Iowa Department of Public Health - Bureau of Oral & Health Delivery Systems

THE ACCESS Update

OCTOBER 2012

In this issue...

2012 Iowa Rural Health Fall Meeting Recognizes Lucas County Physician

Gloria Vermie RN, MPH, Office of Rural Health

Dr. Anderson and Mrs. Anderson with Jerry Karbeling award

In September, the Iowa Rural Health Association (IRHA) and the Iowa Association of Rural Health Clinics jointly hosted a successful Fall Meeting. Attendees learned about health and rural health issues from national and local speakers. The group also enjoyed Iowa artist Tom Milligan's rendition of Prairie Rebel the Life of Grant Wood.

At the gathering, the IRHA Board recognized individuals for service and honored the 2012 Jerry Karbeling awardee. The Jerry Karbeling award recognizes a worthy individual who has demonstrated successful activism for rural health and a commitment to community service as exemplified by Jerry. This year, the award went to Dr. Kenneth Anderson from Lucas County. He has served as Lucas County Health Center's Chief of Staff and is responsible for implementing numerous policies, which improved patient care and addressed the health care changes related to the Affordable Health Care Act. Dr. Anderson also led the initiative to successfully install electronic medical records and meet meaningful use, which resulted in incentive funds for the clinic. He has also has extensive clinical and emergency room experience and has provided breast and cervical cancer screenings and cardiac screenings to women that are uninsured or underinsured. Dr. Anderson has been a mentor to bring other physicians to rural practice and has been active with numerous community committees and initiatives to bring health, economic development and family wellness to Lucas and Wayne Counties. His leadership spirit is admired by all who know and work with him. Dr. Anderson is a true renaissance man with his knowledge, love of the arts, and enjoyment of time spent with others.

During his inspirational acceptance speech, Dr. Anderson recognized that rural health in Iowa is exceptional and urged his colleagues to quit contemplating health care change and to move forward with decisions that can better serve patients and make a difference. He said, "We're from Iowa. We can do this."

All Iowans, especially the residents in Lucas and Wayne counties, are fortunate to have Dr. Kenneth Anderson as a physician, leader and friend.

National Rural Health Day–Iowa Update

National Rural Health Day in Iowa will be here soon! This year, November 15 is the official day, and activities will span the week of November 12–16. We are currently accepting nominations for an Iowa Rural Health Champion. This is an acknowledgement that celebrates a person, program, organization or community, and nomination forms are available at the site below. One of our champion stories has been included below, and others will be available to read beginning November 12. Nomination forms are at the link below.

It is not too late to plan and join in the celebration in Iowa and pick out some activities for your organization. Visit http://www.iaruralhealth.org to see how others are celebrating. If you are on Twitter, please check out our sample tweets and post one on November 15 in honor of National Rural Health Day.

In Iowa, rural health is important for health, economic, quality of life, and wellness reasons. In acknowledgement of rural health, the Governor will sign a National Rural Health Day proclamation in his Capitol office on November 8 at 2:15 p.m.

Iowa Rural Health Champion: Food and Nutrition Excellence in Cass County Memorial Hospital–One of the 2012 Nourish Iowa Award recipients is Emily Krengel. Emily is Food Service Director at Cass County Memorial Hospital in Atlantic. As a hospital food service director, Emily Krengel has impacted the health of individuals and communities across southwest Iowa. She is a pioneer in linking hospitals to farms by increasing the availability of locally grown foods in the cafeteria and patient meals. Her leadership over the past 36 years extends beyond the hospital into the community. Emily has provided health and wellness programs to children and youth, implemented gardening initiatives at schools and retirement communities, and helped organize "Produce in the Park" which links Atlantic residents to fresh locally grown foods. Locally grown foods, and nutritious menus with fresh food selections are an excellent way to increase quality of care for patients in hospitals. The residents of Cass and surrounding counties are fortunate to have Emily leading the way with health nutrition!

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2012 Third Grade Oral Health Survey Report

Mary Kay Brinkman, RDH, Oral Health Consultant

Tooth decay continues to be the most common chronic childhood illness[1]. The pain associated with tooth decay can impact a child's ability to eat, sleep and learn in school[2]. A new study published in the American Journal of Public Health finds that school-children's tooth pain can lower their grade point averages, compared to those with no pain[3]. In order to learn about the oral health status of Iowa children, IDPH coordinated an open mouth survey for third graders in the spring of 2012.

Tooth decay continues to be the most common chronic childhood illness[1].

Although the percent of children with dental sealants and the percent with restored teeth have stayed relatively steady the past six years, the decrease in the rate of untreated decay from 2009 (21.9%) to 2012 (14.1%) is promising. Likewise the percent of untreated decay dropped from 26.6 percent to 18.0 percent in 2012 among children from low SES families. Yet, the fact that children from lower-income families have more untreated disease than higher SES children remains a concern.

To combat disparities, IDPH and its partners must continue to offer preventive public health programs to reach families with children at greatest risk for dental disease and must find effective ways to promote the value of dental sealants to dentists and parents. Dental sealants are successful in preventing tooth decay on permanent molars[4], yet the overall sealant rate in Iowa remains below 50 percent. By excluding schools with school-based sealant programs from this survey, we hoped to get a clearer picture of children's access to preventive dental services outside of public health programs. Several Title V child health contractors, as well as other private non-profit agencies, coordinate or assist with school-based sealant programs throughout the state, targeting schools with a large number of children from low-income families. It is difficult to know if a random sample that included some of these schools would elevate the sealant rate beyond 50 percent.

School-based dental sealant programs are strongly recommended as a way to prevent dental caries, particularly for children who are unlikely to receive regular dental care[5]. With an anticipated decrease in the federal funding that IDPH currently receives for school-based sealant programs, IDPH and its stakeholders must seek new ways to help communities fund the start-up costs for sealant programs. Title V child health contractors are eligible to bill Medicaid for services offered through the programs, yet many report that some of the barriers to starting a sealant program are the initial startup costs and the lack of staff. Funds must be identified to overcome these barriers and increase the number of school-based sealant programs to not only provide sealants for at-risk children but also raise awareness among families and dentists about the importance of oral health and dental sealants.

The I-Smile™ dental home program, implemented since 2007 through Iowa's Title V child health program, focuses on education and coordination of care for at-risk children and families. Dental hygienists serving as local I-Smile™ Coordinators work with families, physicians, dentists, and community organizations to assure children have early and regular dental care, as soon as teeth erupt in the mouth. This year's survey results signify the importance of I-Smile™ and the importance to continue its activities to assist families and promote preventive care, particularly necessary for disparate populations.

Continued on page 4

1 U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General–Executive Summary. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

2 Ibid

3 Hazem Seirawan, Sharon Faust, Roseann Mulligan. The Impact of Oral Health on the Academic Performance of Disadvantaged Children. American Journal of Public Health, 2012; 102 (9): 1729 DOI: 10.2105/AJPH.2011.300478

4 Beauchamp, J. et al: Executive Summary of evidence-based clinical recommendations for the use of pit-and-fissure sealants. A report of the American Dental Association Council on Scientific Affairs, JADA, Vol.139, March 2008

5 Task Force on Community Preventive Services. Recommendations on selected interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. Am J Prev Med 2002;23(1S1):16-20

2012 Third Grade Oral Health Survey Report continued from page 3

The results of this year's survey also show that more Iowa children now have a payment source for their dental care. Although there are fewer children with private insurance since 2009 (49.9% compared to 54.3%), more are enrolled on Medicaid (24.8% compared to 19.8%) and ***hawk-i*** (5.3% compared to 4.2%). The increase in the number of children enrolled on Medicaid and ***hawk-i*** is likely related to recent economic issues, as well as increased outreach efforts by the I-Smile™ program to get families enrolled. In addition, newer policies such as presumptive eligibility for Medicaid and the dental-only ***hawk-i*** option may play a role in the higher enrollment numbers.

Still, having a way to pay for dental care does not automatically translate into more access to preventive services—this is particularly true for those on Medicaid. Although children with private insurance and who self-pay for dental care have nearly the same likelihood to have a preventive dental sealant in 2012 as they did in 2009, there are declines in the percent of children on Medicaid with a dental sealant—from 51.9 percent in 2009 to 40.3 percent in 2012. Among families with a payment source, children enrolled on Medicaid were the least likely to have seen a dentist in the last 6 months, have a dentist of record or describe their ability to get care as excellent. It will be important for I-Smile™ Coordinators to maintain relationships and referral systems with dental providers to ensure that the children enrolled on Medicaid and ***hawk-i*** have access to the services that they need, particularly as more become enrolled.

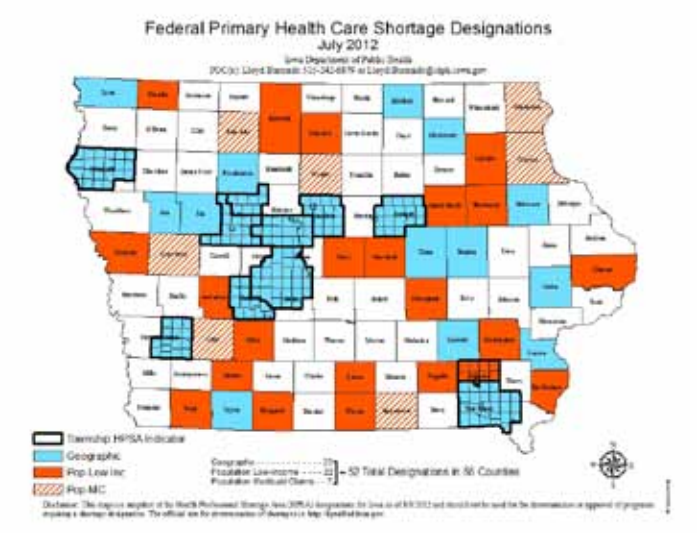
IDPH will use the survey results to consider additional ways to assure Iowa children are able to have early and regular dental care—particularly preventive services to stop disease before it can begin. Public health programs will continue to be critical for providing gap-filling preventive care. Improving the oral health of Iowa children will help Iowa reach its goal of being the healthiest state in the union.

Oral health status indicators, Iowa Third grade oral health survey, 2012

		With a Sealant	Untreated Decay	Filled Tooth	History of Decay*
Prevalence	All Children	45.6%	14.1%	43.9%	50.5%
	Low SES Children	41.0%	18.0%	50.5%	57.5%
	High SES Children	46.8%	11.4%	40.3%	46.4%

*at least one area of decay and/or at least one restored tooth

Why HPSA Status Is Important to Your Community



In our August newsletter, the article, "What's a HIP-suh?" touched on this question. HPSA status is often a gatekeeper to programs that help communities recruit and retain health professionals. Some examples include the Conrad 30 J-1 Visa Waiver program, the National Health Service Corps, and PRIMECARRE.

The Conrad 30 J-1 Visa Waiver program uses HPSA as one of the primary indicators of service to underserved populations. So, a physician seeking to secure a letter of approval from the Iowa program must work in a HPSA (or Medically Underserved Area (MUA) or Medically Underserved Population (MUP)). Situations where the practice is not in a HPSA, MUA, or MUP are only available for a maximum of 10 of the 30 slots and must clearly demonstrate how the physician's practice will fulfill unmet needs in Iowa.

The National Health Service Corps (NHSC) will only approve sites that are located in HPSAs. Along with the potential to offer loan repayment to potential applicants, approval as an NHSC site offers the opportunity to post a location's profile and openings to the NHSC Jobs Center. The NHSC also uses the score of a HPSA in determining priorities for assignment of clinicians. Scores range from 0 to 25 for primary care and mental health, and 0 to 26 for dental. The higher the score, the greater the priority.

The PRIMECARRE program uses HPSA as a criterion for participation, and HPSA score is one of the items that is considered in determining which applicants receive awards.

HPSA status is not only used for determinations in these types of recruitment and retention programs. It is also used by the Centers for Medicare and Medicaid Services (CMS) in the provision of certain physician bonuses, for example.

But, while HPSA status is important in these matters, it is equally crucial to understand that HPSA status is based on data. HPSA status is not determined by perceived difficulty of recruitment and retention. Instead, it is based on data such as the civilian resident population in the area; the number of practicing physician, dentist, or psychiatrist FTEs; the distance to alternative sources of care; and other specific criteria. Because the population, the number of FTEs, and the locations and availability of alternate sources of care can change, the HPSA status or score for an area can also change. The official source of current HPSA status for an area is http://hpsafind.hrsa.gov.

New National Health Service Corps Site Application Deadlines!

The NHSC has announced a change in the application process for **new** sites. If your clinic or critical access hospital is not already an NHSC site, and you have been considering becoming a site, please take note.

The cut-off date for **new** sites to apply to the NHSC is **December 15, 2012**. Any clinic or critical access hospital interested in approval as a new site is encouraged to get their application in before December 15 so they can become an NHSC site this year.

The next new site application cycle will begin **July 1, 2013, and will go through October 31, 2013**. If sites do not get in their application in this cycle by December 15, they will be able to do so again beginning July 1, 2013.

This new site application timeline does not have any impact on sites receiving auto-approval – including Federally Qualified Health Centers.

The NHSC has also set an application window for **current** sites that are due for their 3-year renewal. If you are already a site and your last review was 3 years ago or more, the following window applies:

Current sites due to expire between January 1, 2013, and March 31, 2013, will be encouraged to submit a recertification application by **March 1, 2013**.

A guide to assist with site applications is available on the Primary Care Office page of our website. Please scroll down to the Additional Resources section and look for the NHSC—Iowa Site Application Guide. This guide explains requirements to be an NHSC site and provides hints and tips to assist with having everything ready to complete a site application.

For more information about the National Health Service Corps and how it can benefit your community, please visit the NHSC website at http://www.nhsc.hrsa.gov.

Small Rural Hospital Improvement Grant Program 2012–2013

The State Office of Rural Health received a notice of grant award for the 2012-2013 Small Rural Hospital Improvement Grant Program (SHIP). SHIP is a federally funded program through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy. The federal grant provides additional resources to small rural hospitals to:

VBP—Improving data collection activities in order to facilitate reporting to Hospital Compare.

ACOs—Improving quality outcomes. Focus on activities that support QI such as reduction of medical errors as well as education and training in data collection and reporting and benchmarking.

Payment Bundling—Building accountability across the continuum of care. Funding could be used to improve care transitions between ambulatory and acute, acute to upstream acute and acute to step-down facility. This could be done in the form of training, clinical care transition protocol development or data collection that documents these processes.

PPS—Maintaining accurate PPS billing and coding such as updating chargemasters or providing training in billing and coding.

This year Iowa had one additional rural hospital join the SHIP grant taking the total number of participating hospitals to 85. Each of the 85 Iowa hospitals which applied for the SHIP grant will receive $7,817.00 to be used between October 1, 2012, and August 31, 2013.

All SHIP coordinators should have received an email from Katie Jerkins regarding this grant award on October 17, 2012. If your hospital did not receive this email nor has been notified about this funding please contact Katie Jerkins at (515) 423-2690 or katherine.jerkins@idph.iowa.gov.

Public Health and Needs Assessment Overview

Population health assessment is a primary and core function of public health. To meet standards, all public health agencies will regularly and systematically collect and analyze community health information in order to design and implement health improvement strategies. The community needs assessment is the process for not only gathering the data, but also collecting the partners and community health stakeholders to reflect on the information gathered and commit to implementation of health improvement strategies.

A community health needs assessment is both a process and a product
The process is a series of steps to gather partners and stakeholders, collect population-based data, determine health needs and issues and build health improvement strategies for community implementation. Work products coming out of this process are data profiles and health improvement plans as well as measures of population change as a result of the successful health improvement strategies.

Community needs assessments are done by local public health departments, governmentally-funded service contract agencies, transportation entities, economic development, United Way Agencies and foundations, not for profit hospitals and safety net organizations. While there are multiple models such as the one below for guiding the process of a needs assessment, they all contain some key defining elements: collaborative community engagement and data driven health prioritization for change strategies and initiatives.

The Iowa Department of Public Health (IDPH) uses multiple initiatives to the needs assessment process including teaching about the process, coaching community work in doing their own needs assessment and maintaining the information and health data making it available to local coalitions.

Data Sources

IDPH is partnering with Microsoft Consulting Services to develop a public portal for access to health data. This new system will replace the existing data warehouse and will have greatly expanded datasets and viewing/exporting options. The new system will include the following data from 2000 through the most recent year of available data:

- Birth
- Death
- Statewide inpatient discharge
- Behavioral risk factor surveillance survey
- Child blood lead
- Air monitoring
- Water quality
- Cancer
- Birth defects
- Poverty
- Housing

Anticipated release of the new system is late spring 2013. For continuous updates, go to http://www.idph.state.ia.us/DWH/. To view recently published static reports on environmental data, go to http://www.idph.state.ia.us/EHS/EPHTExplorer.aspx.

New Information about Dental Care During Pregnancy for Iowa Women

By Tracy Rodgers, RDH, CPH

In an effort to learn about problems Iowa women may have receiving prenatal or delivery care during their pregnancy, the Barriers to Prenatal Care Survey is conducted each year.

The survey is a cooperative venture of Iowa's maternity hospitals, the Statewide Perinatal Care Program, the University of Northern Iowa Center for Social and Behavioral Research, and the Iowa Department of Public Health. A questionnaire is provided to all maternity hospitals in the state; birth mothers are asked to complete it prior to discharge. The completed questionnaires are returned to UNI for data entry and analysis.

During CY2011, questions were added to the survey to learn about potential barriers to dental care. The following information is preliminary data regarding dental care prior to delivery*.

Although 55.6 percent of respondents reported having no problems with their teeth or gums,

- 19.9 percent indicated that their gums bled a lot,
- 8.3 percent had painful, red, or swollen gums,
- 12.9 percent had a toothache, and
- 4.6 percent had a tooth that needed to be pulled.

Forty-four percent of women did not visit a dentist, dental clinic or get dental care during their pregnancy. Of those:

- 32.2 percent do not routinely go to a dentist, even when not pregnant,
- 11.5 percent felt it is not important to get dental check-ups when pregnant,
- 13.1 percent did not have dental insurance and/or felt it costs too much, and
- 10.3 percent could not take time off work or were too busy.

Regular dental care is important for all Iowans, and should be a critical component of prenatal care. Not only can a woman's oral health impact her pregnancy outcomes, it can also impact her child's oral health after his birth. Oral Health Center staff will use the information to consider ways to improve the ability for Iowa women to access care during pregnancy and to promote the importance of this care.

*women could mark all options that applied

Attention National Health Service Corps Sites!

Effective January 1, 2013, you must have a basic site profile to continue to list job opportunities in the Jobs Center. A basic profile consists of a site description, hours of service/operation, site size, number of patients served annually, services provided, and languages spoken by patients. You can also include your brochure, photos, and other information that can help attract potential applicants.

To set up your profile, go to the National Health Service Corps website, choose Sites, and click on Complete Your Site Profile before January 1, 2013.

For more information on the award-winning Jobs Center resource, please visit http://www.nhscjobs.hrsa.gov.

Worth Noting

Iowa Critical Access Hospitals Recognized

The 59 highest-ranked critical access hospitals (CAHs) in the country were announced during the National Rural Health Association's (NRHA) Critical Access Hospital Conference. Five of the noted CAHs were from Iowa. CAHs were recognized for achieving success in one of three key areas of performance. The three performance indicators used to create the categories are:

Quality index: A rating of hospital performance based on the percentile rank across the five categories of Hospital Compare process of care measures.

Patient perspective index: A rating of hospital performance based on the percentile rank on two Hospital Compare HCAHPS measures ("overall rating" and "highly recommend").

Financial stability index: A rating of hospital performance based on the percentile rank on a set of balance sheet and income statement financial ratios.

Iowa hospitals were:

- Alegent Health Mercy Hospital in Corning
- Alegent Health Community Memorial Hospital in Missouri Valley
- Genesis Medical Center-Dewitt in Dewitt
- Audubon County Memorial Hospital in Audubon
- Grundy County Memorial Hospital in Grundy Center

Popular Leadership Institute for State Office of Rural Health and Rural Leaders Begins in January

National Organization of State Offices of Rural Health's (NOSORH) popular Leadership Institute (LI) will start again in January 2013. Designed in partnership with the Heartland Center for Leadership Development, this program created for SORHs has been expanded to include anyone who wants to advance their knowledge of rural health issues and to gain leadership skills. The LI is conducted virtually via webinar, with two face-to-face meetings—at the Annual NRHA Meeting (May 2013) and the NOSORH Annual Meeting (October 2013). Participants must be able to commit to the core training, being mentored and mentoring others, and sharing lessons learned. They should also plan to be part of an "alumni guild" that is committed to addressing rural health issues. For more information about the program and curriculum outline, click here.

This year, NOSORH is offering full scholarships to the LI to up to 10 rural community residents. Candidates should be eager to learn about rural health issues and to further serve their communities. NOSORH needs help in identifying emerging leader scholars for this program! To make a nomination, please fill out the Emerging Rural Leaders Nomination form. Nominations are due by November 9, 2012.

At its annual meeting on October 18, NOSORH hosted an informational session on the LI curriculum, including a discussion on how to engage emerging local leaders. For questions or more information, please contact Jessica Burkard at Jessicab@Nosorh.org or (425) 658-7065.

Resources

Mental Health Toolkit for Community Providers
The Department of Veterans Affairs has released a toolkit to help health care providers treat veterans for mental health concerns. The toolkit will help providers to better understand the specific issues veterans face and help them access VA resources. Visit http://www.mentalhealth.va.gov/communityproviders/ to access the toolkit materials.

Social Media for Health
Text4baby is a free mobile health education service that provides pregnant women and mothers with an infant less than one year of age with free, evidence-based, brief health messages. An educational program led by the National Healthy Mothers, Healthy Babies coalition, text4baby provides pregnant women and new moms with an infant under age one with information they need to take care of their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY for English (or BEBE for Spanish) to 511411 receive three, free SMS text messages each week, timed to their due date or baby's date of birth. For more information, go to http://www.text4baby.org.

"Health IT for You" Animated Video Now Online
A new animated video from the federal Office of the National Coordinator (ONC) explains how health IT benefits consumers. The video shows how electronic health records improve patient-doctor communication, allow health information to be available when and where it's needed, and help patients manage their health outside the doctor's office. The video is available online in 60-second and three-minute formats (click here).

The video was created by ONC's newly created Office of Consumer eHealth to help convey the benefits of health IT and other consumer e-health tools. The goal of the video is to spark conversation with patients and their health care providers about how they can leverage technology to improve their care and to increase awareness about ONC's HealthIT.gov web site—a resource for patients and families to learn more about health IT, patients' rights to access your health information, and tools that are available to help patients manage their health.

2012 Iowa Population Density Map – Peer Groups
This map shows population per square mile in each county and has a table with the information listed in peer groups. Good information for county assessments, and reports. Available at http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=Resources.

Calendar of Events

Health & Long-Term Care Access Advisory Council

November 7, 2012
10:00 a.m. – 3:00 p.m.
Urbandale, Iowa
Urbandale Public Library

Rebalancing Health Care in the Heartland: Shaping Iowa's Health Care Landscape

November 13, 2012
Des Moines, Iowa
Embassy Suites
Registration at http://www.healthcare.uiowa.edu/cme/webTracker/webtracker.html
Contact Shari Heick at (319) 335-4455

11th Annual Midwest Rural Agricultural Safety & Health Conference

November 14–16, 2012
Cedar Rapids, Iowa
Hotel at the Kirkwood Center
Register and information at http://cph.uiowa.edu/icash/events/mrash/2012

Deadline for new sites to submit National Health Service Corps site applications

December 15, 2012
Website: http://www.nhsc.hrsa.gov

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