



Swatches Connecting Rural Iowa May 2018

IRHA President's Message

The Iowa Rural Health Association has been working to identify elements that contribute to healthy, vibrant rural communities. This winter and spring the Association has convened two round table discussions that have brought a myriad of rural community stakeholders together. We have worked to bring together - not just the usual health stakeholders - but rather a broad group of professionals that includes economic development, public health, small and large scale ag, regional planning, Iowa's congressional leadership, environmental stewardship, hospitals, public utilities, academia, rural health providers and many others that have spent years working to build vibrant communities in our state. The open dialogue has been exceptional and has brought forward many complex issues, challenges, and opportunities that contribute to the health and wellbeing of Iowa's rural residents.

The discussion has focused on the rural infrastructure needed to survive, which addresses many of the rural health factors we are all familiar with such as access to high quality, affordable health care, the shortage of mental health services, emergency response, and emerging telehealth services. Although medical care is vitally important, additional priorities such as the quality of our schools, access to food, affordability of quality housing, good jobs, clean water, transportation and community safety were also brought forward. Discussions shifted to also focus on resources communities need to thrive. Many of the issues brought forward under this lens include social and cultural opportunities, faith, local leadership, entrepreneurship, community engagement, and opportunities for our aging Iowans.

After taking a step back at the conclusion of our roundtable discussions, it has become very clear that the issues, challenges, and opportunities brought forward by our participants can be effectively defined as the social determinants of rural health. In the coming months, IRHA will continue to enhance our understanding of the social, economic, and environmental factors that shape our rural communities. We are reaching out to like-minded organizations that share our vision for healthy, vibrant communities, in an effort to organize a regional conference on the social determinants of rural health. It is our hope that the conference will yield some creative tools that can help to equip rural leaders with the data, knowledge and resources needed to create the healthiest communities possible. We will have more to share soon!

Cheers,

A handwritten signature in blue ink, appearing to read 'Jon Rosmann', is positioned above the printed name.

Jon-Michael Rosmann

Cavity Free Iowa: Helping Primary Care Providers Address Oral Health

Tooth decay is the most common chronic disease in children, five times more common than asthma. Despite being highly preventable, the American Academy for Pediatrics states that 23 percent of children ages 2 to 5 experience dental caries.¹ Early Childhood Caries (ECC), commonly referred to as baby bottle tooth decay, is tooth decay that occurs in children under age 6. ECC often requires out-patient surgery to treat effectively. Left untreated, children with active tooth decay may experience mouth pain, difficulty learning and concentrating, impaired eating, and delayed speech development.

Cavity Free Iowa is a new initiative in Iowa focused on the prevention of ECC and health disparities. Recognizing that young children often see their primary care provider on a routine basis for well child visits, the goal of Cavity Free Iowa is to increase the number of children ages 0 to 35 months receiving preventive oral health services in the primary care setting. Dental hygienists, serving as regional I-Smile™ coordinators throughout Iowa, provide onsite oral health training and assist primary clinic staff in developing systems of care to meet EPSDT oral health guidelines. This includes oral screenings, risk assessments, fluoride varnish applications, and referrals to local dental providers. The initiative launched in central Iowa in 2017, with over 13 participating clinics now trained. Statewide expansion is planned for 2018 and any medical provider serving young children is encouraged to participate.

“Oral health care is not an extra concern of the pediatrician or family medicine provider; it is a primary component of our focus on preventative health care. It is every bit as important as counselling on SIDS, sun safety, car seat safety and even immunizations” states Dr. Michael Metts, DO, a pediatrician with Mercy clinics.

Interested in becoming a provider?

If you are interested in learning more about Cavity Free Iowa, including details on fluoride varnish application and billing, contact your local I-Smile coordinator, available at ismile.idph.iowa.gov.

1. American Academy of Pediatrics. (2016). Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_OralHealth.pdf

Registration is Open for Agricultural Safety & Health: The Core Course



Statement of Purpose: To provide the information and skills needed to enable safety and health professionals to anticipate, recognize, and prevent occupational illnesses and injuries among members of the agricultural community. Successful completion of this course allows qualified participants to join AgriSafe® as a Certified Member. AgriSafe® benefits include

clinical resources, technical assistance, and continuing education.

Intended Audience: Appropriate for safety and health managers, graduate students, nurses, physicians, veterinarians, and anyone interested in the special health and safety needs of rural and agricultural communities.

Continuing Education: Continuing education credits are available for physicians, nurses, and EMS personnel. The course has also been approved for General Continuing Education Units.

ABIH® Diplomates can earn credit for this event. Course topics meet the BCSP CEU requirements. CSPs will be responsible for documenting their own attendance. A certificate of completion will be provided following the course. Please see [course brochure](#) for specific continuing education information.

Training Director: Diane Rohlman, MA, PhD, Associate Professor, Department of Occupational and Environmental Health, University of Iowa, College of Public Health.

For complete information visit <https://www.public-health.uiowa.edu/gpcah/education/ag-safety-and-health-course/>

A Building Capacity Project: Funded in part by NIOSH grant 5 U54 OH007548 to the Great Plains Center for Agricultural Health

Iowa Legislative Session Recap

This was an active legislative session on important health care issues. Below is a recap of the activity most directly impacting rural Iowa.

On the policy side legislators passed:

- Comprehensive mental health reforms that include expansion of sub-acute care. After months of study by policy makers and the complex needs workgroup legislators unanimously passed [HF 2456](#).
- Wide ranging bill that aims to address opioid harm. In response to the escalating opioid crisis in our state [HF 2377](#) passed unanimously. The bill includes enhancements to the Prescription Monitoring Program, requires the use of electronic prescribing for controlled substances and includes a good samaritan law.
- Enactment of coverage parity for telehealth services in [HF 2305](#).
- Passage of legislation that would allow the Farm Bureau and Wellmark to partner to offer health benefit plans that not have to comply with Affordable Car Act mandates. The insurance product will be offered for sale late in 2018 and coverage would begin January 1, 2019.
- Inclusion of strengthened Medicaid oversight in the final budget bill including \$1.5 million in funding for this provision.

Other Issues of Interest in the Health and Human Services Appropriations

- Increase of \$55 million, funding the growth in the Medicaid program at the March estimate. Note, this does not include the projected program expenses that are likely to be associated with the addition of a new Medicaid managed care vendor and the revised actuarial rate study. Policy makers anticipate funding those costs when they return in January.
- Restoration of funding for the Iowa Prescription Drug Corporation drug donation repository.
- Creation of a stakeholder workgroup to review reimbursement provisions for substance use disorder service providers.
- Funding for a provider education project to provide primary care physicians with the training and skills necessary to recognize signs of mental illness in patients at Des Moines University.
- Funding for a durable medical equipment refurbishment program at the University of Iowa.
- Expanded Medicaid coverage to provide care for young adults with complex medical conditions in special populations in a nursing facility.
- Funding for an increase in tiered rates for supported community living providers.
- A review of current Medicaid fee schedules.
- Funding for the development and implementation of a children's mental health program.

- A mandatory reporter training and certification workgroup.
- Targeted case management services reimbursement based on a statewide fee schedule beginning July 1, 2018.
- Allowing psychologists, marital and family therapists, masters level social workers, mental health counselors and alcohol and drug counselors who hold a provision license to practice and charge for their services when under the supervision of a licensed person in their field.

Iowa State University Community Food Systems Program to Offer Two National Certification Programs

The Iowa State University [Community Food Systems Program \(CFSP\)](#) received a grant from the [Agricultural Marketing Resource Center](#) to develop and pilot two national certification programs: Local Food Leader and Community Food Systems. Two trainings have been hosted in North Carolina and Kentucky, with trainings occurring in Texas, Georgia, and Iowa this summer.

The Local Food Leader program has been offered in Iowa for the past three years. It is designed for beginner-level local food coordinators. Now, there are four additional online modules available to complete a certification in Local Food Leadership.

The Community Food Systems Program is offered as a two-day, in-person workshop followed by a series of four online modules to complete certification. This certification is meant for intermediate-level food systems practitioners that are interested in food systems development.

Local Food Leader:

Sessions include foundational practices for food systems programming:

- equity as a foundation to local foods work
- food systems
- facilitation and event planning
- work-life balance
- evaluation and professional development, and
- how to incorporate these practices into daily activities

At the end of the day, attendees will have annual work plans completed, the beginning of an evaluation plan, and a professional development plan.

The **Iowa Rural Health Association (IRHA)** is a nonprofit membership organization of individuals and organizations dedicated to ensuring optimal health for all Iowans, particularly those in rural areas. As the voice for rural health in the state, the IRHA brings attention to the issues that affect rural health providers and helps address those issues by providing educational opportunities, facilitating information sharing, and engaging in advocacy activities.

Mission Statement: The Iowa Rural Health Association is committed to: strengthening health systems for rural residents and communities through leadership, education, advocacy, public awareness and networking.

Vision: Optimal health for all Iowans, with a focus on rural populations.



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