# Iowa Public Health Association

## 2009 Statements on Public Health Policy

**Our Mission:** *To mobilize a diverse membership to lead and advocate for public health.*
**Our Vision:** *Meeting the public health needs of all Iowans through a recognized, valued and well-supported public health system*

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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. Organized in 1925, IPHA is an affiliate of the American Public Health Association. IPHA strives for an engaged membership, sustainable funding, public health advocacy, workforce development, and valued membership services. IPHA plays a key role in promoting and offering opportunities for training, funding and policy development to its members. Our members come from governmental public and environmental health entities (state and local), community health centers, hospitals, nonprofit organizations, and academia. IPHA is uniquely positioned as the convener, promoter and supporter of Iowa's public health community.

**About this Booklet**

The Iowa Public Health Association membership identified several priority issues facing public health in Iowa. Based on these issues, advocacy statements 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.


**Acknowledgment**

The Iowa Public Health Association wishes to recognize the volunteer members of its Legislative Committee:

- Pam Deichmann, Co-Chair
- Mary O'Brien, Co-Chair
- Elaine Boes
- Sally Clausen
- Brian Hanft
- Jan Susanin
- Mary Weaver
- Janan Wunsch-Smith

# Affordable Health Care Access for All

## 2009 Advocacy Statement – Iowa Public Health Association

### Background:

It is time for a major overhaul of the health care system in the United States. Everyone should have access to a plan of coverage that is affordable, reliable and comprehensive. What may have started as a utopian idea has now become the most important breakout issue to face our health system in the 21st century.

Businesses, health care providers, doctors, nurses, hospitals and patients have joined together in the call for change. State legislators have a nonpartisan issue with unprecedented support from Iowans. We must meet the challenge for health care access for all with innovation and compassion for all our citizens. Trading off the pursuit of excellence in health coverage at the expense of those who cannot afford insurance is not acceptable.

The bottom line is that health care is a social service that should target patient needs, not a merchandised commodity based on ability to pay. As the insurance capitol of the nation, Iowa is in a unique position to lead other states in responding to the national cry for change now and to take the lead in pioneering a truly accessible plan for our people.

**Policy Recommendations:**

- Support national efforts to enact affordable, comprehensive health care legislation for all which reflects the fourteen principles of the American Public Health Association for a national plan (see www.apha.org).
- Advocate that Iowa legislators further advance the recommendations of the Legislative Commission on Affordable Health Care Plans for Small Businesses and Families.
- Advocate for the expansion of coverage provided in HF 2539 to include low income under/uninsured adult population.

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# Promote the Iowa Public Health Modernization Act

## 2009 Advocacy Statement – Iowa Public Health Association

**Background:**

A strong public health system is vital to the good health of all Iowans. Currently, each county in Iowa provides public health services, however the services may be very different from county to county. In 2004 a group of over 150 local and state public health practitioners determined that standards should be written to define **what every Iowan should expect from public health**.

The Iowa Public Health Modernization Act builds on those standards. It establishes a voluntary accreditation system for Iowa's local and state public health departments that will enhance organizational capacity and assure a basic level of public health service delivery in each of Iowa's counties.

The Public Health Modernization Act will ensure that a minimal level of public health services are available in every corner of the state, and that public health agencies have the technology and tools they need to meet the challenges of the 21st century.

The health of Iowans improves when local public health professionals have the tools and training they need to meet emerging health challenges. This includes working to prevent disease by promoting healthy behaviors. Whether recovering from a natural disaster or detecting and responding to a disease outbreak or an environmental hazard, public health provides the first line of defense when it comes to protecting the health of Iowans.

A national accreditation system for public health is now under development. Iowa's ability to obtain federal funds may be impacted in the future based on Iowa's accreditation status. Iowa is one of 21 states currently engaged in some form of public health performance improvement effort. Some of these states include Minnesota, Illinois, Missouri, Michigan, and Ohio.

**Policy recommendations:**

Pass the Public Health Modernization Act to:

- Increase system capacity and promote equitable public health service delivery.
- Create a Governmental Public Health Advisory Council, to set policies and procedures on the implementation and administration of standards to be applied to public health practice at both the state and local level.
- Establish a voluntary accreditation process for local public health agencies and the Iowa Department of Public Health (IDPH) with independent oversight.
- Create a Governmental Public Health Evaluation Committee to collect and report baseline information on the public health system and service delivery needs and effectiveness.

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# Funding for Public Health Nursing

## 2009 Advocacy Statement – Iowa Public Health Association

**Background:**
Public health is the vital foundation for providing services for the poor and uninsured, yet in 2006, eighty-three percent of Iowa's underserved population (those who are uninsured, underinsured or have other barriers to health care services) did not have access to needed health services.

Public health nursing has been historically underfunded; however, the trend in recent years is alarming. In Iowa, the funding for public health nursing services has been cut 24% or $3,393,977 since fiscal year 2001. Moreover, the increase in acuity and number of under/uninsured seen in the community exacerbates the strain of this perpetual underfunding. The U.S. Census Bureau reported that 47 million individuals in the U.S. were uninsured in 2006. Estimates from other organizations such as Families USA indicate higher numbers approaching 90 million. With current economic declines and increasing job loss, these numbers are expected to increase.

Public health nurses have traditionally seen low income patients who have chronic health needs (diabetes, congestive heart failure, acute mental health issues). Additionally, local public health nursing providers are now witnessing a critical need for in-home nursing services for under/uninsured adults (19 to 64 yrs). With shorter hospital stays, patients are often discharged unable to physically or financially care for themselves. They are being discharged needing daily wound care, IV therapy, blood work, close monitoring of their congestive heart failure, diabetes, cancer and other serious illnesses. Public health nurses provide in-home services to the under/uninsured who have no other payment sources to cover the cost of care. The funding amount for public health nursing is inadequate and needs to be substantially increased.

**Policy Recommendation:**

- Appropriate additional funding, $1,000,000 directly to the Department of Public Health designating the dollars to Local Public Nursing Services.

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# Protect Essential Public Health Functions during Economic Downturns

## 2009 Advocacy Statement – Iowa Public Health Association

**Background:**
Weakening state revenues—related to flooding and economic factors are in Iowa future for 2009, and will put fiscal pressure on essential public heath functions. Local and state public health officials will be asked to reduce spending on a variety of programs and essential services, including many that affect those most in need of assistance. During this time of unprecedented public awareness about the importance of public health services; and increasing pressures on the public health infrastructure to respond to emergencies such as Pandemic Influenza, Mumps and Severe Acute Respiratory Syndrome (SARS), public health resources at the state level remain woefully inadequate.

The Institute of Medicine (IOM) reported in the Future of the Public's Health in the 21st Century that the 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; an 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:**

- Protect essential public health infrastructure, workforce and programs affecting community health and safety despite the fiscal difficulties they may face.
- Increase federal financial support for public health programs financed through public health agencies including the Centers for Disease Control and Prevention and the Health Resources and Services Administration.
- Promote advocacy efforts to seek congressional support to states by enacting legislation to limit the severity of Medicaid cuts, increase the social services block grant, support maternal and child health programs, support the State Children's Health Insurance Program and other coverage for the 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 other important sources of revenue including increased 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 fund match for federal health dollars for the Medicaid program.

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# Support Funding for State and Local Public Health Disaster Preparedness Efforts

## 2009 Position Statement – Iowa Public Health Association

**Background:**
State and local public health preparedness is crucial to disaster readiness, especially as we assess the effects of widespread flooding across Iowa in the summer of 2008. This brought an acute awareness of the need to focus resources to ensure planning for continuation of essential public health services during disasters.

Iowa's public health system must work closely with the private sector to ensure critical operations and services are maintained. State and local public health agencies are working within communities and organizations to promote such things as pandemic influenza preparedness planning, and will continue to need resources devoted to preparedness planning. This includes activities related to:

- **Maintaining capacity** to support acute disease surveillance activities;
- **Partnering with the private sector** to promote preparedness planning;
- Expanding emergency response plans to include chemical, biological, environmental or radiological **operational planning;**
- Funding for **disaster exercises** to test public health and other systems;
- Funding to support **electronic infrastructure** such as the Health alert network (HAN)
- Funding initiatives that allow **24/7** staffing supports

The Iowa Department of Public Health receives federal Public Health Preparedness grant funds to assist with these efforts. However, federal funding is being reduced. Currently in Iowa federal funds assist local public health agencies to educate staff on preparedness planning efforts, but funds are insufficient to hire staff dedicated to disaster planning initiatives within communities. Federal and state funds are limited and do not provide public health systems with funding to increase capacity to support staffing or response activities.

**Policy Recommendations:**

- Develop strategies to engage and educate the public.
- Fund the development of pandemic preparedness plans in each community.
- Support federal funding for public health preparedness activities.
- Support state funding for public health preparedness activities.
- Support funding for 24/7 statewide courier services, regional epidemiologists, and 24/7 laboratory services.

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# Child Care Nurse Consultants:

## Public Health Nurses Serving Early Childhood Care and Education Providers

### 2009 Position Statement – Iowa Public Health Association

**Background:**

**Large numbers of Iowa children are enrolled in early care and education programs.**
Over 70 percent of Iowa's youngest children (under age six) live in a family where both parents work. Therefore, nearly 80 percent of Iowa young children are in some form of out-of-home child care on any given day.

**The quality of care is poor to mediocre for our youngest most vulnerable children.**
Studies document the relationship between the quality of child care and child health, child development, and school readiness. Children exposed to poor quality child care are:

- less likely to be prepared for the demands of school;
- more likely to have socio-emotional, motor, or cognitive development derailed; and
- are at high risk of harm from injury and infectious disease.

The Midwest Consortium Research (2002) including Iowa, Nebraska, Missouri and Kansas, found that almost 80 percent of Iowa early care and education rated in the poor to mediocre quality level. The areas consistently scoring in the ***poor*** range of quality relate directly to ***health and safety practices***. Assuring Iowa children are safe and healthy while in early care and education settings is the base threshold of quality.

**Public health nurses are needed to improve Iowa child care.**
Public health nurses with special training in child care have the expertise to assist early childhood care providers to ensure Iowa's children are in safe, healthy environments while in early care and education settings. Iowa early childhood care providers utilize upon public health nurses for the following concerns:

- preventing spread of infectious diseases;
- preventing child injuries;
- developing asthma, diabetes, seizure and other health related emergency protocols;
- helping with medication; and
- caring for children with special health needs.

**Iowa has public health nurses but not enough funds.**
A variety of funding sources are used to support the public health nurses. Currently, most funding is variable and allocated on a year-to-year basis. The funding inconsistencies do not allow communities to build long-term strategies to meet the health and safety needs of children. Thus, children, families and child care providers are denied access to public health expertise.

**Policy recommendations:**

- ♦ Support public health nurse consultation to improve health and safety practices in early care and education settings.
- ♦ Allocate $1.7 million to the Iowa Department of Public Health for technical assistance with $1.62 million of this disseminated directly to community-based child health agencies to support the public health nurses working in early care and education settings.

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# Youth Seat Belts

## 2009 Position Statement – Iowa Public Health Association

**Background:**
Motor vehicle crashes are the leading cause of death and injury for youth 11 through 17 years of age in Iowa. Research supports the fact that proper use of seat belts save lives and reduce injuries. In 2004, the Iowa Legislature passed a much improved child restraint law which requires children under one year of age and under 20 lbs. to ride rear-facing, children through the age of 5 years to ride in an appropriate child restraint and children ages 6 through 10 to ride in a booster seat or seat belt. Although this legislation vastly improved motor vehicle safety for children in Iowa, a large percent of Iowa's youth were still left uncovered. Currently, children 11 years of age and older are not required to wear a seat belt if they are riding in the rear seat of a motor vehicle.

- In Iowa, for the years 2002-2006, 175 youth ages 11 through 17 were killed in motor vehicle crashes. 7,576 children in this age group sustained injuries and possible injuries occurred for another 8,661 youth in the same age group. (CTRE, Iowa DOT)

**Despite widespread knowledge of the risks involved, teens do not routinely wear seat belts when riding in the back seat.**

- In 2006, 1,215 Iowa high school students (ages 14-17) were surveyed regarding current seat belt practices. While 83% of the respondents indicated they always or usually wear their seat belt while driving, only 30% of the students said they always or usually wear their seat belt when riding in a vehicle as a back seat passenger.

**Back seat passengers pose a risk not only to themselves but to other passengers in the vehicle.**

- A driver's risk of death is 2.27 times higher when there is an unbelted rider sitting behind them. [http://www.aemj.org/cgi/content/abstratct/12/2/130 abstract conclusion; Influence of the Unbelted Rear-seat Passenger on Driver Mortality: "The Backseat Bullet" James Mayrose, PhD, Dietrich Jehle, MD, Mark Hayes BS, Dylan Tinnesz, MD, Gina Piazza, DO and Gregory E. Wilding, PhD, From the Departments of Emergency Medicine (JM, DJ, MH, DT, GP) and Biostatistics (GEW), State University of New York at Buffalo, Buffalo, NY.]

**Iowa needs to set a public safety standard that protects all Iowa youth.**

- 40 states cover all youth with a seat belt requirement.

**Policy Recommendation:**

- Strengthen Iowa's current child restraint law to require seat belt use for youth ages 11 through 17 years, regardless of seating position.

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# Insurance Coverage for Overweight/Obesity Treatment

## 2009 Position Statement – Iowa Public Health Association

**Background:**
Obesity was not recognized as a disease until 2004 Federal Medicare regulations, and insurance companies have been slow to include nutrition and lifestyle counseling as covered benefits. There has been coverage for surgical treatment (bariatric) of obesity, but not for visits to doctors or dietitians to prevent severe obesity. Currently, if a patient is obese without complications (such as high blood pressure, high cholesterol or lipids, high blood sugar, etc.), a counseling visit with a provider is reimbursed. Doctors have noted the lack of third party reimbursement as a major problem in providing appropriate medical care for obesity and a barrier to prevention of health conditions related to obesity.
Benefits of addressing this problem include:

- Prevention of more weight gain and prevention of medical complications such as diabetes
- Improved quality of life, improved self esteem
- Reduced healthcare costs over time
- Equity in healthcare coverage for all Iowans – legislation would ensure all insurance plans would include coverage – rather than voluntary coverage
- Standard, best practice interventions by experts in the field providing good cost/benefit

**Policy Recommendation:**

- Require health insurance plans (public and private) to pay for healthcare visits related to overweight/ obesity treatment with healthcare providers (doctor or dietitian).

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# Promote Employer-Sponsored Wellness Programs

## 2009 Position Statement – Iowa Public Health Association

**Background:**
Employers are facing increasing healthcare costs, which directly cut into profitability. An optimal way of controlling these costs is by keeping employees healthy through employer health promotion and disease management programs. To reach maximum impact, high employee participation is crucial. A key strategy to engage employees is to offer cash-based incentives for completing health risk assessments, and enrolling health promotion programs specific to their needs.

Iowa has a high percentage of small businesses (defined as less than 50 employees). Small businesses could join together to offer the same quality healthcare packages that large employers do to improve their access to competitive health insurance rates.
If all businesses, large and small, are able to offer employer-sponsored wellness programs, the impact of such health promotion efforts would be wide-spread and reduce the disadvantage faced by many Iowans who are employed by a small business.

Some employers and organizations may be willing to offer wellness programs and/or their wellness facilities to the community at large. A tax credit would encourage this type of offering. Schools and churches have often served as excellent community partners in providing space for physical fitness and nutrition programs.
Benefits from addressing wellness include:

- Improved health and productivity of participating employees and families
- Reduced healthcare costs for the employer
- Significant return on investment if the wellness program is properly coordinated and administered. The Wellness Council of America estimates the cost per employee to be between $100 and $150 per year for an effective wellness program, which produces a return on investment of $300 to $450 once the program is up and running.
- Community members can benefit from the use of corporate wellness facilities. In some communities, these may be the only locations where indoor exercise and wellness education is offered.

**Policy Recommendations:**

- Offer incentives or tax credits for organizations and businesses offering employee and/or community-based wellness programs that are free or low cost.
- Encourage high employee/family participation in employer-based wellness programs by offering generous incentives such as reduced health insurance premiums or cash.

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# Obesity: A Public Health Crisis

## 2009 Position Statement – Iowa Public Health Association

**Background:**
The number of obese and overweight Iowans is an epidemic in Iowa. Obesity and inactivity exact 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 64.7% in 2007. In 2007, Iowa ranked 15th highest in overweight/obesity prevalence among all 54 states and territories.

A *Healthy People 2010* objective is to reduce to 15% the proportion of adults nationwide who are obese. The results of the 2007 BRFSS findings indicated that 25.6% 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. Approximately 6% of the adult obese population in Iowa accounts for $783 million in medical expenditures.

Obesity is also a significant and growing health problem among children and adolescents. Approximately 32.5% 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 2006. 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. 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.
- Develop legislation to 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.)
- Require the Iowa Department of Transportation to establish or adopt acceptable pedestrian and bike route standards that will be used in any state funded highway/street project and promoted for use in all highway/street projects.
- Support third party reimbursement for the treatment of overweight and obesity including services from a medical provider and registered dietitian.

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# Improving Oral Health for Iowans

## 2009 Position Statement – Iowa Public Health Association

**Background:**

Access to dental care for many Iowans is difficult. Iowa has a declining dental workforce, particularly in rural Iowa. Many general dentists are not comfortable seeing young children. In addition, low-income families face difficulties finding dentists willing to accept Medicaid. Although the I-Smile project is working to meet the state's dental home mandate and improve these access issues, critical policy improvements are needed for this to occur.

There is a dental workforce shortage in a many of Iowa's counties. As the current provider base ages, this is only going to worsen. Retiring dentists are closing their practices, unable to find new graduates willing to take over. This is particularly evident in small, rural communities. There are approximately 50 pediatric dentists in Iowa and most are located in urban areas. Although the American Dental Association recommends that children have their first dental exam by the age of one, most general practitioners prefer seeing children three and older.

Few dentists accept Medicaid-enrolled families into their practices. Reimbursement is low, on average less than 61 percent of usual and customary rates. Although Iowa has one of the nation's highest number of dentists enrolled as Medicaid providers, the actual number of patients seen is low. Medicaid data from 2006 shows that of 1,441 licensed dentists in Iowa, 824 limited their practices to 25 to 100 patients. Only 19 practices have a total Medicaid patient population of over 1,000 patients.

**Policy Recommendations:**

- Increase funding for the I-Smile dental home project to expand the dental workforce and increase preventive services for underserved children.
- Double Medicaid's dental preventive service reimbursement for all eligible providers.
- Allow Iowa physicians and other primary care providers to bill for dental screenings outside of the EPSDT bundled well-child examination rate.
- Improve Medicaid's dental reimbursement rates or introduce a third party billing system that includes the efficiency of private dental insurance plans.
- Reinstate a 4-year Bachelor's Degree Dental Hygiene Program in Iowa with public health service emphasis.

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# Integrate Oral Health into Iowa's Medical Home Initiatives

## 2009 Position Statement – Iowa Public Health Association

**Background:**

The 2008 Iowa Legislature passed a bold initiative to address health care reform. HF2539 establishes a number of planning committees to address issues such as medical home and includes a separate subgroup focus on dental home. Although both medical and dental homes are essential to improve overall health, traditionally oral health is not considered a critical component in health care among the public, the health professions, and policymakers. The result is the undervaluing of dental services.

A recent report by the American Dental Education Association and the Macy Foundation recognizes that oral diseases and disorders produce a systemic burden and that oral health is important to overall health. This was first highlighted in "Oral Health in America: A Report of the Surgeon General" in 2000. The report also recognizes that disparities in oral health can be further aggravated by the health care community due to a lack of oral health knowledge.

In addition, one in four Iowa children has no dental insurance, four times that of children with no medical insurance. Employer health plans often exclude dental benefits, causing uninsured families difficulty affording dental care.

For Iowa to advance the goal of improving medical homes and health care outcomes, it is critical that oral health become fully integrated into the over-all medical home health care effort. This must go beyond traditional dental home service provider concerns and include specific goals and objectives demonstrating integration across the full health care spectrum.

**Policy Recommendations:**

- Integrate oral health planning into the medical home initiative to include:
    1. Inclusion of methods to help families pay for dental care, through health plan dental benefits;
    2. Integrated training opportunities for practicing primary care and dental professionals;
    3. Creation of dental hubs within rural hospital networks;
    4. Mandatory oral health continuing education for medical providers;
    5. Required rotations in basic oral health and disease prevention for medical students and resident curriculums;
    6. Expanded state registry coordination to include oral health status as equal with immunizations;
    7. Strengthened early childhood oral health screening requirements, funding, and public health prevention opportunities; and
    8. Increased funding for oral health promotions and outreach

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# Reduce Health Disparities among Minorities and the Underserved

## 2009 Position Statement – Iowa Public Health Association

**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 Asian, 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 and the Iowa Department of Public Health state that the reduction of health disparities should be one of the most important strategic planning goals of 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.
- Adopt the Development, Relief, and Education for Alien Minors (DREAM) Act in Iowa, to allow children of undocumented residents to qualify for in-state tuition so that they may more affordably attend health professional schools in Iowa, thereby addressing the shortages of a diverse health care workforce in key communities.

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# Protect All Iowa Workers from Secondhand Smoke

## 2009 Position Statement – Iowa Public Health Association

**Background:**

According to the Centers for Disease Control and Prevention (CDC), in the U.S. secondhand smoke causes as many as 53,000 deaths annually among nonsmokers from heart disease and lung cancer. This is an unacceptable loss of life due to an entirely preventable cause. Exposure to secondhand smoke increases the risk for heart disease by 25-30% and lung cancer by 20-30% and has also been linked to respiratory and ear infections in children, sudden infant death syndrome and asthma attacks.

A 2006 report issued by the U.S. Surgeon General said that smoke-free environments are the only sure way to protect nonsmokers from the harmful chemicals of tobacco smoke. Ventilation systems and separate areas for smokers are not effective.

The 2008 Iowa General Assembly acted to protect the majority of Iowans through the passage of the Smokefree Air Act which was signed by Governor Culver and took effect on July 1, 2008. The Smokefree Air Act is aimed at protecting the health of employees by prohibiting smoking in nearly all workplaces in Iowa, including restaurants and bars. The legislation stopped short of protecting those Iowans who work on the gaming floors of Iowa's casinos. In essence, this fails to value the lives and health of these workers equally.

**Policy Recommendation:**

- Protect all Iowa workers from the health effects of secondhand smoke by expanding the Smokefree Air Act to cover the gaming floors of Iowa's casinos.

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# Promote State Licensure of Individuals Employed in Laboratories

## 2009 Position Statement – Iowa Public Health Association

**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) that many refer to as a regulation for laboratory personnel sets only minimum standards for personnel, regulating the lowest minimum standards for personnel performing laboratory tests. The simple fact is that employees at a nail salon are more regulated than a laboratory worker who has your life in their hands.

CLIA '88 is a federally mandated certification for laboratories and is based on site-compliance, not individual competency or compliance. 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, finger stick 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 ensure the correct result is reported. Examples of these tests include West Nile Virus, ABO-Rh typing, microorganism identification, and cancer markers. It is critical that the individual performing and interpreting these types of tests has documented training and competency in laboratory medicine. In Iowa, the person performing this level of testing could be someone hired off the street and trained on the job.

Improved quality of laboratory testing has been demonstrated in the states with individual licensure requirements. Eleven states require licensure. Five more are actively pursuing licensure. Iowa holds beauticians, masseurs and tattoo-artists to a licensing standard while compromising public health by not requiring the same of the person performing testing for HIV, cross-matches and cancer markers.

**Policy Recommendations:**

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

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# Zoning and Subdivision Wastewater System Review

## 2009 Position Statement – Iowa Public Health Association

**Background:** Many subdivisions in Iowa have inadequate sewer systems. Existing subdivisions were built without provisions for future on-site wastewater treatment and disposal needs. This lack of planning has caused financial hardship for some homeowners when the conventional systems proved inadequate and more expensive alternatives were required. Current zoning and subdivision regulations do not require that subdivision plans be reviewed or approved by the local board of health or its representative. By failing to require coordination with the entity that must develop and approve on-site wastewater treatment and disposal systems, developers may plat the property with inadequate lot sizes and fail to account for the needs of future waste disposal in the subdivision.

In addition, board of health review of proposed zoning changes would help reduce the risks of developing a site that might be unsuitable for conventional sewage treatment and disposal.

**Policy Recommendation:**

- Add a requirement to Iowa Code §354.8 that all subdivision plats must be reviewed and approved by the local board of health or county sanitarian if the subdivision is not going to be connected to a municipal sewage system. Wording similar to the following should be incorporated into Iowa Code §354.8: *Subdivisions that are to be served by private on-site wastewater treatment and disposal systems or community systems that only serve the subdivision must be reviewed and approved by the local board of health or county sanitarian for all preliminary plats and final plats prior to approval by the zoning commission and the governing body. All lot sizes for lots that are to be served by private on-site wastewater treatment and disposal systems must be large enough to accommodate future expansion or other options in the event of system failure.*

- Modify the zoning portions of the Iowa Code to include a requirement for notification of the local board of health for any zoning district changes that would allow construction of residential dwellings.

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# Regulation of Livestock Feeding Operations

## 2009 Position Statement – Iowa Public Health Association

**Background:**
Large confinement animal feeding operations (CAFOs) are sometimes able to bypass intended setback distances from homes and public use areas due to loopholes in existing laws and due to lack of sufficient funding and personnel for the state of Iowa to adequately monitor or enforce citing and operation of these businesses. Small animal feeding operations, fewer than 500 animal units, developed under separate ownership and permits can currently be expanded through acquisition of adjoining operations without triggering more stringent setbacks the larger combined operation would otherwise be required to meet. Local governments have no authority to protect their citizens or the environment from unwise or illegal citing or operation of these businesses.

**Policy Recommendation:**

- Close loopholes in current laws governing permitting of CAFOs to prevent avoidance of intended setbacks from homes and public use areas.
- Amend Iowa Code §459.205(1) as follows:
  - A confinement feeding operation structure, if the structure is part of a confinement feeding operation which qualifies as a small animal feeding operation. However, this subsection shall not apply to the following:
    - If the confinement feeding operation structure is an unformed manure storage structure.
    - If the small animal feeding operation is no longer a small animal feeding operation due to common ownership or management of an adjacent confinement feeding operation as provided in section 459. 201.
- Fund the Iowa Department of Natural Resources sufficiently to allow more thorough monitoring of the operation and citing of confinement operations.
- Include in monitoring, routine periodic inspections in addition to investigating reported infractions. In addition, counties should be able to regulate citing of CAFOs as they do all other businesses and industries through normal zoning authority.

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# Food Code Enforcement

## 2009 Position Statement – Iowa Public Health Association

**Background:**
Although the Iowa legislature authorized the increase of food establishment licensing fees by 35% in 2008, this increase does not adequately cover the costs associated with conducting the inspections and reinspections due to violations and educational requirements of the 2005 Iowa Code. Flooding, tornadoes, ice storms and blizzards over the past year have emphasized the importance of event-specific environmental health response. Environmental response generally requires long term support and consultation. Without adequate licensing fees for food inspections, local tax support must subsidize food safety and emergency response.

**Policy Recommendations:**

- Authorize an increase in food licensing fees to fully fund state and local food safety inspection activities as required by the 2005 Iowa Code.
- Set the fees at levels that fully fund the food protection program, including administration, plan review, inspections, reinspections, emergency services, and educational activities. Alternatively, approve an appropriation to local health departments to fully fund this important public health function. This appropriation should cover the current shortfalls in administration, plan review, inspections, re-inspections and educational activities of the food protection program.
- Failing that, adopt fees for school food programs, plan-reviews of new food establishments and penalty fees for revisits or rechecks on critical violations and establishments that are chronic or habitual violators. These fees should be established at levels adequate to compensate for the cost of providing the services.

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# Test and Mitigate Residential and School-Based Radon Exposure

## 2009 Position Statement – Iowa Public Health Association

**Background:**
According to the Environmental Protection Agency (EPA), radon has the highest risk potential for developing lung cancer than any other environmental pollutant. The risk for developing lung cancer from prolonged exposure to high radon is higher than the risk for developing cancer from exposure to all the other environmental pollutants combined. It is the number one cause of lung cancer in nonsmokers. It is the second leading cause of lung cancer overall, just behind smoking. Iowa also has the highest percentage of homes with elevated radon in the nation. Findings from a 1987 survey by the EPA and the Iowa Department of Public Health (IDPH) and longitudinal data from IDPH (1990-2008) confirm this. Iowa is one of two states (the other is North Dakota) where the entire state is considered to be a Zone 1 area by EPA (i.e., 50% or more of the homes in this area are $\geq$ 4 pCi/L).

**Policy Recommendations:**

- Test all homes (including rental properties) for radon once every five years or after a major remodeling with a do-it-yourself radon test kit. Any home considered to be equal or greater than 4 pCi/L on a long-term risk basis should be mitigated below 4 pCi/L by a licensed Iowa radon mitigation specialist.
- Test all homes being purchased for radon by a measurement specialist or professional licensed in Iowa. Any home found to be over or equal to 4 pCi/L at the time of sale should be mitigated by a radon professional licensed for radon mitigation in Iowa.
- Mitigate all newly constructed homes found to be over or equal to 4 pCi/L to 2 pCi/L or below by a radon professional licensed for radon mitigation in Iowa.
- Require that all newly constructed homes and apartments used for residential purposes be built according to Appendix F of the 2003 International Building Code (or using EPA's "Building Radon Out" techniques).
- Test all schools for radon once every ten years and after any major remodeling. Mitigate any radon problems before 2015 using the EPA "Radon in Schools Measurement Handbook".

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