Message from the Dean

The mission of the University of Iowa College of Public Health is to promote health and prevent injury and illness through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice. Our talented faculty, staff, students, and alumni, together with our Business Leadership Network and other partners at the local, state, national, and international levels, form an active learning community seeking to fulfill this mission.

The College of Public Health understands that our work is very place-based. The Community Forums in Osceola and Webster City that we sponsored in partnership with the Business Leadership Network provided opportunities for businesses and community leaders to engage with the training, service, and research initiatives offered by the College and to network with other business, industry, and community leaders.

The Community Forums Summary provides a focus on key issues and a glimpse into the hearty discussions and connections made between the College, the community, and business and industry leaders. We look forward to the many rewards that could arise from these enhanced partnerships with the communities across Iowa.

Sue Curry
Dean
University of Iowa College of Public Health

Business Leadership Network...Partners in Public Health

Strong and healthy business and industry are often the foundation of Iowa communities. The University of Iowa College of Public Health reaches across the state in support of healthy communities and the well-being of the people. The Business Leadership Network fosters ongoing, mutually beneficial relationships between the UI College of Public Health and businesses and Iowa communities.

This network provides opportunities for businesses to engage with the training, service, and research initiatives offered by the UI College of Public Health, to network with other business and industry leaders throughout Iowa about public health, and to share ideas and best practices in regard to health and wellness.

What is Public Health?

Public health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. The dramatic achievements of public health in the 20th century have improved our quality of life: an increase in life expectancy, worldwide reduction in infant and child mortality, the elimination or reduction of many communicable diseases, and caring for people of a community by giving them health care and health information. [www.public-health.uiowa.edu/prospective-students/what-is-ph.html](http://www.public-health.uiowa.edu/prospective-students/what-is-ph.html)
Aging Populations and the Workforce

The aging of Iowans is a major challenge to the state as well as to cities and counties. There has not been a significant statewide program and policy focus on Iowa’s growing aging population, and little is being done by individual communities to be ready for aging and aging in place. Given the increasing number of Iowans growing older, some suggest that ageism is becoming a factor in some communities.

While most will argue against the existence of prejudice against Iowa seniors, it has become apparent that in many communities there is a lack of engagement with older Iowans. It is essential for leaders to understand that most seniors who retire seek a part-time or full-time job for various reasons. Some need a job for the income to supplement their Social Security benefits, and others may work to augment income to help pay for healthcare and medical costs. Some want to continue to work or volunteer to maintain social skills, keep their mind stimulated, contribute to their community, and to meet new people.

In many communities there is a Meals on Wheels program, a senior center, or a congregate meal site, as well as regional transportation for seniors and persons with disabilities. Affordable and appropriate housing, including housing with accommodations for those who choose to age in place, continues to be a problem in many rural communities. A great percentage of older Iowans do not need or cannot afford to live in an assisted living facility. Affordable, safe housing is scarce in many areas of Iowa, rural or urban.

The challenge for Iowa is to better prepare for the growing population of seniors at the community level. How? Link seniors with younger community members to strengthen relationships and to provide senior mentorships in leadership, business, farming, and community-building. Recognize the value of face-to-face engagement with...
seniors. Consider seniors’ needs when building community centers, trails, and other community improvements. While technology brings people together, it may also be a barrier for people in different age groups. Finally, as seniors become frailer and need more health and support services, ensure that adequate home care and community-based services and supports are available to them.

Community Health and Wellness

“As you get older you think more about your health. And as a business manager, a walk to the cemetery can make you realize that we are not doing enough about health and wellness at my company or in the community.” The commitment and tools for improvement in health and wellness for workers and people throughout communities are becoming much better understood, accepted, and are being implemented more often. Even so, more needs to be accomplished, and there are a number of ideas and strategies that can help.

Business and community leaders are important for delivering the message, but it becomes a matter of time and priority for them. In the workplace setting, it is important that business managers show staff that health and wellness are important and that it is important for all to become involved with company initiatives. It is best if an employer-sponsored program comes as a result of staff involvement. If one of the employees is put in charge, that employee should be compensated for the responsibility, so that it is shown to be valued. Exercise and healthy eating are behavioral and become a habit for many. Over time, with healthy behavior reminders, nutritional coding on vending machines, and encouraging signs or notices in the workplace, employees taking social walks or runs during their breaks become the norm, rather than the exception.

Community leaders and elected officials can make a great impact in the community. Getting the city to consider wellness in their planning and zoning decisions and adopt ordinances for sidewalks or trails demonstrates a commitment and improves health and wellness awareness and opportunities in their community. The support of community garden projects, building a wellness center, or a community working together to help provide healthy food and snacks for preschool children and seniors create opportunities to improve community health and well-being. Providing quality, nutritious food for lower-income community members is a big step in educating people about good snacks and good food, as well as in changing how people eat.

Engaging other community partners such as the hospital, schools, public health, the ministerial alliance, churches, and other organizations can play a significant role in providing information and opportunities to model healthy eating and nutritious foods. Whether it is at a church gathering or a group luncheon, serving nutritious and healthy food will inform the community. Also, hospitals may offer passes or special discounts to their wellness facility, and private enterprises such as Hy-Vee and Fareway can play a strong educational role in supporting a community’s health and wellness initiative.
Health Policy and Impacts of Healthcare Reform

As partial implementation of the Patient Protection and Affordable Care Act (ACA) has made healthcare reform much more real, there is even more confusion and anxiety, but also threads of optimism. For the insurance agents and some companies, it remains very frustrating. In the past, local community insurance agents with understanding of their clients helped determine the best and most cost-effective policy. Local insurance agents are reticent to turn this role over to “health navigators,” who they believe do not have any experience. For some, including agents and policyholders, there is shock, and sometimes sticker shock, when it becomes apparent that their individual policy was not compliant with the ACA’s ten essential benefits.

It is difficult to help businesses and employees understand how the ACA works, with one of the challenges being separating the facts from the politics. Some larger companies with more than 50 employees feel the fee (tax) is too much, that this is extra cost, and they are already at the bottom line. For some smaller companies this is a cost burden, and they note that insurance companies will pass to them the fees that the insurance companies are assessed by the ACA. This resulted in the insurance company adding a fee to the business in the amount equal to $7.50 per covered employee and family member. In turn, the business passed that cost on to employees.

While hospitals and physicians recognize that the transition of their system or practices is a challenge, they recognize that cutting costs and sustaining quality are necessary in the reform of healthcare. Telehealth options and technology, with supports providing home visits, and other patient-centered transformational practices will improve patient care. A question is how providers are going to get paid, though providers now know that the risk is going to transfer significantly to them rather than the insurance company. The availability of an adequate number of family practice physicians, nurse practitioners, and physician assistants, especially in rural areas, could be a problem. From another perspective, public health officials know the population and understand how best to access the system. They play a critical role in health care reform, given their core mission to improve health outcomes.

To an extent, consumers are confused, but optimistic, based on what they know. Subsidies based on income make premiums and good insurance coverage affordable. Eliminating the denial of insurance coverage based on pre-existing conditions provides a great deal of relief to families. There is a need to expand options in the delivery of healthcare. Currently, one has to go through a doctor to access services, but if there were other providers such as nurse practitioners and physician assistants, it would be a great help. It was suggested that it would be beneficial to have clinics open on the weekend to minimize the use of the hospital’s emergency room. In general, all will have to wait and see what happens.
Workplace Health and Safety

Whether it is donuts, a monetary reward, or some other special bonus for the worker, incentives are an essential part of successful workplace health and safety programs. A pat on the back is not enough. Unfortunately, it is very difficult to convince manufacturing workers, as well as those in other trades and jobs, to understand and comply with a company’s health and safety requirements. Some workers feel invincible; others don’t want to bother with the safety equipment such as glasses, hardhats, and earplugs. A good part of an effective safety record relates to behavior and getting employees to follow the company’s safety rules.

Companies are starting to wake up to the need to develop an employee health and wellness program and make sure someone is responsible to carry it out. Developing a program is fraught with angst and challenges. It is difficult to get workers to participate. It is difficult for some companies to implement smoking rules in and around plants. For some managers, it is much easier to leave that alone. Managers are sometimes also faced with the reality of dealing with employees with risky health and safety behaviors who managers see as “essential” in their function. In some situations, those behaviors and potential rules infractions are overlooked because of the importance of the individual to the company. Risky safety and health behaviors include smoking, alcohol or substance abuse, prescription drug abuse, violence in the workplace, or a basic disregard for safety rules.

As mentioned, incentives are important to success, but peer pressure within the company and the commitment of management at all levels are critical. There are a number of approaches to implementing workplace health and safety initiatives, but a good basic rule is to involve workers. Programs can be purchased “off the shelf,” but developing or modifying a program to fit the situation and culture of the company is most often more successful.

In most regions of the state, companies can access outside resources that may provide support and assistance. Community colleges, public and private educational institutions, and local public health and healthcare organizations can help provide health screening, health risk assessments, and flu shots. In addition, there are many trade and manufacturing organizations, as well as colleges and universities, that provide companies a wide range of materials in print and electronic format. Keeping a workplace safe and providing and sustaining opportunities for physical and mental health and wellness for the worker are extraordinary challenges when the well-being of the worker and the company are equally important.
Forum Evaluation and Additional Ideas

Forum participants were asked to complete a brief evaluation following the forums. The evaluation was sent via electronic survey to 60 participants, including all community forum participants and UI College of Public Health faculty who participated in the sessions.

Participants overwhelmingly responded that topics or ideas emerged during the community forums that were of particular interest to them. Workplace strategies for improved workplace health and safety were commonly reported as most important topics. Opportunities for collaboration, information sharing, and communication were also frequently cited. Each of the four breakout topics was noted multiple times as touching the interest of participants.

Notably, respondents said they would attend another community forum in the future. One participant wrote, “Looking forward to the next community forum.” Of those who made new contacts, comments included that contacts were made with business leaders interested in a new wellness coalition, business cards and contacts were exchanged with community leaders and those in other sectors, individuals re-connected with community contacts, and the session provided a good overview of what is going on in the community.

Participants identified topics they would find valuable for future forums. Suggestions have been compiled and listed in order of frequency of request.

- Additional information on the Affordable Care Act and its implementation.
- Community-level healthcare transformation and new ways of delivering health services.
- Worker safety and wellness; attention to prevention strategies.
- Connecting with other businesses.
- How the College of Public Health can partner with communities.
- Information, discussion, and effective practices addressing:
  • Public health issues for children in rural areas,
  • Issues of older people and health,
  • Mental health,
  • Mental health/substance abuse linked with physical health, and
  • Hunger and poverty in rural areas.

Of the 22 evaluation respondents, seven work in the private sector, seven work in the public sector, and six are College of Public Health faculty. Two individuals identified themselves as members of the public.

College of Public Health Faculty - Community Facilitators

Sue Curry – Dean, UI College of Public Health
Renee Anthony – Assistant Professor, Occupational and Environmental Health
Mamie Carlson – PhD Student, Community and Behavioral Health
Ryan Carnahan – Clinical Associate Professor, Epidemiology
Carri Casteel – Associate Professor, Occupational and Environmental Health
Bryant Conkling – Master’s Student, Health Management and Policy
Jason Daniel-Ulloa – Postdoctoral Research Scholar for the Prevention Research Center for Rural Health
Ian Montgomery – Clinical Associate Professor, Health Management and Policy
Dan Shane – Assistant Professor, Health Management and Policy
Linda Snetselaar – Professor, Epidemiology
Shawn Zierke – Master’s Student, Health Management and Policy
Mitch Overton – Business Leadership Network Coordinator and Alumni Relations Coordinator
North Central Region Business Leadership Network Members

Gerald Edgar – Charles City; Environmental, Health & Safety Manager for Mitas Tires North America
Mona Everson – Webster City; Founder and CEO of Life and Health
Don Woodruff – Fort Dodge; President of Woodruff Construction

South Central Region Business Leadership Network Members

Jill Baze – Centerville; Human Resources Manager for Van Gorp in Pella
Greg Fenton – Centerville; Plant Manager at Lee Container
Claudia Gates – Ottumwa; Manager of the Pickwick Branch at US Bank
Michael Halley – Fairfield; City Council Member and Founder of Natural Selections
Kevin Klemesrud – Osceola; President and CEO of American State Bank
Rich Paulsen – Creston; Publisher for Creston News Advertiser & Southwest Iowa Advertiser

Business Leadership Network