



Public Health and Health Care Task Force Report

To the Rebuild Iowa Advisory Commission

August 2008



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Introduction

The Rebuild Iowa Public Health and Health Care Task Force respectfully submits its report to the Rebuild Iowa Advisory Commission (RIAC) for its consideration of the impacts of the tornadoes, storms, and flooding on Iowans. As the RIAC fulfills its obligations to guide the recovery and reconstruction in Iowa, the impact on the health and well-being of Iowans should be of primary concern.

With many areas of the state experiencing devastating damage to their communities, public health and health care are but one of the major challenges. There are critical immediate needs to address the health, safety, and well-being of affected Iowans. This report provides background information on the damages incurred in Iowa from the disasters and additional context for policy and rebuilding discussions. It also offers recommendations to the RIAC for steps that might be taken to address these significant and important challenges.

In the aftermath of the severe weather and its widespread damages, Governor Chet Culver established the Rebuild Iowa Office to oversee the strategic recovery efforts in Iowa and to coordinate the efforts of state agencies as they address recovery issues. Executive Order Seven also established the Rebuild Iowa Advisory Commission to oversee the office and to provide 45-day and 120-day reports to the Governor, Lieutenant Governor, and General Assembly on the impacts, immediate recommendations, and long-term recovery vision for the state of Iowa. Also created in Executive Order Seven are nine Task Forces to provide information and recommendations to the RIAC. The Public Health and Health Care Task Force, one of the nine created, worked to ensure the Commission is provided, at minimum, the information required in this Executive Order. The Public Health and Health Care Task Force met in a day-long session on August 6, 2008 to identify, prioritize, and develop recommendations for how Iowa can best address immediate and future health care and public health needs. This report is the product of the discussions, public inputs, information presented, and the expertise and experience of the Task Force.



Rebuild Iowa Public Health and Health Care Task Force

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Task Force members were drawn from an all-volunteer pool of Iowans who expressed interest in serving the state. The response was overwhelming, with many more individuals volunteering than could be accommodated in the balance of a deliberative Task Force body. Rather than turn away volunteers who brought with them experience and expertise, each Task Force welcomed those volunteers to a Resource Group which participated in the meetings through offering presentations, specialized information, and additional inputs and ideas for rebuilding Iowa.

Rebuild Iowa Office staff supporting the work of the Public Health and Health Care Task Force are Sandra Lyles, Jon Neiderbach, Emily Hajek, and Mary Jane Olney.



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In support of the Rebuild Iowa effort, Task Force facilitation, staffing, and report development services were provided by State Public Policy Group (SPPG), Des Moines.



Executive Summary

The disaster events of 2008 have had broad and devastating impacts on individuals and communities across the state. The issues created by the widespread and severe damages are both personal and systemic as communities, counties, and the state fulfill their obligations to provide assistance in response and recovery. With 85 counties declared Presidential Disaster Areas as of August 13, 2008, steps to address issues related to public health and health care will be ongoing and long-term. Unlike some of the physical damages, many of the human needs will be exposed over time and are difficult to quantify in an immediate sense.

Public health and health agencies have responded to the 2008 disasters by providing emergency health care, mobile health care, health care facility evacuations, emergency shelters, environmental assessments to ensure clean air and safe drinking water, crisis counseling and emergency mental health and substance abuse services, disease and injury surveillance, case management, meals, and other basic needs. The long-term response and role of these agencies will span years to meet the needs of those impacted.

The Public Health and Health Care Task Force examined four broad issue areas of: basic human needs, public health, mental health, and health care. The impact of the disasters and level of response is highlighted through the following information and data reviewed by the Task Force:

- Based on FEMA application trends and county-level demographic data, approximately 94,000 Iowans over 60 years of age are now in need of one or more of the following: housing, mental health, home care or other supportive services, clean-up, or case management services.
- The Iowa Department of Human Services provided one-time benefits to people who are higher income and affected by the disaster; 35,000 people were able to access food stamps.
- In coordination with the Iowa Department of Human Services, there are eight project providers who are spearheading the crisis counseling efforts, and over 100 outreach workers in communities.
- 55 medical volunteers from five in-state Disaster Medical Assistance Teams were deployed to two counties to assist with medical care to displaced residents. There were 183 patients evacuated from one flood affected hospital in Cedar Rapids. Patients were transferred to 22 different hospitals across Iowa by 27 volunteer ambulances from 14 communities and by 10 military ambulances.
- Iowa Department of Public Health provided 38,520 doses of the tetanus vaccine over four weeks, as compared to 16,170 doses for the entire year of 2007.
- The Iowa Department of Elder Affairs estimates a gap of \$24 million for the Area Agencies on Aging for the needs of older adults.

The priority issues that emerged from information and discussions are largely systemic but are the primary means to ensure that the individual needs of those affected by the disaster are met. Those issues are:



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- **Service Infrastructure and Capacity** - Iowa's service infrastructure is a critical element in Iowa's response to human needs in an emergency. This system, comprised of public, nonprofit, and private organizations and businesses, works on an ongoing basis to prepare for emergencies and meet the vast needs associated with disaster. This issue of service infrastructure and capacity is one that is necessary to address to meet the demand placed on organizations and programs that will have ongoing and long-term recovery responsibilities while still meeting immediate public health, health care, and mental health needs.
- **Ongoing Monitoring and Surveillance** - In accordance with trends following similar natural disasters, rates of substance abuse, fraud, and domestic and child abuse are predicted to increase as citizens cope with greater stress and fatigue. Actual demands for and the impact on other health and human services such as Medicaid, Food Assistance, WIC, nutrition and meal programs, disease monitoring and surveillance remain unknown but are likely to be significant, and must be monitored to ensure individual and community needs are met.
- **Communication and Coordination** - Communication and coordination are critical overarching issues that impact all other issues identified by the Task Force. A high level of communication and coordination will be necessary to maximize resources, services, and supports to meet the health recovery needs of Iowans.
- **Meeting Individual Needs and Navigating the System** – Meeting the individual needs of those affected by the disaster and providing assistance with navigating the system emerged as an important issue in discussions. There are a variety of unique needs for special populations including the elderly and persons with disabilities such as affordable accessible housing and transportation. Given the vast amount of infrastructure damaged or destroyed in the flooding and storms, rebuilding provides an opportunity to create an infrastructure that meets the diverse needs of our communities.

With the issues and priorities in mind, the Rebuild Iowa Public Health and Health Care Task Force recommends the following to meet the immediate and long-term health needs of individuals and communities as a result of the 2008 disasters.

1. Mental health services should be available statewide in local communities for individuals impacted by the disasters.
2. State and local organizations should monitor demands on critical public health and health programs and provide resources to ensure adequate capacity.
3. The state should identify policy barriers that prevent the use of existing resources for disaster recovery and implement greater program flexibility.
4. The state, in partnership with local agencies, should strengthen the public health and health infrastructure for current and future disaster response.
5. The state should provide for the broad health needs of individuals in times of disaster.



Damages and Impact in Public Health and Health Care

Public Health and health care are areas for which immediate estimates of impact and damage may be both tangible and intangible. The human aspect to the disaster includes the intangible trauma and grief experienced by flood and tornado victims in addition to more measurable aspects of public health and health care. This highlights the need for ongoing and longer term outreach to affected communities to ensure the well being of their citizens. Officials from the Iowa Department of Human Services have stated that in accordance with trends following similar natural disasters, rates of substance abuse, fraud, and domestic and child abuse are predicted to increase as citizens cope with greater stress and fatigue. An official from the Iowa Department of Elder Affairs has reported an increase in the number of reported cases of dependent adult abuse. The Department of Human Services also predicts that lowans will need to have their ongoing mental health needs met in a flexible way that allows for variance in the grief process and timeframe.

The Meaning of Data

Damage estimates are just that: estimates. In some cases, damage data change on a daily basis as additional information is collected or adjusted to reflect new information. In the area of public health and health care, data are most likely not comparable across agencies or sources because of the purpose of those data. Numbers provided are often collected and used for an agency-specific purpose, are compiled for that agency's mission only, and have little value or meaning if taken out of that core context. For this reason, this Damage and Impacts in Public Health and Health Care section will provide the source of the information and the context through which the reader may better understand the complexities of gathering comparable data.

It must be clear that there is no tool, agency, or other means to gather and compile or predict the complete costs and impact related to the public health and health needs as a result of this disaster. Consequently, this report provides examples, estimates, agency reports, and anecdotal explanations. Unless otherwise noted, the data are current as of August 6, 2008 and were presented to the Public Health and Health Care Task Force on that date.

Damage Reports from Communities and Organizations

The Public Health and Health Care Task Force examined four areas of basic human needs, public health, mental health, and health care. The following section outlines damages and impacts reported to the Task Force that relate to public health and health care arenas. The damage and impact to older adults has been outlined within the health care section of the damage report, and the impact to human services has been noted in the mental health section of the damage report.



Basic and Other Human Needs

According to Tom Mangum with the Federal Emergency Management Agency (FEMA), 141 private non profits have applied for assistance, and 70 are now eligible for assistance. The requirements for eligibility include tax exempt status, ownership of the property or lease that gives responsibility of repairs to the agency, and proof of insurance. If an organization conducts an essential government service, it is eligible for this assistance. Since the disaster period is still open, funding is 90 percent federal and 10 percent state for emergency work. Emergency work includes things done before, during or immediately after the disaster, and funding turnaround is fairly quick. For non-critical or non-emergency work assistance, organizations must first apply for a loan from the Small Business Administration (SBA). Long-term repair assistance takes time to review and get in place. So far, FEMA has visited 23 sites, and there will be approximately \$75 million distributed among those sites. FEMA can also help with temporary relocation costs. Applications for assistance from private non profits are expected to increase, and they will likely be a focus of outreach regarding resources available for recovery.

According to Stacey Brown from the Small Business Administration (SBA), the SBA can now not only grant physical damage loans to private non-profits, but can also address economic and operational needs. The SBA can provide loans to organizations in declared counties as well as contiguous counties. Most loans are at a 4 percent interest rate. The important partnership between the SBA and FEMA, as well as their coordination with state agencies, should be noted.

Bill Gardam from the Iowa Department of Human Services (DHS) shared information about resources available through the Iowa Individual Assistance Grant program. For that program, when there is a Governor's disaster declaration, individuals at or below 130 percent of the federal poverty level are eligible to receive grants up to a maximum amount of \$3,318. When Presidential disaster declarations occur, the federal Individual Assistance Program, which provides funding for housing and other needs, is available. Through that program, individuals can receive up to \$28,800. So far, approximately 165 grant applications for the state program have been received and checks are being issued for those applications.

According to DHS officials, as of August 5, 2008, 1,053 grants of \$28,800 have been issued. For housing requests, 28,713 assessments have been completed, resulting in total funding of \$104.4 million in housing assistance. For other needs, 7,000 assessments have been completed of approximately 18,000 requests and approximately \$13 million has been distributed. There has been a delay in processing other needs requests, because housing assessments take priority. DHS is currently processing about 300 claims daily.

According to the Iowa Department of Public Health, over 200 displaced residents were cared for in two emergency shelters in Cedar Rapids for three weeks.



Public Health

According to Director Tom Newton of the Iowa Department of Public Health (IDPH), the overall role of public health in a disaster is to promote and protect the health of Iowans through: disease prevention and control, access to health care, environmental health, community health, behavioral health, injury prevention, and resource coordination and management. Newton noted that concerns about disease outbreaks are always evident during events such as this. Additionally, people have a lot of questions and concerns about immunizations. The Iowa Department of Public Health provided 38,520 doses of the tetanus vaccine over four weeks following the disaster, as compared to 16,170 doses for the entire year of 2007.

There are significant concerns about drinking water across the state. The Iowa Department of Public Health has been working to educate citizens and business owners about precautions to take with food safety and injury prevention. The Department also responds to questions about mold, which is a significant concern in the state. IDPH provides outreach to people about how to identify issues in their homes and informs providers about how to identify some of these issues. The Department is focused on public information and education about behavioral health and probable increases in substance abuse needs.

Eleven Environmental Health Response Teams comprised of 21 Environmental Health specialists were deployed to 6 counties to assist with community assessments. These specialists tested 50 out of 200 sand point wells in high risk areas, and counties continue testing. According to Newton, water quality is better than expected for a normal year. Nine Public Health Response Teams comprised of 27 Public Health specialists were deployed to 5 counties to assist with community assessments. There were 26 Environmental Health and Public Health specialists from Florida and North Carolina deployed to Iowa to provide assistance through the Emergency Management Assistance Compact.

There were 77 Iowa Department of Public Health staff members who were directly involved with disaster response through: staffing at the State Emergency Operations Center for four weeks around the clock; staffing the IDPH Emergency Coordination Center for six weeks around the clock; public health nursing staff at emergency shelters; and on-site technical assistance to local public health agencies. Communication structures, such as the Health Alert Network, allow the Department to connect with local emergency management, public health, and health facilities to communicate about immediate issues and needs. IDPH also established a call center to answer all questions.

Vector surveillance and disease surveillance are being completed. Due to abundant flood water mosquitoes, local officials and the Iowa State University Medical Entomology Department have been trapping mosquitoes during late June and early July. Seven sentinel chicken flocks are stationed in Black Hawk, Dubuque, Linn, Polk, Pottawattamie, Scott, and Woodbury as a part of the West Nile Virus program; there has been one confirmed case of West Nile Virus in Iowa this year, as compared to 30 confirmed



human cases in 2007. Initial trapping of mosquitoes was required prior to applying for FEMA reimbursement for surveillance and control measures. This was done in five counties, and the requirement has now been waived.

Mental Health and Human Services

According to Director Sally Titus of the Iowa Department of Human Services (DHS), the role of DHS in disaster response and recovery is to assure that basic needs such as food, shelter, financial stability, physical health care and mental health care are met. When there is a disaster, the agency takes on additional responsibilities, such as emergency shelters and administration of federal disaster food stamps. The agency is able to provide one-time benefits to people who are higher income and affected by the disaster; 35,000 people were able to access food stamps, partly due to a waiver DHS received because of the flooding. DHS also administers a one-time grant program that is available for people who have been affected by the floods and administers an ongoing needs program. Between the state and FEMA programs, \$100 million has been expended in the state so far.

Titus noted that DHS learned the following lessons from the floods of 1993 and 2008: organizations must have a plan and need to adjust that plan as they go; there needs to be clear lines of communication and decision making ability; and solid partnerships with public and private sector organizations, local governments, and the federal government are keys to success. Some of the challenges of disaster response include technology difficulties and food stamp cards not arriving on time. According to DHS officials, it is hard to predict the need for additional food stamps and eligibility for DHS programs as individuals' financial situations change.

Dr. Allen Parks and Karen Hyatt from DHS reported that people usually have their first encounter with the mental health system while they are in a crisis situation. Parks shared with the Task Force that the typical people who encounter mental health difficulties during a disaster are not the chronically mentally ill, as that population already has a support system in place and is aware of the contacts to make in a crisis situation. Parks described the incredible response and partnerships by mental health centers and local mental health providers to make contact with mental health consumers and make sure needs are being met. DHS officials have also expressed concern that the cycle of phases of response in a disaster can last for years following a traumatic event and have emphasized the need for ongoing outreach to affected communities to insure the well-being of individuals.

A Personal Story on the Impact on Mental Health

A 93-year-old resident was injured going down stairs while being evacuated from his home. Because of flooding the resident had to obtain health care services outside the county and subsequently had to be temporarily housed with family members in another community. This situation has caused the client severe anxiety, which the client identifies as being the result of the disruption of in-home, services, loss of independence, and forced lifestyle changes. — *Provided by Louisa County Public Health*

Hyatt noted that there are 8 project providers who are spearheading the crisis counseling efforts, and over 100 outreach workers who work in collaboration with agencies in communities. There have been efforts to work with children, older adults, people with special needs, and in rural areas. DHS completes assessment, outreach, and referral, but not ongoing case management. The Immediate Service Program is initially in place for 60 days, and there were people on the ground on the second day after the disaster. DHS has applied for an additional nine months of funding to extend the work, which would end around the first anniversary of the first event. Currently active areas of crisis counseling efforts are highlighted in the map in the Appendix, and it should be noted that counties other than those highlighted are eligible and able to request crisis counseling services.

DHS has used the Iowa Concern hotline as a mode of outreach to agricultural communities, and there are plans to conduct outreach with primary care and education providers. There is currently information about the program at school registration events. There will also be a train-the-trainer program that will be implemented on mental health first aid certification training, which is meant to reduce stigma about mental illness.

DHS officials indicated that the agency is currently developing estimates for increased demand for mental health services, but numbers are not yet available. There was discussion with Task Force members about the capacity of the workforce for crisis response, and Parks assured the group that it is currently sufficient. Following is a summary of crisis services provided as of August 7, 2008.

- At least 5,800 people had brief contact with counselors at disaster recovery centers, churches, schools, or other places where people affected by the disaster were present.
- Hundreds more received extended counseling services, many the result of door-to-door visits by counselors in hard hit areas.
- More than 5,400 callers received assistance from counselors staffing the Iowa Concern Hotline, which is operated by Iowa State University Extension.



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- More than 2,400 people requested material to be sent to them in the mail.
- More than 2,000 people heard counselors give presentations at meetings arranged by counselors or others.
- Thousands of flyers have been made available to churches, government offices, farm implement stores, county fairs and the State Fair, and local DHS offices.

Health Care

According to the Iowa Department of Public Health during their presentation to the Task Force, 55 medical volunteers from five in-state Disaster Medical Assistance Teams were deployed to two counties to assist with medical care to displaced residents. Volunteers from private business were deployed as Logistical Support Response Teams to assist with set-up and operations of the Mobile Health Care Facilities. Emergency shelters were provided with medical care by Disaster Medical Assistance Teams and public health nurses.

One Mobile Health Care Facility, a self contained facility with electricity, heat, air conditioning, showers, and toilets, was deployed to Black Hawk County. Six interconnected structures were erected and had the ability to provide care for up to 50 patients. There were 183 patients evacuated from one flood-affected hospital in Cedar Rapids. Patients were transferred to 22 different hospitals across Iowa by 27 volunteer ambulances from 14 communities and by 10 military ambulances. All patients were evacuated in fewer than eight hours. The Iowa Department of Public Health also deployed Disaster Medical Assistance Teams in response to special needs sheltering.

According to John McCalley of the Iowa Department of Elder Affairs, there will be a need for additional funding in order to accommodate increased needs in transportation for displaced older adults to health care appointments. The Public Health and Health Care Task Force has also discussed the implications of road closures on access to health care, since some parts of the state were inaccessible by roads. As roads are repaired, there will need to be additional dialogue with health care providers as to the most effective ways of transporting patients.



A Personal Story on the Impact on Health Care Access

Floodwaters inundated the two primary health care facilities in Columbus Junction: a private physician's office and the Community Health Center. Residents were unable to access services in Muscatine, Iowa City, Lone Tree, West Branch or Wapello for several days because of road closures. All services had to be obtained in Washington or Mt. Peasant. Only limited public transportation resources were available and some clients did not seek medical attention in a timely manner due to increased expense, time commitment or unavailability of travel resources. Although there is no documented evidence that anyone sustained serious injury or illness because of these delays the potential for harm did exist. — *Provided by Louisa County Public Health*

Older Adults

Director John McCalley of the Iowa Department of Elder Affairs (IDEA) indicated that since older adults tend to be on a fixed income and experience higher rates of poverty, they are more vulnerable to catastrophic events. Initially, individuals 60 years of age and older represented a high proportion of the applicants for FEMA assistance, and now the numbers more accurately reflect the composition of Iowa's population.

During the first few weeks of June, about 1,900 individuals in long-term care facilities were evacuated temporarily, and most have been able to return. It is reasonable to estimate that 67,000 older adults have been impacted in some way by the disasters. The Department anticipates asking for flexibility in restricted funds from the Iowa General Assembly that amounts to \$250,000. The aging network response has been quick and pervasive, and they work in coordination with county and state emergency response centers.

Agencies who serve older adults have noted increased requests for information and services. The Hawkeye Valley Area Agency on Aging experienced over a 60% increase in requests for home and community based services, and the Heartland Area Agency on Aging saw a significant increase in initial calls to the organization. Alerts from the Attorney General's Office have warned against financial abuse of older adults. There has been an increase in both reports of dependent adult abuse and requests to Legal Aid. The Office of Substitute Decision Maker has experienced an overwhelming increase in calls.

IDEA reports receiving an enormous level of support from other states and federal entities, noting that Florida sent specialists to Iowa to help triage individuals in Cedar Rapids, and DHS has worked closely with IDEA to address the mental health needs of older adults. FEMA is sharing information about individuals 65 and older who have applied for assistance, and contact is being made to those individuals from Area Agencies on Aging. Based on FEMA application trends and county-level demographic data,



approximately 94,000 Iowans over 60 years of age are now in need of one or more of the following: housing, mental health, home care or other supportive services, clean-up, or case management services.

A Personal Story on the Impact on Older Adults

A couple, ages 87 and 88, lost their home to the tornado. As quoted during their request for assistance, "I never thought at this age all I have left is in my purse, but at least I am alive." Her husband just wanted his pillow back so he could get some sleep. They were at their home site every day attempting to find memories and anything that could be salvaged to rebuild their home. After learning of the time to rebuild and knowing that rental property was very limited in their hometown, they made a life-changing decision to relocate. They believe they will just continue to live in the apartment as it is too difficult to start again. — *Provided by Hawkeye Valley Area Agency on Aging*

The request from IDEA to the federal government will be approximately \$22 million for the aging network. Representatives from the Department of Elder Affairs have said that transportation systems will be stretched to the limit, especially as winter months approach. Nutrition services are the frontline in terms of preventive services for health care for older adults, and they have already been stressed with the rise in food costs. IDEA has redirected \$20,000 in funding to the affected Area Agencies on Aging (AAA), and these agencies report the following damages:

- Southeast AAA – The Columbus Junction meal site is totally under water, and volunteers were able to empty the building before it flooded.
- Elderbridge AAA – Mason City Autumn Park will likely be condemned. Some sites lost food and freezers due to power outages and electrical storms.
- Northland AAA – The Elkader meal site was destroyed.
- Seneca AAA – As of August 6, 2008, Keosauqua was still under water.
- Hawkeye Valley AAA – The Greene meal site was destroyed and has moved to a new site. The Iowa Falls site had water in the basement, but the meal site is still operational.
- Heritage AAA – The Palo, New Horizons, and Witwer meal sites have been closed due to damage.

IDEA estimates \$3 million in damage to meal site kitchens. Area Agencies on Aging estimate that at least \$14 million is needed to address unmet needs. Thirteen kitchens that provide meals to 740 individuals who



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access congregate meals had an interruption in service, most for less than one week; all are now receiving meals at alternate temporary sites. Approximately 1,400 home delivered meal participants had daily meal service interrupted; most received frozen meals or shelf stable meals until regular service could resume. Aging Resources of Central Iowa sustained damage and is applying for FEMA assistance. The Area Agency on Aging in Cedar Rapids has relocated due to flooding.

According to Donna Harvey of the Hawkeye Valley Area Agency on Aging, there has been an increase in requests for the home delivered meal program, with fewer resources in donations. Harvey stressed that the flexibility provided through the Senior Living Program has been crucial to meeting needs, including a significant need for shoes in the Parkersburg area.

The Iowa Department of Elder Affairs estimates total federal aid requests by canvassing Area Agencies on Aging for the needs of older adults to be the following:

Home Repair and Clean Up	\$3,169,268
Direct Service and Coordination	\$1,640,576
Nutrition	\$100,390
Mental Health Services	\$212,949
Ongoing Mental Health	\$15,862,500
Transportation	\$154,030
Legal Assistance and Outreach	\$204,228
Home Relocation	\$311,250
Temporary Office Accommodations	\$64,572
Equipment and Meal Site Repair	\$2,020,000
Follow Up Services	\$165,058
Material Aid	\$100,000
Subtotal	\$24,004,821

This subtotal includes estimates from the following affected Area Agencies on Aging: Aging Resources of Central Iowa, Hawkeye Valley AAA, Heritage AAA, Elderbridge AAA, Northland AAA, Seneca AAA, and Southeast Iowa AAA.



Issues in Public Health and Health Care

The disaster events of 2008 have had broad and devastating impacts on individuals and communities across the state. The issues created by the widespread and severe damages are both personal and systemic as communities, counties, and the state fulfill their obligations to provide assistance in response and recovery. As such, both individual and systemic considerations must be kept at the top of the priority list.

With 85 counties declared Presidential Disaster Areas, steps to address issues related to public health and health care will be ongoing and long-term. No one who witnesses a disaster is untouched by it. The health and wellbeing of individuals and communities will require assessment, monitoring, and adequate ongoing response for recovery. Unlike some of the physical damages, many of the human needs will be exposed over time and are difficult to quantify in an immediate sense.

While the response of the state, local, private, and nonprofit public health and health systems has been exemplary, issues related to the disaster are further complicated by issues that existed pre-disaster. These have been incorporated into the recovery discussion recognizing that adversity also provides an opportunity to envision a stronger, safer, and smarter Iowa.

The Context

Public health and health agencies have responded to the 2008 disasters by providing emergency health care, mobile health care, health care facility evacuations, emergency shelters, environmental assessments to ensure clean air and safe drinking water, crisis counseling and emergency mental health services, disease and injury surveillance, case management, meals, and other basic needs. The long-term response and role of these agencies will span years to meet the needs of those impacted.

With many emergency health needs met, and as weeks turn into months, individuals and communities will struggle as they try to return to a sense of normalcy. The human element of this disaster is impacted by all others covered in this rebuilding effort, particularly housing, jobs, and transportation. While Iowans have an incredible sense of resiliency and pride, the state must ensure that appropriate health care and mental health services are available statewide. The toll of this disaster does not only impact the most vulnerable citizens – the general population, responders, and volunteers will also need assistance during the recovery process.

Those familiar with the health care and public health systems are largely aware of significant gaps and capacity limitations – these have been exacerbated by the flooding and storms. The Iowa General Assembly has focused attention over the last two legislative sessions on health care reform and the lack of coverage for those who do not qualify for Medicaid and cannot afford private insurance. This population is of great concern and the issue has no easy solution. Iowa's mental health system also lacks the capacity to respond to needs without additional personnel and resources. The state's local public health agencies vary



greatly across the state, which has placed a burden on other private or nonprofit providers that would not traditionally fill that role.

Another critical element in the health care infrastructure are the private facilities and agencies that provide long-term care, residential care, and support services to the elderly and persons with disabilities. Those that are part of government or private nonprofits will be eligible for the FEMA Public Assistance Program. Gaps in this category, as well as other community-based human services organizations are anticipated.

Priority Issues

The Public Health and Health Care Task Force suggests four priority issues that are largely systemic but are the primary means to ensure that the individual needs of those affected by the disaster are met. Those issues are:

- Service Infrastructure and Capacity
- Ongoing Monitoring and Surveillance
- Communication and Coordination
- Meeting Individual Needs and Navigating the System

Service Infrastructure and Capacity

Iowa's service infrastructure is a critical element in Iowa's response to human needs in an emergency. This system, comprised of public, nonprofit, and private organizations, works on an ongoing basis to prepare for emergencies and meet the vast needs associated with disaster. The many professionals and volunteers statewide that have responded in the wake of Iowa's floods and storms have spent countless hours in a dedicated, coordinated effort to assist others in need, many of whom also had personal losses in the disaster. This issue of service infrastructure and capacity is one that is necessary to address to meet immediate public health, health care, and mental health needs, as well as long-term needs. Addressing service infrastructure and capacity also provides an opportunity to improve and enhance systems to better prepare and respond to disasters in the future.

Iowa's public health system is comprised of state and local entities that work to promote and protect the health of Iowans. In a disaster the role of public health agencies consists of disease prevention and control, access to health care, environmental health, community health, behavioral health, injury prevention, and resource coordination and management. While these are the general services of public health, service delivery varies statewide, which may require other providers to fill gaps. One example is the volume of tetanus vaccines that were administered over four weeks – 38,520 doses following the disasters compared

with 16,170 for the entire year in 2007. In some areas hospitals provided these vaccines because of limitations of public health agencies. A strong public health infrastructure will be required to provide long-term response and recovery services while still meeting regular obligations.

Iowa's mental health system also lacks the capacity to meet the long-term needs of Iowans experiencing extreme stress. Disasters impact the mental health of everyone, not just individuals with mental illness. The general public, responders and volunteers are also at risk. The Iowa Department of Human Services is currently providing emergency mental health services and crisis counseling through outreach workers in communities. This effort is funded through a grant from FEMA to provide services for up to 60 days following the disaster. DHS has applied for a grant to continue services for an additional nine months. Through the experiences of previous disasters, Iowa should expect that these supports would be needed over the long-term as individuals struggle to rebuild their homes and communities and return to a sense of normalcy. Counties and the state share responsibility for funding regular mental health programs and services. Counties are likely to experience limited capacity as they struggle to meet all of the obligations of local government and provide resources for rebuilding. County funding for mental health services was already very limited in capacity. With increased demand for services and no ability to raise additional revenue, counties will likely struggle to meet the mental health needs of its citizenry.

Another infrastructure and capacity issue discussed by the Task Force was the coordination and cross-training of responders. When this occurs, individuals and communities can experience a seamless connection to services and supports. Coordination and cross-training is both an immediate and long-term issue that is necessary to ensure that individuals can easily navigate the system and access all available resources to assist them in recovery.

Ongoing Monitoring and Surveillance

Ongoing monitoring and surveillance is a broad issue that relates to disease, increased demand for services, and unmet needs. Related to this issue, public health will have increased responsibilities for: disease and injury prevention and control, mosquito surveillance and abatement, and environmental health monitoring including ongoing water sampling and air quality monitoring. Related to these activities, public health will also be providing public education related to stress, public concerns about mold, the safety of drinking water, and other issues to ensure that people are returning to healthy homes.

Research and experience from other national disasters shows that there tends to be increases in child and adult abuse, domestic violence, and substance abuse in the aftermath. These areas will need to be closely monitored to ensure that appropriate capacity and services are available to meet these needs.

Demand for critical health and human services program will also need to be monitored to ensure appropriate capacity. For example overall impacts as a result of increased demands are unknown for programs such as Medicaid, WIC (Women, Infant, and Children) and Food Assistance.



Communication and Coordination

Communication and coordination are critical overarching issues that impact all other issues identified by the Task Force. The Task Force identified the need for communication with the public, communication and coordination among state and local organizations, and among state agencies responsible for health and human needs issues. A high level of communication and coordination across disciplines will be necessary to maximize resources, services, and supports to meet the health recovery needs of Iowans. Specifically, related to public health disease monitoring and surveillance, communication among all public and private health care organizations will be necessary for reporting and response. This level of communication will ensure that providers are aware of symptoms and conditions to watch for in patients and will report those as well as certain trends for statewide coordination. The Iowa Department of Public Health utilizes the statewide Health Alert Network (HAN) to communicate with all providers.

Also related to monitoring, the Task Force identified the need to communicate with individuals in community institutions and organizations to educate them related to the signs of mental health, substance abuse, and domestic abuse issues. Many Iowans would not seek assistance for mental health needs or even recognize those needs themselves. Examples of those needing information are educators, primary care physicians, and those who work with farmers. This education would include referral and resource information. A statewide public awareness campaign would be a component of a communication strategy to ensure that individuals and communities are aware of resources to meet their immediate and long-term health and mental health needs.

Meeting Individual Needs and Navigating the System

Meeting the individual needs of those affected by the disaster and providing assistance with navigating the system emerged as an important issue in Task Force discussions. Resources and services available can be overwhelming for individuals and communities seeking assistance. There is a role for case management-type services to help Iowans navigate the system. Area Agencies on Aging play this role for older Iowans; some agencies have reported dramatic increases in requests for case management services. Not only is capacity of this network a consideration, but the broader population affected by the disaster might also benefit from expert assistance in finding resources to meet individual needs.

There are a variety of unique needs for special populations including the elderly and persons with disabilities such as affordable accessible housing and transportation. Given the vast amount of infrastructure damaged or destroyed in the flood and storms, rebuilding provides an opportunity to create an infrastructure that meets the diverse needs of our communities. New housing options and transportation systems can be replaced to provide greater quality of life for the elderly, persons with disabilities and the community as a whole.



The disaster has also brought forward the need for sheltering plans for individuals with special needs. Traditional shelters are not able to accommodate the health care needs of some individuals. While some communities met these needs, coordinated local plans are necessary to respond in future disasters.

Gaps in Public Health and Health Care

For the state to undertake initiatives toward meeting the public health and health care needs created by the tornadoes, storms, and floods, identification of the gaps is necessary. Unlike some of the physical damages, many of the human needs will be exposed over time and are difficult to quantify in an immediate sense or over the long-term. There are no tallies or totals in dollars or numbers of people available to estimate all of the resources needed to meet public health and health care needs.

Some gaps are easy to identify, as they are gaps that existed prior to the disaster such as individuals lacking health care coverage and a mental health system with limited capacity. Others are gaps that speak specifically to the demand placed on organizations and programs that will have ongoing and long-term recovery responsibilities while still meeting existing and regular demands for public health and health care services.

Gaps in the availability of support services and case management are less easy to quantify, but are so commonly cited as a need that a gap certainly exists in the level of service available compared with the demand and need, at least in the experience of those who work with people affected by the disasters. The use of case management for aging and disability communities is common, but this type of system may have a role in disaster recovery for the broader population of affected individuals.

The primary gap related to public health and health care is:

- Lack of capacity in state and local public health, mental health, and other health services.

As the Task Force identified in priority issues, the primary gap relates to the capacity of the public health and human services system as a whole to meet recovery needs over the long-term while providing regular services to vulnerable constituencies that rely on their services. These constituencies include low-income individuals and families, persons with disabilities, older lowans, individuals experiencing mental illness, and others with chronic illnesses. In addition to these individuals, health and human services providers will be responsible for providing ongoing recovery services. One example relates to vaccinations. Public health will not have adequate resources for regular fall and winter vaccinations for influenza as a result of the volume of tetanus vaccinations administered during the floods. Other examples include increased requests and needs for meal and nutrition services for the elderly, ongoing requests for water and air quality monitoring and testing, increased needs for other disease and injury surveillance, and increased need for emergency mental health services.



Public Health and Health Care Recommendations

Members of the Public Health and Health Care Task Force emphasize the importance of providing for the immediate and long-term health needs of individuals and communities as a result of the 2008 disasters. The recommendations brought forward for consideration by the Rebuild Iowa Advisory Commission address the four priority issues discussed in previous sections of this report. As called for in Executive Order Seven, the Task Force gathered information on the health impact to the best of its ability, considered models and best practices, and identified issues and gaps that command attention. The recommendations reflect those findings and the consensus deliberations of the Task Force.

Recommendations are presented for efforts in service infrastructure and capacity, ongoing monitoring and surveillance, communication and coordination, and meeting individual needs and navigating the system. Each recommendation includes a brief narrative explanation and rationale, as well as proposing strategies that may be effective in implementing the recommendation. Strategies are listed as either meeting immediate or long-term needs.

1. Mental health services should be available statewide in local communities for individuals impacted by the disasters.
 - Issue priorities: service infrastructure and capacity, and communication and coordination. Current service capacity for mental health services should be expanded to meet long-term needs. No one who witnesses a disaster goes untouched by it. Services will need to be available for the general public, responders, and volunteers.
 - Strategies:
 - Provide resources to enhance the capacity of the emergency mental health program. (Immediate)
 - Communicate with individuals in community institutions and organizations to educate them related to signs of mental health issues and where to make referrals for assistance. (Immediate)
 - Conduct a broad statewide awareness campaign to provide information to the public and help remove the stigma associated with seeking assistance. (Immediate)
 - Explore options to provide additional capacity for counties to generate revenue to meet demands of regular and increased requests for mental health services. (Long-term)



2. State and local organizations should monitor demands on critical public health and health programs and provide resources to ensure adequate capacity.
 - Issue priority: ongoing monitoring and surveillance. There are and will continue to be significant demands placed on public health and human services organizations and programs that have ongoing and long-term recovery responsibilities while still meeting existing and regular demands for public health and health care services. As an example, the volume of tetanus vaccinations administered during the floods will place serious limitations on public health resources for influenza vaccinations this fall and winter.
 - Strategies:
 - Provide resources for public health disease and injury surveillance and monitoring as well as the immunization program. (Immediate)
 - Monitor gaps in support for recovery of nonprofit organizations and provide state funding support through loans or grants. (Immediate)
 - Monitor increases in substance abuse, adult and child abuse and ensure that an appropriate service capacity exists to respond. (Immediate)
3. The state should identify policy barriers that prevent the use of existing resources for disaster recovery and implement greater program flexibility.
 - Issue priorities: communication and coordination and meeting individual needs and navigating the system. There may be resources available associated with existing programs or services that could be utilized for disaster recovery if policy or other programmatic barriers are removed.
 - Strategies:
 - Remove barriers associated with the Senior Living Program to access resources to assist older Iowans services and supports for recovery. (Immediate)
 - Identify other programs across disciplines within state or locally affiliated agencies with resources that might be leveraged for recovery. (Immediate)

4. The state, in partnership with local agencies, should strengthen the public health and health care infrastructure for current and future disaster response.
 - Issue priority: service infrastructure and capacity. There is both a necessity and opportunity to strengthen Iowa's public health and health care infrastructure to meet the needs resulting from this disaster and provide greater response to future disasters.
 - Strategies:
 - Implement state and local public health standards that have been outlined as part of Iowa's redesigning public health initiative. (Long-term)
 - Build local and state response capacity by developing and utilizing coordinated plans for statewide behavioral health response, shelter response, and shelter response teams. (Long-term)

5. The state should provide for the broad health needs of individuals in times of disaster.
 - Issue priorities: meeting individual needs and navigating the system and service infrastructure and capacity. Systems must prepare and provide for the health care needs of all individuals impacted by disaster with consideration for planning, response, and recovery.
 - Strategies:
 - Rebuild physical infrastructure to support greater quality of life, access, and mobility for the elderly and persons with disabilities. (Immediate)
 - Provide case management services to help individuals and families navigate the system and access resources to assist them in recovery. (Immediate)
 - Develop plans for health workforce needs and mobility in times of disaster. (Long-term)
 - Develop plans at the local and state level for emergency special needs sheltering for individuals with health care or other unique needs. (Long-term)

Supporting Data and Information

- Iowa Department of Elder Affairs Preliminary Impact Statement
- Iowa Department of Elder Affairs Older Iowans Demographics
- Iowa Department of Public Health PowerPoint Presentation to the Task Force
- Iowa Department of Public Health Summary of Facts
- Iowa Department of Public Health Frequently Asked Questions
- Iowa Department of Human Services Mental Health Presentation to the Task Force
- Iowa Department of Human Services Crisis Counseling Project Summary
- Iowa Department of Human Services Map of Crisis Counseling Project Areas
- Disaster Impact on Community and Migrant Health Centers
- Rebuild Iowa Public Health and Health Care Task Force August 6, 2008 Meeting Summary





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