

ACCESS UP *date*

October 2011

The ACCESS Update is a bi-monthly information source from the Iowa Department of Public Health: Bureau of Oral & Health Delivery Systems.

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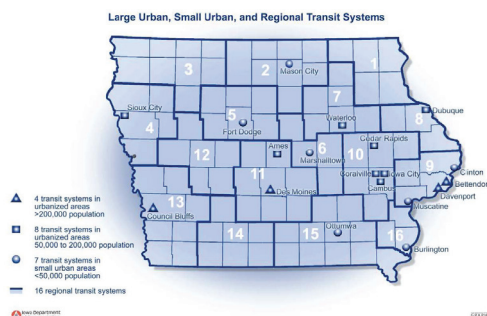
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Linking Health Care Consumers to Transportation Services

Transportation has long been a challenge for health care providers and organizations seeking to assist patients and clients in accessing health care services. Rural transit in particular has multiple challenges. Linking people to transportation will require greater collaboration between the worlds of health care and transit. One of the ways to do this is by identifying the transit areas and the metropolitan or regional planning organization in your area and participating in their planning process and public meetings. Iowa has 35 designated transit systems. Sixteen of these are rural systems and 19 are urban.



The service area of each of Iowa's 16 regional transit systems includes multiple counties as shown above. Service is provided within each of Iowa's 99 counties, as well as between counties and between regions. These regional systems are organized in various ways. Some are public agencies, while others are private, non-profit entities. Contact information for these transit areas can be found at <http://www.iowadot.gov/transit/agencies.html>.

Managers of each transit system should coordinate their service to meet the transportation needs of human service agencies in their area. When an agency asks for service (other than charter service), the transit system should make every effort to provide service if vehicles and funds are available. The cost of this service should reflect subsidized state and federal funds when possible.

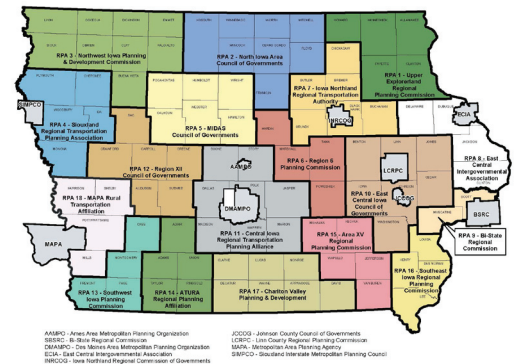
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While that is easier said than done, understanding how transit works and learning how they conduct planning and assessment requirements will enable you to play a more direct role. Here is what you need to know.

On the planning side, Iowa has nine Metropolitan Planning Organizations and eighteen Regional Planning Affiliations which are responsible for intermodal transportation planning in their area, including the programming of federally funded transportation projects. Six of the MPOs provide the staffing for their surrounding RPA, the map shows the MPOs and RPAs with a full listing of their names. In several areas, the county's planning boundaries are not necessarily the same as the transit areas. Currently, of the 18 RPAs, only eight have boundaries identical to the transit regions. The other ten RPAs cover eight transit regions, with two transit regions each falling partially in three different planning regions.



Determine where you fall in the different planning regions. Find out when they meet and attend the planning sessions. Better yet, invite your transit counterparts to be a part of your planning process, whether it be for the state's Community Health Needs Assessment and Health Improvement Plan or the local hospital assessment process.

Contact information for Iowa's MPOs and RPAs can be found at http://www.iowadot.gov/systems_planning/distplannercontact.htm.

Bureau of Oral and Health Delivery Systems Staff Announcement

The Bureau of Oral and Health Delivery Systems is pleased to announce the addition of Jane Schadle, RNC, MSHA to the Iowa FLEX program. Jane is one of the original bureau members who started the FLEX program in 1998. She eventually moved to a new position with the Wellmark Foundation as the director in strategic relations helping communities improve health status through foundation grants. Her professional career has brought her back to the Department of Public Health working extensively with Harkin Wellness grants and the recently funded Community Transformation grant. Jane has a master's degree in health administration and is past president of the Iowa Rural Health Association.



Featured Articles

School Dental Screenings: Making a Difference for Iowa's Children

Sara Schlievert, Community Health Consultant

To improve the oral health and school readiness of Iowa children, the Iowa legislature passed a school dental screening requirement in 2007. The requirement stipulates that all children newly enrolling in an Iowa elementary or high school provide proof of a dental screening. Realizing that access to a dentist is not always feasible for families, the rules allow for a kindergarten screening to be done by a physician, physician assistant, registered nurse, or advanced registered nurse practitioner – in addition to a dentist or dental hygienist. A screening for ninth grade may be done by a dentist or dental hygienist.

Through integrated efforts between the various health care providers and school staff, compliance has steadily improved. According to the 2010-2011 school audit, the student compliance rate was 67.1 percent (54,709 out of 81,575 kindergarten and ninth graders), an increase from the 2009-2010 rate of 60 percent.

The audit numbers represent thousands of Iowa families, and many of those families would have been unaware of their children's needs without the school dental screening. According to a preliminary phone survey, over half (54 percent) of parents indicated that they became aware that their child needed dental care as a result of the school screening process. Through the IDPH I-Smile™ program, public health dental hygienists are working with schools and dentists to help families coordinate the students' dental treatment.

Through these collaborative efforts, the school screening initiative has proven to be another excellent example of local success in improving access to health care!

2010-2011 School Screening Audit Data:

Valid Certificates

- 73.2% of students submitted a valid certificate
- 73.1% submitted a Certificate of Dental Screening
- 0.1% submitted a Certificate of Dental Screening Exemption

Treatment Needs

- 15.5% of the students had treatment needs
- 13.5% required dental care
- 2.0% required urgent dental care

Provider Types

- 69.0% of students were screened by a dentist
- 24.8% of students were screened by a dental hygienist
- 5.1% of students were screened by a nurse
- 1.1% of students were screened by a physician or physician assistant

The comprehensive school dental screening reports and additional information can be found at: http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp.

Partner Spotlight

Spotlight on Iowa Rural Health Association a Partner in Motion

In 2009 the Iowa Rural Health Association Board of Directors invested time in development of a strategic plan and operational work plan. Russ Carrier, who was the Board president, commented, “The [IRHA Board](#) needed to take steps to make sure we are engaged with issues vital to our members and mission”.



Today, after following the work plan and committing to revitalizing board activities, the IRHA has accomplished the following:

1. diversified the board including a university student,
2. initiated a policy committee and delivered rural issues papers to state and federal policy makers,
3. delivered [12 no-cost webinars](#) to over 500 participants, and
4. expanded communications to include member surveys, updated website, and an electronic [newsletter](#).

The IRHA was initiated in 1993, and is a non-profit group made up of volunteers. It is a strong state affiliate to the National Rural Health Association and sends delegates to national meetings. After a decline in membership—today member numbers are growing and hundreds of providers and rural organizations participate in webinars, meetings, conferences and advocacy activities.

Peg O’Conner, the current board president, hosted the successful annual conference held on October 13. At the conference attendees were linked via teleconference with four other states to hear a national speaker. Using technology to expand opportunity is an example of the IRHA Board goal; to stay in motion, know what current issues are, and be visible to the public and partners.

Iowa Rural Health Association’s Annual Conference Summary

The Iowa Rural Health Association’s annual meeting held October 13 provided some noteworthy policy points for rural health stakeholders to monitor. If you weren’t there, you missed a great opportunity to hear some insightful presentations.

Speaking from the National Rural Health Association, Brock Slabach, senior vice president for member services, talked about the key issues in our health care environment and on NRHA’s radar. Key areas included:

- Health Care Reform
- Health Information Technology and “Meaningful Use”
- Reimbursement
- Quality and Safety
- Workforce
- Technology

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Partner Spotlight Cont.

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He noted that we are in a time of chaos but that chaos is a necessary process to create a new order. Building relationships and being a “generous leader” will help create the change that is needed. He quoted Margaret Wheatley and Robert Greenleaf’s work on the servant-leader as the path to navigating change.

Maggie Elehwany, government affairs and policy president of the NRHA talked about legislative initiatives that could put rural health care funding in jeopardy. With 62 million people who call rural America home, NRHA has outlined four reforms that are critical:

1. The workforce shortage crisis must be abated
2. Equity in reimbursement must occur
3. Decaying rural health care infrastructure must be repaired and non-existent infrastructure must be created
4. Health disparities among vulnerable populations must be corrected

For Rural Health Clinics and Critical Access Hospitals, congressional committee recommendations include reducing cost-based reimbursement from 101 percent to 100 percent and eliminating CAH status if it is located within 10 driving miles of another hospital. The debt ceiling agreement cuts \$917 billion over 10 years. Fiscal years 2012 and 2013 will be reduced about \$7 billion and \$3 billion, respectively. She discussed a number of proposed cuts to rural hospitals and reimbursements to providers.

Keith Mueller, director of the Rural Policy Research Institute, Center for Rural Health Policy Analysis and head of the Department of Health Management and Policy, University of Iowa College of Public Health, echoed that this is a time of turbulent change and uncertainty. Dr. Mueller talked about the insurance market and health benefit exchanges, noting Iowa’s efforts to establish our own. Insurance changes include increased enrollment in particular with young adults. Changes in Medicare are expected as there are expanded benefits in preventive care, and continued activity in Medicare Advantage. Also noted were changes in Medicaid. Both categorical and income eligibility will expand in 2014, retention of the CHIP program until 2019, and increased attention /focus on coordination with Medicare for dual eligible participants with chronic conditions are among the changes.

Dr. Mueller talked about innovations in payment policy and overall changes in the delivery system. The notable change in rural policy at the national level is the establishment of the White House Rural Council.

The director of the Iowa Department of Public Health, Dr. Mariannette Miller-Meeks, echoed some of the themes such as provider shortages and lower reimbursement woes would equal lower recruitment. She provided more information on Iowa’s efforts toward establishing a Health Benefit Exchange and roles IDPH and other partners play.

For more information about this meeting and speaker slide visit the Iowa Rural Health Association website at <http://www.iaruralhealth.org>.

Program Success Story

National Rural Health Day Coming!

The first ever National Rural Health Day will be celebrated on November 17. This major national campaign will recognize and celebrate the Power of Rural! Our hope is to make National Rural Health Day an annual event that highlights rural communities as wonderful places to live and work and increase awareness of rural health-related issues. The event will be celebrated in rural communities and health care facilities in all 50 states. To learn more about the effort and to see an Iowa rural community success story, click on the following link <http://www.celebratepowerofrural.org>.



In Iowa, a statewide advisory committee has come together to promote the event. To support rural communities and organizations, a [tool kit](#) with valuable items was developed. Already, there are hospitals and communities planning how they will celebrate! Other activities include: signing of a Gubernatorial Proclamation in the Governor's office on November 17 sharing rural community success stories; and distribution of media and social network messages to get the word out. Also, materials and promotional items will be distributed at five major conferences. There are a limited number of postcards, flyers, posters and stickers. If you want some for distribution, please send an email with subject "Requesting NRHDay items" to rachel.davis@idph.iowa.gov and include your mailing address. We will distribute the items as long as the supply lasts.

State Loan Repayment Application Available – Applications Due November 15

The Iowa Department of Public Health has posted the State Loan Repayment Program (PRIMECARRE) application on its website at <http://www.idph.state.ia.us>. Click on the Quick Link "Funding Opportunities" to access the instructions, application and materials. The PRIMECARRE program now provides **up to \$50,000 per year** in loan repayment for eligible professionals who commit to serve two years in an eligible site in a Health Professional Shortage Area in Iowa. The program also now offers a **half-time option** for health care professionals working part-time.

Worth Noting

Emergency Room Visits Increased when Medicaid Oral Health Benefits were Suspended

According to Iowa Medicaid Enterprise, from 2002 to 2008 when coverage of adult periodontal and posterior endodontic treatments was suspended, emergency room expenditures for adult dental care tripled. During the same time period, the adult Medicaid population only increased by 16 percent. Iowa restored these oral health services for adult clients on December 1, 2008.

With the restoration of oral health services for Medicaid-enrolled adults, Iowans will hopefully not face the same tragedy that recently occurred in Cincinnati. A 24-year-old father of two died last month of a tooth infection. His wisdom tooth became infected and needed to be pulled. However, since he was unemployed and had no insurance, he could not afford treatment. He went to the emergency room when his face started to swell and he experienced extreme pain. He received prescriptions for antibiotics and pain medications, but he could not afford both. He opted to fill the less expensive pain medication prescription only. Within days, this man died when the infection from his tooth spread, causing swelling of his brain.

New American Public Health Association Fact Sheet on the Links Between Public Health and Complete Streets

Transportation systems and policies impact health in several ways, partly by providing safe streets and opportunities for physical activity. A new fact sheet contains statistics and examples that highlight the connections between the growing “complete streets” movement and health. All health and transportation-related fact sheets are on [APHA's transportation reports and fact sheets web page](#) and available for download.

Rural Health Care Services Outreach Grant Released

The federal Office of Rural Health Policy is pleased to announce the release of the FY 2012 Rural Health Care Services Outreach Grant Program (announcement number: HRSA-12-083). ORHP's Outreach Program supports projects that demonstrate effective models of outreach and service delivery through collaboration, adoption of an evidence-based or promising practice model, demonstration of health outcomes, replicability and sustainability. Applicants may propose funding for up to 3 years from May 1, 2012, to April 30, 2015. The maximum award is up to \$150,000 per year. To apply for funding opportunity visit <https://apply07.grants.gov/apply/UpdateOffer?id=79450>.

Final Rules Released for Accountable Care Organizations

Kaiser Health News reported that the Obama administration released the final ACO rules on October 20, 2011. A number of performance measures and electronic health record requirements have been removed. Timetables have also been relaxed for the launch. Centers for Medicaid and Medicare Services will make \$170 million available next year to help physician-owned practices and rural providers start ACOs. For more information read the story at this [link](#).

Also on HealthCare.gov, [New Affordable Care Act tools offer incentives for providers to work together when caring for people with Medicare](#).

Worth Noting Cont.

2012 Governor's Conference on Public Health

Planning for the 2012 Governor's Conference on Public Health is already well underway! This exciting event strives to bring together national and local experts to present the latest trends in public health in an effort to prevent disease and promote health. The event will be held April 17 & 18 at the Scheman Center in Ames, Iowa.

While the selection process for concurrent sessions is currently in progress, the plenary speakers have all been secured. It is with much excitement to announce that **Emily Friedman** will be opening the conference with a discussion on health care reform and the public health connection. Emily is a consultant on information dissemination to the Agency for Health Care Research and Quality, Department of Health and Human Services. She also serves as adjunct assistant professor of bioethics, Department of Health Law, Bioethics, and Human Rights at the Boston University School of Public Health. She is most noted for her work in health policy, health care trends, health insurance and managed care, the social ethics of health care, health care for the underserved, health care history, population demographics, and the relationship of the public with the health care system.

The second day of the conference will highlight **Richard Jackson**, who has done extensive work on the impact of the environment on health, particularly relating to children. Dr. Jackson chaired the American Academy of Pediatrics Committee on Environmental Health. He did extensive work on pesticides in California, and has also focused on epidemiology, infectious diseases and toxicology. Over the past decade much of his work has focused on how the 'built environment' including how architecture and urban planning affect health. Currently, Dr. Jackson has been working on policy analyses of environmental impacts on health ranging from toxicology, chemical body burdens, terrorism, sustainability, climate change, urban design and architecture. In addition, he is developing policy analyses in related areas, such as how farm, education, housing, and transportation policies affect health.

Rob Bell will close the conference with a presentation that promises to be energetic and entertaining- yet has some applicable skill building tips. Rob began teaching early in his tenure as personnel development and education & training director for Dick's Supermarkets, Inc. His presentation will inspire your organization to reach a new level of customer service, increase positive leadership while polishing important internal and external communication skills. His style is fun, engaging, thought-provoking, and unforgettable.

The Governor's Conference on Public Health is planned by a group of partners, including: Child Health Specialty Clinics, Iowa Counties Public Health Association, Iowa Department of Public Health, Iowa Environmental Health Association, Iowa Public Health Association, State Hygienic Laboratory at the University of Iowa, and the University of Iowa College of Public Health. Over 500 public and environmental health professionals are expected to attend the two-day conference. Information on how to register for the conference will be made available soon through the IPHA website at <http://www.iowapha.org>.

We hope you can join us to be part of this important public health event in Iowa!!!

Worth Noting Cont.

HRSA Region VII Oral Health Summit – September 13, 2011

Tracy Rodgers, Community Health Consultant

Representatives from both public and private organizations within the four Region VII states of Nebraska, Kansas, Missouri, and Iowa took part in a Health Resources and Services Administration's Oral Health Summit in September. The day was spent discussing oral health priorities and collaborative opportunities. In addition to identifying state-specific objectives to be addressed, the summit also provided an opportunity to give feedback to HRSA and the Department of Health and Human Services on support needed for state programs.

Dr. Bob Russell, the state dental director, and Tracy Rodgers participated on behalf of the Iowa Department of Public Health, and were joined by representatives of the Iowa Medicaid Enterprise, Iowa Dental Association, Iowa Head Start Association, Iowa Primary Care Association, Delta Dental of Iowa, the University of Iowa College of Dentistry, community health center dental clinics, and I-Smile™.

Officials from the Centers for Medicare and Medicaid Services, Administration for Children and Families, Administration on Aging, Centers for Disease Control and Prevention, and HRSA shared federal messaging about improving the oral health of underserved populations and that oral health is a priority for the current administration. Dr. Howard Koh, assistant secretary for the Department of Health and Human Services, was a featured speaker.

Attendees broke into state-specific workgroups to determine barriers that the public-private partnerships could improve upon by working together. Iowa's workgroup identified several areas of potential focus, and then agreed that community water fluoridation should be highlighted during the upcoming year.

Iowa has seen several improvements in oral health and preventive care, particularly for children, through the I-Smile™ dental home initiative. The group felt that the current trend of some rural and municipal water systems discontinuing fluoridation will begin to erode some of the improvements already achieved. According to the CDC, water fluoridation is a cost-effective population-based benefit and has been important in reducing dental disease rates since the mid-twentieth century.

Iowa's workgroup felt each organization represented had a responsibility to educate and promote the importance of water fluoridation. IDPH will continue to share information on fluoridation activities within the state as we become aware. Planned contributions by the other workgroup members include identifying consistent and accurate facts on fluoridation to provide to advocates, offering education and advocacy tips, grant-writing as necessary, and disseminating information.

A similar summit is planned to be scheduled next fall.

Note: Summit co-sponsors included the Health Care Foundation of Greater Kansas City, Missouri Foundation for Health, DentaQuest Foundation, and the HHS Office of Minority Health.

Links, Resources and Maps

CDC issues Healthy People 2010 final report

Americans met or made progress toward 71 percent of the nation's health goals for 2010. Since the Healthy People goals were set in 2000, the average life expectancy increased by one year to 77.8. Death rates declined in many areas, including female breast cancer, colorectal cancer, prostate cancer, coronary heart disease, stroke, cardiovascular disease, diabetes and HIV. However, health disparities decreased for only 7 percent of the program's objectives, and obesity rates increased across all age groups.

The report includes chapters on Access to Quality Health Services and Oral Health. "Despite many areas for optimism, addressing health disparities continues to be our greatest challenge," said Edward Sondik, director of the Centers for Disease Control and Prevention's National Center for Health Statistics. To see the report [click here](#).

Rural road safety video released

[*Rural Road Crashes – They're Preventable*](#) is an educational video on the challenges of keeping rural roads safe. The video was produced by Iowa Center for Agricultural Safety and Health with funding from Iowa Department of Transportation and the Great Plains Center for Agricultural Health.

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Calendar and Events

Iowa Association of Rural Health Clinics Fall Meeting

November 2, 2011

Atlantic Golf and Country Club - Atlantic, Iowa

For more information, visit <http://iarhc.org>

Regional Minority Health Coalition

November 2, 2011

3 p.m. - 5 p.m.

Des Moines Botanical Center - Des Moines, Iowa

For more information or to register, email Dr. Michele Devlin at michele.devlin@uni.edu

2011 Midwest Rural Agricultural Safety and Health Forum

“Weathering the Elements”

November 16-17, 2011

Ramada Tropics Resort and Conference Center - Des Moines, Iowa

For more information, visit <http://cph.uiowa.edu/icash/events/MRASH/2011>

Iowa Academy of Family Physicians

2011 Clinical Education Conference, 63rd Annual meeting – “Refresh, Renew, Rejuvenate”

November 18, 2011

West Des Moines Sheraton - West Des Moines, Iowa

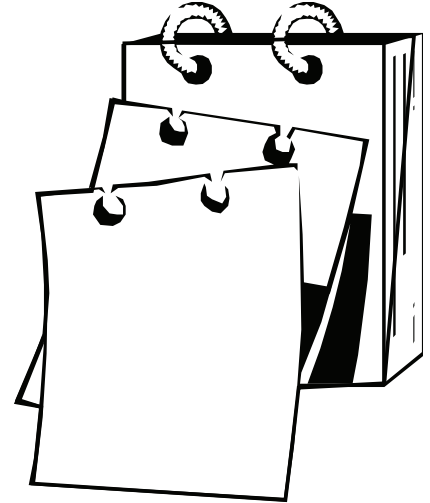
For more information, visit http://www.iaafp.org/en/education/2011_annual_cme_conference

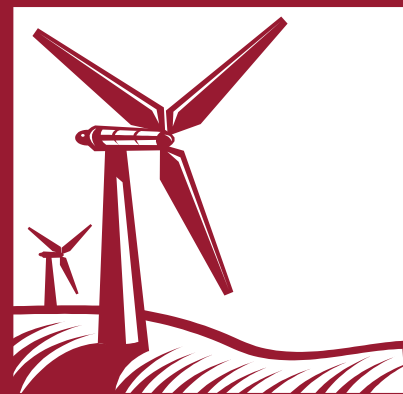
Iowa Mission of Mercy

November 18-19, 2011

Tyson Events Center - Sioux City, Iowa

For more informatino, visit http://www.iowadental.org/events_calendar/iowa_mission_of_mercy.cfm





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