

Iowa Department of Public Health and the Iowa Department of Education



Student Health Screening Work Group 2018

Response to SF475, Section 14

December 27, 2018

Student Health Screening Work Group Report: Response to SF475

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The Iowa Department of Public Health and the Iowa Department of Education would like to thank the members of the Student Health Screening Work Group and public attendees for their gift of time and for the wisdom and passion each and every member brought to the table.

Additional thanks goes to the staff from the Department of Public Health and Department of Education who displayed deep commitment and dedication to decreasing administrative burdens for schools while continuing to promote and protect the health of students.

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Executive Summary

Senate File (SF) 475 passed during the 2018 legislative session that directed the Iowa Department of Public Health (IDPH) and the Iowa Department of Education (IDOE) to convene a work group to study student health screening requirements for schools, and to make recommendations to reduce administrative burdens on schools. After three work group meetings, supported by additional work between meetings, the work group presents the following consensus recommendations:

Recommendations for IDPH and IDOE action (*legislative action not necessary*):

1. IDPH will create and/or revise educational materials for all the student health screening programs, including identifying additional resources for vision and dental screenings, and distribute this information to screening providers and school officials.
2. IDPH will create template letters schools can use to communicate with parents and guardians about student health screening programs. Template letters will address student health screening requirements and identify resources available to families such as Iowa Kidsight, I-Smile, Prevent Blindness Iowa and the United Way.
3. IDPH and IDOE will revise and clarify guidance for schools regarding the efforts necessary to comply with the intent of Iowa Code sections 135.17 (dental), 135.39D (vision) and 135.105D (blood lead).
4. IDPH, IDOE and school nurses will promote the use of existing venues to share best-practice information which demonstrate efficiency in compliance with the screening requirements, such as an existing school nurse listserv and other established communication methods.
5. IDPH immunization program will continue to support the Iowa Immunization Registry Information System (IRIS) enhancements and advancements in automation of data collection and exchange between providers, state agencies and schools.
6. IDPH lead program will evaluate data matching results for causes of non-match records and use these results to educate health care providers about the importance of accurate data submission and reporting.
7. IDPH and IDOE will evaluate the auditing requirements of the dental screening program for efficiencies and define the value the audit provides.
8. IDPH vision program will seek input from eye-care professionals to consolidate a single reporting form for vision screenings/exams and to ensure complete and accurate information is collected.

Recommendation for legislative consideration:

1. Consider allocation of funding to enhance current technology platforms that will create a consistent and centralized data management location.

While SF475 also requested a recommendation for a uniform enforcement framework, the work group concluded that creating a single enforcement date may actually result in unintended consequences of heavy workloads. Implementing the suggested recommendations will likely have the most positive impact on reducing the administrative burden on schools.

Background

Schools serve as a critical partner in ensuring students are healthy and ready to learn. When students are identified who may have barriers to learning, it is important to link students and their parents or guardians with available services to provide the best opportunity for the student to succeed. In Iowa, there are four health screening programs regulated by the state and implemented by the schools: immunization, dental, vision and blood lead. These student health screening programs place additional responsibilities on schools that can strain resources.

The 2018 legislative session considered action in response to concerns raised by schools regarding the burden experienced in carrying out various student health screening requirements. After considering input from various interest groups, the legislature passed Senate File (SF) 475. SF475 directed the Iowa Departments of Public Health (IDPH) and Education (IDOE) to convene a work group to study the student health screening programs, more specifically:

“The Department of public health and the department of education shall convene a student health working group to review state-initiated student health requirements, including but not limited to requirements relating to dental and vision health screenings under sections 135.17 and 135.39D, blood lead testing under section 135.105D, and immunizations under section 139A.8, and other related requirements imposed on public schools. The working group shall study measures for implementing such student health screening requirements while reducing the administrative burden such requirements impose on public schools. The working group shall develop a uniform enforcement framework that includes a single method for enforcement of the current student health requirements and related data collection.”

For the purposes of this report, the term “schools” as referenced in the bill, means public schools and accredited non-public schools, and the term “screening provider(s)” is inclusive of health care professionals who conduct screenings and other vision screening providers.

Work Group Process

The Iowa Department of Public Health (IDPH) scheduled three work group meetings from September to November, 2018. The meetings provided an opportunity for the work group to study each of the four student health screening programs and to discuss and identify recommendations that will reduce administrative burdens for schools. The work group membership list can be found in Appendix A.

Ahead of the work group meetings, IDPH staff engaged in a one and a half day quality planning process documenting screening program workflows, customers, knowledge gaps and timelines (Appendix B). This information was shared and validated with the full work group at the September meeting. Following the September meeting, staff from IDPH and the IDOE met to draft a recommendation selection grid (Appendix C). The selection grid tool was applied to each recommendation in order to make a relative assessment of resource needs, impact of reduction in administrative burden, identification of who controls the recommendation, and achievability.

The draft recommendations and the recommendation selection grid were shared with the full work group at the October meeting. During this time, the work group finalized the recommendation selection and assigned a prioritization score to each recommendation, which was then used to identify which recommendations could advance without legislative action vs. those recommendations that will need

legislative consideration. The full list of recommendations from Appendix C was refined for the purposes of the final report, and was approved by the full work group at the November meeting.

The following section of the report is a more thorough review of the recommendations noted in the Executive Summary. Of interest to the discussion regarding administrative burden, it was noted and agreed by all members of the work group that the immunization screening requirements carried out by schools should be held to a separate level of expectations. It was recognized that the results of un-immunized children entering school present a much higher student population health risk and as such, schools have a significant interest in protecting and ensuring the health of the student population. Because of this recognition, a majority of the recommendations are focused on improving the student health screening programs for blood lead, dental and vision.

Work Group Findings and Recommendations

The recommendations summarized in Table 1 are actions that can be implemented by IDPH and IDOE without legislative action. These recommendations will be initiated with the intent to complete the recommendations in time to benefit schools at the start of the 2019/20 school year. Work group members have committed to support IDPH and IDOE in assisting and reviewing the work from these recommendations prior to formal implementation.

Table 1. Legislative Action Not Necessary

- 1. IDPH will create and/or revise educational materials for all the student health screening programs, including identifying additional resources for vision and dental screenings, and distribute this information to screening providers and school officials.**

Impact on school burden: Some screening providers who participated in the work group indicated they were not aware of the various screening requirements, nor the additional free or low-cost services available to help families locate screening services which provide support for health screening needs (such as I-Smile, Iowa Kidsight, United Way, etc.). It was identified that if screening providers are more aware of the screening requirements, the providers will be equipped to educate parents or guardians about the need for screenings. Additionally, screening providers can relay accurate information to parents and guardians on submission of appropriate documentation to schools to help reduce missing student health records. This information will also be provided to schools to ensure consistency with provider knowledge, and to supply schools with resources on where screenings may be provided in lieu of using school staff time and resources to conduct screenings.

- 2. IDPH will create template letters schools can use to communicate with parents and guardians about student health screening programs. Template letters will address student health screening requirements and identify resources available to families such as Iowa Kidsight, I-Smile, Prevent Blindness Iowa and the United Way.**

Impact on school burden: School nurses and administrators indicated value from template letters from IDPH communicating the need for the screenings and identifying resources for parents or guardians on obtaining the screenings. Template letters for the student health screening programs

would reduce time burdens on drafting letters and would ensure consistency among schools across Iowa in providing follow-up information and resources.

3. IDPH and IDOE will revise and clarify guidance for schools regarding the efforts necessary to comply with the intent of Iowa Code sections 135.17 (dental), 135.39D (vision) and 135.105D (blood lead).

Impact on school burden: Based on testimony and input from school representatives during the work group meetings, it became apparent there is not a consistent understanding or application of the effort in providing follow-up to parents or guardians for the vision, dental and lead screening requirements. As a result, there may be self-imposed burdens by school officials when a parent or guardian is not responsive. Providing a guidance document that describes the minimum, reasonable effort that is sufficient for schools to meet the intent of Iowa Code will provide clarity and consistency to help school officials identify resource needs and effort for student health screenings.

4. IDPH, IDOE and school nurses will promote the use of existing venues to share best-practice information which demonstrate efficiency in compliance with the screening requirements, such as an existing school nurse listserv and other established communication methods.

Impact on school burden: While IDPH and IDOE can implement education and guidance materials to help educate school officials about the requirements for compliance with the screening programs, the work group noted that schools have a variety of approaches in managing and following up on health screenings. “Best-practices” are likely available that will, independent of regulatory requirements, create efficiencies for how schools carry out their roles.

5. IDPH immunization program will continue to support the Iowa Immunization Registry Information System (IRIS) enhancements and advancements in automation of data collection and exchange between providers, state agencies and schools.

Impact on school burden: The Iowa IRIS is currently highly automated. Over 95% of the records reported into the system arrive through electronic data exchange which minimizes the burden on immunization providers who previously conducted manual entry into IRIS. The IDPH Bureau of Immunization and Tuberculosis maintains a hosting, maintenance and service agreement with the IRIS software vendor which provides a platform to identify, plan for and implement additional enhancements.

6. IDPH lead program will evaluate data matching results for causes of non-match records and use these results to educate health care providers about the importance of accurate data submission and reporting.

Impact on school burden: Each school year, the IDPH match identifies approximately 25% of the enrolled students that do not have a lead screening record documented in the IDPH database. It is presumed that much of this is attributed to poor data quality such as a misspelled name, incorrect

date of birth, etc. If IDPH can further identify the reasons for the “non-match” results, this may reduce the number of students the schools will need to contact for lack of a lead screening.

7. IDPH and IDOE will evaluate the auditing requirements of the dental screening program for efficiencies and define the value the audit provides.

Impact on school burden: Auditing of school records related to the screening programs may have different levels of value depending on the program and the relationship to care coordination and referral programs, such as I-Smile. The evaluation of the dental screening program will identify potential changes and improvements to the audit processes. Program staff will work to clearly communicate the purpose and value of the audit to schools while carefully considering the need to continue to recognize and refer children with immediate dental care needs.

8. IDPH vision program will seek input from eye-care professionals to consolidate a single reporting form for vision screenings/exams and to ensure complete and accurate information is collected.

Impact on school burden: Vision screening and exam information is addressed by IDPH and IDOE in separate statutes (135.39D and 280.7A, respectively). There is confusion and lack of clarity regarding use of the forms. Creating a single form that collects applicable data will simplify the process for both screeners and school officials.

The recommendation in Table 2 requires legislative action prior to implementation. The work group did not have sufficient time to assess potential costs associated with enhancing technology that would assist with data collection, management and automation. If the legislature indicates a desire to explore this recommendation, IDPH will need time to obtain estimates from IT vendors.

Table 2. Recommendation for Legislative Consideration

1. Consider allocation of funding to enhance current technology platforms that will create a consistent and centralized data management location.

Impact on school burden: Screening providers and school nurses all indicated support for the IRIS system as a model for data collection, which includes a vision module. Vision module use is currently limited to school nurses due to lack of available resources for expansion to other users. IDPH maintains, in cooperation with CDC, a blood lead data base that is separate from IRIS, yet robust with blood lead data because of the universal screening requirements in Iowa. Finally, IDPH maintains a spreadsheet for dental screening data. These three data systems have differing levels of automation capacity, but with additional resources, options likely exist to further enhance data automation that will reduce the amount of effort needed by schools to verify student health screenings.

Conclusion

The student health screening work group believes with successful implementation of the recommendations from Table 1, reduction in the administrative burden placed on schools to comply with the student health screening requirements will be achieved. The student health screening work group will continue communicating in 2019 to ensure the implementation of the recommendations which do not require legislative action.

Should the legislature deem the recommendation from Table 2 warrants further action, the IDPH and the IDOE will work with the legislature and work group to provide additional information.

Appendix A – Work Group Membership

Organization	Voting member name
American Academy of Pediatrics Iowa Chapter	Stephen Rinderknecht
Area Education Agencies	Patrick Rabbitt
Department of Education	Melissa Walker
Department of Public Health	Ken Sharp
Iowa Academy of Family Physicians	Laura Abels
Iowa Academy of Ophthalmology	Scott Larson
Iowa Association of School Boards	Phil Jeneary
Iowa Dental Association	Cynthia Phillips
Iowa Optometric Association	Gary Ellis
Iowa School Nurse Organization	Sharon Guthrie

Public Participants

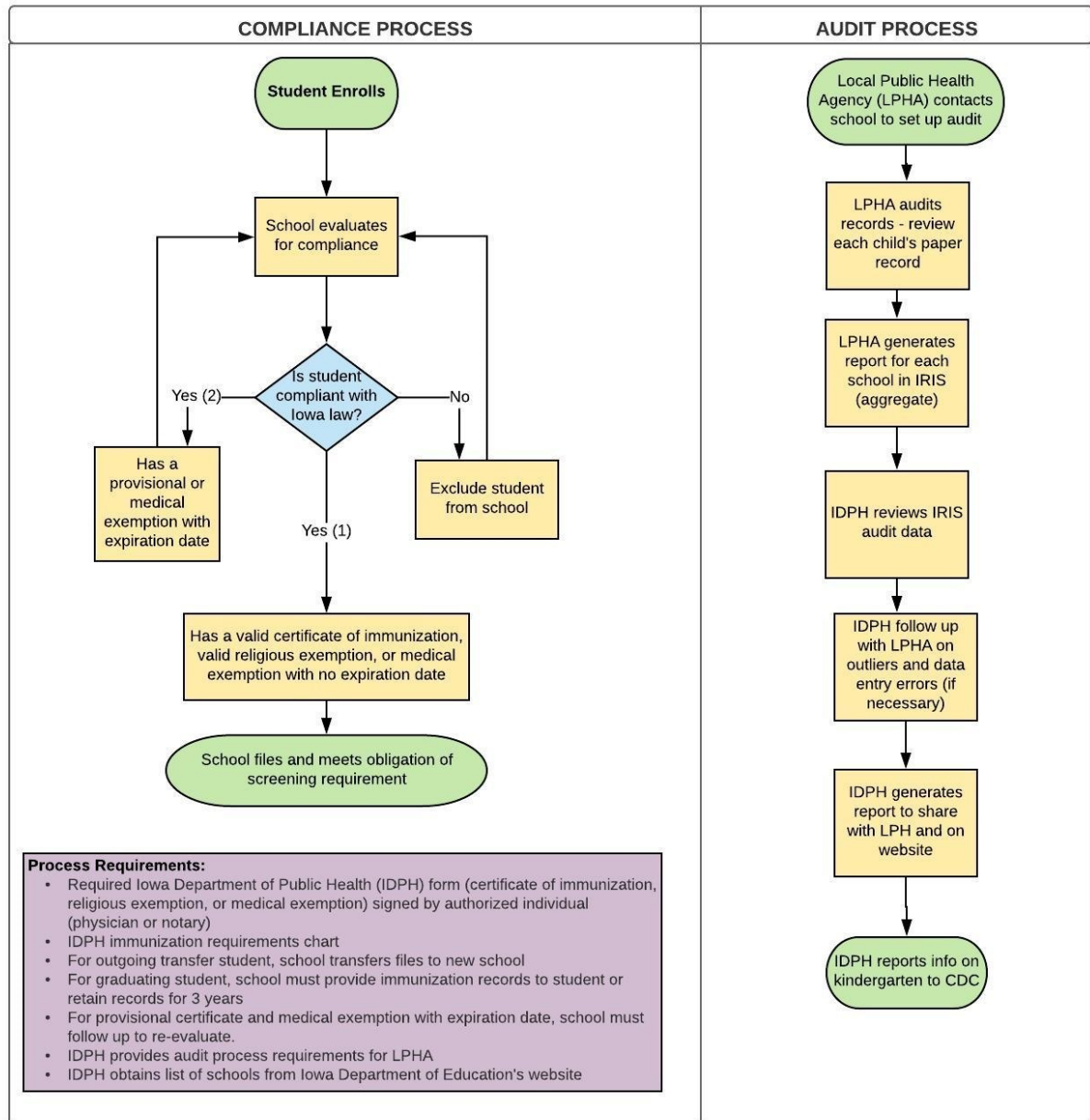
Organization
Prevent Blindness Iowa
Delta Dental of Iowa
United Way
Iowa Kidsight
School Nurses
House Democratic Staff
Legislative Services Agency
Senate Republican Staff

Appendix B – Program Workflow Diagrams

Validated at September 28, 2018 work group meeting

IMMUNIZATION STUDENT HEALTH SCREENING REQUIREMENTS

Iowa Department of Public Health - August 2018



Who's Involved?

- Parents
- Healthcare providers
- School admitting official
- School nurses
- Notary (religious exemptions)
- IDPH
- Dept. of Education
- LPHA

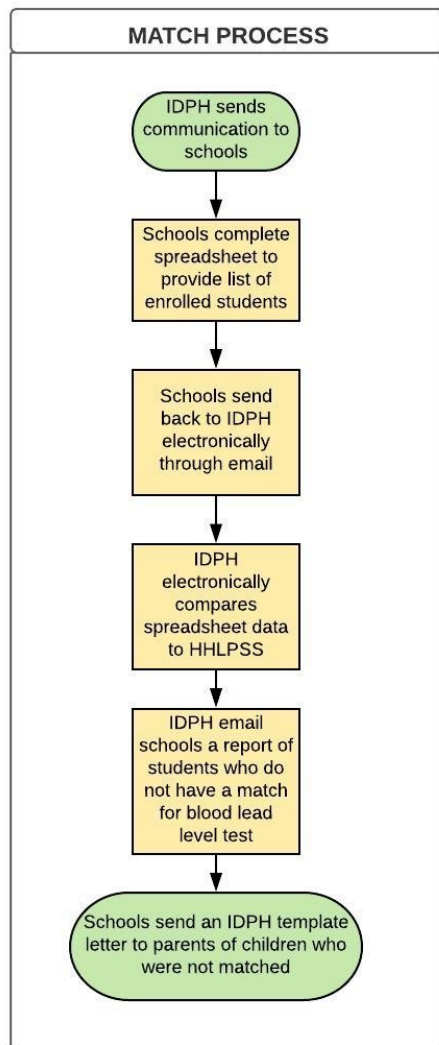
IDPH Knowledge Gaps:

- Access to IRIS
- School's process in evaluating compliance:
 - Timeline
 - Process
 - Data
- School's process to follow up with parents and how long it takes
- How are records submitted to the schools (paper/fax/school nurse prints from IRIS)

Immunization Timeline		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Law	By enrollment/first day of school student must be in compliance or will be excluded													
	Audit completed by 60 days from the start of school by LPHA (Admin. Code)													
Reality	By enrollment/first day of school student must be in compliance or will be excluded													
	IDPH recommends LPHA to wait until Oct. 1st to begin audit. The deadline to submit the school audit to IDPH is January 31													
	IDPH releases a school report before the start of the next school year													
Why do we do this?														
Disease prevention, to protect those who are unable to be immunized, vaccines are a cost savings, recommended immunization schedule (ACIP)														

LEAD STUDENT HEALTH SCREENING REQUIREMENTS

Iowa Department of Public Health - August 2018



Process Requirements:

- IDPH spreadsheet template to provide student information (includes first name, last name, and DOB)
- List of schools and school contact (school nurse)
- Healthy Homes Lead Poisoning Surveillance system (HHPSS)
- Mechanism to match students to HHPSS
- Requirements for blood lead level testing
- Report of students who have not received a blood lead level test by age 6
- IDPH template letter (must include IDPH contact information and information on how to get blood lead level test in local community)

Who's Involved?

- Parents
- Healthcare providers
- Labs
- Schools (school boards?)
- School nurses
- IDPH
- Dept. of Education

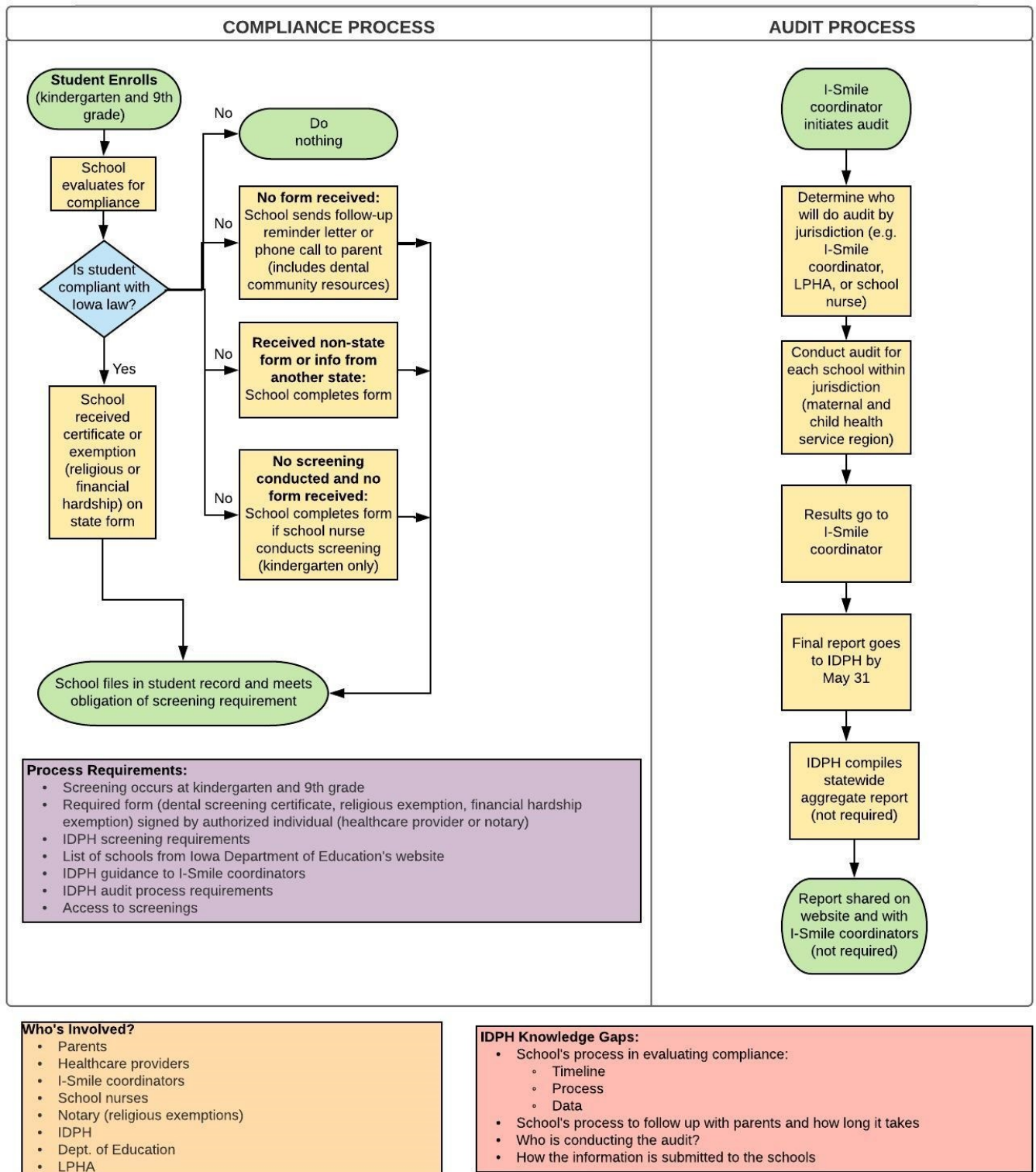
IDPH Knowledge Gaps:

- Accuracy of the match between HHPSS and school spreadsheet
- School's timeline and process for sending out follow-up letter
- Does the match process ensure students get a blood lead level test?
- Awareness of this requirement by school boards

Lead Timeline		May	Aug	Sept	Oct	Nov
Law	within 60 days of the start of school, school supplies IDPH with spreadsheet					
Reality	At end of school year, IDPH provides guidance to schools for the next school year					
	At start of school year IDPH sends more information					
	Electronic communication w/ spreadsheet sent to schools after initial communication email					
	Spreadsheet is due back by Oct 31					
	Automatic match takes place and IDPH sends results back to schools by end of November					
Why do we do this?	To identify and help children who are lead poisoned, it was a resonable timeframe for when a check could be made, to increase BL testing.					

DENTAL STUDENT HEALTH SCREENING REQUIREMENTS

Iowa Department of Public Health - August 2018

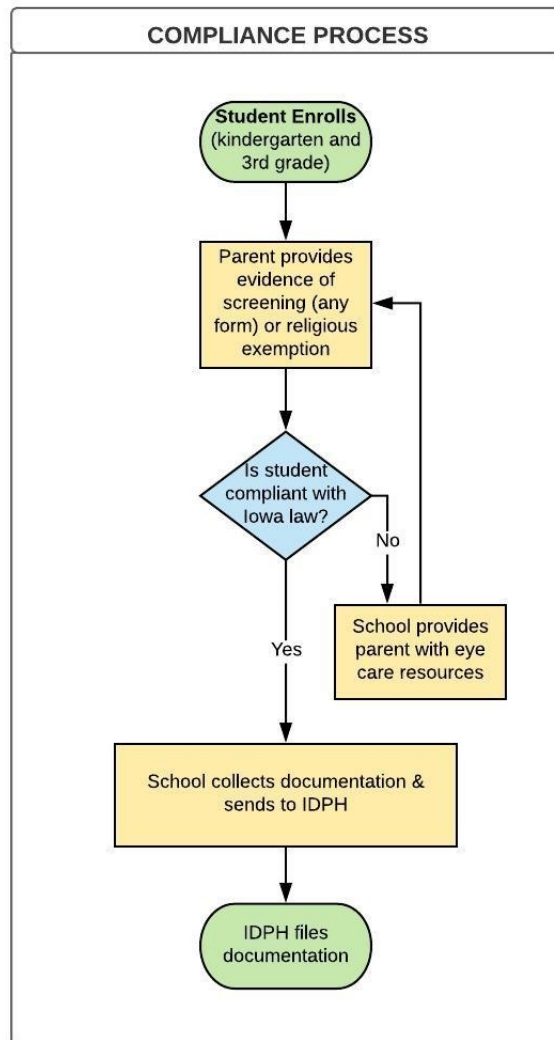


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VISION STUDENT HEALTH SCREENING REQUIREMENTS

Iowa Department of Public Health - August 2018



Process Requirements:

- Completed documentation (an IDPH template form is available)
- Kindergarten and 3rd grade
- Screening requirements
- Vision screener provides referral and contacts parents if there are vision impairment issues

Who's Involved?

- Screeners/eye care professionals
- School nurses
- Parents
- IDPH
- Dept. of Education

IDPH Knowledge Gaps:

- School's process in evaluating compliance:
 - Timeline
 - Process
 - Data
- School's process to follow up with parents and how long it takes
- How is the information being submitted to schools

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Vision Timeline	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Law										
Have from enrollment to 6 months after 1st day of school to submit evidence of valid screening										
Reality										
Before school starts communication goes to school nurses about screening requirements, and provides information on how to order forms										
<u>Throughout the school year IDPH receives screening files</u>										
Why do we do this?										
For early detection of vision impairment, to identify and help children with vision impairments, to enhance learning for children with vision impairments, and to prevent amblyopia (lazy eye)										

Appendix C – Recommendation Selection Grid

IDPH/IDOE Recommendation Selection Grid

SF475 Health Screening Work Group

Updated November 8th, 2018

For each recommendation, IDPH rated resource needs and impact as high, medium or low. Resource needs included time, funding and personnel. Impact focuses on reducing administrative burden for the schools. IDPH then discussed who potentially has control or influence over this recommendation.

Finally, each recommendation received an overall achievability rating from 1-5 (1 = just do it; 2 = do it, but it will take some time/resources; 3= consider, there are still things we do not know about resource and impact; 4= not achievable without extensive time and resources).

The Health Screening Work Group reviewed and validated the recommendations at the October 22, 2018, meeting and determine priority for each recommendation.

Recommendation	Resource Needs	Impact	Control	Achievability Ranking	Priority Ranking
Cross-Cutting					
Create automation between screening providers, schools, and state agencies	High	High	Workgroup Influence	4	High
Educate screening providers about screening requirements for students and how to report screenings	Medium	Medium	IDPH Control DE Control Workgroup Members Control	3	Medium
Create and encourage use of template letters and communication tools/methods for schools to use with parents.	Low	High	IDPH Control	1	High

Provide guidance for schools regarding the efforts necessary to comply with screening oversight specifically for vision, dental, and lead	Low	Medium	Workgroup Members Control	2	Medium
Create a venue for schools to share best practices that demonstrate efficiency in compliance with the screening requirements	Medium	Low	IDOE Control Workgroup Members Control	3	Medium
IDPH and IDOE should evaluate the auditing requirements and the respective value the audit provides to lead, vision, and dental screening programs	High	Unknown	IDPH Control	3	Low
Immunization					
Continue to support automation of data collection and exchange between providers, state agencies, and schools	Low	High	IDPH Control	1	High
Blood Lead					
Adopt legislation that will allow IDOE to provide student enrollment information directly to IDPH to, in turn, perform health record matching	Low	High	IDPH influence	3	High
IDPH should evaluate data matching results and further assess causes for non-match records and use these results to educate partners about the importance of accurate data submission and reporting	Medium	Medium	IDPH Control	2	Medium

Dental					
Provide education and awareness to screening providers and schools regarding the I-SMILE program and the resources available for dental screenings	Low	Low	IDPH Control	2	Medium
Build a dental module within IRIS to create a one-stop-shop for screening data	High	High	Workgroup Members Influence	4	High
Vision					
IDPH and Iowa Optometric Association should work to consolidate a single vision screening form to eliminate confusion (IDOE “green card” vs IDPH program form)	Medium	Low	Workgroup Members Control	2	Medium
Expand user groups in IRIS to allow more providers/screeners to enter data electronically to facilitate additional automation of screening data between providers, schools, IDPH and IDOE	High	Unknown	Workgroup Members Influence	4	High
IDPH should seek input from eye doctors regarding screening form content to ensure complete/accurate information is collected	Low	Low	IDPH Control	1	Medium
Provide education and information to schools about resources available through service programs such as Iowa KidSight, Prevent Blindness Iowa and United Way	Low	Low	IDPH Control DE Control	1	Medium