

Economic Recovery Advisory Board
Public Health and Healthcare Workgroup

Working Group Charge:

Public Health: Measure recovery, assess pandemic response and preparedness.

Healthcare: Strengthen access points, inclusive of recruiting and retaining clinicians, and ensure rural lowans have access to care and specialty care. Improve the health of lowans through understanding of social determinants of health and develop strategies to impact outcomes.

Areas of Focus:

1. Pandemic Preparation and Response
 - a. COVID is not over, assessment of what worked and what didn't.
 - i. Partnerships between state agencies at state and local level.
 - ii. Guidance and communication.
 - iii. Build out surveillance through collaborative testing and contact tracing.
 - b. Assess availability and distribution of PPE, other critical supplies and treatments.
 - c. Enhance critical access supply chain of essentials, including food and water.
 - d. Use of artificial intelligence and wearables.
2. Access to Care for lowans: Partnerships
 - a. Partnership with employers, health care providers, schools and child care providers.
 - b. Healthcare innovation.
 - i. Social determinants of health (aging, minority and low income populations).
 - ii. Community health and other non-traditional providers of services.
 - iii. Analytics, statistics and population health, including investments in data sharing and analytics infrastructure that promotes quality, safety and improvement in health outcomes for populations
 - iv. Policy drivers to impact outcomes through Medicaid, Medicare and private insurance.
 - v. Strategic investment in services that will advance these goals.
3. Access to Care for lowans: Rural/Urban
 - a. Rural/urban partnerships around managing disease and conditions.
 - b. Telehealth to extend access.
 - c. Creating a regional system of care that connects primary care with specialty care for managing complex conditions.
4. Workforce
 - a. Incent practice of medicine in the state.
 - b. Expand skilled health care workforce and partnerships with community college.
 - c. Prioritize diversity within the workforce (investment in education and training to recruit and promote spectrum of health care professions from and to underserved/rural areas).
5. Supporting Unique Needs of Every lowan (Individuals with Physical, Developmental or Intellectual Disabilities, Behavioral Health Needs, Aging Populations, Racial Disparity and Disproportionality, Justice Involved Individuals and Former Foster Care Youth.)
 - a. Continuity of care for children (school closure and child care capacity).
 - b. Continuity of care supports for adults.

Noted Interdependencies

1. Agriculture: Food production and food security. Behavioral health needs for farmers and patients in rural areas.

2. Connectivity: Telehealth.
3. Economic Growth: Drug manufacturing, PPE supply chain, testing reagents supplies, and child care.
4. Education: Early and primary childhood learning.
5. Government: Delivery of services and pandemic preparation and response. Partnerships between state agencies and state and local government.
6. Expanding Iowa's Workforce: Healthcare workforce and expertise | public and population health.

Measures of Success:

Measure recovery through:

1. Hospital usage (number of ICU beds, bed capacity, recovery of healthcare job base).
2. Economic and Food Assistance (caseloads return to January 2020).
3. Medical Assistance (caseloads return to January 2020).

Improve overall health of Iowans through:

1. Social determinants of health metrics.
2. Prevalence of underlying conditions.
3. Aging services.
4. Behavioral health.
5. A well-being index.

Ensure access to care through:

1. Availability of clinicians.
2. Increase in rural access points.
3. Lower rates acute disease.

Tactics:

The steering committee is comprised of representative membership across public health and healthcare. This membership is inclusive of diversity in thought, background and geographic location. The committee will divide into five groups outlined in the areas of focus. Concentrated discussions will be led by three to four steering committee members, with a designated thought leader or subject matter expert. Listening sessions will be a key strategy to inform these group discussions. The listening sessions will include public health and healthcare associations and stakeholders such as the Meskwaki Settlement. These groups will develop recommendations for review by the full Economic Recovery Advisory Board. The Workgroup will also solicit written feedback from all 99 county public health authorities, the major health systems and stakeholder associations.

Working Group Leadership:

Randy Edeker, Hy-Vee

Suresh Gunasekaran, UIHC

Kelly Garcia, DHS Director

Membership of the Working Group:

Name	Organization	Location (city)	Category
Kristin Williams	Hy-Vee and NACDS Foundation	Des Moines	Pharmacy
Jorge Salinas, MD	UIHC	Iowa City	Internist, Infectious Disease
Anne Gruenewald	Four Oaks, President and CEO	Cedar Rapids	Mental Health
Brooke Lovelace	Iowa Developmental Disabilities Council, Executive Director	Des Moines	Disability Advocate
Laura Jackson	Wellmark, Executive VP and Chief Health Officer	Des Moines	Insurance
Samantha Cannon	Community Health Centers of Southern Iowa, CEO	Leon	FQHC
Matt Wenzel	Great River Health System, President and CEO	West Burlington	Test Iowa Site
Michelle Krefft	Iowa Vocational Rehabilitation Services, Director of Business Engagement	Des Moines	Physical and Intellectual Disability and Return to Work
Lastascia Coleman	University of Iowa Carver College of Medicine, Clinical Assistant Professor	Iowa City	Maternal Health/Community Health Worker
Linda Scheid	Siouxland Food Bank	Sioux City	Food Bank/Food Security
Lindee Thomas	Van Buren County, Public Health Director	Van Buren	Local Public Health
Robb Gardner	Henry County Health Center	Mt. Pleasant	Critical Access Hospital
Dr. Pedati (ex-officio)	State Epidemiologist	Des Moines	Iowa Department of Public Health
Linda Miller (ex-officio)	Iowa Department on Aging, Director	Des Moines	Aging
TBD		(Rural)	Private Practice
TBD			Nursing Facility