



PUBLIC HEALTH REPORTS REQUIRED BY 2016 IOWA ACTS HF 2460

Reports Required. In the FY 2017 Health and Human Services Appropriations Act (2016 Iowa Acts, chapter [1139](#)), the General Assembly directed the Iowa Department of Public Health (IDPH) to submit two separate reports by December 15, 2016, that cover three main objectives:

- Create a proposal for realigning appropriations to reflect current priorities and goals.
- Make recommendations for a broader, systemic workforce strategy and include strategies developed with the Iowa Department of Education to encourage elementary and secondary education students to pursue careers in the fields of health and health care.
- Sample non-State entities that receive State funding and report on the objectives and results of the programs funded and identify how funds are utilized, targeted populations served, and continuing programming needs in the future.

The [Health and Human Services Budget Bill Report](#) and [Workforce Report](#) were submitted earlier this month.

Budget Realignment Recommendations. The goal of the IDPH recommendation was to ensure that programs reflect the goals of the Department and to provide increased flexibility in the distribution of funding to meet the identified priorities and goals. The IDPH provided goals and priorities for each budget unit and recommendations for adjusting the appropriations in the bill. The following summarizes the IDPH's recommendations.

Addictive Disorders: In total, 3.5% of this appropriation is specifically allocated to particular entities or for specific purposes. The appropriation currently has two main allocations: one for Tobacco Use, Prevention, and Control and one for Gambling and Substance Abuse Disorders. The IDPH recommends continuation of the current appropriation language.

Healthy Children and Families: In total, nearly 86.0% of this appropriation is specifically allocated to particular entities or for specific purposes. For FY 2017, there were a total of eight allocations in the appropriation. The IDPH recommendations are:

- Move the administration of the Child Burial Expense Program to the Department of Human Services.
- Remove all specific allocation paragraphs for programs.

Chronic Conditions: In total, nearly 98.0% of this appropriation is specifically allocated to particular entities or for specific purposes. For FY 2017, there were a total of 15 allocations in the appropriation. The IDPH recommendations are:

- Revise the opening language of the appropriation to read, "For screening, preventing, and managing chronic conditions or special health care needs." The current language reads, "For serving individuals identified as having chronic conditions or special health care needs."
- Merge funding for the Prescription Drug Donation Repository in Chronic Conditions and Community Capacity into a single allocation in Community Capacity. Reallocate \$25,000 to the IDPH to provide program oversight compliant with Iowa Code chapter [135M](#).
- Merge funding for the AIDS Drug Assistance Program in Chronic Conditions and Infectious Diseases into a single allocation in Infectious Diseases.
- Remove all specific allocation paragraphs for programs.

Community Capacity: In total, nearly 85.0% of this appropriation is specifically allocated to particular entities or for specific purposes. For FY 2017, there were a total of 16 primary allocations in the appropriation, with eight other second-degree allocations. The IDPH recommendations are:

- Transfer Essential Public Health Services funding to Healthy Aging.

- Maintain the allocation of \$160,285 for the Iowa Primary Care Association (IPCA) for administrative support to the Collaborative Safety Net Provider Network.
- Shift the allocations for Free Clinics of Iowa, the Iowa Association of Rural Health Clinics, and the Volunteer Provider Network to the IDPH instead of the IPCA. Continue the annual allocations for these recipients.
- Merge funding for the Prescription Drug Donation Repository in Chronic Conditions and Community Capacity into a single allocation in Community Capacity. Reallocate \$25,000 to the IDPH to provide program oversight compliant with Iowa Code chapter [135M](#).
- Merge the funding for the Iowa Coalition Against Sexual Assault funding in Community Capacity and Public Protection into a single allocation in Public Protection.
- Allocate all vision screening funding to the IDPH for vision screening programs.
- See further recommendations made in the Workforce Report. These will be covered in the following section.

Healthy Aging: This appropriation does not have any specific allocations. There is a formula for the distribution of funding to local boards of health in [641 Iowa Administrative Code chapter 80](#). The IDPH recommendations are:

- Transfer Essential Public Health Services from Community Capacity into Healthy Aging.
- Rename the budget unit “Essential Public Health Services” to better reflect the broad range of activities and services funded with these dollars.

Infectious Diseases: This appropriation does not have any specific allocations. The IDPH recommends merging funding for the AIDS Drug Assistance Program in Chronic Conditions and Infectious Diseases into a single allocation in Infectious Diseases.

Public Protection: In total, 41.0% of this appropriation is specifically allocated to particular entities or for specific purposes. For FY 2017, there were a total of four allocations in the appropriation. The IDPH recommends merging the funding for the Iowa Coalition Against Sexual Assault in Community Capacity and Public Protection into a single allocation in Public Protection.

Resource Management: This appropriation does not have any specific allocations. The IDPH recommends continuation of the current appropriation language.

The following table shows the net change to each General Fund appropriation recommended by the report. The table also reflects a change recommended by the Workforce Report, which will be covered in the next section.

	Estimated FY 2017 <u>(1)</u>	Report Recommendation <u>(2)</u>	Report vs. FY 2017 <u>(3)</u>
Public Health, Dept. of			
Addictive Disorders	\$ 26,988,690	\$ 26,988,690	\$ 0
No funding changes	<u>0</u>	<u>0</u>	<u>0</u>
Total Addictive Disorders	\$ 26,988,690	\$ 26,988,690	\$ 0
Healthy Children and Families	\$ 5,693,774	\$ 5,693,774	\$ 0
No funding changes	<u>0</u>	<u>0</u>	<u>0</u>
Total Healthy Children and Families	\$ 5,693,774	\$ 5,693,774	\$ 0
Chronic Conditions	\$ 5,080,692	\$ 5,080,692	\$ 0
Move Prescription Drug Donation Repository	0	-129,411	-129,411
Move AIDS Drug Assistance Program	<u>0</u>	<u>-547,982</u>	<u>-547,982</u>
Total Chronic Conditions	\$ 5,080,692	\$ 4,403,299	\$ -677,393
Community Capacity	\$ 7,339,136	\$ 7,339,136	\$ 0
Move Prescription Drug Donation Repository	0	129,411	129,411
Move Essential Public Health Services	0	-1,164,628	-1,164,628
Move Iowa Coalition Against Sexual Assault	0	-50,000	-50,000
Appropriate Primary Care Trust Fund directly to ICSAC	<u>0</u>	<u>-105,823</u>	<u>-105,823</u>
Total Community Capacity	\$ 7,339,136	\$ 6,148,096	\$ -1,191,040
Healthy Aging (Rename Essential Public Health Services)	\$ 7,297,142	\$ 7,297,142	\$ 0
Move Essential Public Health Services	<u>0</u>	<u>1,164,628</u>	<u>1,164,628</u>
Total Healthy Aging (Rename Essential Public Health Services)	\$ 7,297,142	\$ 8,461,770	\$ 1,164,628
Infectious Diseases	\$ 1,335,155	\$ 1,335,155	\$ 0
Move AIDS Drug Assistance Program	<u>0</u>	<u>547,982</u>	<u>547,982</u>
Total Infectious Diseases	\$ 1,335,155	\$ 1,883,137	\$ 547,982
Public Protection	\$ 4,339,191	\$ 4,339,191	\$ 0
Move Iowa Coalition Against Sexual Assault	<u>0</u>	<u>50,000</u>	<u>50,000</u>
Total Public Protection	\$ 4,339,191	\$ 4,389,191	\$ 50,000
Resource Management	\$ 1,005,072	\$ 1,005,072	\$ 0
No funding changes	<u>0</u>	<u>0</u>	<u>0</u>
Total Resource Management	\$ 1,005,072	\$ 1,005,072	\$ 0
Total Public Health, Dept. of	<u>\$ 59,078,852</u>	<u>\$ 58,973,029</u>	<u>\$ -105,823</u>
Iowa College Student Aid Commission (ICSAC)			
Rural Primary Care Loan Repayment Program	\$ 1,600,000	\$ 1,600,000	\$ 0
Appropriate Primary Care Trust Fund directly to ICSAC	<u>0</u>	<u>105,823</u>	<u>105,823</u>
Total Rural Primary Care Loan Repayment Program	\$ 1,600,000	\$ 1,705,823	\$ 105,823

Workforce Development Program Strategies. (The appendices identified below can be found in the [Workforce Report](#).) There have been many programs and reports related to the health care workforce in Iowa. From 2003 to 2015, the IDPH has submitted 29 separate reports covering many professions, types of care, specific shortages, and strategies. These reports are listed in Appendix C.

To begin work on this report, the IDPH first reviewed a 2016 report by the University of Iowa Center for Health Policy Research that analyzed current health workforce programs (executive summary in Appendix A). These programs cover many techniques for addressing workforce shortages, including recruitment, development, and retention techniques in the medical, mental health, and dental health fields. Strategies include loan repayment, visa waivers, liability protection, and specialized training. This report covers 13 current programs by outcome, impact in addressing identified needs, program gaps, and the number of program recipients still in Iowa if known.

Emerging recommendations in the University of Iowa report questioned whether reallocating State funds across programs would strengthen efforts to meet the State's needs regarding workforce distribution. Of the 13 programs reviewed, eight receive State funding. Of those programs, three focus on workforce recruitment, three are designed to increase the skills of providers, one expands learning opportunities for physicians receiving advanced training in Iowa, and one encourages volunteer providers to serve at free clinics. Reallocation considerations should include:

- Funding approaches in recruitment, retention, and training across all programs.
- Continuing to target specific needs within professions.
- Exploring strategies to leverage additional funding.
- Revising legislative language regarding allocations to allow flexibility in maximizing awards.
- Funding ongoing program performance evaluations and using those to set future program directions.

Moving on from the University of Iowa report, IDPH staff conducted a review of all existing health care workforce efforts across Iowa State agencies (Appendix B). This investigation focused on how IDPH programming fits within the broader context of all health care workforce improvement strategies across State government. Other State agencies that administer related programs and initiatives include:

- College Student Aid Commission
- Department on Aging
- Department of Education
- Department of Human Services
- Economic Development Authority
- Workforce Development
- Governor's Office STEM Advisory Council and Future Ready Initiative

The IDPH has also issued a Request for Proposal (RFP) for two projects. The first project will conduct a similar review of strategies and projects occurring in Iowa that are not being conducted by government agencies. The second will facilitate a summit of key stakeholders to develop recommendations for improving Iowa's health care workforce. Work is expected to begin January 1, 2017. The summit format was chosen over the establishment of another advisory council to allow for more flexibility of participation and a conversation format. The summit is also expected to complement the work of existing advisory councils. The results of this report are expected to further the understanding of previously gathered information to provide direction for a broader and more systematic health care workforce initiative. The RFP winner has not yet been announced.

The IDPH is collaborating with the Future Ready Iowa Initiative to ensure that projects like Iowa's Career Coach include information on health care professions that can be accessed by teachers, students, and parents. This will help inform them about Iowa's high-need professions and the education paths available. The IDPH staff has also joined the Iowa Office of Career, Technical, and Adult Education Career Pathways Technical Assistance Team. This Team is working to advance career pathways in Iowa in order to better meet education and workforce needs in Iowa. Most pathway projects in Iowa target post-secondary education programs. IDPH involvement will promote methods that encourage students to enter health care fields.

The following summarizes the IDPH's current budget and program recommendations in the workforce report.

Community Capacity

- Maintain the allocation and separate fund for the Medical Residency Program.
- Appropriate funding directly to the College Student Aid Commission, rather than the IDPH, for deposit into the Iowa Primary Care Trust Fund established in Iowa Code section [261.113](#).
- Combine the remaining workforce allocations into one allocation and place the funds into the revolving account established in Iowa Code section [135.75](#). This will maximize the IDPH's flexibility to:
 - Identify and fund critical health care professions as need arises and priorities shift.
 - Respond to changes in federal designation of underserved areas.
 - Develop new State-funded programs for loan repayment to address shortage issues or to engage communities in recruiting and retention of health care providers.
 - Implement enhanced data collection and program evaluation processes to assess the impact of workforce programs.
 - Plan for multiyear project periods that better align with academic years or extensive recruitment activities.

Code Recommendations

The report includes updates to several sections of the Iowa Code. The full list of recommendations is covered in Appendix D, but highlights include:

- Remove outdated language in Iowa Code section [135.107\(3\)\(c\)](#). This section refers to a State-federal partnership program that was repealed by the federal government.
- Remove "long-term care" from the directive in Iowa Code section [135.163](#) to better reflect the inclusiveness of the various professions of Iowa's public health and health care workforce.
- Update language in Iowa Code section [135.175](#). Some of the accounts and program policy components have sunset and need to be removed.
- Remove Iowa Code section [135.180](#), the Mental Health Stipend Program, which was not funded in FY 2017.

Non-State Entities. Appendix A of the [Health and Human Services Budget Bill Report](#) covers funding that was provided to non-State entities. This appendix discusses historical funding, target populations served, types of services provided by State funding, continuing needs of the private organization to meet its objectives, and continuing needs of the target populations. The report covers 19 contractors who have been receiving funding since FY 2007.

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