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# Public Health Funding

## *Visiting Nursing Services*

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# Background

- **PH funding is multifaceted and mostly categorical**
  - **Reliant on federal funding...55%**
  - **State appropriation ranking lowest per capita investment in the nation.**
  - **Local Public Health Service dollars distributed to local level ....Iowa Code: 641-80.1(135) category: Public Health Nursing Services**
  - **The purpose is to assist with assuring core public health functions and delivering essential public health services.**
  - **Public Health: Funder of Last Resort**

# What role does Public Health play: Provide gap-filling services

## Insured

- Physician/ARNP (medical home)
- ER
- Hospital
- Early Discharge
- Home-health care:  
Insurance/Medicare/  
Medicaid
- Shorter recovery time and  
reduced chances of  
complications

## Uninsured/Underinsured

- ER/ CHC
- Hospital (Iowa Cares)
- Early discharge (compromised  
environment)

# Gap in Services

- **Lacks assistance in home with medical needs such as:**
  - **IV Therapy**
  - **Wound care**
  - **Assisting with medications**
  - **Transportation**

# Public Health Nursing Services

## Funding in Action

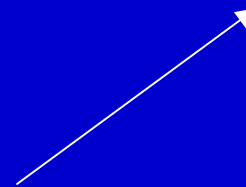
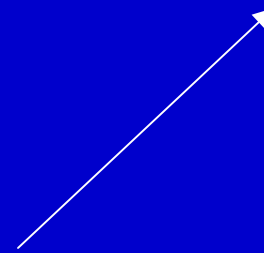
- Assure that all communities In Iowa have services that assist in promoting healthy behaviors and self – management of chronic disease.
- Provide nursing services to chronically ill adults and elderly in their homes to decrease the placement in costly nursing homes and reduce the burden on state Medicaid funding.
- Priority Population: Priority to serve vulnerable populations in Iowa.
- Provide “safety net” services for the uninsured, low income and the working poor.

# Decline in Local Public Health Services Funding

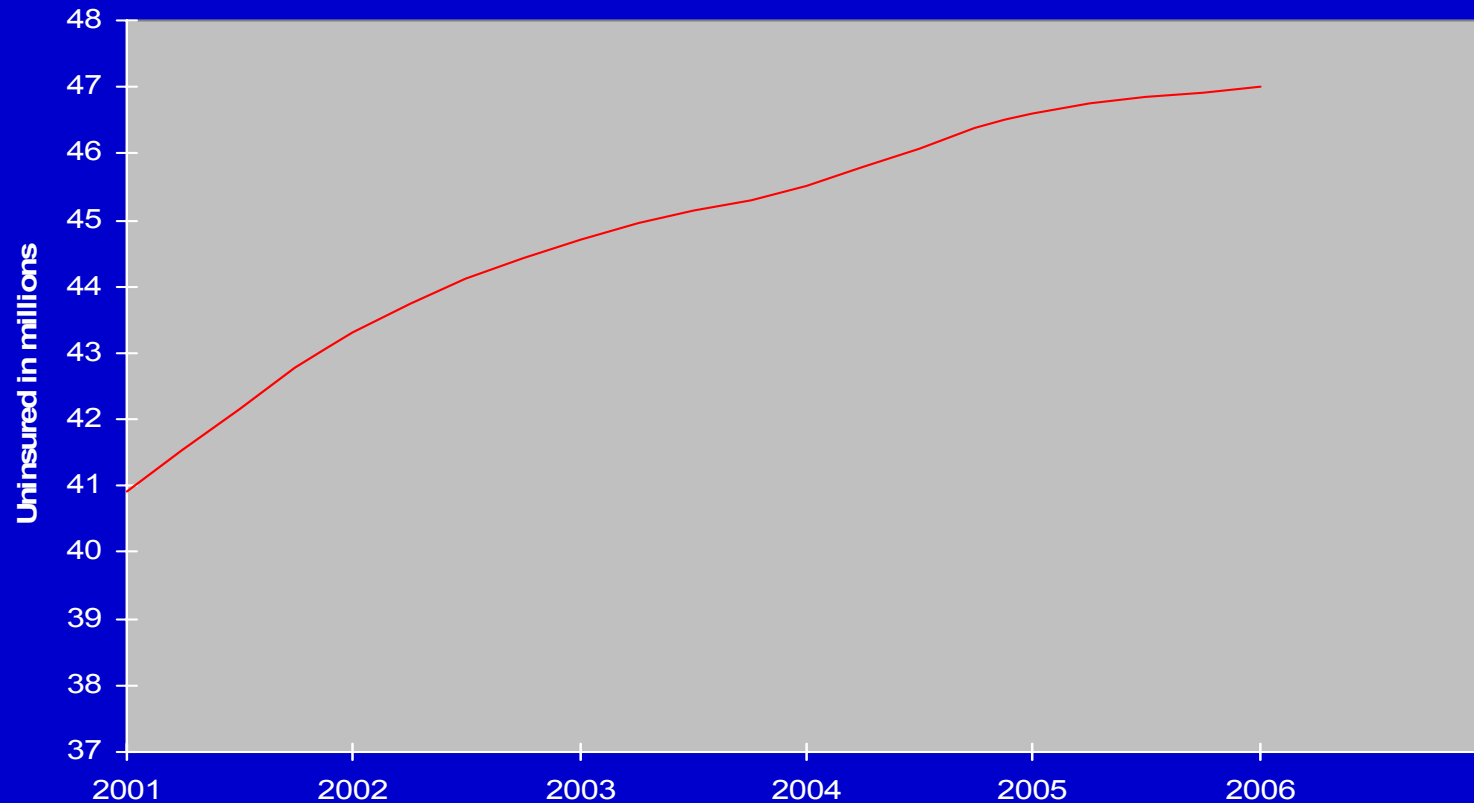
- FY01 \$13,933,924.00
- FY02 \$12,512,380.00
- FY03 \$10,875,716.00
- FY04 \$10,776,716.00
- FY05 \$10,539,947.00
- FY06 \$10,539,947.00
- FY07 \$10,539,947.00
- FY08 \$10,539,947.00

■ Healthcare Cost

■ Uninsured



# Increasing Uninsured Nationwide<sup>1</sup>



- Similar trend in Iowa

# Rising Cost of HealthCare<sup>2</sup>

- In 2005, total national expenditure rose 6.9%
  - \$6,700 per person
  - US healthcare is expected to increase at similar levels for the next decade
  - Reaching \$4 trillion in 2015



# Why problems still exists even with Medicare, Medicaid, IowaCares.

- Eligibility
    - Medicare requires extreme level of frailty to qualify for 'Homebound Services'<sup>3</sup>.
      - Under 21 or over 65
      - Or disabled
    - IowaCares limitations
    - Unwieldy process
      - Pending Disability Claim
    - Younger age with chronic illnesses and mental health diagnosis.
      - 58% of our clients are between age 31 - 64
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## Local Example in Polk County

- At VNS, we have 3.5 FTE Nurses dedicated to providing Public Health Nursing for all underinsured and uninsured adults in Polk County that require services. As the numbers of uninsured have risen dramatically (50% increase in clients), no additional funding has been allocated.
- Lack of funding for wound care and other supplies
- Lack of 24 hour coverage because of lack of funding
- Two types of clients:
  - Chronic health needs: Diabetes, CHF, Acute Mental Health Issues
  - Acute Care Needs ( Early discharge)

# Investment with significant return

- Investment in Local Public Health Nursing services to decrease placement in costly nursing homes and reduce the burden on state Medicaid funding.
- Invest to provide care to prevent reoccurrence of hospitalization (IowaCare).
- Invest to provide Chronic disease management to prevent episodes of costly hospitalization.

# Summary

- **Increasing number of Uninsured**
- **Increase in chronic illness, including mental illness**
- **Increase in elderly population**
- **Decrease in Funding**

# Policy Recommendations

- Request for local Public Health Nursing Dollars.
- We request an appropriation of \$1,000,000 directly to the Department of Public Health designating the dollars to Local Public Health Nursing Services, 641-80.9(135).

# Sources

<sup>1</sup>Health Uninsurance Coverage in America.(2004). Retrieved February 8, 2008 from <http://www.kff.org/uninsured/upload/Health-Coverage-in-America-2004-Data-Update-Report.pdf>

<sup>2</sup>National Coalition on Health Care. Health Insurance Cost. 2008. Retrieved February 10, 2008 from <http://www.nchc.org/facts/cost.shtml>

<sup>3</sup>United States General Accounting Office. *Medicare Home Health: Clarifying the Homebound Definition is Likely to Have Little Effect on Costs and Access.*(2002). Retrieved February 11, 2008 from <http://www.gao.gov/new.items/d02555r.pdf>

Center on Budget & Policy Priorities. (2006). Retrieved February 8, 2008 from <http://www.cbpp.org/8-29-06health.htm>

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