

Kay Leeper - IPHA President - 2001

As with most IPHA presidents, my term was defined by the environment of public health and a need to respond with action. There is little time in a one year term to sit back. It was a time of crisis for Public Health in America, and a time when Iowa's Public Health state and local workforce rose to the occasion and began to look for new ways to practice public health in this state. The action taken by the IPHA Board, Committee Chairs and IPHA membership moved public health in Iowa and served the people of Iowa with energy and skill. It was a time not unlike today.



The environment: Iowa Governor: Tom Vilsack; IDPH Director: Stephen Gleason

Budget crisis hits state government – On April 10, 2001, a letter was sent to the Governor and the members of the Appropriations Subcommittee for Health and Human Rights asking that they carefully consider the impact the budget cuts in public health will have on the people of Iowa. Later in the week, Subcommittee Co-Chair, Senator Maggie Tinsman was quoted as saying, “We want to hurt our departments more than the people in communities. But we have probably done both.” (IDPH Legislative Update, April 13, Vol. 7, Issue 16).

Excerpt from the president’s Letter, IPHA Newsletter, October 2001:

“As the newsletter goes to print, this country continues to face new challenges to our freedom and our way of life. We are hearing stories about Public health professionals across the state who are working hard to educate the public about anthrax, investigating reports of suspicious substances and providing accurate information to a variety of audiences about prevention – including what to do and what is not necessary. The latest attack on America is indeed a call to action for us all and at the same time is an opportunity to build our ability to protect and serve the public.”

“In the midst of new cases of anthrax and the unfolding story of bio-terrorism, the Iowa Public Health Association met on October 16 to identify the issues facing this state in 2002. It was a good day of discussion and concern about budget cuts and how we must improve the infrastructure of public health in Iowa in order to continue to promote and protect the health of the people of Iowa in these times. The fact is that state revenue is down and budgets will be cut. Individuals and families are being impacted and public health will need to be there in many ways to monitor health and assure health care services are accessible to all. We also discussed how to become better advocates. In response, each IPHA section is putting together issue statements about priority issues facing Iowa this year. ...The next step will be for the membership to mobilize around the priorities and move them forward.”

Action Taken by IPHA membership in this climate:

In 2001-2002 IPHA began to operationalize the principles defined by the Board under direction of Kim Dorn to build a stronger organization and system for public health in this state.

Those guiding principles are as follows:

1. We will build professional capacity of the Public health work force to assess, assure and develop policies for public health.

2. We will lead local Public health agencies to build the infrastructure of Public Health.
3. We will support activities that improve the competency of the Public health Work Force.
4. We will foster partnerships at the local, state, and national level to advance public health.
5. We will advocate for Public health policy and initiatives that improve and protect the health of the people of Iowa.

2001-2002 Goals

1. Develop a broader legislative agenda that goes beyond a one-year plan. Effectively moving public health issues in Iowa takes more than individual pieces of legislation; it requires shaping public policy. To do this we shall develop a mechanism to more clearly articulate the message of Public health for healthy people and communities and section leaders shall work to develop a common message and seek activities to further that message.
2. Build partnerships. Explore a variety of ways to partner with other groups interested in forwarding the public health agenda.
3. Build membership. We need a strong membership behind our name when we go to policy makers and others to make our case for public health. We also need a strong membership to carry out the goals of our association.
4. Revamp the IPHA Web Site. Our web site needs a new look. To do this we are seeking a web master to dress it up and keep it up to date. Our web page is an important link to membership and is a key public relations tool.

Major Accomplishments

1. IPHA members are busy at home. For many, efforts are focused on building public health infrastructure, particularly around terrorism response, but also in response to the economic struggles of the people we serve.
2. The 2002 legislative session focused on our efforts toward activities on the Hill and how budget decisions will affect Iowa communities. We sought to sustain access to health care for children, particularly those with disabilities, through funding for Child Health Specialty Clinics.
3. The top legislative priority identified at the fall conference from all IPHA sections is maintaining Iowa's Tobacco settlement Funds for health. Kim Dorn represented IPHA on the Iowans United for a healthy future coalition.
4. The 2001 spring conference was a joint venture with seven other partners. The 2002 Conference for Public health continued building on that relationship with those partners to co-sponsor the 2002 spring conference. The conference demonstrates how together the partners carry out the work of public health from assessment and policy development to assurance. This allowed us to bring in more nationally known speakers and broaden our staff to include a Conference Planner.

5. Bylaws change: The Executive Board recommended a change in the association's fiscal year from a July 1 to June 30 year, to a January 1 to December 31 calendar-based year. This was done to assist with implementation of the vaccine consortium, provide a calendar more in sync with our partners and to improve the system of collection of membership dues.
6. Revamp of the IPHA Web Page: IPHA contracts with a web page designer to build and maintain a web page accessed at www.iowapha.org.
7. Created the Iowa Influenza and Pneumococcal Vaccine Purchasing Consortium in conjunction with the Illinois Public Health Association. This allowed the Iowa Public Health Association (IPHA) to serve the needs of its membership by using collective power to purchase vaccine at a lower rate and increase timeliness of delivery of the vaccine. This served a gap filling service during a time when vaccine was not readily accessible.