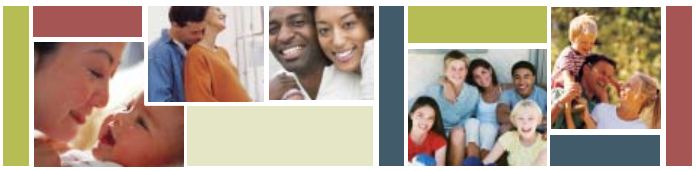
THE UPdate

August 20, 2012



The Update is a bi-weekly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Iowa's children are healthy, feel safe

Article featured in the August 14 edition of Iowa Now - written by Richard C. Lewis

Iowa's children are healthy, happy and feel safer in their communities than children nationally do, a survey led by the University of Iowa researcher has found.

The 2010 Iowa Child and Family Household Health survey is the only statewide study of the health and well being of the state's children. The surveys, led by the University of Iowa Public Policy Center, began in 2000 and are conducted every five years.

According to the survey, 97 percent of children in Iowa have health insurance, giving Iowa one of the highest rates of children's health coverage in the nation. Nationally, 91 percent of children had health coverage, according to a 2007 survey by the government National Center for Health Statistics. Of those in Iowa without health insurance, the researchers found that two-thirds of them likely would qualify for some form of federal or state coverage.

Perhaps due in part to the high rate of coverage, 90 percent of Iowa's children rate themselves as in good or excellent health. And, when they do need care, the state's children generally have few problems getting it. The survey found that just 3 percent of children were not able to receive needed medical care in a year's time, a low percentage considering Iowa's rural makeup.

Children also feel safe in their neighborhoods and in their schools. Ninety-two percent report they feel safe in their communities, although the percentage drops to 81 percent for low-income children. Children also found their immediate surroundings to be supportive, with 87 percent voicing satisfaction - four points above the national average - yet less so for children in low-income families in the state.

continued on next page

Iowa's children are healthy, feel safe

continued

The vast majority of children from kindergarten through high school - 95 percent and above the national average - feel safe at school. The percentage cuts across income and social backgrounds, as 90 percent of low-income children also reported feeling safe in the classroom.

"Overall, children in Iowa are generally quite healthy and safe, especially when you compare them with children nationally. That's a really good thing, and we should be proud of the parents, the schools and communities throughout the state," says Peter Damiano, head of the UI Public Policy Center, which led the study. "Still, we should recognize that low-income children are in a somewhat different situation, and we should take steps to address these concerns."

There are some troubling signs. The study looked at hunger for the first time: Perhaps due to the recession, 13 percent of children go hungry at least some of the time, in line with national statistics. That figure rises to 40 percent for low-income children in Iowa. Also, more than half of children surveyed reported they watch more than two hours of television or online videos daily; these children, perhaps not surprisingly, were more likely to be overweight.

"It's important that policymakers are aware that our study notes significant disparities, especially for low-income children in key areas such as health status, parenting stress, food security and safe and supportive neighborhoods," Damiano said.

Other highlights:

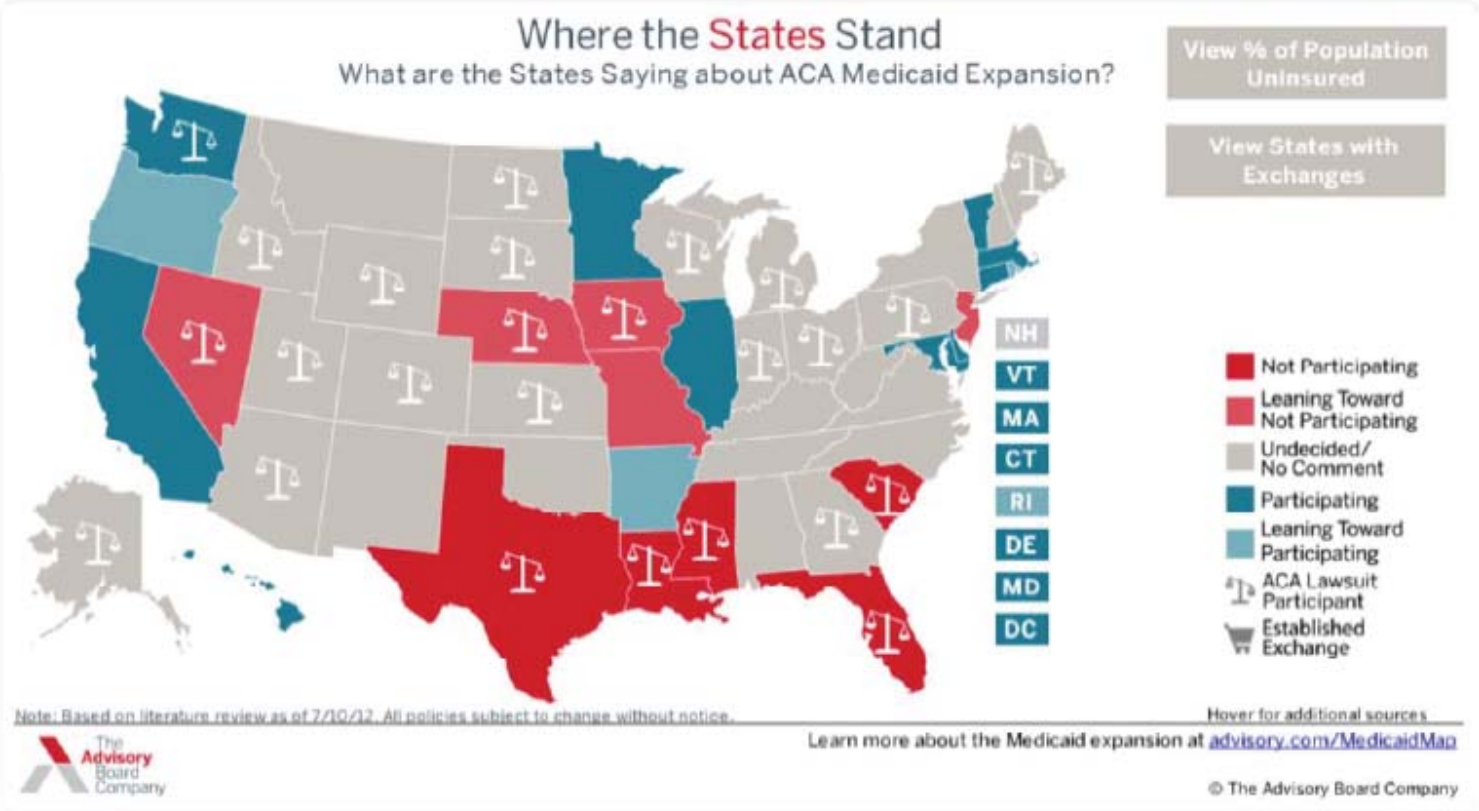
- 89 percent of children live with married parents or in a married-like relationship
- 18 percent of children live in households where tobacco, alcohol or drug use is a reported problem

Researchers polled 2,386 parents across the state by phone or online, with a special emphasis on getting responses from African-American and Latino households. A parent or guardian responded on behalf of one randomly selected child, who ranged from birth to 17 years old. The data were weighted to account for family size, children's ages and to reflect the 2010 census of children in Iowa, which counted about 820,000 children in the state.

Gretchen Hageman, Bureau Child of Family Health at the Iowa Department of Public Health, says the survey lends valuable insights not easily gleaned elsewhere. "We use it extensively to determine core strategies and programming to meet the needs of Iowa's children and families," she says.

To view the full report, go to www.ppc.uiowa.edu/health/study/iowa-child-and-family-household-health-survey.

Where the States Stand - What are the States Saying about ACA Medicaid Expansion?



To view a clickable map, or for more information, go to http://dl.ebmcdn.net/~advisoryboard/infographics/Where-the-States-Stand8/story.html.

Iowa Health Reform - The Check-Up Now Available

The May-August 2012 edition of The Check-Up has been released and is available here at www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=CheckUp.

The Check-Up is a newsletter designed to keep interested Iowans up-to-date on the progress of health reform initiatives in the state. Please feel free to share this with anyone else you think would be interested.

MCH Administrative Manual now includes specific guidelines to address inimate partner violence

If history repeats itself, have you ever considered how trauma and violence can repeat itself in the lives of Iowans and influence health and program outcomes? The Bureau of Family Health is working through funding from the Office of Women's Health and Futures Without Violence to better address intimate partner violence and reproductive coercion. As part of this initiative, BFH has included guidance in the MCH Administrative Manual on screening and protocols.

You are encouraged to review this material in the manual. You will also find a link to Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings. This link in the manual is an excellent resource for agencies. It focuses on the transformative role of the reproductive health care provider in identifying and addressing intimate partner violence (IPV) and reproductive coercion. The guide offers a discussion on the magnitude of IPV and reproductive coercion; overview of the health impact; guidelines for implementing routine assessment and intervention; policy implications and system responses; and provides validated assessment tools. The guide specifically examines how IPV and reproductive coercion impact contraceptive use and birth control sabotage; condom use; unintended pregnancy; and the role of pregnancy coercion, including exposure to STIs. The latest data in each of these areas is explored, in addition to identifying tools such as safety cards, posters and documentation forms to help launch health care responses. The goal of this resource is to re-frame the way in which health care systems respond to intimate partner violence and reproductive coercion such that the reproductive health care provider is the hub in a wheel of a trauma-informed, coordinated health care response.

Since the inception of Project Connect three years ago, almost 1,100 health providers have been trained to identify and respond to Iowans experiencing interpersonal violence by educating about the impact of the violence on their health and offering supportive options for help. The BFH continues to offer free trainings and resources to successfully help public health professionals use:

- Enhanced clinical interventions to respond to domestic and sexual violence
- Patient education materials on the connection between abuse and their health
- Protocols and screening tools for a systematic approach to identification and referral

For more information, contact Juli Montgomery at juliann.montgomery@idph.iowa.gov or (515) 242-6382.

Oral Health Recent Events

News from the Bureau of Oral and Health Delivery Systems - Oral Health Center

2011-2012 School-Based Sealant Program Results

The Iowa Department of Public Health, Oral Health Center, recently posted the annual School-Based Dental Sealant Program Report for the 2011-2012 school year, which can be found on pages 9-10 of **The UPdate**.

The OHC provides grant funds to seven local Maternal and Child Health contractors to implement a sealant program in schools that have a free and reduced lunch rate of over 40 percent. Sealants are applied to chewing surfaces of molar teeth shortly after the teeth erupt and are a very effective method for preventing tooth decay.

The purpose of school-based dental sealant programs is to improve the accessibility and utilization of dental sealants. These programs provide services to children who are unlikely to otherwise receive them (such as children in low-income households). On average, children of racial and ethnic minority groups have twice the amount of untreated decay in their permanent teeth. However, they typically only receive half as many dental sealants.

This year, a total of 7,319 children were screened with almost 65 percent receiving sealants. The average child received over three sealants for a total of 24,781 sealants placed. Over half (52.4%) of the children on Medicaid who participated in the program had a history of decay.

School-based settings serve as an ideal access point for children to receive dental sealants. In schools, children are easily accessible, familiar with the environment, and therefore, less anxious and fearful of receiving a dental procedure. Sealant programs tie in with the mission of the I-Smile program by improving parent awareness of their child's oral health and the importance of establishing a dental home for further preventive services.

Any questions regarding IDPH's school-based sealant programs can be directed to Heather Miller at (515) 281-7779 or heather.miller@idph.iowa.gov.

Register Now!

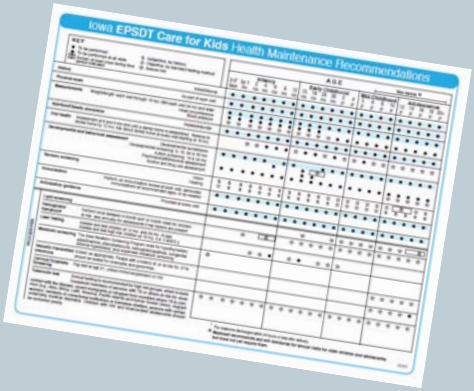
Online registration is now available for the 2012 Iowa Rural Health Association and Iowa Rural Health Clinics Association Fall Meeting, to be held at the Hilton Garden Inn in Johnston on September 20. If you are involved in efforts to improve the health of rural Iowans, you should consider participating!

Presentations and discussions will include updates about the country's health reform efforts; the past, present and future of Iowa's rural health; the state's direct care workforce initiative; the Iowa Physician Orders for Scope of Treatment law; the Fulfilling Iowa's Need for Dentists program; and an evidence-based rural physician recruitment plan. For more information, go to www.iaruralhealth.org/images/IARHC_IRHA_FALL_MEETING.pdf.

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

Administration/Program Management

Updated EPSDT Periodicity Schedule!


Iowa EPSDT Care for Kids Health Maintenance Recommendations

The newly updated 'Iowa EPSDT Care for Kids Health Maintenance Recommendations' (Periodicity Schedule) has been released and is available on page 11 of **The UPdate**. This updated schedule will be featured in the upcoming edition of the EPSDT Newsletter.

The changes in this schedule are based upon recommendations in Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition adopted by the American Academy of Pediatrics (AAP) and supported by Iowa's Chapter of the AAP.

The primary change was to include a recommended 30 month well child visit to the schedule. Please know that many medical providers (pediatricians, family practice physicians, nurse practitioners) may not be aware of this recommendation. This visit, as well as any interperiodic well child exams, are payable by IME for Medicaid enrolled children. In your work with practitioners and families, you can help to provide education on this additional recommended well child visit.

Also be aware that our systems have not been updated to accommodate this change. For example, CAReS does not include the 30 month visit on the Care Coordination Lists. In addition, the 30 month visit will not be captured in the well child screening data included in the CMS 416 Report (EPSDT Participation Data). Also, no Iowa Child Health and Development Record (CHDR) form has been created for this age.

You will see the term 'developmental screening' in the Developmental and behavioral assessment section of the schedule. Please know that this is actually referring to developmental testing (Code G0451 for 'developmental test with interpretation and report' such as the ASQ/ASQ-SE).

We continue to advocate for all Title V Child Health agencies to obtain a copy of Bright Futures, 3rd Edition. It contains outstanding guidance for prevention and health promotion for infants, children, adolescents, and their families. You may find information on obtaining this resource for your agency at http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html.

Calendar

August 29-30
Infant and Child Nutrition Core Workshops

October 16-17, 2012
***Bureau of Family Health Fall Seminar**
Gateway Hotel and Conference Center, Ames

* Required meeting

SEPTEMBER Contract Required Due Dates

13 - FP Client Visit Records

15- Electronic Expenditure Workbooks

27 - Export WHIS Records to IDPH

THE UPdate

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IDPH School-Based Sealant Program Report: School Year 2011-2012

AGENCY	# of children screened[1]	# and % of children receiving sealants	# of sealants placed and average	# of sealants placed on Medicaid enrolled and average	# and % of children with history[2] of decay	# and % of Medicaid enrolled with history[2] of decay	# and % of children with untreated[3] decay	# and % of Medicaid enrolled with untreated[3] decay	# and % of children with private insurance	# and % of children with no dental insurance	# and % of children with Medicaid
Black Hawk County Health Dept.	3,289	1,854	9,584	5,534	1,408	818	297	175	718	420	1,736
		56.4%	2.9	3.2	42.8%	47.1%	9.0%	10.1%	21.8%	12.8%	52.8%
Lee County Health Dept.	402	340	1,428	756	236	129	108	63	118	54	197
		84.6%	3.6	3.8	58.7%	65.5%	26.9%	32.0%	29.4%	13.4%	49.0%
Mid-Iowa Community Action	855	760	6,333	2,320	386	172	5	1	246	108	353
		88.9%	7.4	6.6	45.1%	48.7%	0.6%	0.3%	28.8%	12.6%	41.3%
Mid-Sioux Opportunity	846	610	2,331	728	482	154	149	51	231	219	248
		72.1%	2.8	2.9	57.0%	62.1%	17.6%	20.6%	27.3%	25.9%	29.3%
Trinity Muscatine	521	306	1,368	585	256	115	108	48	171	68	231
		58.7%	2.6	2.5	49.1%	49.8%	20.7%	20.8%	32.8%	13.1%	44.3%
Hawkeye Area Community Action	1,180	704	2,832	1,103	677	298	184	86	436	137	475
		59.7%	2.4	2.3	57.4%	62.7%	15.6%	18.1%	37%	11.6%	40.3%
Washington County Public Health	226	169	905	342	119	73	62	37	53	50	105
		74.8%	4.0	3.3	52.7%	69.5%	27.4%	35.2%	23.5%	22.1%	46.5%
State Total	**7,319**	**4,743**	**24,781**	**11,365**	**3,564**	**1,759**	**913**	**461**	**1,973**	**1,056**	**3,345**
State % or Average	**N/A**	**64.8%**	**AVG 3.4**	**AVG 3.4**	**48.7%**	**52.6%**	**12.5%**	**13.8%**	**27%**	**14.4%**	**45.7%**

[1] Children are screened/examined by dental hygienists or dentists.
[2] History of decay includes filled teeth and untreated decay.
[3] Untreated decay does not include questionable decay.
Average sealants placed, is based on the number of children screened.
All % are valid percentage.

IDPH School-Based Sealant Program Annual Report: School Year 2011-2012

AGENCY	# and % with a History of Decay (filled teeth and untreated decay) relative to Child's Payment Source for Dental Care					# and % with Untreated Decay (does not include questionable decay) relative to Child's Payment Source for Dental Care				
	Medicaid	***hawk-i***	**Self**	**Other**	**Insured**	**Medicaid**	***hawk-i***	**Self**	**Other**	**Insured**
Black Hawk County Health Dept.	818	82	165	85	258	175	11	38	28	45
	47.1%	**41.6%**	**39.3%**	**40.9%**	**35.4%**	**10.1%**	**5.6%**	**9.0%**	**13.5%**	**6.2%**
Lee County Health Dept.	129	15	30	2	60	63	5	13	0	27
	65.5%	**51.7%**	**55.6%**	**50.0%**	**50.8%**	**32%**	**17.2%**	**24.1%**	**0.0%**	**22.9%**
Mid-Iowa Community Action	172	20	44	51	99	1	0	0	4	0
	48.7%	**47.6%**	**40.7%**	**48.1%**	**40.2%**	**0.3%**	**0%**	**0%**	**3.8%**	**0%**
Mid-Sioux Opportunity	150	59	124	28	131	51	18	35	11	38
	60.5%	**57.3%**	**58.5%**	**62.2%**	**56.7%**	**20.6%**	**17.5%**	**16.5%**	**24.4%**	**16.5%**
Trinity Muscatine	115	13	33	13	82	48	5	12	7	36
	49.8%	**54.2%**	**48.5%**	**48.1%**	**48%**	**20.8%**	**20.8%**	**17.6%**	**25.9%**	**21.1%**
Hawkeye Area Community Action	298	40	74	28	237	86	10	25	11	52
	62.7%	**51.9%**	**54%**	**60.9%**	**53.3%**	**18.1%**	**13%**	**18.2%**	**23.9%**	**11.7%**
Washington County Public Health	73	0	14	10	22	37	0	9	5	11
	69.5%	**0%**	**28%**	**55.6%**	**41.5%**	**35.2%**	**0%**	**18.0%**	**27.8%**	**20.8%**
STATE TOTAL	**1,755**	**229**	**484**	**217**	**889**	**461**	**49**	**132**	**66**	**209**
STATE %	**52.4%**	**48.5%**	**46.1%**	**47.8%**	**44.6%**	**13.8%**	**10.4%**	**12.6%**	**14.5%**	**10.5%**

Children screened that participate on free/reduced lunch program	Children receiving sealants that participate on free/reduced lunch program	Sealants placed on children that participate on free/reduced lunch program
4,269 (58.3%)	2,832 (69.9%)	14,950 (AVG 3.5)

Iowa **EPSDT Care for Kids** Health Maintenance Recommendations

KEY

- ● To be performed
- ● To be performed at all visits
- ✪ Screen at least once during time period indicated
- **S** Subjective, by history;
- **O** Objective, by standard testing method
- ✻ Assess risk

		AGE																						
																		See below ✶						
		Infancy							Early Childhood						Mid.Childhood				Adolescence				
		2-3[1] days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr
History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical exam	As part of each visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Weight/length: each visit through 18 mo; BMI each visit 24 mo and older	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head circumference	●	●	●	●	●	●	●	●	●	●													
	Blood pressure	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity prevention	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Oral health	Assessment at 6 and 9 mo and until a dental home is established. Referral to dental home by 12 mo. Ask about dental home at every visit starting at 18 mo.			✻	✻	●	●	●	✻	●	●	✻	●	✻	✻	●	✻	✻	✻	✻	✻	✻	✻
Developmental and behavioral assessment	Developmental surveillance	●	●	●	●	●		●	●			●	●	●	●	●	●	●	●	●	●	●	●	●
	Developmental screening: 9, 18, 24 or 30 mo						●			●	✪													
	Autism screening: 18 & 24 mo									●	●													
	Psychosocial/behavioral assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Alcohol and drug use assessment																		✻	✻	✻	✻	✻	✻
Sensory screening	Vision	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	O	O	✪			O	S
	Hearing	O	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	S	S	S	S	S
Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anticipatory guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES																								
Lipid screening											✻			✻	✻	✻	✻	✻	✻	✻	✻		✪	
Hemoglobin/ hematocrit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present				✻		✪			✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻
Lead Testing	Assess and test children at 12 mo. and 24 mo. of age; Assess and test high-risk children at 18 mo, 3,4, 5 and 6 y.					✻	✻	●		✻	●		✻	✻	✻									
Metabolic screening	The Iowa Newborn Screening Program tests for hypothyroidism, galactosemia, phenylketonuria, hemoglobinopathies, congenital adrenal hyperplasia, plus expanded metabolic screening.	✪																						
Sexually transmitted infections	Screen as appropriate. People with a history of, or at risk for, STIs should be tested for chlamydia and gonorrhea.																		✻	✻	✻	✻	✻	✻
Cervical Dysplasia Screening	Pap test at age 21, unless immunosupression or HIV																		✻	✻	✻	✻	●	
Tuberculin test	Annual testing is recommended for high risk groups, which include household members of persons with TB or others at risk for close contact with the disease; recent immigrants or refugees from countries where TB is common (e.g., Asia, Africa, Latin America, Pacific islands and former Soviet Union); migrant workers; residents of correctional institutions or homeless shelters; persons with certain underlying medical disorders. Children with HIV and incarcerated adolescents should be screened yearly.	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻	✻

[1] For newborns discharged within 24 hours or less after delivery.

✶ **Medicaid recommends and will reimburse for annual visits for older children and adolescents, but does not yet require them.**