



What is 1st Five?

1st Five is a public-private partnership bridging primary care and public health services in Iowa. The 1st Five model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 and coordinates referrals, interventions and follow-up.



Summary of Evaluation Findings 1st Five Healthy Mental Development Initiative



**Child & Family
POLICY CENTER**
January 2013

We know many of Iowa's young children are facing challenges. More than one in five Iowa children ages four months to 5 years are at moderate or high risk of developmental, behavioral or social delays.¹ Among children at risk for developmental delays, only 50 percent are detected prior to school entry, when early intervention has the greatest impact.² Chronic stress in the form of family stress, caregiver depression and other environmental factors is detrimental to developing brains, particularly in the youngest years.³

We also know health providers are key partners in the early identification of the factors hindering healthy development. Over 95 percent of children birth to age 5 visit a health provider for preventive health care⁴—far more than utilize any other formal support system.

In 2007, Iowa created the 1st Five initiative to support health providers in identifying the often complex and wide-ranging needs of children and families and link them to community resources. After five years, the initiative has shown to be effective in that mission.

**“(1st Five) is helping me
deliver the kind of health
care that I know kids and
families need.”**

**Dr. Angela Townsend
Covenant Clinic, Waterloo**

KEY FINDINGS

- **Almost 5,000 children and their families have been referred by health providers to 1st Five** for support and connections to community resources since 2007. A speech or hearing concern is the number one reason for an initial health provider referral to 1st Five, with family stress a close second.
- **Almost 12,000 connections to local resources have been made** for these families across seven 1st Five sites. Connections to resources such as food, housing, energy assistance, child care and preschool, employment assistance and transportation are most common, with health-related referrals, such as immunizations, lead screening, vision testing and specialty care, second.
- **1st Five supports practice change**, helping Iowa health providers implement standardized, research-based tools to better identify the full range of family needs, including caregiver depression and family stress.

1st Five's reach in Iowa 2007-2012

7

Coordinating sites

13

Iowa counties

83

Health practices

284

Providers

77,000

Estimated number of children
birth to age 5 reached

4,985

Families referred from health
providers into 1st Five

11,736

Connections from 1st Five out
to community services

1,218

Children referred by 1st Five
to well-child care

3.25

Community connections made for
each family engaged in
1st Five care coordination

33% → 93%

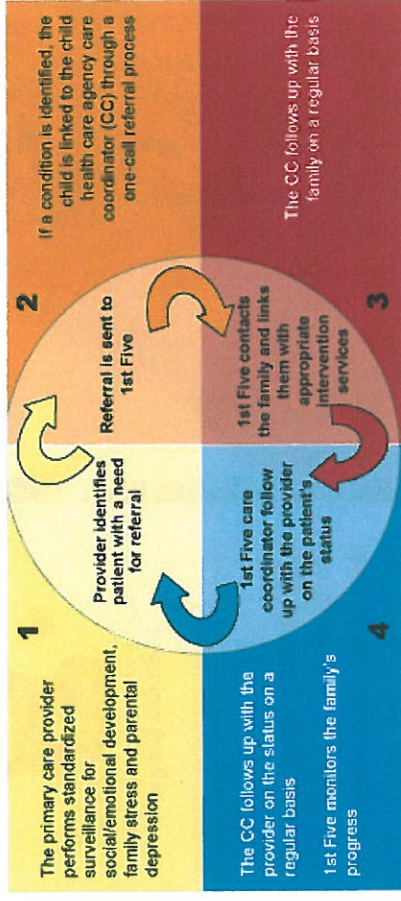
Share of health providers including
comprehensive developmental
assessment before and after 1st Five
involvement

- 1st Five has been described by participating providers as an easy-to-implement remedy to the challenge (identified by the providers and supported by a recent U.S. physician survey) that doctors do not have the time, staff support or knowledge of community resources to address the full range of patient needs.
- Relationships are key to success and sustainability of the 1st Five initiative. The work requires time-intensive and ongoing relationship building with health providers, community organizations and families.

RECOMMENDATIONS

- **Bolster community services.** 1st Five care coordinators report lack of timely access to local resources like affordable housing, child and adult mental-health support, bilingual services, pediatric developmental services, transportation and child care in both rural and urban areas of the state. Long drives and waiting lists are common. These shortages limit 1st Five's ability to connect families to resources, even when needs have been identified.
- **Sustain current 1st Five sites.** Assure existing 1st Five sites have the resources to sustain momentum and expand to additional providers as needed. As sites move from "start up" to "sustaining" status, state funding decreases. This decreases their capacity to maintain relationships with health providers, which is reflected in a decrease in referral numbers in sustaining sites.
- **Develop an implementation and funding plan for statewide expansion** to make 1st Five care coordination available to health providers regardless of where they are located.

1st Five care coordinators are the link between health providers and a broad range of community services



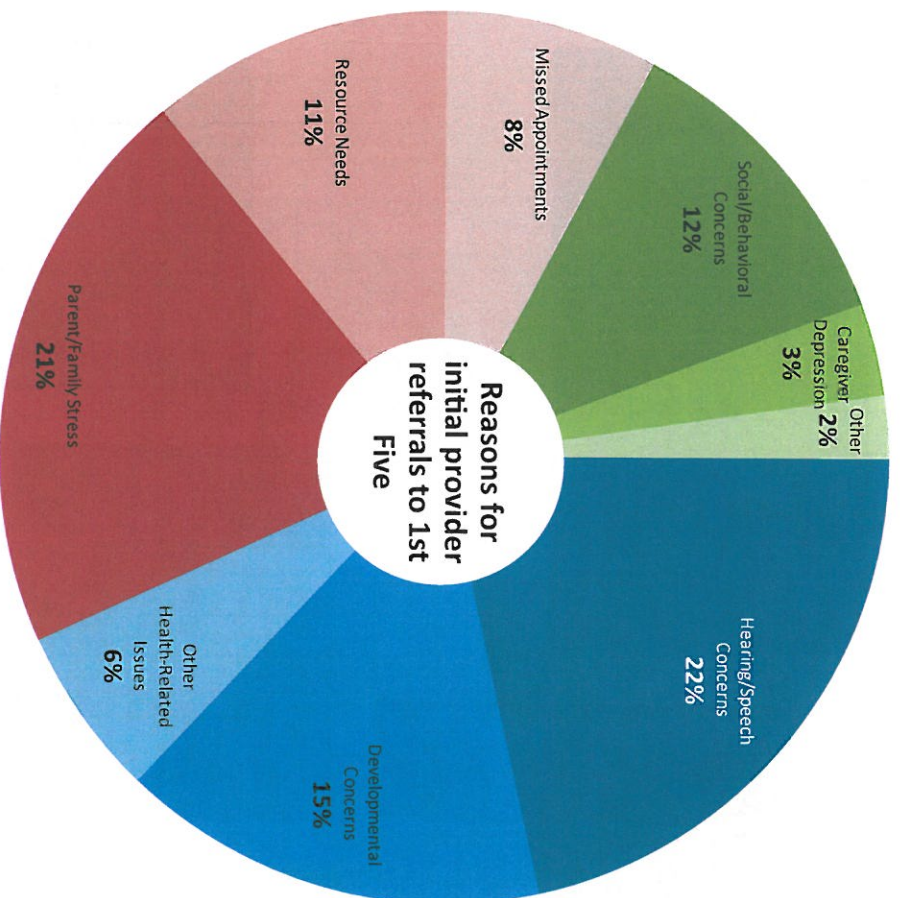
Source: 1st Five Healthy Mental Development Initiative

For more information on this evaluation, contact CFPC research director Michelle Stover Wright at michellesw@cfpciowa.org. For general information on 1st Five, contact 1st Five state coordinator Sonni Vierling at Sonni.Vierling@idph.iowa.gov.

Sources:

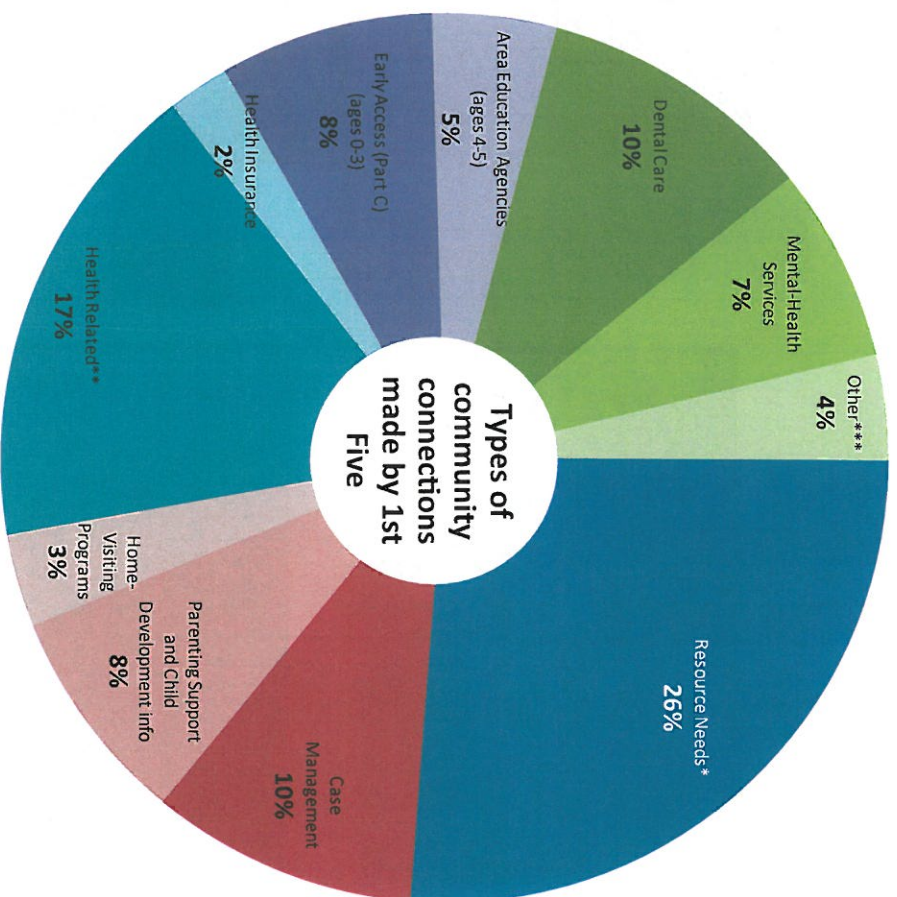
- 1 Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health, 2007.
- 2 Centers for Disease Control and Prevention.
- 3 Harvard Center for the Developing Child.
- 4 CAHMI, 2007.

1st Five bridges health-provider referrals to community resources



When a health provider identifies a family need through surveillance or screening, she makes a referral to 1st Five.

Of 6,523 needs identified among 4,985 families, 43 percent were for health or developmental concerns, including speech and hearing (blue). Another 40 percent of referrals were connected to family stress and day-to-day resource needs (red). The final 17 percent ranged from caregiver depression and social and behavioral worries to language barriers and parent education needs (green).



After a referral, 1st Five coordinators work with the family to identify resources addressing the family's needs.

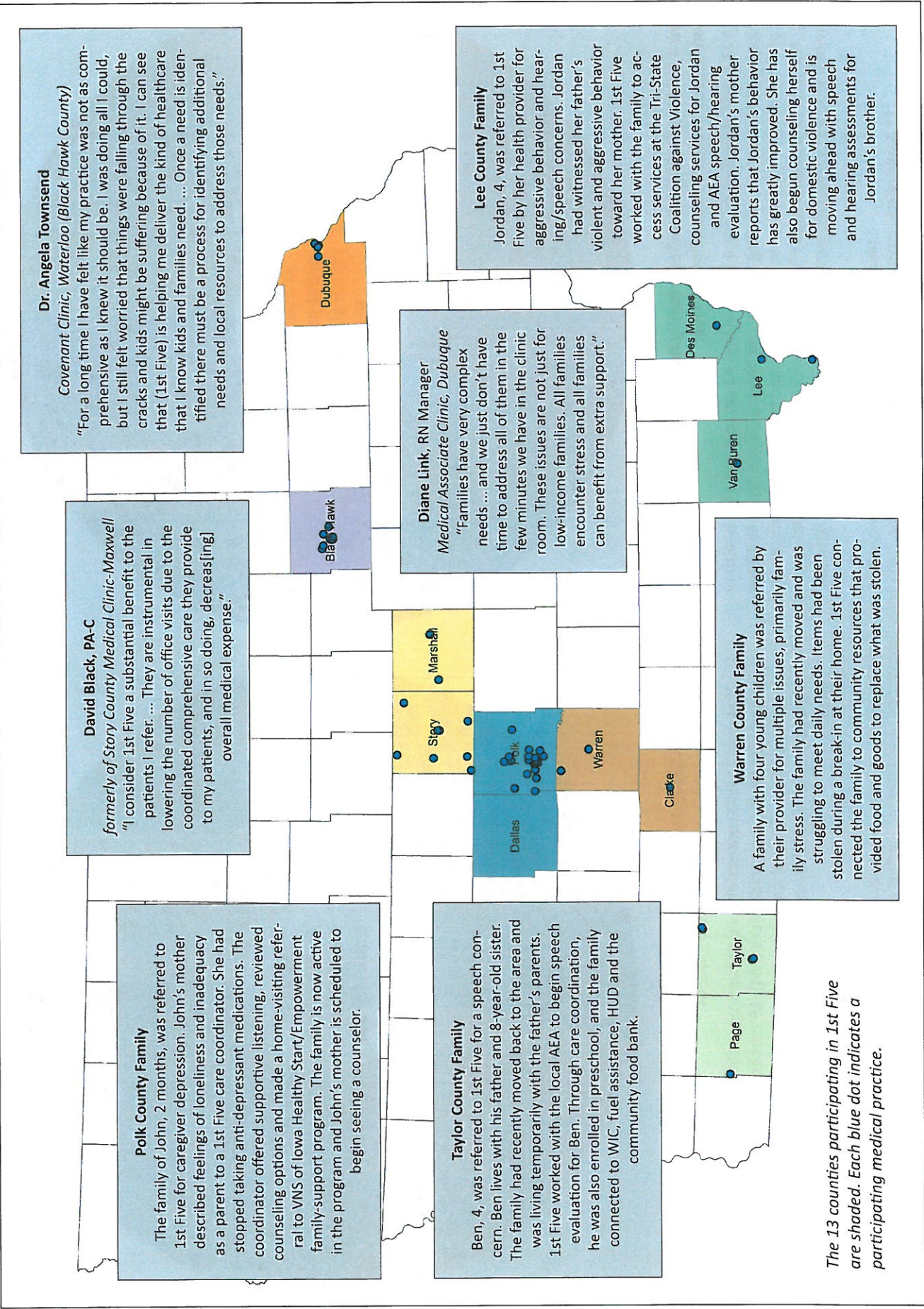
Of almost 12,000 connections, 26 percent were for resource needs (blue), 21 percent for family-support services (red), 19 percent for health-related needs (aqua) and 13 percent for early-intervention services (purples). The remaining 18 percent were for dental and mental-health care and other family needs (green).

* Resource-need referrals are for supports such as food, transportation, housing, child care/preschool, energy and baby supplies.

** Health-related referrals are for services such as lead screening, vision, immunizations, hearing assessments, nutrition and care at the Child Health Specialty Clinics.

*** Other referrals are for services like domestic violence support, legal and translation services and resource guides.

Families and providers across Iowa find value in 1st Five

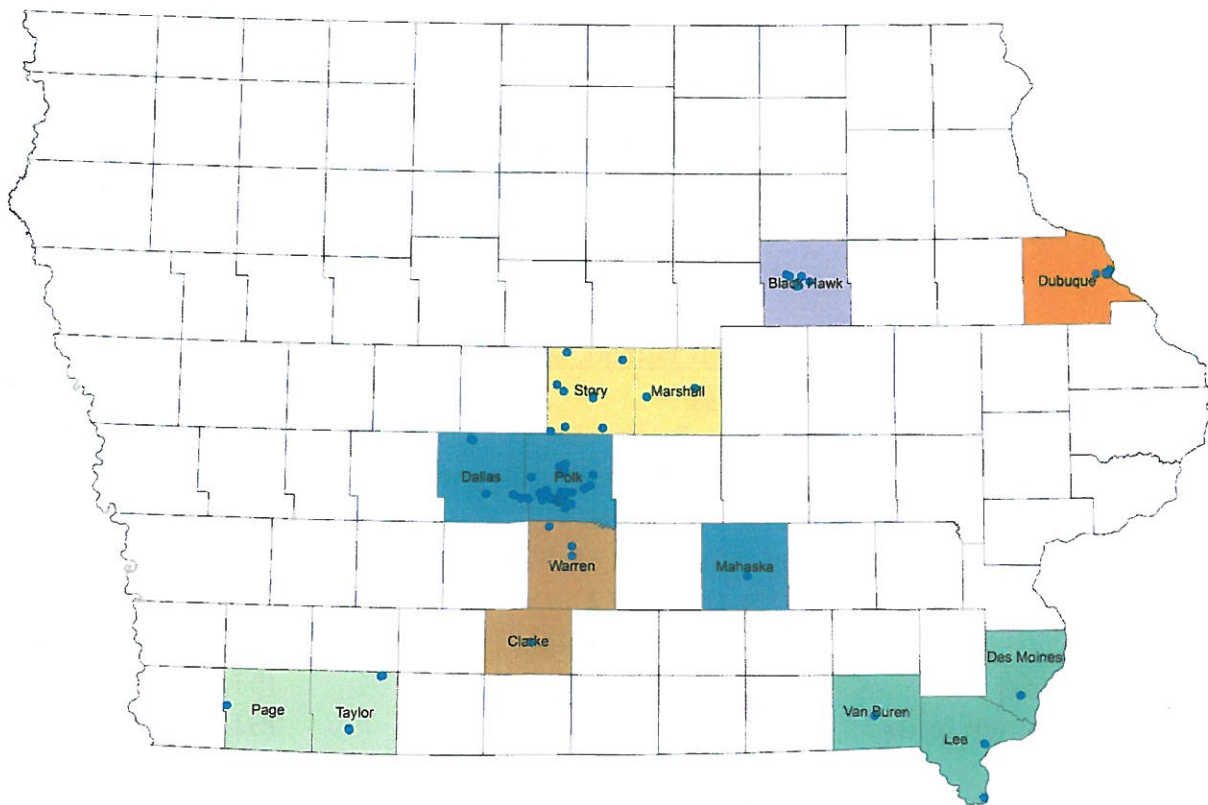


The 13 counties participating in 1st Five are shaded. Each blue dot indicates a participating medical practice.

Healthy mental development in the first five years



Participating Counties and Primary Care Practice Locations



Since 2007, 83 medical practices, representing 284 providers, have been involved in the 1st Five initiative, impacting 77,000 children birth to five.

* Participating medical practices are identified with blue markers. Map is current as of December 2012.
For a current map of participating counties and practices, visit:

<http://www.idph.state.ia.us/1stfive/>

(Click on "Participating Providers")

Healthy mental development in the first five years



Agency Contact Information

State Coordinator

Sonni Vierling
Iowa Dept. of Public Health
Lucas Bldg., 5th Fl
321 E. 12th St
Des Moines, IA 50319
(515) 281-8284
sonni.vierling@idph.iowa.gov

Dubuque County

Molly Lammers
Visiting Nurse Association
1454 Iowa Street: PO Box 359
Dubuque, IA 52004
(563) 556-6200, ext. 1924
(563) 556-4371 (fax)
molly.lammers@finleyhospital.org

Taylor and Page Counties

Joan Gallagher
Taylor County Public
Health
405 Jefferson
Bedford, IA 50833
(712) 523-3405
(712) 523-3402 (fax)
joanmch@frontiernet.net

Black Hawk County

Brenda Buck
Black Hawk County Health
Department
1407 Independence Ave. 4th
Floor
Waterloo, IA 50703
(319) 292-2213
(319) 291-2659 (fax)
bbuck@co.black-hawk.ia.us

Lee, Van Buren, and Des Moines Counties

Michele Ross
Lee County Health Department
2218 Avenue H
Fort Madison, IA 52627
(800) 458-6672
(319) 372-4374 (fax)
mross@leecountyhd.org

Warren and Clarke Counties

Andrea Jimmerson
Warren County Health
Services
301 North Buxton: Ste.
203
Indianola, IA 50125
(515) 961- 1074
(515) 961-1083 (fax)
andrea@co.warren.ia.us

Dallas, Polk & Mahaska Counties

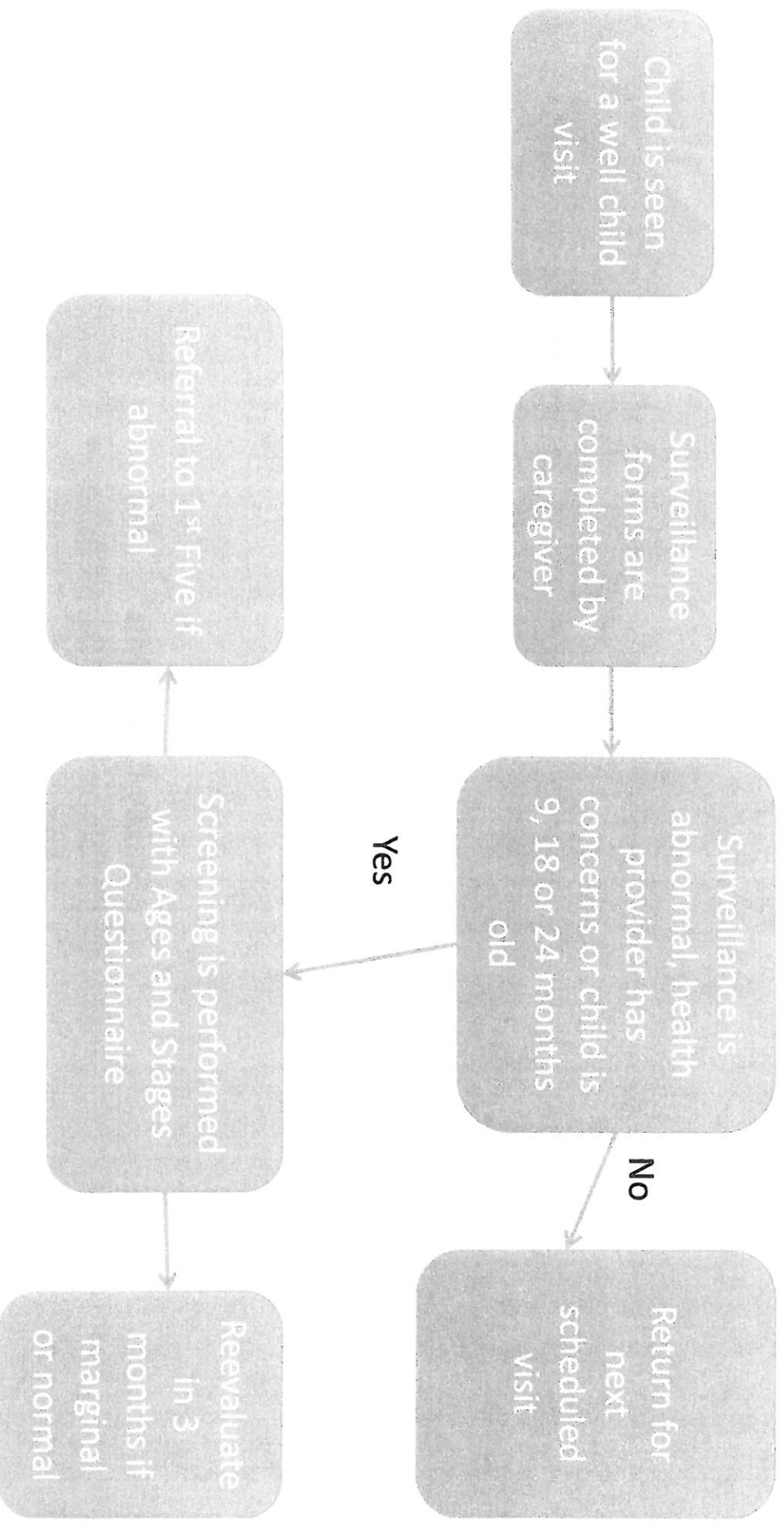
Sarah Black
Visiting Nurse Services
1200 University: Ste. 205
Des Moines, IA 50314
(515) 558-9608
sarahb@vnsia.org

Story and Marshall Counties

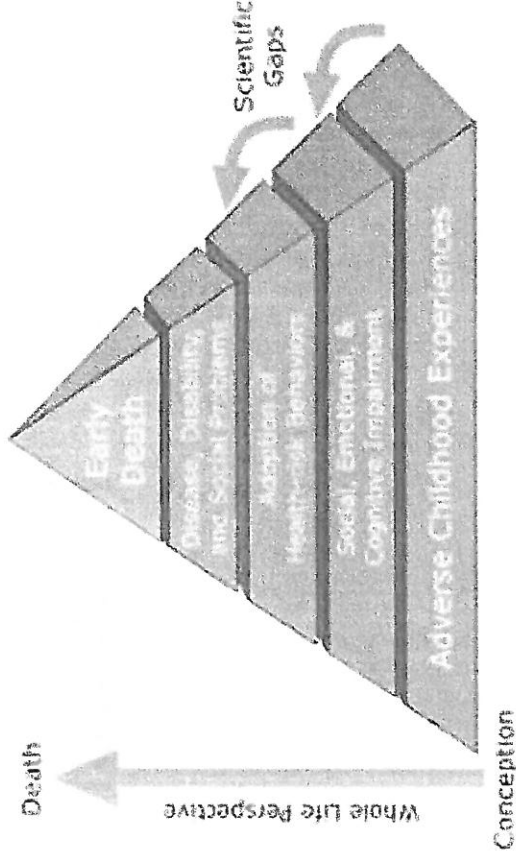
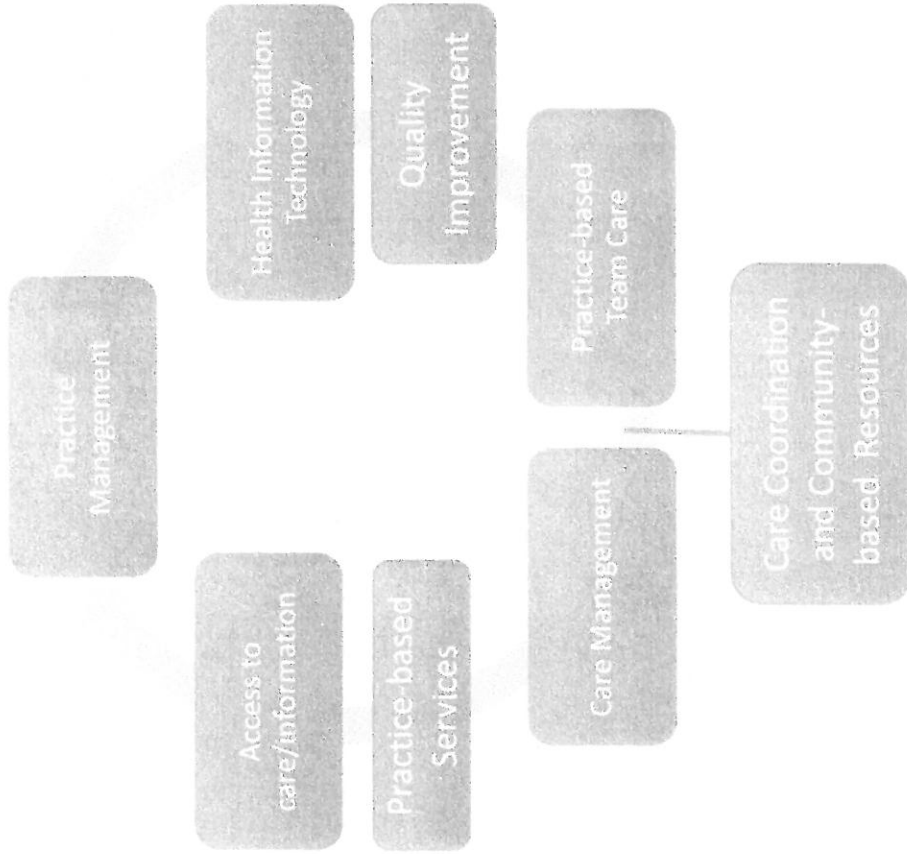
Autumn Bryant
Mid-Iowa Community Action
126 S. Kellogg, Ste. 1
Ames, IA 50010
(515) 232-9020
(515) 956-3310 (fax)
autumn.bryant@micaonline.org

1st Five is an integral part of providing services to pediatric patients

February 19, 2013



Patient Centered Medical Home



Used with Dr. Anda's permission.

Stacey K. Neu MD
East Des Moines Family Care Center
515-265-4211

Iowa Collaborative Safety Net Provider Network

Overview

Many underserved, low-income Iowans turn to Iowa's safety net providers for affordable primary and preventive health care. Through a unique partnership created in 2005 by the Iowa Legislature, the Iowa Collaborative Safety Net Provider Network (Network), Iowa's health care safety net providers have united to identify common unmet needs that can be addressed cooperatively. The goals of the Network are as follows:

- Increase the underserved population's access to health services.
- Improve the financial viability of safety net providers.
- Increase health system integration and collaboration across the continuum of care with a focus on safety net services.
- Enhance the Iowa Collaborative Safety Net Provider Network's communications and education efforts.

Listed below are the key partner organizations that comprise the Network. The Iowa Primary Care Association coordinates and manages the Network.

- AARP Iowa; Child Health Specialty Clinics; Community Health Centers; coOpportunity Health; Critical Access Hospitals; Delta Dental of Iowa; Des Moines University; Family Planning Agencies; Free Clinics; IowaCare organizations; Iowa Academy of Family Practice; Iowa Association of Community Providers; Iowa Association of Area Agencies on Aging; Iowa Behavioral Health Association; Iowa Dental Association; Iowa Department of Human Services; Iowa Department of Public Health; Iowa Health System; Iowa Hospital Association; Iowa Medical Society; Iowa Medicaid Enterprise; Iowa Pharmacy Association; Local Boards of Health; Magellan; Maternal/Child Health Centers; Polk County Medical Society; Rural Health Clinics; Safety Net Patients; State Board of Health; Telligen; The University of Iowa; UnitedHealthCare; Wellmark Blue Cross & Blue Shield

Community Utility Development

The Network is committed to exploring how a community utility model fits into Iowa's plan to support integrated care models and a redesigned care delivery system. ***A community utility is a service that is provided to the community that everyone contributes to and everyone benefits from for something that cannot be accomplished efficiently alone, like the provision of electricity.*** Examples of the community utility model that apply to supporting patient centered medical home (PCMH) development are care management/care coordination, data aggregation and analyses around shared quality priorities, health education and prevention, and coordination of existing services in the community. The community utility concept has a unique role to play in PCMH development especially among the safety net population and for primary care practices that are smaller or located in rural areas.

State Fiscal Year 2012 Outcomes

The Network makes funding available to a variety of clinics and organizations that serve safety net patients (those at or below 200% of the Federal Poverty Level or under- or uninsured). All of the funding distributed by the Network focuses on improving access to affordable pharmaceuticals, improving access to specialty care services, and medical home development. The following is a list of outcomes from Network-funded activities for SFY12:

- 87.8% of funding allocated supported direct services to safety net patients from across the state.
- The Network provided funding to 115 clinics or grantees.
- 10,600 patients received direct services from the 10 grantees.
- Over \$3.1 million in free care was provided by four grantees.
- Since 2007, the Iowa Prescription Drug Corporation's Drug Donation Repository Program has served 26,800 Iowans and provided nearly \$5.9 million in free medication and supplies.

- Data is collected annually by the Network and based on the findings from calendar year 2011, the clinics that make up the Network are serving their intended population:
 - Low income, uninsured, underinsured, and racial and ethnic minorities.
 - The clinics combined provided care for 411,543 people in Iowa accounting for a total of 1,493,616 patient visits.
 - When looking at the Network as a whole, 12% of the patient population belongs to a racial minority and 17% is Hispanic/Latino.
 - Compared to Iowa's 22% combined uninsured and Medicaid population, the Network has a combined uninsured and Medicaid population of 61%.
 - Children and young adults, ages 0 to 34, make up 60% of the safety net patient population.
 - Women are using Network clinics at far higher rates than men among all clinic types.
 - Treatment of chronic diseases is also the most common visit type for Network patients. According to the ICD9 code data provided by Community Health Centers, Family Planning Agencies, and Rural Health Clinics and data on level of services requested by Free Clinics, most patients are being seen for the treatment of chronic diseases.

State Fiscal Year 2013 Activities

Following is a list of the organizations that are receiving funding from the Network during SFY13.

Provider Awards

Funding is being provided to approximately 100 federally qualified health centers, free clinics and rural health clinics to support medical home development within their organizations.

Access to Affordable Pharmaceuticals

Funding is being provided to the Iowa Prescription Drug Corporation to administer several programs focused on increasing access to affordable pharmaceuticals for safety net patients. More information about the three programs can be found at www.iowapdc.org.

Access to Specialty Care Services

Funding is being provided to support increased access to specialty care services for safety net patients.

- Linn Community Care's Project Access Program
- Polk County Medical Society's Volunteer Physician Network
- Primary Health Care, Inc.'s Integrated Primary and Behavioral Health Program

Medical Home Development

Funding is being provided to develop community-based initiatives to support patient-centered medical home development.

- | | |
|--|---|
| • Dallas County | • Siouxland Community Health Center –
Sioux City |
| • Johnson County | • Visiting Nurse Services of Iowa – Des
Moines |
| • O'Brien County | |
| • Visiting Nurse Association – Dubuque | |

Sexual Assault Response Team Training

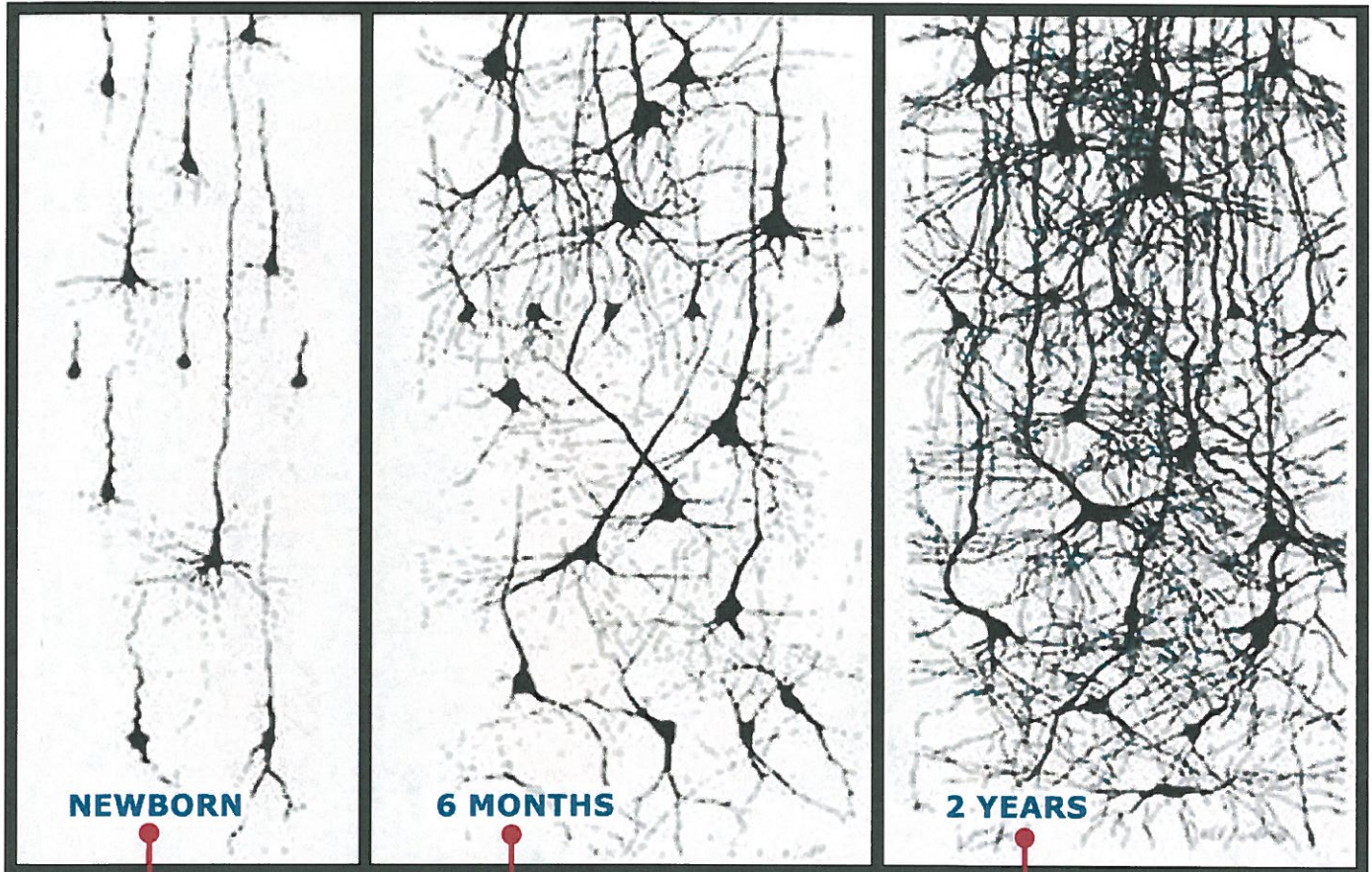
Funding is being provided to the Iowa Coalition Against Sexual Assault to support the establishment of a grant program for training sexual assault response team (SART) members.

Questions About the Network

For more information on the Iowa Collaborative Safety Net Provider Network, visit our website at www.iowasafetynet.com. We can also be contacted at info@iowasafetynet.com or 515-244-9610.

FIVE NUMBERS TO REMEMBER ABOUT EARLY CHILDHOOD DEVELOPMENT

700 700 NEW NEURAL CONNECTIONS PER SECOND



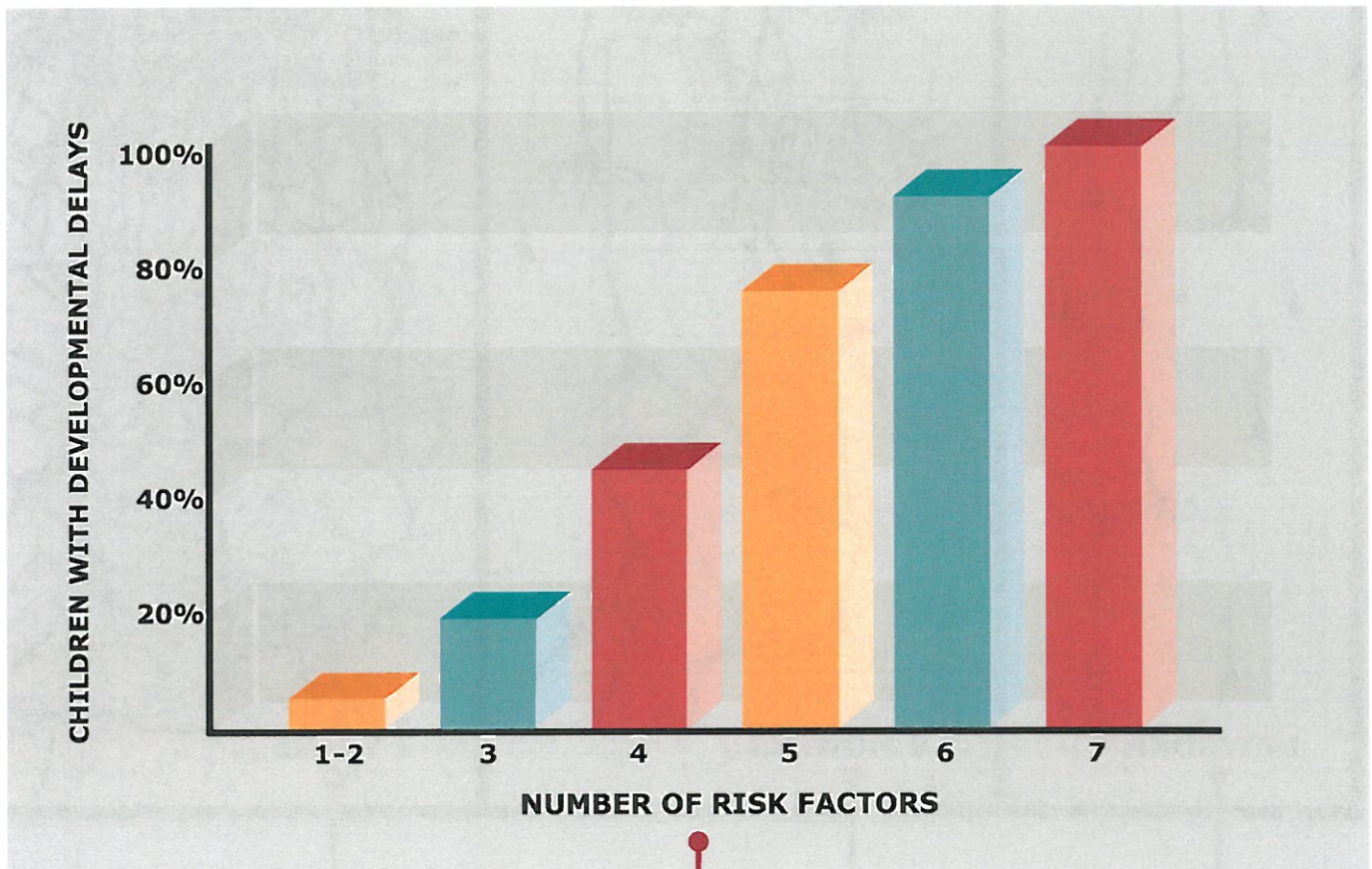
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The early years matter because, in the first few years of life, 700 new neural connections are formed every second. Neural connections are formed through the interaction of genes and a baby's environment and experiences, especially "serve and return" interaction with adults, or what developmental researchers call contingent reciprocity. These are the connections that build brain architecture – the foundation upon which all later learning, behavior, and health depend.

Image source: Conel, J.L. The postnatal development of the human cerebral cortex. Cambridge, Mass: Harvard University Press, 1959

FIVE NUMBERS TO REMEMBER ABOUT EARLY CHILDHOOD DEVELOPMENT

90-100 90-100% CHANCE OF DEVELOPMENTAL DELAYS WHEN CHILDREN EXPERIENCE 6-7 RISK FACTORS



3

Significant adversity impairs development in the first three years of life—and the more adversity a child faces, the greater the odds of a developmental delay. In fact, risk factors such as poverty, caregiver mental illness, child maltreatment, single parent, and low maternal education have a cumulative impact: children exposed to 6 or 7 of these risks face a 90-100% likelihood of having one or more delays in their cognitive, language, or emotional development.

Source: Barth, et al. (2008)