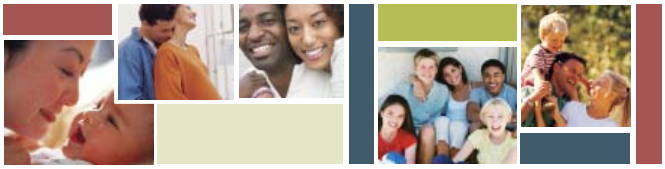
THE UPdate



December 13, 2010

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

In this issue...

CPSC Educates New Parents on Safe Babywearing

Infant suffocation deaths in slings prompt renewed effort to warn moms and dads

Infant slings and wraps have been used for thousands of years in many different cultures. For many parents across the U.S., "babywearing" promotes a positive bond between child and parent. The U.S. Consumer Product Safety Commission (CPSC) wants to make sure that parents and caregivers are aware of important safety information related to the proper use of slings.

The CPSC is urging everyone to use slings and wraps safely, as CPSC has identified 14 infant suffocation deaths with sling-style carriers over the past 20 years. After reviewing numerous cases, child safety experts at CPSC have determined that parents with infants younger than four months of age, premature, low-birthweight babies, and babies with colds and respiratory problems should take extra care in using a sling, including consulting their pediatrician.

Suffocation/asphyxiation can occur when babies are contained entirely within the pouch of a sling with their face, including nose and mouth, pressed against the adult's body, blocking their breathing. Suffocation can occur within minutes.

Because of the nature of the product and its use, some slings tend to keep an infant in a curled, chin-to-chest position, which can interfere with breathing. When an infant is in the chin-to-chest position, suffocation can occur. Both scenarios are serious concerns to CPSC. Many of the babies who died in slings were twins in separate slings and infants with breathing issues.

CPSC recommends that parents and caregivers:

- Make sure you can see your baby's face or eyes in the sling and that your baby can see you. Also, you should place the baby's face at or above the rim of a sling or wrap so that their face is visible.

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Training Opportunity for Early Childhood Professionals!

Join us for the 17th annual Early Childhood Iowa (ECI) Early Care, Health and Education Congress on February 9th and 10th, 2011. The theme for this year's event is "Leading with the 3 R's of Collaboration: Relationships, Resilience and Results." This event is designed to equip early childhood professionals with up-to-date information and resources that will enhance services provided to families. Here is an overview of the agenda:

Wednesday, February 9th

9:30 a.m.-12 p.m. - Meeting of the ECI Stakeholder's Alliance (Des Moines Botanical Center)

1-3 p.m. - Early Childhood Day on the Hill (Capitol Rotunda)

3:30-4:30 p.m. - Informal discussion with Dr. Peter Mangione (Airport Holiday Inn)

4:30-5:30 p.m. - Social and reception (Airport Holiday Inn)

6 p.m. - Dinner and keynote presenter, Dr. Peter Mangione, (Airport Holiday Inn)

Thursday, February 10th

8:45-10:15 a.m. - Keynote presenter, Dr. Robert Anda, CDC (Airport Holiday Inn)

10:15 a.m.-4 p.m. - Breakout sessions (Airport Holiday Inn)

For more information or to register, contact Lois Kiester at (515) 964-6685 or lmkiester@dmacc.edu or go to www.earlychildhoodiowa.org.

CPSC Educates New Parents on Safe Babywearing

continued

- After nursing your baby, change the baby's position in the sling, so that the baby's face is at or above the rim of a sling or wrap and that their face is visible and clear of fabric and the mother's body. You should be vigilant about frequently checking the baby in a sling.

A new voluntary consensus standard for slings is being worked on by ASTM International. This is a positive step toward providing manufacturers with an effective safety standard.

This warning is not intended to characterize all slings as being dangerous to babies. CPSC has identified (1) specific situations that can pose a risk of serious harm to babies, and (2) simple safety tips that CPSC hopes the babywearing community can share with new parents.

For more information about babywearing, go to www.cpsc.gov/cpscpub/prerel/prhtml111/11044.html.

Health Benefits Exchange Regional Meetings

The Health Benefits Exchange (HBE) will offer a one-stop online shopping venue for individuals and employers to purchase and enroll in health care plans (operational by 2014). Iowa is dedicated to ensuring considerable stakeholder involvement throughout the planning of the HBE. Meetings will be held across Iowa to gain consumer buy-in and create transparency. Community stakeholders will be given a chance to provide input during the HBE regional meetings. Time is also reserved on the agenda for public comment and questions. Remaining meetings will be held on the following dates:

December 20 Waterloo Public Library 9:30-11:30 a.m.

December 21 Wilbur Aalfs Library 9:30-11:30 a.m. Sioux City

January 4 Ottumwa Public Library 9-11 a.m.

For additional information, go to pages 11-13 of **The UPdate**.

How many state contracts does VNS hold?

Visiting Nurse Services (VNS) of Iowa holds five state contracts, including the Iowa Department of Public Health Title V contract for community-based maternal and child health in Clinton, Jasper, Polk, Poweshiek and Mahaska counties. Maternal health in Scott County and family planning services in Dallas and Polk counties. Other state contracts include the IDPH 1st Five Healthy Mental Development Initiative; statewide point of contact for Early ACCESS Iowa through the Iowa Department of Education; and a subcontract with Children and Families of Iowa and the Iowa Department of Human Services to provide Family Safety Risk and Permanency case management services. VNS was awarded the Project Launch contract and the Integration of HIV/AIDS Testing and Prevention Services contract.

How many programs does VNS administer?

VNS of Iowa operates 27 programs that provide health and human services to diverse populations, including families with children with specialized needs, pregnant or parenting women, first-time families, families in crisis, chronically ill adults, and seniors. Services include, but are not limited to:

- In-home and on-site nursing care
- Case management
- Care coordination
- Community outreach and education
- Dental screenings
- Family planning clinics
- Mental health services
- Family support services

In addition, VNS of Iowa implemented the Birth to Five Patient Centered Medical Home (PCMH) Pilot Project in April 2010. This project provides VNS of Iowa with the opportunity to participate in a pilot to understand the requirements to create a patient-centered medical home for children birth to five working with other community providers and serving as the community utility (public health/human services care coordinator). The PCMH Pilot Project enhances a partership with VNS of Iowa, the Polk County Title V Maternal Child Health (MCH) Agency, and Iowa Health Physicians Walnut Creek Pediatrics, a full service, primary care pediatric clinic. The focus of the project is to develop and implement a patient-centered medical home model to pilot the principles and practices of Iowa's Medical Home Denifinition (HF 2539) and the Joint Principles of the patient-centered medical home. The PCMH Pilot Project builds on the concept and successes of the 1st Five Healthy Mental

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Spotlight on VNS *continued*

Development Initiative Program model, which partners with local healthcare providers to identify services for Polk and Dallas county families by providing development, social/emotional, behavioral, parental depression, and family stress surveillance of every child, birth to 5 years of age, during well-child exams. The PCMH Pilot Project allows VNS of Iowa to work with the Walnut Creek Pediatrics to provide patient assessment, enhanced care coordination services and developmental screening.

L to R: Zoe Prevette, Terri Walker, Annie Wood-Long, Julie Nelson, Julie Baker, Cari Spear, Antonia Lechuga, Jen Van Liew.

How many counties (rural/urban) does VNS serve in its various programs?

VNS of Iowa offers services for some or all of its programs in seven counties, serving both rural and urban populations, including Clinton, Dallas, Jackson, Jasper, Mahaska, Poweshiek, Scott and Warren counties. VNS of Iowa covers the state with wellness and community health initiatives. VNS of Iowa serves as the central point of contact for Early ACCESS services across the state. Early ACCESS Iowa (EAI) provides resource and referral assistance for families through a user-friendly set of services, connecting families and providers with Early ACCESS and community-based services focus on child and family needs. The approach includes a website, toll-free telephone service and a single point of contact to facilitate referrals and access to resources. Early ACCESS is a partnership between families with young children, birth to age 3, and providers from the Iowa Departments of Education, Public Health, Human Services, and Child Health Specialty Clinics.

How many people does VNS employ?

There are 94 full-time employees, and 109 part-time employees.

A little history about VNS ...and how long have has VNS been a Title V MH or CH contractor?

VNS of Iowa began in 1908 as a public health initiative to reduce the infant death rate, a mission it continues today through its maternal and child health programs, the Healthy Start/Empowerment program and the Nurse Family Partnership Model. VNS of Iowa has provided services through the Title V Maternal and Child Health Block Grant for Polk county since the inception of Title V.

What population does VNS serve?

The maternal and child health programs at VNS of Iowa serve diverse populations in both urban and rural communities. In the past year, 24 percent of the children and families served were African American and 16 percent were Hispanic. In addition, the MCH programs at VNS of Iowa provide services and outreach to numerous immigrant and refugee populations, including 8 percent of clients from African countries (including Sudan), 10.59% from Asian countries (including Vietnam, Myanmar and Thailand). Nearly 50 percent of the women and children served are living on an income that is less than 100 percent of the federal poverty level.

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Spotlight on VNS *continued*

What is a strength of the VNS MCH program, including any best practice they would want to feature?

VNS of Iowa maternal health and child health programs seek to provide access to services through transportation and interpretation services, as well as effective outreach through collaboration with community organizations. VNS of Iowa provides interpreters who represent 15 languages, including Spanish, Somali, Karen, Burmese, Chin, Vietnamese, Laotian, Thai, Arabic, Swahili and Nuer, and provides transportation for children to access doctor's appointments through the EPSDT *Care for Kids* program. In the past year, the *Care for Kids* program provided 4,000 van rides for children to access medical and dental appointments.

In March, VNS of Iowa implemented the Nurse Family Partnership Model, an evidence-based model that seeks to improve the health and behavioral outcomes of first-time parents and their children by providing ongoing support and education for the family during pregnancy and the child's first two years. Currently, 87 first-time parents are enrolled in the program. Nurse Family Partnership Model programs throughout the country have shown numerous benefits to children, including a 48 percent reduction in child abuse and neglect cases, a 59 percent reduction in arrests and a 90 percent reduction in adjudications for incorrigible behavior.

VNS of Iowa maternal and child health nurses also provide on-site visits to pregnant and parenting teens at local high schools through the Nurse Family Connections program. In the past year, 98 percent of teens in the Connections program remained in school, graduated or received their GED.

How someone benefitted from MH or CH services provided by VNS of Iowa ...

In September, a VNS of Iowa MCH nurse received a referral for a teenage client who was pregnant and planning to give her baby up for adoption. After delivering her baby, the client changed her mind about the decision to adopt, but was now unsure how to care for her baby as a single young woman lacking family support. The nurse reported that the mother was "scared and overwhelmed," was not eating well, and scored a 22 on her depression screen during the first visit. The mother agreed to see a VNS of Iowa social worker, and she and the baby continued to have regular visits with the MCH nurse.

Throughout the ongoing support, the health and well-being of the mother and her baby has greatly improved. The nurse last reported that the mother has been breastfeeding for two months and has accessed a medical home. The 6-month postpartum well-child check-up determined that the baby is developmentally on track and up-to-date on vaccinations. In addition, the mother has received a healthy score on her depression screen. The mother is now actively participating in the Healthy Start & Empowerment program at VNS of Iowa to receive home visiting and continued child development education.

A little about some of the MCH staff at VNS ...

Cari Spear, MSN, RN (Maternal and Child Health Director): Cari has been with VNS of Iowa for almost two years. She has been a nurse for over 30 years, beginning with her work in pediatrics, which continues to be her main love. Cari is a die-hard Hawkeye fan and an avid gardener, with a passion for growing "things." Cari has a strong belief in community, and her favorite part of her job is the opportunity to build new relationships.

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Spotlight on VNS *continued*

A little about some of the MCH staff at VNS ...

Zoe Prevette, BSN (Maternal and Child Health Manager): Zoe began working in MCH shortly after graduating in 1985. She stayed in the field until 1999, when she and her husband moved overseas to Jordan, and later to Sudan. There her passion for public health was born. She was thrilled to join the MCH team at VNS of Iowa in September, where she can combine her love of MCH and her passion for public health. "It doesn't get any better than this," she says. As a fun fact, Zoe wishes she could wear a size 6 shoe, and would even settle for a size 7.

Jeanette Luthringer, RN, BSN (Child Wellness Manager): Jeanette is the Child Wellness and Student Services Manager, managing the child care nurse consultant staff as well as six other nursing programs at VNS of Iowa. She has been with VNS of Iowa for 4 years. Her primary area of focus is on child wellness and nursing students needing community health clinical experience. Jeanette has lived in the Des Moines area for over 35 years. She readily admits to an obsession with recycling, so please do not throw away paper or plastic bottles in her vicinity.

Annie Wood-Long, MA (Outreach Manager): Annie is the Outreach Manager for the 1st Five Healthy Mental Development Initiative, the *Care for Kids*/EPSDT program, Early ACCESS Iowa, the Patient Centered Medical Home Project, Family Team Meeting Partnership and the Maternal Child Health Outreach program at the HOLA Center. She has been with VNS of Iowa since 2005. Annie has 13 years of experience in health and human services and has experience with early childhood home visitation intervention programs, outreach programming, the elderly population and mental health counseling. She holds a Master of Arts in Mental Health Counseling from the University of Northern Iowa.

Gayle Moore, RDH (I-Smile™ Coordinator for Jasper, Mahaska, Polk and Poweshiek counties): Gayle has 27 years of dental hygiene experience, and has been in the dental industry for 33 years. She has been the Polk County I-Smile™ coordinator since 2007. She is passionate about what she does, and has enjoyed being a part of the I-Smile™ program as it has grown and developed over the years.

Kati McNeme, RDH (I-Smile™ Coordinator for Jackson and Clinton counties): Kati has over 10 years of experience in the dental field in the eastern part of the state. She has been an I-Smile™ coordinator since 2008. Her favorite part of the job is being able to work with an age group (preschoolers) that is so receptive and excited with the information you teach them. Kati enjoys soccer, snowboarding and mountain biking and her favorite place to visit is Japan.

Julie Baker, BA (Family Planning Manager): Julie has a double major in psychology and human services. Work experiences include HeadStart and FaDDS Family Support Advocate at MICA; New Hope Transitional Living Case Manager with YSS and several positions with VNS of Iowa (EPSDT, Community Care case management; family team meeting facilitator; Healthy Start/Empowerment case management consultant and family support team leader. She has three dogs that have all been 'rescued' from the Animal Rescue League.

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Spotlight on VNS *continued*

What are the two most effective strategies/best practices that have been used by VNS to improve children's oral health?

The I-Smile™ coordinator, Gayla Moore, has provided trainings to VNS of Iowa nurses as well as to medical providers and dentists on the importance of providing preventive dental services and screenings to young children to ensure that all children get off to a good dental health start from an early age, a factor which greatly impacts their overall health and development. These trainings have enabled VNS of Iowa maternal child health nurses to provide dental screenings, fluoride applications, oral hygiene instruction and nutrition and tobacco counselings.

The I-Smile™ program in all service areas has increased the number of dental homes accepting uninsured or underinsured children through a two-fold approach. First, the partnerships between WIC, school nurses and inside and outside agencies have been instrumental as they have enabled children in need to receive screening services and risk assessments that then allow them to be partnered with a dentist for complete comprehensive services. In addition, by working with medical providers and dentists to emphasizing the importance of preventive care and education for at-risk children, the I-Smile™ program has encouraged many dentists to provide early and consistent care for children, which ultimately represents a cost savings by avoiding expensive reparative dental work.

What is VNS' greatest success with the I-Smile™ program?

The greatest success of the I-Smile™ program has been the ability to increase the percent of children who receive dental screenings and are referred to a dentist. Since the I-Smile™ program began at VNS of Iowa, the program has doubled the number of children who receive a dental screening.

The dedication and tenacity of the I-Smile™ coordinators at VNS of Iowa has enabled the program to be successful. The program relies on building strong relationships with MCH nurses, school nurses, community agencies and medical and dental providers. The I-Smile™ coordinators make is their goal to use these partnerships to identify children in need, as early as possible. They regularly meet with medical providers, dental providers and nurses to stress the importance of early, preventive dental care. When children are connected with a dentist from an early age to receive preventive care, the dentist is more likely to continue to see the child regularly, and more willing, therefore to take additional referrals from the I-Smile™ program.

Administration/Program Management

TMS Process for Arranging Transportation Services

The following are guidelines to share with clients when you work with them to arrange transportation through TMS (the Iowa Medicaid transportation broker). Iowa Medicaid has reported that when calls are made to arrange transportation services, often some of the required information below is not ready to provide to TMS. We hope this information will assist in making transportation arrangements through TMS go more smoothly!

If an eligible Iowa Medicaid member needs transporation to a medical/therapy appointment, they must call **1-866-572-7662 at least 72 hours** in advance of the appointment to schedule a trip reservation. they must have the following information when calling:

1. Members full name, home address, telephone and Medicaid ID number

2. Name of the driver and the relationship of the driver to the member

3. Driver's mailing address and telephone number

4. Trip date(s) and appointment times

5. Medical provider's name, physical address, telephone number and fax number

Home Visiting Program In-Service and Bureau of Family Health Grantee Committee Meeting

Several grantees (executive directors and project managers) and state staff are scheduled to participate in an IDPH Quality Improvement Champion Training on January 20th. Due to this scheduling conflict, the Grantee Committee meeting has been rescheduled for February 15, 2011 from 9-11:30 a.m. via the ICN. Attendance at the February 15 Grantee Committee meeting will not be required, but if you are not able to attend, please send an e-mail to Heather Hobert Hoch at hhobert@idph.state.ia.us.

In the interest of sharing timely information, we will use the January 20th ICN time to offer a presentation on the Home Visiting Program from 9-10:30 a.m (a listing of ICN sites can be viewed on pages 14-15 of **The UPdate**). State staff will provide an overview of the Home Visiting Program, who will be funded and share federal program guidance. Please e-mail any specific questions you have regarding the Home Visiting Program to Heather Hobert Hoch and these questions will be answered as part of the presentation. Please feel free to invite your community partners!

Receipt of Preventive Dental Care by Medicaid Recipients During Pregnancy

A new oral health fact sheet, *Receipt of Preventive Dental Care by Medicaid Recipients During Pregnancy*, is now available and can be downloaded from pages 16-21 of **The UPdate**. Completion of this fact sheet was supported by an inter-departmental agreement between the Iowa Department of Human Services/Iowa Medicaid Enterprise and the Iowa Department of Public Health/Bureaus of Family Health, Oral Health, and Health Statistics.

Calendar

January 20, 2011
Home Visiting Program In-Service
9-10:30 a.m., ICN

February 15, 2011
Bureau of Family Health Grantee Committee Meeting
9-11:30 a.m, ICN

*April 5-6, 2011
2011 Iowa Governor's Conference on Public Health
Scheman Conference Center, Ames

* Required meeting

DECEMBER Contract Required Due Dates

1 - Due: MCH/FP FFY 2010 Fiscal Year End Final GAX & Year End Expenditure Report

1 - Due: MCH/FP FFY 2010 Year End Progress Report

15 - Due: Electronic Expenditure Workbooks

29 - Export WHIS Records to IDPH

Bureau of Family Health: 1-800-383-3826
Teen Line: 1-800-443-8336
Healthy Families Line: 1-800-369-2229
FAX: 515-242-6013

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Area code is 515

FamiliesUSA
The Voice for Health Care Consumers

Benchmarks for Building an Effective State Exchange

1. **Exchange planning, implementation, and governance should all function transparently, comply with open meetings laws, and should be receptive to public input.**

2. **The governing body of the exchange should include consumer representatives as official members.** The governing body should not include members who may have conflicts of interest due to affiliations with health care industries.

3. **The exchange operating entity should be subject to state laws regarding transparency and public input for decision-making bodies, along with other measures that seek to ensure the accountability and integrity of the entity.**

4. **As required by the Affordable Care Act, consumers must be able to go to a single website and use one application to find out whether they and their family members are eligible for premium credits, Medicaid, or the Children's Health Insurance Program (CHIP), and then to easily enroll in coverage.** Consumers should be able to apply for coverage (and to be assisted in doing so) at community health centers, grocery stores, churches, fairs, and other community locations. Under the Affordable Care Act, states must also, to the greatest extent possible, use existing federal and state sources of income and other information rather than requiring people to submit all new documentation when they apply for coverage.

5. **The exchange should be designed to meet the particular needs of individuals who, due to fluctuations in income, "transition" between public coverage programs like Medicaid and private coverage through the exchange.** To help minimize changes in coverage, people should be eligible for Medicaid and CHIP for 12 months at a time.

6. **"Navigators"—created by the Affordable Care Act to help consumers and employers learn about, and enroll in, coverage options—should be selected based on their ability to put consumer and employer interests first, without conflicts of interest.** In accordance with the law, Navigators specifically must exhibit qualities and expertise that would allow them to serve uninsured and underinsured consumers well.

7. **The state should take an active role in making sure that only health plans that provide good value to consumers are permitted to sell coverage through the exchange.** Factors that indicate "good value" could include scoring well on quality indicators and having provider networks that meet enrollees' needs, while charging reasonable premiums and demonstrating a history of seeking only reasonable rate increases.

8. **The state should take an active role in ensuring that the mix of health plans offered in the exchange promotes good decision-making among residents about which plans will best meet**

their needs. The state should make sure that residents are not overwhelmed by a bewildering number of plan options that cannot be easily compared. The state may want to further standardize plan options beyond the tiers required in the Affordable Care Act, such as by limiting the number of different deductible and cost-sharing combinations sold at each tier.

9. **The state should ensure that coverage for needed services currently required under state benefit mandates is provided in exchange plans.**

10. **The state should enact policies to prevent adverse selection and to ensure the stability of the exchange.** The state should require insurance plans sold outside the exchange to comply with all of the same consumer protection requirements that health plans inside the exchange must meet. The state can also take measures to ensure that plans outside the exchange aren't operating just to attract the lowest cost, healthiest enrollees. For example, like insurers inside the exchange, insurers operating outside should be required to sell at least one silver level plan and one gold level plan. The state should also make sure that brokers do not have incentives, such as higher commissions, to steer residents into coverage outside the exchange.

11. **The Affordable Care Act leaves several decisions up to the state regarding the group insurance market:** whether to combine the small group and individual markets, whether to define a small employer as a firm with up to 100 workers or up to 50 workers until 2016, and whether to allow large employers to obtain coverage through the exchange in 2017. **These decisions should be made based on analyses determining which options would provide the most accessible and affordable health coverage options for consumers.**

12. **Exchange features should be tested with diverse consumers before their implementation.** After exchange implementation, a formal feedback loop should be available to consumers and their representatives so that any problems with exchange functioning can be reported and addressed.

13. **The exchange should provide appropriate language services to meet the needs of individuals who do not speak English or who have limited-English proficiency.**

14. The state may currently fund health coverage or other programs that it will no longer need to finance in the future due to provisions of the Affordable Care Act, such as premium tax credits. If savings result from the elimination of such state-funded programs, the state should seek to invest that money in efforts to ensure that lower income families fare well in the health coverage system. **For example, the state could use such savings to provide further premium or cost-sharing assistance to low-income residents or to cover benefits that aren't included in exchange plans.**

15. **Any consideration of participation in a regional or interstate exchange must take into account the potential effects on the state's existing consumer protections and regulatory authorities.** In addition, coordination issues with Medicaid, CHIP, and other state coverage programs should be carefully examined to ensure that consumer safeguards and access to coverage would not be diminished in a regional or interstate exchange.

HEALTH BENEFITS EXCHANGES

WHAT ARE THEY AND HOW WILL THEY WORK FOR YOU?

DECEMBER 2010

WHAT ARE EXCHANGES?

Exchanges are entities that will be set up in states to create a more organized and competitive market for health insurance. They will offer a choice of health plans and provide information to help consumers better understand health insurance options. Exchanges will serve individuals purchasing insurance on their own and smaller employers.

WHY EXCHANGES?

Lower Costs: Exchanges hope to increase competition among private insurance plans by providing shopping and comparisons to inform consumers. They will also provide small businesses the same purchasing power in Exchanges as large businesses.

One-Stop Shopping: Exchanges will make purchasing health insurance easier by providing eligible consumers and businesses with tools to compare benefits, pricing, and quality – to help make the best choice for themselves, their families, or their employees all in one place.

Greater Benefits and Protections: Exchanges will create a health insurance marketplace that will allow employers and consumers to choose from plans offering high quality benefits. Individuals and families purchasing health insurance through Exchanges may also qualify for tax credits and reduced cost-sharing depending on their income.

For more information on health benefits exchanges, visit:

www.healthcare.gov

WHO WILL HAVE ACCESS TO EXCHANGES?

By 2014, most people will be required to have health insurance. Those who qualify include US citizens and legal immigrants who are not incarcerated, and who do not have access to affordable employer coverage. A separate small business exchange that small businesses with up to 100 employees can obtain coverage for their employees will also be created.

Lower and middle-income people earning up to $88,000 for a family of four in calendar year 2010 may be eligible for premium subsidies for commercial health plans. Small employers that provide employer-sponsored insurance may be eligible for premium subsidies for up to two years.

People who today cannot afford health insurance or are denied coverage due to poor health will soon be able to buy insurance. In addition to premium subsidies, the health plans will cost sharing (i.e. co-payments, co-insurance, and deductibles) and cap members' out-of-pocket expenses.

HOME VISITING PROGRAM IN-SERVICE
January 20, 2011
9-10:30 a.m.
ICN Sites

Ames Ames High School 20th & Ridgewood Phone: 515-817-0600 Primary Local Site Contact: *Lance Wilhelm* – 515-268-6670	**Fort Dodge** Fort Dodge Public Library 424 Central Avenue Phone: 515-573-8167 Primary Local Site Contact: *Deb Kern* – 515-573-8167 x232
Burlington Great Prairie AEA 3601 West Avenue Phone: 319-753-6561 Primary Local Site Contact: *Anne Aney* – 319-753-6561	**Iowa City** Iowa City Public Library 123 South Linn Street, Meeting Room D Phone: 515-356-5200 Primary Local Site Contact: *Brian Visser* – 515-887-6025
Carroll Kuemper High School 109 South Clark Street, Room 175 Phone: 712-792-3596 Primary Local Site Contact: *John Kitch* – 712-792-3596 x229	**Knoxville** Knoxville High School 1811 West Madison, Room 125 Phone: 641-842-2173 Primary Local Site Contact: *Paul Emerick*– 641-842-2173
Cedar Rapids Department of Human Services 411 3rd Street SE, 5th Floor, Room 550 Phone: 319-892-6700 Primary Local Site Contact: *Pat Lynch* – 319-892-6717	**Mason City** Mason City High School 1700 4th SE, Room 113 Phone: 641-421-4436 Primary Local Site Contact: *Shari Rottinghaus* – 641-421-4433
Columbus Junction Columbus Junction Public Library 232 2nd Street Phone: 319-728-7972 Primary Local Site Contact: *Cathy Crawford* – 319-728-7972	**Muscatine** Muscatine Community College 152 Colorado Street, Larson Hall, Room 60 Phone: 563-288-6001 Primary Local Site Contact: *Gail Spies*– 563-288-6005
Council Bluffs Iowa School for the Deaf - 1 3501 Harry Langdon Boulevard, Careers Bldg, 2nd Floor Phone: 712-366-3647 Primary Local Site Contact: *Christy Nash* – 712-366-3647	**Norwalk** Norwalk Easter Public Library 1051 North Avenue, Multi-Purpose Room Phone: 515-981-0217 Primary Local Site Contact: *Melody Bockholt* – 515-981-0217

Creston Creston High School 601 West Townline Road, Room 404 Phone: 641-782-2116 Primary Local Site Contact: *Jeff Norman* – 641-782-2116	**Ottumwa** Great Prairie AEA - 1 2814 N Court Street Phone: 641-682-8591 Primary Local Site Contact: *Shirley Walker* – 641-682-8591 x5220
Davenport Eastern Iowa Community College - 1 326 West 3rd Street, Kahl Educational Center, Room 300 Phone: 563-336-5200 Primary Local Site Contact: *Catarina Pena* – 563-336-5228	**Remsen** Remsen–Union High School 511 Roosevelt Phone: 712-786-1101 Primary Local Site Contact: *Stacey Galles* – 712-786-1101
Decorah Decorah Public Library 202 Winnebago Street Phone: 563-382-3717 Primary Local Site Contact: *Lorraine Borowski* – 563-382-3717	**Schleswig** Schleswig Middle School 714 Date Street, Room 402 Phone: 712-676-3313 Primary Local Site Contact: *Sherri Jones* – 712-676-3313
***Des Moines – Origination Site** State Library - 3 East 12th & Grand Avenue, Ola Babcock Miller Building (Old Historical Building) Phone: 515-281-4316 Primary Local Site Contact: *Toni Blair* – 515-281-8958	**Sioux City** Northwest Area Education Agency 1520 Morningside Avenue, Room 206 Phone: 712-274-6000 Primary Local Site Contact: *Jim Christensen* – 712-222-6211
Dubuque Keystone Area Education Agency 2310 Chaney Road, Room 2 Phone: 563-556-3310 Primary Local Site Contact: *Judy Gantenbein* - 563-556-3310	**Waterloo** Department of Human Services 1407 Independence Avenue, Pinecrest Building, Phone: 319-291-2441 Primary Local Site Contact: *Vickie Westendorf* – 319-292-2430

*Origination site

Receipt of Preventive Dental Care by Medicaid Recipients During Pregnancy

Iowa 2005 - 2009

IDPH

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ORAL HEALTH AND PREGNANCY

Many women believe that dental care is not safe during pregnancy. Pregnancy gingivitis occurs in 30-100 percent of pregnant women. Gingivitis is preventable through brushing, flossing and regular preventive care.

The incidence of gingivitis is less than 1 percent among women who are plaque free at the beginning of their pregnancies. Left untreated, gingivitis can lead to periodontitis. Periodontitis is believed to effect from 5-20 percent of pregnant women.

Oral health during pregnancy is important to maintain maternal nutritional intake; maternal poor oral health can affect birth outcomes such as preterm birth and a child's health by increasing the child's risk for dental caries.

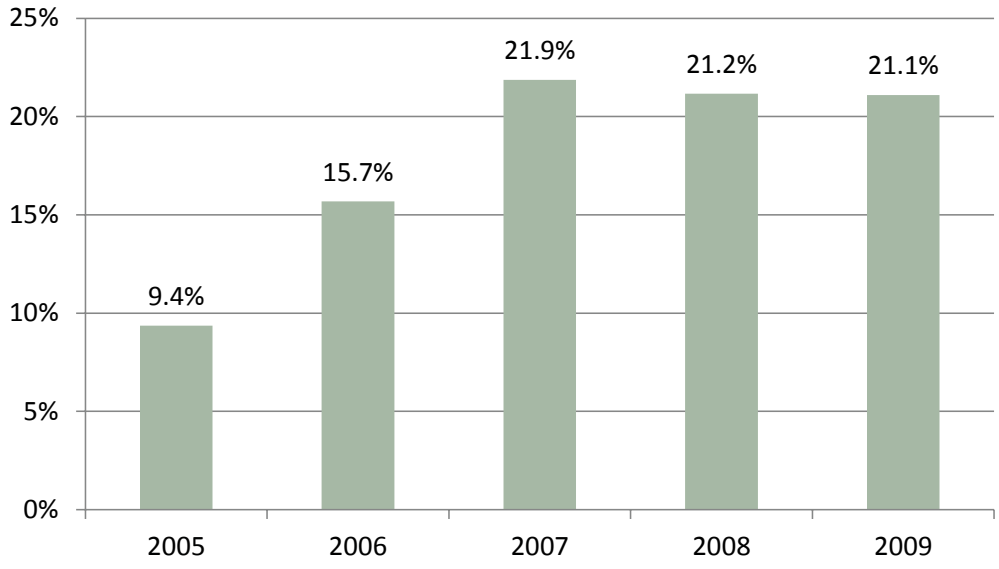
Preventive dental care (PDC) is safe during pregnancy. Medicaid in Iowa will reimburse dental care providers for two PDC visits per year for adults.

In 2005, we began to examine receipt of PDC by Medicaid recipients during pregnancy. We used data from the linked birth certificate-Medicaid paid claims file. To determine receipt of PDC, we used paid claim dental care code D1110.

We found that overall, just 9 percent of Medicaid recipients received PDC during pregnancy in 2005 (Figure 1). The percentage of Medicaid recipients who received PDC during pregnancy significantly increased from 2005 through 2007 (Figure 1). Since 2007, the percentage of Medicaid recipients who received preventive dental care during pregnancy has remained stable. At the same time the percentage of Medicaid recipients who received PDC during pregnancy remains low.

Iowa strategies to improve receipt of PDC - Prenatal care coordination: To address the low proportion of Medicaid recipients who received PDC care a task force was convened by the Iowa Department of Human Services/Iowa

Figure 1. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by year



Medicaid Enterprise and the Iowa Department of Public Health/Bureaus of Family Health and Oral Health. To raise pregnant Medicaid recipients' awareness of the need for PDC during pregnancy, we added PDC to the list of educational and client referral needs for care coordinators to provide to their pregnant maternal health clients. There are 28 Title V Maternal Health Centers that provide services to each of Iowa's 99 counties.

Collaboration with child oral health care coordination: In 2006, the I-Smile™ Dental Home program was initiated. Dental hygienists, serving as I-Smile™ oral health coordinators, ensure oral health care coordination and provide gap-filling preventive services at Iowa's 23 Title V child health agencies. Though designated to reach young children, I-Smile dental hygienists also educate women of the importance of PDC for all mothers and women during pregnancy. This is particularly relevant when Title V child care agencies are co-located with maternal health agencies and WIC sites. I-Smile™ staff also inform dentists of Medicaid reimbursement and coverage changes. For figures 4 through 7, the data are limited to two years of data, 2005 and 2009.

Receipt of PDC during pregnancy - Receipt of PDC during pregnancy varied by maternal race and ethnicity, age and education. Despite the improvement in receipt of PDC by all racial and ethnic groups, receipt of PDC for Hispanics was lower in 2009 (10.4 percent) than that received by non-Hispanic whites in 2005 (10.7 percent). See Figure 4.

Figure 4. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by race/ethnicity and year

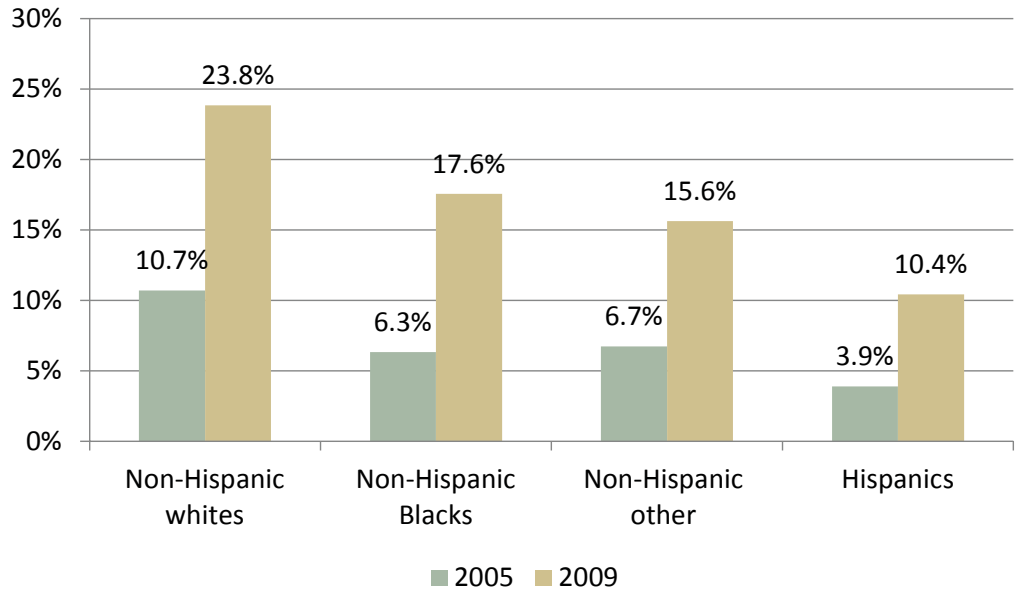
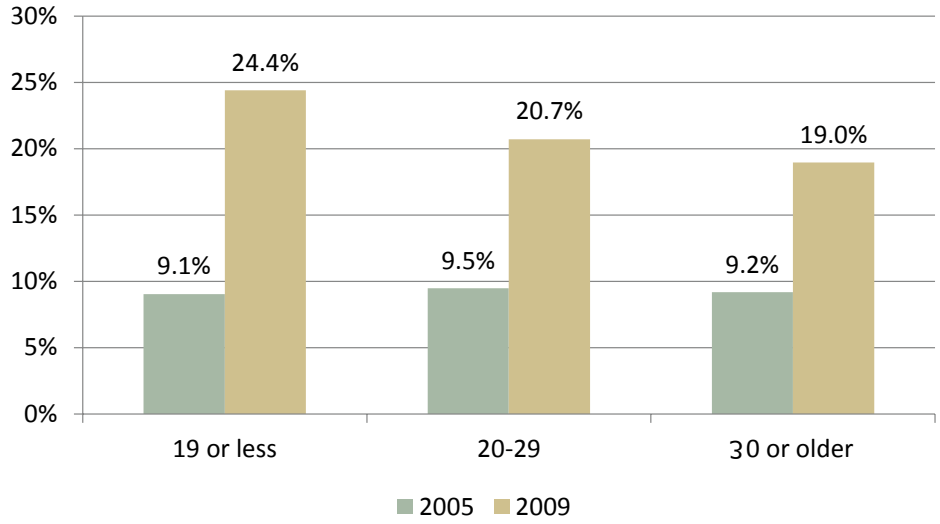
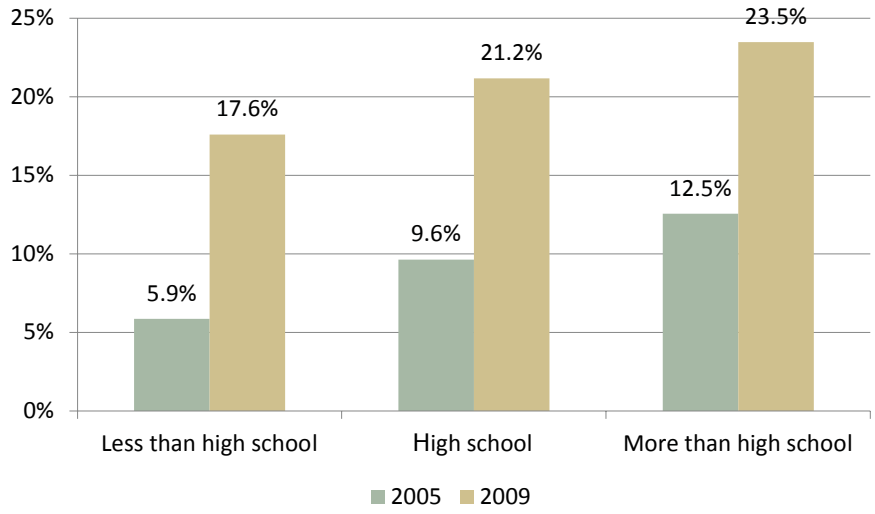


Figure 5. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by age and year



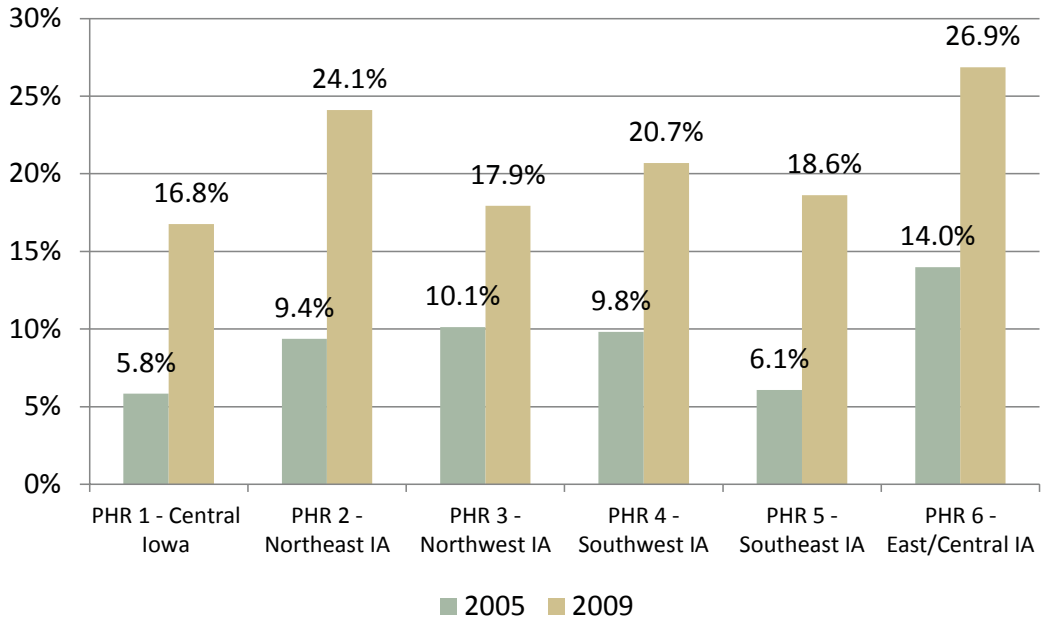
Receipt of PDC by maternal age did not differ in 2005. In contrast, in 2009, the percentage of Medicaid recipients who received PDC during pregnancy increased among all age groups. The largest percent increase was among those women aged 19 and younger (Figure 5).

Figure 6. Percentage of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by educational level and year



Receipt of PDC by maternal educational level increased for all Medicaid recipients during pregnancy from 2005 to 2009 (Figure 6). The percentage of improvment for receipt of PDC was greatest among Medicaid recipients with less than a high school education, followed by Medicaid recipients with a high school education. The percentage of improvement was lowest among Medicaid recipients with more than a high school education. However, regardless of year, those with more than a high school education received PDC at a higher percentage than Medicaid recipients of lower educational levels.

Figure 7. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by Public Health Region (PHR) and year



The percent of Medicaid recipients who received Medicaid reimbursement preventive dental care during pregnancy varied by PHR and by year (Figure 7). The highest percentage change (improvement) of Medicaid reimbursed preventive dental care during pregnancy from 2005 to 2009 was documented in PHR 5, followed by PHRs 1, 2, 4 and 6. Public Health Region 3 documented the lowest percent change from 2005 to 2009.

CONCLUSIONS

Overall the percentage of Medicaid recipients who receive preventive dental care during pregnancy significantly increased from 2005 to 2009. At the same time the improvements in receipt of preventive dental care were not evenly distributed. Namely Medicaid recipients of Hispanic ethnicity realized the least improvement in receipt of preventive dental care during pregnancy. Poor improvement in receipt of preventive dental care during pregnancy was particularly notable among Hispanics and women 30 years of age or older.

In addition, the percentage of Medicaid recipients who received preventive dental care during pregnancy remains low (21 percent) and has not significantly increased since 2007.

FUTURE STRATEGIES AND RECOMMENDATIONS

- Expand I-Smile™ outreach to target low-income pregnant women
- Expand I-Smile dentist referral network to include seeing low-income pregnant women
- Consider ways to enhance the Title V Maternal Health (MH) system to incorporate more gap-filling dental services
- Use new Women's Health Information System enhancements and reports to assess status of women in MH program
- Investigate and promote the addition of prevention services as part of an expanded Iowa prenatal primary care registry
- Improve surveillance of and data collection about receipt of preventive dental care for all women using newly added questions to the Iowa Prenatal Care Questionnaire
- Investigate barriers to and fears that women have about preventive dental care during pregnancy using questions added to the Iowa Prenatal Care Questionnaire

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ADDITIONAL INFORMATION

For additional information or to obtain copies of this fact sheet, write or call the Iowa Department of Public Health, Bureau of Family Health, 321 E. 12th Street, Des Moines, IA 50309;
1-800-383-3826

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