turn a clinic into a fortress, but they should support rapid response when conditions change.

Key considerations include:

- Controlled access points
- Security cameras and lighting
- Lockdown capability
- Visitor management procedures
- Panic buttons or duress alarms
- Coordination with security personnel or law enforcement

Health centers should also review how patients and staff could be safely moved away from windows or entrances during disturbances outside the facility.

Maintain Access to Essential Care

One of the most difficult decisions during civil unrest is determining when services should continue, shift, or temporarily close.

Health centers should identify essential services that may need priority continuity planning, including:

- Medication-assisted treatment
- Behavioral health services
- Prenatal care
- Pediatric care
- Chronic disease management
- Prescription access and refills

Telehealth can play an important role, but organizations should recognize that some patients face barriers related to technology access, broadband, transportation, or privacy.

Continuity planning should include alternate workflows,

partner coordination, development of relationships with nearby health centers to refer patients to, and communication strategies that help patients continue receiving care safely.

Communication Is Critical

Clear communication reduces confusion and anxiety during rapidly evolving situations.

Internal communication should provide staff with operational updates, reporting expectations, safety guidance, and points of contact.

External communication should remain calm, factual, and mission-focused. Patients need clear answers to practical questions:

- Is the clinic open?
- Have hours changed?
- Are appointments being moved to telehealth?
- How can medications be refilled?
- What should patients do if they need urgent care?

Social media monitoring is also increasingly important. Misinformation spreads quickly during high-tension events and can create unnecessary confusion for patients and staff.

Coordinate Before an Incident Occurs

Relationships matter during emergencies. Health centers should maintain active coordination with:

- Local emergency management agencies
- Law enforcement
- Public health departments
- Healthcare coalitions
- Hospitals, nearby community health centers, and pharmacies
- Community partners

These relationships help health centers receive timely situational awareness, coordinate access during road closures or curfews, and support continuity of care when disruptions occur.

Address Behavioral Health and Workforce Stress

Civil unrest can create emotional strain for both patients and healthcare workers. Anxiety, fear, anger, trauma responses, and behavioral health crises may increase during and after community disturbances.

Preparedness plans should include:

- Psychological first aid resources
- Employee support services
- Peer support and supervisor check-ins
- Behavioral health surge planning
- Referral pathways for crisis support

Recovery is not only about reopening facilities. It is also about supporting the workforce and rebuilding a sense of safety and stability.

Train, Exercise, and Improve

A written plan alone is not enough. Staff need practical training and realistic exercises.

Tabletop exercises are particularly valuable because they allow teams to work through evolving scenarios such as protests near a clinic, transportation shutdowns, social media rumors, or sudden security concerns.

Following exercises or real-world events, organizations should conduct After Action Reviews to identify strengths, gaps, and improvement opportunities.

Preparedness Supports the Mission

Civil unrest preparedness is fundamentally about resilience. FQHCs exist to provide care to communities regardless of circumstance, especially during times of uncertainty and stress.

By strengthening emergency preparedness programs, improving communication, protecting staff, and maintaining continuity of care, health centers reinforce their role as trusted community institutions.

Preparedness is more than compliance. It is a commitment to safety, access, and community stability when patients need healthcare organizations most.

Civil Unrest Preparedness Planning Checklist

Risk Assessment & Planning

✓ Include civil unrest in the Hazard Vulnerability Analysis (HVA)

Identify clinics near:

- Government buildings
- Courthouses
- Universities
- Major event venues
- Protest gathering locations
- Transportation hubs

✓ Assess physical vulnerabilities:

- Glass storefronts/windows
- Multiple public entrances
- Parking lot exposure
- Limited security coverage
- Public transportation dependence

✓ Identify essential services requiring continuity:

- MAT/Substance use services
- Behavioral health
- Prenatal care

- Pediatric care
- Pharmacy access
- Chronic disease management

✓ Develop a civil unrest section for your Emergency Operations Plan

- Define activation levels and authority structure
- Review insurance coverage and documentation requirements
- Establish relationships with local emergency management and law enforcement

Incident Command Checklist

Incident Activation

✓ Determine activation level:

- Monitoring
- Partial Activation
- Full Activation
- Lockdown/Shelter-in-Place
- Temporary Closure

✓ Assign Incident Team and Command roles:

- Incident Commander
- Safety Officer
- Operations Lead
- Planning Lead
- Logistics Lead
- Finance/Admin Lead
- Public Information Officer

- Open incident documentation log
- Establish operational briefing schedule
- Coordinate with executive leadership
- Notify key department leaders
- Contact local emergency management if appropriate

Facility Security Checklist

Physical Security

- Verify exterior doors can lock properly
- Confirm lockdown procedures are operational
- Test panic buttons and duress alarms
- Verify security camera functionality
- Ensure exterior lighting is functional
- Remove unsecured exterior objects if needed
- Restrict non-essential entrances
- Increase visitor monitoring procedures
- Identify interior safe areas
- Ensure staff know evacuation routes
- Coordinate with security personnel or law enforcement

Staff Safety Checklist

Workforce Protection

- Send staff situational awareness update
- Review reporting expectations
- Identify staff transportation concerns
- Review remote work options for non-clinical staff
- Provide alternate parking guidance if needed
- Reinforce de-escalation procedures
- Review lockdown and shelter-in-place procedures
- Remind staff to report threats or suspicious activity
- Ensure supervisors check in with affected staff
- Provide Employee Assistance Program information
- Monitor staff fatigue and emotional stress

Patient Care & Continuity Checklist

Clinical Operations

- Determine if clinic operations remain safe
- Identify services requiring uninterrupted continuity
- Review telehealth activation procedures
- Notify patients of operational changes
- Ensure medication refill processes remain available
- Coordinate with pharmacies regarding access
- Reschedule non-urgent appointments if necessary
- Identify high-risk patients requiring outreach
- Coordinate referrals if clinic closure occurs
- Ensure access to emergency contact lists
- Verify backup access to EMR downtime procedures

Communications Checklist

Internal Communications

- Send operational status updates to staff
- Confirm emergency notification systems are functioning
- Activate call trees or emergency texting systems if needed
- Establish incident communication cadence
- Monitor staff questions and concerns

External Communications

- Update website and social media channels
- Notify patients about:
 - Clinic status
 - Appointment changes
 - Telehealth options
 - Pharmacy guidance
 - Emergency contact information
- Coordinate public messaging through designated spokesperson
- Ensure messaging remains factual and non-political
- Monitor social media for misinformation or threats

Evacuation Checklist

Evacuation Procedures

- Determine if evacuation is necessary
- Announce evacuation instructions clearly
- Assist patients with mobility or transportation needs
- Bring emergency supplies if safe to do so
- Secure medications and sensitive materials if possible
- Account for staff and patients at assembly areas
- Coordinate transportation if needed
- Notify receiving facilities if relocation occurs
- Document evacuation timeline and actions

Shelter-in-Place / Lockdown Checklist

Immediate Actions

- Secure entrances and exits
- Move staff and patients away from windows
- Account for all staff and patients
- Silence unnecessary alarms or announcements
- Suspend non-essential movement
- Maintain communication with Incident Command
- Monitor public safety alerts
- Prepare emergency supplies:
 - Water
 - First aid
 - Flashlights
 - Chargers
 - Radios
 - Medications
- Coordinate with law enforcement if necessary

Cybersecurity Checklist During Civil Unrest

Information Security

- Alert staff to increased phishing risk
- Verify backup systems are operational
- Confirm downtime procedures are available
- Monitor for suspicious system activity
- Verify official communication channels
- Coordinate with IT/security vendors if needed
- Monitor social media impersonation or misinformation
- Reinforce password and MFA requirements

Behavioral Health & Workforce Support Checklist

Emotional Support & Recovery

- Provide staff wellness resources
- Conduct supervisor wellness check-ins
- Offer behavioral health support referrals
- Identify staff affected by trauma or stress
- Monitor patient behavioral health surge needs
- Coordinate crisis counseling resources if needed
- Encourage peer support and team debriefing

Recovery Checklist

Post-Incident Recovery

- Conduct facility damage assessment
- Document operational disruptions
- Track incident-related expenses
- Submit insurance claims if needed
- Resume suspended services safely
- Conduct patient outreach for missed appointments
- Review staffing impacts and scheduling needs
- Conduct After Action Review (AAR)
- Identify improvement actions and responsible parties
- Update emergency plans based on lessons learned
- Report significant findings to leadership and board as appropriate

Training & Exercise Checklist

Preparedness Activities

- Conduct annual civil unrest tabletop exercise
- Include civil unrest scenarios in HVA review
- Train staff on:
 - Lockdown procedures
 - Shelter-in-place
 - De-escalation
 - Emergency communications
 - Workplace violence awareness
 - Incident reporting
- Review emergency notification systems quarterly
- Test remote operations and telehealth workflows
- Coordinate exercises with community partners when possible
- Maintain documentation for CMS compliance

Recommended Emergency Supplies

Facility Supplies

- Flashlights and batteries
- Portable chargers
- First aid kits
- Bottled water
- Backup communication devices
- Emergency contact lists
- PPE supplies
- Paper downtime forms
- Basic food/snacks for extended shelter-in-place
- Battery-powered radios
- Incident command documentation materials

>>> [Click here to view this article in our resources center with a downloadable checklist](#)

Emergency Preparedness Upcoming Events and Dates

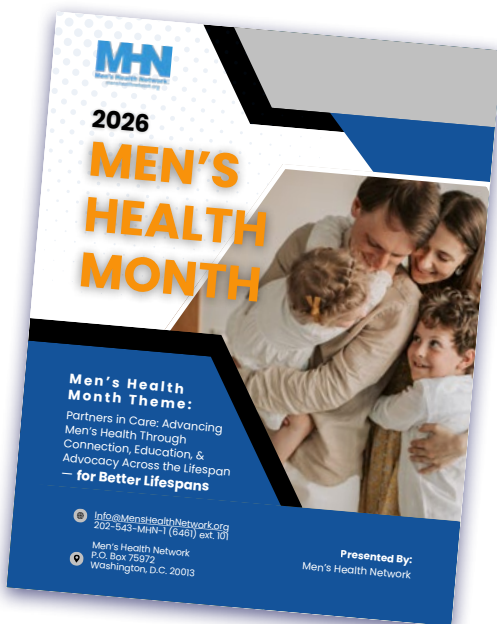
- **Annual Tabletop Exercise – Cyber Threat Event** – Mid to End of June – Information coming soon
- **Healthcare Coalition IHEPS**, September 3 & 4, Renaissance Indianapolis North, Carmel \$250
Early Bird registration until July 10 **>>> [Click here to register](#)**
- **IPHCA Annual Conference** October 5 & 6, Horizon Convention Center, Muncie **>>> [Click here for all details](#)**
- **Next EP Call:** June 25, 11 AM EST, Mini Exercise - Climate Change & Extreme Weather, Bring your policies and be ready for an interactive tabletop
- **Future Calls:** June 25, August 27, October 22



RESOURCE BULLETIN



To give feedback or provide resources for this section please contact **Nicole Stilianos** or call: 317.630.0845



Get the 2026 Men's Health Month Toolkit - [click image](#)

Men's Health Week 2026: Supporting Indiana Communities Through Prevention and Partnership

June is Men's Health Month, and from June 14–21, 2026, community health centers across Indiana are encouraged to recognize **Men's Health Week** by promoting prevention, education, and access to care for men and boys throughout the state.

This year's national theme, "**Partners in Care: For Better Lifespans Across the Lifespan**," highlights the critical role that healthcare providers, families, and communities play in improving health outcomes for men. Indiana Community Health Centers (CHCs) are uniquely positioned to lead these efforts by providing accessible, patient-centered care and trusted health education within their communities.

Men often delay routine medical visits and preventive screenings, which can increase the risk of chronic disease and late diagnosis. Community Health Centers help close these gaps by offering comprehensive primary care services, preventive screenings, behavioral health support, chronic disease management, and health education to patients regardless of insurance status or ability to pay.

During **Men's Health Week**, CHCs can use this opportunity to engage male patients through outreach campaigns, educational events, and wellness initiatives focused on:

- Annual wellness visits and preventive screenings
- Blood pressure and heart health awareness
- Diabetes prevention and management
- Mental health awareness
- Prostate and colorectal cancer education
- Healthy nutrition and physical activity
- Tobacco cessation and substance use support

Many organizations nationwide are also using creative engagement tools to encourage conversations around men's health. Educational brochures, blue ribbon pins, awareness displays, and interactive outreach materials, including the popular "squeezy prostates" used during prostate health education campaigns, can help create approachable and memorable opportunities for patient engagement.

Men's Health Week 2026:

Resources and ideas for

Indiana Community Health Centers

To support outreach efforts, Men's Health Network has created a free 2026 Men's Health Month Digital Media Toolkit that includes:

- Ready-to-share social media graphics
- Sample messaging and awareness posts
- Educational materials and fact sheets
- Outreach and campaign ideas
- Men's health resources and awareness tools

Indiana CHCs are encouraged to share these resources with staff, patients, and community partners throughout June to help amplify awareness and encourage preventive care.

Ways CHCs Can Participate

- Host a Men's Health awareness table or screening event
- Share educational materials in waiting rooms and patient portals
- Encourage annual wellness visits and preventive screenings
- Promote men's mental health resources
- Use social media campaigns to engage patients and families
- Partner with local organizations to expand outreach efforts

By working together as partners in care, Indiana Community Health Centers can continue advancing health equity, improving preventive care utilization, and helping men across the state live healthier lives.

For additional information and downloadable resources, visit the [Men's Health Network](#) website and access the [2026 Men's Health Month Digital Media Toolkit](#).

Meeting

Federal vaccine guidelines and provider recommendations

June 9, 2026 / 5:00 - 6:30pm

Westin Indianapolis, Capital Overlook East Room,
241 W. Washington St., Indianapolis, IN 46204

Please join the Indiana Immunization Coalition for drinks and appetizers following the first day of the 2026 Indiana Public Health Nurse Conference! We will have a great presentation.

The presenters, including Dr. John Christenson, will discuss federal vaccine policies and how they affect our provider recommendations. Dr Christenson is a Professor of Clinical Pediatrics at the IU School of Medicine.

The event is FREE! There will be a cash bar.

[>>> Register here](#)



Webinar:

Pediatric Vaccine Conversations: Addressing Common Concerns

June 23, 2026 / 3 - 4pm

Join the Indiana Immunization Coalition for an important discussion about pediatric vaccine conversations! You will learn ways to address concerns that typically arise in these situations.

The webinar presenter is Tracie Newman, MD, MPH, FAAP. Dr. Newman is an Associate Professor of Practice at North Dakota State University.

[>>> Register here!](#)



RESOURCE BULLETIN



Lung Cancer Screening Grant Update!

Big Breaths, Big Progress

Great news to share this month, the Lung Cancer Screening Grant is **cruising right along, and momentum is building!**

Azara has been hard at work implementing the Lung Cancer Screening module across participating health centers, and the progress has been exciting to see. As of our most recent check-in, **5 out of 15 health centers are fully implemented** and have moved into the fun part, training on how to really make the most of the module.

As implementation calls continue, we're discovering a few opportunities to fine-tune workflows. Some health centers are updating documentation formats so everything maps and flows smoothly into Azara. This has sparked a bit of additional staff training around new workflows—but no major overhauls here! It's really more about how and what information is documented, ensuring data is captured accurately and efficiently.

The implementation flow with Azara has been smooth and steady. Once one health center is wrapped up, Azara quickly moves on to the next site on the list to keep things rolling. If you haven't heard from them yet, don't worry! Your turn is coming soon.

Looking ahead, once most health centers are implemented, **IPHCA will host a group training session with Azara** focused specifically on the Lung Cancer Screening module. This will be a great chance for everyone to come together for a refresher and collective learning. In the meantime, Azara continues to train health centers individually, so no one is held back.

We're also celebrating a milestone; **all three clinical**

training courses are now complete! If you cannot attend, just let us know, and we'll gladly share the slides and recordings.

Next up, we're shifting focus to **Community Health Worker (CHW) education**, helping define and support the vital role they'll play in this grant. Keep an eye out, This training is coming soon.

And finally, we're gearing up for our **first quarterly report with Eli Lilly** and can't wait to showcase how far we've come in moving the needle on lung cancer screening. Big steps, big impact, and even bigger things ahead!

Congratulations to Marc Hackett, CEO of the Jane Pauley Community Health Center, on receiving the NACHC Lifetime Achievement Award at the NACHC Workforce Conference in April.

IPHCA is Proud of Marc. Proud of our members. And we are so grateful to be part of a movement that keeps showing up where it matters most!





CHI26 COMMUNITY HEALTH CONFERENCE

AUGUST 16-18, 2026
ARIA RESORT • LAS VEGAS, NV



NATIONAL ASSOCIATION OF
Community Health Centers®

CHI26 – Community Health Conference

August 16-18, 2026 / Las Vegas, NV / Members Save 50%

A national conference addressing the critical challenges facing health centers as demand for affordable primary care continues to rise. In an environment marked by financial pressures and increasing competition for primary care providers and medical staff, CHI creates a valuable forum for health centers to exchange proven solutions and innovative practices.

>>> [For all details and registration click here](#)

NACHC Webinars & Courses

Value-Based Payment: Move Beyond the Visit – Position for Total Cost of Care

June 4, 11 & 18, 2026 / 1 - 2 p.m. *Webinar Series | Free*

A webinar series guiding health centers through practical steps to design and implement a Total Cost of Care (TCOC) operating model.

>>> [Click here for details & registration](#)

Calm in Conflict: De-Escalation Skills for Health Center Professionals

Cohort One:

June 8-9, 2026, 3 - 5 p.m. & June 10, 2026, 3 - 4 p.m.

Cohort Two:

June 16-17, 2026, 3 - 5 p.m. & June 18, 2026, 3 - 4 p.m.

Virtual Training | Members Save 50%

Through role-play and guided reflection, this interactive workshop equips health center professionals with practical tools to recognize signs of distress, respond with empathetic communication, and use proven de-escalation techniques.

>>> [Click here for details & registration](#)



NATIONAL ASSOCIATION OF
Community Health Centers®

Adaptive Leadership:

How to Survive and Thrive When Leading

June 9, 2026 / 2 - 3:15 p.m.

Virtual Training | Members Save 50%

This workshop introduces Adaptive Leadership as a practical framework for navigating major change, avoiding common pitfalls, and helping your organization thrive.

>>> [Click here for details & registration](#)

Advocacy & Lobbying:

Legal Guidance for Community Health Centers

June 25, 2026 | *Webinar - Free*

Learn how to engage effectively, distinguish education from lobbying, and apply best practices to remain compliant while advancing CHC priorities.

>>> [Click here for details & registration](#)

The Foundations of Supervisory Leadership eLearning: A Certificate Program

Seven Modules | On-Demand Training | Members Save 50%

This eLearning course provides the practical skills needed to guide teams, resolve conflicts, and drive organizational success.

>>> [Click here for details & registration](#)



To give feedback or
provide resources for this
section please contact

Alexis Stewart
or call: 317.630.0845



[Click here to browse
Maternal and Child
Health resources](#)

June's MCH Focus

Congenital Cytomegalovirus (cCMV)

June is recognized as **National Congenital Cytomegalovirus (cCMV) Awareness Month**, a time dedicated to learning and better understanding this common yet often overlooked virus. This month serves to raise critical awareness among healthcare providers, patients, and families about the serious and lifelong impacts congenital CMV can have, while promoting education, prevention, early diagnosis, and support for those affected.

According to the U.S. Centers for Disease Control and Prevention (CDC), CMV is a common virus belonging to the herpesvirus family and can infect people of all ages. Once acquired, the infection remains in the body for life, but in most healthy children and adults it usually does not cause serious health problems. In the United States, nearly 1 in 3 children are already infected with CMV by age 5. Over half of adults have been infected with CMV by age 40. This virus can easily be spread through various bodily fluids such as sexual intercourse, breastfeeding, or direct contact with saliva or urine. Other ways this virus can be spread is through pregnancy from mother to baby or through transplanted organs and blood transfusions.

In 2024, Harvard Medical School published an article on Cytomegalovirus. Within this publication it was noted that newborns with cCMV are likely to be born premature and at a low birth weight. It was also noted that other possible problems include jaundice, small brain (microcephaly) or other nervous system disorders that can cause seizures, deafness, vision impairment, intellectual disabilities or death. In most cases, there is no required treatment for CMV; however, if an infant is born with cCMV, a confirmed diagnosis from blood testing needs to be given in the first 3 weeks of being born. This allows for early detection and treatment should the infant show signs of deafness or intellectual disabilities.

To effectively prevent congenital cytomegalovirus infection, there are several key practices that can be easily implemented. First and foremost, frequent hand washing is crucial. In addition to proper hand hygiene, it is important to avoid sharing food, drinks, or utensils with young children to reduce the risk of transmitting the virus. Lastly, avoid kissing infants and children, particularly on the face. By adopting these simple but effective practices, caregivers can significantly reduce the likelihood of cCMV transmission

and help protect young children from potential health complications associated with the virus.

The National CMV Foundation offers a variety of valuable resources designed to support individuals and families affected by congenital cytomegalovirus. These resources include educational materials, podcasts, and family stories. By providing accessible information and community support, the foundation aims to raise awareness about CMV and improve outcomes for those impacted by the virus.

National Congenital Cytomegalovirus Awareness Month highlights the importance of understanding

and addressing a virus that often goes unnoticed yet can have serious, lifelong effects on newborns. By increasing awareness, encouraging simple preventive measures, and promoting early detection, individuals and healthcare providers can work together to reduce the impact of cCMV. Access to reliable resources and support further empowers families affected by the virus, reinforcing the need for continued education and advocacy. Ultimately, greater awareness and proactive efforts can help protect vulnerable infants and improve outcomes for those affected by congenital CMV.

IPHCA x Upstream USA Happy Hour Recap

On May 7, 2026, IPHCA and Upstream USA co-hosted a happy hour at Maggiano's, bringing together health professionals for an evening centered on connection, collaboration, and shared opportunities. Designed with intention, the event created a warm and welcoming environment where attendees could meaningfully engage with one another beyond their day-to-day responsibilities.

The gathering welcomed 12 participants representing six different health centers, offering a diverse mix of perspectives and experiences. This intimate setting encouraged genuine conversations, allowing attendees to build new relationships while strengthening existing ones.

In addition to networking, the event provided a valuable opportunity for in-depth discussions about the ongoing partnership between IPHCA and Upstream USA as well as conversations regarding the importance of implementing contraceptive care into primary care. Attendees reflected on current initiatives and shared insights that will help shape the future direction of collaborative efforts in health care.



These thoughtful conversations reinforced a shared commitment to innovation, quality care, and improved outcomes for the communities they serve.

Overall, the happy hour proved to be more than just a networking event, it was a meaningful platform for strengthening partnerships, fostering open dialogue, and deepening a collective dedication to advancing accessible, high-quality health services.

We extend our sincere thanks to representatives from Raphael, Jane Pauley, Eskenazi, HCET, HealthNet, and Shalom for joining us. Your participation and enthusiasm helped make the evening a success, and we appreciate your interest in strengthening this important collaboration.





[Click here to browse Maternal and Child Health resources](#)

Recognizing Men's Health Month:

A Call to Action for Whole-Person Wellness

While this section primarily focuses on maternal and child health, it is equally important to recognize that health and well-being extend across all populations, including men. June marks **Men's Health Month**, a time focused on raising awareness about the physical, mental, and emotional health challenges that men commonly face.

Beyond simply acknowledging these issues, this observance provides an opportunity to promote education, encourage preventive care, and inspire men to take a more proactive role in managing their overall health.

One of the most pressing concerns in men's health is the tendency to delay or avoid routine medical care. Many men put off scheduling doctor's appointments or ignore early warning signs of illness. This pattern is often influenced by societal expectations that compare masculinity with toughness and self-reliance. Unfortunately, this mindset can have serious consequences. According to the **Centers for Disease Control and Prevention** (CDC), leading health threats for men include heart disease, various forms of cancer, and unintentional injuries. These risks underscore the importance of regular health screenings, early detection, and preventive measures, steps that can significantly improve outcomes and even save lives.

Equally important is the need to address men's **mental and emotional well-being**. Social pressures can discourage men from openly expressing their feelings or seeking support when they are struggling. As a result, many men experience stress, anxiety, or depression in silence. The stigma surrounding mental health can make it difficult for them to reach out, leaving serious concerns unaddressed. By fostering open and supportive conversations about mental health, communities can help normalize these discussions and encourage men to seek the care they need. Creating environments where men feel safe to share their experiences is a critical step in promoting overall wellness.

Men's Health Month serves as a reminder that health is not solely physical, it is a balance of mind, body, and emotional well-being. Encouraging healthy habits such as regular exercise, balanced nutrition, preventive check-ups, and strong social connections can make a lasting difference. Ultimately, prioritizing men's health is not just an individual responsibility; it is a community effort.



CHCollective is Recruiting Health Center Professionals for its Advisory Committee

CHCollective, the most dynamic organization serving health centers' group purchasing needs, utilizes an Advisory Committee to provide health center insights and advice on new initiatives.

The Committee is made up of health center professionals. CHCollective is expanding this committee to include new voices. We'd love to have you apply!

- Provide advice to the most dynamic organization serving the health center GPO needs.
- Have a real impact on the national health center supply chain.
- Network with health center professionals across the country.
- Meet quarterly, typically virtually but occasionally in-person.

Submit your Application Here

chcollective.com

Contact Alex Vactor for more information

avactor@chcollective.com 412.612.0593





RESOURCE BULLETIN

IPHCA is committed to supporting Oral Healthcare provision across all community health care settings for our membership and throughout Indiana.



For help, to give feedback or provide resources for this section contact:

Karla Marin Muskus
or call: 317.630.0845



Men's Health and Oral Health:

Why Preventive Dental Care Matters

During **Men's Health Month** and **Men's Health Week** (June 14–21, 2026), healthcare organizations across Indiana are encouraged to highlight an often-overlooked part of overall wellness: oral health.

Oral health is closely connected to overall health, yet many men are less likely to seek routine dental care or preventive services. Delaying dental visits can lead to untreated oral disease, pain, tooth loss, and worsening chronic health conditions. Indiana Community Health Centers (CHCs) play an important role in addressing these gaps by providing accessible, integrated oral healthcare services for patients across the state.

Research continues to show strong links between oral health and systemic health conditions that commonly affect men, including:

- Heart disease
- Diabetes
- High blood pressure
- Respiratory infections
- Tobacco-related illnesses
- Oral and throat cancers

Preventive dental care is essential not only for maintaining healthy teeth and gums, but also for supporting overall physical health and quality of life.

Encouraging Men to Prioritize Oral Health

Men are more likely to postpone routine dental visits and often seek care only when experiencing pain or urgent dental issues. Community Health Centers can use Men's Health Month as an opportunity to encourage patients to establish healthy oral health habits and seek preventive care early.

Key oral health messages to share with patients include:

- Schedule regular dental checkups and cleanings
- Brush twice daily with fluoride toothpaste
- Floss daily
- Limit sugary drinks and tobacco use
- Monitor for changes in the mouth, gums, or tongue
- Seek care early for dental pain or bleeding gums
- Ask providers about oral cancer screenings

[Click here to browse
Oral Health Resources](#)

[Click here to see all
Oral Health Events](#)

Men's Health and Oral Health:

Oral Cancer Awareness

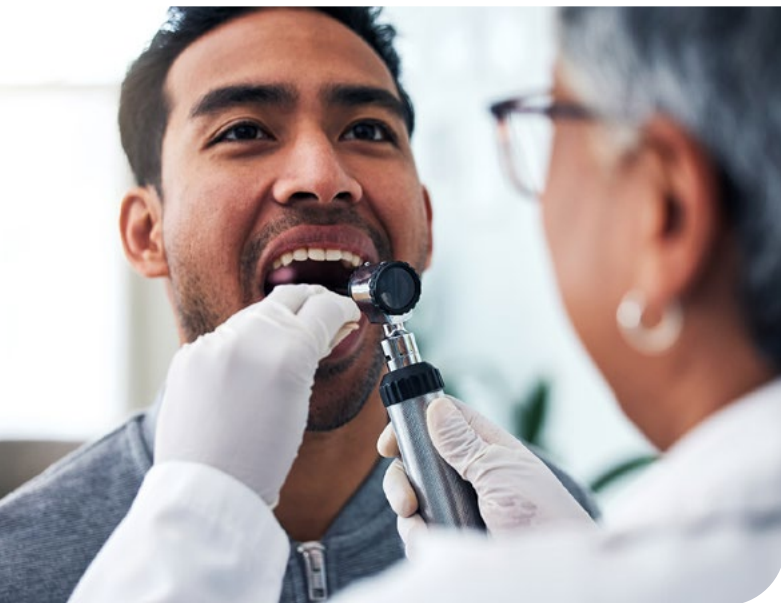
Oral cancer disproportionately affects men, particularly those over age 40 and individuals who use tobacco or consume alcohol regularly. Early detection significantly improves outcomes, making routine dental visits and oral cancer screenings especially important.

Dental teams can help educate patients on common warning signs, including:

- Persistent mouth sores
- Red or white patches
- Difficulty swallowing
- Lumps or swelling in the mouth or neck
- Chronic sore throat or hoarseness

The Role of Indiana Community Health Centers

Indiana CHCs continue to expand access to integrated medical and dental care, helping patients receive comprehensive services in one setting. By coordinating oral health and primary care services, health centers can better identify risk factors, manage chronic disease, and improve health outcomes for men and families throughout Indiana.



During Men's Health Week, health centers can support awareness efforts by:

- Promoting preventive dental visits
- Offering oral health education materials
- Incorporating oral health messaging into Men's Health campaigns
- Providing oral cancer screening information
- Sharing resources through social media and patient outreach

Improving oral health is an important part of improving overall health. By encouraging preventive care and increasing awareness, Indiana Community Health Centers can help men take proactive steps toward healthier futures, one smile at a time.



Superutilizers:

**The Cost of Repeated
Dental ED Visits**

Who are the people seeking emergency treatment for preventable dental conditions four or more times per year? And how can expanding dental services help them?

Learn more in a new article in Community Dentistry and Oral Epidemiology

Protecting Smiles on the Field:

Baseball and Dental Safety

As baseball and softball season continues across Indiana, it is important to remember that sports-related dental injuries are common, especially among children and teens participating in recreational and school athletics.

According to the Delta Dental Foundation, baseball is one of the sports associated with a higher risk of dental injuries due to fast-moving balls, bats, player collisions, and falls.

Indiana Community Health Centers (CHCs) can help raise awareness about the importance of sports dental safety by encouraging families to take preventive steps before injuries occur.

Common baseball-related dental injuries may include:

- Chipped or broken teeth
- Knocked-out teeth
- Cuts to the lips, cheeks, or tongue
- Jaw injuries

One of the easiest and most effective ways to reduce the risk of dental injuries is by wearing a properly fitted mouthguard during practices and games. Mouthguards help absorb impact and protect teeth, gums, and soft tissues from serious injury.

Additional dental safety tips for athletes and families include:

- Wearing helmets with face protection when appropriate
- Keeping an emergency dental kit available
- Knowing what to do if a tooth gets knocked out
- Scheduling regular dental checkups to maintain oral health

Community Health Centers can support families by incorporating sports safety education into dental visits, school outreach, and community wellness events during the summer sports season.

Protecting oral health is an important part of keeping young athletes healthy, confident, and ready to play all season safely.

For additional information on baseball-related dental risks and prevention tips, visit:

>>> [Delta Dental Foundation wellness resources.](#)

>>> [Oral Health Tips for Athletes](#)



RESOURCE BULLETIN



Delta Dental Foundation loan repayment program

Helping keep dentists and hygienists practicing where they're needed most

Twenty-six dentists and dental hygienists serving communities in need will receive \$350,000 in loan repayment from the Delta Dental Foundation (DDF) this year. This group includes 17 oral health professionals entering their second year of the program.

Rising education costs—up to an average of \$297,800 in student loan debt for dental school—combined with recent federal loan caps often make it harder for many new graduates to choose careers in public health. The DDF's loan repayment programs are designed to alleviate some of those financial concerns, helping more oral health professionals stay in or choose public health clinics.

Why is this so important? There are 585 dental health professional shortage areas across Michigan, Ohio and Indiana, where access to dental care remains limited—particularly for those who are uninsured or covered by Medicaid. More than 5.2 million people live in those communities, and many struggle to receive the dental services they need.

Loan repayment opportunities included:

- Up to \$25,000 per year (for up to three years) for dentists who commit to working in nonprofit clinics
- Up to \$5,000 per year (for up to three years) for dental hygienists who commit to working in nonprofit clinics

Last year's cohort of public health loan repayment recipients saw nearly 21,000 patients—a testament to their collective impact.

"This program is more than financial support—it is an investment in health equity," said Aditi Gadhvi, DDS, now in her second year of the program, who practices at Good Neighbor House in Ohio. "With [the DDF's] help, I can continue to expand care for vulnerable populations in Dayton and build a future where every patient, regardless of circumstance, has access to compassionate, high-quality oral health care."

By supporting the dentists and dental hygienists serving on the front lines of public health, the DDF is helping remove barriers to care and improve oral health outcomes for thousands of people across the region.

>>> [Click here to see the full release and the list of recipients](#)



WEBINARS & TRAINING



Upcoming NNOHA Events

Office Hours: Handling Refusal of Treatment for Dental Patients

June 9 / 3pm

with Dr. Katie Rothas and Dr. Bruce Wilcox

[>>> Register Here](#)

Interoperability in Action: Health IT Strategies for Oral Health Integration

June 18 / 2pm

with Mary Alice Tillery RN, Jenifer Model CDA, and Dr. Ryan Tuscher

[>>> Register Here](#)

Performance-Based Evaluations

June 22 / 2pm

with Dr. Leah Schulz and Dr. Greg Maddelena

[>>> Register Here](#)

Carequest Webinars

Medication Safety in Dentistry: Providing Comprehensive Care for Medically Complex Patients

June 4 / 7 - 8 pm

Join CareQuest Institute and the American Academy of Oral Medicine for a webinar featuring a pharmacist and an oral medicine specialist who will provide practical strategies for identifying and managing medication-related risks in dental practice. Expert speakers will demonstrate how to efficiently review medication lists, recognize high-risk situations, and balance dental needs with overall patient health. *(1 Free CE Credit)*

[>>> Register and full details here](#)

Antibiotic Prophylaxis in Dental Care: Practical Guidance for Premedication Decisions

June 25 / 7 - 8 pm

Premedication decisions — particularly around antibiotic prophylaxis — require careful consideration to ensure patient safety while avoiding overuse and contributing to the growing challenge of antimicrobial resistance.

This webinar will provide clear, practical guidance on when premedication is appropriate — and when it is not. The unique panel of experts will highlight the risks of antibiotic overuse, review current recommendations — including updated guidance for infective endocarditis and artificial joints — and address common areas of confusion in dental practice. *(1 Free CE Credit)*

[>>> Register and full details here](#)

Updated Self-Paced Course

Dental Fear and Anxiety: Why It Exists and What Providers Can Do to Help

Screening tools can help identify the presence and general level of dental fear or anxiety — but delivering the right response often calls for a deeper understanding of how that fear develops, presents, and persists over time.

This updated course — now enhanced with new resources and tools — explores how dental fear arises in patients and highlights practical strategies providers can use to reduce anxiety and deliver quality care.

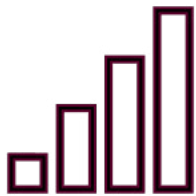
(1 free ADA CERP credit.)

[>>> Find out more](#)



Transform How You Approach Patient Coverage

Proactive Coverage Management: The Key to Better Care, Revenue Protection, and Operational Excellence



Data & Reporting

Harness the robust data and reporting capabilities of a large health system designed to keep you ahead of evolving rules and regulations. Ensure seamless compliance while driving operational excellence at every level.



Automate Outreach

Convert 90-minute manual processes into 30-minute automated workflows. Scalable multi-channel outreach efficiently engages entire member populations.



Empowered Patients

Deploy a 24/7 self-service patient experience that empowers patients to apply or renew coverage from their phone, in their native language, without requiring clinic staff intervention.



RESOURCE BULLETIN

IQIN is a constituent network of community health centers within IPHCA, who work together to improve the quality and value of care provided to Indiana's most vulnerable residents.

By using health information technology and data, health centers are able to change the way they deliver care to produce better health outcomes for their patients.



For further help or to give feedback or provide resources for IQIN please contact:

Laura Totten
or call: 317.630.0845

June is Men's Health Month

Electronic Health Records Tools for Treating Obesity Among Adult Patients in Primary Care: A Scoping Review

Can EHR tools really improve obesity care in primary care settings? This new review reveals promising capabilities—alongside surprising gaps in real-world use. Find out what's holding providers back and what could unlock better follow up and outcomes.

>>> [Click here to read more](#)



What if better nutrition care didn't depend on geography?

Discover how telehealth is transforming the fight against obesity and chronic disease. In this inspiring story, learn how the Medical University of South Carolina is using telenutrition to connect patients, especially in rural areas, with expert dietitians, practical tools, and life-changing support.



Telehealth.HHS.gov

From measurable weight loss results to improved patient engagement, see how this innovative approach is helping health centers expand care, overcome access barriers, and drive real outcomes.

Explore how telenutrition could fit into your care model—and why it's making a difference right now.

>>> [Read the Full Article Here: Reducing Chronic Disease and Obesity Through Telenutrition](#)

National HIV Testing Day June 27th

Could artificial intelligence transform the future of HIV care?



This forward-looking feature explores how AI is poised to revolutionize HIV prevention and treatment—from earlier diagnosis and personalized care to smarter data use and improved patient engagement. But with innovation comes responsibility—discover how balancing cutting-edge technology with privacy and equity will shape what comes next.

>>> [Read the full article here](#)

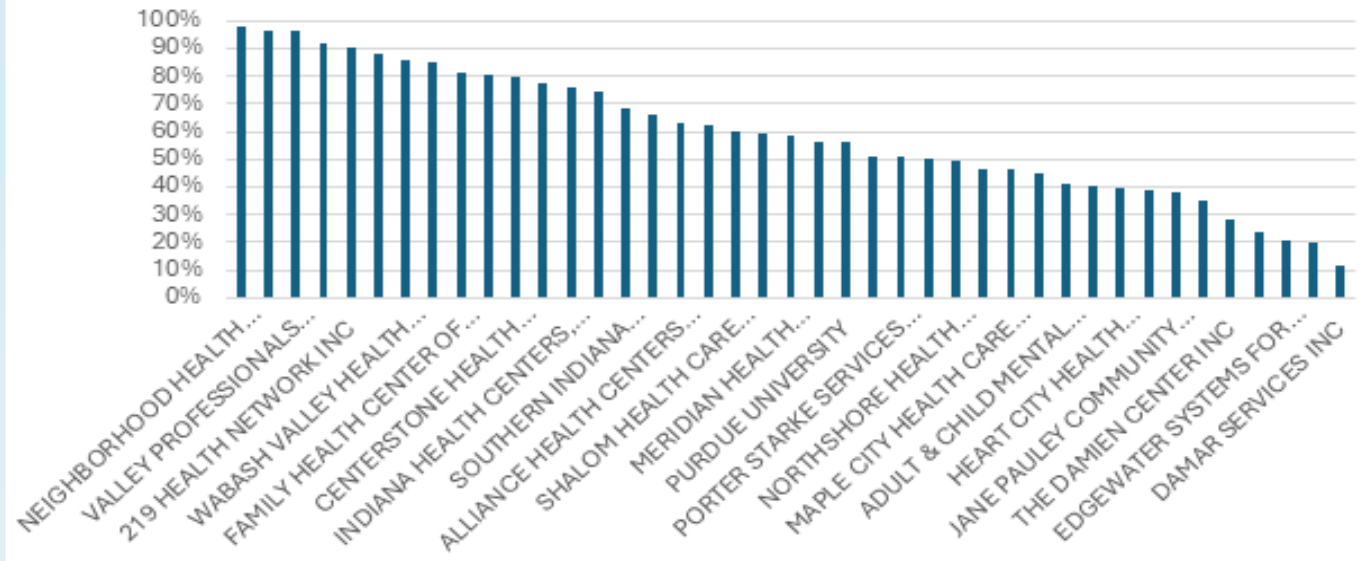


[Click to see all upcoming IQIN Events in our Calendar](#)

UDS Data Spotlights: Each month, IQIN will highlight metrics from the recently released UDS 2024 data. One in three men are overweight so for Men’s Health Month we are highlighting data on the importance of Adult Weight Screening and Follow-Up. [Click to view data.](#) See the full dashboard [here.](#)



Adult Weight Screening and Follow-Up (UDS 2024)



Context: This graph shows the percentage of adult patients who were screened for BMI and if necessary, received a follow-up plan. The denominator includes all adults 18 and over who had a medical visit in 2024. The numerator includes all of those patients with a documented BMI during their most recent visit or within the past 12-months of their visit. Those patients with a BMI outside of normal parameters were only included in the numerator if they also received a follow-up plan during that visit or within the previous 12 months. Exclusions include pregnant patients, patients receiving palliative care, patients who refuse height and weight, and patients with documented medical reasons or urgent medical situations

To view more UDS data at the center level, [visit the PowerBI Dashboard](#)



The KLAS Corner



Register using your community health center’s provided email address, and you will have access to all the resources KLAS provides. [>>> Click here for more](#)

Case Study: Improving Ongoing Provider EHR Education by Aligning Incentives 2025

Can better training make the EHR easier to use—and improve provider satisfaction? One health system tested a new approach by linking education to incentives, with impressive early results. See how a simple shift in engagement led to big gains in efficiency, satisfaction, and participation.

[>>> Read the full article here](#)



Welcoming Our 38th IQIN Member:

Valley Oaks Health

The Indiana Quality Improvement Network (IQIN) is proud to celebrate an exciting milestone—welcoming Valley Oaks Health as our 38th participating health center!

Based in Lafayette, Indiana, Valley Oaks Health brings more than a century of service, innovation, and community commitment to our growing network. Serving individuals and families across ten central Indiana counties, Valley Oaks delivers comprehensive, high-quality care that spans mental health, addiction recovery, and primary care services, a truly holistic approach that aligns perfectly with IQIN's mission to improve health outcomes for all Hoosiers.

A Legacy of Care, A Future of Impact

Valley Oaks Health's story is one of evolution and dedication. Established in 1906, the organization has continually adapted to meet the changing needs of the communities it serves. From its early beginnings as a medical mission to its current role as a leading provider of integrated behavioral and physical health services, Valley Oaks has remained committed to improving lives and strengthening communities.

Today, that commitment is evident in the wide range of services they provide, including:

- Primary medical care and medication management
- Substance use treatment and medication-assisted treatment
- School-based and office-based therapy
- Intensive child and adolescent programs
- Case management and community living supports
- Jail-based addiction treatment programs
- Psychological assessment and group therapy

This breadth of services reflects a deep understanding that health is not one-size-fits-all. Valley Oaks Health takes pride in tailoring care to each individual, listening to their story, understanding their needs, and designing personalized treatment plans that support long-term wellbeing.

A Shared Commitment to Quality Improvement

Valley Oaks Health's dedication to expanding access, reducing stigma, and improving outcomes makes them a natural fit for IQIN. Their ongoing efforts to broaden programs, enhance patient engagement, and deliver coordinated care align strongly with our network's focus on quality improvement, data-driven decision-making, and innovation.



By joining IQIN, Valley Oaks Health is strengthening its ability to collaborate with peer health centers across Indiana, sharing best practices, learning from others, and continuing to elevate the care they provide.

Stronger Together

As our 38th member, Valley Oaks Health enhances the strength and diversity of the IQIN community. Their experience in behavioral health integration, rural access, and comprehensive service delivery will add valuable perspective to our collective work.

We are thrilled to partner with a health center that not only delivers exceptional care, but also demonstrates such a deep commitment to community impact, continuous improvement, and whole-person health.

Please join us in giving a warm welcome to Valley Oaks Health—we're excited for what we will accomplish together!



Valley Oaks Health

415 N 26th St, Lafayette, IN 47904

www.valleyoaks.org

Building Tomorrow's Health Center, Today

Originally presented by HITEQ, our "Building Tomorrow's Health Center, Today" series begins with a critical foundation: aligning your digital health initiatives with your strategic plan.

This featured recap highlights key insights from the webinar, showing how health centers can connect technology investments to organizational goals to maximize resources and elevate patient engagement.

Learn why this alignment is essential—and explore practical, real-world steps shared by subject matter experts to help you move from intention to impact.

If you're planning for the future, **this is where to start.**

HEALTH INFORMATION TECHNOLOGY,
HITEQ
EVALUATION, AND QUALITY CENTER



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