



Reflections on public health in 2010



Outgoing IDPH Director Tom Newton.

By Tom Newton*

Public health in Iowa has seen a lot of changes in the last year. And somehow, that's nothing new. In fact, one could say that adapting to continually changing priorities is one of the few constants in the field of public health.

To meet the challenges of evolving health needs and a transitioning health care system, IDPH must act as both a leader and a partner in promoting and protecting the health of Iowans. In making Iowa the healthiest state in the nation, one of the department's goals is to ensure that the general system of health in our state is strong. How is the department doing this? Here are some examples.

Iowa e-Health

When people talk about a "strong system," they're often referring to those systems that work hardest for the people they were designed for. We appreciate the interconnectedness of our streets, the reliability of customer service centers, and the accuracy of automated teller machines. A major initiative last year in creating a strong system of health in Iowa is that of planning and promoting the adoption of health information technology in our state. The [Iowa e-Health](#) project represents an important opportunity to improve the way providers collect and share patient information through the use of electronic health records and a statewide health information exchange. Real-time health information helps practitioners make the best health care decisions, provides patients with continuity of care regardless of the provider they visit, and enhances population health through use and analysis of the data collected and maintained throughout the system. In 2011, IDPH will work with the legislatively directed Electronic Health Information Executive Committee on proposals to allow Iowa e-Health to procure, install and operate the technology required for the Iowa health information exchange to serve the needs of Iowans and their health care providers.

Workforce

Just as most businesses can't function without the hard work and talent of their employees, the health of Iowans depends heavily on a highly trained, valued, and specialized workforce. According to Iowa Workforce Development, however, the health care industry has the highest number of vacancies among all industries in the state. To help address these shortages, IDPH received federal funding last year for the Direct Care Workforce Initiative. Based on the recommendations of the legislatively-directed [Iowa Direct Care Worker Advisory Council](#), this project will develop and pilot a training and credentialing model for direct care professionals in Iowa—one of the first such models in the nation. Also last year, IDPH worked closely with the [Health and Long-Term Care Access Advisory Council](#) to present a strategic plan to the Iowa General Assembly and the governor. Among the initial recommendations, the council highlighted the importance of: codifying the Iowa Health Workforce Center for coordinating health workforce concerns in Iowa; funding loan repayment programs and other

recruitment and retention efforts; and supporting educational institutions and other entities in creating or updating training, curricula and practicum experiences.

Medical Homes

One of the most powerful allies in promoting and protecting the health of Iowans is, of course, Iowans themselves. When people are engaged and invested in their own health, the entire system benefits, including providers, insurers, health advocates, and public health partners. This is why the department's work with the [Medical Home System Advisory Council](#) is so important. By promoting the use of medical homes, the council is helping make the patient an integral part of the health care team, allowing them to make decisions with their personal provider and accept responsibility for important aspects of self-care. Studies show that focusing health care around the patient's preferences and needs can improve both patient satisfaction and clinical outcomes. Last year, the council issued their first issue brief which described the vision for patient-centered care in Iowa. In 2011, IDPH will support the council as it continues to collaborate with Medicaid in the development of the IowaCare Medical Home Model, outlined in the 2010 Health Care Reform Act. As directed by the council, IDPH will also work this year on drafting and adopting rules for the certification of medical homes.



Public Health Modernization

Building on the [Public Health Modernization Act](#) of 2009, IDPH took a giant step forward last year in strengthening the current public health system. Just as law enforcement agencies, schools and even day care centers go through an accreditation process to ensure that their services meet certain standards, IDPH is preparing to take part in a national voluntary accreditation system for governmental public health departments. In 2010, Iowa continued its tradition of leadership by participating in a "beta test" of the national Public Health Accreditation Board's accreditation process. One of only eight state health departments to take part in the beta test, this experience provided IDPH with valuable insight into its current strengths and weaknesses. For 2011, IDPH staff will address areas for improvement and build upon some strong practices identified in the beta test so that IDPH can operate at a higher capacity.

Healthy Iowans

Another important activity for ensuring a strong system of health in our state is that of performing regular assessment and planning activities. Late last year, Healthy People 2020—the nation's health plan for the coming decade—was released. Concurrently, plans had gotten underway in Iowa to develop [Healthy Iowans](#), the statewide plan for addressing our state's health needs and issues over the next five years. Scheduled for completion in October 2011, Healthy Iowans will be based on recommendations from a broad array of more than 120 partners. This will include local public health departments, legislatively-directed and ad hoc health-related committees, state agencies, the business sector, and other organizations whose work directly or indirectly affects the health of Iowans.

Prevention and Chronic Care Management

As Iowans continue to live longer, chronic disease prevention and management is becoming increasingly important. Chronic diseases, including heart disease, cancer, obesity and diabetes, now account for 70 percent of deaths in our state. They affect the quality of life for tens of thousands of Iowans and have a dramatic impact on the individual and the community, both in terms of health care

costs and the quality of life. The good news is that 80 percent of chronic conditions can be prevented. The trick is creating a culture and a system of health in which prevention is front and center. Toward this end, the IDPH-facilitated [Prevention and Chronic Care Management Advisory Council](#) released two policy briefs last year on the topics of chronic disease prevention and chronic care management, each of which contains Iowa-specific data and smart practices. In 2011, the council will develop a state plan for coordinating care for individuals with diabetes who receive care through safety net providers. Also on their to-do list is developing recommendations for collecting and providing data concerning chronic disease in groups of racial and ethnic diversity in Iowa.

Community Wellness

Since 2005, 44 counties in Iowa have benefited from the department's [Iowa Healthy Communities Initiative Grant Program](#). Using a mixture of federal and state funds, this program maximizes community involvement by bringing together groups of people, in collaboration with local boards of health, to rally around issues impacting the health of local residents. Highlights from last year include Decatur County bringing together 50 volunteers who contributed nearly 1,000 hours to complete construction of a local trail. In Black Hawk County, referrals for behavioral issues in schools have decreased by 12 percent thanks to expanded mental health services. And in Woodbury County, 85 percent of businesses surveyed said that they offer a worksite wellness program, up from 66 percent the previous year. As more grants are awarded in 2011, IDPH staff will focus their attention on providing technical assistance that aids coalition development, evaluation planning, and sustainable smart practices.

Working to ensure that the general system of health in our state is strong is, of course, just one of the things IDPH does. Making Iowa the healthiest state in the nation requires both big-picture thinking and strategic programming.

** Tom Newton is the outgoing director of the Iowa Department of Public Health. This text came from the [2010 Annual Report and Budget Summary](#), published in December 2010. To access the entire publication, visit www.idph.state.ia.us/adper/annual_reports.asp.*

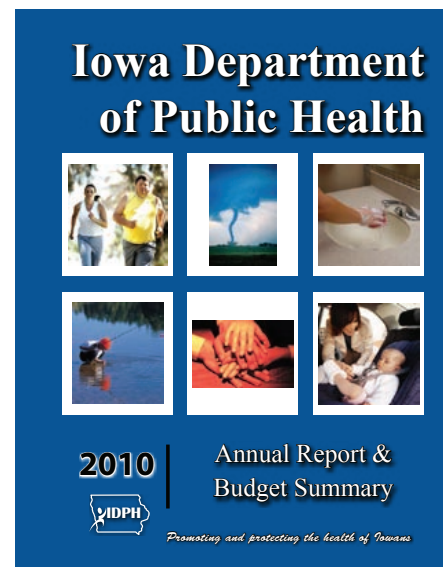
Injury prevention focus of public health week, April 4-10

It only takes a moment for an injury to happen. A fall on a stair, a moment's glance away from the road, a biking or sports-related injury, a child ingesting a cleaning substance—it only takes a moment to prevent injuries and make our lives and communities safer.

Injuries are not “accidents,” and we can prevent them from happening. Taking actions such as wearing a seatbelt, properly installing and using child safety seats, wearing a helmet and storing cleaning supplies in locked cabinets are important ways to proactively promote safety and prevent injuries.

During [National Public Health Week](#) (NPHW) 2011, the American Public Health Association (APHA) needs your help to educate Americans that “Safety is No Accident.” Together, we can help Americans live injury-free in all areas of life: at work, at home, at play, in your community and anywhere people are on the move. We all need to do our part to prevent injuries and violence in our communities. Join us as we work together to create a safer and healthier nation.

Visit www.nphw.org/nphw11/default.htm. To learn about NPHW activities in Iowa, contact [Wendy Ringgenberg](#) at 515-291-2379 or [Don McCormick](#) at 515-401-7016.



Health IT promises better information, better care

By Don McCormick*

Visiting a new doctor usually means having to provide certain details from your medical history. Although you might be able to remember all the things you're allergic to, you may not recall all of the medicines you take. You may be able to list some of the procedures you've had: lab tests, an MRI, maybe a mammography. But when were they and what were the results? What if you're unable to answer any questions, such as in an emergency?

Imagine if your doctor could receive your most up-to-date health information quickly and reliably. This could lead to improvements in the care you receive.

That day is coming soon.

Through a project known as [Iowa e-Health](#), the Iowa Department of Public Health (IDPH) is working with partners across the state on building the Iowa Health Information Exchange. Scheduled for pilot testing in 2011, the exchange will allow your doctor, hospital, and other health care providers in Iowa to instantaneously access your most up-to-date health records.

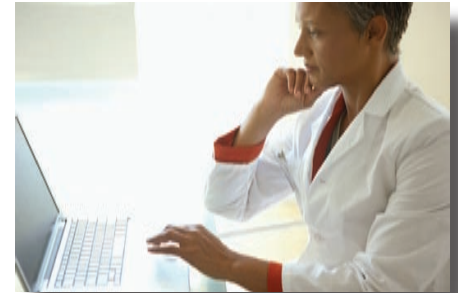
"As more and more health care providers begin keeping patient information electronically, the benefits of a state health information exchange are becoming more evident," said Kim Norby, executive director of Iowa e-Health at IDPH.

In fact, a number of providers have already started seeing advantages to systems like the forthcoming Iowa Health Information Exchange. A good example is the system between Broadlawns Medical Center and University of Iowa Health Care (UIHC). Doctors and nurses in Des Moines and Iowa City securely exchange electronic health records of patients enrolled in IowaCare, a program in which Broadlawns patients are seen by specialists at UIHC. After receiving treatment there, the patients return to Broadlawns for continuing medical care.

"It came to the point that we started seeing 100 patients per month needing to be transferred for specialist services," said Mikki Stier, senior vice president of government and external affairs at Broadlawns. "If you think about having to fax a medical record and when they're finished at the University of Iowa, they have to turn around and fax the new information back, it's very inefficient."

Electronic health records and health information exchange systems are more than just efficient. The implications for improved, perhaps even life-saving, care are clear. According to the [Office of the National Coordinator for Health Information Technology](#), health information technology "has been shown decisively to be capable of improving the quality and safety of patient care. It combines the patient's own information with the spectrum of medical knowledge, putting information at the fingertips of the clinician and the patient in a useful and actionable way that is not possible with paper-based care."

Broadlawns and UIHC have completed six of seven stages of electronic health record adoption set by the nationally recognized [Health Information Management Systems Society](#). Providers that reach this stage use structured templates to enter documentation and orders, such as order sets that spell out protocols for treating specific medical conditions. Mercy Medical Center North Iowa in



Mason City also has reached stage six. The seventh and final stage involves the elimination of all paper-based records and integrates electronic records into the provider's entire workflow.

To ensure patient confidentiality within the exchange, Iowa e-Health partners are developing strict requirements to make sure health information is seen only by patient-authorized providers. "The use of automated teller machines and online banking offers a useful parallel," Norby said. "These systems have been available for decades and meet the high standards Iowans have for privacy. We know how high the bar is set and we're going to great lengths to make sure that the rules for information sharing are just as robust—if not more robust—as those used for paper-based medical records."

In spring 2011, the Iowa Health Information Exchange will begin pilot projects that connect health care providers. Primary care doctors, laboratories, and hospitals will be the first to connect. The exchange will be open to many other types of health care providers as it is built across the state. These may include pharmacies, nursing homes, home health care, physical therapy, mental health, and specialty providers, to name a few.

For more information about Iowa e-Health, please visit www.lowaeHealth.org or call 1-866-924-4636.

* Don McCormick is a public information officer at IDPH.



New Iowa worksite wellness resources released

By Amy Liechti*

The [Iowans Fit for Life](#) team at the Iowa Department of Public Health (IDPH) has just released a new resource—the [Healthy Iowa Worksites](#) toolkit. Funded by the Iowa Cancer Consortium, the project was a collaborative effort with the IDPH [Bureau of Chronic Disease Prevention and Management](#), the IDPH [Division of Tobacco Use Prevention and Control](#), [Iowans for Wellness and Prevention](#), and the [Wellness Council of Iowa](#). The toolkit was developed because we know that:

- Iowa ranks 22nd in the nation for obesity with an adult [obesity rate of 27.6%](#).
- [Three of every four health care dollars](#) is spent in the treatment of chronic disease.
- Insurance premiums are increasing at an average rate of [13%](#) across all Iowa employers.

The toolkit provides a step-by-step process for implementing wellness programming, includes resources that are proven to be effective, programming examples, communications templates, and a comprehensive list of suggested policy and environmental change initiatives for employers to consider implementing.

Iowa employers offer some of the best opportunities in the nation. Implementing wellness and prevention will continue this tradition and improve the health of the Iowa work force.

To access the toolkit, visit www.idph.state.ia.us/iowansfitforlife, look for the image of the red toolbox and click "Active and Eating Smart Tools for Change."

* Amy Liechti is the worksite wellness coordinator with [Iowans Fit for Life](#).

Schools are worksites too

Another resource recently added to the Active and Eating Smart Tools for Change toolbox is called "Making Worksite Wellness Work at Your School." Produced in collaboration with the [Iowa Nutrition Network](#) and the [Iowa Department of Education](#), the resource was developed because addressing health and wellness in the school environment has become increasingly important in recent years, not just for students, but for staff, as well. The document provides tips for starting a school-based worksite wellness program, build support, and create partnerships.

Smokers want to quit, Operation 83 helps

By Aaron Swanson*

You and those you serve share many common goals. Among them, you want those who smoke to quit... and they want to quit themselves. A new campaign from the Iowa Department of Public Health is designed to help public health partners and smokers achieve this common goal. Using data from the [Iowa Adult Tobacco Survey](#), the “Operation 83” campaign encourages the use of free cessation services available through [Quitline Iowa](#), including the fax referral service by which Quitline counselors initiate the first call to the tobacco user.

“We know that 83 percent of Iowa smokers want to quit,” says Bonnie Mapes, administrator of the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control. “The goal of Operation 83 is to encourage health professionals to take a larger role in helping Iowans become tobacco free.”

Although targeted primarily at health care providers such as doctors and dentists, all public health partners—staff in local public health agencies, WIC offices, substance abuse prevention centers, emergency preparedness contractors, environmental health specialists, and others—are also encouraged to promote Quitline Iowa’s services among their clients who use tobacco.

“Sending in a fax referral to Quitline Iowa makes it easier for the potential quitter,” said Ringgold County Public Health Tobacco Cessation Director Chris Doster. “It removes the barrier to get them past their initial fear so they can start on their quit plan.”

The latest IDPH Iowa Adult Tobacco Survey found that only two-thirds of patients who smoke were advised by their doctor or dentist to quit. Less than one-half (45 percent) of those patients were prescribed or were advised to use nicotine replacement products, such as patches or gum. Only 23 percent were encouraged to attend a cessation class or to contact Quitline Iowa at 1-800-QUIT-NOW.

Mapes says community partners will be giving Operation 83 kits to doctors, nurses and dentists. The kits include posters, fact sheets and information to help providers fax patient referrals to Quitline Iowa. Public service messages also will be published in magazines and newsletters serving health care providers. In addition, community partners will contact local media and community and civic organizations to educate them about Quitline Iowa.

The outreach to health care providers, media and community organizations will be supported by a mass media campaign to reach tobacco users. It will include television and outdoor advertising that will encourage smokers to call Quitline Iowa at 1-800-QUIT-NOW.

“This show of support among doctors, nurses, dentists, public health professionals and community partners throughout Iowa will make it easier for the overwhelming majority of smokers who want to live tobacco free,” says Mapes.

For more information or for Quitline Iowa referral forms, visit the [Healthcare Providers](#) page at www.quitlineiowa.org.

* Aaron Swanson is the coordinator of Quitline Iowa at IDPH.



IDPH answers common questions about CHNA & HIP

By Louise Lex*

When a team within the Iowa Department of Public Health began discussing the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) process in October 2008, the deadline for submissions seemed light years away. Now, it's just around the corner. As counties begin shoring up their planning documents for submission by February 26, 2011, it may be helpful to share some of our most frequently asked questions.



Where is the reporting form?

The reporting form, along with an example, is part of a county-specific CD mailed to every county health administrator. The form is also available on the CHNA & HIP website, www.idph.state.ia.us/chnahip/default.asp.

How do you write objectives or goals?

The goal statement includes the level to which a health problem should be reduced or maintained for the next five years. Set a baseline for each goal so progress can be tracked. If there is a target population, include it in the goal statement. Objectives or goals should fit the "S.M.A.R.T. + C" criteria. They should be specific, measurable, achievable, relevant to what the groups want to accomplish, timed or timely, and a challenge for the group to make significant improvements in the community.

What's the difference between goals and strategies?

The strategies or action steps explain what will be done to achieve the goal, who or what agency will be responsible for taking the action, and when the action or strategy will be taken over a five-year period.

Do we have to write goals and strategies for each of the six public health focus areas?

In making an assessment, your community stakeholder group will review health problems in each of the six public health focus areas. However, if the group decides not to address the problem or problems, check the reasons on the reporting form. The stakeholder assessment discussion should lead to identifying priorities in the improvement plan in one or more of the focus areas.

I'm having trouble organizing a group of stakeholders to come to our planning meetings. What can I do about it?

Two webinars archived on the CHNA & HIP website may be helpful. They are "Getting Started with CHNA & HIP: The Washington County Story" and "Identifying and Engaging Partners: The Wapello County Story." In addition, two local partners in each public health service region have agreed to help those just starting out. Feel free to contact: [Jane Condon](#) or [Donna Sutton](#) in Region 1; [Deb Freeman](#) or [Betty Mallen](#) in Region 2; [Deb Steffen](#) and [Kevin Grieme](#) in Region 3; [Sherrie Bowen](#) and [Vicki Gillespie](#) in Region 4; [Linda Albright](#) and [Kim Dorn](#) in Region 5; and [Eileen Daley](#) and [Jane Sherman](#) in Region 6.

* Louise Lex is the coordinator of CHNA & HIP activities at IDPH.

Hospital capacity reporting system piloted

By Alex Carfrae*

The Iowa Department of Public Health (IDPH), Center for Disaster Operations and Response (CDOR) has acquired a web-based application for hospitals to report capacity information. Recently piloted in 12 hospitals across the state, the Iowa Public Health Advanced Capacity Tracking System (I-PHACTS) system is designed to be used during public health emergencies to evaluate Iowa's medical infrastructure through collection of bed capacity data, staffing levels, and status of utilities such as water, power and natural gas.

"I-PHACTS allows for the collection of real-time data, which is vital to hospitals as decisions are made in an emergency," said CDOR Bureau Chief Rebecca Curtiss. "This information can be used to inform and support hospitals during emergencies like H1N1 or severe weather."

The application originated from the Alabama Department of Public Health and is being shared through a memorandum of understanding. It has been tailored into a comprehensive system to fit the basic capacity tracking needs of Iowa.

CDOR Hospital and Public Health Coordinator Diane Williams implemented the I-PHACTS pilot test from November 15 through December 10, 2010. The twelve volunteer hospitals—two from each public health preparedness planning region—was comprised of a mix of critical access hospitals and large metropolitan area hospitals.

"The majority of pilot hospitals said the system was easy to use," said Williams. "There were suggested improvements from the pilot hospitals regarding how information is shared and requests for clarification on capacity definitions. We sincerely appreciate the effort and feedback that each of these hospitals contributed to the pilot. Our next step is to work with the pilot hospitals and planning teams to implement some of these suggestions."

Once updates to the system are complete, statewide training and rollout of I-PHACTS will occur in the spring of 2011. It is anticipated that I-PHACTS will be fully functional by June 2011.

Pilot hospitals included:

Iowa Lutheran Hospital, Des Moines
St. Anthony, Carroll
Floyd County Medical, Charles City
RHS of Howard County, Cresco
Spencer Hospital, Spencer
St. Luke, Sioux City

Jennie Edmundson, Council Bluffs
Cass County Hospital, Atlantic
Jefferson County Hospital, Fairfield
Keokuk Area Hospital, Keokuk
U of I Hospitals and Clinics, Iowa City
Mercy Hospital, Dubuque



The Cedar River devastated downtown and southwest Cedar Rapids June 13, 2008. When one of Cedar Rapids' hospitals became inundated with floodwater and patients had to be evacuated, it was crucial for hospital decision makers to know which hospitals in the eastern half of the state had available beds and staffing to care for a surge of new patients. Before this tracking was done with pens, paper and fax machines. The Iowa Public Health Advanced Capacity Tracking System simplifies this process with a web-based application to track these critical resources and help leaders make critical decisions on patient transports during emergencies.

* Alex Carfrae is the risk communications officer at IDPH.

Healthy Iowans recommendations due Feb. 1

The [Healthy Iowans website](http://www.idph.state.ia.us/adper/healthy_iowans.asp) has been enhanced to engage public health partners in the development and use of Healthy Iowans, our state's five-year health assessment and health improvement plan. Online at www.idph.state.ia.us/adper/healthy_iowans.asp, the new website includes sections on the background of Healthy Iowans, updates and important announcements, frequently asked questions, and resources for organizations and individuals wishing to help develop the five-year health assessment and health improvement plan.

Healthy Iowans belongs to all Iowans. Considering the broad array of factors that affect health, many partners are needed to conduct assessments and develop the health improvement plan. The role of the Iowa Department of Public Health is to coordinate this collaborative effort. The deadline for submitting your recommendations for inclusion in the state plan is February 1, 2011. To get involved and to access the online recommendation form, click on the "Get Involved" tab on the new website or go to www.idph.state.ia.us/adper/healthy_iowans_involved.asp.



BRFSS: obesity and diabetes up, smoking and asthma down

By Don Shepherd*

Is Iowa a healthy state, an unhealthy state, a little of both? In what areas are we doing well? In what areas could we use improvement? The answers to these questions and more appear in the 2009 Behavioral Risk Factor Surveillance System (BRFSS) Report. Recently published by the Iowa Department of Public Health (IDPH), the findings are the result of 6,024 telephone interviews conducted in English and Spanish between January and December 2009. For some questions in the survey an additional 300 interviews were conducted with people who only had cell phones.



Highlights of this year's BRFSS include:

Cardiovascular Health

In 2009, 28 percent of all respondents reported ever being told they had high blood pressure. This is an increase from the 26.8 percent reported in 2007. This is the highest prevalence of high blood pressure that has ever been reported in this survey.

Overweight/Obesity

The percent overweight and the percent obese continue to increase. In 2009, 67.2 percent of Iowa adults were either overweight or obese. In 2008 64.3 percent reported being either overweight or obese. This continues a long trend of increasing overweight and obesity. Obesity prevalence alone increased from 26.7 percent in 2008 to 28.5 percent in 2009. The prevalence of obesity has shot up seven percentage points since the year 2000.

Diabetes

Diabetes is another condition reaching the highest level ever seen in the survey. In 2009, 7.6 percent of respondents had ever been told by a physician that they have diabetes. This figure is higher than the 7 percent found in 2008.

Smoking

Some good news was that in 2009, 17.2 percent of Iowans reported being a current smoker. This was a decrease from the 18.8 percent found in 2008 and is the lowest prevalence ever reported in this survey.

Asthma

Another piece of good news was that the prevalence of asthma was down from the previous year, especially for children. The percent of adults with current asthma fell from 7.7 percent in 2008 to 6.8 percent in 2009. The percent of children who were reported to have current asthma fell from 6.6 percent in 2008 to 4.7 percent in 2009.

Over all Iowans considered themselves to be healthy. When asked to rate their general health status from excellent to poor, only 11.4 percent said fair or poor, while 21 percent said excellent. This is the best general health rating since 2000.

There has been some concern that BRFSS has been missing people who have given up their landline telephone and have only cell phones. When people having only cell phones were included for some questions, it was necessary to change the method for adjusting the data to account for unequal chances of being included in the survey. This adjustment change had a greater impact on the data than the inclusions of cell phones by itself did. The inclusion of cell phones with this adjustment made Iowans look less well off on many measures. For instance, current smoking jumped up from 17.2 percent to 21.3 percent. This change does not mean there was no reduction from 2008 because this new method would have likely shown higher figures then, as well.

The BRFSS is an ongoing statewide telephone health survey of adults ages 18 years and older. It is conducted in all 50 states, three territories, and the District of Columbia. To read the full report, visit www.idph.state.ia.us/brfss.

* Don Shepherd is the BRFSS coordinator at IDPH.




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April 5-6, 2011
Scheman Conference Center, Ames

A rural provider returns to Iowa

By Erin Drinnin*

Family physician Dr. Mary Ann Zakutney knows rural. She also knows about the challenges residents face in access to health care in towns such as Fairfield, Iowa.

Born in a small mining town of 600 people, Zakutney has lived and worked throughout the U.S. and the world, including American Samoa, Borneo and Malaysia. Her first encounter with Fairfield, which is located Jefferson County in southeast Iowa, was in the early 80's when she taught nursing at the University of Iowa and worked as a family nurse practitioner.

Zakutney left Fairfield to further her education. As is the case with nearly every health professional, however, the educational loans this training required were significant. Despite the low pay, compared to specialty physicians, and often exhausting hours, particularly in rural communities, Zakutney was committed to becoming a family physician. "A true family physician," she said, "has ties with the community, sees the children grow, cares for the parents and the grandparents, and attends the concerts on the square on Sunday evening."

In December 2010, Iowa's Primary Care Recruitment and Retention Endeavor ([PRIMECARRE](#)) program offered Zakutney assistance with repaying her educational loans in exchange for returning to Fairfield to practice for two years. She jumped at the opportunity.

"My experience in other countries—as well as in other cities—has drawn me back to the more basic traditions of a community that has a strong relationship with the land and neighbors," Zakutney said.

Zakutney is one of three health professionals selected to receive loan repayment assistance between December 2010 and November 2012. The other two individuals are working for a mental health center in Sheldon, located in rural Sioux County. Both Sioux and Jefferson counties have been designated as [primary health care shortage areas](#) by the U.S. Health Resources and Services Administration, and both have greater than 25 percent of their population living at or below 200 percent of the poverty level. The Iowans living in these communities face significant health care access issues because of the rural nature of the communities and the limited number of health care providers.

Bringing these health professionals to Iowa could not have been possible without the efforts of private organizations that helped secure a dollar-for-dollar match needed for approximately \$75,000 in federal loan repayment funding to professionals who dedicate themselves to working in underserved areas of Iowa. In this effort, the Iowa Department of Public Health was pleased to work with Des Moines University, Mercy Medical Center—Des Moines, Iowa Health System, and University of Iowa Health Care.



Dr. Mary Ann Zakutney

“My commitment to this community is based on my respect for the people and their work,” Dr. Zakutney said of her job and home. “The diversity of the community in age, background, work, and cultural experiences is the right setting for my involvement as a family physician.” In addition, Dr. Zakutney plans to educate new physicians and nurse practitioners about the benefits of living and working in rural areas and hopes to recruit them to rural Iowa.

Dr. Zakutney’s story highlights the draw of rural communities, and the great opportunities that exist when the right connection happens with an experienced and compassionate health care provider. IDPH would also like to take this opportunity to thank our partners on this project; their contributions are helping us improve access to primary care services for Iowans living in rural and underserved areas. They made Dr. Zakutney’s story possible!

* Erin Drinnin is the PRIMECARRE coordinator at IDPH.

Iowa pilots chronic disease management program

[Better Choices, Better Health](#), previously named Chronic Disease Self-Management Program is a six-week workshop that provides tools for living a healthy life with chronic health conditions, including diabetes, arthritis, high blood pressure, heart disease, and chronic pain.

Participants can take steps toward a better life by signing up for a free, online version of the community-based Better Choices, Better Health. This is a limited-time pilot project available exclusively to residents of Iowa and six other pilot states-California, Hawaii, Maine, Massachusetts, New Jersey, and Oregon.

Better Choices, Better Health helps participants reduce their pain and anxiety and manage a wide range of symptoms and conditions. Led by trained volunteer leaders, many with health conditions themselves, participants learn to find practical ways to deal with pain, fatigue, and stress. They discover better nutrition and exercise choices, make informed treatment decisions, learn better ways to talk with their doctor and family about their health, and get the support they need.

Participants can log onto the free sessions from any computer with an Internet connection, including dial-up. With up to 25 people in each workshop group, interactive sessions are posted on a secure website each week for six weeks. There are no set times for workshop sessions; participants log on remotely at their convenience two or three times a week to set goals and make step-by-step action plans. To sign-up for an on-line workshop visit www.selfmanage.org/Sign-up

In addition to the online Better Choices, Better Health, in-person community-based self-management workshops are provided in Polk County and other counties in Iowa. To learn more, visit www.iowahealthylinks.org.

In Iowa, sponsoring public health partners include:

Aging Resources of Central Iowa
 Black Hawk Co. Public Health
 Burgess Health Center
 Calhoun Co. Health Department
 Elderbridge Agency on Aging
 Generations Area Agency on Aging
 Hawkeye Valley Area Agency on Aging
 Heritage Agency on Aging
 Iowa Veterans Home
 Kossuth Co. Public Health
 Lee Co. Health Department
 Mercy Cedar Rapids
 Mills Co. Health Dept.
 Monona Co. Public Health
 Northland Agency on Aging
 Polk Co. Health Dept
 Siouxland Aging Services, Inc.
 St. Luke’s Hospital
 U.S. Veterans Administration
 University of Iowa Hospital & Clinics
 Warren Co. Health Department
 Webster Co. Health Department
 Winneshiek Co. Public Health

Healthy People 2020 provides important data, tools

By Louise Lex*

Healthy People 2020, released in December has taken a different turn in its road-map to improving the health of Americans. Since 1979, Healthy People 10-year plans have been primarily a list of national health objectives. The new Healthy People web site www.healthypeople.gov contains far more than the 600 national health objectives. It provides the tools and data for states, cities, communities, and individuals to combine efforts for achieving the objectives.

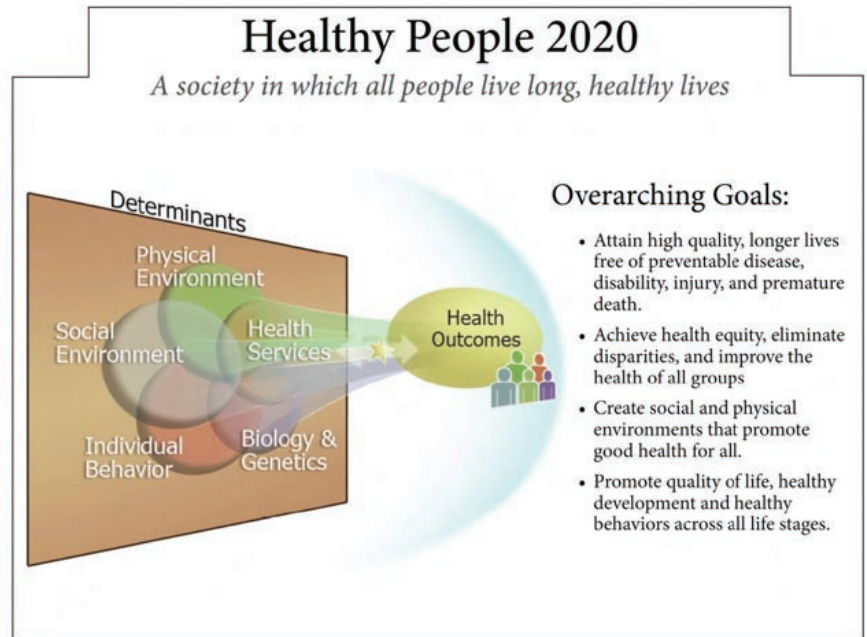
Besides being web-based, the 2020 plan is more useful. There are resources connecting the 39 developed topic areas with evidence-based interventions. For example, in the topic area, "Nutrition and Overweight," there are three categories of interventions: clinical recommendations, community interventions, and consumer information. Also, links to other federal resources like the National Health Information Center eliminate needless searches.

Not only is the web site geared toward community health strategies, individuals also can use the site. For example, consumers who open the nutrition and weight section can link to [resources](#) that allow them to do things such as easily calculate their weight status, using the BMI (body mass index) calculator for standard or metric measures or learn how to approach the delicate issue of talking with someone who has an overweight problem.

Another major turn Healthy People 2020 has taken is its new focus on cross-cutting [societal determinants of health](#). These include the physical environment, the social environment, individual behavior, health services, and biology and genetics. This focus underlies the need to move beyond controlling disease to addressing the root causes of disease; the importance of achieving health equity; and practical considerations related to national prosperity and security. These causes go beyond the domains of public health and medical care. Other sectors like transportation, housing, agriculture, commerce, labor, urban/rural development and education play a pivotal role. At the federal level, an inter-agency workgroup is taking a "health in all policies" (HiAP) approach to move the Healthy People agenda forward.

The Institute of Medicine committee responsible for publishing the 1988 report, [The Future of Public Health](#), defined the mission of public health as "...the fulfillment of society's interest in assuring the conditions in which people can be healthy." In light of this mission, the social determinants of health approach in Healthy People 2020 has the promise of "raising all boats" so that everyone can live long, healthy lives.

* Louise Lex is a member of the Healthy Iowans Coordination Team.



Accreditation overview event coming April 4

Mark your calendars now for the April 4, 2011 Public Health Learning Conference. Sponsored by the [IDPH Multi-State Learning Collaborative Project](#) through the [Robert Wood Johnson Foundation](#), the free event will provide participants with the opportunity to learn more about accreditation and quality improvement activities in Iowa.

Learning tracks will include overviews of accreditation preparation activities at the local and state level, and a showcase of local and state quality improvement projects including mini-collaborative findings. The activities conducted through the Public Health Quality Improvement Network will also be highlighted during the learning congress.

The event will be of special interest to local public health professionals, board of health members, environmental health professionals, public health students, and state public health department staff. Stay tuned for registration information in February.



Coming Soon: Nutrition & Physical Activity Resource for Iowans

On February 1, the [Iowans Fit for Life](#) program will unveil a new set of overweight and obesity prevention resources for health care providers and families. Called “Eat & Play the 5-2-1 Way,” the free toolkit takes its name from recommendations from the American Academy of Pediatrics outlining appropriate amounts of daily fruit/vegetable consumption, screen time, and physical activity.

Health care providers will find:

Tools to help open up conversations around overweight and obesity; educational material, including a patient-centered “Health Contract”; and a continuing education module on motivational interviewing and affecting patient behavior change in clinic settings.

Families will find:

Creative ideas for eating healthy food and getting physically active; tips for involving kids in the kitchen and dealing with “picky eaters”; and meal planning resources, including tips on saving money on healthy food.

Be the first to learn about the free resources available through “Eat & Play the 5-2-1 Way.” Get on the email list by writing to iowansfitforlife@idph.state.ia.us. Please include “5-2-1 Way” in the subject line.



CDC study finds seat belt use up to 85 percent nationally

Almost six out of seven U.S. drivers surveyed report that they always wear a seat belt when driving or riding in a motor vehicle. This finding and others are detailed in a [study](#) recently released by the Centers for Disease Control and Prevention in their [Vital Signs](#) online feature publication.

Seat belt use has become the national norm in most states, though rates of self-reported seat belt use vary widely from state to state, with a high of 94 percent in Oregon and a low of 59 percent in North Dakota. Still, every 14 seconds, an adult in the United States is treated in an emergency department for crash-related injuries.

“A simple step that most drivers and passengers in the United States already take— buckling their seat belts—cuts in half the chance of being seriously injured or killed in a crash,” said CDC Director Thomas R. Frieden “Yet, about one in seven adults do not wear a seat belt on every trip.”

The study found that states with primary seat belt enforcement laws, where police officers can pull cars over and issue tickets solely because drivers and passengers are unbelted, have higher rates of seat belt use than states with secondary enforcement laws, which only allow officers to issue tickets to drivers who have been pulled over for violating another law. States with primary enforcement laws had an overall seat belt use rate of 88 percent, whereas states with secondary enforcement laws had an overall seat belt use rate of 79 percent. The national average for seat belt use is 85 percent. If the secondary law states had achieved 88 percent belt use in 2008, it would have resulted in an additional 7.3 million adults buckling up.

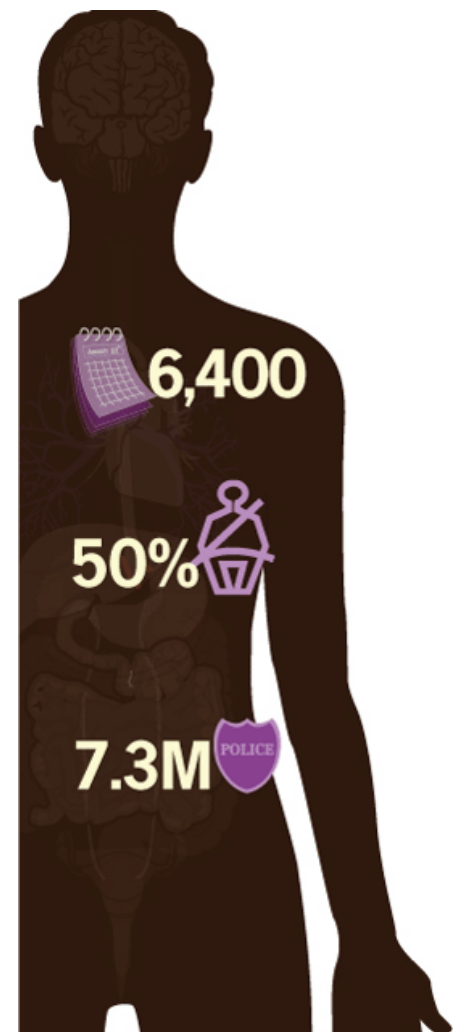
Although one in three U.S. adults lived in states with secondary enforcement laws in 2008, residents of these states accounted for 49 percent of the unbelted drivers and passengers on U.S. roads.

Nineteen states do not have primary enforcement seat belt laws.

“As seatbelt use increases and more states pass primary enforcement laws, we are seeing crash-related injuries decline,” said Linda Degutis, director of CDC’s Injury Center. “This indicates that primary enforcement laws, paired with vigorous enforcement programs, get more people to wear seat belts. We know that buckling up can make a life-saving difference.”

For the study, CDC researchers analyzed two national sources: 2009 [National Electronic Injury Surveillance System-All Injury Program](#) data on non-fatal injuries treated in emergency departments nationwide and 2008 [Behavioral Risk Factor Surveillance System](#) data on self-reported risk behaviors.

CDC has also released [Policy Impact: Seat Belts](#), one in a series of briefs highlighting key public health issues, and important science-based policy actions that can be taken to address them. Through this new publication, CDC supports state-based efforts to strengthen seat belt policies and prevent crash-related injuries and deaths. For the full Vital Signs report and policy brief, visit www.cdc.gov/vitalsigns.



According to the CDC, every day about **6,400** adults are injured in a crash. Using seat belts reduces serious injuries and deaths in crashes by about **50%**. Also, **7.3 million** more adults would have worn their seat belts in 2008 if all states had primary enforcement seat belt laws and had

IDPH pilots e-mail domain change

In 2010, the Iowa Legislature and the governor ordered state agencies to execute some cost savings measures. One of those measures is the consolidation of e-mail services under Information Technology Enterprise at the Department of Administrative Services.

In January 2011, the department will begin rolling out the new e-mail addresses via pilot projects involving: the Bureau of Communication and Planning; the Center for Disaster Operations and Response; the Bureau of Local Public Health Services; and the Office of the State Medical Examiner. Public health partners who communicate regularly with staff in any of these bureaus may notice a change in the e-mail addresses coming from these sectors of IDPH. The new e-mail domain name will be @idph.iowa.gov.

For the time being, both the new and the old addresses will accept incoming messages; however, the old address will eventually expire. Please update your contacts accordingly. If you experience any problems using these new addresses, please contact the [IDPH Bureau of Information Management](#) at 515-281-4258.



CADE website now easier to navigate

The Iowa Department of Public Health has updated one of its most popular web pages. Frequented by consumers and public health partners alike, the new Center for Acute Disease Epidemiology (CADE) website has been reorganized to provide better navigation to disease information and resources. Visitors will notice several enhancements, including:

- Easy-to-access information on all reportable diseases, including statistics and links to additional resources.
- Conveniently located links to frequently used resources, such as the CADE Clearinghouse, the EPI Manual, and archived Friday EPI Updates.
- A News and Events section.
- Links to related IDPH websites, such as those that pertain to seasonal influenza, healthcare-associated infections, and the Iowa Disease Surveillance System.



Note that the web address for this page has also changed. The new URL is www.idph.state.ia.us/cade. For more information or if you have questions, call 515-242-5935.

CDC provides resources for chemical exposures

Recent media reports discussing the potential use of chemical agents in the United States may have raised questions among clinicians and public health professionals about the risks of exposure to a number of chemical hazards. In an effort to assist in addressing these questions, CDC would like to remind public health partners of resources to assist in preparing for and responding to chemical exposures in community and clinical settings.

Online resources

CDC provides resources for clinicians and public health professionals seeking advice and guidance about exposure routes, signs and symptoms, case definitions, or treatment protocols for a wide range of potential chemical hazards currently in the news. All are located in the Emergency Preparedness and Response A to Z Index at <http://emergency.cdc.gov/az/a.asp>. Commonly accessed sections include [botulism](#), [cyanide](#), [sulfur mustard](#), and [ricin](#).

Expert emergency consultation

In an emergency, clinicians and public health professionals can reach CDC experts in chemical exposure and medical toxicology at 770-488-7100. This service is available through a 24/7 Emergency Operations Center to assist local, state, and federal agencies. CDC can assist healthcare professionals with questions about emergency patient care.

Poisoning specialists

Specialists at poison centers belonging to the American Association of Poison Control Centers provide expertise and treatment advice for poisonings, including those involving chemical hazards, at 1-800-222-1222. Poison control centers are staffed by pharmacists, physicians, nurses, and poison information providers who are toxicology specialists. Through the AAPCC's national help line, poison control centers provide immediate poison exposure management instructions.

Additional emergency resources for natural, chemical, biological, and radiological hazards can be found at emergency.cdc.gov. The Iowa Department of Public Health also recommends the [Toxic Substances Portal](#) at the Agency for Toxic Substances and Disease Registry, at www.atsdr.cdc.gov/MMG/index.asp.



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To be used by local public health agencies, law enforcement, EMS, hospitals, fire departments, emergency management agencies, and HAZMAT teams to report EMERGENCY or disaster incidents requiring immediate notification of, or response by the Iowa Department of Public Health.



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