



Iowa Public Health Association

- *The voice of public health in Iowa*

RETHINK IOWA'S PUBLIC HEALTH FUNDING FOR A SMARTER RETURN ON INVESTMENT

The Issue:

According to the *County Health Rankings & Roadmaps* (Robert Wood Johnson Foundation) every year, nearly 1,800 deaths in Iowa could be avoided if all residents in the state had a fair chance to be healthy.

Budget cuts to vital public health agencies and programs at both the federal and state levels have taken their toll on Iowa and the nation as a whole, complicating public health efforts. Additional resources are needed to adequately support improving access to care, controlling diseases, eliminating health disparities and other public health activities.

The state of Iowa spends an average of \$18.85 a year on the public health needs of each resident, the 36th highest level in the nation. The state receives an additional \$21.13 per person in funding from the CDC (24th in the nation) and \$19.66 per person from HRSA (38th in the nation). The Prevention and Public Health Fund has awarded \$43 million in grants to Iowa since 2010 for community and clinical prevention efforts and improvements to public health infrastructure.

Public health departments across Iowa vary in their capacity to carry out foundational capabilities, in part because funding to provide public health services is often variable, unreliable and not sustainable. Some public health services are required in Iowa Code but without an adequate funding mechanism to do so. Even some of the programs which do collect fees fail to cover the actual costs associated with providing the service (e.g., food establishment licensure/inspections). Local tax support for public health services varies across jurisdictions, and state funding also falls short.

Policy Solutions:

- Restructure public health funding in Iowa to assure a minimum package of governmental public health services that is predictable, justifiable and scalable to each jurisdiction's population size and capacity. The minimum package of public health services would assure the foundational capabilities of public health:
 - 1) assessment (surveillance, epidemiology and laboratory capacity);
 - 2) preparedness and response;
 - 3) policy development and support;
 - 4) communications and public education;
 - 5) community partnership development; and
 - 6) organizational competencies

Sources: Trust for America's Health, Investing in America's Health; Trust for America's Health, Prevention and Public Health Fund at Work in States; United Health Foundation, America's Health Rankings.





ADVANCE HEALTH IN ALL POLICIES

The Issue:

We must make wise policy and financial investments that value the health of Iowans. 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 social, physical, and economic environments in which Iowans live, work, learn and play significantly impact their health. We know that our greatest health challenges and solutions are highly complex and extend beyond the doctor's office. Improving the health of Iowans requires collaboration with experts in housing, transportation, education, water and air quality, criminal justice and employment.

The goal of Health in All Policies (HiAP) is to ensure that decision-makers are informed about the health, equity, and sustainability consequences (both positive and negative) of any proposed policy. HiAP identifies how decisions in multiple sectors or policy areas affect health, and how better health can, in turn, support the goals of these sectors. It engages diverse governmental partners and stakeholders to work together to promote health and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and educational attainment. One key component that supports HiAP is the Health Impact Assessment (HIA). HIA is a practical tool that proactively uses data, research and stakeholder input to determine a policy's impact on health and provide recommendations to address this impact. Importantly, HIAs give lawmakers opportunity to enhance the positive impacts and mitigate the negative before health consequences are felt by Iowans and additional tax dollars are required to make corrections after policy implementation. HIAs have demonstrated success in a variety of issue areas, ranging from land use, housing and transportation projects to labor, education and economic policies.

There is a growing interest across the country, at all levels of government, in using HiAP to embed health considerations into decision-making processes. Such collaborations have resulted in greater efficiency and effectiveness while decreasing duplication of efforts and services. In Iowa, public health agencies have been working with non-health partners to increase the walkability and bikeability of their communities. Some are increasing access to physical activity by establishing community-use agreements, which open schools' gyms and fields to the community. HiAP approaches to local planning and zoning are increasing Iowans' access to affordable, healthy foods by allowing for urban agriculture and community gardens.

Iowa Public Health Association (IPHA) has been working to cultivate the concept of HiAP here in Iowa through policy position statements, educational webinars and dissemination of HiAP resources. 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 power of engaging all Iowans in this effort to achieve better public health in Iowa.

Policy Solutions:

- Convene a work group representing statewide interests comprised of citizens, businesses, public health representatives and other stakeholders to develop a Health in All Policies (HiAP) plan for Iowa.
- Create a pilot project to implement Health Impact Assessment (HIA) as a tool within the Legislative Services Agency (LSA) to analyze the health impact of proposed legislation similar to the fiscal and legal analysis LSA provides.





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ASSURE THE ADEQUACY AND CAPABILITIES OF IOWA'S PUBLIC HEALTH WORKFORCE

The Issue:

Since the economic downturn of 2008, public health departments have been forced to cut their budgets, reducing the services they can provide and decreasing the size of their workforce by enacting hiring freezes, eliminating positions or simply not filling vacant positions.

Existing public health workforce shortages will be exacerbated by:

- Greater demand for public health services to Iowa's increasing aging and more chronically ill population;
- Burgeoning retirements of our most experienced public health professionals (estimated at 45-50% of the nation's public health workforce in the next five years);
- Major transformations in the health system (e.g., Affordable Care Act, Medicaid managed care, integrated approaches to prevention and primary care); and
- A demand for public health workers with different skill sets to accommodate the changing dynamics of public health.

Public health departments must retain a skilled workforce of sufficient size and training in order to successfully manage longstanding public health issues and emerging health threats like Ebola and measles. This is especially important given the substantial costs to government of recruiting, hiring, and training new staff. The Iowa Local Governmental Public Health Survey (conducted in 2014/2015 by the Public Health Evaluation Committee) found that only 13% of Iowa's local public health departments have a workforce development plan (i.e., objectives and strategies aimed at training or educational programs to bring public health employees up to date on skills necessary to do their jobs better or to train the next generation of public health workers and leaders.)

The gaps in Iowa's public health workforce are not simply a matter of having enough public health workers. The transformation of the public health system is changing the skill sets required of public health professionals. A recent survey by the Association of State and Territorial Health Officers (ASTHO) identified the following competency gaps and training opportunities: policy analysis and development, business and financial management, systems thinking and social determinants of health, evidence-based public health practice, and collaborating with and engaging diverse communities.

Policy Solutions:

- Convene a work group to assess Iowa's public health workforce to identify assets and gaps both in the number of public health professionals and the changing skill sets needed in Iowa's public health workforce.
- Support implementation of recommended strategies to address identified public health workforce issues.





IMPROVE THE QUALITY OF PUBLIC HEALTH IN IOWA THROUGH PHAB ACCREDITATION

The Issue:

Public health accreditation is a process to advance quality and performance within public health departments. Almost every industry or service considers the development of performance standards as a process to measure quality. Much like hospitals and clinics are accredited, governmental public health departments may voluntarily pursue accreditation through the Public Health Accreditation Board (PHAB). The goal of accreditation is to improve and protect the health of the public by advancing the quality and performance of public health departments. PHAB developed nationally recognized, practice-focused and evidenced-based standards to improve service, value and accountability to public health stakeholders.

For years, Iowa has been on a path to accreditation. Through state and local level collaboration, the Iowa Public Health Standards (codified in Iowa Code Ch. 135 in 2009) were created. PHAB is now the national accreditation body and established its process in September 2011. Nationally, local and state public health departments are utilizing PHAB for their voluntary accreditation efforts. In Iowa, one local health department, Linn County Public Health, is accredited by PHAB and others have begun preparation. Iowa's Public Health Advisory Council recommended PHAB accreditation as the route for Iowa's state and local health departments and endorsed the PHAB standards as the framework for the quality improvement of public health. It also decided to discontinue the concept of a state-based accreditation system and develop a transition plan for the Iowa public health standards. As a result, the Iowa Public Health Modernization Act of 2009 must be updated.

Health departments across the nation who have applied for PHAB accreditation cited the following motivations:

- Accountability to external stakeholders;
- Documentation of the department's capacity to deliver core public health functions/essential services;
- Credibility of the health department within the community;
- Relationships with community stakeholders;
- Competitiveness for funding opportunities; and
- Communication with the governing entity.

Among IPHA and other partners, there is concern that lack of progress toward accreditation disadvantages Iowa in the quality of public health and potentially in competing for resources from foundations and at the federal level. Consequently, a lack of accreditation means that Iowans may experience geographic disparities in the provision of public health services.

A grant-funded project, Gaining Ground, has brought visibility and reignited the conversation about the value of accreditation in a way that signals a culture shift among Iowa's public health community. Through workshops and other products Gaining Ground has communicated that PHAB accreditation is attainable and that much of what local public health departments are already doing counts.

Policy Solutions:

- Revise Iowa Code Ch. 135 to include PHAB accreditation and explore mechanisms for advancing accreditation of Iowa's state and local health departments.





SUPPORT EFFECTIVE, COMPREHENSIVE TOBACCO CONTROL

The Issue:

The Iowa Department of Public Health (IDPH) identifies tobacco as the *leading preventable cause of death* for Iowans. Currently 18% of adults in Iowa smoke cigarettes; prevalence increases to 22% of adults when smokeless tobacco is included. Among the 18-24 age group, 23.9% smoke. Among youth, 18% of 11th grade students, 6% of 8th grade students and 3% of 6th grade students report using tobacco products. Still 5,100 adults in Iowa will die prematurely from smoking and 55,000 Iowa kids alive today will die prematurely from smoking. Annual health care costs in Iowa directly caused by smoking total more than \$1.28 billion annually.

The Centers for Disease Control and Prevention (CDC) defines a comprehensive tobacco control program as a statewide, coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users in quitting, and to prevent tobacco use initiation. These programs reduce tobacco-related disease, disability, and death. The three pillars of effective tobacco control are: 1) regular and significant tobacco tax increases; 2) fully funding and implementing statewide tobacco control programs; and 3) implementing comprehensive smoke-free and tobacco-free policies.

For FY 2015, the IDPH Division of Tobacco Use Prevention and Control receives \$5.2 million in state appropriations, only 17% of CDC's funding recommendation for Iowa. Additional funds would be used for the following interventions recommended by the CDC:

- **Administration & Management:** *Capacity to provide guidance, technical assistance and coordination among programs and key partners remain.*
- **State & Community Interventions:** *Additional funding to increase base funding and target counties with higher rates of tobacco use. Base funding for Iowa's community partnerships has been unchanged since 2000. Some counties receive only \$10,000 per year, not enough to hire a staff person.*
- **Mass-Reach Health Communication Interventions:** *Educate the public on the health hazards of tobacco use, promote the state Quitline or to counter the \$90 million the tobacco industry spends annually to market their products to Iowans.*
- **Cessation Interventions:** *Continue to offer 24/7 counseling hours and services including free FDA-approved cessation medications, a proven way to increase quit attempts and ultimately successful quitting.*
- **Surveillance and Evaluation:** *Proper surveillance provides a solid understanding of the problem and what is working. Drastic cuts eliminated the Iowa Youth Tobacco Survey and the Iowa Adult Tobacco Survey.*

Policy Solutions:

- Restore funding to IDPH Division of Tobacco Use Prevention and Control to \$12.3 million, the level at which Iowa achieved its greatest reduction in tobacco use, to implement CDC's recommended best practices (see above).
- Regulate and tax e-cigarettes like other tobacco products (include them in smoke-free workplace laws, tax them, restrict their marketing/advertising, restrict their sale to minors, prohibit the sale of flavored e-cigarettes).
- Strengthen Iowa's Smokefree Air Act to prohibit smoking in Iowa's non-tribal casinos and including e-cigarettes.





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CLOSE THE CASINO LOOPHOLE IN IOWA'S SMOKEFREE AIR ACT TO PROTECT ALL IOWA WORKERS

The Issue:

Casinos are the only public space in Iowa where smoking is still allowed, yet two-thirds of Iowans would like to see the Iowa Smokefree Air Act, enacted in 2008, extended to cover non-tribal casinos. Smoking contributes to 4,400 of Iowa deaths each year – including deaths caused by secondhand smoke. A 2011 survey found that seventy-three percent of Iowa voters support the Iowa Smokefree Air Act. Casinos are the final barrier to a completely smokefree Iowa and the key in saving thousands of additional lives. Everyone deserves the right to breathe clean air, and no Iowan should have to choose between their health and their job.

According to the Iowa Department of Public Health's 2009 report on the Iowa Smokefree Air Act, this public health policy "protects the health of the public and of employees by preventing exposure to secondhand smoke (also known as environmental tobacco smoke) and the 4,000 chemicals and 69 cancer-causing compounds it is known to contain. The 2006 U.S. Surgeon General report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, confirmed that secondhand smoke is a proven cause of disease in nonsmokers: 'The scientific evidence is now indisputable; secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults.' The Surgeon General determined that there is no risk-free level of exposure and that the only method which can fully protect people from exposure is the elimination of smoking in indoor spaces."

For Iowa to be the Healthiest State in the Nation, we need to offer a smokefree workplace for the 9,241 casino employees in Iowa. Secondhand smoke is the third leading preventable cause of death in the United States. Collectively Iowa's commercial casinos are the largest tourist attraction in the state, employing 9,241 workers and drawing more than 22.6 million visitors per year. In addition to protecting the health of casino employers and patrons, smokefree casinos would send a clear, strong and positive health message to all Iowans and visitors to our state. Researchers at the University of Iowa analyzed hospital data in the two years following implementation of the Iowa Smokefree Air Act and found that tobacco-related hospitalizations declined 10.7% and saved \$348 million in costs from July 2008-June 2010. It's time to see those same positive effects with casino workers.

Policy Solutions:

- ◆ Strengthen the public health protection of Iowa's Smokefree Air Act (HF 2212 signed into law on July 1, 2008) to prohibit smoking in Iowa's non-tribal casinos.





INCREASE ACCESS TO PHYSICAL ACTIVITY AND NUTRITIOUS FOODS

The Issue:

According to the Centers for Disease Control and Prevention (CDC), our nation spends 86% of our health care dollars on the treatment of chronic diseases, many of which are preventable through healthy lifestyles. The impact of obesity is significant and measurable in increasing health care costs, lost workplace productivity and years of life lost. Prevalent and costly health conditions such as cancer and heart disease are closely related to overweight and obesity. Quality of life declines with increasing weight which can trigger problems such as knee and joint pain, sleep apnea and decreased fertility. The CDC's Behavioral Risk Factor Surveillance System (BRFSS) data show that in 2013, 35.7% of non-pregnant adult Iowans were overweight and 31.3% were obese, based on body mass index (BMI). BRFSS also cites the staggering medical care costs of obesity in the U.S. as between \$147 to \$210 billion and estimates that "Iowa could save \$5.7 billion by 2030 if BMI were lowered by five percent." Absenteeism and poor work performance cost employers an average of \$506 for every obese employee. However, Iowa faces not just an obesity epidemic but rather the twin epidemics of physical inactivity and poor nutrition. Only 47% percent of Iowans reported participating in at least 150 minutes of aerobic activity weekly and even fewer, 17.9% added muscle strengthening to that regimen.

CDC has identified nutrition, physical activity, and obesity as Winnable Battles. Nationally and across Iowa, progress in these areas is achieved by developing policy, systems, and environmental initiatives that help make healthy choices available, affordable, and easy. CDC supports several approaches to improve nutrition and physical activity, including improving the food environments in childcare, schools, hospitals, and workplaces; reducing sodium levels in processed and restaurant foods; eliminating artificial trans fat in the food supply; and increasing opportunities for safe physical activity.

Behavior change related to healthful decisions is more likely to occur when all the cues (individual, interpersonal, institutional, community and public policy) are pointing in the same direction.

Policy Solutions:

- Improve availability of affordable healthier food and beverage choices in public service venues by requiring government food procurement to conform to the most current U.S. Department of Agriculture and American Heart Association dietary guidelines.
- 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.





MITIGATE THE HEALTH IMPACTS OF CLIMATE CHANGE

The Issue:

Climate change presents a threat to the health and well-being of Iowans; there are already health effects from the early stages of such change. In years to come, global warming will impact our communities more profoundly, so we must act now to minimize the extent of that impact through mitigation and adaptation strategies.

Predictions that global warming would be preceded by drastic weather events have played out over the last decades. In Iowa these were manifested most profoundly by rain and flood events. However, more subtle effects are well documented, as follows:

- Adverse health effects from extreme heat events are the most common cause of weather-related events, more than hurricanes, lightning, tornadoes, flooding and earthquakes combined. Respiratory health in Iowa is impacted by climate change. Increased mold and pollen exposures precipitate allergies as well as respiratory diseases, such as asthma and bronchial toxicities. High daytime temperatures increase particulate matter air pollution and ground level ozone which is associated with diminished lung function, increased hospital admissions and ER visit for asthma and an increase in premature death. Our most vulnerable populations are at risk.
- As lake and pond water heats up, toxins are increasingly formed by cyanobacteria (blue-green algae) which are harmful to humans whether in drinking water or exposure by swimming in affected water. Iowa beach closures have increased from 24 in 2013 and 22 in 2014 to some 34 by summer's end in 2015, a 50% increase. High spring rainfall events exacerbate the situation as they bring agricultural and lawn fertilizers into the water and sometimes raw sewage, all of which support the growth of cyanobacteria.
- Infectious agents are an increasing risk because Iowa's climate changes permit survival and propagation in mosquito and tick populations. West Nile virus disease may be the forerunner in Iowa to the introduction of other insect borne diseases that were formerly restricted to tropical or subtropical regions (e.g., Malaria, Dengue, Chikungunya and other diseases).
- Change, especially when unpredictable, creates mental health issues and stress-related disorders for many people.

With adverse health issues already recognized, we must act now. Many state and local health departments have already created climate change units to plan and develop adaptation and mitigation strategies. The 2014 Iowa Climate Statement was signed by 180 Iowa academic professionals, certifying that adverse health outcomes already exist with more to come. These documents may be found at www.iowapha.org. Public health practitioners have an important role in promoting policies that simultaneously confront climate change and benefit health through collaboration with nontraditional health partners, including those in transportation, energy, agricultural and environmental sectors.

Policy Solutions:

- Implement the EPA's Clean Power Plan to reduce 30% of carbon pollution from existing fossil fuel-fired (coal) plants by 2030, and advocate for energy sources that do not promote climate change (e.g., wind and solar).
- Work across sectors to identify co-benefits of mitigation and adaptation strategies with nontraditional health partners including transportation, energy, housing and agriculture.
- Conduct ongoing health monitoring of climate change impacts including vulnerability assessments and environmental studies using geographic information system mapping and pay particular attention to the most vulnerable populations.





INVEST IN IOWA'S FOOD SAFETY SYSTEM

The Issue:

The inadequacy of food code licensing fees has resulted in a systematic degradation of Iowa's food inspection system and jeopardizes the health of Iowans and our economy. Current license fees fail to cover program costs. Since 1979, fees increased slightly in 1997 and 2008 while program costs have risen exponentially. Some counties subsidize as much as 50% of their food program costs. With the pending commercial property tax reductions, local public health agencies will be assessing service delivery; some locally contracted programs have already discontinued all or portions of their food inspection program as it is a fiscal liability (e.g., Polk, Jasper, Cerro Gordo and Shelby). This contributes to increased costs to Iowa as local programs are more cost effective. Unlike local programs, DIA receives a state appropriation that equals 85% of the food license fees collected and deposited in the general fund; DIA is permitted to retain the inspection fees collected in counties that have discontinued inspection contracting since 2009. In 2009, DIA inspectors worked in 23 of Iowa's 99 counties; today DIA inspectors work in 52.

For more than a decade, DIA and some local programs have not had the resources to meet the frequency of restaurant inspections established by the FDA. In recent years, DIA has reduced the minimum food inspection frequencies twice. In 2009, inspections were to occur 1-2 times per year depending on facility risk. In 2011, inspections shifted to every six to 24 months depending on risk. The erosion of Iowa's food safety program is a direct result of inadequate food license fees. When the 2014 legislature failed to increase fees, DIA revised its rules extending frequencies to 36 months for some facilities. Most facilities are inspected every 18 months. Some local inspection programs strive for greater frequency to protect the health of the public.

The public believes these assessments occur on a much more regular basis and therefore may have a false sense of safety from foodborne disease. Inadequate and irregular license fee increases are starving Iowa's food safety system and have the potential to put the health and lives of the consuming public at risk.

There is more to the Iowa food program food safety evaluation. The program works with establishments to develop corrective action plans, conducts follow up visits to ensure all items have been corrected and investigates complaints from the public. Staff also conduct plan reviews and on-site visits prior to the opening of an establishment and review documentation to ensure the establishment complies with its operating procedures. Adherence to FDA's *National Voluntary Retail Food Program Standards* expands the capabilities and competencies of facility inspectors as well. When adequately funded and executed, a modernized food inspection program is vastly improved through conformance with these standards. Iowa's food inspection program simply cannot provide the level of professional food safety services that Iowans expect and that are required by modern standards without the proper investment.

Policy Solutions:

- Increase food licensing fees to fully fund food safety program activities in compliance with Iowa Code.
- Authorize DIA to administer the food licensing fees through the Iowa Administrative Code.
- Establish a mechanism to annually increase fees by the percentage increase in the consumer price index.
- Create parity between license fees for retail food and food service establishments.





PROMOTE ORAL HEALTH SOLUTIONS

The Issue:

Oral disease is a health risk for children and adults. Tooth decay affects a child's ability to eat, sleep, talk, play and learn. In adults, gum disease has been linked to illnesses such as heart disease, lung disease, poor pregnancy outcomes, stroke, and even later-in-life memory loss. The good news is that tooth decay and other oral infections are highly preventable. The combination of daily oral hygiene practices in the home, health nutritional practices, regular dental care, and community water fluoridation has the potential to significantly reduce tooth decay and gum disease in children and adults.

Oral Health Care Barriers for Iowans:

- Just over 1 in 10 low-income children younger than 4 has tooth decay.
- More than 1 in 5 of 3- and 4-year-old low-income children has decay.
- Two-thirds of low-income children younger than 4 have never seen a dentist. Although the American Dental Association recommends a child's first check-up by their first birthday, less than 1 percent of Medicaid-enrolled children received a dental exam by the age of 1 last year.
- Sixty-five Iowa counties are designated as dental health professional shortage areas, in addition to portions of Polk County.
- More than half of Iowa dentists are over the age of 50. These dentists are nearing retirement without similar numbers of new dentists to replace them.
- Despite being named one of the top ten public health achievements in the 20th century, an alarming trend of fluoride elimination from community water systems is occurring across Iowa

In November 2014, oral health stakeholders from across Iowa convened for the "Oral Health Strategic Planning Forum" and collectively identified the following top five priorities: 1) increase oral health literacy; 2) expand care coordination; 3) enhance integration of dental and medical care; 4) improve dental team function and 5) improve transportation for dental services.

Policy Solutions:

- Assure that all Iowa water systems meet that "minimum and optimal" 0.7PPM standard of water fluoridation as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.
- Clarify the jurisdiction and responsibility of the Iowa Department of Public Health for 1) monitoring/regulating the fluoridation of the drinking water supplies and 2) assessing health issues and determining optimal fluoride concentrations.
- Continue support for the I-Smile™ program administered through the Iowa Department of Public Health. The I-Smile™ community-based coordinators improve access to oral health care through strengthened referral systems, care coordination, and preventive services.
- Maximize and expand the use of new and existing dental workforce. For example, include dental hygienists as Medicaid providers for reimbursement of services to encourage expansion of important preventive care to at-risk populations (e.g. nursing homes).
- Allow physicians and advanced registered nurse practitioners (ARNP) to receive separate Medicaid reimbursement for oral health screenings.
- Allow same day billing to Medicaid for medical and dental visits.
- Support a strong, comprehensive Medicaid dental program for children and adults that encourages prevention and disease management by focusing on population-health based practices.





PROTECT IOWANS FROM THE SALE OF RAW MILK

The Issue:

Pasteurization is simply the process of heating raw milk to 161°F for 20 seconds to kill any disease-causing bacteria that may be present. Since raw milk and its products provide an ideal environment in which bacteria can grow, pasteurization is necessary to prevent illness, especially in children.

In the five years between 2007 and 2014, there were 85 outbreaks attributable to unpasteurized milk that were reported to or investigated by the CDC. These outbreaks have made 1,185 people ill and hospitalized more than 60, including 6 children who suffered kidney failure. The cost of an outbreak can include medical bills as high as \$1 million and public health staff can spend more than 250 hours (average) investigating an illness outbreak related to raw milk.

Raw milk accounts for 1-3% of all milk sales in the United States while it is responsible for 97-99% of all milk-related outbreaks. The CDC has calculated that outbreaks related to raw milk occur 150 times more often than outbreaks associated with pasteurized milk.

Recognizing the potential risk to the health of Iowans posed by the potential sale of raw milk, several local boards of health (Benton, Black Hawk, Cerro Gordo, Council Bluffs, Johnson, Jones, Linn, Polk, Scott, and Winneshiek) have passed resolutions opposing the sale of raw milk.

Policy Solutions:

- Firmly support pasteurization of milk in Iowa to protect the health of its citizens.

