

Annual Report

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We Serve With CARE



Crawford County
Community Health

Home Health, Hospice, & Public Health

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Acknowledgements

Crawford County Community Health extends their appreciation to all of those who serve as members of the Board of Health and the Board of Supervisors. The staff would like to thank the Boards for the time and support given to the agency.

BOARD OF HEALTH

Douglass Soseman, DDS

Tim Weber, RPh

Marcy Larson, BSN RN

Jean Heiden

Elizabeth Ranniger, MD



Marcy Larson, Dr. Soseman, Tim Weber

Advisory Member

Jamie Gross, DPT, CLT, CMT, CWS



Dr. Elizabeth Ranniger



Jean Heiden



BOARD OF SUPERVISORS

Craig Dozark

Jean Heiden

Dave Muhlbauer

Ty Rosburg

Kyle Schultz



Vision Statement: Ensure an optimal level of health for all individuals

Declaración de visión: Garantizar un nivel óptimo de salud para todas las personas

Mission Statement: Remove barriers that result in inequities and promote policies, systems, and conditions that enable optimal health for everyone

Declaración de misión: Eliminar las barreras que resultan en inequidades y promover políticas, sistemas y condiciones que permitan una salud óptima para todos

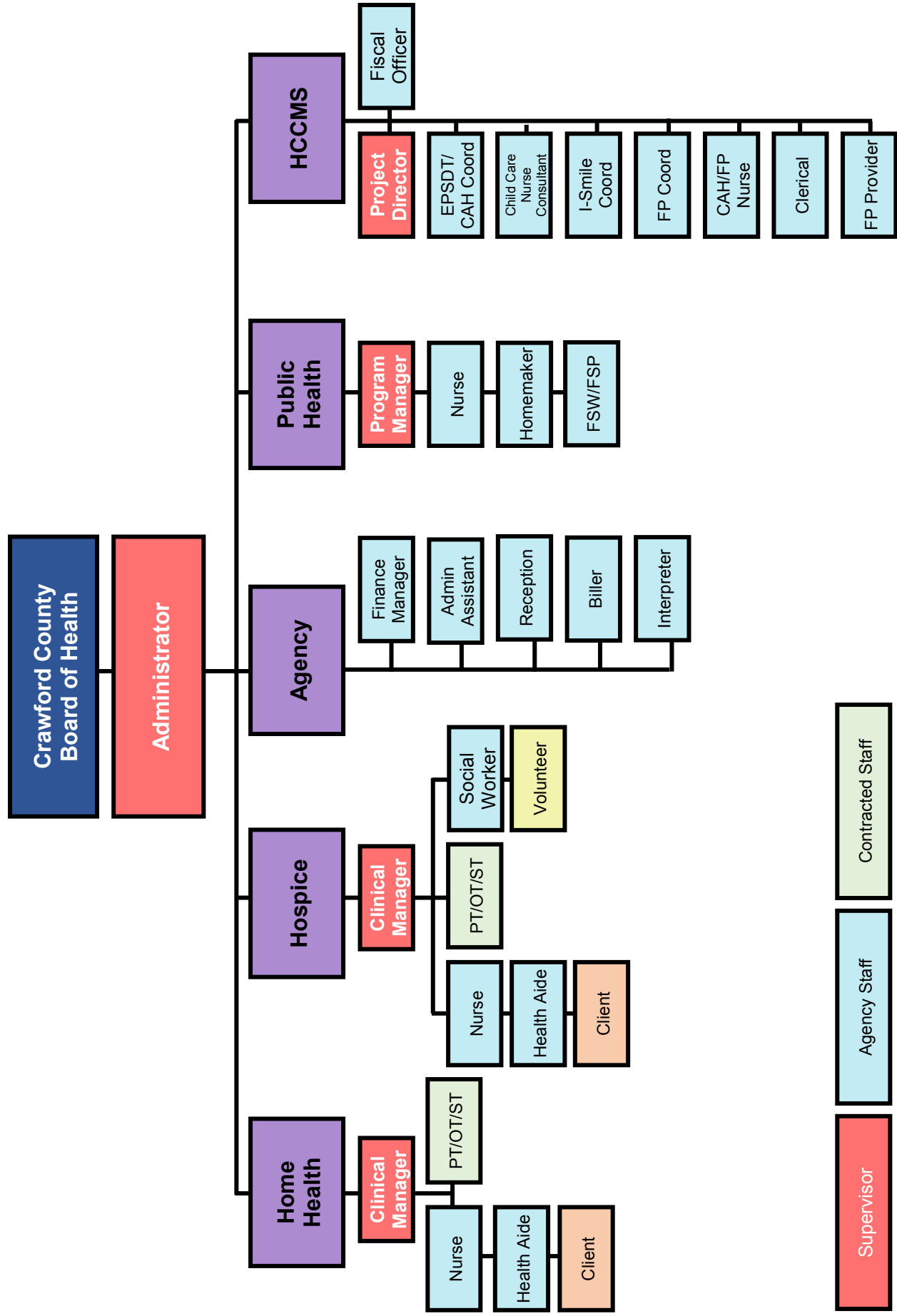
Values Statement and Core Values: We serve with CARE

- C (Compassion): We demonstrate genuine concern for other's perspectives and situations and respond with understanding, patience, and kindness.
- A (Accountability): We are committed to achieve individual, team, and organizational success by taking responsibility to complete tasks on-time and with the highest quality possible.
- R (Respect): We treat everyone in our diverse community with dignity and empathy, promoting an inclusive and welcoming community for all.
- E (Excellence): We serve our community to the highest standards of professionalism, ethics, personal responsibility, efficiency, and quality to be worthy of the trust our community gives us.

Declaración de Valores y Valores Fundamentales: Servimos con CARE

- C (Compasión): Demostramos una preocupación genuina por las perspectivas y situaciones de los demás y respondemos con comprensión, paciencia y amabilidad.
- A (Responsabilidad): Estamos comprometidos a lograr el éxito individual, de equipo y organizacional al asumir la responsabilidad de completar las tareas a tiempo y con la más alta calidad posible.
- R (Respeto): Tratamos a todos en nuestra comunidad diversa con dignidad y empatía, promoviendo una comunidad inclusiva y acogedora para todos.
- E (Excelencia): Servimos a nuestra comunidad con los más altos estándares de profesionalismo, ética, responsabilidad personal, eficiencia y calidad para ser dignos de la confianza que nuestra comunidad nos brinda.

Crawford County Community Health Organizational Structure



Supervisor
Agency Staff
Contracted Staff



Mary Ellen Bexten started in the agency in June 2019. She serves as an Administrative Assistant with her primary role being the receptionist. She is also the Immunization Program Assistant. Mary Ellen has 11 grandchildren.



Debra Birks, BSN RN started in the agency in December 2012. She is the HCCMS Maternal Health and Child Adolescent Health Coordinator. She also coordinates the Immunization Program and provides developmental support services in the 1st Five Program. She loves being with family, playing games/cards and watching movies.



Jennifer Chapman, BSN RN started in the agency in November 2001. She has worked in a variety of programs. In April 2021, she transitioned into the Child Care Nurse Consultant role. She also coordinates the Lead Program and assists with other public health programs as needed. Jennifer enjoys gardening, canning, and spending time with her children and grandchildren.



Karen Donscheski started in the agency in December 2015. She serves as an Administrative Assistant, completes the data entry for time studies, processes payroll for the agency and is support staff to the Board of Health. Karen enjoys spending time with her grandchildren.



Ashley Eggers, BA started in the agency in June 2006 working part-time for HCCMS Programs. In February 2018, she began full-time as a Biller for both the Agency and HCCMS Programs. Ashley enjoys spending time with her children, family and friends, camping, boating, and shopping!



Kim Fineran, BSN RN started in the agency in April 2008. She is one of the Agency Administrators as well as the Public Health Director. Kim loves camping and spending time in the sun. She also enjoys a spirited game of cards and beating her husband at marbles.



Cathy Gibbons started in the agency in March 2022 as an interpreter. She also coordinates the Care for Yourself program and works with several of the public health programs.



Leslie Goetz, RN started in the agency in August 2018 as the Hospice Nurse. She also helps with Home Health clients.



Beth Hanks, BSN RN started in the agency in August 2022 as the Clinical Manager for Home Health and Hospice. In her free time, you can find her on the golf course.



Hope Jensen, ARNP started in the agency in December 2022. She provides services for our Family Planning program.



Cheryl Lahr, BSN RN started in the agency in April 2021. Cheryl is married and has 4 children and 2 fur babies-Bella and Zoey. Their family loves to go camping...or glamping! Cheryl loves to flower garden and do crafts when there is time. One day she hopes to travel to Hawaii.



Paulette Lingle, BSW started in the agency in February 2019 as the 1st Five Site Coordinator. In January 2023, she transferred to the Hospice Social Worker position. Paulette has volunteered at the county fair for over 10 years. She loves camping and spending time with her family.



Jennifer Macke, RDH started in the agency in July 2014 as the HCCMS I-Smile Coordinator. In her free time, she enjoys getting coffee and going for a leisurely drive with her husband. Jennifer also loves to travel with her family.



Shelley Moreland, LPN started in the agency in September 2008. She retired in September 2019 and then returned to the agency in February 2020 to continue working in the HCCMS Care for Kids Program. Shelley enjoys camping, playing cards, working, and spending time with family and friends.



Kate Neumann, HCA started in the agency in February 1994. Kate was born and raised in Crawford County, where she is raising her family. She is married and has 4 children.



Monica Neumann started in the agency in May 2000. She works as the HCCMS Finance and Project Assistant. When she's not at work, you can find Monica watching her grandchildren or relaxing at the lake.



Lynn Nulle, BSBA started in the agency in July 2017 as Finance Manager, overseeing the financial aspects of the agency.



Ruth Parker, HCA started in the agency in March 2010. She coordinates Home Care Aide schedules and provides HCA services. Ruth has 2 children and lots of nieces and nephews that she absolutely loves! She does almost everything with her sister and enjoys vacationing by the ocean.



Maryam Rodriguez started in the agency in June 2023 as an interpreter.



Sheri Rowedder, RN started in the agency in September 2020 and is a Home Health and Hospice nurse.



Renae Schneider, RDA started in the agency in June 2016. She is the Hawki Outreach Coordinator and assists with oral health services as a Registered Dental Assistant. She also does data entry for several HCCMS programs. Renae enjoys camping, shopping, and planting flowers. She also likes vacationing with her family and seeing new places.



Nichole Toang, HCA started in the agency in May 2016 as a Home Care Aide.



Amy Trucke, LPN started in the agency in October 2007. She is a Family Support Professional and assists with other public health programs as needed. Amy has been married for 24 years and has 4 children. When not at work Amy enjoys planting flowers, antiquing and spending time with family and friends.

PRN/On-Call Staff

Nurse Practitioners

Jill Kierscht
Jennifer Muff

Dental Hygienists

Mikayla DeVries

Social Workers

Katherine Weston

Nurses

Kara Bral

Interpreters

Rocio Fernandez
Rosa Fernandez

Resignations &

Retirements

Jennifer Bruck-PRN
Jamie Brummond-PRN
Emilee Lakner
Spring McMinemee
Oralia Saldana-PRN
Michelle Stover
Alyssa Willenborg

Adult Immunizations

The agency provides the Hepatitis B, Covid-19, and Influenza vaccines for adults. The best way to reduce the risks associated with these illnesses is by getting vaccinated.

- Hepatitis B is a serious disease caused by a virus that attacks the liver and can cause lifelong infection, scarring of the liver, liver cancer, liver failure, and death.
- Influenza and Covid-19 are contagious respiratory illnesses caused by viruses that infect the nose, throat, and lungs. Some people, such as older people, young children, and people with underlying health conditions are at higher risk of serious complications, including death.

Baby Boutique

Baby Boutique supports and promotes the development of healthy habits that lead to healthy pregnancy, birth, and family outcomes. Participants in the program must be pregnant and/or have a child or children younger than 1 year of age. Participants earn points by exhibiting healthy behaviors, such as receiving early prenatal care, well child physical exams and immunizations as recommended by their doctor, parenting classes, WIC, obtaining high school diploma or GED, or by attending the classes offered by the program. Participants can spend the points they've earned on a variety of baby items like cribs, car seats, diapers, wipes, bottles, and blankets.

Baby Boutique receives financial support from grants, churches, and community organizations to provide this program and assist families of Crawford County.

The Boutique is open on the 4th Monday of each month from 3:00 pm to 6:00 pm. Classes are held from 4:00 pm to 5:00 pm and include a variety of topics that are chosen by participants. Spanish interpreters are available during class and Boutique hours.

Blood Pressure Clinics

These clinics are a community-based health promotion service. High blood pressure increases the risk for heart disease and stroke, two leading causes of death for Americans. Tens of millions of adults in the US have high blood pressure and many don't have it under control. High blood pressure usually has no symptoms so the only way to know if you have it is to get your blood pressure measured. Screening clinics are held throughout the county. Blood pressure screenings are also provided as a walk-in service.

Care for Yourself



Care for Yourself provides free or low-cost breast cancer screenings—such as clinical breast exams and mammograms—and cervical cancer screenings—like Pap testing and Human Papillomavirus (HPV) testing for individuals between 21 and 64 years of age. Certain income requirements may determine eligibility, but Care for Yourself can also make recommendations for people who are not able to participate in the program.

Check the Girls & Crawford County Breast Health Awareness Programs



Check the Girls, a local program based in Dunlap, also provides funds for mammograms and other diagnostic services in Crawford and surrounding counties. This program works closely with the CFY program.

Crawford County Breast Health Awareness Program funds raised by local groups are available for women who do not qualify for the CFY program. These funds may be used for mammograms. Mammograms and radiology services are provided by Crawford County Memorial Hospital and Iowa-Nebraska Radiology Consultants at Medicaid rates.

Child & Adolescent Immunizations



This program provides immunizations for children from birth through 18 years. All the vaccine is supplied through the federal Vaccines for Children (VFC) program. Children who meet the following criteria are eligible to receive vaccines through this program: Medicaid recipient, uninsured, underinsured where health insurance does not cover immunizations, or Native Americans. Children not meeting these criteria are referred to their

primary medical provider.

Clinics are held each month at varying times to be more accessible. All clinics are appointment only. Additional clinics are held as needed to focus on school vaccinations and flu shots.

IRIS is a secure and confidential web-based computer system that contains immunization information for individuals of all ages residing in the State of Iowa. The system offers several benefits, including the ability to instantly assess immunization status, interface with other state information systems, enhanced reporting and recall systems, and consolidation of immunization records as children move or change healthcare providers. All vaccinations provided by the agency are entered into this system by agency staff. Medical providers and pharmacies administering vaccines in in Crawford County also enter their vaccinations into IRIS.

In addition to staffing the clinics, the immunization coordinator is responsible for auditing the county's school records to assure all children/youth comply with the state's minimum immunization requirements. This audit must be completed yearly and is usually done in October.

As part of our outreach and education efforts aimed to increase overall vaccination rates in the county, agency staff provide radio public service announcements, and distribute information at schools, area health fairs, preschools, and childcare centers. Immunization information is available in English and Spanish.

Childhood Lead Poisoning Prevention

Although preventable, lead poisoning remains a significant concern for young children. According to the Centers for Disease Control and Prevention (CDC), there is no safe level of lead in a child's blood. Elevated levels can harm a child's central nervous system and are associated with reduced IQ, behavioral problems, and learning disabilities. The Iowa

Department of Health and Human Services and local public health departments are leading efforts in Iowa to prevent lead poisoning in children under the age of 6.

The goals of this program are to increase the number of children who receive a lead screening and to provide case management services for children with elevated levels. Ultimately, the goal is for medical providers to complete lead screenings for children as part of the child's well-child exam. Until that goal is met, agency staff provide gap-filling lead screenings during immunization clinics and at WIC. In addition to the screenings, education about lead poisoning, risks, and reduction is provided to the families as part of the screening process.

Agency staff provide lead screenings and send the blood specimen to State Hygienic Laboratory (SHL). The results are sent back to Public Health for follow-up as needed. If the results are greater than 10µg/dl, a venous blood draw is done, and the level is rechecked in 3 months. Further follow-up and interventions are completed depending on the venous result. Interventions may include education, nutrition consultation, environmental assessment, medical examination, AEA referral, and treatment with medication. Referrals for the lead program are received from IDPH, physician's clinics and other community partners.

Communicable Disease

Infectious diseases are a continuing threat to the health and safety of all people, regardless of age, gender, lifestyle, race/ethnicity, or socioeconomic status. Public Health coordinates the case investigations of communicable diseases reported in Crawford County. Case investigation involves determining possible sources of the individual's infection, assessing the likelihood that the individual will transmit the infection to others, and providing education regarding prevention of further spread to the individual and their contacts. Critical factors in any case investigation include:

- Timely response to the initial disease report. Investigation of diseases requiring follow-up should be initiated within 24 hours.
- Collection of data needed to make an accurate assessment.
- Follow-up of leads regarding a possible source of infection.

Diseases are reported by individuals, physicians, nurses, local health departments, and laboratories. The Iowa Disease Surveillance System (IDSS) is a statewide tracking system for communicable diseases that allows the Iowa Department of Health and Human Services, local hospitals and public health agencies to share information.

Community Equipment Loan Program

The Community Equipment Loan Program (CELP) provides short-term loans of health-related equipment to community members following hospitalization, surgery, illness, or disability. The program began with a donation from the Vail VFW in 1999 and continues with donations of used equipment from community members as well as occasional grants that allow purchase of new equipment. This program is available at no cost to anyone in the Crawford County area regardless of income or age. Items offered include wheelchairs, walkers, bath benches, stool risers, and canes.

Emergency Preparedness

The preparedness program started in 2002 because of the terrorist attacks of September 11, 2001, and the anthrax threats the following year. The Bureau of Emergency and Trauma Services Emergency Preparedness Program of the Iowa Department of Health and Human Services works with local public health departments and hospitals to ensure they have the resources to be able to respond to a public health emergency.

In FY17, the Iowa Department of Public Health (IDPH) changed the structure of the emergency preparedness grant. Crawford County was placed in regional service area 4 along with 11 other counties (Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Adams, Fremont, Page, and Taylor). The counties form a coalition that was named Southwest Iowa Prevention Partners (SWIPP). Grant funds were distributed to the regional service areas with project priorities being set by the coalition. In FY18, Audubon County joined SWIPP.

A local coalition was developed that includes Crawford County Memorial Hospital, Crawford County Emergency Management, Crawford County Environmental Health, area nursing homes and other partners, and Crawford County Community Health.

Family STEPS



Established in 2001, Family STEPS (Support To Experience Parenting Success) is a voluntary home visitation program that offers support and education for families expecting a child or with children ages 0 through 5 years of age. Family STEPS (FS) is part of a three-county program including Crawford, Sac and Buena Vista Counties and receives funding through Early Childhood Iowa (ECI) and the Iowa Child Abuse Prevention Program (ICAPP). The program earned the Iowa Family Support Credential in January 2012 and earned the renewal credential in July 2017.

The program uses evidence-based parent education curriculum, provides screenings and assessments, and links families with community resources. Family Support Professionals assist families with identifying strengths and needs which are used to set family goals.

Family STEPS is based on the preferences, needs, strengths, and risk factors identified through the assessment process. It emphasizes a family-centered approach to achieve the following outcomes:

- Optimal child safety, health, and development
- Improved family functioning, problem solving, and communication
- Improved nurturing and attachment between parent/s and child/children
- Improved parenting skills and family functioning

Eligibility for the program is based on a risk assessment. Risk factors include age, income, education, marital status, substance use/abuse, medical conditions, prenatal care, birth weight, and family history. A risk score of five or more indicates the family is at-risk.

Home Health

Home Health and more convenient for the client. Home health includes skilled nursing care, as well as other skilled services, such as therapy (physical, occupational, and speech), home

health aide, medical supplies, or durable medical equipment. These services are provided by a team of skilled professionals based on an order from a physician and an individualized plan of care. The goal of short-term home health is to provide treatment for an illness or injury, to help the client get better, regain independence, and become as self-sufficient as possible. The goal of long-term home health (for chronically ill or disabled people) is to maintain their highest level of ability or health and to help them live with their illness or disability.

To be eligible for Medicare home health services, an individual must have Medicare Part A or a Medicare advantage plan and:

1. Be confined to the home (homebound);
2. Need skilled services;
3. Be under the care of a physician;
4. Receive care under a plan of care established and reviewed by a physician; and
5. Have had a face-to-face encounter with a physician or other allowed practitioner

Medicare Part A and Medicare advantage plans consider an individual homebound if:

1. They need the help of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their home.
2. They have a condition such that leaving their home is medically contraindicated.

The agency also accepts private pay, private insurance, and Medicaid payers. Eligibility for home health services varies between these payers.

Agency home health nurses assess the client's needs, provide teaching on new diagnosis, assist with acute or chronic illness, provide and/or teach wound care and dressing changes, assist with medication management, give injections, and assist with IV therapy and pain control. Rehabilitation services such as Physical Therapy, Occupational Therapy, and Speech Therapy through contracted therapists are also coordinated by the nurse. Agency nurses are available 24 hours/day to meet client needs and to accept referrals.

Home Care Aide

Home Care Aides (HCA) are health care paraprofessionals who must meet state defined training requirements, including required annual training. HCAs can assist with routine chores that the client can no longer manage and activities of daily living, such as bathing and dressing. HCAs do not provide services such as physical and occupational therapy or skilled nursing care. However, they are often tasked with observing the client's physical and mental health and reporting on conditions to a registered nurse or other health care professional.

Services are provided in both the Home Health and Hospice programs under the direct supervision of a registered nurse working under a physician's orders. Services are provided until the client no longer meets criteria or a higher level of care is needed (such as nursing home placement).

Homemaker

Homemaker services are provided to the elderly or disabled who need assistance with activities of daily living such as housekeeping, laundry, groceries, or meal preparation. These services do not need an order from a medical provider and the person does not need to meet

any Medicare eligibility criteria. Most homemaker services are provided as private pay. There is limited funding available through the Iowa Department of Health and Human Services Elderly Waiver and Health & Disability Waiver, VA, Elderbridge Area Agency on Aging.

Hospice

Hospice provides compassionate care for people in the last phases of incurable disease so they may live as fully and comfortably as possible. Hospice focuses on the quality of life for the client and their caregivers. The hospice philosophy accepts death as the final stage of life and treats the person and symptoms of the disease rather than treating the disease itself. A team of professionals work together to manage their care and symptoms so that the client's last days may be spent with dignity and quality, surrounded by their loved ones.

Hospice care generally begins when a physician determines that the individual is expected to live about 6 months or less if the illness runs its usual course, the person's condition is rapidly declining despite medical treatment, and the person is ready to forego treatment aimed at prolonging life.

Hospice services may include:

- Palliative care and symptom control-supportive care provided by the care team to manage mental, physical, emotional, social, and spiritual issues
- Medical equipment like wheelchairs or walkers
- Therapy services (PT/OT/ST)
- Spiritual care
- Bereavement care

The agency hospice nurses coordinate each client's care with our multidisciplinary care team that includes medical providers, nurses, aides, social workers, clergy, and volunteers. This team meets at least every 15 days, more often if needed, to discuss client and family needs. Hospice services are tailored to each individual's needs and can be provided in the home, assisted living facility, nursing home, or hospital.

Medicare requires hospice programs utilize volunteers alongside their paid staff. Volunteers are an integral part of our hospice team, filling roles that range from direct contact with patients to providing clerical support for the agency. Volunteers can provide supportive services such as reading to, bringing in music, writing letters, and going for walks with clients. They can also provide respite for family members or light housekeeping services. Each hospice volunteer is required to complete an extensive orientation and training to ensure they are equipped for the challenge of working with the dying.

Bereavement is the time of mourning after a loss. Bereavement care is an essential component of hospice that includes support for the family over a period of 13 months. The hospice team works with the family to help them through the grieving process. Bereavement support services can play an invaluable role in the healing process and include sending a red rose to the funeral home or family member, staff attendance at the funeral/visitation, phone contacts with the family, clergy follow-up, Journeys newsletter sent out monthly, and community-based grief recovery group. The agency also has a lending library of resources, videos, and information for anyone interested.

Tuberculosis (TB) Program

The Iowa Department of Health and Human Services (HHS) collaborates with medical providers and local public health agencies to minimize the spread of TB in Iowa by promoting effective diagnosis and treatment for persons with TB infection or disease. This is accomplished by:

- Collecting, analyzing, and reporting data
- Developing effective TB control policies
- Providing consultation and technical assistance
- Providing case management oversight of active TB disease cases to ensure appropriate treatment completion and thorough contact investigations
- Providing TB medications and approved treatment regimens
- Coordinating services for refugees and immigrants who enter Iowa with a history of TB infection or disease to ensure they receive clinically appropriate treatment

Latent TB:

Persons who are infected with, but who do not have active TB disease are asymptomatic and not infectious; such persons usually have a positive reaction to the tuberculin skin test with a negative chest x-ray. For these people, public health facilitates medication administration for people. Each month, the client comes to the agency to pick up medications. During this visit, a brief assessment is completed, and the client is provided with education that reinforces the importance of completing the course of medications.

Active TB:

Active TB disease is when a person has a positive skin test and an abnormal chest X-ray. Only 10% of infected persons will develop TB disease at some time in their lives, but the risk is considerably higher for persons who are immunosuppressed, especially those with HIV infection.

A person with active TB may have some or all the following symptoms: coughing, loss of appetite, weight loss, fever, fatigue, night sweats and/or bloody sputum. The person is usually contagious for approximately 4-5 weeks after initiation of antibiotics. Active disease is curable with antibiotics and isolation. Untreated active TB disease can lead to death.

For people with active TB disease, HHS provides antibiotics at no cost for the client. The role of public health is to provide Direct Observation Therapy (DOT), which usually lasts six to nine months. TB skin testing of immediate contacts is also completed and DOT administration of medications is provided for those who have active TB disease. DOT requires that a public health nurse directly observe the client taking the antibiotics. DOT visits are completed outside at the client's home, with the nurse standing upwind from the client to avoid exposure.

TB Testing:

TB tests are provided to community members as well as local fire departments, employees at childcare centers/assisted living facilities/pharmacies, nursing students, city and county employees, and those who had possible contact with an infected individual.



Child Adolescent Health and Family Planning Project

HCCMS is a five county Title V Child Adolescent Health (CAH) and Title X Family Planning (FP) project, funded by the Iowa Department of Health and Human Services (HHS). This year was the first year of our new Collaborative Service Area (CSA) that includes the following counties for CAH: Audubon, Buena Vista, Carroll, Crawford, Greene, Guthrie, and Sac. For FP, we cover those same seven counties plus Calhoun and Pocahontas. The acronym HCCMS was created to signify the original five counties in our service area but has been modified to Helping Communities Connect Multiple Services. HCCMS has been providing services since 1996. The agency provides program administration and oversight for these programs.

The project has many programs and services. MCAH programs include:

- Child Adolescent Health
 - Family Engagement
 - Care for Kids informing and care coordination
 - Hawki Outreach and Presumptive Eligibility determinations
 - Child Care Nurse Consultant
 - I-Smile and I-Smile @ School

HCCMS also holds the Childhood Lead Poisoning Prevention (CLPPP) contract through HHS that covers the same counties as CAH. CLPPP and CAH have several of the same goals and the programs are complimentary to each other.

Child Adolescent Health (CAH) services overall vision is to promote healthy outcomes for Iowa's children and adolescents. Title V serves children and adolescents ages 0 to 22 years and EPSDT (Early and Periodic Screening, Diagnosis and Treatment) serves children and adolescents ages 0 to 21 years.



Hawki (Healthy and Well Children in Iowa) provides low or no cost insurance for kids and teens. Hawki Outreach through Title V provides grassroots outreach to families, schools, faith-based organizations, medical and dental providers, and diverse populations.

HCCMS CAH services use an indirect service model. Indirect services involve care coordination or linking the families to medical and dental care for well-child and dental examinations. For those children without insurance coverage, assistance with Medicaid or Hawki is provided. If the child does not qualify for either of those programs, grant funds may be used to pay for the preventive examinations.

Presumptive eligibility (PE) provides Medicaid coverage for a limited time while formal eligibility is determined by the Department of Human Services (DHS). Families complete the application, it is entered into the DHS web-based system, and a decision

is generated immediately. If approved, the family member(s) is assigned an identification number and linked with appropriate care. HCCMS provides this service for children (ages 0 through 18 years) and pregnant women.



The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, also called *Care for Kids*, provides comprehensive health

care for Medicaid eligible children under the age of 21. The two components of the program are: (1) assuring the availability and accessibility of health care resources (Informing); and (2) helping Medicaid recipients and their parents /guardians effectively use these resources (Care Coordination). Informing and care coordination are provided as part of the HCCMS CAH program.

Families with children who are newly eligible for Medicaid coverage do not always know about the services available for their children. Through the informing process, they are told about covered health care services. During this process, emphasis is placed on the importance of preventive care (medical and oral health) for all the children in the family.

Care coordination is the process of linking the client to the health care system. The care coordinator works with the family to assure that overall health is improved through preventive exams, early diagnosis, and appropriate treatment. Care coordination helps families to become independent health consumers; develop healthy beliefs, attitudes, and behaviors; make informed health care choices for their children; establish and maintain medical and dental homes; and improve the health and physical well-being of their children. With the addition of Managed Care Organizations (MCOs) overseeing Medicaid as of April 2016, our focus turned to dental care coordination, although we touch on all aspects of overall well-being.



Child Care Nurse Consultants (CCNC) are Registered Nurses who provide on-site consultation, training, and technical assistance for early childhood care and education providers. These businesses may call or send questions to a CCNC about health and safety policies, health programs, employee health, and specific child health or safety issues. IDPH supports local MCAH agencies to define the role and responsibilities of the Child Care Nurse Consultant. CCNCs are required to complete the Iowa Training Project for Child Care Nurse

Consultants (ITPCCNC) training. The purpose of ITPCCNC is to expand the nurse's knowledge and skills to work with early childhood care and education providers.



In 2005, the Iowa legislature passed a Medicaid reform initiative that included a mandate stating all children twelve years of age or younger who receive medical assistance shall have a designated dental home and

shall be provided with dental screenings and preventive care. The goal of creating a dental home is to ensure that children receive age-appropriate comprehensive dental care. A dental home provides acute care, preventive services, assessment of oral disease, individualized preventive care based on risk assessment, anticipatory guidance, information about caring for teeth and gums, dietary counseling, and referral to dental specialists as needed. IDPH envisions a team approach to manage oral disease. Primary prevention and care coordination are the focus of the I-Smile project.



Although preventable, lead poisoning remains a significant concern for young children. According to the Centers for Disease Control and Prevention (CDC), there is no safe level of lead in a child's blood. Elevated levels can harm a child's central nervous system and are associated with reduced IQ, behavioral problems, and learning disabilities. IDPH and local public health departments lead the efforts

in Iowa to prevent lead poisoning in children under the age of 6. The Childhood Lead Poisoning Prevention Program (CLPPP) works to reduce the number of children exposed to lead in Iowa by:

- Educating parents, providers, and communities about the risk of lead poisoning in children and how it can be prevented
- Identifying children with elevated blood lead levels
- Linking the family to services that can help reduce additional lead exposure
- Providing support through case management
- Identifying lead hazards and providing guidance to eliminate or control any hazards found
- Monitoring blood lead levels of children over time to determine prevention and intervention methods
- Referring families for additional services when needed



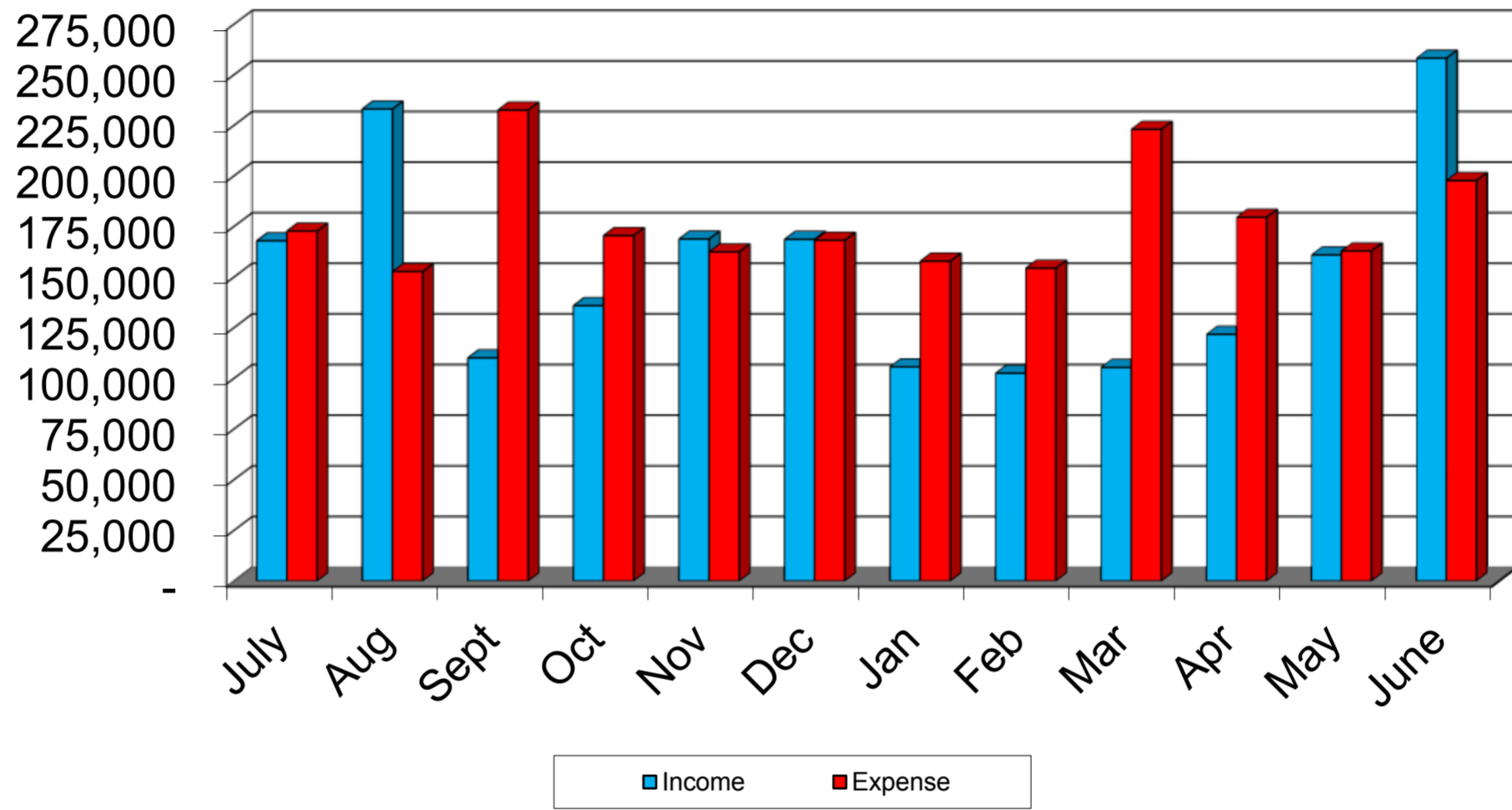
Family Planning clinics and services include contraceptive services to help women and men plan and space births, prevent unintended pregnancies, and reduce the number of abortions; pregnancy testing and counseling; helping clients who want to conceive; basic infertility services; preconception health services to improve infant and maternal outcomes; and providing sexually transmitted disease screening and treatment services to prevent infertility. All services are provided with the goal of improving the overall health of the people we serve.

Statement of Activities (YTD)
Crawford County Home Health, Hospice & Public Health
Through Month Ended: June 30, 2023

	Department 13	Department 12				Agency Total
	HCCMS	Hospice	Home Health Public Health & Health Aide	Homemaker	Department 12 Total	
Expenses:						
Direct Patient/Program:						
Salaries and benefits	318,849.93	208,227.42	543,066.62	9.90	751,303.94	1,070,153.87
Therapy (PT/OT/ST)		-	23,664.91	-	23,664.91	23,664.91
Clinic Supplies/materials/health promotions	43,918.76	3,929.34	19,021.79	-	22,951.13	66,869.89
Medications/vaccinations		28,503.44	5,047.51	-	33,550.95	33,550.95
Services and insurance		-	-	-	-	-
Hospital, nursing, other contracted	28,129.12	115,068.94	-	-	115,068.94	143,198.06
Mileage & transportation	5,191.38	6,280.67	19,200.08	-	25,480.75	30,672.13
Medical waste disposal		304.03	304.03	-	608.06	608.06
Donations, pass through, other reimb.		-	-	-	-	-
Accounting & other consulting services		10,716.00	5,219.72	-	15,935.72	15,935.72
Cost Report Settlements		-	-	-	-	-
Indirect Patient/Program:						
Education and training	407.79	1,585.02	6,764.96	-	8,349.98	8,757.77
Ads and publications	9,414.89	3,942.75	5,612.21	-	9,554.96	18,969.85
Pass through	63.63	-	-	-	-	63.63
Uniforms		-	-	-	-	-
Overhead and administrative:						
Salaries and benefits	172,116.12	62,908.86	333,744.86	1.21	396,654.93	568,771.05
Office administration	9,244.05	2,158.75	19,525.59	-	21,684.34	30,928.39
HR & Employee Medical	200.00	407.15	1,394.85	-	1,802.00	2,002.00
Industry pubs. & dues	6,439.00	3,629.99	479.61	-	4,109.60	10,548.60
Telecommunications/Internet	3,479.45	1,571.07	12,568.85	-	14,139.92	17,619.37
Information technology	13,209.51	8,210.52	24,074.14	-	32,284.66	45,494.17
Office equipment	-	-	40,117.15	-	40,117.15	40,117.15
Maintenance and repairs	802.04	746.51	2,837.35	-	3,583.86	4,385.90
Rent		-	-	-	-	-
Settlements, fines and adjs (paybacks / late fees)		56.37	1,023.05	-	1,079.42	1,079.42
Repay Temp Loan from Fund 0040 - FP	101,781.49	-	-	-	-	101,781.49
Net Program expense	713,247.16	458,246.83	1,063,667.28	11.11	1,521,925.22	2,235,172.38
	Budgeted Amount :			\$	1,790,084	
					85%	
Revenues:						
Third party payers:						
Medicare		446,199.76	76,200.31	-	522,400.07	522,400.07
Medicare Advantage Plans		-	19,479.10	-	19,479.10	19,479.10
Medicaid	1,632.58	-	-	-	-	1,632.58
Medicaid Care Organizations	55,827.36	95,122.06	176,905.52	6,067.60	278,095.18	333,922.54
Other Insurance	9,575.19	8,025.35	38,539.10	11,394.73	57,959.18	67,534.37
Private pay	4,076.20	-	17,896.14	8,873.50	26,769.64	30,845.84
Restricted grants and program revenues	573,701.27	-	265,420.50	16,630.51	282,051.01	855,752.28
Donations and fundraising	140.00	-	-	-	-	140.00
Pass through		-	-	-	-	-
Temporary Loan from Fund 0040 - FP	67,908.51	-	-	-	-	67,908.51
Reimbursement of money paid	386.05	558.67	5,474.37	-	6,033.04	6,419.09
Net Program revenues	713,247.16	549,905.84	599,915.04	42,966.34	1,192,787.22	1,906,034.38
	Budgeted Amount :				1,192,687.00	
					100%	
County tax dollars used	\$ 0.00	\$ (91,659.01)	\$ 463,752.24	\$ (42,955.23)	\$ 329,138.00	\$ 329,138.00
	Budgeted Amount :	\$ -	\$ -	\$ -	\$ 597,397	
					55%	
Tax Asking Year to Date June 30, 2022	-	(17,179.42)	494,621.56	29,622.67	507,064.81	507,064.81

Actual Income and Expense By Period
Fiscal Year 2022-2023

	8.33%	16.67%	25.00%	33.33%	41.67%	50.00%	58.33%	66.67%	75.00%	83.33%	91.67%	100.00%	Actual YTD Total	Budgeted Totals	Actual % of Budget	Average Per Month
	July	August	September	October	November	December	January	February	March	April	May	June				
Income:																
Nursing	52,966	84,626	45,300	45,758	71,028	43,654	47,407	29,063	49,023	46,734	54,944	29,412	599,915	625,407	95.9%	49,992.92
Homemaker	3,675	3,613	6,060	2,111	4,467	4,630	684	4,459	3,936	2,407	4,604	2,321	42,966	39,680	108.3%	3,580.53
Hospice	54,428	51,057	42,737	78,223	56,940	35,014	40,968	45,474	23,698	36,092	36,928	48,348	549,906	527,600	104.2%	45,825.49
Dept. 12	111,069	139,296	94,097	126,092	132,434	83,298	89,059	78,996	76,657	85,232	96,477	80,080	1,192,787	1,192,687	100.0%	99,398.94
HCCMS (13)	56,751	93,680	15,920	9,690	36,291	85,286	16,514	23,451	28,641	36,417	64,371	178,009	645,021	995,127	64.8%	53,751.75
TOTAL AGENCY	167,820	232,976	110,017	135,782	168,725	168,584	105,572	102,447	105,298	121,649	160,848	258,090	1,837,808	2,187,814	84.0%	167,073.48
Expense:																
Nursing	77,403	81,766	123,923	87,230	79,278	82,369	78,008	77,525	105,021	91,423	85,211	94,512	1,063,667	1,128,202	94.3%	88,638.94
Homemaker	-	-	-	11	-	-	-	-	-	-	-	-	11	158,401	0.0%	0.93
Hospice	43,719	27,753	52,259	35,089	34,959	37,520	34,478	30,967	46,949	29,270	31,035	54,248	458,247	503,481	91.0%	38,187.24
Dept. 12	121,122	109,519	176,182	122,330	114,237	119,888	112,486	108,492	151,971	120,694	116,246	148,759	1,521,925	1,790,084	85.0%	126,827.10
HCCMS (13)	51,494	43,120	56,270	48,095	48,114	48,175	45,284	45,811	70,983	58,744	46,550	48,825	611,466	995,127	61.4%	50,955.47
TOTAL AGENCY	172,616	152,639	232,451	170,425	162,351	168,063	157,770	154,303	222,953	179,438	162,797	197,585	2,133,391	2,785,211	76.6%	177,782.57
Tax Asking 12:	10,053	(29,777)	82,085	(3,761)	(18,197)	36,590	23,427	29,496	75,313	35,461	19,770	68,679	329,138	597,397	55.1%	27,428.17
Tax Asking 13:	(5,258)	(50,560)	40,350	38,405	11,823	(37,111)	28,770	22,360	42,342	22,328	(17,821)	(129,184)	(33,555)	-		(2,796.28)
Prior Year Tax Asking 12:	25,240	19,516	102,930	(19,317)	60,963	19,612	11,734	(13,337)	78,557	69,283	58,792	93,517	507,490		64.9%	
Prior Year Tax Asking 13:	50,026	(82,039)	48,097	(24,624)	21,947	(15,563)	4,272	(2,230)	17,883	9,790	(21,274)	26,533	32,817			



Statement of Activities (YTD)
Crawford County Home Health, Hospice & Public Health
For The Month Ending June 30, 2023

HCCMS FAMILY PLANNING FUND

FUND 0040

	HCCMS Family Planning
Beginning Fund Balance:	\$ 154,143.01
Expenses:	
Temporary Loan to Fund 0001 Dept 13 - HCCMS	\$ 67,908.51
Net Fund Expense:	\$ 67,908.51
Revenues:	
Repayment of Temporary Loan from Fund 0001 Dept 13 - HCCMS	\$ -
Interest Income	\$ 173.72
Net Fund Revenues:	\$ 173.72
Ending Fund Balance:	\$ 86,408.22

Original transfer from Myrtue in June 2015 was \$192,025.03

Tax Asking History

FISCAL YEAR - 2022-2023	BUDGET	AMENDMENT	AS AMENDED	ACTUAL	BUDGET
INCOME:	1,192,687		1,192,687	1,192,787	
EXPENSE:	1,790,084		1,790,084	1,521,925	
TAX ASKING:	597,397	-	597,397	329,138	(268,259)
FISCAL YEAR - 2021-2022	BUDGET	AMENDMENT	AS AMENDED	ACTUAL	BUDGET
INCOME:	1,124,608	100,000	1,224,608	1,134,713	
EXPENSE:	1,744,825	100,000	1,844,825	1,641,778	
TAX ASKING:	620,217	-	620,217	507,065	(113,152)
FISCAL YEAR - 2020-2021	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	BUDGET
INCOME:	1,024,969	50,000	1,074,969	1,269,690	
EXPENSE:	1,620,839	50,000	1,670,839	1,613,295	
TAX ASKING:	595,870	-	595,870	343,605	(252,265)
FISCAL YEAR - 2019-2020	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,049,341		1,049,341	1,046,170	
EXPENSE:	1,632,086		1,632,086	1,456,889	
TAX ASKING:	582,745	-	582,745	410,719	(172,026)
FISCAL YEAR - 2018-2019	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,078,317	100,000	1,178,317	1,080,495	
EXPENSE:	1,615,490	100,000	1,715,490	1,535,296	
TAX ASKING:	537,173	-	537,173	454,801	(82,372)
FISCAL YEAR - 2017-2018	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	999,125		-	1,016,604	
EXPENSE:	1,569,763		-	1,523,573	
TAX ASKING:	570,638	-	-	506,969	(63,669)
FISCAL YEAR - 2016-2017	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	BUDGET
INCOME:	909,300	80,000	989,300	1,055,325	
EXPENSE:	1,523,160	45,000	1,568,160	1,533,965	
TAX ASKING:	613,860	(35,000)	578,860	478,640	(100,220)
FISCAL YEAR - 2015-2016	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,172,516	-	-	911,804	
EXPENSE:	1,830,838	-	-	1,617,826	
TAX ASKING:	658,322	-	-	706,022	47,700
FISCAL YEAR - 2014-2015	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,285,468	-	-	1,077,280	
EXPENSE:	1,861,227	-	-	1,663,516	
TAX ASKING:	575,759	-	-	586,236	10,477

FISCAL YEAR - 2013-2014	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,315,900	-	-	1,151,206	
EXPENSE:	1,795,400	-	-	1,631,477	
TAX ASKING:	479,500	-	-	480,271	771
<hr/>					
FISCAL YEAR - 2012-2013	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,226,440	-	-	1,239,760	
EXPENSE:	1,671,440	-	-	1,600,530	
TAX ASKING:	445,000	-	-	360,770	(84,230)
<hr/>					
FISCAL YEAR - 2011-2012	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,235,843	-	-	1,241,212	
EXPENSE:	1,660,843	-	-	1,646,723	
TAX ASKING:	425,000	-	-	405,511	(19,489)
<hr/>					
FISCAL YEAR - 2010-2011	BUDGET	BUDGET AMENDMENT	BUDGET AS AMENDED	ACTUAL	OVER / UNDER BUDGET
INCOME:	1,460,999	-	-	1,198,597	
EXPENSE:	1,788,199	-	-	1,621,592	
TAX ASKING:	327,200	-	-	422,995	95,795

Program Trends

Home Health & Hospice Services

Home Health	18-19	19-20	20-21	21-22	22-23
Admits	66	79	86	74	43
Discharges	81	67	91	81	46
RN Visits	1615	1627	1639	1328	1181
Therapy Visits	142	264	413	282	188
Evaluation Visits	53	26	38	31	9
Home Care Aide Admits	36	56	44	55	53
Home Care Aide Discharges	46	51	54	47	53
Home Care Aide Visits	2272	1914	1772	1549	1601

Hospice	18-19	19-20	20-21	21-22	22-23
Admits	61	60	68	52	40
Discharge/Revocations/Deaths	62	62	66	56	33
RN Visits	749	1075	764	972	829
SW Visits	358	499	382	482	308
Home Care Aide Visits	395	516	359	423	519
ARNP Visits	8	9	13	19	8
Hospice Homemaker Visits	6	4	8	63	108

Homemaker	18-19	19-20	20-21	21-22	22-23
Admits	14	12	14	7	8
Discharges	18	17	16	9	20
Visits	1271	703	689	576	634

Public Health Services

Program	18-19	19-20	20-21	21-22	22-23
Blood Pressures Taken	456	222	29	131	209
Children rec'd Immunizations	283	308	321	260	186
Adult Hepatitis B	7	14	7	14	1
Adult Td/Tdap	1	0	0	0	0
Adult Flu	170	168	204	149	137
TB Direct Observation Visits	3	111	128	327	614
TB Latent Visits	86	101	14	16	117
TB Skin Tests Given	81	38	33	18	4
Disease Reports	30	47	15	22	18
Disease Investigations	20	32	10	11	7
Family STEPS Visits	752	665	675	511	355
Family STEPS Not Home/Not Found	22	44	14	57	17
Family STEPS Families Served	51	56	65	40	48
Family STEPS Children Served	102	91	73	58	62
Baby Boutique Parent Education Classes	10	8	12	12	12
Care for Yourself Clients	36	28	18	23	26
Lead Screenings	46	36	80	145	32

Family Planning Program

Unduplicated Clients Served	18-19	19-20	20-21	21-22	22-23
Denison Clinic	124	66	83	92	91

Gonorrhea Reports	22-23
Audubon	**
Buena Vista	8
Carroll	**
Crawford	**
Greene	**
Guthrie	**
Sac	**
Calhoun	**
Pocahontas	**

Chlamydia Reports	22-23
Audubon	**
Buena Vista	81
Carroll	49
Crawford	66
Greene	27
Guthrie	33
Sac	20
Calhoun	21
Pocahontas	17

**Suppressed

Care for Kids (EPSDT-Early Periodic Screening Diagnosis Treatment)

Initial Inform	18-19	19-20	20-21	21-22	22-23
Cass	300	301	234	229	102
Harrison	351	296	262	234	101
Monona	205	221	168	155	42
Shelby	266	289	225	193	65
Audubon	NA	NA	NA	NA	37
Buena Vista	NA	NA	NA	NA	247
Carroll	NA	NA	NA	NA	123
Crawford	619	621	454	428	396
Greene	NA	NA	NA	NA	51
Guthrie	NA	NA	NA	NA	48
Sac	NA	NA	NA	NA	50
Inform Completion	18-19	19-20	20-21	21-22	22-23
Cass	230	241	157	160	77
Harrison	240	215	183	171	82
Monona	124	161	138	109	41
Shelby	228	209	182	120	48
Audubon	NA	NA	NA	NA	56
Buena Vista	NA	NA	NA	NA	412
Carroll	NA	NA	NA	NA	180
Crawford	503	515	376	364	322
Greene	NA	NA	NA	NA	83
Guthrie	NA	NA	NA	NA	76
Sac	NA	NA	NA	NA	79

*New service area-previous data not tracked

*New service area-previous data not tracked

Child Care Nurse Consultant

Technical Assistance Contacts	18-19	19-20	20-21	21-22	22-23
Cass	18	35	38	14	11
Harrison	33	63	67	23	13
Monona	30	49	20	23	8
Shelby	18	35	46	8	9
Audubon	NA	NA	NA	NA	56
Buena Vista	NA	NA	NA	NA	412
Carroll	NA	NA	NA	NA	180
Crawford	63	91	85	63	44
Greene	NA	NA	NA	NA	83
Guthrie	NA	NA	NA	NA	76
Sac	NA	NA	NA	NA	79

*Old service area-1st quarter services only

Provider Trainings	18-19	19-20	20-21	21-22	22-23
	11	17	1	6	6

Site Visits	18-19	19-20	20-21	21-22	22-23
Cass	32	17	1	27	10
Harrison	40	37	22	34	17
Monona	25	22	9	19	6
Shelby	44	26	31	25	10
Audubon	NA	NA	NA	NA	13
Buena Vista	NA	NA	NA	NA	16
Carroll	NA	NA	NA	NA	33
Crawford	73	56	16	82	57
Greene	NA	NA	NA	NA	7
Guthrie	NA	NA	NA	NA	7
Sac	NA	NA	NA	NA	18

Early Childhood Oral Health

Education	18-19	19-20	20-21	21-22	22-23
Cass	295	211	97	213	53
Harrison	247	224	244	300	55
Monona	180	123	79	76	33
Shelby	191	136	116	161	107
Audubon	NA	NA	NA	NA	46
Buena Vista	NA	NA	NA	NA	453
Carroll	NA	NA	NA	NA	293
Crawford	411	197	299	389	168
Greene	NA	NA	NA	NA	163
Guthrie	NA	NA	NA	NA	279
Sac	NA	NA	NA	NA	141

*Old service area-1st quarter services only

Early Childhood Oral Health

Screenings	18-19	19-20	20-21	21-22	22-23	
Cass	162	115	42	103	20	*Old service area-1st quarter services only
Harrison	149	126	114	148	24	
Monona	105	89	47	48	26	
Shelby	102	71	61	83	49	
Audubon	NA	NA	NA	NA	25	
Buena Vista	NA	NA	NA	NA	318	
Carroll	NA	NA	NA	NA	240	
Crawford	411	197	299	389	263	
Greene	NA	NA	NA	NA	73	
Guthrie	NA	NA	NA	NA	164	
Sac	NA	NA	NA	NA	75	
Fluoride Varnish	18-19	19-20	20-21	21-22	22-23	
Cass	156	112	42	100	20	*Old service area-1st quarter services only
Harrison	145	121	112	144	24	
Monona	105	89	47	46	26	
Shelby	98	67	61	78	48	
Audubon	NA	NA	NA	NA	25	
Buena Vista	NA	NA	NA	NA	304	
Carroll	NA	NA	NA	NA	181	
Crawford	247	120	127	194	164	
Greene	NA	NA	NA	NA	73	
Guthrie	NA	NA	NA	NA	103	
Sac	NA	NA	NA	NA	73	

I-Smile @ School

Education	18-19	19-20	20-21	21-22	22-23		
Cass	324	62	138	53	58	*Old service area-1st quarter services only	
Harrison	32	34	33	33	0		
Monona	244	106	91	164	0		
Shelby	94	0	104	205	0		
Audubon	NA	NA	NA	NA	79		
Buena Vista	NA	NA	NA	NA	262		
Carroll	NA	NA	NA	NA	0		*No schools met qualifications for this service
Crawford	432	224	328	330	391		
Greene	NA	NA	NA	NA	199		
Guthrie	NA	NA	NA	NA	202		
Sac	NA	NA	NA	NA	51		

I-Smile @ School

Screenings	18-19	19-20	20-21	21-22	22-23		
Cass	191	36	78	20	21	*Old service area-1st quarter services only	
Harrison	49	0	33	64	0		
Monona	53	72	66	66	0		
Shelby	64	0	74	117	0		
Audubon	NA	NA	NA	NA	44		
Buena Vista	NA	NA	NA	NA	134		
Carroll	NA	NA	NA	NA	0**		**No schools met qualifications for this service
Crawford	203	261	175	224	240		
Greene	NA	NA	NA	NA	115		
Guthrie	NA	NA	NA	NA	92		
Sac	NA	NA	NA	NA	42		
Fluoride Varnish	18-19	19-20	20-21	21-22	22-23		
Cass	188	35	78	19	19	*Old service area-1st quarter services only	
Harrison	48	0	33	33	0		
Monona	53	70	65	96	0		
Shelby	62	0	72	112	0		
Audubon	NA	NA	NA	NA	43		
Buena Vista	NA	NA	NA	NA	130		
Carroll	NA	NA	NA	NA	0**		**No schools met qualifications for this service
Crawford	202	256	171	221	240		
Greene	NA	NA	NA	NA	111		
Guthrie	NA	NA	NA	NA	90		
Sac	NA	NA	NA	NA	42		
# Kids who rec'd sealant	18-19	19-20	20-21	21-22	22-23		
Cass	120	26	47	12	12	*Old service area-1st quarter services only	
Harrison	33	0	21	21	0		
Monona	37	48	39	60	0		
Shelby	36	0	45	76	0		
Audubon	NA	NA	NA	NA	13		
Buena Vista	NA	NA	NA	NA	71		
Carroll	NA	NA	NA	NA	0**		**No schools met qualifications for this service
Crawford	123	145	103	122	109		
Greene	NA	NA	NA	NA	33		
Guthrie	NA	NA	NA	NA	43		
Sac	NA	NA	NA	NA	27		

I-Smile @ School

# Teeth sealed	18-19	19-20	20-21	21-22	22-23		
Cass	500	82	163	40	45	*Old service area-1st quarter services only	
Harrison	117	0	67	67	0		
Monona	133	164	126	192	0		
Shelby	128	0	156	256	0		
Audubon	NA	NA	NA	NA	27		
Buena Vista	NA	NA	NA	NA	231		
Carroll	NA	NA	NA	NA	0**		**No schools met qualifications for this service
Crawford	424	444	308	386	328		
Greene	NA	NA	NA	NA	92		
Guthrie	NA	NA	NA	NA	119		
Sac	NA	NA	NA	NA	78		

Baby Boutique

Funding for Baby Boutique incentive items was provided through a mini-grant award from the CPPC grant and by Denison Kiwanis. Various community organizations also make generous donations to the program. Funding for education classes was provided by the Iowa Child Abuse Prevention Program (ICAPP). 12 classes were held this fiscal year.

Education topics are determined by participants and included:

- Understanding Infant & Child Safety: A Guide for Accident Prevention.
- The Importance of Childhood Immunizations presented by Deb Birks RN. STI's and your safety presented by Cheryl Lahr RN.
- Infant Car Seat Safety: How To Avoid Common Mistakes and car seat checks offered to participants, Amy Trucke Car Passenger Safety Technician.
- Fire Safety Prevention presented by Tyler Weller and Colby Ellis, Denison volunteer fire department.
- SIDS and LEAD presented by Jennifer Chapman CCNC
- Spending time together and family activities
- Financial Management presented by Kayln Cody-ISU EXT
- Oral Health presented by Renae Schneider Dental Assistant
- Health & Nutrition Month presented by Brenda Chargo-WIC Nurse
- Abuse Prevention Month: Domestic Abuse and You presented by Family Crisis Center
- The importance of readying to your child/Summer reading programs and how to get a library card presented by the Norelius Library staff.
- Summer Safety Tips presented by Cheryl Lahr RN

Staci Gallup with Northwest AEA is an essential program partner. She has worked with the program since its initiation in 2002, coordinating childcare during classes participants can concentrate on the education knowing their child/children are safe.

Goals for this fiscal year:

ICAPP Performance Measure: Meet a minimum of 85% of all service measures (combined goal with parent education program)

- Provide 12 Baby Boutique group sessions.

Met: Provided 12 sessions

ICAPP Performance Measure: Collect enrollment Protective Factors Surveys for a minimum of 90% of NEW participants (combined goal with parent education program).

Met: 100%

ICAPP Performance Measure: Collect follow-up Protective Factors Surveys for a minimum of 70% of participants (combined goal with parent education program).

Met: 87%

Goals for next fiscal year:

ICAPP Performance Measure: Meet a minimum of 85% of all service measures (combined goal with parent education program)

- Provide 12 Baby Boutique group sessions

ICAPP Performance Measure: Collect Protective Factors Survey 2 for a minimum of 90% of NEW participants (combined goal with parent education program).

Care for Yourself



The agency was allocated 25 slots for women to receive services this fiscal year. All 25 of these slots were used this year. One additional slot was requested and received which enabled 26 women to receive services. Program staff continues to do outreach activities in the community, including laundromats, Hispanic stores, newspapers and restaurants, and convenience stores. Information about the program was also shared on

Facebook and Twitter and is included on the agency website.

We have a great partnership with Crawford County Memorial Hospital. The hospital sends annual reminder letters and participants then contact the agency to re-enroll in the program. The hospital also calls if they have an appointment scheduled for a patient who does not have insurance, enabling our staff to contact them to see if they qualify for enrollment.



Child & Adolescent Immunizations

We continued having clinics this year by appointment. Staff make every attempt to work walk-ins into the existing schedule. Clinics are held monthly with times alternating between 1:00 - 5:30 and 10:00 - 2:00 to accommodate families who work variable shifts. Additional clinics are held during August for back-to-school needs.

CCMH Medical Clinic and St. Anthony Denison Clinic also provide immunizations through the Vaccine for Children (VFC) program.

Immunization audits were completed as required by the Iowa Department of Health and Human Services. School audit: 99.49% were in compliance with immunization requirements, which is comparable to last year's audits of 99.3%. Childcare audit: 99.83% were in compliance, which is comparable from last year's 99.8%.

In FY23, 499 immunizations were given to 156 unduplicated children. In comparison, FY22 had 799 immunizations given to 248 unduplicated children. COVID-19 vaccines are included in these stats.

Goals for this fiscal year:

The immunization rate for children 24 months of age served by the agency will increase by 5% for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal Conjugate Vaccine Series (4-3-1-3-3-1-4). Baseline measure is 75% (2015 benchmark report). Last FY measure: 44%.

Met: Current measure: 67%

The immunization rate of adolescents (13-17 years of age) served by the agency will maintain or increase by 2%. Fully immunized includes 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 2 Varicella, and 1 Meningococcal vaccine. Baseline measure is 82% (2018 benchmark report) for the 13-17-year-old age range. Last FY measure: 92%.

Not Met: Current measure: 91%

The immunization rate of both adolescent males and females (13-17 years of age) served by the agency who have completed the HPV vaccine series will increase by 5%. Baseline measure is 64% (2018 benchmark report). Last FY measure: 72%.

Not Met: Current measure: 75%

Goals for next fiscal year:

The immunization rate for children 24 months of age served by the agency will increase by 5% for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal Conjugate Vaccine Series (4-3-1-3-3-1-4). Baseline measure is 75% (2015 benchmark report). FY23 measure is 67%.

The immunization rate of adolescents (13-17 years of age) served by the agency will maintain or increase by 2%. Fully immunized includes 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 2 Varicella, and 1 Meningococcal vaccine. Baseline measure is 82% (2018 benchmark report) for the 13-17-year-old age range. FY23 measure is 91%.

The immunization rate of both adolescent males and females (13-17 years of age) served by the agency who have completed the HPV vaccine series will increase by 5%. Baseline measure is 64% (2018 benchmark report). FY23measure is 75%.

Childhood Lead Poisoning Prevention Program



Over the last year, as part of efforts to encourage medical providers to complete lead screenings, program staff distributed lead information to all the medical providers within the county.

This year, gap-filling lead screenings were completed as part of the agency's immunization clinic.

Client Satisfaction Survey for Immunization Clinic

38 surveys returned

1. How did you hear about the Clinic?
Friend/family-15 Doctor-5 DHS-5 Radio-0
Other- 8 (school- 6; other- 2)
2. Were the clinic hours convenient for you? Yes-38 No-0
If no, what hours would be more convenient?
3. Compared to your doctor's office, was your waiting time for services in our clinic
About right for the services received- 36 Too Long-1
4. Were personnel at the Clinic courteous?
Yes-37 No-0 Comments: Friendly
5. Before your child received their shots, did you feel well informed about the vaccines,
their side effects and the use of over-the-counter pain medications to control fever?
Yes -38 No- 0 If no, please explain:
6. Did you understand the information given to you at clinic?
Yes-38 No-0 If no, please explain:
7. Were you given information about when you should return for the child's next
immunization clinic? Yes-37 No- 0
8. Would you recommend the Clinic to others?
Yes-37 No-1 If no, please explain:
9. Will you continue to bring your child to this Immunization clinic?
Yes-38 No-0 If no, please explain:

Please add any additional comments:

That staff that took care of me is very good.

Thank you

Good attention

When we were at the clinic, treated good and also the workers were friendly with us.

All I can add is that the nurses treated me good.

Everything excellent

I liked the attention they gave my daughter.

I really liked the care they gave me and my son. Thanks a lot

Very friendly staff

Communicable Disease

In FY23, there were 18 disease reports for Crawford County, which is an decrease from 22 in FY22. The diseases reported include:

- Campylobacteriosis
- Carbapenamase resistant enterobactericiae Klebsiella
- Legionaires
- West Nile Virus-neuroinvasive
- Mumps
- Brucellosis
- Lyme Disease
- Salmonellosis
- Cryptosporidiosis
- Malaria

Agency staff completed investigations of the following reported diseases:

- Salmonellosis
- Legionaires
- West Nile Virus-neuroinvasive
- Mumps
- Cryptosporidiosis
- Malaria

Epidemiologists from the Iowa Department of Health and Human Services Centers for Acute Disease Epidemiology completed the investigations for the reports of Campylobacteriosis, Lyme Disease, and CRE Klebsiella.

Investigations for reportable sexually transmitted infections (STIs) are completed by Disease Prevention Specialists within the Bureau of HIV, STD, and Hepatitis at IDPH. STIs are counted separately from the infections listed above. For FY22 there were 6 cases of gonorrhea and 75 cases of chlamydia reported.



Family STEPS

Funding for Family STEPS was provided through grants from Buena Vista-Crawford-Sac Early Childhood Iowa (ECI) and the Iowa Child Abuse Prevention Program (ICAPP). ECI funds are awarded yearly through a proposal submission and are used to fund the program’s home visitation services. ICAPP funds are awarded through a competitive proposal process. FY23 was a renewal contract for ICAPP.

The program continues to face challenges from the lasting effects of the pandemic. While we have gone back to face-to-face visits, we continue to have challenges meeting with families consistently. Families identify they have needs and desire services but don’t meet with staff regularly; there are no call/no shows and families frequently reschedule. Although face-to-face visits are always the optimal choice, we offer virtual visits and telephone calls to ensure we are meeting the family’s needs as they arise.

Another challenge faced this fiscal year was the home visit performance measure. Although a full-time Family STEPS worker was hired in August of 2022 and community outreach increased, we continued to see less interest from potential clients when they were given information about the program. After reviewing the performance measures and meeting with program funders the contracts were amended and the home visits were recalculated from 580 to 375 for the fiscal year.

The Iowa Family Support Re-Credentialing process continues to be an ongoing challenge. The program was scheduled to be completed with the TA services in July 2022 with request for review due at that time. Due to several changes with the technical assistance process and standards, the program received a 1-year extension for the review process. The extension is scheduled to end July 25, 2023 with the request for review made at that time. The review is expected to take place in October 2023.

Goals for this fiscal year:

ICAPP Performance Measure (home visitation and group education combined goals): Meet a minimum of 85% of all service measures.

- Provide 375 home visits-385 102%
- Serve 60 families-103 107%
- Serve 90 parents-78 86%
- Serve 75 children-62 82%

ECI Performance Measure (home visitation only): A minimum of 75% of new enrollees will meet eligibility requirements).

MET: 100% of new enrollees met eligibility requirements.

Goals for next fiscal year:

ICAPP Performance Measure (home visitation and group education combined goals): Meet a minimum of 85% of all service measures

- Provide 375 home visits
- Serve 60 families
- Serve 90 parents
- Serve 75 children

ECI Performance Measure (home visitation only): A minimum of 75% of new enrollees will meet eligibility requirements).

Home Health



This fiscal year, primary referral sources included out-of-town hospitals, families/clients, nursing homes, assisted living facilities, and Crawford County medical providers, including the hospital. Other referral sources included out of town physicians, Mental Health, other programs within the agency, and miscellaneous other sources.

All Medicare certified home Health agencies which meet certain criteria are required to submit Home Health Consumer Assessment of Provider Systems (HHCAHPS) data or lose 2% of Medicare revenue. The agency contracts with a vendor to complete this requirement. Agency staff submit required information to the vendor who then determines which clients to survey and sends the survey out. All information is reviewed and compiled by the vendor. Agency staff can access this information through a website.

Hospice



As with Home Health, Hospice is required to survey clients. CAHPS (Consumer Assessment of Healthcare Provider Systems) tracks and provides data based on these surveys that are sent to caregivers following a client death. The agency contracts with a vendor to do the surveys. The data gathered from the surveys is available to the agency on a password protected website. If certain issues seem to be a concern or there is a pattern, the agency can use the data provided for quality improvement activities.

Volunteer Program: The volunteer program is coordinated by the Hospice Social Worker, who continues work to recruit additional volunteers and improve the program through additional training opportunities. The program has brought in new volunteers and has established a formal orientation process.

Fund Raising: Every year in November, Hospice has the Tree of Lights Campaign. This is done with the assistance of Crawford County Memorial Hospital (CCMH). A Christmas tree is set up in the hospital lobby and a small remembrance ceremony is held to commemorate those who were lost the previous year. Donations can be sent to Hospice in memory of a loved one. These donations are used by the program to purchase bereavement gifts (such as wind chimes) that are sent to the funeral homes or families following each death and other smaller expenses. A 501(c)3 board oversees the donation account and approves expenditures.

Bereavement Program: Bereavement planning begins upon admission. The Hospice nurse, social worker, chaplain, or other team member offers support and reassurance at the time of death or shortly thereafter. A windchime is sent to the funeral home or to a family member following the death and the Hospice team members involved with the client attempt to attend the visitation and/or funeral of the client. Families who want bereavement support are placed on a mailing list and receive the monthly *Journeys* newsletter published by the Hospice Foundation of America. The newsletter contains excellent articles related to grief and the grieving process. Follow-up phone calls are made to identify problems or concerns and assess how families are coping. The Hospice

social worker and chaplain are available if families need additional support or one-on-one visits.

Goals for this fiscal year:

Train Clinical Manager and Public Health Administrator in Home Health and Hospice Administrative functions due to the retirement of current Home Care Director.

Met

Facilitate diagnosis coding training for nurses.

Met

Develop a community outreach program to promote Home Health and Hospice within the service area.

Met

Goals for next fiscal year:

Train Hospice Social worker so she can facilitate the Grief Recovery Group, an 8-week program open to anyone with bereavement needs.

Continue community outreach activities to promote Home Health and Hospice within the service area.

Tuberculosis (TB) Program

Latent TB: Agency staff provided TB medications for 16 unduplicated clients. This is an increase of 12 clients from last year. These medications are provided to the individuals during office visits, at which time a brief assessment is completed and if needed, assistance with follow-up care is given. Clients are also provided with education on the importance of completing their medication regimen.

Active TB: Agency staff provided TB medications through direct observation visits for 5 unduplicated clients this program year. This is an increase of three clients from last year. These medications are delivered to the client's home and the nurse observes them taking the medication to help ensure compliance. This service received limited funding through a contract with the Iowa Department of Health and Human Services.

TB skin tests: There were no skin tests provided this fiscal year.

Child Adolescent Health

There have been many changes for the Child Adolescent Health Program this year. In October 2022, the service area changed from five counties to seven counties. The new service area included one county we had previously served (Crawford) and added six new counties (Audubon, Buena Vista, Carroll, Greene, Guthrie and Sac). Due to issues that the Iowa Department of Health and Human Services (HHS) faced with the grant process, we retained four of the original counties through December 2022.

HHS also changed data collection platforms for the programs in June 2023. Contractors are required to enter all services into this database. The new system has experienced several issues, including missing information (which results in additional time to look up family information in other systems) and inability to generate reports (which inhibits our ability to provide data to our partners).

Child Care Nurse Consultant (CCNC)



The project uses blended funding from Iowa Health and Human Services and Early Childhood Iowa (ECI) to provide CCNC services. The seven-county project area has two ECI areas. This fiscal year, the project received funding from BVCS ECI for Buena Vista, Crawford, and Sac Counties; and Partnerships 4 Families (P4F) ECI Area for Audubon, Carroll, Greene, and Guthrie Counties.

Success Story: A childcare center reached out for assistance for a newly diagnosed diabetic child. The center was reluctant to provide services for the child. The mother of the child did some teaching for the staff but they thought that the information she provided was unclear, as this was new to her also. They contacted the CCNC, who presented a power point “What Key Personnel Need to Know: Child Care” from the American Diabetes Association. She also worked with staff to practice drawing up saline from vials and injecting it into oranges so they would feel more comfortable with giving injections. After the presentation and the hands-on activity, staff reported that they feel more comfortable. The child’s mother came to assist the staff with drawing up the insulin/injection until the staff were comfortable with doing this on their own.

Goals for this fiscal year:

Maintain or increase the unduplicated number of providers working with the CCNC. Baseline measure: 65.

Not Met: FY23 measure is 62.

Provide a minimum of 30 on-site visits in the CSA service area using an online virtual platform or in-person visits. HMS will no longer be in our service area effective 10/1/22.

Met: 60 visits were provided to P4F ECI

Provide a minimum of 75 on-site visits in the BVCS service area using an online virtual platform or in-person visits. In addition to Crawford County, Buena Vista and Sac Counties will be part of our service area effective 10/1/22

Met: 92 visits were provided to BVCS ECI

The CCNC will complete the Early Childhood Outdoor Play Inspector Certification Course.

Met: Completed training 8/2022

Goals for next fiscal year:

Provide CCNC services to a minimum of 70% of ECE (Early Care and Education) providers within the CSA.

Provide a minimum of 150 on-site visits in the BVCS ECI and P4F ECI service area using an online virtual platform or in-person visits.

Prioritize and schedule 100% of IQ4K assessment visits within 3 weeks of the request by the ECE program.

Offer a minimum of 4 HCCI approved trainings (1 per quarter). Of the 4 required trainings, the CCNC will offer a minimum of 2 in person Medication Administration Skills Competency trainings and 2 other HCCI approved trainings (in person or virtual).

FY23 HCCI CCNC Performance Measure Year End Report

Enter information into white boxes below

Number of Providers

Number of ECE Providers (see EC Provide green tab) →



94

Percentage of participating providers

78%

Funding

Funding

Enter total amount of funding by source

ECE funding	
Additional funding list below:	
BVCS ECI (Buena Vista, Crawford, Sac)	\$ 53,214.07
P4F ECI (Audubon, Carroll, Greene, Guthrie)	\$ 21,255.99
Title V funds	\$ 5,725.53
HMS ECI (Harrison, Monona, Shelby-CSA 3)	\$ 14,565.82
Boost4Families (Cass-CSA 3)	\$ 2,952.00
Total funding	\$ 97,713.41

Performance Measures

Enter data for the year (July 1st 2022-June 30th 2023) if more than one CCNC provided services combine with other CCNC data and report total together. (Example CCNC A had 20 visits for the year CCNC B had 10 visits for the year report 30 total visits)

Number of ECE programs participating with CCNC (unduplicated)	73
Number of ECE programs receiving CCNC services that improve health and safety conditions in their early learning environments	65
Percent of ECE programs receiving CCNC services that improve health and safety conditions in their early learning environments	89.04%
Number of ECE programs participating with CCNC by QRS/IQ4K category levels 1-5 (unduplicated)	
QRS/IQ4K level 1	10
QRS/IQ4K level 2	6
QRS/IQ4K level 3	4
QRS/IQ4K level 4	10
QRS/IQ4K level 5	0
Number of visits to ECE programs by CCNC	182
Number of technical assistance contacts to ECE programs by CCNC	150
Number of Asthma	5
Number of Allergy (includes anaphylaxis)	28
Number of Seizures	6
Number of Diabetes	1
Number of IEP/IFSP	26
Number of Other (Report type of special health need in row 33)	5
Total number of special health needs by category (unduplicated) (will fill do not enter number)	71
Number of special health need with care plan in place at the ECE program	65
Percent of special health need with a care plan in place at the ECE program (Percentage will fill-do not enter number)	91.55%
Number of HCCI DHS approved trainings provided by the CCNC (Report training title in row 34)	4(Jen) 3(Kelley) for CSA 2
Number in attendance	46
Number of participants that reported increased knowledge as a result of HCCI training	46
Percent of participants that reported increased knowledge as a result of HCCI training (Percentage will fill-do not enter number)	100.00%

Other Special Health Need from row 33 (i.e. feeding tube): Feeding tube, Hemophilia, Spina Bifida, Hypoplastic L Heart Syndrome, Rheumatoid Arthritis.

End of Report-thank you for completing! Due 8-2-2023- see below:

Trainings: 11/17/22-Medication Administration (Crawford County), 1/10/23-Medication Administration (Sac), 1/19/23-Medication Administration (Audubon), 5/4/23-Medication Administration (Greene). Kelley Smith-Larson had 3 trainings with 11 participants.

Family Planning



Jennifer Muff and Hope Jensen are our Family Planning medical providers. Jennifer also serves as our medical director.

The new service area has provided both opportunity and challenge. Program staff have spent time getting to know new partners and the needs of communities we have not worked in before. We are working with Carroll County Public Health to start new clinical services in Carroll. Guthrie/Audubon County Health Services are also working with us, trying to establish services in their area. The contracting process took a lot longer than anticipated which has delayed getting services in place. We continue to move forward with these new partners.

Goals for this fiscal year:

The Contractor must have 90% of Title X FP funded staff in compliance with all Title X FP required training by the end of February 2023.

Met

Goals for next fiscal year:

The Contractor must have 90% of Title X FP funded staff in compliance with all Title X FP required training by the end of February 2024.

Hawki Outreach



Outreach activities are submitted and approved each month as part of the proposal submission process. The Hawki Outreach Coordinator (HOC) is the single point of contact for on-going activities, promoting implementation of best practice strategies, and assuring dissemination of up-to-date program information. The following outreach activities were completed this fiscal year:

- Hawki brochures and/or fact sheets were distributed to schools in our service area who participate in the weekend food backpack program to be placed in each child's bag to take home.
- Hawki fact sheets/brochures were provided to school administration and nurses for distribution during kindergarten roundup.
- Hawki information was given to parents at area parent/teacher conferences at Denison, Schleswig, Jefferson & Paton-Churdan schools.
- Hawki medical and dental-only fact sheets were given to medical and dental providers in our service area to provide to their patients.
- Hawki brochures were given to area food pantries and community outreach agencies in the service area.
- Hawki fact sheets were given to children at dental screenings to bring home to parents that indicated they don't have medical/dental insurance.
- Hawki information was given to parents participating in the Swaddling Clothes program at St Paul's Church in Sac City.
- Hawki brochures (Spanish & English) along with Hawki color changing cups were given out at the Immigration Festival at Washington Park in Denison. HOC and interpreter staff attended the festival.
- Hawki information and Presumptive Applications were given to families who qualified who were present at the Storm Lake School Registration Event, the New Opp Back to School event in Carroll and at the Schleswig School Back to School Bash.

The project uses blended funding from Iowa HHS and Early Childhood Iowa- BVCS (Buena Vista, Crawford and Sac) and Partnership 4 Families (Carroll, Greene, Guthrie and Audubon). HHS funds are used for infrastructure-building activities and some school-based services with ECI funds being used for services at preschools and Head Start. Care coordination and follow-up services were also provided for children with identified needs.

Oral health education, dental screenings and fluoride varnish services at the following Preschools and Head Starts this year:

Crawford County- St. Rose PS, Zion PS, Ar-We-Va PS, Charter Oak-Ute PS, Denison PS, Schelswig PS, Denison HS and EHS

Carroll County- Coon Rapids PS, Fairview PS, Kuemper PS, Glidden PS, Zion Manning PS, Manning PS, Carroll HS and EHS

Greene County- Payton-Churdan PS, Greene Co PS/HS

Guthrie County- Adair-Casey PS, Panora PS, Stuart Exploration Station PS, WCV Stuart PS, Guthrie Center PS, Panora HS

Audubon County- Audubon HS and PS

Sac County- East Sac PS, Schaller PS, Sac City HS
Buena Vista County- Storm Lake PS, Newell-Fonda PS, Sioux Central PS, Alta PS, Albert City-Truesdale PS, St Mary's PS, Storm Lake HS and EHS

Old CSA counties served Oct-Dec 2022
 (funded by Boost For Families and HMS ECI)

Shelby County- Harlan PS, Shelby Co Catholic PS, Harlan HS

Cass County- Griswold PS

Monona County- Mapleton PS and HS

Harrison County- LoMa PS

HHS I-Smile@School funds are used to provide oral health education, dental screenings, fluoride varnish and dental sealants for schools with 40% or higher free and reduced lunch rates. The project provided services at the following Schools this year:

Crawford County- Ar-We-Va, Denison, Charter Oak-Ute and Schleswig

Greene County- Payton-Churdan and Greene Co

Guthrie County- Adair-Casey, Panorama and Stuart

Audubon County- Audubon

Sac County- Schaller

Buena Vista County- Newell-Fonda, Sioux Central, Alta, Albert City and Storm Lake

Goals for this fiscal year:

I-Smile Coordinator will contact the Director for Children's Imagination Station in Crawford County to discuss the development of a tooth brushing program and request placement on the agenda to present information to the Board of Directors in a collaborative effort to help children develop healthy oral health habits.

Not Met: Due to staffing issues, the director was not interested participating in a toothbrushing program at this time.

I-Smile Coordinator will contact the Director for Time for Tots in Shelby County to discuss the development of a tooth brushing program, assist with policy development, and provide staff education as needed.

Met

Goals for next fiscal year:

The ISC will partner with St. Anthony Hospital OB Department in Carroll to increase awareness of the importance of OH through distribution of OB packets to new mothers. These packets will include information for mom/baby on OH, OH supplies, contact information for the ISC, a dental provider list which includes information on those who accept Medicaid, and additional agency resource information.

The ISC will partner with the University of Iowa Diversity - Inclusion Department and the Federally Qualified Health Center to provide a Give Kids a Smile Day in Storm Lake. The ISC will model this program after the one operating in Pottawattamie County.

Maternal Health

From 7/1/22 until 9/30/22, our focus for Maternal Health was placed on early entry into prenatal care. Presumptive Eligibility determinations were completed for 13 clients. Part of this determination involves linking the client with prenatal care and providing coordination for other services, such as WIC.

Starting 10/1/2022, due to the HHS reconfiguration of our collaborative service area, we do not hold the maternal health grant. New Opportunities provides all maternal health services including maternal presumptive eligibility for our county in addition to the other 6 counties in our service area. We continue to make referrals as needed to New Opportunities for all Maternal Health needs.