



Optimal Health for All Iowans



Swatches

Connecting Rural Iowa

May 2017

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Your continued support

President's Message

Kate Walton, IRHA Board President

In health care circles the question everyone seems to be asking is "what is going to happen to the Affordable Care Act (also referred to as Obamacare)?" The United States House of Representatives has passed a bill, now what? The United States Senate almost immediately indicated their intent to pass their own bill, but have not released any details. In a time of uncertainty I thought we should lay out what we know for sure.

The House version of the Affordable Health Care Act (AHCA) makes three significant changes to the Affordable Care Act (ACA/Obamacare):

1) Changes to the Medicaid payment structure

Beginning in 2020 Medicaid payment to states would be capped under either per capita payments or a block grant based on the states traditional Medicaid costs prior to the enactment of the Affordable Care Act in 2010. Medicaid expansion would be jeopardized as federal funding would be reduced to the expansion population and individuals who receive coverage under the expansion would be required to provide proof of eligibility every six months.

2) Significant changes to insurance coverage rules

The changes would include increasing premiums to individuals who fail to have continuous coverage, waivers that would allow for higher premiums for older individuals or individuals with pre-existing conditions, and waivers for Essential Health Benefits.

3) Elimination of taxes contained in the ACA

The House bill would remove the individual and employer

through membership allows IRHA to continue the work to attain Optimal Health for All Iowans.

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

Thank you for your continued support of IRHA!

Iowa Rural Health

mandate and, beginning in 2020, replace current subsidies with refundable tax credits.

We don't know how much, if any, of these proposals will be included in the Senate bill. But it appears almost certain the AHCA will undergo changes and return to the House of Representatives. So there's a long road ahead before we have definitive answers, but based on what we know there is cause for alarm.

Here at home 73,000 Iowans are preparing to lose health insurance coverage options in the individual market as Wellmark, Aetna, and Medica will no longer provide coverage at the end of the calendar year.

More than 600,000 Iowans receive health care through the Medicaid program and 150,000 previously uninsured Iowans have health care coverage under the Medicaid expansion provision of the Affordable Care Act.

Due to budget challenges, the Iowa legislature enacted cost containment strategies that will reduce payments to providers by \$77 million when the federal match is included.

These challenges, this uncertainty, touches every community, every provider of health care in our state. We know you are closely following the rapidly evolving debate. The National Rural Health Association is working hard to make sure the rural voice is heard in Washington. IRHA will continue to monitor and update our members going forward.

For additional information on the impact the proposed changes will have on rural hospitals, read the article linked below that appeared in an NRHA newsletter - <http://www.healthcarefinancenews.com/news/rural-americans-hospitals-disproportionately-hurt-acha-center-budget-and-policy-priorities>



Abriendo Caminos Clearing the Path to Hispanic Health

A family focused obesity prevention education and research project led by Iowa State University Extension Outreach has

partnered with Dallas County Public Health and Dallas County Hospital. The program is based on the goal of a whole family approach to prevent or reduce childhood obesity and promote healthy nutrition and life-style behaviors by building on traditions of Hispanic-heritage families and hosted by Dallas County Hospital.

The project began on March 21, 2017 and will be a part of a two-year research program that is supported by the USDA. Currently, California, Illinois, Puerto Rico, Texas, and Iowa are participating in this new research program. Within Iowa, there are only three program communities: Ottumwa, Postville, and Perry. Each participating community is required to find 25 families to participate within the program guidelines. Each family must meet the criteria of being Latino or Mexican origin, low income with parents and/or caregivers who primarily speak Spanish, and have children between the ages of six to eight years old. All of the families receive incentives for participation.

Once the families have been recruited, the twenty-five families are divided into two groups by random selection. The Control group consists of ten families and the Intervention group consists of fifteen families. Each family is required to participate in a series of entry and exit data testing. Both groups participate in a mandatory set of tests including interview questions, lab draws, and an assessment of each member's height, weight, and body mass index (BMI) on the beginning date.

After the initial entry data is collected, each group goes their separate ways. The Control families receive written material on nutrition, physical activity, and family time and the Intervention families are required to participate in six, two-hour classes held once a week over a course of six weeks. After the six weeks are over and then again six months later, both groups of families are required to come back to Dallas County Hospital for another set of interview questions, lab draws, and assessment of each member's height, weight, and body mass index (BMI).

The Intervention group's classes are held every Tuesday evening at Dallas County Hospital. Each class is split into three main sections; Nutrition taught by Mary Krisco and Lupita Chavez, LPN, Physical Activity taught by Lupita Chavez, LPN, and Family Time led by MariSue and Lisa from Iowa State University. The research team follows a schedule of six weeks of different classes focusing on three main topics; Nutrition, Physical Activity, and Family Time. Nutrition focuses each week on different food groups and portions that should be consumed. Physical Activity ranges from every day wellness to focusing specifically on an active life for

healthy heart and lungs to overall being active, strong, and decreasing sedentary behavior.

Dallas County Hospital and Dallas County Public Health are excited to partner with Iowa State University Extension Outreach on this selective research program to help Hispanic families within Perry focus on obesity prevention. The team will begin another program for twenty-five new families in the Spring of 2018.

Planning Healthy Iowa Communities Seeking Input on Existing Coalitions and Opportunities for Collaborations

Planning Healthy Iowa Communities is a collaborative effort led by the American Planning Association Iowa Chapter (APA Iowa) and the Iowa Public Health Association (IPHA) with grant funding from the American Planning Association Planners4Health (www.plan4health.us) initiative. We have a steering committee representing APA Iowa, IPHA, Iowa Environmental Health Association, Iowa State Extension and Outreach, Iowa Cancer Consortium, Southwest Iowa Planning Council, and Northeast Iowa Resource Conservation & Development, Inc. We are tasked by the leadership of APA Iowa and IPHA to develop and build a collaborative effort and create a strategic plan for working across the state of Iowa to assist communities in improving physical activity, nutrition, and the built and natural environment. You can help us with that effort by acting on this email. If you have questions, comments or want to get involved please contact our project manager, John Peterson at ankpetej@gmail.com or 515-401-0485.

In our initial effort, we are harvesting information to learn more about existing collaborative efforts across the state and to discover what individuals believe it takes to create healthy communities. Our task force will synthesize what we learn to inform the development of our strategic plan.

We could use your help. The following links connect to short questionnaires.

Collaborations and Coalitions Questionnaire

The first, "Collaborations and Coalitions," will help us inventory existing efforts across the state and will provide some insights into how they came together and the successes and challenges that have been encountered along the way. We would ask that you click on this link and fill out the questionnaire:

https://iastate.qualtrics.com/jfe/form/SV_aVIkq9UILwYqe4B

Iowa Opportunities and Challenges to Healthy Communities Questionnaire

The second questionnaire, "Iowa Opportunities and Challenges to Healthy Communities," reaches out to individuals and asks them to define what their healthy community looks like and what they believe could be done to reach that vision. We would ask that you cut and paste the following paragraph with the link and include it in an email to your connections, contacts and organization membership.

https://iastate.qualtrics.com/jfe/form/SV_292nFsAV5eiQO9f

Food Systems and Food Access for Rural Health Iowa State University Community Food Systems

The Community Food Systems (CFS) program is a multi-phased, multi-year program housed within the Agriculture and Natural Resources, Local Foods Team, and the Community Economic Development units for Iowa State Extension and Outreach. The program partners with communities to develop and design their local and regional food systems and is devoted to long-term community empowerment and lasting impacts, the program requires deep community engagement over two phases:

Phase One: Research and Coalition Development:

- Develops trust within communities and generates a place-based coalition name, vision, mission, and core values
- Assesses existing conditions and goals of the food systems
- Determines priority projects through a facilitated evaluation meeting

Phase Two: Design and Implementation

- Designs priority projects as a project team
- Creates momentum, capacity for program development, and implementation of projects

The Community Food Systems Program begins with an assessment of existing food system sectors: production, processing, distribution, consumption, and resource management through a community values lens. The Community values include: Social Equity, Education, Wellness, Environment (Built and Natural), Policy, and Economy.

Additionally, the program believes in collective action in order to

create change. Community operating principles in order to reach those goals include: Equity and Inclusion, Communication and Collaboration, Respect, Collective Action, and a Shared Purpose.

We have worked with several communities across the state, and have found that many communities are interested in developing their food system for various reasons. This may include community economic development, partnership opportunities, or food access and equity. If you or members in your community are interested in hearing more about community food systems potentials, please reach out to Courtney Long at court7@iastate.edu.

May is Older Americans Month

This year's theme, **Age Out Loud**, is intended to give aging a new voice--one that reflects what today's older adults have to say about aging. The theme gives us an opportunity to shine a light on many important issues and trends. More than ever before, older Americans are working longer, trying new things, and engaging in their communities. They are taking charge, striving for wellness, focusing on independence, and advocating for themselves and others. They expect to continue to live their lives to the fullest, and they are insisting on changes that make that possible. What it means to age has changed, and this month is a perfect time to recognize and celebrate what getting older looks like today.

Older Americans' Month was first designated by President John F. Kennedy. When President Kennedy established Older Americans' Month in 1963, 17 million Americans were age 65 or older, about a third of those seniors lived in poverty, and there were few programs to meet their needs. Two years later, in 1965, Congress passed the Older Americans' Act to address the lack of community social services for older people in the United States. The original legislation authorized the federal government to make grants to the states for community planning and social services, research and development projects, and personnel training in the field of aging. The Older Americans' Act also established the U.S. Administration on Aging (AoA) to administer the newly created grant programs and to serve as the primary federal agency on issues concerning older Americans.

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