

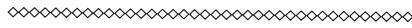


THE

ACCESS

Update

APRIL 2013



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Grain-related Fatalities in Iowa

By Kathy Leinenkugel, coordinator, Occupational Health & Safety Surveillance Program, Iowa Department of Public Health

Many Iowans are aware of the tragic deaths of a father and son in a Waverly Iowa grain bin on March 14, 2013. Two weeks later, National Public Radio released an investigative series called "Buried in Grain" which reported on dangerous working conditions often found at grain storage facilities. The series highlighted the deaths of two teenagers and the entrapment of a third young man in an Illinois grain bin in July 2010.

After seeing a decline in the number of grain-related fatalities and entrapments across the U.S., the numbers nationally have been rising in the past five years. Some of the rise in grain engulfments in recent years has been attributed to the poor condition of the crop at harvest, especially wet corn that was placed into storage in 2009 following late-season flooding. Farm Safety Specialist Bill Field of Purdue University maintains a database that details over 800 cases of grain entrapment and engulfment going back to 1964 involving both adults and children. He reported 18.8 cases per year in the five years around 2002, but an average of 36 cases per year in the five years around 2010. His records show 25 fatal and 26 non-fatal cases in 2010 across 17 states. All of the 2010 cases were male, 70 percent were on farms, and five deaths were teens under 16 year of age.

Data from the Iowa Fatality Assessment and Control Evaluation program was analyzed to report on work-related traumatic fatalities related to grain handling in four areas: grain engulfments, deaths involving machinery or equipment in the immediate grain storage area, falls in or from grain storage structures that did not result in an engulfment and electrocutions during grain-related activities. The Iowa FACE surveillance identified 62 fatalities involving these activities from 1995–2012, or an average of 3.44 per year. There were 30 deaths due to grain engulfments (48 percent), 11 deaths involving machinery (18 percent), 14 deaths from bin falls (23 percent), and 7 deaths from electrocution (11 percent). Of the 62 deaths, 29 (47 percent) involved a private farm owner, operator, family member or neighbor, 23 (37 percent) involved a commercial facility, and 10 (16 percent) involved someone specifically identified as a farm worker.

The youngest of these work-related fatalities was 17 and the oldest was 83 years of age. In the past five years (2008–2012), the average number of work-related grain fatalities in Iowa has declined to 3.0 per year.

Agriculture remains a dangerous industry in Iowa and the U.S. The U.S. Bureau of Labor Statistics reports that in 2011 there were 70,000 disabling injuries and 551 fatalities in the sector of agriculture, forestry, fishing, and hunting, for a national rate of 24.4 work-related deaths per 100,000 workers.



Iowa has a strong farm heritage, which often accepts risk-taking as part of getting the job done. It is up to all of us to move beyond viewing these deaths as unavoidable “accidents” and promote an improved culture of safety across Iowa.

Kathy Leinenkugel can be contacted at kathy.leinenkugel@idph.iowa.gov. For more information, see the Iowa FACE program at <http://www.public-health.uiowa.edu/face/> or Iowa’s Center for Agriculture Safety and Health at <http://cph.uiowa.edu/icash/>.

Public Health Supervision Report

Were you one of the 65,000 Iowans who received a preventive service from a dental hygienist in a public health setting last year?

In Iowa, dental hygienists are allowed to work in specific public health settings using a public health supervision agreement with a dentist. The Iowa Dental Board requires that the hygienists using public health supervision submit annual reports to us at Iowa Department of Public Health. The CY2012 services report is now available online here.

The number of services provided and the number of Iowans reached continues to grow each year, in an attempt to meet the need for at-risk children and adults to receive dental care. You can learn more about public health supervision on the Iowa Dental Board [website](#).

Service	Total Provided	Total Clients <20 years old	Total Clients >21 years old
Open mouth screening	65,681	63,889	1,792
Fluoride application	45,438	44,115	1,323
Individual counseling	23,275	21,489	1,756

Number of dental hygienists with public health supervision agreement: 96 (76 provided services)
Number of supervising dentists: 59

The *Calendar Year 2012 Services Report: Public Health Supervision of Dental Hygienists* is available at: <http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=C82EFBE5-4653-44CA-8A0A-E3D62B14E07E>.

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FFY2012 EPSDT Dental Services Reports

Each year, the number of at-risk Iowa children who receive important dental services continues to increase, as evidenced by the latest EPSDT reports from Medicaid for FFY2012.

During FFY2012, almost 16,000 more Medicaid-enrolled children through the age of 14 received a dental or oral health service compared to 2011, a 13 percent increase. The improvement was helped by the fact that for the first time services provided at Federally Qualified Health Center dental clinics were included in this report.

The I-Smile™ focus on prevention and early care also seems to be making an impact. Over 6,000 more Medicaid-enrolled children birth through five years old received a dental or oral health service in 2012 than in 2011.



The FFY2012 [EPSDT Dental Services Reports](#) are posted on the Iowa Department of Public Health website. There are five different links for FFY2012 reports, based on age groups. Each report provides county data organized by the following columns of information:

- Total Receiving Any Dental or Oral Health Service – services provided by dental offices; dental clinics; FQHC dental clinics; Title V programs; and medical providers
- Total Receiving Oral Health Services by Non-Dentist – services provided by Title V programs and medical providers
- Total Receiving Any Dental Service – services provided by dental offices, dental clinics, and FQHC dental clinics

Age Group	Number of Medicaid-enrolled children who received a dental or oral health service in FFY2012	Increase in number of children receiving a service from FFY2011
0 – 5 yrs	57,060	+6,212
1 – 5 yrs	53,552	+5,606
0 – 14 yrs	135,256	+15,929
0 – 20 yrs	164,509	+17,327
1 – 20 yrs	161,001	+16,721

For more information on the EPSDT Dental Services reports, please contact the Oral Health Center at (866) 528-4020.

Gray Issues

The following is reprinted with permission of the Iowa Department on Aging. It first appeared in the Aging Watch newsletter (Volume 13, Issue 4) available at <http://www.aging.iowa.gov/publications/index.html>.

Joe Sample, Aging and Disability Resource Center director for the Iowa Department on Aging, was recently interviewed by the Public News Service. The story follows.

No one has any firm information on the number of Iowans with developmental disabilities currently living with elderly parents as caregivers, but some see a potential problem arising as the state's population ages.

What happens to those people when their caregivers die?

Joe Sample is the aging and disability resource center director with the Iowa Department of Aging and a member of the Iowa Developmental Disabilities Council.

"Persons who need a lot of support based on their disability could very well end up in an institutional-based setting," he says. "And as we know the institutional based settings are often times much more expensive than home and community-based services."

Sample says advocates for people with disabilities are already making plans by helping these families make plans for the future.

"Such as somebody who could come and help you with basic needs in the home," he says, "even some home health supports to help individuals get that support in the home, so they can live as long as possible in their preferred environment versus an institutional-based setting."

Sample says thanks to better health care over the years, people with developmental disabilities are also living longer, which means they will require additional care longer.

To view this story on the Public News Service RSS site and access an audio version of this and other stories visit: <http://www.publicnewsservice.org/index.php?/content/article/30985-2>.

Aging and Disability Resource Centers are the place to get accurate, unbiased information on all aspects of life related to community living for adults age 18 or older. An ADRC is a no-wrong door system to access long-term living and community support services. Currently, Iowa ADRCs are still developing. AgingWatch will keep you informed with important developments in ADRCs.

National Rural Recruitment and Retention Network

National Rural Recruitment and Retention Network works to improve rural and underserved communities' access to quality health care through recruitment of physicians and other health care professionals, development of community based recruitment and retention activities, and national advocacy relative to rural and underserved health care workforce issues.

The Bureau of Oral and Health Delivery Systems at the Iowa Department of Public Health maintains the 3RNet Iowa membership. By maintaining the state membership OHDS helps health professionals find jobs in rural and underserved areas throughout the state of Iowa and assists employers in recruiting and retaining health professionals to rural and underserved areas.



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For Iowa employers, the site is a valuable tool for staffing your organization. Posting a position to 3RNet will enhance your recruiting program and increase your ability to reach candidates in all specialties. The candidates will be able to view your individual opportunity and contact you directly to inquire about placement. 3RNet is devoting resources to market the website in a variety of health care journals, physician conferences and within Internet search engines. Health care providers interested in rural opportunities will be able to visit, view and connect with you directly.

The national audience for 3RNet can reduce the recruitment timeline in professions where providers are in particularly short supply. Currently there are 103 health care professionals registered on 3RNet stating they are interested in working in rural Iowa. And, best of all there is no charge to either the candidate or facility for matching them up.

To post your position or register as someone looking for a career please visit <http://www.3rnet.org>. You may also contact IDPH at (515) 423-2690 or via email at katherine.jerkins@idph.iowa.gov.

Pregnancy Risk Assessment Monitoring System

The Iowa Department of Public Health has begun mailing questionnaires to select new mothers as part of the Pregnancy Risk Assessment Monitoring System. The survey asks women about their attitudes and experiences before, during, and shortly after pregnancy. Survey topics include insurance coverage, contraception, prenatal care, breastfeeding, household income, social support and services, and infant health care.

If you work with pregnant women or new mothers, please be sure to encourage them to participate in PRAMS if they receive a questionnaire. Every mom has a unique story to share about her pregnancy—and her experiences could help other moms and babies to have healthy pregnancies and births.



Information learned will help IDPH to improve the health of mothers and infants through our programs by identifying those at highest risk for health problems and monitoring changes in health status. Data is also shared with the Centers for Disease Control and Prevention to monitor changes in maternal and child health indicators. Currently, 40 states and New York City participate in the CDC-funded PRAMS survey.

Use this link for more information or contact Sarah Mauch, PRAMS project coordinator at IDPH at sarah.mauch@idph.iowa.gov.

Small Hospital Improvement Eligible Hospitals Training

The Federal Office of Rural Health Policy is funding four hospital-level educational webinars for up to 500 SHIP eligible hospitals nationally. Resource manuals that coordinate and expand upon the webinar topics will also be available. The webinar topics are aligned with key SHIP focus areas. All webinars will be recorded for playback enabling hospitals and interested parties access to the recorded information if they are unable to participate in the live event. There are over 1,600 SHIP hospitals nationwide so early registration is recommended.

Cost: Free

Please follow this link to register for the four upcoming SHIP hospital webinars: <http://www.ruralcenter.org/ship/webinar/registration>.

Overview of LEAN

Tuesday, April 30, 2013, 2 p.m. – 3 p.m.

ICD-10 Coding and Cost Reporting

Tuesday, May 14, 2013, 2 p.m. – 3 p.m.

Shifting to a Value-based Health Care System

Tuesday, August 6, 2013, 2 p.m. – 3 p.m.

Healthy Vision Month 2013

The National Eye Institute celebrates Healthy Vision Month each May to promote eye health as a priority for the nation. Many eye diseases have no early warnings signs, and many people are at risk for certain eye conditions but are unaware of it. Established in 2003, Healthy Vision Month encourages Americans to protect their sight through proper eye safety practices including a comprehensive dilated eye exam. The Healthy Eyes Toolkit contains eye health information to promote healthy vision.

Worth Noting

Upcoming Agricultural Medicine Course

Iowa's Center for Agricultural Safety and Health and the Great Plains Center for Agricultural Health will host a training program for health care professionals who treat and help prevent occupational illnesses and injuries in the farm community. The event will take place June 10–14 at the College of Public Health Building at the University of Iowa.

The course will address diagnosis, treatment and prevention of agricultural health conditions through a multidisciplinary approach. Nurses, physicians, nurse practitioners, physician assistants, physical and occupational therapists, paramedics, veterinarians, and other health or safety professionals are invited to participate. The course may be taken for three graduate credit hours from the University of Iowa College of Public Health, and continuing education credits for physicians and nurses are offered. Topics to be discussed include agricultural health care delivery, respiratory diseases, acute agricultural injuries, behavioral health issues, zoonotic diseases, health effects of agricultural pesticides, musculoskeletal issues and ergonomics in agriculture, cancer in agricultural populations, and many others. The Iowa Department of Public Health Office of Rural Health assists with a limited number of scholarships.

For more information visit <http://cph.uiowa.edu/icash/> or contact Kay Mohling at (319) 335-4219 or kay-mohling@uiowa.edu.

Health Insurance Coverage – Marketplace: Good Information

With 2014 fast approaching, health insurance coverage will begin to be available through health insurance marketplaces providing Qualified Health Plans to millions of uninsured Americans. It is important that rural providers and all safety net providers understand the importance of engaging with the marketplaces in their states (state-based exchange or federally facilitated) in order to be included as Essential Community Providers. Essential Community Providers typically serve low-income, medically underserved populations and include: 340B eligible entities, Federally Qualified Health Centers, Ryan White providers, family planning providers, Indian providers, specified hospitals (e.g. Rural Referral Centers, Critical Access Hospitals), and others. Inclusion as an Essential Community Provider in a Qualified Health Plan network is not automatic and the deadline for submission is April 30, 2013, for all federally facilitated marketplaces. State based marketplaces deadlines vary but will be throughout the spring and summer. For more information a fact sheet can be found at: <http://www.nashp.org/sites/default/files/ecp.tips.connect.marketplace.plans.pdf>.

Calendar of Events

Stakeholder Consultation Teleconference with HHS and CMS on the Health Insurance Marketplace in Iowa

May 2, 2013

10:00 a.m.

Registration: <http://cmsregion7himia1.eventbrite.com>

Iowa Infection Prevention and Control Seminar

May 7–8, 2013

Marriott Conference Center; Des Moines, Iowa

Registration and additional information: <http://www.continuetolearn.uiowa.edu/UIConferences/>

Iowa Breastfeeding Conference

May 16, 2013

8:45 a.m. – 4:45 p.m.

Sharaton West Des Moines; West Des Moines, Iowa

Brochure available at: <http://iowahealth.org>

Contact: Holly Szcodronsk (515) 281-5024

DHS Record Check Evaluation for Health Care Facilities

May 16, 2013

1:30 p.m. – 3 p.m.

Registration: <https://www2.gotomeeting.com/register/764374642>

Medical Home/Prevention and Chronic Care Management Advisory Council Meeting

May 29, 2013

9:30 a.m. – 3 p.m.

YMCA Healthy Living Center; Clive, Iowa

Website: <http://www.idph.state.ia.us/ChronicCare/Default.aspx>

June is Men's Health Month

<http://www.menshealthmonth.org>

Serving Those That Served Us: Understanding Veterans Benefits & Resources

June 4, 2013

8:30 a.m. – 4 p.m.

Hotel Winneshiek, Steyer Opera House; Decorah, Iowa

Registration information: stacy.wittrock@va.gov or (319) 338-0581 ext. 3540

2013 Iowa Immunization Conference - Immunize for a Better Life

June 12–13, 2013

Veterans Memorial; Community Choice Credit Union Convention Center; Des Moines, Iowa

Registration and additional information: <https://www.trainingresources.org>

National Health Service Corps Corps Community Day

October 10, 2013

<http://nhsc.hrsa.gov/corpsexperience/corpscommunityday/index.html>

National Rural Health Day 2013

November 21, 2013

<http://celebratepowerofrural.org>

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