

# The Check-Up

Updates on the progress of health care transformation initiatives



*The Check-Up is a newsletter designed to keep interested Iowans up-to-date on the progress of emerging health care initiatives and issues. The Check-Up features updates from the Iowa Department of Public Health's (IDPH) Office of Health Care Transformation (OHCT) within the Bureau of Policy and Workforce Services. The OHCT is a key point of contact for health care transformation initiatives within IDPH and emerging health care issues and policies. The OHCT monitors federal and state health care issues and disseminates the key information, opportunities, and impacts to the public and IDPH's internal and external partners.*

## Survey on Oral Health Attitudes and Behaviors



Iowa's Lifelong Smiles Coalition is conducting a survey to learn about the attitudes and behaviors of oral health among the public. Please answer the questions from your personal perspective. The answers you provide will be unidentifiable. Results will be used to help shape the programming and messaging efforts of the Lifelong Smiles Coalition and their members. You can also share the post from the Lifelong Smiles Coalition's [Facebook](#) page.

**The survey can be found [here](#).**

The mission of the Lifelong Smiles Coalition is to assure optimal oral health for aging Iowans. The coalition consists of state agencies, advocacy organizations, trade associations, health professionals, academic institutions, and funders. In addition to strategic planning to create sustainable ways to help this population, Lifelong Smiles Coalition members are working to improve education and training, care coordination, and policies.



## Iowa News

### Telligen Community Initiative Grant-Harnessing the Power of Iowa's Libraries

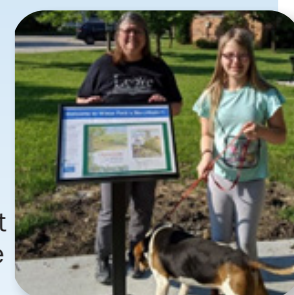


"Harnessing the Power of Iowa's Libraries" is a project funded by the Telligen Community Initiative that focuses on supporting and equipping Iowa's libraries with the tools, resources, and programs to collaboratively address social determinants of health (SDH) gaps and improve population health. Public libraries, along with local public health agencies, are at the heart of Iowa's communities and are well positioned to be partners in building a culture of health through efforts that address SDH. The two pilot projects include Cedar Rapids Public Library working with Linn County Public Health and Perry Public Library working with Dallas County Public Health. These libraries are expanding the services currently offered with a focus on SDH and population health. A toolkit will be created and disseminated to all Iowa libraries on how to replicate this partnership and program in their community. When COVID-19 began spreading across Iowa, libraries closed to the public, but many quickly discovered creative ways to continue offering services. Libraries are beginning to open back up, and they now have a unique opportunity to serve the needs of their community in response to the pandemic and public health is ready to support their efforts.

The Cedar Rapids Public Library has hired a Support Service Navigator within the library to help address the unmet social needs that impact the health of their patrons. When the library was closed due to COVID-19, the Support Services Navigator shifted focus to providing support to the local overflow shelter, including offering library resources such as wifi, laptops, physical activity kits, books, magazines, and newspapers. The Support Services Navigator has had 5,200 contacts with patrons. Additionally, the library is offering health and nutrition classes focused on healthy cooking on a budget. These classes shifted to a virtual format and have had over 9,000 views.

The Perry Public Library inaugurated a 21 station Story Walk in Wiese Park. This park enhancement encourages the community to read together while walking through the park, helping participants to reach both literacy and physical activity goals. A new story entices families to return monthly. A 10-foot cement path through the park allows for accessible participation by all ages and abilities.

Additionally, Perry Public Library launched the Perry Food Recovery Program. This program, through collaboration with local grocers and volunteers, brings nutritious produce that would have otherwise been wasted to Perry residents.



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## Iowa News Continued

### Iowa Joins the Alliance for Innovation on Maternal Health (AIM)



IDPH is announcing Iowa's enrollment in the [Alliance for Innovation on Maternal Health \(AIM\) Program](#). AIM is a multi-disciplinary collaborative with national leadership who support local implementation of best practices for maternity care. The goal of the AIM program is to reduce maternal deaths and severe morbidity by supporting data-driven, evidence-based care practices. Currently, IDPH is partnering with the University of Iowa Health Care on this effort as part of the state's Maternal Health Innovation Grant.

AIM works through state teams and health systems to align national, state, and hospital level quality improvement efforts. Any Iowa hospital in a participating AIM state or hospital system can join the AIM community of healthcare providers, public health professionals, and stakeholders who are committed to improving maternal outcomes.

"We hope every Iowa hospital with a maternity service will partner with IDPH and UIHC in the statewide maternal quality care workgroup called the Iowa Maternal Quality Care Collaborative (IMQCC) that will be leading the AIM initiatives in Iowa," said Stephanie Trusty, a nurse clinician with IDPH's Bureau of Family Health.

Iowa's first statewide quality improvement initiative identified by the IMQCC will be "Safe Reduction of Primary Cesarean Birth." Cesarean deliveries have greater risks for current and future pregnancies than vaginal birth and should be avoided without medical indication. The most recent [Maternal Mortality Review](#) found that one of the leading causes of pregnancy-related maternal deaths in Iowa directly were from hemorrhage. The IMQCC will be contacting hospitals with maternity services to invite participation in the quality collaborative and the AIM program. Hospital leadership can also contact the [IMQCC leadership team](#) to express interest in participating.

### Harnessing the Power of Iowa's Libraries continued

An open front, industrial sized refrigerator was placed in the atrium of the library where anyone in the community could access it during the 50+ hours the library was open each week. This program both increases access to fresh produce and reduces food waste within the Perry area. Prior to the library closing due to COVID, 990 pounds of fresh produce was recovered and placed within the hands of Perry community members. This program will resume when it is safe for the library to open back up to the public. Nutrition education classes will also be offered alongside the food recovery program to help the community explore new foods, recipes, and preparation techniques.



### Iowa Healthcare Workforce Strategic Plan Development

Iowa communities are facing challenges recruiting and retaining the workforce population, especially for healthcare. Currently, Iowa is ranked 43rd in the nation for the number of physicians per capita, and this shortage is anticipated to grow. To address this growing issue, IDPH has established a contract through an RFP process with the Iowa Medical Society to facilitate and execute a strategic visioning and comprehensive planning process for Iowa's healthcare workforce. An Iowa Healthcare Workforce Strategic Plan will be developed that is actionable with broad stakeholder collaboration to guide future work and address recruitment and retention of the healthcare workforce in the state.



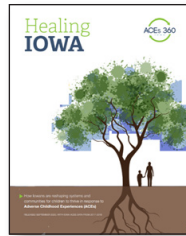
Prior to the impact of COVID-19, regional stakeholder meetings took place in Mason City, Fairfield, and Dubuque. Each event welcomed a diverse group of stakeholders, all eager to engage in discussion around what the issues and opportunities for healthcare workforce look like from their experiences. Perspectives ranged from those of healthcare administrators, direct care providers, human resources, advocates for persons with disabilities, public health leaders, small business owners, spouses of physicians, and even chamber of commerce representatives. Attendees shared their thoughts on the issues most impacting healthcare workforce – spanning the impacts of an aging and retiring workforce on recruitment gains, unique issues around workforce competition with border states, changing cultural dynamics among healthcare teams and more traditional communities, capacity challenges for training programs to take advantage of new interest in healthcare fields, and inclusive workforce opportunities to match local community members with the entry-level positions that are hardest to recruit/retain while forming a foundational component of care. In addition to open local stakeholder meetings, targeted conversations were also held among discipline-focused or skill set-based stakeholder groups.

**Coming Soon:** *Online Iowa Healthcare Workforce Stakeholder Survey* Additional regional stakeholder meetings were intended to be held across the state, however in-person meetings are no longer taking place due to COVID-19. In response to this, an online healthcare workforce survey will be broadly disseminated to allow for further stakeholder engagement. The survey will be disseminated later this fall.

## Iowa News Continued

### 2020 Iowa ACE's Report: Now Available

The 2020 Iowa ACE's Report is now available at: <https://www.iowaaces360.org/2020-iowa-aces-report.html>. This report updates the 2016 report with the progress that's been made as a state to address adverse childhood experiences (ACEs), the challenges that still exist in Iowa's data, and new opportunities to take action. Working together to build compassionate, equitable communities within Iowa can all individuals a chance to thrive—creating a bright, inclusive future that will benefit every Iowan.



Nearly two-thirds of Iowa adults report experiencing at least one type of adversity growing up. One in six Iowans report four or more ACEs. The more adversity someone experienced as a child, the more likely they are to suffer from depression, smoke, have heart disease, miss days at work due to poor health, or face many other challenges in adulthood. At least five of the top 10 leading causes of death are associated with ACEs, according to the CDC.

### Community Health Navigator Training – Statewide Opportunity



A new Community Health Navigator (CHN) training will be offered by the Iowa Chronic Care Consortium (ICCC), a non-profit providing Iowa's Community Health Worker trainings. The CHN training will build the skills and capacity of those serving and supporting the health status of individuals and families in their communities and will be available statewide. The training will improve participants' value to organizations where they presently work and support under-employed or unemployed participants to become more marketable.

The virtually delivered CHN training was created for interpreters, care coordinators, community health, community support, and other frontline workers, especially those who have been impacted by the COVID-19 pandemic. Given this workforce often serves underserved populations disproportionately impacted by the pandemic, the improved capacity of the trained CHNs assisting these individuals and families will aid their ability to re-enter or remain in Iowa's workforce, thus creating maximum impact for Iowa workers and families. This new CHN training provided by ICCC was made possible through support from Iowa Workforce Development's recently announced Coronavirus Relief Employer Innovation Fund which is part of Governor Reynolds's Future Ready Iowa initiative.

## Iowa Medicaid



### Iowa MCO Quarterly Reports

Performance monitoring and data analysis are critical components in assessing how well Iowa's MCO's are maintaining and improving the quality of care delivered to members. The [quarterly reports](#), with a number of elements required through oversight legislation, are comprehensive and focus on compliance areas, as well as health outcomes over time.

### Iowa Medical Assistance Advisory Council (MAAC)

The purpose of MAAC is to "Advise the Director of the Department of Human Services about health and medical care services under the medical assistance program." MAAC is mandated by federal law and further established in Iowa Code. All MAAC meetings are open to the public. For more information and to view the meeting schedule, visit: [https://dhs.iowa.gov/ime/about/advisory\\_groups/maac](https://dhs.iowa.gov/ime/about/advisory_groups/maac).

### Iowa Council on Human Services

DHS coordinates the Iowa Council on Human Services, which acts in a policymaking and decision-making capacity on matters within the jurisdiction of DHS. For more information and meeting dates visit <http://dhs.iowa.gov/about/dhs-council>.

### Iowa Managed Care Ombudsman Reports

The [Managed Care Ombudsman Program](#) Managed Care Ombudsman Program advocates for the rights and needs of Medicaid managed care members in Iowa who live or receive care in a health care facility, assisted living program, or elder group home, as well as members enrolled in one of Medicaid's [seven](#) home and community-based services waiver programs. The Managed Care Ombudsman Program develops monthly and quarterly reports which can be accessed [here](#).

### Tracking Medicaid Enrollment Growth During COVID-19 Databook



The [Tracking Medicaid Enrollment Growth During COVID-19 Databook](#) provides a comprehensive, detailed look at 2020 Medicaid enrollment trends to-date. The databook provides enrollment detail by state across four eligibility categories: expansion adults, children (including those enrolled in CHIP), non-expansion adults, and aged, blind, and disabled individuals. It also compares enrollment trends across expansion and non-expansion states. enrollment trends across expansion and non-expansion states.

**Track Medicaid enrollment trends to-date with [Databook](#).**



## Resources & Reports

### Healthy People 2030

The U.S. Department of Health and Human Services (HHS) released [Healthy People 2030](#), the nation's 10-year plan for addressing our most critical public health priorities and challenges. Healthy People 2030 features 355 measurable objectives with 10-year targets, including those related to opioid use disorder and youth e-cigarette use, as well as emerging public health threats like COVID-19.



### Strengthening Family Caregiver Programs and Policies Through Collaboration: Lessons from Six States

Over the last five years, the number of adults in the United States caring for a family member or friend age 50 or older has increased to more than 40 million individuals. Family caregiving is an activity that spans generations in all regions of the country - across all racial, ethnic, and cultural identities as well as income and education levels. Because individuals are living longer and are seeking to stay in their homes and communities as opposed to nursing facilities, the need for family caregivers will continue to grow. Ensuring that family caregivers have what they need to support their loved ones with complex needs, maintain their own well-being, and improve the health outcomes of older adults is critical especially during the COVID-19 pandemic.

This new report called "[Strengthening Family Caregiver Programs and Policies Through Collaboration: Lessons from Six States](#)" highlights the innovative cross-sector work of six states - **Alabama, Idaho, Iowa, New Hampshire, South Carolina, and Virginia**. The brief outlines key foundational elements used by the states in their work to strengthen family caregiving programs, and explores what is needed at the state and national levels to advance innovations to support family caregivers.



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## Federal News

### HHS Announces Phase 3 of COVID-19 Provider Relief Funds

HHS, through the Health Resources & Services Administration (HRSA), will be distributing up to \$20 billion as part of ongoing efforts to offer financial support to healthcare providers for expenses and lost revenues attributable to COVID-19. Providers have from October 5, 2020 through November 6, 2020 to apply for Phase 3 General Distribution funding. [Apply here](#). To learn more about this opportunity, visit the [press release](#) and the [Provider Relief Fund](#) webpage.

### America First Healthcare Plan

On September 24, President Trump unveiled his [America First Healthcare Plan](#), signing an executive order to deliver Americans better care, lower costs, and more choice, continuing the work that HHS has been doing under his leadership.

"The President's plan delivers better care, more choice, and lower costs for all Americans," said HHS Secretary Alex Azar. "Because of the President's leadership, Americans will enjoy lower drug costs, lower insurance premiums, real access to prices of healthcare services and to their medical records, new protections from surprise bills, and the ability to work with their doctor to determine what treatments make sense for them."

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As part of the President's plan, HHS:

- ✓ Issued a [final rule](#) and [guidance](#) from the Food and Drug Administration to open the first-ever pathway for states to use to safely import prescription drugs to lower patients drug costs.
- ✓ Solicited private-sector proposals, as called for in the President's July executive order, on allowing Americans to get lower-cost FDA-approved [drugs](#) and [insulins](#) from American pharmacies via importation and reimportation.
- ✓ Released the 2021 Medicare Advantage and Medicare Part D Premium [landscape](#), showing that average 2021 premiums for Medicare Advantage plans are expected to decline 34.2% from 2017 while plan choice, benefits, and enrollment continue to increase, and that Part D premiums will be down 12% from 2017, with over 1,600 drug plans offering insulin at no more than \$35 per month.
- ✓ Issued a [notice of proposed rulemaking](#) from HRSA to pass on steep discounts at community health centers on insulin and epinephrine to Americans who are uninsured or have high cost-sharing, including the nearly 3 million health center patients with diabetes.

For more information about the RFP Regarding Waivers for Individual Prescription Drug Importation Programs, visit [here](#). For more information about the RFP Regarding Insulin Reimportation Programs, visit [here](#).



## Resources & Reports Continued

### Palliative Care: A Vital Component of COVID-19 Care



The Commonwealth Fund released a new resource called “Palliative Care: A Vital Component of COVID-19 Care”. Too often, patients and providers equate palliative care with hospice, considering it only when someone has a terminal illness and there’s no hope for curative treatment. But palliative services can be used in a variety of ways, including to help patients understand their conditions, sort through treatment options, and find relief from pain and other distressing symptoms. While hospital programs are the most common, community-based palliative care programs — that is, those outside of hospital settings — offer support to patients coping with serious and often progressive medical conditions and serve as a complement to primary and specialty care. During the pandemic, palliative care has proven to be an essential part of our health care system’s response.

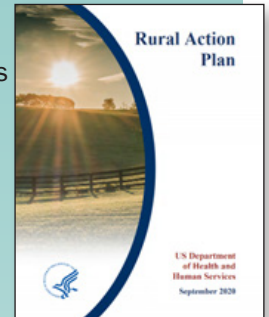
The report looks at the evolving role of palliative care during the pandemic, elicit lessons for policymakers and practitioners that are emerging from this crisis, and considers what it would take to sustain and spread palliative care programs to benefit more people. Access the report [here](#).

*In 2017, a survey was conducted in Iowa on the public’s awareness of palliative care. A report was developed that includes the survey results as well as recommendations to increase awareness and address barriers. The report can be accessed here: [Palliative Care Awareness in Iowa](#).*



### Rural Action Plan

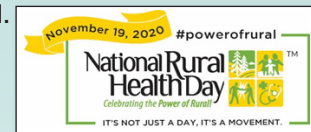
The U.S. Department of Health and Human Services (HHS) released the Rural Action Plan, a product developed by HHS’s Rural Task Force in collaboration with 18 HHS agencies and offices. The plan seeks to strengthen coordination within HHS departments to better serve rural communities and address several emerging health challenges, including health disparities, chronic disease, maternal mortality, and limited access to mental health services. It announces a four-point strategy to transform rural health and human services that targets: building a sustainable health and human services model for rural communities, leveraging technology and innovation, focusing on preventing disease and mortality, and increasing rural access to care.



Access the report here: [https://www.hhs.gov/sites/default/files/hhs-rural-action-plan.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.hhs.gov/sites/default/files/hhs-rural-action-plan.pdf?utm_medium=email&utm_source=govdelivery).

### National Rural Health Day – November 19, 2020

Rural communities are wonderful places to live and work, which is why approximately 57 million people – one in five Americans – call them home. These rural communities also have unique healthcare needs. National Rural Health Day is an opportunity to celebrate the “Power of Rural”, bringing to light the unique healthcare challenges that rural citizens face and showcasing the efforts of rural healthcare providers, State Offices of Rural Health and other rural stakeholders to address those challenges. This year’s National Rural Health Day will take place on **November 19, 2020**. Visit [www.PowerofRural.org](http://www.PowerofRural.org) to learn more about National Rural Health Day and the Power of Rural.



### Social Risk Factor Screening in Medicaid Managed Care

The past two years have seen a sharp increase in state Medicaid program interest in how social determinants of health influence Medicaid enrollee health status and spending. A [new issue brief](#) by the State Health & Value Strategies provides an introduction to the first step most states are taking in response through their Medicaid managed care programs—screening members for social risk factors (SRFs). It explains why Medicaid managed care members should be screened for SRFs, identifies screening design decisions, identifies common SRFs, and reviews options for screening tool selection.

As a companion to this issue brief, State Health and Value Strategies is hosting a [webinar series](#) that will profile the findings from this issue brief, and a second issue brief [Developing a Social Risk Factor Screening Measure](#).

### ✓ Contact Information

For more information on the work of IDPH’s Office of Health Care Transformation, visit <http://idph.iowa.gov/ohct>.

