



Swatches

Connecting Rural Iowa

November/December 2013

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President's Message

by Fred Eastman, IRHA President

The second Joint Fall Meeting of the Iowa Rural Health Association/Iowa Association of Rural Health Clinics was a full day. Attendees got to hear interesting speakers, learn about current topics, applaud those that received awards, hear music, visit with sponsors and scrape their ice windshields before heading home. Other than scraping windshields, I think people felt the day turned out well.

This year the meeting fell on National Rural Health Day, November 23. While celebrating the day, we also celebrated Dr. Kelley Donham who was the recipient of the IRHA Jerry Karbeling Award. Dr. Donham, in the spirit of the award, has demonstrated successful activism for improving rural health and a commitment to community service. He has served as Director for Iowa's Center for Agricultural Safety and Health (I-CASH) since 1997. He has served on many boards, written articles and educational materials. He has been a mentor to university students, is known internationally and is an active farmer.

We presented the Friend of IRHA Award to Iowa Chronic Care Consortium Executive Director, Bill Appelgate, accepted the award. Bill has served on the IRHA board and has presented at the National Rural Health Association conference. The Consortium has contributed efforts on a number of initiatives to improve the health of rural Iowans. Bill Appelgate was also among those IRHA board members recognized for completing their service to the board. Donna Harvey, Peg O'Connor and Lisa Schnedler were also recognized for their service to IRHA.

Conference speakers covered a number of current topics. Dr. Peter Damiano was our keynote speaker. Peter spoke on "The Affordable Care Act: What's in Place, What's Next". Other presentations were given on children with mental health challenges, a pilot for telephonic management of diabetes, food security, and farm safety and injury prevention. Presentation handouts are available at http://www.iaruralhealth.org/links.php/educational_events_registration

Thank you for your IRHA Membership!

Please keep an eye out for the 2014 membership renewal notices that will be sent electronically later in December. We appreciate your continued membership and support.

Benefits of being an IRHA member:

1. Health advocacy with a rural perspective
2. Access to resources through the IRHA and NRHA websites and email distribution lists
3. Networking opportunities with professionals from diverse disciplines
4. Input opportunities for State and Federal Policy issues
5. Discounted rates for Annual Conference
6. Opportunities for leadership development

IRHA Member Benefit!

children with mental health challenges, a pilot for telephonic management of diabetes, food security, and farm safety and injury prevention. Presentation handouts are available at <http://www.iaruralhealth.org/index.php/educational-events-mainmenu-34>.

Over the lunch hour, Bill Connet entertained us with his musical talents playing mostly oldies that Bill uses in his Music and Healing workshops and in his work with seniors. The familiar tunes had many at the conference joining in song.

The conference would not have been possible without the generous support from our sponsors. Sponsors included: AgStar Financial Services, Rural Physicians Group, UnitedHealthcare Community Plan, Cerne Corporation, Iowa Cancer Consortium, Iowa E-Health, Iowa Prescription Drug Corporation, LuciData, The Leona M. and Harry B. Helmsley Charitable Trust, VersaSuite - Adaptive EHR & HIS Solutions, Heartland Rural Physician Alliance, Iowa Primary Care Association, Jones Regional Medical Center, USDA Rural Development, State Public Policy Group (SPPG), and State Hygienic Laboratory.

We hope you will plan to join us again next year for the Fall meeting. If you missed it this year, watch our website and your email for announcements regarding next year's event.

Fluoridation in our Lives

Despite the fact that the Centers for Disease Control and Prevention has named fluoridated water as "one of the 10 great public health achievements of the 20th century", many communities, large and small are taking a serious look at stopping optimization of fluoride in the community water supply.

Fluoride exists naturally in virtually all water supplies. Fluoridation simply adjusting fluoride to the optimal level that protects teeth from decay. Studies show that fluoridation reduces tooth decay and benefits people of all ages and income groups.

Nearly 68 years ago, in January 1945, Grand Rapids, Michigan, became the world's first city to adjust the level of fluoride in its water supply. Since that time, fluoridation has dramatically improved the oral health of tens of millions of Americans. Community water fluoridation is the single most effective public health measure to prevent tooth decay.

Studies conducted throughout the past 60+ years have consistently shown that fluoridation of community water supplies is safe and effective in preventing dental decay in both children and adults. It is one of the most efficient ways to prevent one of the most common childhood diseases, tooth decay.

Small groups of activists are encouraging cities and towns to stop fluoridating their community water system. Some of these fluoridation opponents are claiming this could save money, even though substantial

IRHA Member Benefit!

IRHA is excited to announce a new benefit for our members - an Online Career Center.

IRHA members looking to fill open positions are now able to post employment opportunities to the IRHA website at no cost. Also, IRHA members looking for positions are able to post their qualifications and type of employment they are seeking at no cost.

This service is also available to non-IRHA members for a nominal fee.

To take advantage of this new member benefit, visit www.iaruralhealth.org and click the "Career Center" link on the main menu.

IRHA and IARHC Fall Meeting Photos



Small groups of activists are encouraging cities and towns to stop fluoridating their community water system. Some of these fluoridation opponents are claiming this could save money, even though substantial evidence shows the opposite is true - children, families and taxpayers would pay a long-term price for ending fluoridation.

One of the most recent communities to consider optimization of fluoride is Des Moines. If fluoride is removed from the water, the following communities will be affected: Des Moines, Alleman, Ankeny, Berwick, Bondurant, Clive, Cumming, Johnston, Norwalk, Polk City, Runnells, Southeast Polk, Stuart, Urbandale, Warren Water District, Waukee, West Des Moines, and Windsor Heights. This would affect approximately 500,000 people.

The Des Moines Water Works held a public meeting as part of its planning committee meeting on December 3 for all interested parties to voice their concerns or support of the fluoridation issue in Des Moines. The Water Works Board will meet on December 12th to make their decision as to whether or not they will continue to fluoridate drinking water. To view the comments received to date or to post your own thoughts on the optimization of fluoride, go to: <http://www.dmww.com/water-quality/fluoride-comments/>.

To understand more about this important issue, contact the Iowa Dental Association (800-828-2181) for a copy of "ADA Fluoridation Facts" and/or a copy of "Community Water Fluoridation Toolkit" produced by Iowans for Oral Health.

Addressing High Rates of Recidivism Through Medication Access

A young female with bi-polar disorder was recently released from the county jail. Prior to release, the individual was advised that she could obtain primary care services and up to 90 days of behavioral health medication at no cost. Three days after being released, the patient arrived at the local community health center for a walk-in appointment. She was in need of Risperidone and was worried about her ability to effectively participate in an upcoming job interview. The individual was seen immediately and was provided a 30-day supply of medication. She has stabilized her condition and is currently working as a Certified Nurse Assistant. Without access to primary care and behavioral health medications, the patient's disorder may have gone untreated, resulting in a subsequent offense or treatment at a local Emergency Department. As an alternative, the patient is employed and positively contributing to her community. This scenario is a reality and recently occurred in a pilot project to provide primary care and free behavioral health medications to individuals released from the Polk County Jail.

A Growing Challenge

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In Iowa and across the nation there has been a steady decline in the number of publicly funded institutions equipped to serve the long-term needs of safety net patients with behavioral health disorders. As a result many of these individuals go without care and their conditions exacerbate until the individual is ultimately arrested. It is not uncommon for safety net patients with chronic behavioral health disorders to spend a significant percentage of their lives cycling in and out of the state or local correctional system. In fact, the Iowa Department of Corrections reports that approximately 51 percent of Iowa's prison population has a current mental diagnosis and 30 percent of Iowa's prison population has been diagnosed with a serious mental disorder including chronic schizophrenia, major depressive disorder, bi-polar, organic disorders and other chronic and recurrent psychosis. The Iowa Department of Corrections reports an overall rate of recidivism of approximately 31 percent. It is commonly agreed that rates of recidivism among offenders with behavioral health disorders is double. In fact, the California Department of Corrections reports a rate of recidivism for prisoners with severe mental illness as high as 80 percent.



Individuals transitioning out of the corrections system face a number of immediate challenges. Historically, state offenders are given a 30-day supply of medications at the time of release. Thirty days is often not an adequate length of time for an individual to locate a medical care provider to be evaluated, and receive financial assistance; all of which is necessary to establish a continuous source of medication. Discontinuing many types of psychiatric medications can lead to the underlying illness or illnesses no longer being under control, an outcome of which could lead to reincarceration. Providing additional behavioral health medication access may better position the individual for long-term success in his/her community.



The Iowa Prescription Drug Corporation, a non-profit organization that specializes in providing pharmaceutical access to safety net patients, has been working with the Iowa Department of Corrections (DOC) and the Polk County Jail to address the high rates of recidivism among offenders with behavioral health disorders. A local model providing access to primary care and behavioral health medications to offenders released from the Polk County Jail was launched in March 2013. A statewide model serving offenders released from one of Iowa's nine prison facilities was launched in April 2013. Both programs are quietly working to improve access to affordable behavioral health medications for one of our state's most vulnerable populations.



At Work in Your Community

Offenders released from the Iowa Department of Corrections may access up to 90-days of behavioral health medications at no cost. At the time of release, the individual is provided a 30-day supply of all medications. The individual may also have prescriptions for an additional 60-days of behavioral health medications transferred to a participating community pharmacy and filled at no cost. The DOC Behavioral Health Medication Voucher is limited to mental health medications listed on the DOC Behavioral Health formulary. Eligible prescriptions (two 30-day refills) will be transferred directly to a participating community pharmacy from the





pharmacy and filled at no cost. The DOC Behavioral Health Medication Voucher is limited to mental health medications listed on the DOC Behavioral Health formulary. Eligible prescriptions (two 30-day refills) will be transferred directly to a participating community pharmacy from the DOC Central Pharmacy. Prescriptions must be dispensed in 30-day quantities and are reimbursed at rates equivalent to Iowa Medicaid.

Since April 1, 2013, over 400 vouchers for behavioral health medication have been utilized by safety net patients released from one of Iowa's prison facilities. For more information regarding the Iowa Department of Corrections Behavioral Health Medication Voucher Program, participating pharmacies, or models to connect local offenders with behavioral health medications, please contact the Iowa Prescription Drug Corporation at 1-866-282-5817 or visit www.iowapdc.org.

Health Insurance Marketplace Update

On October 1, the Health Insurance Marketplace opened for business. Although consumers have faced challenges enrolling in coverage through the healthcare.gov website, there are other options for signing up including via paper applications and the toll free number (1-800-318-2596).

Consumers needing help enrolling can receive assistance through local Navigators and Certified Application Counselors. To find local assistance, consumers can search online at <https://localhelp.healthcare.gov/>. CM encourages local providers and organizations to become certified assisters. To apply to be a Certified Application Counselor organization, go to <http://marketplace.cms.gov/help-us/cac.html>.

In addition to the coverage options through the Marketplace, the State of Iowa is also in the process of implementing its Medicaid expansion program - the Iowa Health and Wellness Plan (IHWP), which includes the Iowa Wellness Plan (for individuals between 0-100% FPL) and the Iowa Marketplace Choice Plan (for those at 101-133% FPL). As the IowaCare program draws to a close on December 31, 2013, Iowa Medicaid Enterprise has begun auto-enrolling the large majority of IowaCare patients into one of the IHWP programs. IowaCare patients have already begun receiving information on this transition. To assist in communicating changes to patients, IME has released a toolkit for current IowaCare providers, which can be found at <http://www.dhs.state.ia.us/upload/Iowa%20Health%20and%20Wellness%20Plan%20Provider%20Toolkit.pdf>.

The Iowa Insurance Division has developed several online tools to help with education about the Marketplace, including a calendar of Affordable Care Act events and a webpage of information for consumers.

Open enrollment for 2014 ends March 31, 2014. To be covered beginning January 1, 2014, consumers must enroll by December 23, 2013.

Reflection - 2013 National Rural Health Day in Iowa and Across the Nation

This year National Rural Health Day was observed in every state by hundreds of health organizations and communities. At the national level there were Community Success Stories that typified how people successfully work together. Sixty three hospitals in rural Iowa were recognized in a top performing report for excellence across a broad spectrum of indicators relevant to hospital performance and patient care. At the local, State and national level officials spoke out about rural health including at a national press release in Washington DC.

In Iowa, on November 14 the Governor signed a proclamation stating rural health is one of his key initiatives. Organizations accessed resources at the Iowa Rural Health Association website. On November 21, attendees at the Celebrating Living in Iowa- Rural Health Fall Meeting enjoyed music, a rural slide show, and meeting Rural Health Champions. The Rural Health Meeting was full of information, networking and resources. As part of the celebration in Iowa, six individuals were recognized as Rural Health Champions. The Champions are similar in their dedication to make life safer, healthier and happier in rural Iowa.

Marilyn Adams - Child Safety Advocate. She is a pioneer in the farm-related child injury prevention field, not only in Iowa, but also on a national level.

Bill Baer - Lucas County Leader. He is the Vice-President for the Iowa Pharmacy Foundation Board of Directors, and Past President of the Iowa Pharmacy Association. A recognized community leader.

Russ Currier - Iowa public health figure. As a veterinarian he has an exemplary community service record, is well-known for his humor, strong advocacy and ability to deliver a health care message.

Rich Gassman - Safety Director at Amana Farms. He has initiated a safety and health program that has shown significant results. His commitment to avoid farm related injury and death extends beyond the workplace.

Doris Hott - Rural Health Clinic Leadership. She has been involved in establishing and leading rural ambulatory medicine practices since 2000 and a key role in the Pioneer Accountable Care Organization (ACC) development in the USA.

Peggy O'Connor "Peg" - Her hospital leadership role included working with network administrators and clinicians to ensure hospital operations and seamless quality care for residents in rural areas.

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2013 Jerry Karbeling Award Recipient - Dr. Kelley Donham

Jerry Karbeling was a member of the Iowa Rural Health Association and served on the Board for 5 years. He served as President of the Association from 2002-2003. At the time of his death in 2005, Jerry was the Senior Vice President for Public Affairs and Corporate Development for the Iowa Pharmacists Association, a practicing community pharmacist, and owner of Big Creek Pharmacy in Polk City. He was a healthcare activist, an adjunct professor, and served on the City Council of Polk City.

The Iowa Rural Health Association seeks to recognize Jerry's legacy, and to retain the memory of his contributions. Each year the Jerry Karbeling award is presented to an individual who has demonstrated successful activism for improving rural health and a commitment to community service as exemplified by Jerry. This year's recipient is Dr. Kelley Donham. Dr. Donham currently serves as the Director of I-CASH and as a professor at the University of Iowa, College of Public Health, Department of Occupational and Environmental Health.

Dr. Kelley Donham has had a long distinguished career in agriculture, health and safety. He has devoted not only his career but his entire life to keeping agricultural producers and farm families alive and well. With a background in agriculture, veterinary medicine and public health, he has been a pioneer who helped to forge a multidisciplinary approach to agricultural medicine. He has held so many different roles in this field: farmer, veterinarian, researcher, educator, mentor, policy leader, and a compassionate friend. These many roles and dogged pursuit of quality and practical applications have earned him credibility with many audiences.

Since 1991 he has been the Director for Iowa's Center for Agricultural Safety and Health (I-CASH), a coalition of the University of Iowa, Iowa State University, and the Iowa Departments of Public Health and Agriculture and Land Stewardship. In that role he has worked tirelessly to improve the health and safety of farmers, farm workers and families, recognizing that successful partnerships at many levels are required to make an impact. Additionally, he has contributed to research of the topic and issues related to agricultural health at the national and international level. He has mentored University students pursuing public health and veterinary degrees and developed a course to train medical health care professionals so they can more effectively diagnose and treat rural residents working in agriculture. He developed and wrote the primary text for the course that has been expanded to other states and countries.

Dr. Donham's motivation for becoming involved in agricultural safety and health grew out of a love for agriculture and its people. His endgame has always been to keep more people alive and healthy on the farm, not simply to publish another professional article. To that end, his actions have not been designed to make him popular or important, but to make

health grew out of a love for agriculture and its people. His endgame has always been to keep more people alive and healthy on the farm, not simply to publish another professional article. To that end, his actions have not been designed to make him popular or important, but to make a difference. He has pursued these efforts by building coalitions at many levels. Kelley is recognized at the local, state, national and international level for his work in advocacy and direct policy development in issues related to health injury prevention, disease prevention, clinical screening for occupational health risks, agricultural worker behavioral health and rural health.

As you can see and as many of you likely know, Dr. Donham's passion for health and safety of rural Iowans and his distinguished career truly embody the spirit of the Jerry Karbeling Award. Congratulations, Dr. Donham.



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