

**Rural Health & Primary Care Advisory Committee**  
**Lucas State Office Building**  
**February 9, 2012 • 9:30 a.m. – 12:30 p.m.**

**M i n u t e s**

Members Present

Kathy Nicholls, Chair  
 Angela Halfwassen  
 Mary Spracklin  
 Laine Dvorak  
 Ron Schafer  
 Roy Bardole  
 Debora Hinnah  
 Diane Telfer  
 Maureen Reeves Horsley

Members Excused

Kelley Donham  
 Curtis Hanson  
 Dave Heaton  
 Brenda Lohman  
 Julie McMahan  
 Jeffrey Messerole  
 Mike Rosmann  
 Lisa Schnedler  
 James Seymour  
 Julie Sproull  
 Mary Jo Wilhelm

Others Present

Katie Jerkins  
 Joel Horsley  
 Linda Miracle  
 Kathy Leinenkugel  
 Christian Hanson  
 Jon Rosmann  
 Jennifer Prymek  
 Larry Stone  
 Bob Watson  
 Randy Lane  
 Carmily Stone  
 Erin Drinnin  
 Dr. Bob Russell, D.D.S.  
 Ken Sharp

Rural Health and Primary Care Advisory Committee website:  
[http://www.idph.state.ia.us/hpcdp/rural\\_health\\_primary\\_care.asp](http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp)

Minutes Recorded by: Secretary, Bureau of Oral & Health Delivery Systems	
<b>Call to order</b>	Kathy Nicholls, Chair, called the meeting to order at 9:35
<b>Introductions</b>	Members and guest introductions.
<b>Minutes</b>	No quorum, therefore no action taken. Approval of the September and December minutes tabled until the June 2012 meeting.
<b>Unintended Health and Environmental Consequences of Confinement Agriculture</b> <i>Larry Stone and Bob Watson</i>	<p>Larry Stone and Bob Watson presented to the committee on the Unintended Health and Environmental Consequences of Confinement Agriculture.</p> <p>Until the 1970's, most livestock were kept in pastures, sheds, and barns. Manure was regularly spread on fields. With modern concentrated animal feeding operation manure collects in pits, tanks, or lagoons where it ferments for months, becoming toxic before being applied to fields. This collection process produced unintended consequences because the industry adopted technologies used in the industrial/municipal sewage treatment. However, the training, regulations, and engineering used have not carried over to industrial agriculture.</p> <p>The presentation included an explanation of technology that creates sewer environments, regulations and design, common myths, and specific examples. Information was also presented on the inherent industrial poisons, their effects on people, and how people can be protected.</p> <p>Common myths include: this is valuable manure, the odor merely a nuisance, with no health problems, technology can fix any problem, confinements and feedlots are regulated, opponents are urban activists, and we must keep this model because it gives us cheap food.</p> <p>Similarities between confinements and industrial sewage treatment include: sewer environments, closed spaces, untreated fecal waste. Differences include: sewers are</p>

designed to contain poisonous gases, waste in sewers is ultimately treated, no regulations to train or educate confinements about the hazards, and there are no regulations to protect the public from confinement's hazards which include hydrogen sulfide and ammonia.

Hazards from hydrogen sulfide include respiratory paralysis, convulsions, acute conjunctivitis. While hazards from ammonia include severe irritant of the eyes, respiratory tract, and skin, dyspnea, bronchospasm, pulmonary edema, bronchitis, pneumonia, and asthma.

Two studies about asthma and farm exposures in rural Iowa are [\*Asthma and Farm Exposures in a Cohort of Rural Iowa Children\*](#) and [\*School Proximity to Concentrated Animal Feeding Operations and Prevalence of Asthma in Students\*](#).

North Winneshiek Community School

The Iowa Academy of Science Panel worked with North Winneshiek

Requested an EPA air quality trailer and for a new EPA study but was too late to enroll

Recess at the school depends on the direction of the wind, windows could not be opened

because of the odor, the heating system had to be turned off, and they sprayed perfumes in the halls.

In 2010, the spring semester had 18 percent of the days when odor was detectable

37 percent of days in the 2010-2011 school year odor was detectable on the playground and

on nine days the odor was in the interior of the school building

Current efforts at North Winneshiek Community School include presenting at board

meetings, county board of health, state health department, state attorney general, DNR air

quality, along with letters to DNR, EPA, CDC, and op eds in local newspapers.

[\*Sour Showers: Acid Rain Returns--This Time It Is Caused by Nitrogen Emissions\*](#) this time caused by nitrogen emission instead of sulfur emissions as it was in the 1970s and 1980s that killed trees, fish, and damaged monuments in Washington, D.C. September 2010 issue of Scientific American.

Questions/comments:

Concerned with using statements like poisoning our children and chemically drenched soils. These seem to be inflammatory statements that that serve no end except division.

What degree do you have and/or what title or license you have and what is your definition of industrial agriculture?

Industrial agriculture is petro-chemical industrial agriculture where we use chemicals on row crop and use structures and inputs instead of farmers and labor management and laborers. I don't have a degree but everything I have done has been looked at by scientists, researchers, lawyers, regulators, industry officials, people in the industry, doctors, and veterinarians

As a family and a practitioner, Dr. Merchant was on the committee in the past and Kelley Donaham is currently on the committee. I think there are issues and this becomes highly political. Confinement locations (proximity to schools and residential areas) and concerns with the children's health are issues that this committee could support.

Submitted comment by Kelley Donaham

I guess I would say that Larry represents a citizen's advocate point of view, and there are other points of view. This issue remains divisive, and for citizens and our Advisory Committee it is good to hear the different viewpoints and try to seek the evidence base behind the viewpoints. Perhaps in a future meeting, we could have a presentation from another source. I would be glad to do this, or we could have someone from DNR, or ISU.

The committee discussed the possibility of having a presentation from another source or viewpoint. They agreed that it would be beneficial to hear other opinions and

	<p>viewpoints. It was suggested that the committee refer to Kelley Donaham for recommendations on presenters and the committee should request that Kelley Donaham meet with Dr. Merchant to discuss other possible presentations. Another suggestion was for a presentation from a physician who has studied the health outcomes of confinements and/or industrial agriculture.</p>
<p><b>2012 Legislative Breakfast discussion</b> <i>Committee members</i></p>	<p>There were fewer attendees at this year’s breakfast then in past years. However, those in attendance were more aware of the programs and more familiar with what the programs provide. One of the committee members discussed attendance with other programs that were at the capitol and they had similar experiences with attendance. It was also noted that there was not a lot of legislators in present at the capitol. Another event that might have affected attendance was the First Lady was in town for an event.</p> <p>Committee members expressed their disappointment that staff were not allowed to attend the breakfast. It caused frustration because there wasn’t an expert in attendance to provide answers to any questions that might arise. A couple members commented that maybe the committee or individual members could address their concerns to the Governor’s Office in hopes of gaining the presence of program experts at next year’s breakfast.</p> <p>Statistics from this year’s breakfast.</p> <ul style="list-style-type: none"> <li>• 26 legislators attended</li> <li>• 32 other’s attended</li> <li>• Food was provided by the Iowa Hospital Association and I-CASH</li> </ul>
<p><b>Direct Care Workforce</b> <i>Erin Drinnin</i></p> <p><i>01:26:00 – 02:05:00</i></p>	<p>Erin Drinnin provided an overview of the direct care workforce project. The <a href="#">Direct Care Worker Advisory Council</a> has been in place for several of years and was initially a task force. The council’s charge/task is to advise the department on training and credentialing for the direct care worker workforce. The council is diverse group of stakeholders that include members from direct care professionals, employers, educators, and state agencies.</p> <p>It has been estimated that the direct care workforce in the state is conservatively around 55,000 making them the largest workforce in the state. It is anticipated that the number of direct care professional will increase along with the demand for direct care professionals and their services. Iowa Workforce Development estimates by 2018 there will be a shortage of ~12,000 direct care professionals in the state. The increase in demand is coming from the baby boomer population, a growing elderly population, people with health issues, and people with disabilities that are demanding more services in home and in community base setting.</p> <p>There is a lack of standards for training and education of DCW. One sector of the workforce, certified nurse aides, have some standards for training yet the vast majority of the workforce lack consistent standards for training or education. This leads to a lack of portability as individuals move from job-to-job.</p> <p>There is a high turn-over rate, estimated at ~64 percent, within these professions. Studies show there a number of different causes for the high turn-over rate which range from training and education (feeling qualified for the job) to feeling a level of respect in the job which includes low wage which can compound all the issues. A study was conducted by the advisory council which concluded that the turn-over rate costs Iowa businesses an estimated \$126 million in 2011.</p> <p>Who are Direct Care Professionals? The term was coined by the Direct Care Worker Advisory Council and encompasses home and community based settings, long-term care facilities, respite care, supportive employment, home health, hospice, supportive living services, residential facilities, nursing homes, and hospitals.</p> <p>The <a href="#">Diagram of the Career Pathway</a> document is a diagram of the council’s</p>

	<p>recommendations. This captures several key principals from the council’s thoughts on standardized education, provides recognition, and a career pathway in direct care. The core training represents the required training anyone working in direct care needs. Upon completion the worker would be a certified direct care associate. The remainder of the pathway is voluntary and provides an opportunity for individuals to move along the path with advanced skills and advanced credentials.</p> <p>The department received Personal &amp; Home Care Aide State Training grant. The grant provides for development of the council’s recommendations and test outcomes. The current area focused is on curriculum development. Development of the curriculum is an intense stakeholder driven process that includes pilot sites in two regions of the state (Des Moines, Ottumwa), 15-20 employer sites, and 2 community colleges. There are evaluation components built in including pre- and post-tests, job satisfaction surveys, and impact on quality of care for the individuals they serve. Besides the curriculum development and testing we are developing a IT system that will apply for and renew credentialing, collecting data on workforce, and public portal for credential look-up including disciplinary actions taken against an individual. The council is assessing current rules and regulation with their recommendations to make sure they are in alignment.</p> <p>The ultimate goal of the federal grant is to develop a national model for education, training and credentialing of direct care workers. Every state is facing the same issues and challenges. Other states that with programs include California, North Carolina Massachusetts, Maine and Michigan.</p>
<p><b>Discussion of drafted fluoride reporting letter</b> <i>Committee members</i></p> <p><b>02:05:00</b></p>	<p>Ken Sharp indicated that their concerns continue to be the resources they have to support these activities. For many years we have supported these types of efforts for fluoridation. Unfortunately, environmental health does not funding to support these efforts and we have been working with Dr. Russell in attempts to secure alternative funding. Until alternative funding and resources are secured, environmental health is unable to provide support for these efforts. Environmental health is experiencing the same type’s discussion with other programs and funding sources. This is a critical point for environmental health in identifying priorities and how to support those priorities in the way of funding sources.</p> <p>As long as our concerns can be addressed, you have environmental health’s full support in working with Iowa Department of Natural Resources to address the local issues and the value of fluoridation.</p> <p>Dr. Russell - we continue to face communities discontinuing water fluoridation. This is an ongoing issues that does not appear will end soon. There is still no federal guidance on a definitive level of fluoridation that is consistent across the nation. The Health and Human Services policy that recommended the 0.7 ppm level of fluoridation is a recommendation not a policy. The standing policy, from 1964, is still in effect that recommends 0.7 to 1.2 ppm. It is expected that within a year the federal government will provide final guidance/policy. The CDC conducted public hearing to collect feedback from constituents on fluoridation.</p> <p>What is happening at the federal level is affecting Iowa. Iowans are getting frustrated, not only with the cost of fluoridation, especially in small rural communities, but because they are being bombarded with negative media claiming all types of effects. There have been comments and editorials all over the board from very popular groups that are negative about fluoridation. The position of the department is to continue to support the CDC position on water fluoridation. Evidence shows that fluoridation has benefitted Iowans since it began in 1954. Before fluoridation began, 92 percent of Iowa children had decay. Decay levels are nowhere near those levels even in communities with no dental access.</p> <p>The most reasonable concern is with fluorosis which is primarily caused by people/children swallowing toothpaste. Modifications have been made to recommendation on the amount of toothpaste to be used on a brush for a child and at what age to start. This should lead to less fluorosis in our society in the future.</p>

	<p>Dr. Russell agrees with Ken Sharp that the fluoride reporting recommendation from the committee is a budgetary matter. The department is over 60 percent federally funded with certain bureaus more dependent on federally funding - some up to 80 percent or greater.</p> <p>With the enactment of the Affordable Care Act, there are some individuals who think this will solve all the nation's health care problems and certain programs are no longer needed (e.g. Title V, SCHIP) These programs have become targets for reduction and if we receive a significant reduction in Title V funding, agencies will stop funding programs which will result in uncovered counties.</p> <p>The I-Smile™ program remains a pilot project funded through the transformation account at the Department of Human Services and not a direct allocation. The DHS funding the department receives is matched with federal Medicaid dollars. An additional small amount of direct appropriation is added to the funding. The pilot will end December 31, 2013. This is when the Iowa Care Act account ends. There are currently no plans after 2013 however; the DHS director supports the I-Smile™ program and it is strongly supported within DHS. DHS wants the program to continue along with a means for it to continue.</p> <p>The committee will continue to have I-Smile™ program on their 2013 legislative agenda. However, with the redistricting and the elections, there might be a new group of legislators that do not know about I-Smile™ or the fluoridation issues.</p> <p>The committee discussed the contents and the purpose of the fluoride reporting letter. Any letter drafted and submitted needs to address not only the reporting requirements but appropriate staffing as well as the monitoring capacity. Also keep in mind, the department does not have any regulatory authority over the public water supplies. This falls entirely under the Department of Natural Resources. DNR needs to be part of this communication because of their regulatory authority and their relationship with the community water systems not just IDPH. The committee needs to be cognizant of the implications to the regulatory authority and their relationships with the public water supplies.</p> <p>The letter will be redrafted and sent to committee members for approval.</p>
<p><b>Committee updates</b> <i>Katie Jerkins</i></p>	<p>The committee has four new committee members along with one new seat on the committee for critical access hospital representative. This brings the total seats on the committee to 21 with one seat being vacant. The vacancy is the Iowa Department of Agriculture appointment. Katie will be contacting the Department of Ag asking for an appointment.</p> <p>Katie is working on updating the committee webpage at <a href="http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp">http://www.idph.state.ia.us/hpcdp/rural_health_primary_care.asp</a>. All of materials in the legislative breakfast folder are included on the website and the membership list was updated. Katie will also be updating the committee mission statement. Jane Schadle searched for documentation of previous work on updating the committee goals and mission statement.</p> <p>It was suggested that "care education" be removed from the third bullet item goal.</p>
<p><b>Committee Member Updates</b></p>	<p>Jon Rosman, Iowa Prescription Drug Corporation, presented information to the Health and Human Services subcommittee last week which was a very positive presentation. Mr. Rosman thanked the committee for allowing them to be part of their agenda this morning and said that if there is anything that he or his staff can do for the committee they are always available to answer questions. Mr. Rosman also extended an invitation to tour the IPDC facility to the committee.</p>
<p><b>Plan Next Meeting Agenda</b></p>	<p>Topics for next meeting include:</p> <ul style="list-style-type: none"> <li>• Follow up on confinement Agriculture (Physician or DNR) Kelley and Deborah</li> <li>• Deborah Thompson – Legislative Liaison, legislative update</li> <li>• Watch – Rural Road crashes. Iowa Department of Transportation <a href="http://www.iowadot.gov/mvd/ods/index.htm">www.iowadot.gov/mvd/ods/index.htm</a>, email: <a href="mailto:ods@dot.iowa.gov">ods@dot.iowa.gov</a>, 515-237-3180</li> </ul>

	<ul style="list-style-type: none"> <li>• Updates on PRIMECARRE, CAH, Rural Health Clinics, etc.</li> <li>• Mission statement</li> <li>• Visit PCDDRP at the end of the meeting</li> <li>• Accountable care</li> <li>• E-health</li> </ul> <p>Date: June 7, 2012  Location: Lucas State Office Building, rooms 517 &amp; 518</p>
<b>Adjournment</b>	<i>Meeting adjourned at 1pm</i>