2018 Public Health Policy Priorities

Iowa Public Health Association
www.iowapha.org
www.facebook.com/IowaPublicHealthAssociation | http://twitter.com/#!/iowapha
Building a Shared Value for Public Health in Iowa

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

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

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

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

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

For the 2018 Iowa Legislative session, IPHA has set the following priorities:

- Address Iowa's Water Quality to Protect Public Health
- Advance Health in All Polices
- Assure the Adequacy and Capabilities of Iowa's Public Health Workforce
- 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).

Contact:
Jeneane Moody  |  IPHA Executive Director
515.491.7804  |  iowapha@gmail.com
ADDRESS IOWA’S WATER QUALITY TO PROTECT PUBLIC HEALTH

The Issue:
Water has a profound influence on health and is essential to our daily survival. As the principal medium for disease prevention, the quality of water is essential to life. In 1987, surface and groundwater integrity was a concern and therefore, the Groundwater Protection Act was adopted (Iowa Code Chapter 455E). The intent of the act was to prevent contamination of groundwater from point and nonpoint sources to the maximum extent practical. Many outstanding initiatives were developed from this legislation.

However, the risks to the health of Iowans from polluted water remain real and include:
- Longstanding issues: nitrates, pesticides (atrazine, herbicide degradates), disinfection byproducts (trihalomethanes, haloacetic acids).
- Emerging issues: arsenic, microcystin/cyanobacteria, neonicotinoid insecticides, pharmaceutical compounds, radionuclides (isotopes of radium, uranium, radon).
- Properly treated water that may become contaminated again after it leaves the treatment plant and enters the distribution system due to infrastructure in need of repair (e.g., lead).

Exposure to water affected by harmful algal blooms can result in dermatological, gastric, neurological and respiratory problems. Exposure to nitrates and other compounds in drinking water pose risks to infants and is associated with birth defects. Radioactive iodine can concentrate in the thyroid, and long term exposure to elevated levels can cause thyroid cancer. In Iowa studies, long-term, low dose exposure to nitrates is associated with an increased risk for bladder, ovary and thyroid cancers.

Iowa’s water quality issues are complex and severe, yet for the health of Iowans, our solutions must be collective. There are real public health benefits to improved water quality, and we must promote the basic right of all Iowans to safe and affordable drinking water. Addressing water quality will produce co-wins for Iowa’s other non-health sectors by strengthening local economies; reducing potential for flooding; providing more inviting places for people to recreate and exercise; and making our communities more attractive places to live, work and play.

Policy Solutions:
- Invest in substantial, sustainable funding and an accountable watershed-based approach that brings urban and rural communities together to find solutions
- Update Iowa Department of Natural Resources rules and funding to support a fully comprehensive water monitoring plan
- Engage State Hygienic Laboratory (SHL) for science-driven water monitoring plan implementation, maintain and augment testing network capacity.
- Fund the Natural Resources and Outdoor Recreation Trust Fund as a vehicle for addressing the degradation of Iowa’s water quality (and increasing Iowans’ access to physical activity).
- Assure implementation of Iowa’s Nutrient Reduction Strategy (INRS) and science-based options to prevent and treat nitrate (and phosphorus) pollution.
- Update Iowa’s Groundwater Protection Act with an emphasis of continued monitoring via Grants to Counties and surface water monitoring.
- Initiate a funding system that will facilitate wastewater treatment in unsewered communities.

Source: Contaminants in drinking water and health effects. Peter Weyer, PhD, Center for Health Effects of Environmental Contamination at the University of Iowa – Nov. 2016 [available at: www.iowapha.org] - https://www.epa.gov/radiation
ADVANCE HEALTH IN ALL POLICIES

The Issue:
The health of Iowans contributes to a robust economy and the livability of our state. The Health In All Policies (HiAP) approach to decision-making aims to improve the efficiency and cost-effectiveness of legislative actions in balance with the health of Iowans. We must make wise policy and financial investments that value the health of Iowans in order for Iowa to truly become the “healthiest state in the nation.” Our greatest health challenges and solutions are highly complex and extend beyond the doctor’s office. The social, physical, and economic environments in which Iowans live, work, learn and play significantly impact their health. Therefore, improving the health of Iowans requires collaboration with experts in housing, transportation, education, water and air quality, criminal justice and employment.

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.

A key component that supports HiAP is the Health Impact Assessment (HIA). HIA is a data-driven process that supports lawmakers to proactively enhance the positive impacts of policy decisions and mitigate the negative, well before health consequences are felt by Iowans and additional tax dollars are required to make corrections after implementation. HIAs have demonstrated cost-savings and improved health outcomes in a variety of issue areas, ranging from land use, housing and transportation projects to labor, education and economic policies. Iowa is one of only seven states nationally that has not conducted a single HIA to improve decision-making. Minnesota has conducted 34 HIAs, the majority informing built environment and transportation decisions with additional HIAs in the natural resources, education and social justice sectors. Kansas has leveraged HIAs to consider issues from the potential health effects of casinos to expanding liquor licenses to changes in corporate farming law.

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. Public health agencies across the state are 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 seeks statewide endorsement and 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.

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 test 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.
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:
• Major transformations in the health system (e.g., Affordable Care Act, Medicaid managed care, integrated approaches to prevention and primary care, value based care);
• A demand for public health workers with different skill sets to accommodate the changing dynamics of public health (see Foundational Public Health Services framework capabilities/programs that no health department should be without);
• 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
• Greater demand for public health services to address the needs of Iowa’s increasing aging and chronically ill populations and mental health challenges.

Public health departments must retain a skilled workforce of sufficient size and training to successfully manage longstanding public health issues and emerging health threats like prescription drug overdoses, water quality and climate change. This is especially important given the substantial costs to government of recruiting, hiring, and training new staff.

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. And a survey of Iowa’s local public health departments shows few 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).

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.
• Identify strategies that align with Future Ready Iowa and the National Consortium for Public Health Workforce Development.
• Support implementation of recommended strategies to address identified public health
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. However, 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 and in some cases eliminating, public health efforts. Additional resources are needed to adequately support improving access to care, controlling diseases, eliminating health disparities and other public health activities and core functions.

The state of Iowa spends an average of $15.86 a year on the public health needs of each resident, the 40th highest level in the nation. The state receives an additional $19.98 per person in funding from the CDC (27th in the nation) and $17.19 per person from HRSA (38th in the nation). The Prevention and Public Health Fund (PPHF) in the Affordable Care Act (ACA) has awarded $55 million in grants to Iowa since 2010 for community and clinical prevention efforts and improvements to public health infrastructure. Iowa receives $71 per person from state, CDC, and HRSA funds (31st in the nation); the national average is $99 per person. Threats to the PPHF mean Iowa could miss out on an investment of $35,630,210 over the next five years.

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.

The foundational public health services (FPHS) version 1.0 is a conceptual framework outlining the capabilities and areas (i.e., programs) that no health department should be without and for which costs can be estimated. The framework also leaves space for additional important programs and activities that are specific to the needs of the community served by the health department.

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.