

# Off to a Good Start Coalition

## 2008 Policy Recommendations from 9/27/07 Conference

### Early Childhood Health Policy Planners and Advocates:

An opportunity exists for the 2008 legislative session to set a standard and position Iowa as a national leader in making children's health a priority. Research is clear that comprehensive services for kids leads to better child health, education, and development. Investing early in comprehensive services reduces later higher social costs and is, therefore, cost effective. An investment for children today will also decrease future health care costs and improve school success.

The third annual conference, "Off to a Good Start: Framing Policy for Early Childhood Health Systems Integration," was held on September 28, 2007 in Iowa City. Over 130 Iowa participants gathered to outline a strategy for improving health outcomes for Iowa's young children. The organizing framework for the conference was based on the Early Childhood Iowa Strategic Plan. It provided a venue to identify and prioritize key policy recommendations and strategies for state and national initiatives.

The workshop was coordinated by numerous organizations including, the Child and Family Policy Center, Institute for Public Health Practice at the University of Iowa College of Public Health, and the Iowa Prevention of Disabilities Policy Council. Financial and other event partners are listed to the left.

We invite you to join the *Off to a Good Start Coalition* and embrace the "Policy Principles for Consideration" presented in this document.

~ **Off to a Good Start Coalition,**  
Event Organizers and Participants

### Cross-Cutting Policy Principles

- Cross sector work by stakeholder groups should be modeled. Their unified vision can impact public and private partnerships.
- Create a system of change that provides opportunities for families, providers, and local agencies to obtain the training and education needed to impact their knowledge, attitudes, and practice.
- Provider incentives that impact quality of care for children (e.g., new billing codes, and/or other means to ensure comprehensive screening and follow-up services, adequate levels of reimbursement for services provided, expanded scope of coverage, etc.) should be identified and implemented.
- Training and education of providers must be expanded to meet the health care needs of all children, especially incorporating evidenced-based practices into well-child care and mental health to improve children's healthy development.
- Screening, surveillance, and educational tools and materials that promote healthy child development should be widely disseminated to health care providers in a variety of formats.

Each action oriented policy outlined below is based on research and evidence-based information demonstrating successful health outcomes for children if implemented. Experts in Iowa and across the nation recognize the power of proven early childhood health models and systemic change to create a society and environment for all people to be productive and healthy.

### A special *Thank you* to the 2007 Event: Goal Facilitators and Recorders

- Goal 1: Susan Salter & Sonni Vierling
- Goal 2 & 3: Karla Fultz McHenry & Andy Penziner
- Goal 4: Dr. Bob Russell & Tracy Rodgers
- Goal 5: Stacey Cyphert & Deb Kazmerzak
- Goal 6: Dr. Andrea Fick & Jane Stockton

## Event Partners

- **Child and Family Policy Center:**  
Charles Bruner, Carrie Fitzgerald
- **Child Health Specialty Clinics:**  
Jeffrey Lobas, Andrew Penziner
- **Delta Dental of Iowa:**  
Susanne Heckenliable
- **Early Childhood Iowa:**  
Gretchen Hageman, Jane Stockton
- **Healthy and Well Kids in Iowa:** Susan Salter
- **Iowa Chapter of the American Academy of Pediatrics:** Jody Murph
- **Iowa Department of Human Services:**  
Sally Nadolsky
- **Iowa Department of Management/Iowa Community Empowerment:**  
Shanell Wagler
- **Iowa Department of Public Health:**  
Jane Borst, Gretchen Hageman, Tracy Rodgers, Bob Russell, Jane Stockton, Sonni Vierling
- **Iowa Head Start Association:**  
Tom Rendon
- **Iowa Prevention of Disabilities Policy Council:** Chris Atchison, Kay DeGarmo, Scott Lindgren
- **Iowa/ Nebraska Primary Care Association:** Deb Kazmerzak
- **Partnership for Better Health:**  
Natalie Battles
- **State Public Policy Group:**  
Tom Slater
- **The University of Iowa Center for Disabilities and Development:**  
Scott Lindgren, Ann Riley
- **The University of Iowa College of Public Health Institute for Public Health Practice:** Chris Atchison, Dawn Gentsch

## Important Contributions or Accomplishments impacting Iowa children in relation to quality social, emotional and mental health services:

- A state public-private team developed and successfully tested a surveillance tool for well-child exams, the Iowa Child Health and Development Record, (Iowa CHDR). The CHDR screens developmental, social-emotional, and family risk factors.
- This statewide team also developed guidelines for a three-stage identification process and recommended tools to be used at each stage of the process. Five Iowa health provider associations have now endorsed the guidelines and tools.
- The identification guidelines and tools, including the Iowa CHDR, are available to health care providers at [www.iowa.epsdt.com](http://www.iowa.epsdt.com). This site had about 80,000 hits last year.
- With funding from Iowa Empowerment and Medicaid, the UI Center for Disabilities and Development (CDD) initiated training of primary health care providers on the use of the guidelines and tools.
- CDD partnered with the Des Moines Child Guidance Center to offer training on diagnosis of social-emotional problems in children birth-3 (DC: 0-3R). The training was offered at three Iowa sites in 2007 and will be offered at two additional sites in 2008.
- With funding allocated by the state legislature, the Iowa Department of Public Health's 1st Five Healthy Mental Development Initiative is developing effective community systems of care between public and private providers. This system enhances the identification of children at risk for developmental problems and assures appropriate referral and follow-up care. The project is currently operating in multiple community sites that will impact care for approximately 42,000 Iowa children birth to five years.
- Child Health Specialty Clinics telehealth consultations for pediatric behavioral health have increased statewide. Plans have begun to extend and sustain telehealth child psychiatry consultation and associated care coordination services.

## 2007/2008 Policy Recommendations:

1. Assure all children (birth through 21) have comprehensive health coverage that includes parity for developmental, social, emotional, and mental health services.
2. Remove barriers that include reimbursement structure inhibiting primary care providers from providing early identification and intervention care.
3. Build capacity of the system to expand availability through workforce development to provide mental health services for ages birth-5.
4. Translate scientific findings and recommendations about the ABCD II project into effective care policy for children.
5. Adopt and implement evidence-based program policy for Medicaid, hawk-i, and insurers to support the healthy mental development of Iowa's young children.
6. Establish an entity with the legislative charge for accountability in assuring and demonstrating integrated cross-systems planning.

## Data Points of Interest:

Research shows a need for practice change...

- A. We now know social-emotional development is as important as general development; those who don't meet social-emotional milestones are at far greater risk for school failure that can lead to juvenile delinquency and welfare dependency.
- B. Research shows that children of depressed mothers are 6-8 times more likely to have a depressive disorder, and five times more likely to develop a conduct disorder.
- C. A recent national study revealed that 12-16% of children experience developmental problems, but only a third of those children are identified before they enter school.
- D. For Iowa children enrolled in Medicaid, less than 50% of children birth-12 months and less than 30% of children 1-2 years receive developmental screening.

Investing earlier yields a better rate of return...

- A. Several national studies have demonstrated that every dollar invested in early childhood yields between a \$3-\$17 return.



## Increase access to and utilization of preventive health services.

## Goal 2

### Important Contributions or Accomplishments impacting Iowa children in relation to preventive health services:

*Healthy Child Care Iowa (HCCI)* is publicly funded to improve the health and safety of Iowa children enrolled in child care and early education settings. *HCCI* early childhood contributions include:

- Supporting child care nurse consultants who can assist child care providers who have questions about policies, health programs, health of personnel, or specific child health or safety issues.
- Promoting Iowa's voluntary *Quality Rating System (QRS)* to raise the quality of child care, increase the number of children in high-quality child care, and educate parents about child care quality.

*The 2005 Iowa Child and Family Household Health Survey (HHS)* is a statewide population-based telephone survey designed to assess: 1) the health and well-being of Iowa children and families; 2) a set of early childhood-specific issues; 3) health insurance coverage; and 4) the health and well-being of minority children. *HHS* early childhood contributions include:

- A special "Early Childhood Results" report based on a series of relevant early childhood survey questions and available at: **2005 Household Health Survey - Early Childhood Report**.
- The ability to analyze some data items for change over time because the 2005 HHS follows the 2000 HHS, and, if possible, will be repeated in 2010 and every five years thereafter.

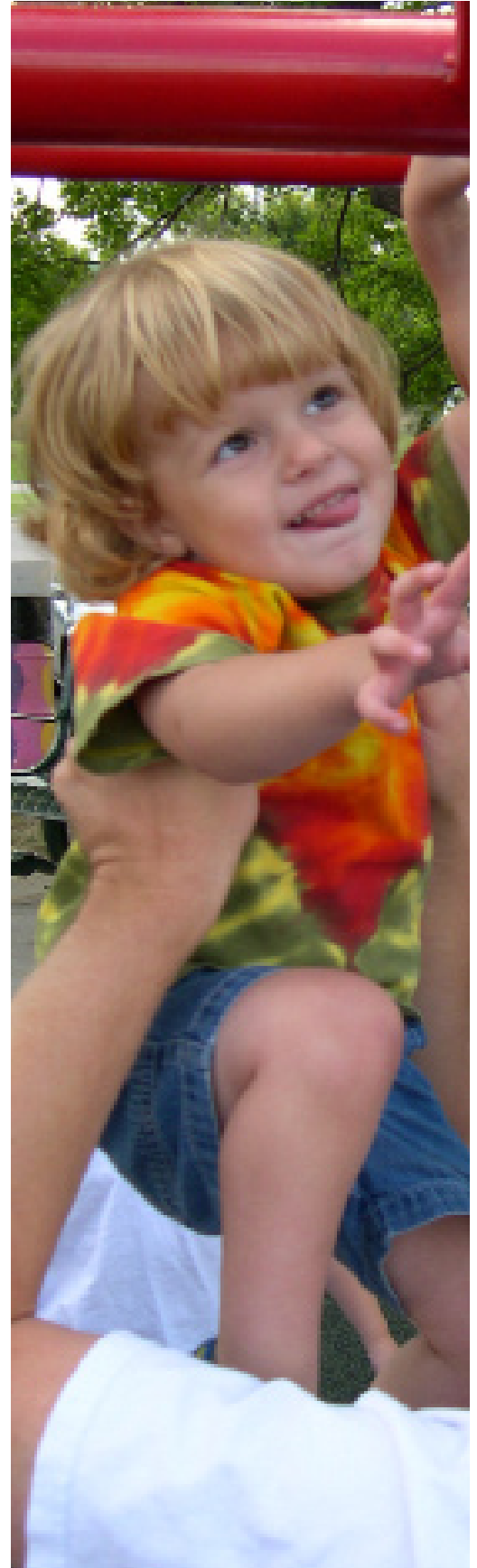
### Data Points of Interest:

- Healthy Child Care Iowa – From Iowa Department of Human Services data, as of the start of federal fiscal year 2008, there were 543 QRS-certified Child Development Homes (home-based child care) and 240 QRS-certified Child Care Centers (center-based child care) in Iowa. Certifications range from basic to advanced.
- 2005 Iowa Child and Family Household Health Survey – Of parents of children 0-5 years old, 41% reported that their child's physician told them he or she (i.e. the physician) was doing an assessment of the child's development; 46% reported that their child's physician provided preventive guidance; and only 1% reported not being able to get needed routine preventive care for their child.

### 2007/2008 Policy Recommendations:

*Enhance access to and provision of best practice preventive health services by:*

- A. Using economic analysis to demonstrate investment value and cost savings for preventive care services.
- B. Advancing mechanisms to assure fair reimbursement for preventive service providers.
- C. Obtaining formal support from professional associations (medicine and others) for setting expectations regarding provision of best practice preventive services.
- D. Designating the Iowa Department of Public Health as the organization responsible for recommending standards (e.g. Bright Futures) for provision of preventive services.



## Increase the number of children with a medical home.

## Goal 3

### Important Contributions or Accomplishments impacting Iowa children in relation to the Medical Home model:

Since 2002, the Iowa Medical Home Initiative (IMHI) has been publicly funded through a federal Maternal and Child Health Bureau grant and a state Iowa Department of Education Early ACCESS professional development contract. The fundamental purpose of the IMHI is to facilitate the implementation of the medical home model in community-based family physician and pediatric practices statewide. IMHI early childhood contributions include:

- Improving collaboration between community-based primary care practices and Iowa's Early ACCESS early intervention program for the benefit of young children, 0-3, with developmental delay.
- Partnering with the Iowa Department of Public Health's *1<sup>st</sup> Five Program* to assure healthy mental development of young children, 0-5, through improving early childhood developmental screening by primary care practitioners and assuring effective follow-up for the young children who fail developmental screening.

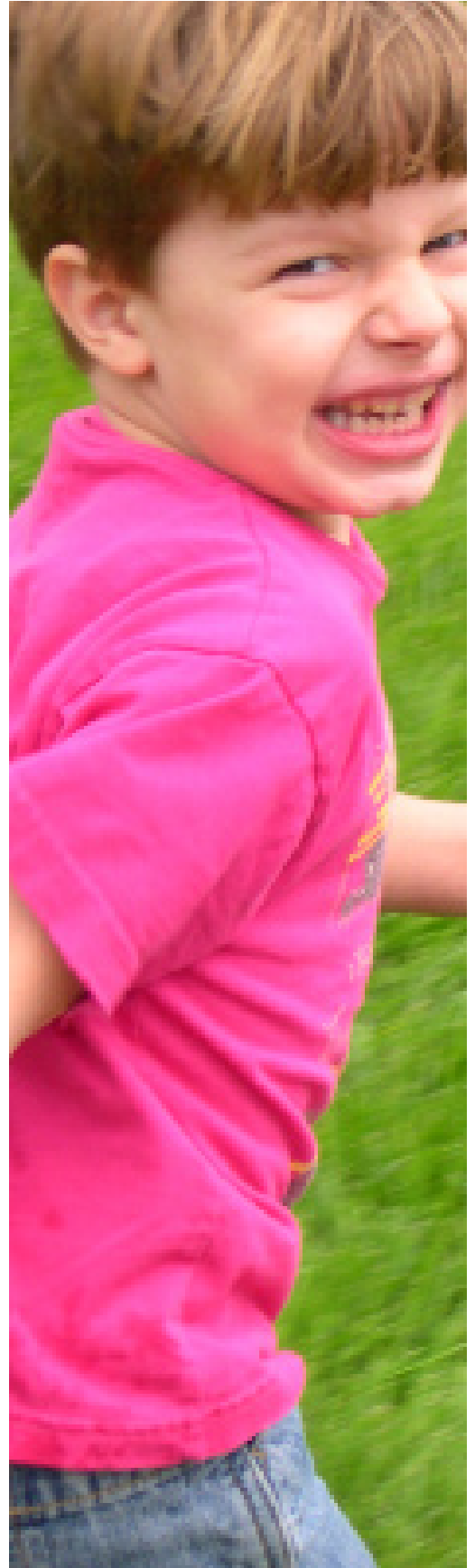
### Data Points of Interest:

- The 2003 *National Survey of Children's Health* and the 2006 *National Survey of Children with Special Health Care Needs* asked families about having a medical home for their children. In Iowa, 52% of families without a special health care needs child reported having a medical home and 57% of families with a special health care needs child reported having a medical home. Nationally, these rates are only 46% and 47% respectively. Iowa ranks better than the national averages, but can still improve.
- In a 2007 IMHI-supported survey of primary care practices by the Iowa Center for Evaluation Research, 45% of practices that had participated in a year-long medical home learning collaborative reported referring young children with developmental screening red flags to Early ACCESS. In contrast, only 17% of practices not participating in a medical home learning collaborative reported referring young children with developmental screening red flags to Early ACCESS.

### 2007/2008 Policy Recommendations:

Promote a medical home model quality of care among public and private health care providers by:

- A. Working to solidify and communicate a standard definition of "medical home" to families, providers, payers, and policymakers.
- B. Using economic analysis and other research evidence to demonstrate the value of a medical home model of care.
- C. Assisting Medicaid and private insurers to formulate policies and incentives that encourage providers to deliver a medical home model quality of care.
- D. Creating a statewide multi-agency leadership entity to guide health care quality improvement efforts via spread and sustainability of the medical home model.



## Increase the number of children with a dental home.

## Goal 4

Children need healthy teeth to speak properly, eat food to nourish their bodies, and build confidence. Teeth begin to erupt around 6 months of age, and cavities can develop immediately. Cavities can be prevented, however not enough children get preventive care. It is important to assure teeth remain healthy as soon as they erupt.

### Important Contributions or Accomplishments impacting Iowa Children in relation to oral health:

The American Academy of Pediatrics definition of a dental home has been adopted for the I-Smile project, emphasizing the importance and need for early preventive care.

Funding for the I-Smile project allows Title V contractors to employ dental hygienists as local coordinators. The I-Smile Coordinators work with families and community organizations to assure early and regular dental care for children by the age of 1.

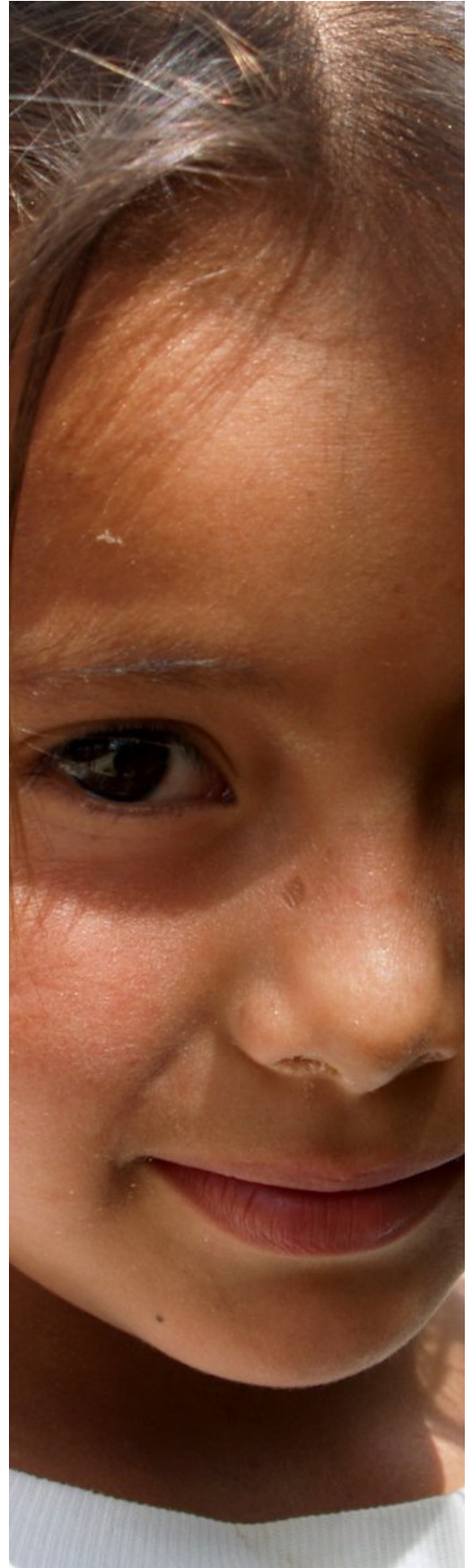
Trainings for physicians have begun on how to do oral screenings and apply fluoride varnish to children under the age of 3, boosting available work force and assuring preventive care.

### Data Points of Interest:

- During 2006, over half of all Medicaid-enrolled children received **no** dental services. Over 60% of Medicaid-enrolled children between age 1 and 5 had no services.
- One in 4 children has no payment source for dental care. Children with no payment source are 3 times more likely to have unmet dental needs than children with private or public insurance.
- The cost to Medicaid for 3 fluoride varnish applications in a year is \$43.23. The cost for one small filling is \$46.31.

### 2007/2008 Policy Recommendations:

1. Increase funding for I-Smile to improve local public health infrastructure through use of dental hygienists within Title V to create systems for treatment referrals, preventive dental services, health care provider trainings, and education for underserved children and their families.
2. Implement workforce recruitment and retention strategies for underserved areas, including dentist and dental hygienist loan repayment programs and establishment of rural hospital-based dental clinics.
3. Create policies to increase dentist participation in Medicaid, including tax deductions/incentives for dentists and development of a Medicaid program (similar to hawk-i) that looks and works like a private dental insurance carrier.
4. Increase use of dental hygiene workforce, including development of minimum standards to work as public health professionals with less restrictive supervision requirements.
5. Assign a separate procedure code and fee for oral health screenings provided by physicians for Medicaid-enrolled children birth to age 5 provided by physicians and sustain funding for oral health training opportunities for medical providers.
6. Promote federal legislation to change SCHIP regarding policy that prevents children with medical insurance from becoming eligible for SCHIP dental benefits and change the Family Leave Act to include preventive dental care and dental office visits.



## Increase the number of children with health care coverage.

## Goal 5

- Assure SCHIP passage, enactment
  - Develop policy with multiple mechanisms for covering all kids
  - Continue funding for “Covering Kids”
    - Use public-private strategies such as Tax incentives
  - Extend hawk-I to higher incomes with buy-in
1. Expand hawk-i (SCHIP) eligibility to increase the number of children with health care coverage.  
Consider: Increase Age of eligibility to 23; FPL to age 300% and Combine three years of income to average-out for self-employed families
  2. Set a preferred standard of pediatric care such as that developed by the American Academy of Pediatrics and promote use of that standard within Medicaid, SCHIP and private insurers.
  3. Provide health care coverage that is available and affordable for all children.
  4. Provide health care insurance that covers the whole child, including care coordination, as needed, for access to medical and other services to promote healthy development and address health needs with parity for mental, social-emotional and developmental assessment and care.
  5. Assure that children’s health care coverage allows for and promotes the provision of preventive and developmental services for all children.
  6. Emphasize quality and a broader application of evidence-based practices within all public and private health care plans.



# Increase access to and utilization of preventive health services and prenatal care services for women and men of reproductive age.

## Goal 6

*“Despite major advances in medical care, poor birth outcomes continue to be a problem in the United States. Each year, 12% of babies are born premature, 8% are born with low birth weight, and 3% have major birth defects. Of women giving birth, 31% suffer pregnancy complications. Risks associated with poor pregnancy outcomes remain prevalent among women of reproductive age. For example, 11% of women smoke during pregnancy, and 10% consume alcohol. Of women who could get pregnant, 69% do not take folic acid supplements, 31% are obese, and about 3% take prescription or over the counter drugs that are known teratogens. In addition, about 4% of women have preexisting medical conditions, such as diabetes, that can negatively affect pregnancy if unmanaged. All of these factors pose risk to pregnancies, but could be addressed with proper health interventions.”*

### Centers for Disease Control and Prevention

## Data Points of Interest

- Publicly supported services help women avoid 1.3 million unintended pregnancies a year. AGI, *Fulfilling the Promise*, 2000
- Family planning services offer a range of services beyond contraception including nutrition counseling, immunizations, postpartum care, well-baby care, WIC, and prenatal care.
- Most women using publicly supported clinics are living below 100% of poverty (57%), Caucasian (61%), and younger than 30 years of age (80%). AGI, *Fulfilling the Promise*, 2000
- Public funding of prenatal care services has helped Iowa to assure that 89% of Iowa mothers in 2003 received prenatal care during the first trimester which is rapidly approaching the Healthy People 2010 goal of 90%. US Health and Human Services. The Office on Women’s Health. Quick Health Data Online. Accessed February 7, 2008.

## For more information or to make comments, contact the following organizations:

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### • Prevention of Disabilities Policy Council

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## 2007/2008 Policy Recommendations:

- Focus on the six week postpartum visit as a prime time to educate women especially those who previously had a poor pregnancy outcome about reducing risks for a future pregnancy. There is a need to collect data on how many women do not return to the health care provider for the postpartum visit and strategies to increase the percent of women who understand its importance.
- Promote to health care providers the U.S. Centers for Disease Control and Prevention (CDC) Recommendations to Improve Preconception Health and Health Care (April 2006) including: All women of reproductive age are candidates for preconception counseling on healthy life style choices.
- Infuse and integrate components of preconception health into existing local public health and related programs.
- Develop well woman visit approaches and/or recommendations for all providers who serve women prenatally. Such a visit includes an evaluation of general health, including breast and pelvic reproductive organ exams, and allows for the opportunity for providers to catch an emerging health problem in the early stages, to detect risks to health, and to provide useful information on lifestyle changes that can improve pregnancy outcomes.
- Develop policies and/or guidelines for healthcare providers regarding follow up on high risk women with prior adverse pregnancy outcomes.
- Investigate current maternal health care management services available to Medicaid members.
- Explore legal liability protection for healthcare providers (e.g., physicians and Certified Nurse Midwives) willing to accept referrals from Title V and Federally Qualified Health centers to improve access to Medical Home for pregnant women.
- Promote home visitation for women that includes expansion of family support/home visiting programs that include a prenatal component, assessment for any modifiable risk factors that could be addressed prior to another pregnancy.
- Develop a comprehensive health promotion set of benefits for adolescents participating in the EPSDT periodicity schedule. While it is hoped that teens will delay pregnancy, they need to start early to develop healthy lifestyle choices like taking folic acid, maintaining a healthy weight, and avoiding tobacco and alcohol use.