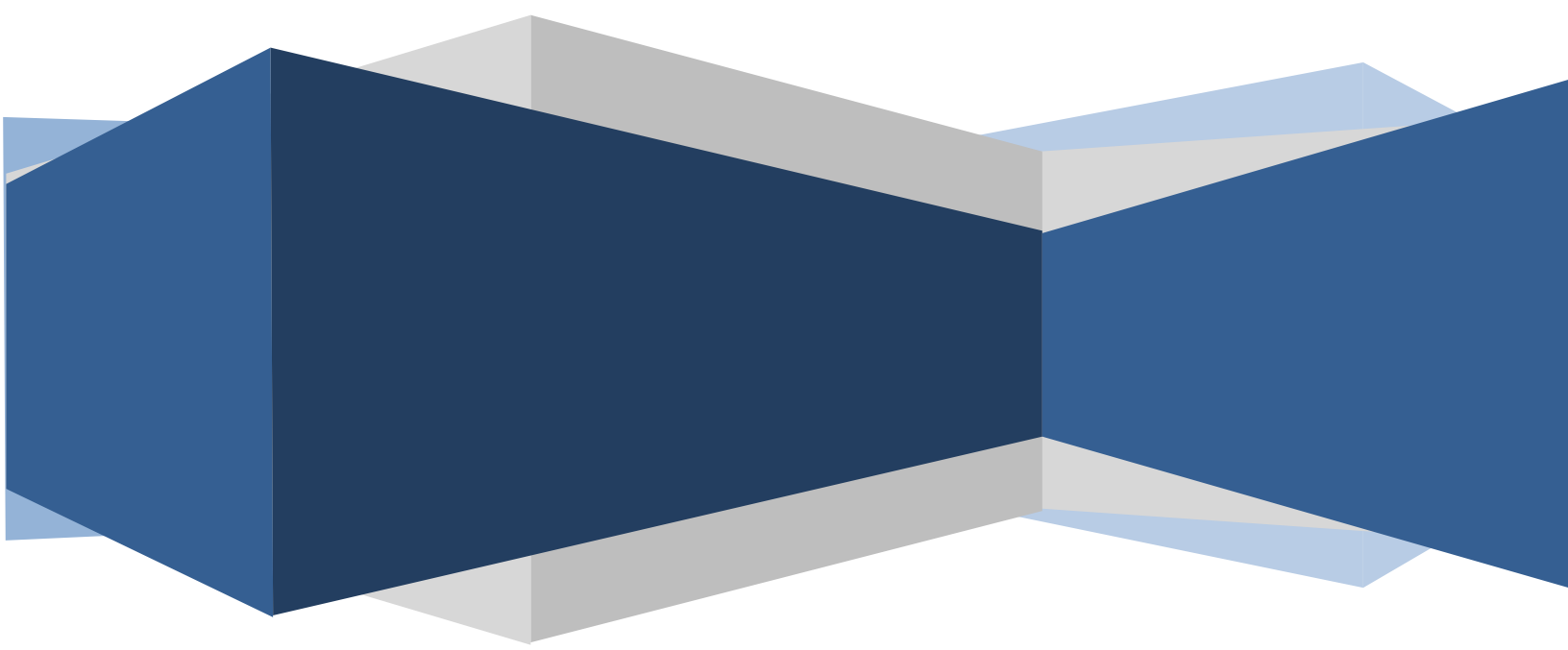


# Iowa Public Health Association



## Advocacy Statements



# Table of Contents

|   |    |
|---|----|
| Introduction  | 3  |
| 2008 Advocacy Statements  |    |
| Reduce Exposure to Secondhand Smoke*  | 4  |
| Obesity: A Public Health Crisis*  | 5  |
| Dental Access for Children*   | 6  |
| Universal Health Care*  | 7  |
| Statewide Septic and Water Well Inspections at Time of Real Estate Transfer     | 8  |
| Zoning and Subdivision Wastewater System Review                                 | 9  |
| Preliminary Engineering Funds for Small Community Sewer Systems                 | 10 |
| Regulation of Livestock Feeding Operations                                      | 11 |
| Septic System Installation: Contractor Certification                            | 12 |
| Depression Screening, Referral and Treatment for Pregnant Women and New Mothers | 13 |
| Promote State and Local Public Health Preparedness                              | 14 |
| Promote State Licensure of Individuals Employed in Laboratories                 | 15 |
| Reduce Health Disparities among Minorities and the Underserved                  | 16 |
| Genetic Discrimination  | 17 |
| Food Code Enforcement   | 18 |
| Promote Employer-Sponsored Wellness Programs                                    | 19 |
| Insurance Coverage for Overweight/Obesity Treatment                             | 20 |
| Child Care Nurse Consultants: Public Health Nurses Serving Child Care Providers | 21 |
| Iowa Public Health Association Board of Directors Listing                       | 22 |

\*Indicates designation as a priority for IPHA in 2008

# 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
- Pam Deichmann
- Brian Hanft
- Mary O'Brien
- Jan Susanin

# Reduce Exposure to Secondhand Smoke

## 2008 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](mailto:Eileen-fisher@uiowa.edu)

# Obesity: A Public Health Crisis

## 2008 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.
- ◆ Every student in Iowa schools should have the opportunity to participate in quality physical education. Through this policy all Iowa students will receive daily, quality physical education. This would include instructional periods totaling at least 150 minutes per week (elementary school) and 225 minutes per week (middle and secondary school). These courses would be taught by licensed physical education teachers and provide programs appropriate for each age level.
- ◆ Encourage collaboration with health, nutrition, and education agencies to develop school policies that promote a healthful eating environment.
- ◆ 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.

---

### For more information, contact:

Ron Askland

Phone: (515) 643-2896

E-mail: [raskland@mercydesmoines.org](mailto:raskland@mercydesmoines.org)

# Dental Access for Children

## 2008 Advocacy Statement

### Background:

“Dental Health Care workers fit a 15-year-old with a full set of dentures. They pull the four top permanent teeth of a 10 year old. They take photographs of an infant’s mouth devastated by tooth decay to document its effects and prepare for treatment. What sounds like severe oral health disease in some faraway place actually happens in America’s heartland. Michael Kanellis, assistant dean in the College of Dentistry, the University of Iowa and his colleagues see these problems every week in large cities and small towns throughout Iowa.”<sup>1</sup>

- There are an insufficient number of practicing dentists in rural and low populated areas of Iowa. Seventy nine counties are estimated to be designated dental shortage areas.
- Many dentists are very busy and do not accept any new patients. Dentists are especially reluctant to accept Medicaid enrolled patients due to low reimbursement rates.
- Iowa House File 841 states: *By July 1, 2008 every Medicaid recipient who is a child 12 years of age or less must have a designated dental home.*
- In 2006, Senate File 2069 was introduced as a strategy to recruit dentists to the state. The bill developed a loan forgiveness program for dental students who agreed to practice in underserved areas of Iowa upon graduation. The piece of legislation never made it out of committee.

### Policy Recommendation:

- ◆ The legislature should take action to approve SF 2069 to provide some state policy direction with regard to the state’s strategy to recruit and retain dentists to practice in Iowa’s underserved areas.
- ◆ Support additional efforts to confirm HF 841, ensuring that children who are Medicaid recipients receive the benefits of a dental home

---

For more information, contact:

Gerd Clabaugh

E-mail: [gerdclabaugh@msn.com](mailto:gerdclabaugh@msn.com)

<sup>1</sup> University of Iowa *Spectator*, Fall 2005

# Universal Health Care

## 2008 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 21<sup>st</sup> 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 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. Iowa, as "the insurance capitol of the nation", 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 universal plan for our people. The opportunity is to advocate for universal coverage across state lines- not a piece meal approach with every state settling for what they can get. The people are ready for change.

### Policy Recommendations:

- ◆ Support the efforts of the Legislature's interim committee on health reform and their recommendations to expand access to health insurance for all Iowans.

---

### For more information, contact:

Gerd Clabaugh

E-mail: [gerdclabaugh@msn.com](mailto:gerdclabaugh@msn.com)

# Statewide Septic and Water Well Inspections at Time of Real Estate Transfer

## 2008 Advocacy Statement

### Background:

Iowa has tens of thousands of rural homes with substandard sewage disposal (septic) systems. These homes typically have septic tanks which are often too small and no secondary treatment system such as a leach field or sand filter. These substandard systems discharge incompletely treated sewage to a ditch, stream, lake, pond or field tile. These systems discharge pathogenic bacteria and organic matter that pose serious public health and environmental threats.

Additionally, it is estimated that Iowa has more than 20,000 abandoned wells. Many of these wells present direct pathways for aquifer contamination due to improper seals, grouting, deteriorating casings, poor construction, improper placement, and/or old age. In addition, unplugged wells are extremely unsafe for people, pets, and wildlife. There are also operational wells that may not provide safe water for residence.

The most equitable and financially feasible time to address these failed systems is at the time the property changes ownership.

### Policy Recommendation:

The Iowa Legislature should instruct the Iowa Department of Natural Resources to add the following language to IAC 567 - Chapter 69 of the Administrative Rules requiring septic system inspections at the time of property transfer: "Every property served by a septic system shall have that system inspected at the time of transfer of ownership to ensure the system properly treats the wastewater from the property."

The Iowa Legislature should instruct the Iowa Department of Natural Resources to add the following language to IAC 567 - Chapter 49 of the Administrative Rules requiring residential water well inspections at the time of property transfer: "Every property served by a nonpublic water supply well shall be inspected to assure no abandoned wells exist on the property. The operational well shall also be inspected at the time of transfer of ownership to ensure the system meets proper separation distances from onsite waste water treatment systems and other sources of contamination, provides potable drinking water, and the well integrity is up to standard."

As certain counties have already adopted this at the local level, this will provide uniform statewide requirements.

---

### For more information, contact:

Brian Hanft

Phone: (641) 421-9340

E-mail: [environ@cghealth.com](mailto:environ@cghealth.com)



# Zoning and Subdivision Wastewater System Review

## 2008 Advocacy Statement

### 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.

### Policy Recommendation:

The Legislature should 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." 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. The zoning portions of the Iowa Code should be modified to include a requirement for notification of the local board of health for any zoning district changes that would allow construction of residential dwellings.

---

### For more information, contact:

Brian Hanft

Phone: (641) 421-9340

E-mail: [environ@cghealth.com](mailto:environ@cghealth.com)

# Preliminary Engineering Funds for Small Community Sewer Systems

## 2008 Advocacy Statement

### **Background:**

More than 600 small communities in the state are considered to be 'un-sewered' or 'under-sewered.' Most of these communities either have inadequate centralized waste collection and treatment systems or a collection of private systems that may or may not be adequate to meet the needs of the community. Many of these small systems or collections of systems illegally discharge untreated human waste into ditches, streams or land drain tiles, or to the surface of the ground. Most of the 'unsewered' communities are incorporated towns of less than 500 persons, unincorporated villages that have reverted to county control, or pockets of small subdivisions scattered throughout a county. With the recent focus from the Environmental Protection Agency and the Department of Natural Resources (DNR) in addressing small community wastewater problems, the villages and subdivisions are finding themselves in need of money to cover up-front expenses to hire an engineer to explore alternative wastewater treatment and disposal systems. The small communities subject to notification of violations and administrative orders are typically required to procure an engineer, develop a plan and implement a solution to address the violation. Small communities lack the financial options to remedy the violation, either because of bond and debt limitations or because they are hesitant to burden all taxpayers with the needs of a few.

### **Policy Recommendation:**

The state should establish a fund to provide incorporated communities (population <500) as well as unincorporated communities and subdivisions (population <500) with money to pay for a preliminary engineering study in the event of a DNR notification of violation or administrative order. This assistance will enable small communities that have a potential system capacity of over 1,500 gallons per day to develop options for sewage treatment and disposal that are affordable and meet the requirements of the DNR.

---

### **For more information, contact:**

Brian Hanft

Phone: (641) 421-9340

E-mail: [environ@cghealth.com](mailto:environ@cghealth.com)

# Regulation of Livestock Feeding Operations

## 2008 Advocacy Statement

### 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:

Loopholes in current laws governing permitting of confinement animal feeding operations should be closed to prevent avoidance of intended setbacks from homes and public use areas. Iowa Code §459.205(1) should be amended 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 section 459. 201.”

The state of Iowa should fund the Department of Natural Resources sufficiently to allow more thorough monitoring of the operation and citing of confinement operations.

Monitoring should include 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.

---

### For more information, contact:

Brian Hanft

Phone: (641) 421-9340

E-mail: [environ@cghealth.com](mailto:environ@cghealth.com)

# Septic System Installation: Contractor Certification

## 2008 Advocacy Statement

### **Background:**

As counties adopt local time of sale and/or transfer programs for onsite waste water treatment systems, increased demand for services and installation requires a more knowledgeable installer. The Environmental Protection Agency and the Iowa Department of Natural Resources are promoting the concept of the Responsible Management Entity (RME). Many of the installers are offering maintenance agreements with limited exposure to the technical requirements. In addition, industry is also promoting more technically complex systems, which require an advanced understanding of waste water biology, engineering, installation competencies, and other necessary skills to successfully install these systems.

### **Policy Recommendation:**

By requiring continuing education for those professionals who are in the business of installing onsite waste water treatment systems, it affords the consumer a clear idea of who is knowledgeable and worthy of the job. In addition, should time of sale/transfer programs be implemented statewide, requiring contractors to meet consistent minimum requirements creates uniformity amongst contractors. This has been done successfully for the well drillers, pump installers and well pluggers.

---

### **For more information, contact:**

Brian Hanft

Phone: (641) 421-9340

E-mail: [environ@cghealth.com](mailto:environ@cghealth.com)

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

## 2008 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](mailto:maryo@vnsdm.org)

# Promote State and Local Public Health Preparedness

## 2008 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 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.
- ◆ 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](mailto:pdeichma@idph.state.ia.us)

# Promote State Licensure of Individuals Employed in Laboratories

## 2008 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: [bonchar4@mchsi.com](mailto:bonchar4@mchsi.com)

# Reduce Health Disparities among Minorities and the Underserved

## 2008 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 21<sup>st</sup> century (*Healthy People 2010, Healthy Iowans 2010*).

### Policy Recommendations:

- ◆ Support public health programming that targets the needs of refugees, immigrants, minorities and farm families for specific interventions.
- ◆ Encourage training on cultural competency and health disparity issues for all providers in the state working with underserved populations.
- ◆ Improve access to care for minority and underserved populations, especially through the reduction of financial, language, and transportation barriers.
- ◆ 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](mailto:michele.yehieli@uni.edu)



# Genetic Discrimination

## 2008 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

E-mail: [elizabeth-penziner@gmail.com](mailto:elizabeth-penziner@gmail.com)

# Food Code Enforcement

## 2008 Advocacy Statement

### Background:

Although we recognize the Iowa legislature has authorized the increase of food establishment licensing fees by 35% in 2008, this increase does not cover the costs associated with conducting the inspections, re-inspections due to violations and educational requirements of the Iowa Code. State appropriations (for state-funded inspections) and local tax dollars (for inspections contracted to local agencies) subsidize food protection program activities designed to ensure continued public safety.

### Policy Recommendations:

The Legislature should authorize an increase in food licensing fees to fully fund state and local food safety inspection activities as required by the Iowa Code. The fees should be set at levels that fully fund the food protection program, including administration, plan review, inspections, re-inspections and educational activities. An alternative to this approach would be to consider approving 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, the Legislature could 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.

---

### For more information, contact:

Brian Hanft

Phone: (641) 421-9340

E-mail: [environ@cghealth.com](mailto:environ@cghealth.com)

# Promote Employer-Sponsored Wellness Programs

## 2008 Advocacy Statement

### 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.

---

### For more information, contact:

Gerd Clabaugh

E-mail: [gerdclabaugh@msn.com](mailto:gerdclabaugh@msn.com)

# Insurance Coverage for Overweight/Obesity Treatment

## 2008 Advocacy Statement

### 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).

---

### For more information, contact:

Dennis Haney

Phone: (515) 281-7501

E-mail: [DHaney@idph.state.ia.us](mailto:DHaney@idph.state.ia.us)

# Child Care Nurse Consultants: Public Health Nurses Serving Child Care Providers

## 2008 Advocacy Statement

### Background:

Large numbers of Iowa children are enrolled in early care and education programs.

Over 70% of Iowa's youngest children (under age six) live in a family where both parents work. Therefore, nearly 80% of Iowa's 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 development or readiness for school. Children exposed to poor quality child care are less likely to be prepared for the demands of school, are 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 Child Care Research Consortium (2002) found that almost 80% of Iowa's early child care and education are rated poor to mediocre in quality. Areas consistently scoring in the poor quality range relate directly to health and safety (e.g., inappropriate diapering/toileting causing germ contamination of child care equipment, toys, and surfaces; food safety concerns; inadequate immunization; and poor general and oral hygiene practices. The foundation for quality child care is child health and safety.

Public health nurses are needed to improve Iowa child care.

Public health nurses with special training in child care have the expertise needed to assist early childhood care providers to improve the health and safety in their daily practice. Iowa early childhood care providers call upon public health nurses for the following concerns:

- preventing spread of infectious diseases
- preventing child injuries
- developing asthma and other health emergency protocols
- helping with medication
- 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 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 recommendation:

- ◆ Support public health nurse consultation to child care and providers.
- ◆ Allocate \$1,200,000 to Iowa Department of Public Health (IDPH).
  - \$1,100,000 - assigned to community-based Maternal and Child Health (MCH) agencies to support public health nurses
  - \$80,000 - retained by IDPH for 1.0 FTE to provide technical assistance and training to community-based MCH agencies and public health nurses.
  - \$20,000 - for products, training, and health materials for providers

---

### For more information, contact:

Mary O'Brien

Phone: (515) 558-9981

E-mail: [maryo@vnsdm.org](mailto:maryo@vnsdm.org)

# Iowa Public Health Association Board of Directors 2007-2008

## Officers

Jaci Miller, President

706 W. Main St.

Fertile, IA 50434

Phone: (641) 797-2233

Email: jamiller@idph.state.ia.us

*Term expires March 2009*

Kim Tichy, Secretary

Iowa Department of Public Health

321 East 12th St.

Des Moines, Iowa 50319-0075

Phone: (515) 281-4288; Fax: (800) 831-6292

Email: ktichy@idph.state.ia.us

*Term expires March 2007*

Gerd Clabaugh, President Elect

6027 Redbud Ct.

Johnston, IA 50131-1630

Phone: (515) 210-2900

Email: gerdclabaugh@msn.com

*Term expires March 2010*

Jill France, Treasurer

Iowa Department of Public Health

321 East 12th St.

Des Moines, Iowa 50319-0075

Phone: (515) 281-6762

Email: jfrance@idph.state.ia.us

*Term expires March 2008*

Beth Hochstedler, Past President

University Hygienic Laboratory

102 Oakdale Campus H101 OH

Iowa City, Iowa 52242

Phone: (319) 335-4303; Fax: (319) 335-4555

Email: beth-hochstedler@uiowa.edu

*Term expires March 2008*

Linda Drey, Affiliate Representative

to APHA Governing Council

Siouxland District Health Department

1014 Nebraska St.

Sioux City, Iowa 51105

Phone: (712) 234-3909; Fax: (712) 255-2605

Email: ldrey@sioux-city.org

*Term expires March 2009*

## Members-At-Large

Betty Mallen, Member-At Large

Hancock County Public Health Services

545 State St.

Garner, Iowa 50438-1455

Phone: (641) 923-3676; Fax: (641) 923-2631

Email: bmallen@hancockpublichealth.org

*Term expires March 2010*

Shelby Kroona, Member-At-Large

Hamilton County Public Health and Hospice

821 Seneca St.

Webster City, Iowa 50595

Phone: (515) 832-9565

Email: skroona@hamiltoncountypublichealth.com

*Term expires March 2009*

Mary Weaver, Member-At-Large

1805 B Ave.

Rippey, Iowa 50235

Phone: (515) 360-8046

Email: maryweaver@prairieinet.net

*Term expires March 2008*

## 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  
Email: jschadle@idph.state.ia.us

### Health Administration Section

Glenna Plath  
Harrison County Home & Public Health  
116 N. 2<sup>nd</sup> Ave.  
Logan, Iowa 51546  
Phone: (712) 644-2220  
Email: gplath@harrisoncountyia.org

### Environmental Health Section

Brian Hanft  
Cerro Gordo Dept. of Public Health  
22 N. Georgia, Ste. 300  
Mason City, Iowa 50401  
Phone: (641) 421-9340  
Email: environ@cghealth.com

Ken Sharp  
Iowa Department of Public Health  
321 East 12th St.  
Des Moines, Iowa 50319-0075  
Phone: (515) 281-7462; Fax: (515) 281-4529  
Email: ksharp@idph.state.ia.us

### Epidemiology-Laboratory Section

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

### Maternal Child Health Section

Sara Schlievert  
Iowa Department of Public Health  
321 East 12th St.  
Des Moines, Iowa 50319-0075  
Phone: (515) 281-7630  
Email: sschliev@idph.state.ia.us

Kris Smith  
Child Health Specialty Clinics  
3501 Harry Langdon Blvd., Ste. 150  
Council Bluffs, Iowa 51503-7894  
Phone: (712) 309-0041; Fax: (712) 309-0044  
Email: Krista-smith@uiowa.edu

### Public Health Nursing Section

Jane Condon  
Calhoun County Dept. of Health  
501 Court St.  
Rockwell City, Iowa 50579-1417  
Phone: (712) 297-8323  
Email: jcondon@calhouncountyiowa.com

### Refugee, Immigrant & Minority Health Section

Michele Yehieli  
220 WRC-UNI  
Cedar Falls, Iowa 50614-0241  
Phone: (319) 273-7965  
Email: michele.yehieli@uni.edu

### Society for Public Health Education – Iowa Chapter

Bonnie Rubin  
University Hygienic Laboratory  
102 Oakdale Campus H101 OH  
Iowa City, Iowa 52242  
Phone: (319) 335-4861; Fax: (319) 335-4555  
Email: bonchar4@mchsi.com