



Iowa Public Health Association 2004 Advocacy Statement

Maintaining a Public Health Department is Critical in 2004

Background:

Protection of the public's health is a primary function of government. History tells us that the first public health system in the United States was created in recognition of the responsibility of the many to provide for the well being of the few, and was recognized as important to the general preservation of our country. Early public health began by putting into place systems that provided for the health needs of merchant marines responsible for the movement of goods up and down the coast of the country. That early public health system included dedicated hospitals and physicians. Their practices started in major urban centers and grew to be valued and implemented at local, county, and state levels. Currently in Iowa the public health system includes the Iowa Department of Public Health and local public health partners working to promote and protect the public's health.

Public health services in Iowa are consistent with the modern model described by the 1988 Institute of Medicine report. The Institute of Medicine study recommends that public health practice move to fill assessment, policy development and assurance roles versus one of direct service provision, except when no other provider of direct service is available. In Iowa the state public health department provides needed support, expertise, and organization for public health services to be provided through local (county) public health agencies as described by Iowa Code. The public health model requires a focus on population based services and organizations to assure the health and well being of the population. (This focus is distinctly different than a medical model or a social services model.)

Policy Recommendations:

- Support a strong independent public health department at the state level of government.
- Encourage cooperation between various state agencies and with local units of government in the provision of public health services.
- The Iowa Public Health Association does not support current efforts/studies to merge the Iowa Department of Public Health with Iowa Department of Human Services



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Tobacco Settlement Fund and Taxation Issues

Background:

The Centers for Disease Control and Prevention (CDC) recommends the state of Iowa spend between 19-48 million dollars on tobacco prevention. In 2003, approximately 40 million dollars were appropriated to the Department of Human Services and another 25 million for a variety of health related programs emphasizing intervention services. Current funding for FY04 tobacco prevention activities is only 5 million dollars which is 26% of CDC's recommended minimal level and only 10% of the maximum level of funding. As settlement funds continue to be diverted to programs and services unrelated to tobacco prevention activities, the ability to reach CDC recommended funding levels for the provision of intended services and programs continues to be threatened.

A related issue is the need to increase the tax on tobacco products to support the public health infrastructure. The relationship between tobacco abuse and increased utilization of health care resources is well described. The continuing burden on the health care system, as a result of tobacco substance abuse, requires serious consideration in regard to future public health appropriations.

Policy Recommendation:

- The legislature should revisit its original philosophy and direct tobacco settlement dollars to the public's health systems to prevent and control tobacco use.
- The legislature should direct a repayment of the borrowed funds back to their original purpose and insure that all future tobacco settlement revenues are used as intended.
- 100% of any increased tobacco taxes are appropriated to improve the health of Iowans.



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Increase to Medicaid Reimbursement

Background:

Programs and services across the continuum of health and illness care are negatively affected by inadequate federal and state government payment for services. Iowa has one of the largest elderly populations in the country, and relies on Medicare as a substantial source of funding.

Medicaid, Iowa's health care program for low-income and indigent population has a reimbursement structure tied to the inadequacies of the Medicare payment system. Therefore, Iowa's Medicaid program has an obligation to fund annual inflationary increases to providers of acute home health and community-based services serving children, adults and elderly populations.

Policy Recommendation:

- Increase base payments consistent with inflation to hospitals, physicians, and community health providers under the Iowa Medicaid system.



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Senior Living Trust Fund 2004

Background:

Due to the State of Iowa's economic crisis, the legislature continues to borrow from the Senior Living Trust to subsidize other state services. Last year, over 101 million dollars were appropriated to supplement the state's medical assistance program. In comparison, less than 22 million dollars were directed into assisted living programs and long-term care alternatives, including home and community-based services. The trust balance is in serious jeopardy as continuing "transfers out" are in conflict with federal initiatives to rebalance long-term care. This includes funds that have a special emphasis on home and community-based services. Further disregard for the integrity of the "Senior Living Trust" will result in thousands of Iowa seniors, and persons with disabilities losing access to home health, chore, transportation, home repair, financial counseling, prescription drug assistance, adaptive equipment, home delivered meals and behavioral health services.

At the local level, the "Senior Living Trust" makes it possible for the Area Agencies on Aging and their home and community-based services partners to provide elderly clients with the safety measures to remain independent in their homes. Therefore delaying or avoiding unnecessary and expensive long term care alternatives. For example, public/home health nurses and social workers participate in care management of the frail elderly, and as a result, facilitate application for services funded through the Senior Living Trust. Furthermore, the trust's funds are utilized as funding of last resort, which ensures that all other sources have been exhausted. In the last year, thousands of clients across Iowa were provided services that either would have been eliminated, through other funding cuts, or just not available due to the lack of community-based resources.

Policy Recommendations:

- The Senior Living Trust was established to provide a permanent and true legacy for the elderly population in Iowa. Use the trust funds to support services for the elderly.
- Restore and maintain the trust as a priority to ensure continuing services are available to those in need.



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Reduce Exposure to Secondhand Smoke

Background:

On May 5, 2003, the Iowa Supreme Court ruled to overturn the secondhand smoke ordinance passed by the City of Ames in 2002. Because of this ruling, Iowa's communities can no longer pass local smoking/clean air ordinances that protect Iowans' right to breathe clean air. The decision makes it imperative that the legislature change Iowa's law so that in the future, communities are able to pass local clean air ordinances.

The Iowa Supreme Court ruling was the result of a challenge from several Ames, Iowa restaurant owners objecting to the Ames clean indoor air ordinance. The Ames ordinance was upheld by the Story County District Court, which found that Iowa law did not prevent communities from passing local clean air ordinances. That decision was appealed to the Iowa Supreme Court, which then overturned the District Court decision. Iowa is now one of only 16 states whose laws preempt local secondhand smoke ordinances.

Nationally there is tremendous momentum toward protecting the majority of Americans who do not smoke from the health hazard of secondhand smoke. California, New York and Delaware have passed significant statewide clean indoor air laws. Hundreds of communities also have acted. In 1985 only 199 communities had ordinances with clean indoor air restrictions but today over 1,600 have such ordinances.

Secondhand smoke is the third leading cause of preventable death in this country and approximately 4600 Iowans die each year from smoking attributable deaths according to the Centers for Disease Control and Prevention. According to the National Cancer Institute there is no "safe" level of exposure to secondhand smoke. Even occasional exposure to the thousands of chemicals and numerous cancer-causing agents found in secondhand smoke can significantly raise the risk of lung cancer and heart disease. Exposure to secondhand smoke for less than an hour can result in changes in blood chemistry even for a healthy person.

Policy Recommendation:

- Support legislation at the state level to restore communities' rights to enact local clean indoor air ordinances that reduce exposure to secondhand smoke.



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Fully Supporting Food Protection

Background:

The Iowa Department of Inspections and Appeals provides food protection programs in Iowa directly, and by contract through county environmental and public health agencies. The requirements for these programs are identified in Iowa Code, primarily the federal Food and Drug Administration 1997 Food Code. Currently, Iowa Code specifies the fees associated with the licensing activities. The current fees are inadequate to cover the expenses of the program and require that state and county funds subsidize the program in many instances. The movement of the fee structure to Administrative Rules would provide for more timely and gradual increases in fees as expenses incurred to protect the public's health increase.

Food protection programs involve more activities than just routine food establishment inspections. Environmental Health Specialists and Public Health Nurses involved in the program are called upon to be investigators in situations where foodborne illnesses occur. The Iowa Department of Public Health has responsibility for investigating diseases spread by contaminated food. Such investigations currently require the services of the Department of Public Health and the Department of Inspection and Appeals. A more efficient and timely investigation of illnesses, that prevents further spread of the illnesses, could be accomplished if both programs were located within the Iowa Department of Public Health.

Policy Recommendations:

- Establish fees that support the cost of the food protection program.
- Place license fee establishment in the administrative code to provide the ability to update the fee structure on a more routine basis to keep up with inflation.
- Move the food protection program to the Iowa Department of Public Health. This would locate this program with similar public health programs and within the state agency responsible for investigation of food born illness.



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Reducing Health Disparities among Minorities and the Underserved

Background:

Iowa is currently experiencing some of the most significant demographic changes in the United States. Faced with one of the country's largest percentages of aging residents and the out-migration of its young workforce to other states, many meatpacking and agricultural processing companies are actively recruiting thousands of refugees and immigrants from Latin America, Eastern Europe, Southeast Asia, and Africa to come to Iowa to settle and work. This "rapid ethnic diversification" is occurring in a sparsely populated state where many rural Iowa counties are already designated as medically underserved areas. These demographic changes are contributing to significant health disparities between the majority population and those from disadvantaged groups.

- Minorities, refugees, immigrants, and rural families are among those populations in Iowa that are most affected by health disparity issues due to differences in education level, income, lifestyle practices, language, health beliefs, social status, access to care, and related factors.
- Many of these at-risk, underserved populations have shorter life-spans and experience significantly higher disease rates for most conditions than those in the majority population. These disparities contribute to unnecessary loss of life and illness, as well as reduced productivity and higher health care costs.

The U.S. Department of Health and Human Services, as well as the Iowa Department of Public Health, has stated that the reduction of health disparities should be one of the most important strategic planning goals for the 21st century (Healthy People 2010, Healthy Iowans 2010).

Policy Recommendations :

- Support public health programming that targets the needs of refugees, immigrants, minorities and farm families for specific interventions.
- Encourage training on cultural competency and health disparity issues for all providers in the state working with underserved populations.
- Improve access to care for minority and underserved populations, especially through the reduction of financial, language, and transportation barriers.



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Child Passenger Safety

Background:

In 2001, the National SAFE KIDS Campaign conducted a comprehensive review of our nation's child occupant protection laws. Each state law was measured against a benchmark model law for the purpose of supporting efforts to upgrade all state laws over the next several years. Iowa received a failing grade. Out of a possible 100 points, Iowa's law received 38.65 points, ranking it 45th lowest out of 50 states.

Iowa's child restraint law has been in place since 1985 and fails to meet broadly accepted safety standards for children. Existing Iowa law requires that a child be in an approved child safety seat only until age three and in a child safety seat or secured by a seat belt only until age six. Children more than five years old riding in the rear seat need not be restrained at all.

The inadequacy of Iowa law is apparent. From 1997 through 2000, there were 155 automobile fatalities in Iowa involving children 16 years old and younger. In 82 of those instances, the child killed wore no restraint at all. Thirty-two others were wearing lap and shoulder restraints (instead of being restrained in an age-appropriate child safety seat), three were wearing only a shoulder restraint, and six were wearing only a lap restraint. In 22 instances, restraint use was unknown.

In 2003 a bill designed to make improvements to Iowa's law was introduced in the Iowa Senate. The bill passed out of the Senate Transportation Committee by unanimous vote, but was neither debated nor voted upon by the full Senate.

Policy Recommendations:

- Require that a rear-facing child seat be used for children until they are at least one year of age and weigh at least 20 pounds.
- Require that any child under six years of age be secured during transit by an appropriate child safety seat or booster seat.
- Require proper use of booster seats or safety belts for children six to 14 years old.