



**Iowa Department of Public Health**  
Promoting and Protecting the Health of Iowans

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Thomas Newton, MPP, REHS  
Director

Chester J. Culver  
Governor

Patty Judge  
Lt. Governor

**FACT SHEET**  
**Obesity in Iowa: A Statewide Epidemic**

**Adult Obesity**

- In 2006, 1.4 million (62.9%) Iowans were overweight or obese.
- The number of Iowa adults who are overweight or obese has increased by 36% over the last 10 years.

**Children Overweight Rates**

- The Iowa Department of Public Health has measured the height and weight of over 4,000 elementary students in 12 Iowa schools. 62.3% of the children had a normal BMI, 19.6% were at risk for overweight, and 18.1% were overweight.
- Children enrolled in the WIC program were 17.9% at risk for overweight and 14.6% overweight.

**Obesity is Costly**

Obesity reduces economic productivity, increases the risk for chronic disease and premature death, and drives up medical expenses. Everyone pays the price.

- Total annual health care costs attributable to adult obesity in Iowa are estimated at \$783 million (2003 dollars).
- Close to one-half of these costs are paid by Medicare and Medicaid (\$363 million).
- People who are obese spend 36% more on medical expenses each year compared to adults with a healthy weight.
- More than 75 percent of medical care costs are attributable to chronic diseases, which in large part are preventable.
- A recent study estimated annual medical spending due to overweight and obesity to be as much as \$92.6 billion (2002 dollars), 9.1 percent of U.S. health expenditures.



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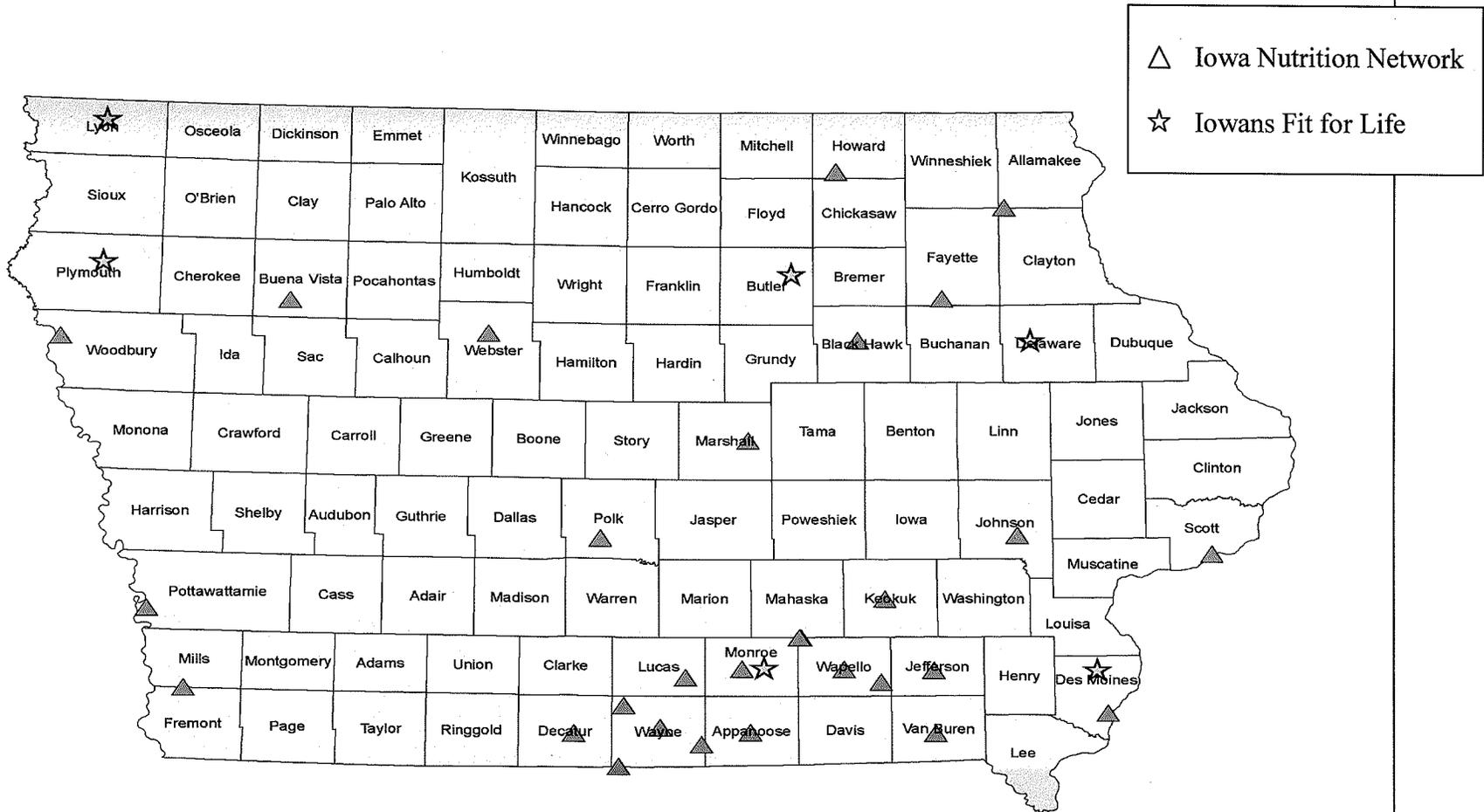
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**FACT SHEET**  
**Obesity Prevention**

The FY 2008 state funds for obesity prevention, in the amount of \$240,000, are utilized to promote healthy behaviors and improve the nutrition and physical activity environment of Iowa in an effort to decrease the prevalence of overweight and obesity:

- The Iowa Nutrition Network has provided funding to 17 community contractors working directly with low-income children and their families. A \$75,000 match was generated from the federal USDA food stamp nutrition education program to bring the total funds available for the project to \$150,000. A series of four to six events in each community is being conducted to engage low-income families in hands-on healthy food preparation and family movement adventures. As an expected outcome community partners will link families to low-cost resources for healthy eating and physical activity. Reach: 28 communities in 23 counties.  
**\$75,000**
- Six communities were provided funding to strengthen local food systems and physical activity opportunities. Technical assistance is provided to the communities through the Iowa Network for Community Agriculture which uses a mapping system to build on community strengths. The communities work to build capacity through their local coalition with an end result of implementing a sustainable plan that will improve access to fruits, vegetables, and physical activity opportunities. Reach: Six communities in six counties.  
**\$120,000**
- Funds were used to expand the evaluation of the Iowans Fit for Life pilot intervention. This included collecting food recall data from elementary students in 12 communities, as well as data entry and analysis. This data should support preliminary findings that show the intervention is successful in increasing fruit and vegetable consumption. Reach: 12 communities in 12 counties.  
**\$10,000**
- The Iowans Fit for Life Partnership implementation group is using state funding to implement several strategies from Iowa's Comprehensive Nutrition and Physical Activity plan. These strategies include a worksite wellness initiative targeted at small businesses, a faith-based approach to increasing fruit and vegetable consumption, a tool for health-care providers to prescribe nutrition and physical activity for their patients, supporting a training for higher education institutions to ensure quality physical education, and providing family support workers with nutrition and physical activity tools that they can use directly in home visits with families. Reach: Statewide.  
**\$35,000**

# House File 909 Funding Map





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## Fact Sheet

### Health Promotion and Wellness

*“Healthy kids, healthy families, healthy communities – a healthy Iowa!”*

#### Background

Currently the health care system focuses on providing treatment for those affected by chronic disease such as diabetes, cardiovascular, cerebral vascular, and obstructive respiratory diseases. These diseases are largely preventable, as the underlying morphology is affected both directly and indirectly by risk factors such as unhealthful nutritional habits and sedentary lifestyle. The rate of overweight and obesity in Iowans is increasing at alarming rates. These risk factors are on the rise in our children as well.

Building on the success demonstrated with the Harkin Wellness and Environmental Health Capacity grants, local boards of health will receive Wellness Grants for a two-year project period based upon the availability of funding. Community wellness programs will focus on programs that increase physical activity and improve nutrition.

#### Request

The department requests \$900,000 to fund a Healthy Community initiative targeting wellness strategies. Of that amount, \$558,425 will be distributed to local boards of health. The remaining \$341,575 would be used at the departmental level for 3 FTE and resources necessary to support the project communities as they plan and develop wellness strategies and establish methodologies to sustain these strategies into the future. This support will include capacity-building strategies, technical assistance, consultation, and ongoing evaluation.

#### Benefits

**An active, healthy lifestyle is a key component to aging well.**

The department believes allowing local determination of wellness improvement strategies is essential. Each community faces unique concerns, and each has different resources to address problems. In developing their own goals, objectives and action plan, the local board of health and public health delivery system will engage their community in changing conditions that imperil health by committing to health promotion and wellness at every level.

#### Consequences

The implications of the growing epidemic are problematic. Being overweight or obese is associated with several of the leading causes of death in Iowa – heart disease, cancer, stroke, and diabetes. It is estimated that more than a quarter of the growth in health-care spending over the past 15 years is due to obesity. Without aggressive commitment to change lifestyle behaviors, we will only see this trend continue and worsen! And, along with the increasing cost of health care, quality of life will suffer.

#### Timeliness

Wellness is breaking out all over! More Iowans are at least thinking about healthy habits, as are policy makers. We recognize that wellness is the last viable long term cost control strategy. We need to capitalize on this increased awareness.

**“As the Wellness score goes up, the cost of medical care goes down”**  
- Martin Collis, PhD at Barn Raising VI August 3, 2007

**“If you looked at any epidemic - whether it’s influenza or plague from the Middle Ages - they are not as serious as the epidemic of obesity in terms of the health impact on our country and our society.”**

- Dr. Julie Gerberding, CDC  
February 20, 2004



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**FACT SHEET**  
**Supporting Children's Healthy Mental Development**

The Iowa Department of Public Health's *1st Five* Healthy Mental Development Initiative develops effective community systems of care between public and private providers. This community-based system enhances the identification of children at risk for developmental problems and assures appropriate referral and follow-up care. The project currently operates in multiple community sites that will impact care for approximately 42,000 children birth to five years.

***1st Five* Key Accomplishments**

**Program Development**

Three child health center community sites were chosen to receive Healthy Mental Development Funds from the FY06 Iowa Department of Public Health legislative appropriation. These local sites developed best practices for community capacity building to increase social-emotional developmental surveillance during well-child visits and to design a referral and follow-up model for linking families to recommended services.

Effective strategies between health providers who care for children, local community-based agencies, and referral services to support children's healthy mental development are ready for further statewide spread.

The 2007 General Assembly appropriated additional funding (\$200,000) to advance program dissemination to more communities. As a result, 7 counties were added either as *1st Five* sites or as community planning grantees. Continuing support for current implementation sites will sustain and further develop best practices including expansion to additional medical practices, development of outreach strategies and engagement of key stakeholders.

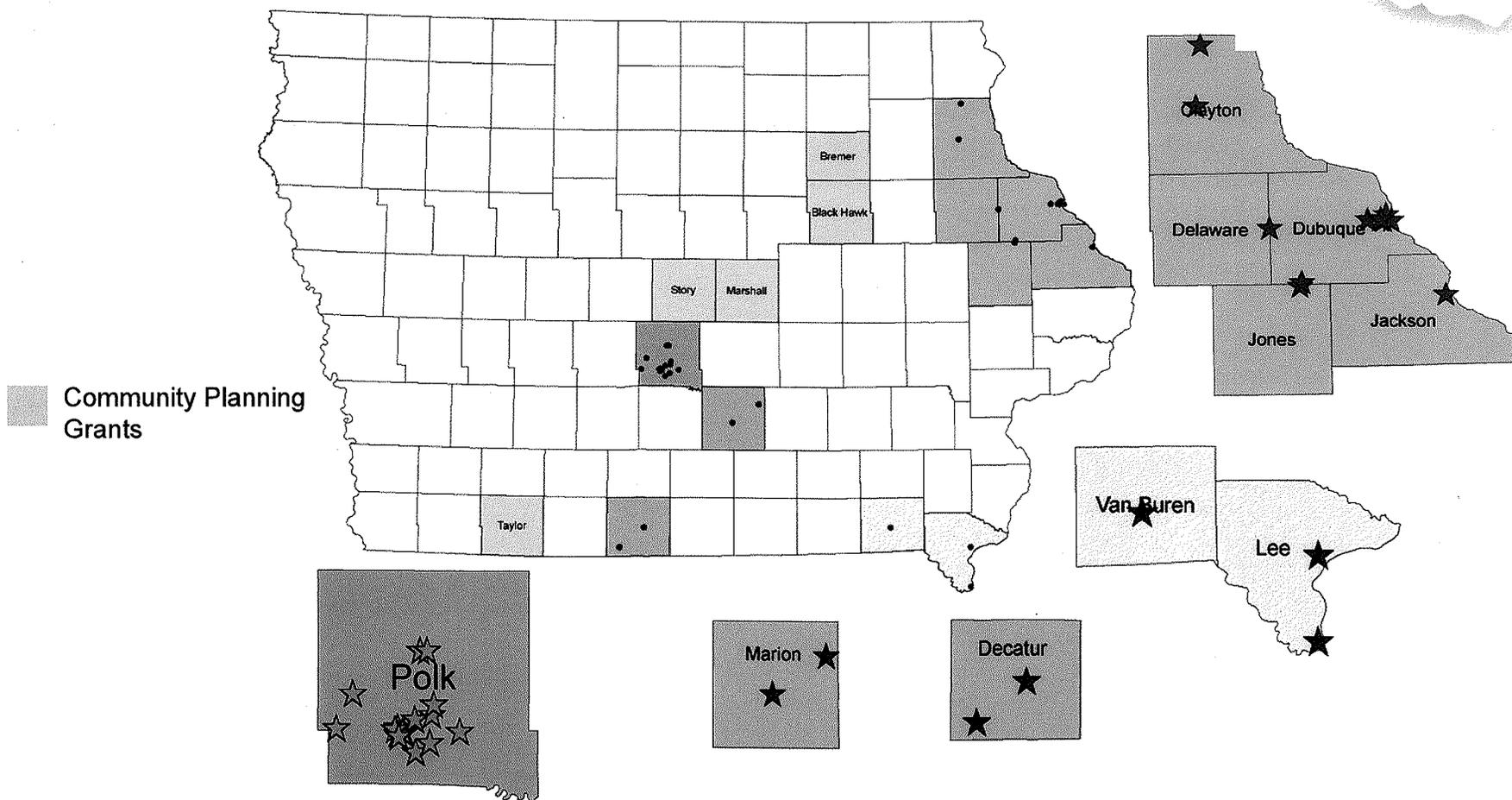
**Medical Community Engagement**

For FY08, it is estimated that an additional 38 more medical practices will be added to the existing 27 participating practices, impacting approximately 42,000 children birth to five years.

# 1st FIVE Healthy Mental Development



## Primary Care Practice Sites



**Year 1/ FY 07** – Engaged 27 medical practices to provide comprehensive developmental surveillance, impacting approximately 22,000 children, birth to 5 years.

**Year 2/ FY 08** – Added Marion and Decatur Counties. Working to engage an additional 38 medical practices that will impact approximately 20,000 more children, birth to 5 years.



**1st  
FIVE**

## Contact Information

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**FACT SHEET**  
**Mental Health Workforce**

**Mental Health Professional Shortage Area Program (\$200,000)**

IDPH, in coordination with other state agencies, has scheduled the issuance of a request for proposal in February 2008 to award five (5) \$40,000 recruitment/retention grants to qualified Community Mental Health Centers or inpatient community based hospitals. The intent of the grants is to recruit/retain psychiatric medical directors in federal mental Health Professional Shortage Areas. The focus of the first year will be on retention of existing psychiatric medical directors. The \$40,000 awards make the program competitive with bonus programs in other states.

**Intern Psychologist Rotation Program (\$50,000)**

IDPH is contracting with the Iowa Psychological Association to develop a rural rotation intern program. The purpose of the program is to expose doctoral level psychologists to rural practice opportunities. Funding will be used for training program development.

**Psychiatric Post Graduate Residency Training Program (\$300,000 in FY07)**

IDPH has continued the interagency agreement with DHS Cherokee Mental Health Institute for the PA/ARNP post graduate training program. It has also continued to contract with the University of Iowa, Department of Psychiatry for a PA Psychiatric residency program and School of Nursing psychiatric nurse program.



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**FACT SHEET**  
**Hearing Aids and Audiological Services for Children**

**Issue**

Approximately 156 children ages 0 to 3 per year will be diagnosed with congenital or late onset hearing loss per year. Of the estimated total shown above, approximately 125 children do not have coverage for hearing aids and related costs. Of these 125 children, approximately 3% could be expected to be uninsured and around 80% covered by private health insurance which doesn't include hearing aides as part of their benefit plan.

**Legislation**

In response to policy recommendations to require insurance companies to pay for hearing aids and audiological services, the Legislature appropriated \$238,500 to the Iowa Department of Public Health to pay for these services.

**Progress to Date**

- Iowa EHDI Program obtained input from the EHDI Advisory Committee, made up of stakeholders representing the full scope of services for children who are deaf or hard of hearing.
- IDPH designed a program responsive to the unique needs of children with hearing impairment and assurance that these funds would be considered payer of last resort.
- Through an RFP process an award was issued to North Iowa Community Action Organization on November 19<sup>th</sup>. Contract negotiations were finalized in December 2007. The contract provides claims payment for eligible children retroactive to July 1, 2007.
- Development of a claims processing data base is in process.
- Information about the funds is disseminated through the quarterly EHDI newsletter, Iowa Speech-Language Hearing Association Conference, and the EHDI Advisory Committee. Hands and Voices, a family organization/support group is a member of the EHDI Advisory Committee as well as the Deaf Services Commission of Iowa.
- The EHDI program maintained a "wait list" of children in need of hearing aids and/or audiological services. Follow-up notices to the 23 children on the list (as of 1/23/2008) will be notified as soon as NICA can accept claims for payment – anticipate February 2008.



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**Culturally Competent Substance Abuse Treatment**

The Iowa Department of Public Health received \$450,000 in FY'08 to implement pilot projects for Culturally Competent Substance Abuse Treatment.

Three substance abuse providers were awarded \$115,000 to \$120,000 each through a competitive Request for Proposals process to implement Culturally Competent Substance Abuse Treatment pilot projects pursuant to House File 909:

1. Center for Alcohol and Drug Services, Scott County: 40 African-American and Hispanic clients
2. Jackson Recovery Services, Woodbury County: 150 Hispanic clients
3. Employee and Family Resources, Polk County: 75 African-American clients

The goals of the pilot projects are to:

1. increase substance abuse treatment service options for racial and ethnic diverse populations
2. provide best practice or tried treatment methods and document program outcomes so Iowa treatment providers may adopt culturally appropriate treatment methods
3. identify barriers and work with community wrap-around services to assist clients with barriers to participate in and complete treatment services
4. maintain contact and support services with clients for six (6) months
5. document and provide program outcomes by working with the Iowa Consortium for Substance Abuse Treatment and Research for coordination, monitoring and evaluation throughout the project
6. disseminate information about the pilot project including but not limited to programming, lessons learned, community involvement, and outcomes
7. provide continual culturally appropriate training to substance abuse treatment staff to work more effectively with the target population

Projects were implemented in November 2007. The Iowa Consortium for Substance Abuse Research and Evaluation at the University of Iowa will evaluate all three pilot projects. The first quarterly project reports are due to IDPH on February 15.

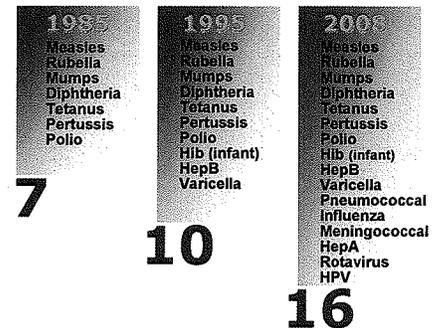
Representatives of the three pilot projects will present a session at the Annual Governor's Conference on Substance Abuse in April 2008 regarding their experiences to-date and progress toward project goals. The project will also fund cultural competency training at the Conference.

# Iowa Department of Public Health Bureau of Disease Prevention and Immunization Immunization Program Fact Sheet January 2008

Since the mid-1980s, many new vaccines have been developed and added to the recommended immunization schedule. The benefits of new and existing vaccines continue to lessen direct and indirect medical costs, improve the quality of life and save lives of Iowans. The U.S. vaccination program saves approximately \$10 billion in direct medical costs, and saves society approximately \$43 billion.

***In 1985, there were 7 vaccines in the routine childhood and adolescent immunization schedule compared to 16 vaccines in 2008.*** In addition to the increase in the number of vaccines recommended, the cost of vaccines have continued to increase. In 1985, the cost to vaccinate a child was \$45 compared to \$1,314 in 2008. ***This represents an increase of \$1,269 and more than 28 times the cost to vaccinate a child in 1985.***

Number of Vaccines in the Routine Childhood and Adolescent Immunization Schedule



## Vaccine Funding Sources

### Federal Vaccines for Children Program

- The Vaccines for Children (VFC) Program provides vaccines for children from birth through 18 years of age that meet one of the following criteria: Medicaid enrolled, uninsured, American Indian or Alaskan Native, or underinsured.
- *Underinsured children are eligible to receive VFC vaccine only if they are served by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).*

### Federal 317 Grant Vaccine Funds

- The Immunization Program receives Section 317 vaccine funds through an annual grant process.
- 317 vaccine funds are used to purchase vaccines for children who: 1. Are not eligible for the Vaccines for Children Program, 2. Are considered underinsured, and 3. Go to local public health agencies for vaccinations.
- Annual appropriations of 317 funds by Congress have not kept pace with the increased cost of vaccines and newly licensed vaccines.

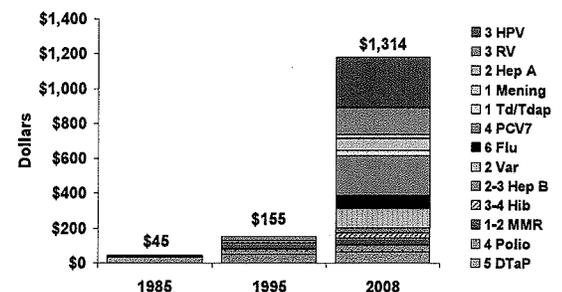
### State Vaccine Funds

- State vaccine funds are used to purchase vaccines for children who: 1. Are not eligible for the Vaccines for Children Program, 2. Are considered underinsured, and 3. Go to local public health agencies for vaccinations.
- The state FY08 budget for the Immunization Program is \$664,649 which included an increase of \$262,608 from the previous fiscal year. The increase in funds were utilized to purchase the recommended vaccines for underinsured children which totaled \$336,065. The remaining state funds are awarded to all 99 Local Public Health Agencies to enhance infrastructure, expand immunization activities, extend clinic hours and offer alternate vaccination clinics which collectively eliminate barriers to receive vaccines.

## Impact to Iowans

With the increase in vaccine costs and newly licensed and recommended vaccines, vaccine funding for the VFC Program has increased while 317 and State funds remain insufficient. To address the increasing cost of vaccines and newly licensed and recommended vaccines, the Immunization Program needs additional state funding to provide the recommended vaccines. If additional vaccine funds are not received, the Immunization Program will be unable to provide all of the recommended vaccines for those children most in need.

Federal Contract Prices for Vaccines Recommended Universally for Children and Adolescents 1985, 1995, 2008



Vaccine Funding Source	2005	2006	2007
VFC	\$5,646,037	\$11,524,393	\$15,339,555
317	\$2,986,675	\$2,733,880	\$3,031,936
State	\$75,000	\$77,482	\$336,065
Total Funding Received	\$8,707,712	\$14,335,755	\$18,707,556
Project Need	\$12,731,034	\$15,932,758	\$20,102,987
Shortfall	\$4,023,322	\$1,597,003	\$1,395,431