

# 2013 Priority Statements on Public Health Policy



## Iowa Public Health Association

*The voice for public health in Iowa*

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## 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 2013 Iowa Legislative session, IPHA has set the following priorities:**

- **Public Health in Iowa: We Can Do Better**
- **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).

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### Our Mission

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

### Our Vision

*Advancing public health in Iowa.*

# Public Health in Iowa: We Can Do Better

## Background:

Public health is what *we* as a *society* do collectively to assure conditions in which people can be healthy, and public health matters to every Iowan, every day. From the moment you turned on the tap this morning to brush your teeth with safe, fluoridated water, to the lunch you eat at a smokefree and inspected restaurant this afternoon to buckling your child into a car seat after school, public health touches every Iowan, every day. Yet the financial investment in public health is a mere \$57.21 per capita (\$17 from the State of Iowa and an additional \$40.21 per person in federal funding from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA))<sup>1</sup>. This investment is critical and must be preserved for essential public health services which promote and protect the health of Iowans; however, present programmatic-based funding is unpredictable and fails to cover essential public health services.

In 2009, Iowa health care spending per capita was \$6,921, higher than the U.S. average<sup>2</sup>, and yet what are we getting in return for these expenditures? Currently, more than 60% of Iowans are overweight or obese and obesity related problems cost Iowans \$783 million annually. Only 46% of Iowa adults get enough physical activity and only 20% consume enough fruits and vegetables. Each taxpayer, regardless of personal health, pays an extra \$177 a year just to cover the medical costs caused by obesity. Collectively, we spend 3 of every 4 health care dollars treating chronic diseases. Over the next few decades, life expectancy for the average American could decline by up to 5 years unless aggressive efforts are made to slow rising rates of obesity. Cutting the lives of our kids short by not valuing prevention is not acceptable. We can and must do better.

Iowa faces several significant barriers to attaining the desired Healthiest State in the Nation status. We continually fail to make wise financial and policy investments that value the health of Iowans. If Iowa invested \$10 per person per year in strategic disease prevention programs in communities, we could potentially net an annual savings for \$165 million or a return on investment of 5.6 to 1<sup>3</sup>. Public health does matter and it is fundamental to every sector of our economy. Healthy kids are better prepared to learn, a healthy workforce is more productive and healthy communities thrive.

IPHA urges our state leaders to commit to opportunities for changing the collective responsibility for health in Iowa by rethinking our built environments, and creating community-level and statewide policies which value and invest in health promotion and prevention (e.g., shared-use policies for schools to offer community access to gyms, setting nutritional guidelines for state agency food procurement, nutrition labeling of restaurant menus, increasing physical education in schools, conducting health impact assessments for planning and zoning). IPHA seeks opportunities for public health and other governmental entities to identify and leverage non-traditional partners across sectors and within the business community to advance this new thinking. While we cannot abdicate the governmental roles of public health to protect and respond to traditional public health threats such as disease outbreaks, IPHA recognizes the potential power of engaging all Iowans in this effort to achieve better public health in Iowa.

## Policy Recommendation:

- **Convene a work group representing statewide interests comprised of citizens, businesses, public health representatives and other stakeholders to develop a *Health in All Policies (HiAP)* plan for Iowa.** HiAP is a strategy to assist leaders and policymakers in integrating considerations of health, well-being and equity during the development, implementation and evaluation of policies and services. HiAP strategies ensure that all policies and services from all sectors have beneficial or neutral impacts on the determinants of health.
- **Reform the way Iowa funds public health** to an appropriation for a stable public health system with fundamental capabilities and essential services to promote healthy kids, a healthy workforce and healthy communities.

Data Sources: 1 State Profiles. Trust for America's Health. <http://healthyamericans.org/states/?stateid=IA> // 2 State Health Facts Profile. The Kaiser Foundation. <http://www.statehealthfacts.org> // 3 *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities (2008)*. Trust for America's Health. <http://healthyamericans.org/reports/prevention08/>

# 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 64.8% in 2008. In 2011, Iowa ranked 18th highest in obesity prevalence.

The results of the 2011 BRFSS indicate that 29% of respondents were obese; Thirty-nine states have an obesity rate of at least 25 percent. 2011 studies suggest the health cost of obesity in the United States is as high as \$210 billion annually. Almost \$62 billion of these costs are paid by Medicare and Medicaid. 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 31.7% 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 2011. The prevalence of overweight among Iowa high school students (self-reported height and weight) was 14.5% in 2011; another 13.2% of high school students were obese (self-reported height and weight). Children who are overweight often become adults with a weight problem.

## Policy Recommendation:

- 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. This includes streets that are built of all users including pedestrians and cyclists and users of all ages and abilities.
- 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.
- Redirect procurement practices to more healthful, more regionally grown and more sustainably produced foods.
- Improve availability of affordable healthier food and beverage choices in public service venues.



# Promote 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 Recommendation:

- 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.
- Clarify the jurisdiction and responsibility of the Iowa Department of Public Health for 1) monitoring/regulating the fluoridation of the drinking water supplies and 2) assessing health issues and determining optimal fluoride concentrations.
- 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.

