

Public Health Safety Net Programs June 2007

Program	Population Served	Services Provided	Eligibility Requirements	Payment Requirements	Cost Savings	Gaps
Brain Injury Services – Resource Facilitation	Individuals and families experiencing brain injury	Links to existing resources, brain injury related information, enhances natural supports, and assists in accessing and securing private and public funding.	None	None	N/A	Need to improve the Brain Injury Registry.
Brain Injury – Waiver Eligible	Individuals who qualify for the Medicaid Home and Community Based Services Brain Injury Waiver FY08 estimated 400 slots available	Provides local match for brain injury waiver "slots" to remove individuals from current waiting list.	HCBS brain injury waiver income and resource eligibility criteria established by Iowa Medicaid.	None	Cost savings measured by Iowa Medicaid	Need coverage for individuals less functionally disabled and exceed income limits.
Brain Injury – Cost Share	Individuals who do not qualify for the HCBS Brain Injury Waiver FY08 estimated 50 slots available	Similar services provided to those on the HCBS brain injury waiver.	All individuals qualify regardless of income but may have to pay a co-pay for services of up to 30 % depending on income.	Co-pay of up to 30 %	Program newly established, no data yet available	Need stable funding to ensure services are not interrupted.
Breast and Cervical Cancer Early Detection Program	Women who are underinsured and uninsured FY2006 program screened 7,355 women, of which 93 were diagnosed with cancer	Provides breast and cervical cancer screening and limited diagnostic services through a network of over 975 health care providers. Reimbursement to those health care professionals and entities is provided at the Iowa Medicare Part B participating provider rate.	Woman age 40 – 64 Woman under 40 who are symptomatic for breast cancer Household incomes of no more than 250% FPL.	None Annual reenrollment required	It costs approximately \$300 to serve one woman, far less than treatment for undetected cancer.	Need additional resources for services to women under 40, and additional funding for women age 40–49.
Child Health Centers (Title V)	All children ages 0-22	23 centers provide healthy development through services including: 1. Preventive health care services including medical and dental assessment, nutrition education; parent education and support relative to children's health care	Children ages 0-22 Children screened for Medicaid and <i>hawk-i</i> eligibility. Children of families with income above	Medicaid or <i>hawk-i</i> billed if available and Sliding fee scale	Research demonstrates an economic return on investment of up to \$17 for each \$1 invested in preventive health care.	Need additional resources to provide services to families who are uninsured or underinsured.

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Child Health Centers (Title V) Continued		needs. 2. Providing care coordination to link families with available services to meet children's health-related needs. 3. Promoting collaboration among health care providers in the local community to increase access to care.	the guidelines established by Medicaid and <i>hawk-i</i> and below 300% of FPL qualify for on a sliding fee scale. Children of families with income at or above 300% FPL qualify at full fee.			
Child Health Specialty Clinics	Children with special health care needs ages 0-22 CHSC's have approximately 7,000 direct patient visits annually and serves about 1,800 new patients each year	Services provided at 11 CHSC regional centers and 6 satellite centers and via telehealth. 1. Birth to Five Services including assessment and consultation, and coordination of a child's care and reports to the local health care provider. 2. Integrated Evaluation and Planning Clinics is a secondary level referral clinic that provides diagnosis, evaluation, and case planning for children with existing or suspected chronic health conditions, congenital disorders or behavioral problems. Child psychiatry offered via telehealth is a major component of this program. 3. Pediatric Consult Clinics are offered via telehealth. 4. Nutrition Services and Feeding Clinics. 5. Child Abuse Clinics available for children who do not have access to a Child Protection Center.	Any Iowa child ages 0-21 with or at risk for special health care needs. Third-party payment if available. Sliding-fee scale takes into account a percentage of FPL, family gross income, and extenuating circumstances. No family denied services due to the inability to pay.	Third party payment if available and sliding fee scale	A conservative estimate suggests that CHSC behavioral health services prevent one hospitalization per year in 2% of current CHSC patient visits with behavioral health problems. CHSC sees about 5000 behavioral health visits each year. At an average length of stay of 9 days for a pediatric psychiatric admission and an average cost per day of \$1400, this represents a cost savings of \$1,260,000 for Medicaid or private insurance each year.	Stable funding to ensure services are not interrupted and continue to meet demand. May need to target minority communities, children in foster care, and drug-affected infants.

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Covering Kids and Families	All Iowa children and their families	1. Identifying, analyzing and eliminating barriers to coverage and providing information and referral to families with uninsured children, particularly to Medicaid and hawk-i. 3. Development of best practices for outreach implemented statewide by hawk-i outreach coordinators. 4. Public policy awareness and education that supports children's access to health care coverage.	No	No	Reduces costs associated with uncompensated care by facilitating the enrollment of uninsured children.	The program currently receives foundation funding which will expire in June 2008.
Dental – I-Smile Dental Home Initiative	All children with a focus ages 0-12	Building community partnerships, infrastructure-building, care coordination, and providing preventive oral health services. Public health dental hygienists serve as I-Smile coordinators.	Title V clients, including Medicaid-enrolled.	Medicaid covered.	Early Childhood Dental Preventive Services (by age one) – Average 5 year costs of dental treatment reduced by 40 percent and between \$66-\$73 cost savings to Medicaid per tooth surface. Regular Early Childhood Dental Screenings – estimated cost savings of 7.3 percent	Difficulty getting children restorative treatment or regular care through a dental office prior to age three.
Dental – School Based Sealant Program	Children in grades 2 through 8	Dental screenings, sealant application, and care coordination.	Grant funds used for schools with a 30% free/reduced lunch rate or higher.	Grant funds can be used only for children in eligible schools. Medicaid billed if available.	Up to \$487 in averted dental filling costs are saved over 5 years by using sealants on posterior teeth (children experience 60% fewer decayed tooth surfaces).	Referring children for restorative care and limited funding to expand services.

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Disease Prevention – Immunization Program	Uninsured and underinsured children age 0-18 and adults via public health immunization services	<ol style="list-style-type: none"> 1. Purchases and distributes vaccines to over 525 local public health departments and private health care providers for the Vaccines for Children Program. 2. Provides funding to local public health agencies to conduct immunization clinics. 3. Coordinates the Perinatal Hepatitis B Program. 4. Manages the statewide IRIS database that maintains individual immunization records and vaccinations for all Iowans, tracks vaccine usage and distribution, produces patient recall and reminder documents, and prevents patients from being under and over immunized. 5. Provides education to health care providers and the general public regarding vaccine preventable diseases and the benefits of immunization. 6. Provides funding to the state University Hygienic Laboratory for Hepatitis B testing. 	<p>VFC Program: 0-18 years of age, Medicaid enrolled, uninsured or underinsured, American Indian or Alaskan Native.</p> <p>Federal 317 Grant Fund and State Vaccine Funds: Non-eligible for VFC program, underinsured, use local public health clinics for vaccinations.</p>	None	Many cost-benefit analyses show that vaccination against the most common childhood diseases saves over \$18 in medical and indirect costs for every \$1 spent on immunization.	Needs additional funding to provide immunization services to underinsured individuals. The Department estimates approximately 20,000 females 9-18 years of age do not qualify for the VFC Program or other funding sources. It is likely the costs associated with the HPV vaccination series will prevent them from receiving the HPV vaccine.
Disease Prevention – STD/HIV/ Hepatitis	All Iowans at risk, or infected with these diseases	<ol style="list-style-type: none"> 1. Provides funding to 12 counseling, testing and referral sites for hepatitis A & B vaccines and HIV, STD, TB, hepatitis C screening, testing and treatment services for at-risk Iowans. 2. Provides funds to an additional 58 STD screening sites (juvenile detention centers, corrections and family planning clinics) across the state to provide testing supplies, counseling, education, and risk reduction strategies for infected persons and their partners. 3. Monitors and assesses HIV/AIDS, STD and hepatitis C cases for trends, risk factors and demographics. 4. Provides funds for six Disease 	<p>Ryan White: Require HIV-positive residents to have incomes equal to or below 200% FPL.</p> <p>Other services available to all residents of Iowa.</p>	Vaccine Administrative Fee, otherwise no charge.	Every dollar spent on STD education and prevention saves an estimated \$43 on complications such as hospitalization, surgery, infertility, and even death. Basic outreach costs approximately \$20,000 per HIV infection averted, HIV counseling and testing with partner notification and referral costs approximately \$33,000 per HIV	More funding and targeted programming to minority groups disproportionately affected by STD/HIV/AIDS and hepatitis, and for at-risk populations such as those with drug and substance abuse addiction.

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STD/HIV/ Hepatitis Continued		Prevention Specialists located throughout the state to provide direct services or assist local health departments. 5. Provides life-saving medications for HIV-infected persons who do not qualify for other programs, or who need help with health insurance co-payments. 6. Provides funds to investigate methods to decrease transmission among injection drug users, including examining the feasibility of a syringe access program in Iowa.			infection averted, and community-level interventions cost approximately \$70,000 per infection averted. Costs associated with liver transplants average \$250,000. Pre- and post-operative expenses can total \$314,000 or more per Iowan.	
Disease Prevention – Tuberculosis	Iowans at risk or infected with TB	1. Provides funds to local public health departments to perform directly observed therapy (ensuring patient swallows each dose of medication), medical evaluations for TB patients and skin testing equipment for close contact investigations. 2. Assures positive TB lab results are reported to IDPH for surveillance and disease investigation purposes. 3. Provides consultation to health departments on contact investigations of persons with infectious TB. 4. Provides funds to the University Hygienic Lab for state of the art TB detection testing services. 5. Provides free TB medications for persons with TB infection and disease.	There are no financial restrictions to receive antibiotics to treat latent tuberculosis infection or TB disease. Reimbursements to local public health departments for all covered services are capped \$300 per patient.	None	Average cost to treat a "normal" case of TB disease is \$2,000 compared to \$250,000-\$500,000 for MDR/XDR TB.	Need more programming targeting minority groups for prevention, intervention and care services are.
Early ACCESS Child Health Service Coordination	Children ages 0-3 with a venous blood lead level greater than or equal to 20 micrograms per deciliter Estimated that program will serve	Child Health/ Title V agencies will provide Early ACCESS Service Coordination for infants and toddlers with lead poisoning as of June 1, 2007. Lead Program Case Managers will refer children identify lead poisoned children directly to the child's local Child Health Center, and a Child Health Early ACCESS	Children ages 0-3 with a venous blood lead level greater than or equal to 20 micrograms per deciliter.	None Medicaid billed if available.	New program, no data available.	N/A

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Early ACCESS continued	about 135 children the first year, 180 the second year, and 225 every year after that.	(EA) service coordinator will be assigned. If necessary, children will be connected to intervention services.				
Early Childhood Iowa	Children ages 0-5 and their families	Early Childhood Iowa works to bring together early care, health and education professionals to develop a statewide system that serves all Iowa children.	None	None	For every \$1 invested in quality early care, health, and education programs, up to \$13 is returned to the public through savings from reduced crime, fewer instances of grade retention, fewer teen pregnancies, and decreased need for special education.	ECI works to identify and address gaps in services for children 0-5.
Early Hearing Detection and Intervention Program	Children ages 0-3	Surveillance program that ensures early detection of hearing loss in newborn and infants and appropriate follow-up and intervention services are available to children and their families. The EHDI program provides technical assistance to the birthing hospitals, area education agencies, and private practice audiologists relative to their newborn hearing screening programs and their responsibilities under the law.	None	None	Research shows that by the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services.	Resources to expand program to provide surveillance and follow up for children up to the age of 5 or school age.
Family Planning (Title X)	Targeted to low-income women, but open to anyone choosing to access services at a clinic CY2006, the program served approximately 75,000 clients	1. Reproductive health education, including all birth control methods; self breast/testicular exam; STD/HIV risk assessment & prevention; the effects of alcohol, drugs, & tobacco on reproductive health; the importance of good nutrition 2. Medical Services, including birth control methods; testing & treatment for STDs; infertility exams and counseling; blood pressure and anemia testing;	None Services free for clients whose income is at or below 100% FPL. Sliding-fee scale for clients 101-250% FPL. Full fee for incomes above 250% FPL.	Services free for clients whose income is at or below 100% FPL. Sliding fee scale for clients 101-250% FPL. Full fee for	N/A	Additional resources to meet demand for services. The Guttmacher institute estimates that there are 174,730 women in need of publicly funded contraceptive services in Iowa, based on 2003 population estimates.

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Family Planning Continued		pregnancy testing 3. Information, including how to plan a healthy pregnancy; how to talk to parents and other adults about sexuality; how to avoid coercive sexual activity		incomes above 250% FPL.		
1 st Five Healthy Mental Development	Children ages 0-5 years and their families in the selected implementation sites As of June 2007, this includes Clayton, Dubuque, Jackson, Lee, Van Buren, and Polk counties	1. Improved developmental screenings for children during well-child visits that include social-emotional development, family stress, parental depression and autism; 2. Physician referral to the local Title V Maternal/Child Health care coordinator if a concern is identified from the developmental screening; 3. Link to intervention services for children and families by the care coordinator; 4. Follow-up with providers by the care coordinator regarding status of referral.	Child must be a patient of one of the medical practices piloting the initiative.	None.	Several national studies have demonstrated that for every dollar invested in early childhood yields between \$3-\$17 in return.	More children need adequate developmental screening. Iowa statistics show that for children enrolled in Medicaid, basic developmental screening occurs for less than 50% of children 0-12 months and less than 30% of children 1-2 years.
Gambling Treatment Program	All Iowans	The IGTP contracts with eleven organizations serving all 99 Iowa counties to provide a range of treatment services for problem gambler or concerned person. These services include: diagnostic screening and assessment, individual counseling, family counseling, group counseling, financial counseling, crisis counseling, 1800-Betsoff helpline services and transitional housing.	Must meet diagnostic criteria for problem or pathological gambling in the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, version IV. A concerned person is eligible to receive services if the individual who gambles excessively, and	Crisis and helpline services are free of charge. Payment for other counseling and transitional living services is based on a sliding fee scale	Critical findings from the first year of outcomes monitoring include: less gambling debt. less criminal behavior, less alcohol use, fewer job losses, and less engagement with gambling activities	More targeting of minority and at-risk youth. Better structuring of service reimbursement and distance treatment options to provide better services to rural areas.

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Gambling Treatment Program Continued			whose behavior is affecting the concerned person, meets the criteria in the American Psychiatric Association: DSM of Mental Disorders, version IV or they meet the criteria of the Gam-Anon 20 questions screening tool.			
Gambling Treatment Program - Prevention	All Iowans	<p>Prevention and education services are offered by 10 organizations serving all 99 Iowa counties.</p> <p>Agencies use evidence-based curriculum and other material to inform participants of the risks of gambling and tips on responsible gambling.</p>	None	None	Because gambling prevention is a relatively new area little gambling specific research and evaluation has been done.	Better structuring of service reimbursement and distance treatment options to provide better services to rural areas.
Genetic Counseling Services	Families of children with a diagnosed congenital or inherited disorder, pregnant women exposed to teratogens, or individuals diagnosed with a heritable condition	<p>Services are provided at regional clinics and via telemedicine to locations across Iowa.</p> <p>Genetic counseling by medical geneticists and certified genetic counselors, consultation and education to providers and families, and comprehensive genetic health care services - which include case finding, diagnostic evaluations and confirmatory testing, medical management, family and individual support, and case management.</p>	None	Third-party billed if available. Families charged based on a sliding fee scale. Laboratory procedures, if needed, are billed separately.	Case management prevents some complications therefore saving money. Reproductive genetic counseling may prevent births of infants with an inherited disorder, saving costs to the health care system. The saving of grief and stress to families and individuals is immeasurable.	Some regional clinics are cancelled due to a shortage of medical geneticists.

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<i>hawk-i</i> Outreach	All Iowans eligible for <i>hawk-i</i> coverage	The Department of Human Services contracts with IDPH to provide oversight to the <i>hawk-i</i> program's outreach efforts at the statewide and local level. Local coordinators conduct outreach in their local communities through presentations, local events, coalitions etc. Coordinators are also available to help families navigate the application process and advocate for the families to assist in enrollment.	None	None	Enrollment numbers have had a steady increase since IDPH started conducting outreach enrollment as of October 2003. The beginning of the contract with IDPH for outreach was 15,618 for <i>hawk-i</i> and in May 2007 21,809 children were enrolled.	N/A
Healthy Child Care Iowa	All Iowa children and families and child care businesses	Child care nurse consultants conduct assessment, consultation, and training with child care businesses and personnel to improve the health and safety of children in attendance.	None	None.	N/A	Additional funding for child care-nurse consultants to expand public health services to more child-care businesses.
HOPES-HFI (Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa)	At risk families with children prenatal to age 3 or 4 years	<ol style="list-style-type: none"> 1. Advocate for and link families to appropriate community services. 2. Teach, demonstrate and coach parents on how to care for their child. 3. Promote nurturing parent – child interaction. 4. Teach and model appropriate parent behavior and methods of discipline. 5. Provide prenatal information and support. 	Families with children prenatal to age 3 or 4 years who are determined through a risk assessment to be at high risk for child abuse/neglect.	None	Every \$1 invested in a high quality program before starting school yields over \$7 return on investment. Michigan Children's Trust study found that if every parent were offered comprehensive home visiting services, for \$1 spent, \$19 could be saved in child welfare and social services cost.	Additional funds to expand program. Only 12 programs in 9 counties are funded to provide these services. In FY06 the HOPES-HFI programs were only able to serve 34% of families identified as eligible to receive services due to lack of capacity.

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Lead Poisoning Prevention	Children ages 0-6 and their families	<ol style="list-style-type: none"> 1. Payment for blood lead testing for children who do not have a source of payment. 2. Environmental and medical case management of all lead-poisoned children. 3. Information about how to prevent lead poisoning. 	None	None	For children born in 2006, the department estimates that if comprehensive lead poisoning prevention was available, it could save the state \$25 million in testing, education, and productivity costs.	In most communities, "preventive" inspections to identify lead hazards and eliminate them before a child is poisoned is a service that is not available.
Local Public Health Services	All Iowans, with a priority to serve <i>vulnerable</i> populations	<p>Direct services provided under the Local Public Health Services grant include:</p> <ol style="list-style-type: none"> 1. Communicable Disease Follow-Up 2. Injury Prevention and Follow-Up 3. Screening and Assessment 4. Case Management 5. Family Support Home Visits 6. Foot Care Clinics 7. Home Care Aide 8. Immunizations 9. Nursing services 10. Prevention of Abuse and Neglect 11. Protective Services 	Agencies providing personal direct services billed to the Local Public Health Services grant are required to do an annual financial assessment of the client and that information is applied to a sliding fee scale resulting in no fee, partial fee, or full fee for the client.	LPH Services grant is the funder of last resort. Agencies have to bill other third party payers before paying for services.	Contractors of the Local Public Health Services grant reported that the number of patients receiving nursing and home care aide services in their homes funded by the LPHS grant reduced, prevented, or delayed inappropriate institutionalization for this group by an average of 96% for 2001 -- 2006.	Use of the funds is determined at a local level. At a minimum 75-80% of the counties could benefit from more funds to reduce waiting lists, offer more services, reduce caseloads, and provide adequate wages to staff.
Maternal Health Centers	Women before, during, and after pregnancy and childbirth	The program assures access to prenatal care resources such as medical and dental assessment, health and nutrition education, psychosocial screening and referral, care coordination, assistance with plans for delivery, risk reduction, health supervision, and a postpartum home visit.	All pregnant women who are residents of Iowa are eligible who qualify based on family income. Income guidelines are the same as those established for the state's <i>hawk-I</i> program.	None for clients below the 200% Sliding fee for those above 200% and below 300% FPL. Full fee for those above 300%.	Early prenatal care is important to reduce premature and low birth weight babies, which are at high risk of death and disabilities. Data shows the percent of women served in the maternal health program who report a medical home is now 94%.	Need more transportation assistance, especially for women referred to a tertiary care for a high risk pregnancy. Also, no assistance for undocumented clients.

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Substance Abuse Treatment	All Iowans For FY06 an estimated 45,000 individuals received services	<ol style="list-style-type: none"> 1. Assessment 2. Residential 3. Day treatment 4. Halfway house 5. Intensive outpatient 6. Extended outpatient 7. Continuing care and after care 8. Medication-assisted treatment for drug abuse (e.g., methadone) 9. Specialized Adult Methamphetamine Treatment programs 10. Quality improvement 11. Data, which can measure baseline and evaluate progress of providers and project implementation 	Must be below 200% FPL	Sliding fee scale	A cost analysis for Scott, Woodbury and Polk counties of the jail based assessment and treatment program determining the average daily cost for a person in the jail based assessment and treatment program is \$30.19 compared to an average daily cost of \$64.02 in prison.	Need more assistance for those suffering from substance abuse and mental health disorders, transportation, transitional housing, child care to assist clients during and after treatment
Substance Abuse Prevention	All Iowans	<ol style="list-style-type: none"> 1. Prevention of violence in and around schools. 2. Prevention of the illegal use of alcohol, tobacco, and other drugs. 3. Involvement of parents and communities in the services. 4. Fund and monitor 23 alcohol, tobacco and other drug (ATOD) prevention service agencies in the state per SAMHSA Prevention Strategies. 5. Partnership with law enforcement, schools, county and city leaders. 6. Dissemination of information about alcohol, tobacco, and other drugs and violence prevention. 7. Evidence-based programs that prevent and reduce violence associated with prejudice and intolerance. 8. Collaboration with community organizations and coalitions. 	None	None	For every \$1 spent on effective and evidence based drug abuse prevention, communities can save up to \$10 in drug abuse treatment and counseling costs and up to \$70 in health, social and crime costs.	Need increase in resources to fund full-time staff to provide comprehensive prevention in each county. Funding for needs outcome and data gaps and services for older adults.

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Tobacco Use Prevention and Control	<p>All lowans who want to quit smoking</p> <p>In FY 2008, it is estimated that 27,000 adult lowans are expected to be provided with free tobacco use cessation counseling and/or nicotine patches and nicotine gum</p>	<ol style="list-style-type: none"> 1. Cessation services offered will include self-help materials, cessation counseling and nicotine patches and gum: 2. Quitline Iowa provides telephone-based cessation counseling for all tobacco users in Iowa. And as appropriate, follow-up counseling, support materials and/or referrals to community based cessation programs. 3. Quitline Iowa also serves as the required counseling component for clients of Iowa Medicaid who wish to take advantage of Medicaid's nicotine replacement pharmaceutical benefit. 4. Beginning in Fall of 2008, callers to Quitline Iowa will be eligible to receive a two-week "starter kit" of nicotine patches or nicotine gum. 5. Coverage of a full, eight-week course of nicotine replacement therapy pharmaceuticals (patches, gum, and Zyban) for low-income tobacco users (less than 200% of the FPL) will be provided through a contract with community health care agencies serving low-income tobacco users. Clients accessing this benefit may receive cessation counseling directly from their health care provider or be fax referred by their provider to Quitline Iowa. 	<p>None for counseling services of Quitline Iowa.</p> <p>Patients at community health agencies requesting coverage of an eight-week course of nicotine replacement pharmaceuticals will be screened by the health agencies to ensure income at or below 200% FPL.</p> <p>Callers to Quitline Iowa requesting a 2-week "starter kit" of nicotine patches or gum will be screened for medical contraindications only.</p>	<p>None</p>	<p>Validated smoking cessation interventions, including telephone-based cessation counseling, nicotine replacement therapies, and brief physician counseling, are highly cost-effective and can recoup their costs in healthcare cost savings within 3 - 4 years.¹²</p> <p>Smoking cessation counseling for pregnant women can save \$3.31 for every \$1 spent on the intervention.³</p> <p>Reducing smoking prevalence in adults in Iowa by only 1% would reduce anticipated medical costs for myocardial infarction and stroke by approximately \$190,820 in the first year and \$3,463,180 during the next seven years.⁴ (extrapolation from national data)</p>	<p>Funding only allows for the 2-week nicotine patch benefit to be offered at certain times of the year. Additional funding is needed to offer additional cessation services.</p> <p>Low-income smokers who do not have access to a health care provider will be ineligible to receive the full, 8-week course of nicotine patches.</p>

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<p>WISE WOMAN Cardiovascular Program</p>	<p>Women in Iowa who participate in the Breast and Cervical Cancer Early Detection Program</p> <p>In FY08 the program is estimated to provide services for 1,800 women</p>	<p>1. The program offers screening for the following cardiovascular disease measures: cholesterol, blood pressure, body mass index including height and weight.</p> <p>2. Services are provided through a network of over 155 program enrolled health care providers across the state and in surrounding state border communities.</p>	<p>Must be a participant of the program and meet the following conditions: Underinsured; Uninsured; Age 40 – 64; and have household incomes of no more than 250% FPL.</p>	<p>None</p> <p>Annual reenrollment required</p>	<p>In FY 2006 the program screened 1,378 women for blood pressure, cholesterol, height and weight. Of those women, 1,032 (74.9%) were uninsured.</p>	<p>Additional funding to expand services and age requirements. Federal funding ends June 2008.</p>
<p>Women, Infants, and Children (WIC)</p>	<p>Iowans who are pregnant, breastfeeding up to one year postpartum, women who are not breastfeeding for six months postpartum, children under five years old</p>	<p>Registered nurses and/or licensed dietitians meet with each participant to:</p> <ol style="list-style-type: none"> 1. Assess their diet and health history to identify nutritional needs 2. Provide nutrition counseling 3. Determine the appropriate foods for that individual and explain how to get them at an authorized WIC retailer 4. Participants are given three months of checks which specify specific food items 5. Participants are certified every six months. 	<p>Family income eligibility is 185% FPL</p> <p>Medicaid clients are automatically income eligible.</p>	<p>None</p>	<p>A study found that for every \$1.00 the Federal Government spends on WIC, \$3.00 is saved in Medicaid costs because of improvements in the number of low birth weight babies when a pregnant women was on the WIC program.</p>	<p>None</p>