Iowa Public Health Association

2007 Advocacy Statements

Table of Contents

Introduction

What is the Iowa Public Health Association?

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

What is the Vision of IPHA?

- Meeting the public health needs of all Iowans through a recognized, valued and well-supported public health system

What is the Mission of IPHA?

- Mobilize a diverse membership to lead and advocate for public health

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.

For those of you who are policy makers, we hope you view these advocacy statements as an important resource on public health issues. For those of you who are IPHA members or others who support public health, we hope you view the statements as tools to advocate on behalf of public health in Iowa. IPHA members are identified as key contacts for more information on each advocacy statement. Should you have questions about the Iowa Public Health Association, please contact any member of the IPHA Board of Directors identified at the end of this booklet. Thank you for your interest in improving the public health of all Iowans.

Acknowledgment

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

- Gerd Clabaugh, Chair
- Ron Askland
- Nan Colin
- Pam Deichmann
- Brian Hanft
- Lyla Khan
- Angie Morgan
- Anathalie Mukagasana
- Mary O'Brien
- Jan Susanin
- Ralph Wilmoth

Taxation of Tobacco Products

2007 Advocacy Statement

Background:
Recent cigarette tax increases enacted by a number of states to reduce smoking and its related public health costs illustrate the need for Iowa officials to take similar action this legislative session. The last increase in Iowa's cigarette tax came under Republican Governor Terry Branstad, nearly 15 years ago. At 36 cents a pack, Iowa is rated 42nd in the country in state tobacco taxes behind all of its bordering states except Missouri. The overall national average is 96.1 cents/pack.

Iowa's youth access 11.1 million packs of cigarettes each year; they are the most price sensitive group and stand to gain the most protection offered by a cigarette excise tax increase. Scientific studies show that even a 10% increase in the price of cigarettes reduces youth smoking rates by roughly 7% and overall cigarette consumption by about 4%. According to a study by the Campaign for Tobacco-Free Kids, the combined effect of the cigarette tax increases approved or implemented in 2005, will prevent more than 250,000 kids from starting to smoke, spur more than 150,000 adults to quit and prevent more than 125,000 smoking related deaths while raising more than $1 billion in annual revenue.

The American Cancer Society and American Heart Association report tobacco use remains the nation's leading preventable cause of death. Tobacco was responsible for five million deaths worldwide in 2004, a yearly total that will rise to 10 million by 2020, according to the American Cancer Society. Nearly 87% of all lung cancer cases are direct results from smoking, which kills 150,000 Americans a year.

Youth and adult health care savings in Iowa accrue over the lifetimes of kids who quit or do not start because of tax increase. Despite shorter life spans, smokers' total lifetime health care costs average $16,000 higher than nonsmokers. Annual health care costs in Iowa directly caused by smoking total $937 million. The state covers $277 million of this through its Medicaid program. Iowa's economy is burdened by another $919 million attributed to smoking-caused productivity losses.

Health advocates characterize the 2005 Iowa State Legislature's failure to increase the tobacco tax as a blow to the health of Iowans, especially Iowa's youth. Furthermore, polls conducted in 2004 and again in 2005 showed that more than 70% of Iowans support an increase in the state's tobacco tax. Lawmakers could garner an early and important victory for Iowa if they approve a substantial cigarette tax increase at the start of the 2007 session.

Policy Recommendation:

- Increase Iowa's tax on cigarettes by $1.00 per pack and increase the tax on other tobacco products by a percent consistent with the increase of the tax on cigarettes.

For more information, contact:
Mary O'Brien
Phone: (515) 558-9981
E-mail: mary@vnsdm.org

Eileen Fisher
Phone: (319) 335-4224
E-mail: Eileen-fisher@uiowa.edu

Reduce Exposure to Secondhand Smoke

2007 Advocacy Statement

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

The Iowa Supreme Court ruling was the result of a challenge from several Ames, Iowa restaurant owners objecting to the Ames clean indoor air ordinance. The Ames ordinance was upheld by the Story County District Court, which found that Iowa law did not prevent communities from passing local clean air ordinances. That decision was appealed to the Iowa Supreme Court, which then overturned the District Court decision. Thirty states and the District of Columbia have local laws in effect that require 100% smoke free workplaces and/or restaurants and/or bars. Iowa is now one of only 14 states whose laws preempt local secondhand smoke ordinances.

Nationally there is tremendous momentum toward protecting the majority of Americans who do not smoke from the health hazard of secondhand smoke. Seventeen states including California, New York and Delaware have passed significant statewide clean indoor air laws that require 100% smoke free workplaces and/or restaurants/bars. Hundreds of communities also have acted. In 1985 only 199 communities had ordinances with clean indoor air restrictions but today over 2,280 have such ordinances.

Secondhand smoke is the third leading cause of preventable death in this country and approximately 4,600 Iowans die each year from smoking attributable deaths according to the Centers for Disease Control and Prevention. According to the National Cancer Institute there is no "safe" level of exposure to secondhand smoke. Even occasional exposure to the thousands of chemicals and numerous cancer-causing agents found in secondhand smoke can significantly raise the risk of lung cancer and heart disease. Exposure to secondhand smoke for less than an hour can result in changes in blood chemistry even for a healthy person.

Policy Recommendation:

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

For more information, contact:
Eileen Fisher
Phone: (319) 335-4224
E-mail: Eileen-fisher@uiowa.edu

Fully Support Iowa Food Protection Program

2007 Advocacy Statement

Background:
The Iowa Department of Inspections and Appeals provides food protection programs in Iowa directly, and by contract through county environmental and public health agencies. The requirements for these programs are identified in Iowa Code, primarily the federal Food and Drug Administration 1997 Food Code. Currently, Iowa Code specifies the fees associated with the licensing activities. The current fees are inadequate to cover the expenses of the program and require that state and county funds subsidize the program in many instances. The movement of the fee structure to Administrative Rules would provide for more timely and gradual increases in fees as expenses incurred to protect the public's health increase. Food protection programs involve more activities than just routine food establishment inspections. Environmental Health Specialists and Public Health Nurses involved in the program are called upon to be investigators in situations where food borne illnesses occur. The Iowa Department of Public Health has responsibility for investigating diseases spread by contaminated food. Such investigations currently require the services of the Iowa Department of Public Health and the Iowa Department of Inspection and Appeals. A more efficient and timely investigation of illnesses, that prevents further spread of the illnesses, could be accomplished if both programs were located within the Iowa Department of Public Health.

Policy Recommendations:

- Establish fees that support the cost of the food protection program and move fee establishment to the Iowa Administrative Code.
- Adopt the most current version of the federal Food and Drug Administration Food Code.
- Consolidate the food protection program responsibilities in the Iowa Department of Public Health.

For more information, contact:
Ralph Wilmoth
Phone: 319-356-6040
Email: rwilmoth@co.johnson.ia.us

Depression Screening, Referral and Treatment for Pregnant Women and New Mothers

2007 Advocacy Statement

The Iowa Public Health Association supports the creation of a comprehensive system to increase screening, early identification, and referral of women at risk for perinatal depression.

Background:
Perinatal depression is a multifaceted depression that occurs during pregnancy and the year following birth. Perinatal depression is a serious mental health problem that affects mothers, fathers, and children. Depression negatively affects the quality of mothering. Depressed pregnant women are more likely to have poor prenatal health practices. They are more likely to smoke and drink during pregnancy and have associated problems such as preterm delivery and utilization of the neonatal care unit. Decades of research on maternal mental health show that depression impacts a mother's ability to meet a young child's nurturing needs. Babies depend on the protection, emotional nurturing and stimulation that depressed mothers are most often unable to provide. Newborns of depressed mothers have lower scores on neurological scales. At the most extreme end, maternal depression is associated with child abuse and infanticide. Despite the decline in both perinatal and infant mortality, infanticide has remained relatively constant over the past 100 years.

In a study of new mothers in Iowa, 10.4% suffered from postpartum depression. Additionally, depression is considered an underreported maternal health problem.

Policy Recommendation

- Inform policy makers of the prevalence of perinatal depression in Iowa.
- Advocate that the Iowa Department of Public Health provide the leadership and receive funding for the development of a systematic approach of identifying and treating perinatal depression in Iowa. This would include:
    - Increase screening, early identification, and referral of women at risk for potential depression.
    - Enhance network of qualified professional health care providers trained to conduct diagnostic screening and appropriate treatment interventions.
    - Empower families and engage policy makers to cultivate an environment of support for women with perinatal depression and their families.
- Engage the general public to elevate awareness of the issue.

For more information, contact:
Mary O'Brien
Phone: (515) 558-9981
E-mail: maryo@vnsdm.org

Support for Reproductive Health

2007 Advocacy Statement

Background:
The Best Intentions, The Institute of Medicine's (IOM) 1995 report, brought national attention to the fact that nearly 60% of all pregnancies in the United States are unintended at the time conception occurs. Many unintended pregnancies result in happy children supported by healthy families; however, as many as 30% of such pregnancies end in abortions. For unintended pregnancies that are continued, the risk of health problems during pregnancy and infancy, economic disruption for families, and a host of other social problems are greater than for planned pregnancies. Unintended pregnancy is associated with social and economic factors such as economic hardship, failure to achieve education and career goals, divorce and partner abuse.

Iowa's annual *Barriers to Prenatal Care Survey* addresses the issue of unintended pregnancies among Iowa women giving birth in Iowa hospitals. According to the 2005 survey, 68% of the women with family incomes less that $10,000 per year said that their pregnancy was unintended and 60% of women with incomes between $10,000 and $19,999 said that their pregnancy was unintended.

Helping Iowans avoid unintended pregnancies can occur on several fronts. The obvious front is to assure access to family planning and contraceptive services. A second front is through the provision of medically accurate and science-based education. A third front is through community-based adolescent pregnancy prevention programs.

Reproductive health also includes the diagnosis, treatment, and prevention of sexually transmitted diseases (STDs). STDs can have devastating health consequences including pelvic inflammatory disease, infertility, chronic abdominal pain, and cervical cancer. Some STDs can be transferred to infants during pregnancy and birth. Information, education, and counseling on responsible sexual behavior and effective prevention of STDs should be integral components of all sexual and reproductive health services. In June 2006, the Food and Drug Administration approved the first ever vaccine against human papilloma virus (HPV), a cause of cervical cancer. The Advisory Council on Immunization Practices (part of the Centers for Disease Control and Prevention) unanimously voted to recommend the vaccines for 11 and 12 year old girls.

Reproductive health issues should not just be about women. Increased awareness of the importance of male involvement in reducing unintended pregnancies should not be ignored. While public support has focused primarily on the cost-saving benefits of male involvement regarding family planning, improved health outcomes for men and their partners are equally as significant.

Policy Recommendations:

- Assure that sexuality education in schools be science-based and medically accurate.
- Support the continuation of Iowa's Medicaid waiver for family planning services.
- Support the continuation of state funding for chlamydia screening for infertility prevention.
- Support funding for the Community-Based Adolescent Pregnancy Prevention Programs.
- Require that all Iowa regulated insurance plans that pay for prescriptions or vaccines include coverage for the HPV vaccine.

For more information, contact:
Mary O'Brien
Phone: (515) 558-9981
E-mail:mary@vnsdm.org

Obesity: A Public Health Crisis

2007 Advocacy Statement

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 61.7% in 2003. In 2002, Iowa ranked sixth highest in overweight prevalence and 23rd highest in obesity prevalence among all 54 states and territories. Overweight and obese individuals incur up to $1,500 more in annual medical costs than healthy weight individuals. Approximately 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 10.3% of low-income children ages 24 to 48 months participating in Iowa's Supplemental Nutrition Program for Women, Infants, and Children (WIC) were overweight in 2003. The prevalence of overweight Iowa high school students was 8.8% in 2003; another 13.5% of high schoolers were at risk for becoming overweight. Children who are overweight or at risk to become 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.
- Encourage collaboration with health, nutrition, and education agencies to develop school policies that promote a healthful eating environment.
- Encourage communities to develop community health plans for family physical activity such as trails, parks, and other recreational areas.

For more information, contact:
Ron Askland
Phone: (515) 643-2896
E-mail: raskland@mercydesmoines.org

Promote State and Local Public Health Preparedness

2007 Advocacy Statement

Background:
State and local preparedness is crucial to pandemic readiness. The effects of a pandemic flu will be broad, deep and simultaneous, and states must focus resources to ensure continuation of essential services. Populations worldwide will be affected at the same time and the ability to function and deliver services throughout the public and private sector will be compromised. Delivery of products throughout the world and within the United States may be interrupted and essential services may be strained. Additional medical and other personnel will not be available to set priorities on service delivery and facilitate self reliance.

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 pandemic influenza preparedness planning, and will continue to need resources devoted to preparedness planning. This includes monitoring and acute disease surveillance activities; working with the private sector to promote preparedness planning; expanding emergency response plans to include chemical, biological or radiological event planning; and funding for disaster exercises that test public health and other systems.

The Iowa Department of Public Health receives federal Public Health Preparedness grant funds to assist with these efforts. These federal funds assist local public health systems to educate staff on preparedness planning efforts, but funds in 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.
- Establish pandemic preparedness plans in each community.
- Support adequate federal funding to support public health preparedness activities.
- Support state funding to support public health preparedness activities.
- Support funding for 24/7 statewide courier services, regional epidemiologist, and 24/7 laboratory services.

For more information, contact:
Pam Deichmann
Phone: (515) 281-4985
E-mail: pdeichma@idph.state.ia.us

Promote State Licensure of Individuals Employed in Laboratories

2007 Advocacy Statement

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

For more information, contact:

Bonnie Rubin:
Phone: (319) 335-4500
Email: bonnie-rubin@uiowa.edu

Nancy Mathahs
Phone: (319) 768-4529
E-mail: nmathahs@grhs.net

Reduce Health Disparities among Minorities and the Underserved

2007 Advocacy Statement

Background:
Iowa is currently experiencing some of the most significant demographic changes in the United States. Faced with one of the country's largest percentages of aging residents and the out-migration of its young workforce to other states, many companies are actively recruiting thousands of refugees and immigrants from Latin America, Eastern Europe, Southeast 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.

For more information, contact:

Michele Yehieli
Phone: (319) 273-5806
E-mail: michele.yehieli@uni.edu

Prevent Lead Poisoning

2007 Advocacy Statement

Background:
Childhood lead poisoning has adverse effects on nearly all organ systems in the body. It is especially harmful to the developing brains and nervous systems of children under the age of six years. At very high blood lead levels, children can have severe brain damage or even die. At blood lead levels as low as 10 micrograms per deciliter (µg/dL), children's intelligence, hearing, and growth are affected. Statewide, the prevalence of lead poisoning among children under the age of six years is 7%. This is more than four times the national average of 1.6%.

It is estimated that lead poisoning will reduce the lifetime earnings of Iowa children born in 2005 by more than $120 million. It is also estimated that lead poisoning in these children will cost the state more than $25 million in reduced tax revenues from decreased earnings, special education costs, and costs of additional blood lead testing.

Most lead-poisoned children demonstrate no visible symptoms. The only way to know if a child is lead-poisoned is to do a blood lead test. This makes it very important to have an effective program to prevent childhood lead poisoning. In Iowa, 71 of 99 counties have local childhood lead poisoning prevention programs (CLPPPs). These programs ensure that children are tested for lead poisoning, provide environmental and medical case management of lead-poisoned children, educate the community about childhood lead poisoning, and track blood lead testing and case management data. The Iowa Department of Public Health (IDPH) provides a minimum level of similar services in the other 28 counties and also provides significant technical assistance to CLPPPs in the other 71 counties.

In FY07, a cut in federal funding that IDPH receives from the Centers for Disease Control and Prevention (CDC) and a CDC requirement for additional environmental sampling before a property can be considered "lead safe" resulted in funding cuts of approximately 20 percent for all local CLPPPs. IDPH also lost a bilingual lead inspector/risk assessor, resulting in reduced services to Iowa's Latino population.

Policy Recommendations

- Allocate an additional $200,000 to the Iowa Department of Public Health to restore funding for local CLPPPs to the FY06 level and to allow IDPH to fill the vacant bilingual lead inspector/risk assessor position. Since CDC funding is not determined until June 2007, give IDPH the flexibility to use funding to respond to any changes in federal funding allocations or requirements.

For more information, contact:
Mary O'Brien
Phone: (515) 558-9981
E-mail:mary@vnsdm.org

Child Care Nurse Consultants

2007 Advocacy Statement

Background:

Iowa children are in child care.
Seventy-one percent of Iowa children under the age of six years live in a family where both parents work. On any given day, nearly 80% of Iowa's young children are in some form of child care outside of their own home. Many studies show that the quality of child care affects a child's development. Inferior child care is associated with poor outcomes for children. Health and safety are crucial aspects of quality care. The highest risks of physical harm to children in group care settings are from injury and infectious disease. Children exposed to a poor quality child care are less likely to be prepared for the demands of school and more likely to have their socio-emotional development derailed.

Improvements are needed in Iowa child care.
A 2002 study by the Midwest Consortium including Iowa, Nebraska, Missouri and Kansas, found that almost 80% of Iowa child care was rated poor or mediocre quality at best. The quality of infant care in Iowa was poorer than the quality of child care in other Midwestern states.

Nurses are needed to improve child care in Iowa.
Community health nurses credentialed as Child Care Nurse Consultants have the expertise needed to assist child care businesses improve the health and safety in daily practice. Iowa child care businesses call upon nurses' expertise related to the following:

- preventing infectious diseases
- preventing child injuries
- developing asthma and other health emergency protocols
- helping with medication
- caring for children with special health needs

Iowa has Child Care Nurse Consultants but not enough funds.
A variety of funding sources are used to support Child Care Nurse Consultants. Currently, most funding sources are variable and allocated on a year-to-year basis. This does not allow communities to meet the needs of child care businesses and the families they serve.

Policy recommendation for state funding:

- Allocate $1,200,000 to Iowa Department of Public Health (IDPH). $1,100,000 would be assigned to local Maternal and Child Health (MCH) agencies to support a CCNC. $80,000 would be retained by IDPH for 1 FTE to provide technical assistance and training to local MCH agencies. The remaining $20,000 would be used for products, training, and printing health materials for child care businesses.

For more information, contact:
Mary O'Brien
Phone: (515-558-9981)
E-mail: maryo@vnsdm.org

Public Health Supervision in Dental Hygiene Practice

2007 Advocacy Statement

Background:
On August 21, 2003, the Iowa Board of Dental Examiners (IBDE) approved an amendment to allow dental hygienists to perform prevention-based dental services in public health settings without onsite direct or general supervision by a dentist. The goal of the change was to extend the available dental workforce to increase preventive dental care access to underserved Iowa children outside the confines of private practice dental offices that continue to restrict access to Medicaid enrolled or uninsured children. The Iowa Department of Public Health Oral Health Bureau has completed two years of data collection since the amended rule went into effect in January 2004.

In year one, over 29,000 services were provided by 12 hygienists working under agreements with 10 dentists. Of these services, more than 11,000 oral screenings and 1,600 fluoride varnish applications were provided. Also, 3,185 children received dental sealants and 72 children received a dental prophylaxis. In year two, the number of dental hygienists in public health supervision collaborative agreements increased to 21 hygienists providing 17,332 dental sealants, 18,942 oral screenings, and 6,098 fluoride varnish applications. The results show a significant number of Iowans received preventive dental services over the course of two years that would not have had dental care in the traditional dental practice environment.

Despite the success of the program, opposition remains among some leaders within the dental community towards expanding dental hygiene practice outside of general supervision or within the traditional private practice setting. There is a strong possibility that new legislation or IBDE directives to repeal public health supervision may be forthcoming within the next few years.

Policy Recommendations:

- Support the ruling of the Iowa Board of Dental Examiners that allows public health supervision of dental hygienists.
- Advocate for the extension of public health supervision to include all public health settings including long-term care facilities and nursing home for senior Iowans.
- Monitor new proposals, both within the Iowa legislature and Board of Dental Examiners that seek to overturn public health supervision.
- Encourage policy makers on the importance of a flexible dental workforce that utilizes all licensed and certified oral health providers to extend access to oral health care in nontraditional environments.

For more information, contact
Bob Russell, DDS
Phone: (515) 281-4916
E-mail: brussell@idph.state.ia.us

Genetic Discrimination

2007 Advocacy Statement

Background:
Human Genome Project discoveries have led to increasingly rapid translation of genomic information into clinical applications. Genetic tests for about 1,000 diseases have been developed, with more than 700 available for clinical testing. The majority are used for diagnosis of rare genetic diseases, but a growing number have population-based applications, including carrier identification, predictive testing for inherited risk for common diseases, and pharmacogenetic testing for variation in drug response. These tests and other anticipated applications of genomic technology for screening and prevention have broad public health impact.

Anxiety about genetic privacy is a perceived barrier to testing because individuals fear misuse of the information. Genetic counselors have cited instances where individuals afflicted with Huntington's disease (a hereditary, degenerative brain disorder), for example, avoid having tests conducted fearing loss of employment or loss of insurability. Research indicates that a large majority (83%) undergoing genetic testing worry about insurance issues. Seventy percent worry about loss of insurance due to testing. One-third resist changing jobs due to fear of losing insurability at a new workplace.

Twenty-two states have enacted laws designed to prohibit insurers from requiring access to a genetic test or results of testing as a condition of determining insurability if an individual is asymptomatic. Iowa does not provide this protection. As technology becomes more sophisticated, our laws must also become more sophisticated to provide cautionary protections to Iowans.

Policy Recommendations:

- Promote legislation to protect Iowans from genetic discrimination by health insurance carriers and employers.
- Promote timely and reliable information that will allow health care providers and payers, consumers, and policy makers to distinguish tests that are safe and useful.
- Develop standards for tissue banking that include privacy guidelines and confidentiality of genetic data.

For more information, contact:
Elizabeth Penziner
Phone: (319) 353-4292
E-mail: elizabeth-penziner@uiowa.edu

Minimum Wage

2007 Advocacy Statement

Background:
The Iowa Public Health Association (IPHA) is committed to efforts that improve positive outcomes for Iowa families and individuals that will further their aspirations for a healthy and productive life. An increase in the Iowa minimum wage is a targeted initiative to fulfill this commitment. Indeed increasing the minimum wage (also known as a self sufficiency standard) is a critical step for Iowa's poor and working families to participate in all aspects of health care such as the purchase of nutritional foods, medicines, transportation and housing.

Iowa's minimum wage has remained at $5.15 an hour since September 1, 1997. For eight years, the real value of the minimum wage has eroded due to inflation. If the minimum wage had just kept pace with inflation since 1968 when it was $1.60 an hour, the minimum wage would be $8.88 today.

Myth	Reality
The minimum wage is high enough.	The minimum wage in 2005 is 67% of the poverty level for a family of 3 ($16,090); in 1969 the minimum wage ($1.60) was 114% of the poverty level ($2,924), after adjusting for inflation.
Raising wages for the nation's lowest-paid workers will cause substantial job loss.	The Economic Policy Institute examined evidence from the 1997 federal minimum wage hike and from states that have raised their minimum wage. A modest increase in the minimum wage, in the range of $1 to $3, has no impact on job loss.
No one who works for a living is poor.	In 1999, 14,832 Iowa workers worked full-time and year-round, yet they and their families lived in poverty. About 25% of minimum wage workers are the sole breadwinners in their families.
Not many people benefit from a minimum wage increase.	If the state minimum wage were raised to $7.25, 132,000 Iowans would benefit directly.
Workers who benefit from a minimum wage increase primarily are teenagers who work part-time to earn extra spending money.	About 72% of workers who would benefit from an increase in the minimum wage to $7.25 are over the age of 20.
The minimum wage was increased in 1997. It is too soon for another increase.	Minimum wage workers have already lost all of the gains from the 1997 increase due to the effects of inflation.
The minimum wage is an entry-level wage. Workers don't stay in minimum wage jobs for long.	Not all minimum wage workers move on to higher wage jobs – many of them earn the minimum wage or near the minimum wage for many years. People who work hard should be able to support themselves and their families in dignity.
Iowa would be all alone if it increased the minimum wage.	Sixteen states (including Illinois, Wisconsin and Minnesota) increased their state minimum wage higher than the federal level. 44% of the country's workforce works in states with a minimum wage higher than the federal level of $5.15 an hour.

Policy Recommendation

- Iowa should raise the minimum wage to at least $7.25 per hour and protect its value by indexing it to inflation.

For more information, contact:

Mary O'Brien
Phone: (515) 558-9981
E-mail: maryo@vnsdm.org

Jan Laue
Phone: (515) 262-9571
E-mail: ifl@iowaaflcio.org

Universal Health Care

2007 Advocacy Statement

Background:
It is time for a major overhaul of the health care system in the United States. All citizens should have access to a universal 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 Iowa's citizens. We must meet the challenge for universal care with innovation and compassion for all our citizens. Trading off the pursuit of excellence in health coverage at the expense of those who can not 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. Iowa as "the insurance capitol of the nation" is in a unique position to join other states (Massachusetts and California) in pioneering a universal health care plan for Iowans that will be a working model for others in the future.

Policy Recommendations:

- Support the appointment of a Governor's task force to examine universal health care including all types of financing and make recommendations for immediate action by our legislators.

For more information, contact:

Jan Susanin
Phone: (515) 725-1525
E-mail: jsusanin@uhl.uiowa.edu

Iowa Public Health Association
Board of Directors 2006-2007

Officers

Beth Hochstedler, President
University Hygienic Laboratory
102 Oakdale Campus H101 OH
Iowa City, Iowa 52242
Phone: (319) 335-4303
E-mail: beth-hochstedler@uiowa.edu

Kim Tichy, Secretary
Iowa Department of Public Health
321 East 12th St.
Des Moines, Iowa 50319-0075
Phone: (515) 281-7519;
E-mail: ktichy@idph.state.ia.us

Jaci Miller, President Elect
Iowa Department of Public Health
706 W. Main St.
Fertile, Iowa 50434
Email: windmillertm@msn.com

Annie Vander Werff, Treasurer
University of Northern Iowa – EXPORT Center
Cedar Falls, Iowa 50614-0241
Phone: (319) 273-6412
Email: annie.vanderwerff@uni.edu

Linda Drey, Affiliate Representative to the
APHA Governing Council
Siouxland District Health Department
1014 Nebraska St.
Sioux City, Iowa 51105
Phone: (712) 234-3909
Email: ldrey@sioux-city.org

Members-At-Large

Shelby Kroona, Member-At-Large
Siouxland District Health Office
1014 Nebraska St.
Sioux City, Iowa 51105
Phone: (712) 279-6119
E-mail: skroona@sioux-city.org

Julie McMahon, Member-At Large
Iowa Department of Public Health
321 East 12th St.
Des Moines, Iowa 50319-0075
Phone: (515) 281-3104
E-mail: jmcmahon@idph.state.ia.us

Immediate Past President

Matt Hobson, Past President
435 Martin Rd.
Waterloo, Iowa 50701
Phone: (319) 236-0297
E-mail: epimatt03@yahoo.com

2006-2007 Section Chairs

Community Planning Section

Jane Schadle
Iowa Department of Public Health
321 East 12th St.
Des Moines, Iowa 50319-0075
Phone: (515) 281-0917
E-mail: jschadle@idph.state.ia.us

Epidemiology-Laboratory Section

Pam Deichmann
Iowa Department of Public Health
321 E. 12th St.
Des Moines, Iowa 50319
Phone: (515) 281-4985
Email: pdeichma@idph.state.ia.us

Health Administration Section

L. Graham Dameron
48 Penfro Dr.
Iowa City, IA 52246
Phone: (319) 335-9640
Email: gdameron@mail.public-health.uiowa.edu

Iowa Society for Public Health Education Section

Ralph Wilmoth
Johnson County Public Health
1105 Gilbert Ct.
Iowa City, Iowa 52240
Phone: (319) 356-6040, x. 104
Email: rwilmoth@co.johnson.ia.us

Environmental Health Section

Ken Sharp
Iowa Department of Public Health
321 East 12th St.
Des Moines, Iowa 50319-0075
Phone: (515) 281-7462
E-mail: ksharp@idph.state.ia.us

Maternal Child Health Section

Carolyn Nelson
2431 E. Douglas Ave.
Des Moines, IA 50317
Phone: (515) 265-5888
E-mail: CarolynN@vnsdm.org

Brian Wilkes
100 Hawkins Dr., CDD #247
Iowa City, IA 52242
Phone: (319) 384-7292
E-mail: brian-wilkes@uiowa.edu

Public Health Nursing Section

Betty Mallen
Hancock County Public Health Services
545 State St.
Garner, Iowa 50438-1455
Phone: (641) 923-3676
E-mail: bmallen@hancockpublichealth.org

Refugee, Immigrant, Minority Health Section

Ibrahim Cisse
220 WRC-UNI
Cedar Falls, Iowa 50614-0241
Phone: (319) 273-7965
Email: cisse@uni.edu