



## Reducing Health Disparities among Minorities and the Underserved

Iowa Public Health Association  
2005 Advocacy Statement

### **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 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 of the 21<sup>st</sup> 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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# Perinatal Mental Health

## Iowa Public Health Association 2005 Advocacy Statement

### **Background:**

Maternal depression has been described as a “chronic, communicable disease that is vertically transmitted to infants and children.” Perinatal depression is a serious mental health problem that affects mothers, fathers, and children. Research conducted at the University of Iowa and elsewhere clearly indicates that postpartum depression is common, is long lasting, and is often recurring as non-postpartum depression. Postpartum depression leads to social impairment, and has a deleterious impact on the mother-infant relationship. This affects the social, cognitive, and emotional development of the child. It has been reported that, without treatment, 30% of women suffering from postnatal depression are still ill at 1-year postpartum.

Psychiatric deaths, many of which would have been preventable, represent one of the single most common causes of maternal death. There are well-described long-term effects on the later social attachments and cognitive development of the child, particularly of boys, that are detectable after the resolution of the maternal illness. Despite the decline in both perinatal and infant mortality, infanticide has remained relatively constant over the past 100 years, with about 20 convictions per year. At least half of these women suffered from severe postpartum mental illness and an additional number did not reach the courts because they committed suicide. The consequences of chronic or relapsing severe maternal psychiatric disorder include the breakdown of parenting and the child’s entry into the care system. The children may develop emotional, conduct and psychiatric disorders and be vulnerable to neglect and emotional abuse.

### **Policy Recommendations:**

- Promote standards that require that health or medical group insurance plans, including state Medicaid, provide coverage benefits for treatment services for biologically based mental illness on terms and conditions that are no more restrictive than the terms and conditions for other medical conditions under the plan.
- All hospitals and medical centers that provide obstetric services shall have a plan for the provision of mental health assessments and referrals for all pregnant and postpartum women.

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## Comprehensive Health Care: Include Equal Benefits for Mental Health

### Iowa Public Health Association 2005 Advocacy Statement

#### **Background:**

Iowa is one of only four states, which have made “no efforts” toward parity, according to the National Mental Health Association.<sup>1</sup> The other three states are Idaho, North Dakota and Wyoming. While the myth that parity is too expensive continues to persist, the reality is that actuarial firms such as the Hay Group estimate that comprehensive parity would cost “a little over 1 percent.”<sup>2</sup>

A 2001 Des Moines Register Poll showed that 83% of Iowans support passage of a mental health parity law.

“The mounting empirical evidence is that current plan or historical mental health utilization assumptions do not reflect experience following passage of mental health parity.

- In systems already using managed care, implementing parity results in a minimal (less than 1%) increase in total health care costs during a one-year period.
- In systems not using managed care, introducing parity with managed care results in a substantial (30% to 50%) *reduction* in total mental health costs.” (Rand Institute, RAND Health, 2000)

#### **Policy Recommendation:**

- Create comprehensive mental health/substance abuse parity for all Iowans.

<sup>1</sup> [www.nmha.org](http://www.nmha.org)

<sup>2</sup> National Mental Health Association (NMHA), quoting [www.opm.gov/insure/health/parity/qanda.htm](http://www.opm.gov/insure/health/parity/qanda.htm)

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## Support for Reproductive Health and Rights

### Iowa Public Health Association 2005 Advocacy Statement

#### **Background:**

Each year more than 500,000 women die and many more are injured worldwide from pregnancy-related causes. In the United States, we tend to make the assumption that pregnancy is a healthy, natural process with minimal risks. However poor, young, and other vulnerable women especially suffer because they disproportionately lack access to comprehensive reproductive health and education services. Ramifications of inadequate reproductive health and education can include:

- Inadequate pregnancy spacing (children less than 18 months apart) leading to increased risk for infant and maternal illness and death.
- An abstinence-only approach to sexuality education leaves young people inadequately prepared to protect themselves from unwanted pregnancy, sexually transmitted infections, and unsafe abortion.
- Increased burden on society due to increased welfare and public assistance needs.
- Unchecked population growth, stressing the environment, and socioeconomic infrastructure.
- Promulgation of medically inaccurate information in the media and the Internet.

#### **Policy Recommendations:**

- Assure that all levels of government-supported reproductive and sexuality education programs include comprehensive, medically accurate information.
- Promote and assure recognition of free speech and sexual and reproductive health and human rights principles, grounded in the United States conventions of rights to health care, self-determination and physical integrity.

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# Obesity: A Public Health Crisis

## Iowa Public Health Association 2005 Advocacy Statement

### **Background:**

The number of obese and overweight Iowans is grown to epidemic levels in Iowa. Obesity is a costly condition and has become a public health crisis in the United States. Obesity and inactivity are imparting large economic and quality of life burdens on society through increasing health care costs, workplace lost productivity, and years of life lost. The prevalence of adult Iowans who are overweight or obese has increased from 46.2 percent in 1991 to 61.7 percent in 2003. In 2002, **Iowa ranked sixth worst in overweight prevalence** and 23rd worst in obesity prevalence among all 54 states and territories. Overweight and obese individuals incur up to \$1,500 more in annual medical costs than healthy weight individuals. Approximately six percent of the adult obese population in Iowa generates \$783 million in medical expenditures.

Obesity is significant and growing health problem even among children and adolescents. Approximately 10.3 percent of low-income children ages 24 to 48 months participating in Iowa's Supplemental Nutrition Program for Women, Infants, and Children (WIC) were overweight in 2003. The prevalence of overweight Iowa high school students was 8.8 percent in 2003, and 13.5 percent more high schoolers were at risk for becoming overweight. Children who are overweight or at risk to become overweight often developing into 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 designate schools as food advertising-free zones, where children and adolescents can pursue learning free of commercial influences and pressures.
- Encourage collaboration with health, nutrition, and education agencies to develop school policies that promote a healthful eating environment.
- Encourage communities to develop community health plans for family physical activity such as trails, parks, and other recreational areas.

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## Taxation of Tobacco Products

### Iowa Public Health Association 2005 Advocacy Statement

#### **Background:**

A tax increase on tobacco products is needed to support the public health infrastructure. The relationship between tobacco abuse and increased utilization of health care resources is well described. Tobacco use kills more than 400,000 Americans and 4,600 Iowans each year and costs our nation more than \$75 billion in health care bills. Every day, another 2,000 kids become regular smokers, one-third of whom will die prematurely as a result. Every year, Iowa spends approximately \$235 million in state Medicaid expenditures for smoking-related illnesses and diseases; this is approximately 14% of the total Medicaid budget. 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.

Iowa presently taxes cigarettes at 36 cents per pack, the 40<sup>th</sup> lowest tax in the nation, and has not raised this tax in thirteen years. Increasing the tax by even 50 cents would create a projected 95.8 million in annual revenue and reduce medical expenses of \$5.2 million related to tobacco-caused heart and stroke illness and \$3.9 million related to tobacco-caused pregnancy and birth illness. Based on outcomes experienced in other states, Iowa could expect 13,000 fewer adults and 24,000 children addicted to smoking.

Research shows that every 10 percent increase in the price of cigarettes achieves a 7 percent decrease in youth smoking and a 3-5 percent decrease in overall cigarette consumption. Raising the cigarette tax will lower health disparities among lower income populations, who already suffer disproportionately from smoking-caused disease, disability, death and costs.

#### **Policy Recommendation:**

- Increase Iowa's tobacco tax, and use this revenue to increase funding for vital health programs that will improve the health of Iowans and decrease the state's potential Medicaid expenditures.

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# Promoting State Licensure of Laboratories

## Iowa Public Health Association 2005 Advocacy Statement

### **Background:**

Laboratory medicine is the only allied health profession that does not require individual licensure in Iowa. Currently, anyone can be hired to work in the local hospital lab, doctor's office, or clinic lab and perform laboratory testing that is critical to the diagnosis, treatment and therapy of disease. The federal regulation called CLIA '88 (Clinical Laboratory Improvement Amendment of 1988) sets minimum standards for personnel, leading to diminished educational qualifications of personnel performing laboratory tests.

CLIA '88 divides laboratory testing into three groups. The waived testing group (includes tests that do not require much interpretation and are not "technique dependent" – i.e, if instructions are followed there is little chance of erroneous results.) This group includes qualitative pregnancy tests, glucometer tests, fingerstick cholesterols, and lipid testing.

The next two groups, moderate and highly complex testing, define the laboratory tests that require a higher level of knowledge and training to perform the test (either because the complexity of the instrument or the science behind the testing). These tests require a high level of individual interpretation and critical thinking to assure correct result is reported. Examples of these tests include West Nile Virus, ABO-Rh typing, microorganism identification, and cancer markers. It is essential that someone who has been trained in laboratory medicine perform the test. In Iowa, the person performing these tests, could be someone hired "off the street" and trained on the job!

Licensure improves the quality of laboratory testing by ensuring only appropriately educated and qualified laboratory professional perform moderate and high complexity testing. Eleven states require licensure. Five more are actively pursuing licensure.

### **Policy Recommendation**

- Support efforts of the laboratory professional societies seeking licensure at the state and local levels Support legislation that requires individual licensure for clinical laboratory testing.

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## Medicaid Reimbursement in Iowa

### Iowa Public Health Association 2005 Advocacy Statement

#### **Background:**

*Medicaid*, Iowa's health care program for low-income and indigent populations 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.

Medicaid reimburses at FY 2002 levels, ignoring the growing costs of patient care and worsening Iowa's Medicare inequity. 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. Yet is a state with one of the lowest federal reimbursement rates.

#### **Policy Recommendation:**

- Increase base payments consistent with inflation to hospitals, physicians, and community health providers under the Iowa Medicaid system.
- Ensure adequate funding for the states manage care contract for Medicaid behavior health services.
- Support efforts to reduce the cost of prescription drugs.
- Continue to support efforts to address inequity of the Medicare reimbursement system to states.

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## Maintain Public Health Preparedness in Iowa

### Iowa Public Health Association 2005 Advocacy Statement

#### **Background:**

Iowa's Public Health System has been receiving Public Health Preparedness Grant funding over the past three years to assist in acute disease surveillance and disaster planning activities at local, regional and state levels. This includes planning for chemical and biological events in Iowa. This has included plans and exercises to prepare the public health system to respond to biological and chemical emergencies. The funding also assisted in capacity building activities to prevent such things as SARS, Pandemic Influenza, or Mad Cow Disease.

During the FY04 legislative session the federal government decided to cut millions of dollars of from the public health preparedness next year. This resulted in Iowa losing over two million dollars to develop biological and chemical preparedness. The federal government plans instead to fund a federal program that provides national syndromic surveillance, and has stated that states were not using current funding. This is not true; states do need funds to provide biological and chemical disaster planning, and capacity to provide epidemiological services.

Currently, Iowa's state and local public health systems need funds to maintain the capacity to be ready to respond to a bio-terrorism or a major disaster or even the next infectious disease. Public health systems needs include preventing and controlling infectious diseases, maintaining courier services to transport biological or chemical samples to labs, and supporting regional planners, educators, and epidemiologists.

#### **Policy Recommendations:**

- Support funding to develop public health preparedness activities in Iowa.
- Support the restoration of federal FY 04 cuts to public health preparedness activities.
- Provide funding to develop regional level capacity for planners, educators, and epidemiologists.
- Restore funds to support a courier service for chemical and biological samples.

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## Fully Support Food Protection

### Iowa Public Health Association 2005 Advocacy Statement

#### **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 Iowa 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 foodborne illness.

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# Iowa Public Health Association

## **What is the Iowa Public Health Association?**

- The Iowa Public Health Association (IPHA) is a multidisciplinary organization for professionals in public health *who want to make a difference*. The Association was organized in 1925 and is an affiliate of the American Public Health Association.

## **What is the Vision of IPHA?**

- A strong public health system serving the people of Iowa.

## **What is the Mission of IPHA?**

- To advance the practice of public health.

## **What are the Guiding Principles of IPHA?**

- Build the capacity of the professional public health workforce to assess, assure, and develop public health policies.
- Lead local public health agencies to build the public health infrastructure.
- Support activities that improve the competency of the public health workforce.
- Foster partnerships at the local, state, and national level to advance public health.
- Advocate for public health policies that improve and protect the health of Iowans.

## **About this Booklet**

The Iowa Public Health Association membership identified several priority issues facing public health in Iowa. Based on these issues, advocacy sheets, which are contained in this folder, were developed to serve the following purposes:

- Outline key legislative and policy issues as determined by the membership of IPHA.
- Provide a common, and therefore consistent, source of information on these issues; and
- Provide a contact name(s) for those who may have questions on these issues.

For those of you who are policy makers, we hope you view these advocacy sheets as an important resource on public health issues. For those of you who are IPHA members or others who support public health, we hope you view the sheets as tools to advocate on behalf of public health in Iowa. Should you have questions about these or other related issues and wish to speak to a member of IPHA, please contact the person(s) listed as Executive Committee members.

Thank you for your attention and for your interest in public health in Iowa. Please visit our web site at [www.iowapha.org](http://www.iowapha.org).