

2014 Public Health Policy Priorities



Iowa Public Health Association

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Leading the Way for Public Health in Iowa

Public health is what *we* as a *society* do collectively to assure conditions in which people can be healthy, and public health matters to every Iowan, every day. Public health is fundamental to every sector of our economy. Healthy kids are better prepared to learn; a healthy workforce is more productive; and healthy communities thrive.



The Iowa Public Health Association (IPHA) is the voice for public health in Iowa through advocacy, membership services and partnerships. Since 1925, IPHA has improved the health of Iowa's people and communities by:

- Supporting public health professionals in ways that help them do their jobs better;
- Fostering understanding, engagement and support for key public health issues; and
- Influencing public policy to improve health.

More than just a professional association, IPHA is a community of diverse public health professionals united in the cause of improving the health of Iowans. We create a forum for ongoing professional development, and we are committed to engaging and educating the public and policy makers to improve health.

From educating on the return on investment of public health measures like community water fluoridation to convening diverse stakeholders to learn about Health in All Policies, IPHA stands ready as a credible, evidence-driven community of professionals urging wise policy and financial investments that value the health of Iowans. IPHA educates local, state and federal policy makers on the **value of public health**, both as a shared societal value and as a smart investment of resources. IPHA is positioned as a resource of timely and reliable information and expertise that policy makers can call upon to inform their work.

For the 2014 Iowa Legislative session, IPHA has set the following priorities:

- **Public Health in Iowa: We *Can* Do Better**
- **Reduce Obesity to Stem a Public Health Crisis**
- **Support Maternal and Child Health Programs**

Other issues for which IPHA has developed position statements are available online at www.iowapha.org (click on Advocacy).



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Public Health in Iowa: *We Can Do Better*

Background:

Public health is what *we* as a *society* do collectively to assure conditions in which people can be healthy, and public health matters to every Iowan, every day. From the moment you turned on the tap this morning to brush your teeth with safe, fluoridated water, to the lunch you eat at a smokefree and inspected restaurant this afternoon to buckling your child into a car seat after school, public health touches every Iowan, every day. Yet the financial investment in public health is a mere \$58.26 per capita (\$17.46 from the State of Iowa and an additional \$40.80 per person in federal funding from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA))¹. This investment is critical and must be preserved for essential public health services which promote and protect the health of Iowans; however, present programmatic-based funding is unpredictable and fails to cover essential public health services.

In 2009, Iowa health care spending per capita was \$6,921, higher than the U.S. average², and yet **what are we getting in return for these expenditures?** Currently, more than 60% of Iowans are overweight or obese and obesity related problems cost Iowans \$783 million annually. Only 46% of Iowa adults get enough physical activity and only 20% consume enough fruits and vegetables. Each taxpayer, regardless of personal health, pays an extra \$177 a year just to cover the medical costs caused by obesity. Collectively, we spend 3 of every 4 health care dollars treating chronic diseases. Over the next few decades, life expectancy for the average American could decline by up to 5 years unless aggressive efforts are made to slow rising rates of obesity. Cutting the lives of our kids short by not valuing prevention is not acceptable. **We can and must do better.**

Iowa faces several significant barriers to attaining the desired Healthiest State in the Nation status. We continually fail to make wise financial and policy investments that value the health of Iowans. **If Iowa invested \$10 per person per year in strategic disease prevention programs in communities, we could potentially net an annual savings for \$165 million or a return on investment of 5.6 to 1³.** Public health does matter and it is fundamental to every sector of our economy. Healthy kids are better prepared to learn, a healthy workforce is more productive and healthy communities thrive.

IPHA urges our state leaders to commit to opportunities for changing the collective responsibility for health in Iowa by rethinking our built environments, and creating community-level and statewide policies which value and invest in health promotion and prevention (e.g., shared-use policies for schools to offer community access to gyms, setting nutritional guidelines for state agency food procurement, nutrition labeling of restaurant menus, increasing physical education in schools, conducting health impact assessments for planning and zoning). IPHA seeks opportunities for public health and other governmental entities to identify and leverage non-traditional partners across sectors and within the business community to advance this new thinking. While we cannot abdicate the governmental roles of public health to protect and respond to traditional public health threats such as disease outbreaks, IPHA recognizes the potential power of engaging all Iowans to achieve better public health in Iowa.

Policy Recommendations:

- **Convene a work group representing statewide interests comprised of citizens, businesses, public health representatives and other stakeholders to develop a *Health in All Policies* plan for Iowa.** HiAP is a strategy which integrates considerations of health, well-being and equity during the development, implementation and evaluation of policies and services. HiAP strategies ensure that policies and services from all sectors have beneficial or neutral impacts on health determinants.
- **Reform the way Iowa funds public health** to an appropriation for a stable public health system with fundamental capabilities and services to promote healthy kids, a healthy workforce and healthy communities.

Data Sources: 1 State Profiles. Trust for America's Health. <http://healthyamericans.org/states/?stateid=IA> // 2 State Health Facts Profile. The Kaiser Foundation. <http://www.statehealthfacts.org> // 3 *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities (2008)*. Trust for America's Health. <http://healthyamericans.org/reports/prevention08/>

Reduce Obesity to Stem a Public Health Crisis

Background:

The number of obese and overweight Iowans is an epidemic exacting 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 64.8% in 2008. In 2011, Iowa ranked 18th highest in obesity prevalence.

The results of the 2011 BRFSS indicate that 29% of respondents were obese; Thirty-nine states have an obesity rate of at least 25 percent. 2011 studies suggest the health cost of obesity in the United States is as high as \$210 billion annually. Almost \$62 billion of these costs are paid by Medicare and Medicaid. Being overweight can increase risk for preventable chronic diseases (e.g., cancer, heart disease, diabetes and arthritis).

Obesity is also a significant and growing health problem among children and adolescents. Approximately 31.7% 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 2011. The prevalence of overweight among Iowa high school students (self-reported height and weight) was 14.5% in 2011; another 13.2% of high school students were obese (self-reported height and weight). Children who are overweight often become adults with a weight problem.

Policy Recommendations:

- Encourage policy makers and to continue to support implementation of the Healthy Kids Act.
- Ensure school districts are actively engaged in local school wellness policy implementation, assessment, and public updates.
- 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*).
- Urge federal, state and local entities making transportation decisions to adopt acceptable complete streets standards. This includes streets that are built for all users including pedestrians and cyclists and users of all ages and abilities.
- 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.
- Redirect procurement practices to more healthful, more regionally grown and more sustainably produced foods.
- Improve availability of affordable healthier food and beverage choices in public service venues.



Support Iowa's Maternal and Child Health Programs



Background:

Iowa families have been served by the Maternal and Child Health (MCH) Block Grant since 1935 when MCH services were 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 is the sole federal program devoted to improving the health of all women and children and children with special health care needs.

Funding for the MCH Block Grant is being reduced while costs of health care escalate. Iowa's families have been subjected to increased rates of poverty and family stress as well as decreased employment opportunities. These persistent challenges result in impacts that affect Iowa's families across their life course. The reduced investment comes at a time when gains in reducing infant mortality are stalled, low birth weight and preterm births are increasing, and the U.S. ranks 29th internationally in infant mortality rates. Racial and ethnic disparities persist across health status indicators, with 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 Block Grant-funded programs. Resources are needed to support families as they address their health care needs, provide mental and oral health care, reach more children with special health care needs, and reduce racial disparities.

Iowans served by the MCH Block Grant

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|--------------------------|---|--|
| • 11,105 pregnant women | • 156,901 children and adolescents | 210,204 Iowans Served
(FFY2012) |
| • 37,799 infants (< 1YO) | • 4,399 children with special health care needs | |

Policy Recommendations:

Increase state funding to the Maternal and Child Health Block Grant to:

- Assure Iowa's children have access to and use community-based preventive health services (including healthy development services and the oral health I-Smile™ program), transportation, and support services for families to access quality health care.
- Assure Iowa's women have access to and use comprehensive preconception, prenatal, and postnatal health care services.
- Reduce overall infant mortality and low birth weight and specifically the infant mortality for black infants.
- Support implementation of a system to address comprehensive adolescent health.
- Support community-based public health programs serving families, including children and youth with special health care needs.
- Advocate for the role of MCH agencies and programs within health care reform to build the infrastructure necessary to address challenges that families face across the life course (e.g., care coordination for local practitioners and health care systems as Accountable Care Organizations).
- Support comprehensive, evidence-based Home Visitation programs for at-risk families.