Leading the Way for Public Health in Iowa

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

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

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

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

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

For the 2016 Iowa Legislative session, IPHA has set the following priorities:

- Advance Health in All Polices
- Assure the Adequacy and Capabilities of Iowa’s Public Health Workforce
- Improve the Quality of Public Health in Iowa through PHAB accreditation
- Rethink Iowa’s Public Health Funding for a Smarter Return on Investment

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

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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 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.
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.

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 to develop a HiAP plan for Iowa.
- Create a pilot project to implement 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.
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); and
- Major transformations in the health system (e.g., Affordable Care Act, Medicaid managed care, integrated approaches to prevention and primary care)
- 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.
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.