GRANTEE UPdate

January 18, 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.

1 Economy Spurs Increased Quitline Services

2-3 Many Women Quit Breastfeeding Early

3 Health Disparities Online Training

4 BFH Grantee Meeting

4 2010 Governor's Conference on Public Health

4 MCH Advocacy

5 News from the Oral Health Bureau

5 Day on the Hill Save the Date

6 Affiliates Tackle Health Reform via APHA Campaign

6 IPHA Advocates for CCNC

6 Iowa Caucus Time

7 Calendar of Events

8 Staff Directory

9-29 Additional Information

Economy Spurs Increased Quitline Services

Faced with the worst economic downturn since the Great Depression, Iowans who smoke have another reason to quit-it's expensive. With the typical pack-a-day Iowa smoker now spending nearly $1,900 per year on cigarettes, Quitline Iowa (1-800-QUIT-NOW) is doubling the amount of nicotine patches and gum available to callers during the month of January.

"Smoking-Iowa's number one preventable cause of death-costs Iowans $1 billion dollars annually in health care costs," said Iowa Department of Public Health Director Tom Newton. "By offering four weeks of nicotine replacement products throughout January, we're providing this valuable resource to improve the health and bottom line for thousands of Iowans and our state as a whole."

In Iowa, cigarettes cost $5.18 per pack on average, or about $36 per week for a pack-a-day smoker. Iowans can call 1-800-QUIT-NOW (1-800-784-8669) to receive a free four-week supply of nicotine patches, gum or lozenges. Quitline Iowa also has specially trained quit coaches who help make individualized quit plans and offer ongoing support through follow-up calls. After January 31, Quitline will resume offering callers the two-week supply available throughout the year.

Iowans who quit smoking will see improvements in blood circulation and lung function in as little as two weeks. Coughing and shortness of breath will begin to decrease after the first month. By this time, most smokers will have saved enough to buy a Blu-ray disc player or 60 gallons of gas.

Using nicotine patches and gum in conjunction with telephone counseling makes it twice as likely that a smoker will be able to quit successfully. For smokers who need help beyond the four weeks of medication through Quitline Iowa, most pharmacies sell a two-week supply for about $25-considerably less than the cost of just one week's supply of cigarettes to a pack-a-day smoker.

For more information, call 1-800-784-8669 (1-800-QUIT-NOW).

Many Women Quit Breastfeeding Early

By Karen Pallarito HealthDay Reporter

Though a growing percentage of American moms start their infants on human milk, relatively few continue breastfeeding for the baby's first six months of life, let alone an entire year.

Why not stick it out longer? Numerous obstacles can prove difficult for new moms, but California researchers say they found that returning to work soon after giving birth presents a major barrier to successful breastfeeding.

"What we saw is if women take very short maternity leaves, of six weeks or less, they run more than a three times higher risk of quitting breastfeeding compared to those still at home who haven't returned to work," said Sylvia Guendelman, a professor who chairs the maternal and child health program at the University of California, Berkeley, School of Public Health.

Their study, published earlier this year in Pediatrics, was part of a larger analysis called "Juggling Work and Life During Pregnancy," funded by the U.S. government's Maternal and Child Health Bureau.

The American Academy of Pediatrics recommends that women breastfeed exclusively for six months and continue breastfeeding for at least an infant's first year of life. Exclusive breastfeeding -- meaning no water, juice, formula or foods -- has been shown to improve protection against many diseases, including bacterial meningitis, diarrhea and ear infections, the academy says.

In the first half of the decade, the number of breastfed infants increased somewhat, from 71 percent in 2000 to 74 percent by the end of 2006, according to a report from the U.S. Centers for Disease Control and Prevention. But those figures doesn't tell the whole story.

"Initiation of breast-feeding, although it is one measure, doesn't mean much," Guendelman said. "You can put your baby to the breast for two times and say, 'Well, I tried it and I didn't like it,' or, 'I didn't succeed,'" she said. "But what you really want to look at is, of women who initiate, how many breastfed successfully for at least six months?"

On that score, the United States has made little progress. Of infants born in 2006, 43 percent were breastfeeding at 6 months and 23 percent at 12 months. Just 14 percent, however, had been exclusively breastfed for six months.

The numbers fall short of national objectives for breastfeeding. Healthy People 2010, the government's health promotion and disease prevention agenda, seeks to boost the number of breastfeeding women to 75 percent by 2010. The six-month and one-year targets are 50 percent and 25 percent, respectively.

Unlike other industrialized counties, the United States does not have a national maternity leave policy.

continued on next page

Many Women Quit Breast-Feeding Early
continued

To find out whether maternity leave makes a difference for breastfeeding success, Guendelman and her team examined data from 770 full-time working women in Southern California. Full-time workers with short postpartum maternity leaves were more likely to quit breastfeeding early. Those at highest risk were women in non-managerial and inflexible positions and women with higher stress levels.

Women who had access to workplace benefits such as paid maternity leave or a private office might have greater success, noted Chris Mulford, a retired lactation consultant in Delaware County, Pennsylvania, and member of the U.S. Breastfeeding Committee, a nonprofit group. “They’re usually more able to sustain breastfeeding as they return to work than women who work without their own office, without a place at the job where they can express their milk,” she said.

Laws related to breastfeeding in the workplace are in place in 24 states, the District of Columbia and Puerto Rico, according to the National Conference of State Legislatures. An Oregon law, for example, allows women to take a 30-minute, unpaid break during each four-hour shift to breastfeed or pump. Oregon has the highest rate of breastfeeding at 12 months, at 37 percent, and the second-highest rate of breast-feeding at six months, at 63 percent, after Utah, where the rate is 69.5 percent, according to the CDC.

All things considered, though, working moms might have a tougher time with breastfeeding than women who are able to take more time with their infants, said Kay Hoover, a lactation consultant at a Philadelphia-area hospital. “If you’re separated from your baby, it’s hard to maintain milk production,” she said.

Guendelman said she would like physicians to advocate for extended postpartum maternity leaves for working women. “If you know you have some time off,” she said, “you are more likely to establish breastfeeding in the first 30 days and not just give up so quickly.”

For more information, go to The National Women’s Health Information Center Web site at www.womenshealth.gov/breastfeeding/index.cfm?page=QandA.

Health Disparities Online Training

The Institute for Youth Development (IYD) is pleased to announce a free online training for youth-serving organizations on February 16, 2010 at 1 p.m. (EST). The training, “Key Elements of Positive Youth Development: Health Disparities Among Adolescents Experiencing Early Sexual Debut” is funded (in part) by the Centers for Disease Control and Prevention.

The 60-minute Web-based training will feature a presentation on theory and research, followed by a practical application for educators. There will also be a 30-minute question and answer session immediately following the training.

To pre-register for this event, send an e-mail to cdcta@youthdevelopment.org with your name and e-mail address.

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee Meeting is scheduled for January 21, 2010 from 9-11:00 a.m. via the ICN. Meeting materials can be download from pages 9-24 of **The Update**. *This is a required meeting for Bureau of Family Health contract agencies*.

2010 Iowa Governor's Conference on Public Health

The 2010 Iowa Governor's Conference will be held April 13 & 14 at the Scheman Conference Center in Ames.

This year's keynote speakers include:

Dr. Tom Frieden (invited), MD, MPH, Director, Centers for Disease Control and Prevention

James Hodge, JD, LLM, Lincoln Professor of Health Law and Ethics, Fellow, Center for the Study of Law, Science, & Technology, Arizona State University Sandra Day O'Connor College of Law.

Dr. Michael McGeehin, PhD, MSPH, Director, Division of Environmental Hazards and Health Effects (EHHE), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention

A save-the-date flyer can be downloaded from page 25 of **The Update**.

MCH Advocacy

The Iowa Public Health Association has released the 2010 advocacy statements for use with the Iowa Legislature. You may use these advocacy documents when contacting your legislators or attending legislative events. The advocacy statements were reviewed and accepted by the Board of the Iowa Public Health Association.

To view the 2010 advocacy statements, go to www.iowapha.org/Default.aspx?pageId=23426.

continued...

News from the Oral Health Bureau

Two new fact sheets, “Brushing Your Child’s Teeth” and “Flossing Your Child’s Teeth” are now finalized and will be available through the Oral Health Bureau. These fact sheets offer step-by-step instructions and pictures, and replace the previous versions. The goal is to also have Spanish versions available in the near future.

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

WORTH NOTING

Affiliates Tackle Health Reform via APHA Campaign

The advocacy work of the Iowa Public Health Association (IPHA) is highlighted in the current issue of *The Nation's Health*, the official newspaper of the American Public Health Association (APHA). The article, "Affiliates Tackle Health Reform via APHA Campaign" can be viewed on pages 26-28 of **The Update**.

IPHA Advocates for CCNC

The IPHA advocacy committee added an advocacy position statement to the 2010 legislative packet. Public health leaders statewide recognize the valuable services provided to child care businesses by public health nurse-child care nurse consultants. The advocacy statement may be used in public forums, letters to legislators and other venues. Please read the statement and share the document with your public health colleagues and with your legislative representatives. The statement can be viewed on page 29 of **The Update**.

Iowa Caucus Time

The 2010 Iowa Caucuses will be held Saturday, January 23, 2010. The caucuses are a chance for all Iowa Democrats and Republicans to come together with the members of their respective parties to discuss the issues they as Americans are facing.

The Iowa Public Health Association urges all public health professionals to take part in the 2010 Iowa Caucuses. For more information about the caucus locations, visit the Secretary of State Web site at www.sos.state.ia.us.

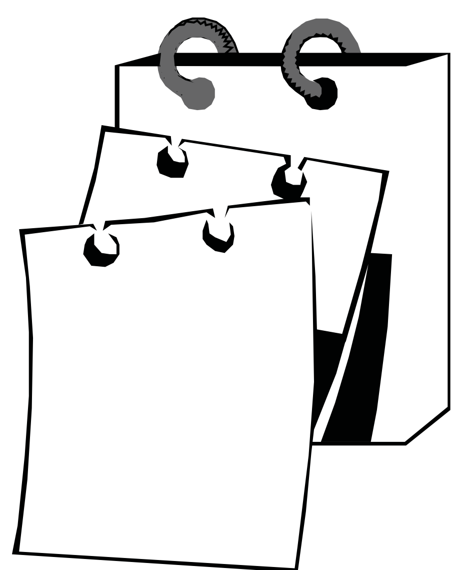
Where is my caucus location?

Democratic 2010 Caucus Sites: http://iowademocrats.org/caucus_information.php

Republican 2010 Caucus Sites: www.iowagop.org

What precinct am I in? Search your precinct name and polling place at www.sos.state.ia.us/elections/voterreg/PollingPlace/search.aspx.

CALENDAR OF EVENTS



*January 21, 2010
Bureau of Family Health Grantee Committee Meeting
9 a.m. - 11:30 a.m., ICN

March 30, 2010
WIC Breastfeeding Workshop
8:30 a.m. - 4 p.m., DMACC, 2006 S. Ankeny Blvd., Ankeny

April 13-14, 2010
Iowa Governor's Conference on Public Health
Scheman Conference Center, Ames

GRANTEE

UPdate

Phone Directory

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	jbeaman@idph.state.ia.us
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Wolfe, Meghan	281-0219	mwolfe@idph.state.ia.us

Area code is 515

BFH Grantee Committee Meeting
January 21, 2010
9 a.m. – 11:00 a.m.
ICN

*BFH Required Meeting

Agenda

9:00 a.m.	**Call to Order**	
	Introductions & Roll Call	*Val Campbell*
	Approval of Minutes	*Val Campbell*
9:15 a.m.	**Announcements**	
	2010 Governor's Conference	*Andrew Connet*
	CMS 416 Report	*Janet Beaman*

9:20 a.m. **Questions for State Staff**

- **Budget -** *Jane Borst*
  - How will the budget affect MCH programs?
  - Because of the budget cuts, what is being done to decrease the labor and intensive paperwork for both grantor and grantees?
- **Early Childhood System-** *Gretchen Hageman*
  - How will the planning process for the Early Childhood system statewide going to impact the MCH program?
  - Will state funding for CH be funneled through Empowerment, at the discretion of the State Empowerment Board or the Dept. of Management? Are the changes firm, or dependent upon what during this legislative session?
  - Will the RFP be significantly different due to the multiple changes being suggested with Empowerment and credentialing of home visitor programs?
- **CCNC Position-** *Sally Clausen*
  - With the restructuring of the CCR&R offices, what direction does the bureau intend to take with the CCNC position?

10:00 a.m.	**Healthy Child Care Iowa**	*Sally Clausen*
10:15 a.m.	**Title V Needs Assessment**	*Gretchen Hageman/ Lucia Dhooge*
10:30 a.m.	**WHIS Upgrade**	*Steph Trusty*
10:45 a.m.	**Agenda Items for Next Meeting /Adjournment**	*Val Campbell*
10:45 a.m.	**Child Care Health Consultation Video (optional)**	*Analisa Pearson*

*This is a required meeting for Bureau of Family Health contractors (Maternal Health, Child Health, and Family Planning).

BUREAU OF FAMILY HEALTH GRANTEE COMMITTEE MEETING
January 21, 2010
9-11 a.m.
ICN Sites

Ames Ames High School 20th and Ridgewood Phone: 515-817-0600 Primary Local Site Contact: *Lance Wilhelm* – 515-268-6670	**Grinnell** Iowa Valley Community College 123 6th Avenue West, Room 121 Phone: 641-236-0513 Primary Local Site Contact: *Diane Karr* - 641-236-0513
Anamosa Anamosa High School 209 Sadie Street, Room 113 Phone: 319-462-3594 Primary Local Site Contact: *Liz Scott* – 319-462-3594 x211	**Hiawatha** Hiawatha Public Library 150 West Willman Street, Meeting Room Phone: 319-393-1414 Primary Local Site Contact: *Pat Struttmann* – 319-393-1414
Burlington Notre Dame High School 702 South Roosevelt Avenue Phone: 319-754-8431 Primary Local Site Contact: *Rosemary Smith* – 319-754-8431 x358	**Iowa City** Iowa City Public Library 123 South Linn Street, Meeting Room D Phone: 319-356-5200 Primary Local Site Contact: *Brian Visser* – 319-887-6025
Carroll Kuemper High School 109 South Clark, Room 175 Phone: 712-792-3596 Primary Local Site Contact: *John Kitch* – 712-792-3596 x229	**Marshalltown** AEA 267 Regional Office 909 South 12th Street Phone: 641-753-3564 Primary Local Site Contact: *Cheryl Carruthers*– 641-844-2499
Cedar Rapids Department of Human Services 6301 Kirkwood Boulevard SW, Linn Hall, 411 3rd Street SE, Room 550 Phone: 319-892-6700 Primary Local Site Contact: *Pat Lynch* – 319-892-6717	**Knoxville** Knoxville High School 1811 West Madison, Room 125 Phone: 641-842-2173 Primary Local Site Contact: *Paul Emerick*– 641-842-2173
Clarinda Iowa Western Community College 923 East Washington, Clarinda Center, Room 313 Phone: 712-542-5117 Primary Local Site Contact: *Annie Allbaugh* – 712-542-5117	**Mason City** North Iowa Area Community College - 5 500 College Drive, Room CB118 Phone: 641-423-1264 Primary Local Site Contact: *Linda Rourick* – 641-422-4336
Council Bluffs Iowa School for the Deaf - 2 3501 Harry Langdon Boulevard, 1st Floor Phone: 712-366-3647 Primary Local Site Contact: *Christy Nash* – 712-366-3647	**Muscatine** Muscatine Community College 152 Colorado Street, Larson Hall, Room 60 Phone: 563-288-6001 Primary Local Site Contact: *Jeff Armstrong* - 563-288-6001
Creston Green Valley AEA 1405 North Lincoln, Turner Room Phone: 641-782-8443 Primary Local Site Contact: *Penni Nauman* – 641-782-8443	**Ottumwa** Ottumwa High School 501 East 2nd, Vocational Tech Bldg, Room 157 Phone: 641-683-4444 Primary Local Site Contact: *Terri Noe* – 641-683-4444 x2211

Davenport Eastern Iowa Community College - 3 326 West 3rd Street, Kahl Educational Center, Room 302 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	**Remsen** Remsen–Union High School 511 Roosevelt Phone: 712-786-1101 Primary Local Site Contact: *Stacey Galles* – 712-786-1101
Denison Denison High School 819 North 16th Street, Room 127 Phone: 712-263-3101 Primary Local Site Contact: *Nancy McCarville* – 712-263-3101	**Sioux City** Northwest AEA 1520 Morningside Avenue, Room 206 Phone: 712-274-6000 Primary Local Site Contact: *Jim Christensen* – 712-222-6211
***Des Moines – Origination Site** Department of Public Health 321 East 12th Street, Lucas Building, 6th Floor, NW quad Phone: 515-281-7689 Primary Local Site Contact: *IDPH Receptionist* – 515-281-7689	**Storm Lake** Buena Vista University - 1 610 West 4th Street, Technology Center, Room 7A Phone: 712-749-2218 Primary Local Site Contact: *Betty Rohr*- 712-749-1880
Dubuque Wahlert High School 2005 Kane Street, Room 225 Phone: 563-583-9771 Primary Local Site Contact: *Cynthia Wagner* - 563-583-9771	**Waterloo** Waterloo Public Library 415 Commercial Street, Meeting Room C Phone: 319-291-4496 Primary Local Site Contact: *Cathy Riechmann*- 319-291-4496
Fort Dodge Fort Dodge Public Library 424 Central Avenue Phone: 515-573-8167 Primary Local Site Contact: *Deb Kern* – 515-573-8167 x232	**Wayland** Waco High School 611 North Pearl Phone: 319-256-6200 Primary Local Site Contact: *Roger Thornburg*- 319-256-6200

*Origination site

BFH GRANTEE COMMITTEE MEETING
Date: October 5, 2009
Time: 12:15 – 1:45
Gateway Hotel & Conference Center, Ames

Members Present:

Allen Memorial Hospital: Sandy Kahler*

American Home Finding: Tom Lazio*, Tracey Boxx-Vass

Black Hawk County Child Health Department: Rhonda Bottke*

Child Health Specialty Clinics: Rae Miller*, Linda Meyers

Community Health Services of Marion County: Kate Roy*, Katie McBurney, Diane Ellis, Kim Dorn

Community Opportunities, Inc. (d/b/a New Opportunities): Paula Klocke*, Rebecca Fox

Crawford County Home Health Agency: Kim Davis*, Jennifer Muff,

Crittenton Center: Stacy Blanche*, Sue Griffith, Laura Robison

Grinnell Regional Medical Center: Vicki Nolton*

Hawkeye Area Community Action Program: Gloria Witzberger*, Kim Ott, Ethel Levi

Hillcrest Family Services: Sherry McGinn*

Johnson County Dept. of Public Health: Erica Wagner*, Eileen Tosh

Lee County Health Dept.: Michele Ross*,

MATURA Action Corporation: Mary Groves*

Mid-Iowa Community Action: Pat Hildebrand*, Janelle Durlin

Mid-Sioux Opportunity, Inc.: Cindy Harpenau*, Kim Schroeder

North Iowa Community Action Org.: Lisa Koppin*, Carla Miller

Northeast Iowa Community Action: Lori Egan*

Scott County Health Dept.: JaNan Less*, Brianna Boswell, Pat Koranda

Siouxland Community Health Center: Sheila Martin*, Emily Garcia

Southern Iowa Family Planning: no representative

St. Luke's Family Health Center: Val Campbell*

Taylor County Public Health: Joan Gallagher*

Unity Health System: Mary Odell*

Upper Des Moines Opportunity, Inc.: Valerie Curry*

Visiting Nurse Assoc. of Dubuque: Elaine Sampson*

Visiting Nurse Services: Cari Spear*, Terri Walker, Missie Larson

Washington County PHN Service: Jen Weidman*, Chrystal Woller

Webster County Public Health: Kari Prescott*, Jen Ellis

*Voting Representative

Minutes

Handouts included: Agenda, June 18, 2009 Meeting Minutes, Survey of Grantees and Work Group Action, MCH Agency Survey (HCCI System Evaluation – 3 handouts),

Val Campbell, Chair   Michele Ross, Vice Chair   Notes Taken by BFH Staff

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
<u>Call to Order</u> **Introductions & Roll Call**	***Val Campbell*** • Val called the meeting to order at 12:25 p.m. • Roll call to identify voting members from each agency. • Michele Ross, Lee County Health Dept., introduced as Vice Chair.
Approval of Minutes	***Val Campbell*** • Motion made by Michelle Ross to approve the June 18, 2009 meeting minutes. Motion seconded by Tom Lazio. Motion approved.

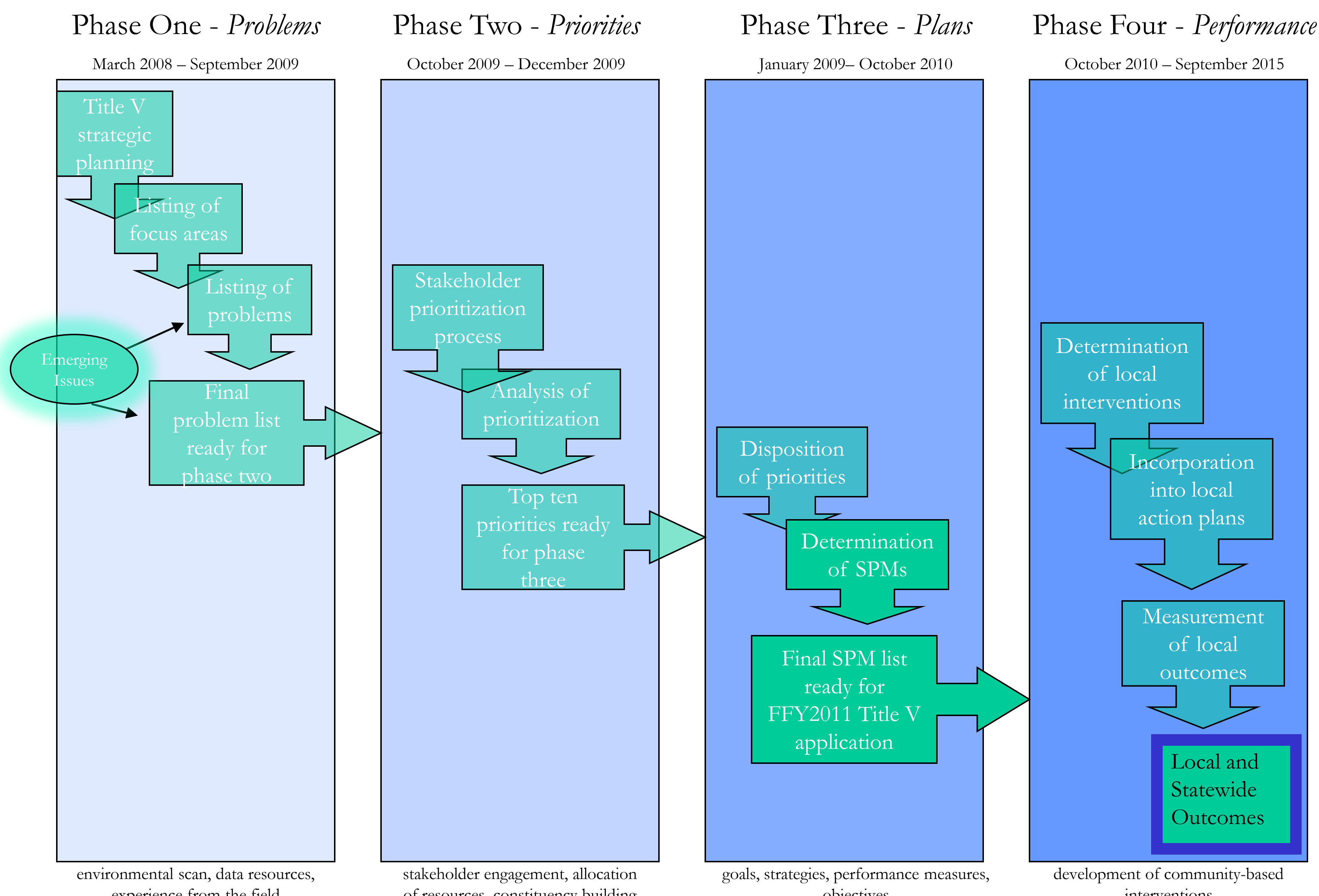
Recognition Award **Staffing changes** **Agency Changes**	***Jane Borst*** • Jane presented a Recognition Award to Gloria Witzberger for her work as chair of the Bureau of Family Health Grantee Committee. • Julie McMahon is on medical leave. She had surgery two weeks ago for stage 1C ovarian cancer. Her treatment plan has not been finalized. Julie is available on a limited basis in the interim. • Angie Doyle Scar has taken a new position working with health care reform. Melissa Ellis is the new ***hawk-i*** coordinator. Andrea Hoffman is transitioning into position held by Melissa. • Alison Monsma now is working with the Bureau of Immunization. Lindsay Miller has taken Alison's previous position. • Hillcrest has transitioned out of providing child health services in Jones, Jackson, Clinton and Cedar counties. Unity now covers Cedar; HACAP covers Jones Co. and VNS of Iowa covers Jackson and Clinton.
Workgroup Updates	***Jane Borst*** • See handout (Survey of Grantees and Work Group Action): Following the survey, IDPH Bureau of Family Health formed four workgroups: communications, consultations, contract expectations and grant monitoring. • Agency representatives are invited to volunteer as representatives on the above workgroups. • Heather Hobert Hoch demonstrated the new Bureau of Family Health Web pages. The Communications Workgroup will be working on 'clickable' maps for CH, MH and FP. • Grantee calendars will be available for pick-up on Tuesday from the registration desk.
Budget/Legislative Update	***Jane Borst*** • The Revenue Estimating Committee is meeting this week. Following their findings the state of Iowa should know the condition of the state budget. • The hope is that the current Title V and Title X budgets will not be downsized. • Advocacy activity: postcard display at the IPHA display near the registration area.
MCH Manual Revisions	***Lucia Dhooge*** • Last year the 3rd Edition of the MCH Administrative Manual was published. • Hard copies of the 2009 manual revisions were handed out at today's meeting. Each agency received at least two copies. • The current revised manual is also available on the IDPH Web site.
HCCI/CCNC System Evaluation (Healthy Child Care Iowa/Child Care Nurse	***Jane Borst*** • Jane provided an introduction to the evaluation process and preliminary findings from the HCCI/CCNC evaluation. The formal evaluation of the

Consultant)	HCCI/CCNC is in process.
	• A private contractor has conducted interviews with key informants from Public Health, DHS, Community Empowerment, IDPH and Child Care Resource and Referral agencies.
	• A preliminary report of the findings including problem definition and recommendations was shared with MCH contractors via e-mail prior to today's meeting with a summary provided at the meeting.
	• Each CH agency was given a copy of the preliminary report and a response survey for MCH contractors to complete. The survey was to be completed and submitted prior to the adjournment of day 1 of the Fall Seminar.
	• There were four problem definitions with recommendations for each MCH contractor to complete.
	• Discussion about CCNC Staffing Issues:
	  – Currently CH agencies are required, by their contract with IDPH, to have a total of 0.5 FTE for the geographic service area covered by the child health agency. Several child health agencies have employed or contracted with more than one person to fulfill the 0.5 FTE requirement.
	  – Pat Hildebrand stated that MICA has had a difficult time meeting the 0.5 FTE requirement due to staff turnover and infrequent training.
	  – Empowerment tends to object to paying for the CCNC to travel to another county.
	  – Problem is related to the DHS emphasis on the CCNC conducting QRS health and safety assessments.
	  – Could the CCNC training be online first and then one-on-one?
	  – Difficult to convince local Empowerment that they should fund a position that is required.
	• Discussion about funding, recommendation suggests a chart showing how the agencies are funding the CCNC position:
	  – The report identifies that some CCNCs are spending much time in administrative tasks. What administrative services are connected with CCNCs? Sally explained that this refers to the necessary nursing documentation which should be considered part of the service. Some of the partners for HCCI see the nursing documentation tasks as separate from the nursing services provided. Some funders do not want to pay for these tasks.
	• Data collection – no discussion
	• Interagency Communication (DHS, local public health, Empowerment) – no discussion
	• Each agency to turn in your response survey today, if at all possible. This evaluation provides agencies input into the final evaluation, which is presently embargoed.

Iowa Medicaid Enterprise and the maternal health	***Dr. Tom Kline, Medical Director, Iowa Medicaid Enterprise*** • See handouts. • Within the medical services department there is a chronic care diseases section. Previous topics undertaken are asthma and heart disease. Most recently the diabetes program has been implemented. • As a result of Debbie Kane's analysis of Medicaid Match looking at births outcomes of Medicaid members, several risk factors were identified. A Maternal Health task force with representatives from IDPH, Oral Health and

	Iowa Medicaid Enterprise staff was formed to look into high risk maternal health outcomes. Some areas of concern include smoking, weight gain, adequate prenatal care, 1st trimester prenatal care, low birth weights and premature births. • Medicaid looked at other state Medicaid programs and other insurance programs dealing with high risk pregnancy members. • The Medicaid data and the current chronic disease management programs data was taken to Jennifer Vermeer. Medicaid will pilot a program to provide extra service to high risk pregnant women. • Medicaid will provide an incentive to OB providers that have women willing to enroll in the program after a positive pregnancy test. The program will be a tiered system with the highest risk women receiving the most services. • Intervention: Enroll the member provide care plan and care coordination and screen for depression. Refer to Magellan for behavioral health interventions. Postpartum screening for depression is very important. Postpartum coverage for women beyond the normal 60 days coverage will be explored to cover for treatment of postpartum depression. • Develop an individual care plan for the high risk members. Work with the member and provider to obtain a better outcome. • Pilot project will be for one year in five counties: Black Hawk, Polk, Scott, and Sioux and Johnson. • Evaluation will be done. Goal is to reduce preterm labor and poor outcome births. If the pilot is successful the idea would be to take the program statewide.
Agenda Items for Next Meeting/Adjournment	***Val Campbell*** • The next BFH Grantee Committee Meeting will be held via the ICN on January 21, 2010. • If you have an agenda item for the next meeting, contact Val Campbell at campbevk@crstlukes.com or Heather Hobert Hoch at hhobert@idph.state.ia.us. • Gloria Witzberger made a motion to adjourn. Carie Spear seconded motion. Meeting adjourned at 1:35 p.m.

Iowa MCH*2015* Needs Assessment Logic Model



Iowa MCH*2015*

Title V 5-Year Needs Assessment

Data Detail Sheets

The data detail sheets were developed using results of the 2005 Iowa Child and Family Household Health Survey, the National Survey of Children's Health, the National Survey of Children with Special Health Care Needs and other related MCH data sources.

Previous needs assessment and evaluation of progress on objective provided context for analysis and review.

Iowa MCH*2015* began in March 2008, when a Title V strategic planning process was conducted to determine current and emerging needs of women, infants, children, adolescents and children with special health care needs. The data detail sheets provide insights on the issues that emerged during the strategic planning process.

The data detail sheets provide important information about the identified issues, including:

- ✓Background
- ✓Current Status
- ✓Selected Data
- ✓Resources
- ✓Problem Statements and Performance Measures

The data detail sheets provide a framework for the prioritization of problem statements addressed for the Title V project period 2011 to 2015.

For More Iowa Maternal Child Health Title V Information

For additional information email or call Jane Borst at jborst@idph.state.ia.us 1-800-383-3826 at Iowa Department of Public Health or Deb Waldron at debra-waldron@uiowa.edu (319) 356-1117 at Child Health Specialty Clinics

Problem Statements and Performance Measures

Problem Statements

Lack of adoption of quality improvement methods within maternal and child health practice

Lack of a statewide coordinated system of care for children and youth with special health care needs

Lack of health equity in maternal and child health outcomes

Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women

Barriers to access to health care including mental health services for low-income pregnant women

Lack of access to preventive and restorative dental care for low-income pregnant women

Insufficient early and regular preventive and restorative dental care for children ages 5 and under

High proportion of children ages 14 and under experiencing unintentional injuries

Proposed Performance Measures

1. The degree to which Iowa's state MCH Title V Program improves the system of care measured through the MCH Title V Index.
2. The degree to which components of a coordinated statewide system of care for CYSHCN are implemented.
3. The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the MCH Title V index.
4. Percent of women who are counseled about developing a reproductive life plan.
5. The degree to which the health care system implements evidence-based prenatal and perinatal care.
6. Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.
7. Percent of Medicaid enrolled children 0-5 who receive a dental service.
8. Rate of hospitalizations due to unintentional injuries among children ages 0-14.

For More Iowa Maternal Child Health Title V Information

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Quality of Care

Background

"The degree to which health care services increase the likelihood of desired health outcomes and are consistent with current professional knowledge." [5]

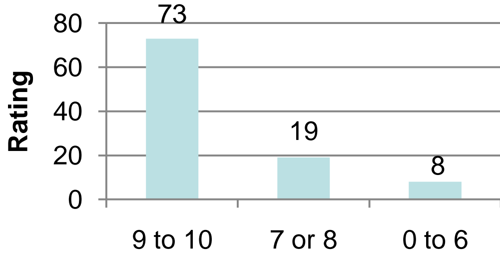
Current Status

The primary purpose of children's health care is to help children grow and develop. Well-child care encompasses health supervision, developmental surveillance and screening, psychosocial assessment, immunizations and care coordination. However, there is clear evidence that the quality of children's preventive care is lacking.[1]

One-quarter of families felt they were not always treated with respect.[1] Only half (46%) of parents of young children in Iowa reported remembering having received preventive counseling about subjects such as seatbelts and nutrition.[2]

Only 31% of children ages 0-3 in foster care receive Early ACCESS services.[3]

Figure 1. Rating of child's personal doctor, 10 is high and 0 is low[4]



Resources

1 Scholle, et al, 2009. Quality of Child Health Care: Expanding the Scope and Flexibility of Measurement Approaches. The Commonwealth Fund Issue Brief. Commonwealth Fund pub. 1276 vol. 54.

2 The Iowa Child and Family Household Health Survey 2005 *http://ppc.uiowa.edu/health/ICHHS/iowachild2005/ichhs2005.htm*

3 Department of Human Services data, 2009

4 2007 Survey of Iowa Medicaid Managed Care Enrollees

Iowa's State Performance Measure Development

Problem statement: Lack of adoption of quality improvement methods within maternal and child health practice

State Performance Measure

1. The degree to which Iowa's state MCH Title V Program improves the system of care measured through the MCH Title V Index.

Problem Statement: Lack of a statewide coordinated system of care for children and youth with special health care needs (cyshcn)

State Performance Measure

2. The degree to which components of a coordinated statewide system of care for cyshcn are implemented.

For More Iowa Maternal Child Health Title V Information

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Disparities Issues- Racial & Ethnic

Background

Disparity is the condition or fact of being unequal. Health disparities are differences in health care services or outcomes related to race, ethnicity, gender, income, disability and living in rural communities.

Current Status

Disparities related to lack of health care access or prevention services are associated with higher morbidity and mortality rates among racial minorities[1]

Addressing health differences involves understanding social and economic circumstances experienced by minority families. Social determinants of health include job and food insecurity, inadequate housing and poor family environments. Barriers to care such as cost, lack of transportation, limited hourly access, lack of information about the system and language difficulties also contribute to disparities.

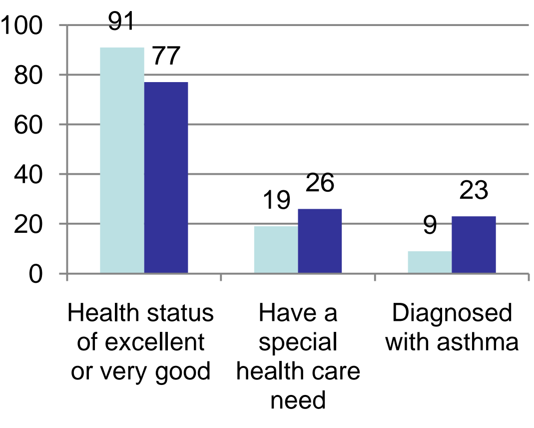
African-American children were most likely to be in a household with high parenting stress and most likely to not weigh the right amount for their height.[2]

Hispanic children of families taking the survey in Spanish had the lowest overall health and were the least likely to be insured.[2]

African-Americans have nearly twice the occurrence of low birth weight babies compared to whites.[3]

36% of African-American women were 10 or more pounds overweight a year after delivery, compared to only 29% of Whites. [2]

Figure 1. Disparities Among Health Indicators for Children[1]



Resources

[1] Smedley et al, 2002. Unequal Treatment. Confronting Racial and Ethnic Disparities in Health Care. The National Academies Press. Washington, DC.

[2] The Iowa Child and Family Household Health Survey, 2005 *http://ppc.uiowa.edu/health/ICHHS/iowachild2005/ichhs2005.htm*

[3] Iowa Vital Statistics, 2007

Iowa's State Performance Measure Development

Problem Statement: Racial disparities in maternal and child health outcomes

State Performance Measure

3. The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs measured through the MCH Title V index.

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Iowa MCH 2015 - Title V 5-Year Needs Assessment

Reproductive Health

Background

Reproductive care addresses a woman's health during preconception (prior to becoming pregnant), interconception (between pregnancies) and the prenatal (during pregnancy) period. Care during these periods improves a woman's chances of having a healthy baby.

Current Status

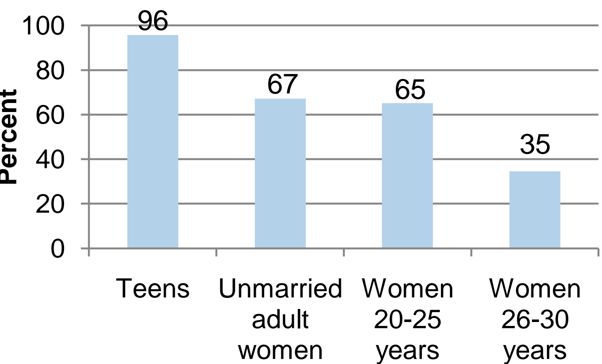
According to the 2000 US Census, Iowa has 353,129 women of childbearing age (15-44 years). Nationally, nearly half of pregnancies are unintended. Further, critical organ development begins just 17 days after conception, often before prenatal care has started. Preconception care encourages mothers to take folic acid daily to prevent spinal cord defects, adopting healthy lifestyle habits like avoidance of alcohol, tobacco cessation, and a nutritious diet and get information about the importance of prenatal care.

Adequate prenatal care was received by 83.1% of pregnant women, including 77.5% on Medicaid.[1]

6.7% of babies born are considered low birth weight (<2,500 grams).[1]

The birth rate for 15-17 year olds is 15.6 per 1,000.[1]

Figure 1. Percent of Iowa Pregnancies that are Unintended[2]



Resources

[1] Iowa Vital Statistics, 2007
[2] Iowa Barriers to Prenatal Care Project data, 2007

Iowa's State Performance Measure Development

Problem Statement: Lack of coordinated systems of care for preconception and interconception care for high-risk and low income women

State Performance Measure

4. Percent of women who are counseled about developing a reproductive life plan.

Problem Statement: Barriers to access to health care including mental health services for low-income pregnant women

State Performance Measure

5. The degree to which the health care system implements evidence-based prenatal and perinatal care.

Women's Health

For More Iowa Maternal Child Health Title V Information

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Women's Oral Health

Background

Oral health for pregnant women is addressed through education, assessment, prevention, and care coordination within the Title V health system.

Current Status

A woman's oral health impacts pregnancy outcomes as well as the oral health of her infant.

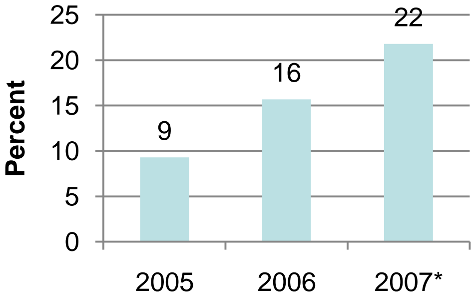
Diet and hormonal changes during pregnancy may increase a woman's risk for developing tooth decay and gum disease. Bacteria associated gum disease can spread to the body, triggering premature labor.

Women who participate in Medicaid are significantly less likely to visit the dentist before, during and after pregnancy, compared to those with private insurance.[1]

Bacteria that cause cavities can pass from a mother's mouth to her baby's mouth, increasing the risk of cavities for that infant. Children whose mothers have poor oral health are 5 times more likely to have oral health problems than children whose mothers have good oral health.[2]

In Iowa, although there have been marginal gains in the past few years, less than one in four Medicaid-enrolled women received important preventive dental care in 2007.[3]

Figure 1. Iowa Medicaid-enrolled pregnant women receiving preventive dental care[3]



*Preliminary data

Resources

[1] D'Angelo et al, 2007. Preconception and interconception health status of women who recently gave birth to a live-born infant—Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 26 Reporting Areas, 2004. *Morbidity and Mortality Weekly Report Surveillance Summaries* 56(SS-10):1-35.

[2] Clothier et al, 2007. Periodontal disease and pregnancy outcomes: Exposure, risk and intervention. *Best Practice and Clinical Research. Obstetrics and Gynaecology* 21(3):451-466.

[3] IDPH Medicaid report, 2007.

Iowa's State Performance Measure Development

Problem Statement: Lack of access to preventive and restorative dental care for low-income pregnant women

State Performance Measure

6. Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.

For More Iowa Maternal Child Health Title V Information

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Children's Oral Health

Background

A dental home is a network of individualized care based on risk assessment which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services and emergency services.

Current Status

Children need healthy teeth to eat food to nourish their bodies, speak properly, and build confidence. Cavities can develop as soon as teeth erupt (at around 6 months old) and can limit children's ability to eat and thrive, as well as their ability to concentrate and learn. Cavities can be prevented, but not enough children receive early preventive care. Children's oral health is addressed through the I-Smile™ dental home initiative.

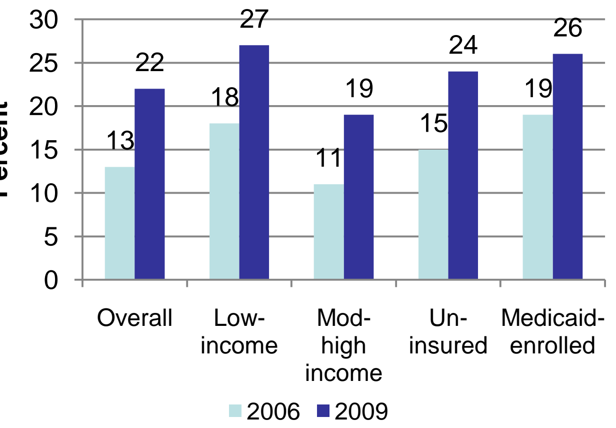
55% of Medicaid-enrolled children ages 1-5 do not receive dental services.[1]

In 2008, 99.6% of Medicaid-enrolled children did not receive an exam from a dentist prior to the age of 1. The ADA recommends children have a dental exam by their first birthday.[2,3]

49% of Iowa's general dentists always refer children younger than 3 to pediatric practices – there are 39 private-practice pediatric dentists in the state.[4,5]

22% of Iowa third graders have untreated decay, an increase from 13% in 2006.[6]

Figure 1. Increases in untreated tooth decay for 3rd graders[4]



Resources

[1] CMS 416 report, 2008
[2] Iowa Medicaid data, 2008
[3] Journal of the American Dental Association, Vol 133, pg 255. Feb 2002.
[4] McQuistan et al. Pediatric Dentist 2005 Jul-Aug;27(4):277-83
[5] Iowa Dental Board records, 2009
[6] IDPH Oral Health Surveys, 2006 and 2009

Iowa's State Performance Measure Development

Problem Statement: Insufficient early and regular preventive and restorative dental care for children ages 5 and under

State Performance Measure

7. Percent of Medicaid enrolled children 0-5 who receive a dental service.

For More Iowa Maternal Child Health Title V Information

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Injury Prevention-Children

Background

Injury is physical damage to the body. Unintentional injuries are sometimes called accidents while homicides are intentional injuries. Prevention is possible and can reduce the number of children who suffer the temporary or long term effects of injuries.

Current Status

Injuries are a major public health concern in Iowa due to the large number of Iowans affected by them. Unintentional injuries are one of the leading causes of death for youth. Injuries can have long-term effects on quality of life due to physical impairment, memory troubles, emotional difficulties or learning disabilities and loss of ability to perform daily activities.

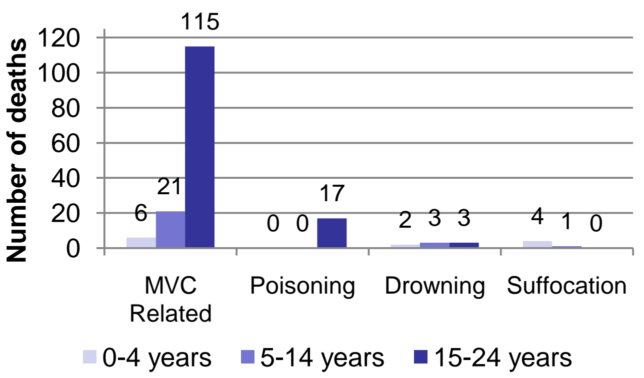
56,715 unintentional injuries occurred in children ages 14 years and under.[1]

Motor vehicle crashes accounted for the deaths of 4.6 children per 100,000.[2]

5% of children ages 0-5 had an injury requiring medical attention within the past year.[3]

From 1995-2007, 112 Iowa children under age 7 were victims of fatal child abuse with 49% of those dying from being shaken or slammed.[4]

Figure 1. Number of deaths due to unintentional injuries[2]



Resources

[1] IDPH, The Burden of Injury in Iowa data , 2002-06 http://www.idph.state.ia.us/bh/common/pdf/injury_prevention/burden_of_injury_full_report.pdf

[2] Iowa Vital Statistics, 2007

[3] National Survey of Children's Health 2007 http://nschdata.org/

[4] Iowa Department of Public Health Child Death Review Team, 2007

Iowa's State Performance Measure Development

Problem Statement: High proportion of children ages 14 and under experiencing unintentional injuries

State Performance Measure

8. Rate of hospitalizations due to unintentional injuries among children ages 0-14 .

For More Iowa Maternal Child Health Title V Information

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APRIL 13-14, 2010

Scheman Conference Center
Ames, Iowa

Registration materials available in February

Keynote Speakers:

Dr. Tom Frieden (invited), MD, MPH, Director, Centers for Disease Control and Prevention

James Hodge, JD, LLM, Lincoln Professor of Health Law and Ethics, Fellow, Center for the Study of Law, Science, & Technology, Arizona State University Sandra Day O'Connor College of Law.

Dr. Michael McGeehin, PhD, MSPH, Director, Division of Environmental Hazards and Health Effects (EHHE), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention

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Affiliates tackle health reform via APHA campaign: Advocates bring public health concerns to policy-makers

Teddi Dineley Johnson

As the national health reform debate heated up around the nation this summer, some of APHA's affiliated state and regional public health associations took up the cause of health reform on the homefront. As part of APHA's annual Public Health Action — or PHACT — campaign, Affiliates mounted advocacy efforts urging their members of Congress to include strong public health and prevention provisions in health reform legislation.

Using tools from APHA's campaign Web site at www.apha.org/advocacy, a number of Affiliates, including Connecticut, Indiana, Maine, Nebraska and Nevada, sent letters encouraging key lawmakers to support passing comprehensive and affordable health reform legislation before year's end.

"Public health associations can have a visible impact when it comes to making sure that public health solutions are understood to be part of health reform," Jerry King, executive director of the Indiana Public Health Association, told *The Nation's Health*.

Armed with talking points and other tools from APHA's annual advocacy campaign and taking advantage of the congressional recess in August, members of affiliated state and regional public health associations visited their representatives, made phone calls and held advocacy training sessions, rallies and news conferences.

The Iowa Public Health Association, which has been actively engaged in APHA's campaign since its inception in 2005, participated in conference calls and face-to-face meetings in the home offices of congressional members or with members of their health policy staff, said IPHA coordinator Jeneane Moody, MPH.

"Over the course of several years, we are now a known quantity to them, so when we call or e-mail they know who we are and are familiar with our issues," said Moody, who is an APHA member.

In addition to meetings and phone calls, IPHA strengthened its members' advocacy skills by joining with Partnership for Better Health to hold regional advocacy skills training sessions in five congressional districts around the state.

IPHA member Sally Clausen attended a training session and later saw first-hand how an advocacy visit can make a difference. During an August meeting with Sen. Tom Harkin, D-Iowa, it became clear that the Maternal and Child Health Services Title V Block Grant, which supports state efforts to improve health and welfare services for mothers and children, was not included in the Public Health Service Act. Not wanting the critical maternal and child health programs to be left out of the national health reform dialogue, Harkin instructed his lead staff person for health reform to research the issue and ensure that the programs were included in health reform legislation. Later, in committee, the necessary language was added.

“This told us that…you can affect change, not just at home but nationwide,” Clausen told *The Nation’s Health*.

Similarly, the Public Health Association of New York City moved health reform to the top of its advocacy agenda this year. Working through APHA’s campaign, PHANYC members reached out to congressional leaders through face-to-face meetings and phone calls and also engaged members in rallies, teach-ins and news conferences devoted to health reform.

PHANYC’s Health Reform Committee has been “a tremendous motivator for advocacy,” APHA member Lois Uttley, MPP, chair of PHANYC’s Policy and Legislative Committee, told *The Nation’s Health*.

One group within PHANYC’s Health Reform Committee is made up of student members who lack health insurance or are underinsured, Uttley said, noting that the students have been able to “speak personally and bring other students along with them.”

One PHANYC student member who lacked health insurance, Jessica Silk, MPH, spoke about her experience at a rally in New York City’s Times Square this summer. About 3,000 people walked from hospitals around the city to attend the Aug. 29 event, during which Silk, an APHA member, joined other speakers in urging the crowd to join the fight to reform the nation’s health care system.

PHANYC members walk from Manhattan’s Roosevelt Hospital to Times Square in August as part of a health reform rally co-organized by the New York City Affiliate.

Photo courtesy Michelle Guerico

“For myself — like the majority of the uninsured — being uninsured is simply not a choice,” Silk told the crowd.

During the final months of the national debate, APHA is asking its members and Affiliates to continue to call, write and meet with their legislators to raise awareness of the critical role public health must play in improving the nation’s health system. To download the toolkit, visit

www.apha.org/advocacy. For more information, call 202-777-2513 or e-mail jesseca.boyer@apha.org.

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2010 Advocacy Statement – Iowa Public Health Association

Background:
Iowa has over 161,000 children using child care on any given day. Iowa children sustain injuries, contract communicable diseases, and some children die in Iowa child care. In a four-week period of early summer 2008, four children died in Iowa child care. Only anecdotal information is known regarding children who have sustained life-threatening burns, skull fractures, chemical burns from improper chemical use, and SIDS deaths from improper sleeping environments. Very young children with medical diagnoses like diabetes, seizures, leukemia, asthma etc. attend child care every day. Yet, the child injuries, illnesses, deaths, and special health or developmental needs go unnoticed by the public and officials responsible for assuring the health and safety of children in child care programs.

Since 1998, the Iowa Department of Public Health has worked to develop a system of health and safety for children enrolled in Iowa child care. For a two-year period, local public health entities received seed-funding to support public health nurses to work with child care providers. After the federal seed-funding expired, no additional funds came to Iowa to support the health and safety consultation and assessment activities conducted by local public health. The Iowa Code 237A.4 authorizes local boards of health to inspect child care centers to ensure compliance with health-related licensing requirements. However, no funds are allocated to local boards of health to conduct this child protection activity. The Iowa Code 237A provides no such protections for children and families using registered and non-registered child care programs.

Iowa has a public health workforce available to assure protection of health and safety for Iowa children in child care, but lacks dedicated resources. Child care providers need the following types of help:

- Preventing and controlling the spread of infectious diseases like H1N1 influenza, whooping cough, and diarrheal diseases.
- Identifying hazards that cause injuries or deaths.
- Assistance with children's health including physical, mental, social-emotional, and oral health.
- Developing health policies and protocols for concerns like asthma, diabetes, seizures, or medication administration.
- Developing emergency-disaster plans that correlate with the community's disaster plans and resources

Resources are needed to support the improvement of health and safety in child care
Child care health and safety system improvements cannot be sustained with unpredictable funding. Unstable or year-to-year funding does not permit communities to build long-term strategies that support the health and safety of children. The current funding pattern denies children, families, and child care providers access to essential public health services.

Policy Recommendations

- ♦ Secure child care provider access to essential public health services for on-site consultation.
- ♦ Direct funding to the Iowa Department of Public Health to support the community-based network of child care nurse consultants serving early childhood programs.

For more information, contact:

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