Iowa Public Health Association

2010 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
- Elizabeth Faber
- Brian Hanft

Promote Iowa Public Health Modernization

2010 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**.

In 2009, the Iowa Legislature passed the Public Health Modernization Act. The purpose of the act is to modernize the governmental public health system to meet the challenges of the 21st century and improve governmental public health system capacity in order to provide the equitable delivery of a basic level of services across the state. The Act is four-fold. First, it creates a 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. Second, it establishes a voluntary accreditation process for local public health agencies and the Iowa Department of Public Health. Third, it establishes a Public Health Evaluation Committee to collect and report information on the public health system, service delivery need, and effectiveness. Finally, it establishes a Public Health System Development Fund for local boards of health and the state public health department.

Policy recommendations:

- Revise Chapter 137 to align with the Public Health Modernization Act codified during the 2009 legislative session to ensure that local boards of health have the legal mechanisms in place to deliver public health services.
- Revise Chapter 136 to align with the Public Health Modernization Act to update the State Board of Health composition and duties.
- Increase system capacity and promote equitable public health service delivery.

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Protect Essential Public Health Functions during Economic Downturns

2010 Advocacy Statement – Iowa Public Health Association

Background:
Historically-low state revenues related to the broader economic recession have put unprecedented fiscal pressure on essential public heath functions. Local and state public health officials have been forced to cut programmatic spending across-the-board impacting virtually all programs and essential services. During this time of elevated public awareness about the importance of public health services; and increasing pressures on the public health infrastructure to respond to emergencies such as H1N1 influenza and food safety, public health faces a critical budget shortfall despite public appreciation of its importance to all Iowans.

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:

- Restore essential public health infrastructure, workforce and programs affecting community health and safety.
- 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.

For more information contact:

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Support Public Health in Health Reform

2010 Advocacy Statement – Iowa Public Health Association

Background:
It is the time for a major overhaul of the health system in the United States. Everyone should have access to a plan of coverage that is affordable, reliable and comprehensive. Health reform is one of the most important issues to face our health system in the 21st century.

Businesses, labor, health providers, 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 access for all with innovation and compassion for Iowans. 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 capital 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 legislation for all.
- 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 the low income under/uninsured adult population.
- Advocate that affordable health access for all includes coverage for mental and oral health.
- Advocate for investments in population-based and community-based prevention, education and outreach programs that have been proven to prevent disease and injury and improve the social determinants of health.

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Support State and Local Public Health Preparedness Efforts

2010 Advocacy Statement – Iowa Public Health Association

Background:
State and local public health preparedness is crucial to pandemic influenza readiness. The effects of H1N1 pandemic flu have been broad, deep and simultaneous in Iowa; and public health officials are focusing resources to ensure continuation of essential services within budget cutting environment.

State and local public health agencies are working within communities, healthcare settings, schools and business organizations to support efforts to control H1N1 influenza outbreaks this year, and will continue to need resources devoted to public health preparedness and response efforts. This includes efforts for acute disease surveillance activities; capacity at the state and local level to promote preparedness efforts; expanding emergency response plans to supply vaccine and medical equipment; and capacity to support constant communication and educational needs.

Federal funds are assisting state and local public health officials with preparedness efforts this year, but funds are insufficient to hire permanent staff dedicated to epidemic and disaster planning initiatives within communities. Current funding at the state and local levels do not provide a sustained funding source to support staffing or response activities at the local and state level.

Recommendations:

- Support funding for increase capacity to implement sustained public health preparedness strategies, both at the local and state level
- Support sustained funding for 24/7 laboratory services; statewide laboratory courier services; regional epidemiologist/public health preparedness staff

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Obesity: A Public Health Crisis

2010 Advocacy 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 64.3% in 2008. In 2008, Iowa ranked 22nd highest in overweight/obesity prevalence among all 50 states and the District of Columbia.

2009 studies suggest the health cost of obesity in the United States is as high as $147 billion annually. This includes payment by Medicare, Medicaid, and private insurers, and includes prescription drug spending. Overall, people who are obese spent $1,429 (42 percent) more for medical care in 2006 than did normal weight people. In Iowa this equates to at least $783 million (2003 dollars). Close to one-half of these costs are paid by Medicare ($165 million) and Medicaid ($198 million).

A *Healthy People 2010* objective is to reduce to 15% the proportion of adults nationwide who are obese. The results of the 2008 BRFSS findings indicated that 26% 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. Overweight and obese Iowans accounts for $783 million in medical expenditures (2003 dollars).

Obesity is also a significant and growing health problem among children and adolescents. Approximately 32.4% 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 2007. 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 support the implementation of the Healthy Kids Act. In addition encourage the use of local wellness policies to create more comprehensive standards.
- Enact 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 all entities that control transportation decisions establish or adopt acceptable complete streets standards be it federal, state, or local funding.
- 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.
- Create a tax on sugar-sweetened beverages and dedicate the revenue to obesity-prevention programming.

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Insurance Coverage for Overweight/Obesity Treatment

2010 Advocacy 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 reimburse for primary care treatment for overweight/obesity with health care providers (doctor or dietitian).

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Promote Employer-Sponsored Wellness Programs

2010 Advocacy 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. Engaging employees and encouraging participation can be done by offering comprehensive, needs-specific programming that incorporates assessments, education, and evaluation components.

Iowa has a high percentage of small businesses (defined as less than 100 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.

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 small businesses offering employee wellness programs that include assessment, education, and evaluation components.
- Encourage high employee/family participation in employer-based wellness programs.

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Sugar-Sweetened Beverage Taxes and Public Health

2010 Advocacy Statement – Iowa Public Health Association

Background:

In the spring of 2009 the Iowa Department of Public Health collected statewide data from 3rd graders in public schools. Heights and weights were collected; in addition the student's parents were given a short survey to complete asking how many sugar-sweetened beverages their child consumed each day. Of the 1,230 parents responding to the question, most indicated their child consumed one sugar-sweetened beverage or less daily (71%). However 29% responded that their child drank two or more sugar-sweetened beverages daily. This study also showed a correlation between boys who had a higher consumption of sugar-sweetened beverages had a higher body mass index (BMI). A sugar-sweetened beverage was defined as non-diet pop, soda, sports drinks, energy drinks, and juice with added sugar.

In September of 2009 the New England Journal of Medicine reported that between 1977 and 2002, the per capita intake of caloric beverages doubled in the United States across all age groups. The most recent data (2005–2006) show that children and adults in the United States consume about 172 and 175 calories daily, respectively, per capita from sugar-sweetened beverages. A prospective study involving middle-school students over the course of 2 academic years showed that the risk of becoming obese increased by 60% for every additional serving of sugar-sweetened beverages per day.

In the past decade, states and local governments have been considering taxing sugar-sweetened beverages to generate revenue, reduce the consumption of these beverages and promote public health. According to the Robert Wood Johnson Foundation, research has shown that relatively large increases in taxes on tobacco products are the single most effective approach to reducing tobacco use.

There are many differences between tobacco and sugar-sweetened beverages, however the tobacco examples provides a model for how taxes can be used to support public health. Emerging research suggests that the revenue created from these taxes can be used for further investment in public health programming to reduce the epidemic of obesity.

According to the Yale University Rudd Center for Food Policy and Obesity over $145 million could be raised in 2010 if Iowa had a one cent per ounce tax on sugar-sweetened beverages.

Policy Recommendations:

- Create a tax on sugar-sweetened beverages and dedicate the revenue to community and environment changes dedicated to obesity prevention.

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Promote Access to Oral Health

2010 Advocacy Statement – Iowa Public Health Association

Background:
Oral health is vital to health. The key to improving and maintaining oral health is preventing oral disease. Community-based prevention initiatives, such as community water fluoridation and school-based dental sealant programs, are proven and cost-effective measures. A fully-functional dental public health infrastructure is essential because for every American that lacks health insurance, there are two more without dental insurance.

Accordingly, lawmakers must reform inadequacies in the dental public health infrastructure to help break the cycle of oral disease in our state. Access to oral health care for those without coverage must also be included in any comprehensive health reform.

Policy Recommendations:

- Recognize that oral health care is health care and provide access to oral health care for all Iowans.
- Assure oral health expertise on all commissions and panels convened as a result of health reform efforts.
- Work on access issues for children covered under Medicaid.
- Increase support for evidence-based, community-based oral disease prevention and oral health promotion programs.
- Stabilize the public health infrastructure and provide support for oral health/public health workforce models that include a variety of professional and career pathways associated with competencies, training, incentives, and continuing education.

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Iowa Maternal and Child Health Programs

2010 Advocacy Statement – Iowa Public Health Association

Background:
Iowa families have been served by the state and federally funded Title V Maternal and Child Health (MCH) Block Grant since 1935 when Title V was added to the federal Social Security Act. The MCH Block Grant supports critical health care services for pregnant women, infants, and children, including children with special health care needs. The MCH Block Grant authorized is the **sole** federal program devoted to improving the health of all women and children including Iowa children with special health care needs. Over the past years, funding for the MCH Block Grant was reduced while cost of health services escalated. The reduced investment comes at a time when gains in reducing infant mortality have stalled, low birth weight and preterm births are increasing, and the U.S. ranks 29th internationally in infant mortality rates. Iowa ranks 14th in the nation for black infant death rates (2007 data). Racial and ethnic disparities persist across health status indicators, with the black infant mortality rate double the rate for Caucasian infants.

The MCH Block Grant addresses the growing needs of Iowa women, children, and families. As Iowa faces economic hardship, more women and children seek care and services through MCH-funded programs. Resources are needed to reduce Iowa's infant mortality rate, provide mental and oral health care to those in need, reach more children with special health care needs, and reduce racial disparities in health care.

Iowans served by the MCH Block Grant

- 10,673 pregnant women
- 39,545 infants (< 1YO)
- 133,831 children and adolescents
- 7,345 children with special health care needs

184,049 Total Iowans Served

The MCH Block Grant improves the health of Iowa women and children by supporting effective and efficient programs. The MCH Block Grant earned the highest program rating by the federal Office of Management and Budget (OMB)'s Program Assessment Rating Tool (PART). OMB found that MCH Block Grant-funded programs decrease the infant mortality rate, prevent disabling conditions, increase the number of children immunized, increase access to care for uninsured children, and improve the overall health of mothers and children. Continued reduction of funds decreases Iowa's ability to continue the success.

Policy Recommendation:
Increase state funding to the Title V Maternal and Child Health Block Grant in order to:

- Reduce overall infant mortality and low birth weight for all Iowa families
- Provide and enable access to comprehensive prenatal and postnatal care and improve the overall health of mothers
- Assure Iowa children have access to and use community-based preventive health care (including mental and oral health) including transportation and support services to access quality health care
- Support community-based public health programs serving women, infants, and children, including children with special health care needs.
- Insure that uninsured and underinsured children receive critical dental services through I-Smile™ dental home activities and programs for uninsured children with disabilities

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Child Care Nurse Consultants:

Public Health Nurses Serve Child Care and Early Education Businesses

2010 Advocacy Statement – Iowa Public Health Association

Background:
Iowa has over 161,000 children using child care on any given day. Iowa children sustain injuries, contract communicable diseases, and some children die in Iowa child care. In a four-week period of early summer 2008, four children died in Iowa child care. Only anecdotal information is known regarding children who have sustained life-threatening burns, skull fractures, chemical burns from improper chemical use, and SIDS deaths from improper sleeping environments. Very young children with medical diagnoses like diabetes, seizures, leukemia, asthma etc. attend child care every day. Yet, the child injuries, illnesses, deaths, and special health or developmental needs go unnoticed by the public and officials responsible for assuring the health and safety of children in child care programs.

Since 1998, the Iowa Department of Public Health has worked to develop a system of health and safety for children enrolled in Iowa child care. For a two-year period, local public health entities received seed-funding to support public health nurses to work with child care providers. After the federal seed-funding expired, no additional funds came to Iowa to support the health and safety consultation and assessment activities conducted by local public health. The Iowa Code 237A.4 authorizes local boards of health to inspect child care centers to ensure compliance with health-related licensing requirements. However, no funds are allocated to local boards of health to conduct this child protection activity. The Iowa Code 237A provides no such protections for children and families using registered and non-registered child care programs.

Iowa has a public health workforce available to assure protection of health and safety for Iowa children in child care, but lacks dedicated resources. Child care providers need the following types of help:

- Preventing and controlling the spread of infectious diseases like H1N1 influenza, whooping cough, and diarrheal diseases.
- Identifying hazards that cause injuries or deaths.
- Assistance with children's health including physical, mental, social-emotional, and oral health.
- Developing health policies and protocols for concerns like asthma, diabetes, seizures, or medication administration.
- Developing emergency-disaster plans that correlate with the community's disaster plans and resources

Resources are needed to support the improvement of health and safety in child care
Child care health and safety system improvements cannot be sustained with unpredictable funding. Unstable or year-to-year funding does not permit communities to build long-term strategies that support the health and safety of children. The current funding pattern denies children, families, and child care providers access to essential public health services.

Policy Recommendations

- Secure child care provider access to essential public health services for on-site consultation.
- Direct funding to the Iowa Department of Public Health to support the community-based network of child care nurse consultants serving early childhood programs.

For more information, contact:

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Motor Vehicle Crashes: Leading Threat to Iowa Teens' Health

2010 Advocacy Statement – Iowa Public Health Association

Background

Motor vehicle crashes cause 48% of all teen deaths in Iowa. In the past five years, 162 teen drivers, ages 14-17, lost their lives in crashes in Iowa (CDC, 2009). To address this issue, we need to create an atmosphere where young drivers are supported as they learn and given appropriate guidance in preparation for the complexities of driving. By **maximizing experience** and **minimizing risks** while this experience is gained we can protect teens while they are learning and produce safer drivers in the long-run.

Because they are still learning, young drivers are a serious threat to themselves, their passengers, and other road users. In fatal crashes involving teen drivers (age 15-17), the teen driver is the person killed 38% of the time, a teen driver's passenger is the victim 26% of the time and an occupant of another vehicle is killed 26% of the time (Iowa DOT 1998 – 2007). The risk of crashing is three to five times higher when teens drive with more than 1 passenger than when they drive alone (Iowa DOT, 2006). In Iowa, teen drivers (ages 16 and 17) are involved in more fatal crashes between the hours of 10:00 pm and midnight than any other time of day (Iowa DOT, 2009).

Young beginner drivers need to obtain experience gradually, over an extended period of time, in order to develop good judgment and learn the complex skills needed to drive safely. Research has shown that teen crash involvement can be reduced by improving the structure of driver licensing systems. Graduated Driver Licensing, or GDL, is an experience-based approach that allows young drivers to gain experience while minimizing risks to them and others with whom they share the road.

Policy Recommendations

- Improve Iowa's Graduated Driver's License System to *maximize experience* and *minimize risks* for young drivers.
- Require a 12-month instruction permit. This requirement will provide critically important driving experience for beginners. Without a one-year requirement many teens have not opportunity to gain supervised experience winter driving conditions prior to obtaining their intermediate license. *Currently teens must have their instruction permit for 6 months.*
- Institute protective limits for teens who are just beginning to drive without an adult in the car by including the following as part of the 12-month intermediate license:
    - Passenger limit – no more than one passenger under the age of 21 unless the passenger is a family member. *Currently, there is no limit on young passengers except the size of the vehicle.*
    - Night time driving limit – allow driving from 10:00 p.m. – 5:00 a.m. only if supervised by an adult. *Currently inexperienced teens can drive without supervision until 12:30 am. Waivers for school and work activities are available.*

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Food Code Enforcement

2010 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 several years 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:

- Support a revised food licensing fee schedule that annually increases in order to keep pace with the rising cost of inspections.
- Authorize an increase in food licensing fees to fully fund state and local food safety inspection activities as required by the 2005 Iowa Code and minimizes the need to use local tax dollars to provide inspection services. .
- 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.
- 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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Master Matrix Review and Livestock Feeding Operations Setback

2010 Position Statement – Iowa Public Health Association

Background:
It has been several years since the setbacks pertaining to livestock feeding operations were enacted by the legislature. In the intervening years it has become apparent that there are some lands that are not adequately protected by the law and the master matrix. In addition, some loopholes allow confinement feeding operations to bypass intended setback distances from homes and public use areas.

Policy Recommendations:
Pass legislation that addresses deficiencies in the existing law and the master matrix. At minimum, this legislation should:

- Direct the Department of Natural Resources (DNR) to review the master matrix program with input from the Iowa State Association of Counties and the Iowa State Association of County Supervisors, among other stakeholders, to determine if separation distances are adequate to protect human health, the environment, property values, and community quality of life;
- Afford county and city owned wetlands the same special setback protections as state and federally owned "designated wetlands," as found in Iowa Code §459.102(21);
- Designate waterfowl production areas, whether managed by DNR or not, as "public use areas" for applying setbacks; and amend Iowa Code §459.205(1) as follows: 1. 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: a) If the confinement feeding operation structure is an unformed manure storage structure. b) 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 Iowa Code §459. 201.

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