



# IOWA PUBLIC HEALTH ASSOCIATION

## 2012 Priority 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 2012 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**
- ◆ **Promote Access to Oral Health**

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

Contact: Jeneane Moody, Iowa Public Health Association | 515.491.7804 | [iowapha@gmail.com](mailto:iowapha@gmail.com)

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*

2012 Policy Statements

[www.iowapha.org](http://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.
- ◆ Maintain funding for the local public health services grant.

# Reduce Obesity to Stem a Public Health Crisis

## Background:

The number of obese and overweight Iowans is an epidemic exacting 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 22<sup>nd</sup> highest in overweight/obesity prevalence.

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%) 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). Being overweight can increase risk for preventable chronic diseases (e.g., cancer, heart disease, diabetes and arthritis).

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.

## Policy Recommendations:

- ◆ Encourage policy makers and school districts to support implementation of the Healthy Kids Act and encourage local wellness policies to create comprehensive standards.
- ◆ 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.*)
- ◆ Urge federal, state and local entities making transportation decisions to adopt acceptable complete streets standards.
- ◆ 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.

# Promote Access to Oral Health

## Background:

Oral disease is a health risk for children and adults. Tooth decay affects a child's ability to eat, sleep, talk, play and learn. In adults, gum disease has been linked to illnesses such as heart disease, lung disease, poor pregnancy outcomes, stroke, and even later-in-life memory loss. The good news is that tooth decay and other oral infections are highly preventable. The combination of daily oral hygiene practices in the home, regular dental care, and community water fluoridation has the potential to significantly reduce tooth decay and gum disease in children and adults.

## Oral Health Care Barriers for Iowans:

- ◆ Just over 1 in 10 low-income children younger than 4 has tooth decay.
- ◆ More than 1 in 5 of 3- and 4-year-old low-income children has decay.
- ◆ Two-thirds of low-income children younger than 4 have never seen a dentist. Although the American Dental Association recommends a child's first check-up by their first birthday, less than 1 percent of Medicaid-enrolled children received a dental exam by the age of 1 last year.
- ◆ Sixty-eight Iowa counties are designated as dental health professional shortage areas, in addition to portions of Polk County.
- ◆ More than half of Iowa dentists are over the age of 50. These dentists are nearing retirement without similar numbers of new dentists to replace them.
- ◆ Despite being named one of the top ten public health achievements in the 20th century, an alarming trend of fluoride elimination from community water systems is occurring across Iowa.

## Policy Recommendations:

- ◆ Assure that all Iowa water systems meet that "minimum and optimal" 0.7PPM standard of water fluoridation as set by the Department of Health and Human Services and Centers for Disease Control and Prevention.
- ◆ Continue support for the I-Smile™ program administered through the Iowa Department of Public Health. The I-Smile™ community-based coordinators improve access to oral health care through strengthened referral systems, care coordination, and preventive services.
- ◆ Maximize and expand the use of new and existing dental workforce. For example, include dental hygienists as Medicaid providers for reimbursement of services to encourage expansion of important preventive care to at-risk populations (e.g. nursing homes).
- ◆ Allow physicians and advanced registered nurse practitioners (ARNP) to receive separate Medicaid reimbursement for oral health screenings.