

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...

1 Breastfeeding - The National Breastfeeding Helpline

2 Request for Nominations

2 Resources on Rural Injury Prevention: Child and Youth Agricultural Injuries

2 IDPH Announces First Flu Case of Season

3 IME Informational Letter #1074

3 Polio VIS Update

4 Calendar of Events

5 Directory

6-13 Additional Information

Breastfeeding The National Breastfeeding Helpline

How it can help you

The National Breastfeeding Helpline from the Office on Women's Health has trained breastfeeding peer counselors to provide support by phone. The



counselors can help answer common breastfeeding questions.

They can also help you decide if you need to see a doctor or lactation consultant. The Helpline is available for all breastfeeding mothers, partners, prospective parents, family members, and health professionals seeking to learn more about breastfeeding.

The Helpline is an information and referral service only and we cannot provide a medical diagnosis or answer medical questions. All medical questions should be directed to a doctor or nurse.

When you can contact the line

The Helpline is open from Monday through Friday, from 9 a.m. to 6 p.m., EST. If you call after hours, you will be able to leave a message, and a breastfeeding peer counselor will return your call on the next business day.

Talk with a trained breastfeeding peer counselor in English or Spanish. Call 800-994-9662 (TDD 888-220-5446) for support!

Request for Nominations

Do you know someone who works hard to improve the lives of young children? Would you like to see that person receive statewide recognition?

Nominate him or her for Early Childhood Iowa's "Child at Heart" award! Early Childhood Iowa (ECI) is now accepting nominations for the annual Child at Heart award. Deadline for submission is 4:30 p.m. on Friday, December 30.

This award will be presented to one local-level and one state-level "champion" for young children during the annual Early Care, Health and Education Congress to be held on February 8th and 9th, 2012.

For more information on this award, please go to pages 6-7 of **The UPdate**.

Questions may be directed to Rhonda Boltz at 515-281-4926 or Rhonda.Boltz@idph.iowa.gov.

Resources on Rural Injury Prevention:

Child and Youth Agricultural Injuries

The Children's Safety Network (CSN) has compiled a resource sheet to provide state public health professionals with information on preventing rural injuries in America. Since there is no national consensus on the definition of "rural," rural areas are defined broadly as those with low population density, geographic isolation, and/or small population size. The resource sheet is divided into five sections—1) Data, 2) Resources, 3) Organizations, 4) Recommendations and Strategies for Preventing Agricultural Injuries, and 5) CSN's General Recommendations for Professionals Working in Rural Areas.

To download the resource sheet, please go to pages 8-11 of **The UPdate**.

IDPH Announces First Flu Case of Season

The Iowa Department of Public Health has received its first confirmed seasonal influenza report for the 2011-2012 season. The State Hygienic Laboratory confirmed the positive test result in a Polk County child (0 to 17 years of age), with no reported medical conditions.

"Right now is a good time to get your flu vaccine," said IDPH Medical Director, Dr. Patricia Quinlisk. "It's not too late to be vaccinated for seasonal influenza, and it's especially important for those with risk factors including heart diseases, lung diseases, diabetes, women who are pregnant, and the very young and very old."

The influenza vaccine is recommended for everyone 6 months of age and older. While the flu vaccine is the best defense against getting influenza, it's also important to take personal actions to help prevent the spread of illness. Remember the 3Cs: Cover your coughs and sneezes; Clean your hands frequently; and Contain germs by staying home when ill.

More information about influenza can be found at www.idph.state.ia.us/Cade/Influenza.aspx.

Administration/Program Management

IME Informational Letter #1074 - Important HIPAA Transition Information For all Medicaid Members Billing Electronically!

The Iowa Medicaid Enterprise has issued Informational Letter #1074 reminding Medicaid providers that the Version 5010 transition is ***less than two months away!*** **On January 1, 2012, all electronic claims submitted to IME must be in Version 5010 format.** This means that **all covered entities submitting electronic transactions must upgrade from Version 4010/4010A to Version 5010.** Version 5010, unlike the current Version 4010, is required for the use of the new ICD-10 medical codes sets.

To ensure that there is no disruption of claim submissions on January 1, 2012, the Iowa Medicaid's Electronic Data Interchange Support Services (EDISS) encourages all providers to enroll in Total OnBoarding (5010 HIPAA format) ***before*** the January 2012 deadline. If the TOB profile has not been enrolled for Version 5010 by this date, the provider will no longer be able to submit electronic transactions. At that time, the current 4010 format will be deleted from the EDISS system.

How to transition to the 5010 format

Guidelines for transition to the 5010 format in the form of a checklist are found on the EDISS website at www.edissweb.com/docs/shared/5010_checklist.pdf. The checklist is organized into three sections:

- Direct providers not using PC-ACE Pro32
- Direct providers using PC-ACE Pro32
- Providers sending files through a clearinghouse or billing service

To begin preparation for the transition, follow the section of the guidelines that is applicable to your agency.

EDISS will work closely with providers to ensure that all activities from claim submission to payment occur accurately. Providers are encouraged to enroll in Version 5010 ***well in advance of*** the January 1, 2012 date to assure that the process is working smoothly.

See Informational Letter #1074 on pages 12-13 of **The Update** for further detail. Information is also available at www.cms.gov/ICD10, which provides the latest news and resources to help you prepare for the transition to both the 5010 format and ICD-10 codes. If you have questions, please contact IME Provider Services at 1-800-338-7909 (in the Des Moines area at 515-256-4609) or by email at imeproviderservices@dhs.state.ia.us.

Polio VIS update

The polio vaccine information statement has recently been updated and is now available at www.cdc.gov/vaccines/pubs/vis/default.htm.

This update is part of a move to update all VISs, and especially to get all "interim" VISs into final form. This edition does not differ significantly from the previous edition, particularly with regard to contraindications and adverse events. While CDC always encourages use of a new VIS upon publication, existing stocks of the previous edition may be used up.

Calendar

January 12, 2012

MCH Advisory Council

1-3 p.m., Iowa Lutheran Hospital, Conference Room 1

***January 19, 2012**

Bureau of Family Health Grantee Committee Meeting

ICN

* Required meeting

DECEMBER Contract Required Due Dates

12 - FP Client Visit Records

15 - 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

NAME	PHONE	E-MAIL
Beaman, Janet	281-3052	janet.beaman@idph.iowa.gov
Boltz, Rhonda	281-4926	rhonda.boltz@idph.iowa.gov
Brown, Kim	281-3126	kim.brown@idph.iowa.gov
Connet, Andrew	281-7184	andrew.connet@idph.iowa.gov
Couch, Roger	281-4653	roger.couch@idph.iowa.gov
Cox, Jinifer	281-7085	jinifer.cox@idph.iowa.gov
Dhooge, Lucia	281-7613	lucia.dhooge@idph.iowa.gov
Ellis, Melissa	242-5980	melissa.ellis@idph.iowa.gov
Goebel, Patrick	281-3826	patrick.goebel@idph.iowa.gov
Hageman, Gretchen – <i>Bureau Chief</i>	745-3663	gretchen.hageman@idph.iowa.gov
Hinton, Carol	281-6924	carol.hinton@idph.iowa.gov
Hobert Hoch, Heather	281-6880	heather.hobert@idph.iowa.gov
Horak, Shelley	281-7721	shelley.horak@idph.iowa.gov
Horras, Janet	954-0647	janet.horras@idph.iowa.gov
Hummel, Brad	281-5401	brad.hummel@idph.iowa.gov
Johnson, Marcus	242-6284	marcus.johnson-miller@idph.iowa.gov
Jones, Beth	333-1868	beth.jones@idph.iowa.gov
Kappelman, Andrea	281-7044	andrea.kappelman@idph.iowa.gov
McGill, Abby	281-3108	abby.mcgill@idph.iowa.gov
Miller, Lindsay	281-7368	lindsay.miller@idph.iowa.gov
Montgomery, Juli	242-6382	juliann.montgomery@idph.iowa.gov
O'Hollearn, Tammy	242-5639	tammy.ohollearn@idph.iowa.gov
Parker, Erin	725-2166	erin.parker@idph.iowa.gov
Pearson, Analisa	281-7519	analisa.pearson@idph.iowa.gov
Peterson, Janet	242-6388	janet.peterson@idph.iowa.gov
Piper, Kim	720-4925	kimberly.piper@idph.iowa.gov
Steffen, Esha	725-2160	esha.steffen@idph.iowa.gov
Trusty, Stephanie	281-4731	stephanie.trusty@idph.iowa.gov
Vierling, Sonni	281-8287	sonni.vierling@idph.iowa.gov
West, PJ	725-2856	pj.west@idph.iowa.gov
Wheeler, Denise	281-4907	denise.wheeler@idph.iowa.gov
Wolfe, Meghan	242-6167	meghan.wolfe@idph.iowa.gov

Area code is 515



REQUEST FOR NOMINATIONS

Do you know someone who works hard to improve the lives of young children? Would you like to see that person receive statewide recognition? Nominate him or her for Early Childhood Iowa's "Child at Heart" award!

Early Childhood Iowa (ECI) is now accepting nominations for the annual Child at Heart award. This award will be presented to one local-level and one state-level "champion" for young children during the annual Early Care, Health and Education Congress to be held on February 8th and 9th, 2012.

Please note the following changes for 2012:

- *This year, nomination submissions are NOT limited to local ECI boards; nominations will be accepted from any early childhood advocate.*
- *Nominations should be submitted electronically via e-mail. If there are barriers with electronic submission, please contact Rhonda Boltz at the number listed below.*
- *Nominees may be someone who works at an individual, organizational, community or statewide level.*

Nominations should be in the form of a Word document and must include the following elements:

- Your contact information
 - Name
 - Organization (if applicable)
 - Address
 - Day-time phone number
 - E-mail address
- Nominee contact information
 - Name
 - Organization (if applicable)
 - Address
 - Day-time phone number
 - E-mail address

- Narrative that addresses the following:
 - Describe how the nominee is a champion for children.
 - Explain how the nominee has implemented innovative approaches to support children and families.
 - Describe specific achievements and change accomplished through the nominee's efforts locally, regionally or statewide.
 - Provide evidence of passion and motivation to take leadership roles for children and families.

Narrative must be 12 font, double-spaced, with 1" margins on all sides. Length of narrative cannot exceed two pages. No attachments. Applications must meet all requirements to be considered and will become the property of Early Childhood Iowa.

Questions may be directed to Rhonda Boltz at 515-281-4926 or Rhonda.Boltz@idph.iowa.gov.

Deadline and Process for Submission:

Nominations must be submitted to Rhonda.Boltz@idph.iowa.gov no later than 4:30 p.m. Friday, December 30, 2011.

A confirmation reply will be sent to you once your submission has been received.

Proposed Timeline

Request for Nominations released	Friday, November 18 th
Deadline for submission	Friday, December 30 th
Nominations reviewed	January 2 nd - January 13 th
Recipients notified	No later than January 18 th
Awards presented	February 8 th

"Every child, beginning at birth, will be healthy and successful"

Resources on Rural Injury Prevention: Child and Youth Agricultural Injuries



The Children's Safety Network (CSN) compiled this resource sheet to provide state public health professionals with information on preventing rural injuries in America. Since there is no national consensus on the definition of "rural," rural areas are defined broadly as those with low population density, geographic isolation, and/or small population size. The resource sheet is divided into five sections—1) Data, 2) Resources, 3) Organizations, 4) Recommendations and Strategies for Preventing Agricultural Injuries, and 5) CSN's General Recommendations for Professionals Working in Rural Areas.

1. Data

Over 1.12 million youth lived on farms in 2006 with 42% living in the Midwest, 39% in the South, and the rest living in the West (13%) and Northeast (6%)ⁱ.

According to United States Department of Agriculture (USDA) data from 2006ⁱⁱ:

- More than half of all household youth performed work or chores on the farm.
- An additional 307,000 youth (youth not living on farms) were hired to do work on U.S. farms.
- Approximately 3,026 injuries (26%) occurred to children under 10 years of age who were living on farms.
- Nearly half of all injuries occurred to children between 10 years of age and 15 years of age.
- Nearly 75% of injured children were not actively working when the injury occurred.
- Falls accounted for 40% of all household youth injuries.

- Common sources of injury were animals (20%) and vehicles (17%).
- ATVs were the most common vehicle involved in household youth injury (66%).
- Youth living on livestock operations had a significantly higher rate of injury (11.9 injuries/1,000 youth) compared to their counterparts in crop operations (8.4 injuries/1,000 youth).

Only 30% of farm households with children younger than eight reported having an enclosed, fenced off play area in 2006ⁱⁱⁱ.

Between 1995 and 2002, an estimated 907 youth died on U.S. farms (43 fatalities per 100,000 youth), with most fatalities occurring to youth 16-19 years of age^{iv}.

Of the leading sources of fatal injuries to youth on U.S. farms, 23% percent involved machinery (includes tractors), 19% involved motor vehicles (includes ATVs), and 16% were due to drowning^v.

2. Resources

CSN's web page on rural injuries: <http://www.childrenssafetynetwork.org/topics/showtopic.asp?pkTopicID=21>

The National Children's Center for Rural and Agricultural Health and Safety provides information about child safety by working to prevent exposure to hazards associated with agricultural work and rural environments.

- See information about research, community-based projects, and other key resources on child agricultural safety: <http://www.marshfieldclinic.org/NCCRAHS/>
- New 2011 Childhood Agricultural Injury Fact Sheet: http://www.marshfieldclinic.org/proxy/MCRF-Centers-NFMC-NCCRAHS-ChildAgInjuryFactSheet_Jan-2011.1.pdf

Key resources related to the National Center include:

- Childhood Agricultural Safety Network http://www.marshfieldclinic.org/nccrahs/?page=nccrahs_casn
- Safe Play guide book on farm safety: http://www.marshfieldclinic.org/nccrahs/?page=nfmc_nccrahs_safe_play_welcome
- From this site, you can also link to Keys to Creating Safe Play Areas, an interactive website for safe farms. <http://www.marshfieldclinic.org/safeplay/keystocreate/>

The National Agricultural Safety Database (NASD) provides a collection of publications about agricultural safety and health. It was developed with funding from the National Institute for Occupational Safety and Health (NIOSH) to educate workers and managers about the hazards associated with agriculture-related injuries, deaths, and illnesses and to share prevention information: <http://nasdonline.org/>

North American Guidelines for Children's Agricultural Tasks (NAGCAT): An updated edition (May, 2010).

These guidelines were released in 1999 as a resource to help adults match a child's physical and mental abilities with the requirements of agricultural jobs. Ten years later, the guidelines were shown to be effective in reducing childhood agricultural injuries. The most notable study, conducted in central New York by the Bassett Research Institute, showed that parents who assigned work based on the guidelines reduced child injuries by nearly 50%.

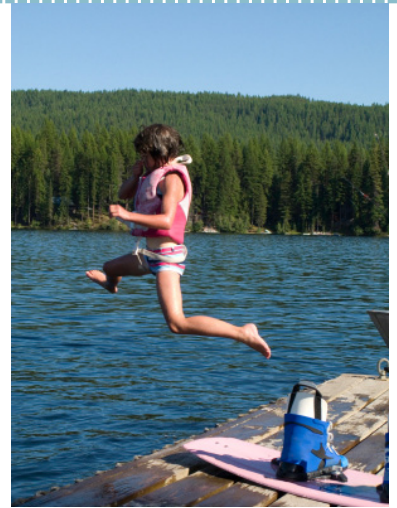
- Sixty-two NAGCAT posters are available online and intended for use by parents of children ages seven to 16 years.
- A new search function allows the user to type the name of a task in the search box, bringing up all relevant guidelines. <http://www.nagcat.org/nagcat/>

Injuries to youth on farms and safety recommendations, U.S. 2006: A NIOSH publication

This brief manual, published by NIOSH, highlights the injuries that young people incur during farm operations and offers recommendations for keeping children safe.

- The manual recommends: inspecting farms for hazards and removing as many hazards as possible; ensuring children are taught how to work safely with farm animals and machinery; and not letting children age 15 and younger perform any hazardous work. <http://www.cdc.gov/niosh/docs/2009-117/pdfs/2009-117.pdf>

Safety Guidelines for Hired Adolescent Farm Workers (SaGHAF) <http://www.marshfieldclinic.org/saghaf> is a collection of seven guidelines in English and Spanish to assist farm owners and supervisors in assigning tasks to their workers. Each addresses supervisor responsibilities for ensuring working conditions are appropriate and adequate (e.g., safety devices are in place, there is safe transportation to and from fields) and for assessing their teen workers (e.g., worker can operate vehicle controls, can lift and carry 15% of body weight). Training and supervision tips, specific to teens and to each job, are provided.





The NIOSH Agricultural Centers were established to conduct research, education, and prevention projects to address the nation's pressing agricultural health and safety problems. Each region has a NIOSH funded center on agricultural health and safety. Learn more about the centers by visiting: <http://1.usa.gov/eoEzeJ>

3. Organizations

These organizations may serve as useful resources or partners in farm injury prevention efforts.

- The Progressive Agriculture Foundation provides a variety of supports for communities selected to participate in the Progressive Agriculture Safety Day® program, a one-day hands-on workshop that teaches farm children and their parents' safe farm practices. <http://www.progressiveag.org/>
- The International Society for Agricultural Safety and Health (ISASH) is dedicated to the professional development of agricultural safety and health professionals, providing leadership in preventing agricultural injuries and illnesses to the agricultural community. <http://www.isash.org/>
- Farm Safety 4 Just Kids is a nonprofit organization based in Iowa, which serves the United States and Canada. Farm Safety 4 Just Kids provides resources and training to individuals and communities to conduct farm safety awareness and education programs. <http://www.fs4jk.org/>
- The HOSTA National Safe Tractor and Machinery Operation Program is a project of the U.S. Department of Agriculture's Cooperative State Research, Education and Extension Service (CSREES) at Pennsylvania State University. It trains 14- and 15-year-olds seeking employment in production agriculture. <http://www.nstmop.psu.edu/>
- The HOSTA Youth Farm Safety Education and Certification Program at Purdue University College of Agriculture developed a website for educators, youth, and potential employers to learn about the safety and legal issues related to employment of youth in agriculture. <http://www.agsafety4youth.info>

4. Recommendations and Strategies for Preventing Agricultural Injuries

Solutions to address agricultural safety issues include ^{vi}:

- Require youth to have a driver's license to operate tractors on public roads.
- Set higher age limits for youth tractor operation.
- Remove the family farm exemption from the child labor laws.
- Raise the age restriction for performing hazardous agricultural work within the child labor laws.
- Restrict access of preschool children to the agricultural worksite.

5. CSN's General Recommendations for Professionals Working in Rural Areas:

- Understand data and other sources of information to determine which rural subgroups are at greater/lesser risk.
- Focus resources on underserved populations.
- Use an asset-based approach and recognize community protective factors when working in rural areas.
- Involve youth in planning activities and engage with them to strategize about solutions.
- Partner with 4-H and other rural serving groups.
- Contact your Regional NIOSH Agricultural Center
- When developing prevention messages, think strategically about your audience. Work with rural opinion leaders to develop and communicate prevention messages. Prevention-focused messages that say “don’t do this” may not resonate with audiences that value independence and/or have a lower level of trust in experts than do urban/suburban populations.



ⁱ NIOSH. Internal analysis of the CAIS database. Morgantown, WV: National Institute for Occupational Safety and Health, 2007.

ⁱⁱ Hendricks, KJ and Goldcamp, EM. Injury Surveillance for Youth on Farms in the U.S., 2006. Journal of Agricultural Safety and Health. 16 (4): 279-291.

ⁱⁱⁱ NIOSH. Internal analysis of the CAIS database. Morgantown, WV: National Institute for Occupational Safety and Health, 2007.

^{iv} National Institute for Occupational Health and Safety (2007) Injuries to Youth US Farm Operations -2004. Available at: <http://www.cdc.gov/niosh/docs/2007-161/>

^v National Institute for Occupational Health and Safety (2007) Injuries to Youth US Farm Operations -2004. Available at: <http://www.cdc.gov/niosh/docs/2007-161/>

^{vi} From Nurture newsletter. <http://www.marshfieldclinic.org/proxy/MCRF-Centers-NFMC-NCCRAHS-pdf-nurture-Winter2008.1.pdf>. Drawing upon 12 research studies that they have led or been involved with in the past decade, William Pickett, Ph.D., from Queen's University and Barbara Marlenga, Ph.D., of the National Children's Center for Rural and Agricultural Health and Safety, presented "Children and the Agricultural Work Environment: Building a Case for Change" at the Sixth International Symposium: Public Health and the Agricultural Rural Ecosystem, October 19-23, 2008, in Saskatoon, Saskatchewan.



Children's Safety Network
Education Development Center, Inc.
43 Foundry Avenue
Waltham, MA 02453-8313

For more information, contact Erica Streit-Kaplan at the
Children's Safety Network
617-618-2178 or estreit-kaplan@edc.org

www.ChildrensSafetyNetwork.org

CSN is a resource center for MCH and injury prevention professionals in State and Territorial health departments who are committed to reducing injuries and violence among children and adolescents. CSN is supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1074

DATE: November 15, 2011

TO: All Iowa Medicaid Providers Billing Electronically

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Important 5010 HIPAA Transition Information

EFFECTIVE: January 1, 2012

The Version 5010 transition is less than two months away for all HIPAA covered entities. This means that to submit transactions electronically, all covered entities must upgrade from Version 4010/4010A to Version 5010. Version 5010, unlike version 4010, accommodates the new ICD-10 code sets and is a required preliminary step for the use of the new ICD-10 medical code sets.

To ensure there is no disruption of claim submissions on January 1, 2012, the Iowa Medicaid Electronic Data Interchange Support Services (EDISS) encourages all trading partners to enroll in Total OnBoarding (TOB) well before the January 2012 deadline. If the TOB profile has not been enrolled for 5010 as of this date, the provider will no longer be active for electronic transactions because the current (4010) setup will be deleted from the EDISS system. Effective October 1, 2011, new enrollees are only allowed to register for the 5010 format for any new transactions (no more new 4010), which is consistent with Medicare.

A common question that EDISS receives is, "What exactly should I be doing for the 5010 transition?" To assist with the 5010 transition, follow the guidelines on the checklist on the EDISS website at http://www.edissweb.com/docs/shared/5010_checklist.pdf. The checklist is separated into three sections: Direct Providers (not using PC-ACE Pro32), Direct Providers (using PC-ACE Pro32), and Providers sending files through a Clearinghouse or Billing Service. Select the most appropriate section and follow the guidelines on the checklist to begin preparing for the transition.

As part of this transition, any additional electronic transaction user's access in 4010 (i.e., 835, 270/271, 276/277) will need to be re-registered for the 5010 format through TOB. Re-registering will ensure electronic functionality is not removed at the time of 5010 cut over.

A substantial change that is occurring with HIPAA 5010 Implementation is the replacement of the Noridian Claim Confirmation Report (CCR). The CCR is also known as the Gen Report. Across all lines of business for 5010, the CCR will be replaced by the 277CA.

277CAs will be returned to the Trading Partner 5010 mailboxes, the same way that CCRs were in 4010. However, 277CAs will be delivered in ANSI X12 format. Trading Partners will

need to either view the 277CAs in text format, or they can use their billing software to translate the 277CA into a readable document similar to the CCR.

EDISS recommends that all trading partners check with their in-house billing software, external software vendor, billing service, or clearinghouse to ensure the 277CA will be able to be translated. If your vendor cannot translate the 277CA, PC-ACE Pro32 has that functionality and could be used by your facility.

Please visit www.cms.gov/ICD10 for the latest news and resources to help you prepare for the transition to both 5010 as well as ICD-10.

If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.