



IOWA PUBLIC HEALTH ASSOCIATION

2011 Statements on Public Health Policy

Our Mission

IPHA is the voice of public health in Iowa through advocacy, membership services and partnerships.

Our Vision

Advancing public health in Iowa.



Leading the Way for Public Health in Iowa

Since 1925, the Iowa Public Health Association (IPHA) has been the voice for public health in Iowa. Through advocacy, membership services and partnerships, IPHA is driven to advance public health in Iowa. We create a forum for ongoing professional development and engagement with people in the public health field. Our participation has made a difference in raising awareness about the value of public health and developing policies that strengthen the health of entire communities. By bringing our members' voices to the discussion, demonstrating to policymakers that the public health profession is strong and united, providing expert testimony and training our members to be more engaged in advocacy, IPHA contributes significantly to creating a society that understands, values and supports public health.

Public health is preventing disease, protecting against environmental hazards, disability and injury and promoting health and wellness within groups of people—from small communities to entire countries—through policy change, healthy behaviors, public education, population-based interventions and assuring the quality and accessibility of health services. Because we can only be as healthy as the world around us, public health professionals are vital and essential to our society's ability to thrive.

Advocating for Public Health in Iowa

IPHA educates local, state and federal policy makers on the **value of public health**, both as a shared societal value and as a smart investment of resources with a solid return on investment. The association amplifies the voice and experience of individual public health professionals by coordinating and delivering public health messages from a shared platform. We know that policy makers who are informed about the potential impacts (direct and indirect) of policy on public health are more likely to create public policy which protects the health of our communities. IPHA is positioned as a resource of timely and reliable information and expertise that policy makers can call upon to inform their work.

For the 2011 Iowa Legislative session, IPHA has set the following priorities (included as position statements in this booklet):

- ◆ **Sustain Essential Public Health Services**
- ◆ **Reduce Obesity to Stem a Public Health Crisis**
- ◆ **Protect the Public's Health from the Sale of Raw Milk**
- ◆ **Reduce Motor Vehicle Crashes: Leading Threat to Iowa Teens' Health**

Other issues for which IPHA has developed position statements are available online at www.iowapha.org (click on Advocacy).

- ◆ Promote State and Local Public Health Preparedness
- ◆ Promote Insurance Coverage for Obesity Treatment
- ◆ Promote Employer-Sponsored Wellness Programs
- ◆ Promote Access to Oral Health
- ◆ Invest in Food Safety: Food Code Fees
- ◆ Prevent Childhood Blindness through Vision Screening
- ◆ Support Iowa's Maternal and Child Health Programs
- ◆ Support Child Care Nurse Consultants
- ◆ Reduce Unintended Pregnancies through Family Planning Services
- ◆ Prevent Suicide Across the Lifespan
- ◆ Invest in the Iowa Poison Control Center

The strength of a community rests on its capacity to effectively deliver public health services to its citizens.

10 Essential Public Health Services

1. **Monitor** the health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards within the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Iowa Public Health Association

The voice of public health in Iowa

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www.iowapha.org



Sustain Essential Public Health Services

Background:

Low state revenues combined with the broader national economic recession have put unprecedented fiscal pressure on essential public health services. Local and state public health officials have been forced to cut program spending across-the-board impacting all programs and essential services for communities and Iowans. During this time of heightened awareness of the importance of public health services; and increasing pressure on the public health programs to respond to emergencies (i.e. whooping cough, influenza, jeopardized food safety, and continued natural disaster recovery) public health programs face a critical budget shortfall despite the public's appreciation and recognition of importance of public health to all Iowans.

In 2002, the Institute of Medicine reported, in the "Future of the Public's Health in the 21st Century", that public health infrastructure has suffered from political neglect. Due to recent unprecedented public and political scrutiny, policymakers and the public have become increasingly aware that the system suffers from: vulnerable and outdated health information systems; an insufficient and inadequately trained workforce; antiquated laboratory capacity; a lack of real time surveillance; fragmented communications networks; incomplete domestic preparedness and emergency response capabilities; and community access to essential public health services.

Policy recommendations:

- ◆ Fund essential public health programs, services, and workforce at a level that promotes immediate response to outbreaks, emergencies, and natural or human-made disasters that effect community health and safety.
- ◆ Seek and support an increase in federal financial support for public health programs financed through the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and other federal agencies.
- ◆ Seek congressional support for Iowans by enacting legislation to limit the severity of Medicaid cuts; increase the social services block grant; support maternal and child health programs in the Social Security Act; support the State Children's Health Insurance Program and other health care reform provisions to secure coverage for Iowa's uninsured; ensure access to preventive services; protect the Special Supplemental Nutrition Program for Women, Infants and Children, and other federally funded child nutrition programs.
- ◆ Consider potential sources of state revenue including tobacco and alcohol taxes, maintaining estate taxes, closing corporate tax loopholes, and introducing state income and/or sales taxes where none currently exist.
- ◆ Ensure continued state-matching funds for federally funded programs like Medicaid, and the Title V Maternal and Child Health program.
- ◆ Increase support to the Vaccines for Children (VFC) program to secure vaccine availability for Iowa children.

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Reduce Obesity to Stem a Public Health Crisis

Background:

The number of obese and overweight Iowans is an epidemic in Iowa. Obesity and inactivity exact a toll on individuals and society. The impact is significant and measurable in increasing health care costs, lost workplace productivity, and years of life lost. The prevalence of adult Iowans who are overweight or obese increased from 46.2% in 1991 to 64.3% in 2008. In 2008, Iowa ranked 22nd highest in overweight/ obesity prevalence among all 50 states and the District of Columbia.

2009 studies suggest the health cost of obesity in the United States is as high as \$147 billion annually. This includes payment by Medicare, Medicaid, and private insurers, and includes prescription drug spending. Overall, people who are obese spent \$1,429 (42 percent) more for medical care in 2006 than did normal weight people. In Iowa this equates to at least \$783 million (2003 dollars). Close to one-half of these costs are paid by Medicare (\$165 million) and Medicaid (\$198 million).

A *Healthy People 2010* objective is to reduce to 15% the proportion of adults nationwide who are obese. The results of the 2008 BRFSS findings indicated that 26% of respondents were obese; the prevalence of obesity among adults remained above 15% in all states and no state has met the target objective. Overweight and obese individuals incur up to \$1,500 more in annual medical costs than healthy weight individuals. Overweight and obese Iowans accounts for \$783 million in medical expenditures (2003 dollars).

Obesity is also a significant and growing health problem among children and adolescents. Approximately 32.4% of low-income children ages 24 to 48 months participating in Iowa's Supplemental Nutrition Program for Women, Infants, and Children (WIC) were overweight or at-risk for overweight in 2007. The prevalence of overweight among Iowa high school students (self-reported height and weight) was 13.5% in 2007; another 11.3% of high school students were obese (self-reported height and weight). Children who are overweight often become adults with a weight problem. This can lead to an increase in preventable chronic diseases such as heart disease, diabetes, arthritis and high blood pressure.

Policy Recommendations:

- ◆ Encourage policy makers and school districts to support the implementation of the Healthy Kids Act. In addition encourage the use of local wellness policies to create more comprehensive standards.
- ◆ Enact legislation to require incorporation of pedestrian routes, bike routes, and safe routes to school as elements of the city comprehensive plans and implementation through zoning and subdivision regulations. (*Note: This would require amending the state code.*)
- ◆ Require all entities that control transportation decisions establish or adopt acceptable complete streets standards be it federal, state, or local funding.
- ◆ Support third party reimbursement for primary care treatment of overweight/obesity from a medical provider and registered dietitian.
- ◆ Offer incentives or tax credits for small businesses offering employee wellness programs that include assessment, education, and evaluation components.
- ◆ Encourage high employee/family participation in employer-based wellness programs.

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Protect the Public's Health from the Sale of Unpasteurized Raw Milk

Background:

Pasteurization is the process of heating milk to a high enough temperature for a long enough time to kill any disease-causing bacteria contained in the milk. Numerous dietary studies show that the nutritional effects of pasteurization are minimal while the health risks posed by consuming raw milk are real. Raw milk and its products provide an ideal environment in which bacteria can grow.

From 1993 to 2006, 69 outbreaks of human infections resulting from consumption of raw milk were reported in the U.S. (5 outbreaks per year). These outbreaks resulted in a total of 1,505 illnesses, 185 hospitalizations and 2 deaths. In the first 8 months of 2010, the consumption of raw milk sickened 103 Americans in 10 states. Iowans have become ill after consuming raw milk that was donated for special events:

- ◆ **Jones County** (2004) - 30 people attending a dinner became ill with diarrhea and chills after consuming raw milk contaminated with *Campylobacter* bacteria.
- ◆ **Lyon County** (2005) - 31 people attending a fundraiser became ill after consuming raw milk contaminated with *Campylobacter* bacteria.

The Iowa Public Health Association joins the Iowa Department of Public Health, the Centers for Disease Control & Prevention and the U.S. Food and Drug Administration in **supporting evidence-based public policy that protects the health of Iowans through the pasteurization of milk.**

Policy Recommendation:

- ◆ Continue to support evidence-based public policy that protects the health of Iowans through the pasteurization of milk.

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Reduce Motor Vehicle Crashes: Leading Threat to Iowa Teens' Health

Background

Motor vehicle crashes cause 48% of all teen deaths in Iowa. In the past five years, 162 teen drivers, ages 14-17, lost their lives in crashes in Iowa (CDC, 2009). To address this issue, we need to create an atmosphere where young drivers are supported as they learn and given appropriate guidance in preparation for the complexities of driving. By **maximizing experience** and **minimizing risks** while this experience is gained we can protect teens while they are learning and produce safer drivers in the long-run.

Because they are still learning, young drivers are a serious threat to themselves, their passengers, and other road users. In fatal crashes involving teen drivers (age 15-17), the teen driver is the person killed 38% of the time, a teen driver's passenger is the victim 26% of the time and an occupant of another vehicle is killed 26% of the time (Iowa DOT 1998 – 2007). The risk of crashing is three to five times higher when teens drive with more than 1 passenger than when they drive alone (Iowa DOT, 2006). In Iowa, teen drivers (ages 16 and 17) are involved in more fatal crashes between the hours of 10:00 pm and midnight than any other time of day (Iowa DOT, 2009).

Young beginner drivers need to obtain experience gradually, over an extended period of time, in order to develop good judgment and learn the complex skills needed to drive safely. Research has shown that teen crash involvement can be reduced by improving the structure of driver licensing systems. Graduated Driver Licensing, or GDL, is an experience-based approach that allows young drivers to gain experience while minimizing risks to them and others with whom they share the road.

Policy Recommendations

- ◆ Improve Iowa's Graduated Driver's License System to *maximize experience* and *minimize risks* for young drivers.
- ◆ Require a 12-month instruction permit. This requirement will provide critically important driving experience for beginners. Without a one-year requirement many teens have not opportunity to gain supervised experience winter driving conditions prior to obtaining their intermediate license. *Currently teens must have their instruction permit for 6 months.*
- ◆ Institute protective limits for teens who are just beginning to drive without an adult in the car by including the following as part of the 12-month intermediate license:
 - ◆ Passenger limit – no more than one passenger under the age of 21 unless the passenger is a family member. *Currently, there is no limit on young passengers except the size of the vehicle.*
 - ◆ Night time driving limit – allow driving from 10:00 p.m. – 5:00 a.m. only if supervised by an adult. *Currently inexperienced teens can drive without supervision until 12:30 am. Waivers for school and work activities are available.*

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