



IDPH Welcomes Dr. Mariannette Miller-Meeks



IDPH Director Mariannette Miller-Meeks

*By Don McCormick**

Service. Most public health professionals and partners agree that the opportunity to serve others and their community has always been a strong motivating factor. Recently appointed Iowa Department of Public Health (IDPH) Director Dr. Mariannette Miller-Meeks is no exception.

"Public health serves Iowans in more ways than most people know," Miller-Meeks said. "Whether the goal is to prevent disease or injury, promote healthy behaviors, respond to public health emergencies, or strengthen the system of health in our state, Iowans owe public health workers and partners a great debt of gratitude."

Miller-Meeks' own call to service began in 10th grade when she and her younger brother were severely burned in a kitchen fire. After six weeks in the burn unit, Miller-Meeks was treated by a physical therapist who helped her through the long, painful, and emotionally taxing process of learning to move normally again. From that point forward, Miller-Meeks knew that she wanted to become a doctor, where she could help people in need of a knowledgeable and caring health professional.

And she couldn't wait.

At the age of 16, Miller-Meeks finished an accelerated program of studies, left high school, and entered college with some financial assistance through a military program. After getting her bachelor's of science in nursing at age 20, Miller-Meeks entered the officer corps as a nurse in the U.S. Army. By the time she retired as a lieutenant colonel in 2000, Miller-Meeks had served her country for 24 years in active and reserve duty.

"I've always been a boots-on-the-ground sort of person," said Miller-Meeks, who spent several years caring for wounded soldiers at Walter Reed Army Medical Center in Washington, D.C. and other military installations. "I know how important it is to have input from the people who provide direct services and I look forward to making sure all of our public health partners at the local level have their voices heard as we advance public health in Iowa."

Specializing in ophthalmology, Miller-Meeks completed her medical residency at the University of Iowa Medical Center in 1991. With a masters of education under her belt also, Miller-Meeks returned to the U of I from 1994 to 1997 as an assistant professor in ophthalmology after serving on the faculty at the University of Michigan in a similar capacity.

"Our state is in dire need of health professionals of all stripes," Miller-Meeks said. "I'm glad to have played a part in preparing the next generation of health workers that will be so crucial to promoting and protecting the health of Iowans."

Miller-Meeks' passion for service is also evident in her volunteer activities. In addition to providing care at a free medical clinic in Cedar Rapids, Miller-Meeks has provided free vision correction surgeries to soon-to-be deployed soldiers. She has organized a physician recruitment and retention organization to help bring physicians to Southeast Iowa, and has served as a C.A.S.A (Court Appointed Special Advocate) volunteer for children. Miller-Meeks has coached soccer and served as a guest science teacher in sixth grade classes. She has also held leadership positions in a number of professional organizations, including the American Academy of Ophthalmology (councilor), American Board of Ophthalmology (associate examiner), the American Medical Association (alternate delegate), the Iowa Medical Society (president), and the Wapello County Medical Society (president).

** Don McCormick is a public information officer at IDPH.*

Johnson, Scott counties lead Iowa in physical activity

*By Polly Carver-Kimm**

According to a new [report](#) released by the Centers for Disease Control and Prevention, Johnson and Scott County residents spend more of their leisure time engaged in physical activity than their counterparts in other Iowa counties. The report that measured leisure-time physical activity among adults in every U.S. county from 2004 to 2008, found Johnson County residents were the most active - more than 81 percent of adults reported spending their leisure time (outside a regular job) engaged in physical activities or exercise. In Scott County, the activity percentage was 79 percent.

"The residents of Johnson County place a high value on health and the environment, so it's no surprise that they spend more time being active," said Johnson County Public Health Director Douglas Beardsley. "We hope to expand the adoption of active lifestyles across the entire spectrum of those living here."

Nationally, 74.6 percent of U.S. adults reported spending some of their free time being physically active, including activities such as walking for exercise, gardening, golfing or running. In Iowa, most counties recorded levels of adult leisure-time activity of around 75 percent. Only seven counties fell below the 75 percent level: Woodbury, Crawford, Kossuth, Webster, Tama, Clayton and Clinton. No Iowa counties were included in the least active level of 70 percent or less.

"Residents of Johnson and Scott counties may be more physically active during their leisure time in part because they live in communities where the environment may be more conducive to leisure physical activity," said Sarah Taylor Watts, physical activity coordinator at the Iowa Department of Public Health.

"For example, both the Johnson County Council of Government and the Bi-State Regional Commission have "complete streets" policies, which ensure the entire roadway is designed with all users in mind—including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities. Therefore in Johnson and Scott counties it is easier to be physically active because of their supportive environment."

Physical activity can help control weight, reduce the risk of type 2 diabetes, heart disease and some cancers, strengthen bones and muscles, and improve mental health.



Living and working in one of the most active counties in Iowa has its perks; Scott County employees, Leslie Arquilla (left) and Brooke Barnes (right) try to keep up with the people they serve by power walking during their lunch breaks.

To see county-level estimates of leisure-time physical activity, obesity and diagnosed diabetes, go to www.cdc.gov/diabetes/statistics. For more information about how Iowa is working to promote increased opportunities for physical activity and healthy eating for Iowans of all ages, visit www.idph.state.ia.us/iowansfit-forlife.

** Polly Carver-Kimm is a public information officer at IDPH.*

Nearly 130 recommendations made to Healthy Iowans

Thank you to the 73 organizations and individuals who provided input into the development of **Healthy Iowans**, our state's five-year health assessment and health improvement plan. Considering the broad array of factors that affect health, many partners are needed to conduct assessments and develop the health improvement plan. As the coordinator of this effort, the Iowa Department of Public Health (IDPH) appreciates the 128 recommendations submitted by this large, diverse group of contributors. Recommendations were submitted by legislatively mandated and ad hoc health-related committees, state agencies, the business sector, organizations whose work directly or indirectly affects the health of Iowans, and the public.

With this important first step now largely completed, a small team of IDPH staff members is reviewing and categorizing each recommendation according to the six major **focus areas**:



- Prepare for, Respond to, & Recover from Public Health Emergencies;
- Prevent Epidemics & the Spread of Disease;
- Prevent Injuries;
- Promote Healthy Behaviors;
- Protect Against Environmental Hazards; and
- Strengthen the Public Health Infrastructure.

Once named, the Healthy Iowans Steering Committee will begin the difficult task of identifying Iowa's critical health issues/needs and potential actions to address those issues/needs. In doing so, the steering committee will consider a variety of criteria, including:

- Overall burden;
- Preventability;
- Cost-effectiveness;
- Net health benefit;
- Synergy of different interventions;
- Potential to reduce health inequities;
- Willingness of groups to collaborate in taking action; and
- What health issues/needs have the greatest impact.

The Healthy Iowans Steering Committee will also consider the Community Health Needs Assessment and Health Improvement Plans (**CHNA & HIP**) recently submitted by local public health agencies. For more information about Healthy Iowans, visit www.idph.state.ia.us/adper/healthy_iowans.asp.

State leads by example for healthier vending

By Justin Blair*

If you've ever had difficulty deciding which products in vending machines are the healthiest, help is on the way. The Iowa Department of Public Health (IDPH) and Iowa State University Extension have created a resource for evaluating and displaying the nutritional content of items in vending machines.

Called the Nutrition Environment Measures Survey—Vending ([NEMS-V](#)), the tool utilizes a color-coded rating system to help employers easily identify and indicate which vending machine items are healthiest according to the nutrition they provide. Each item is rated as either:

- RED – falling outside specific dietary guidelines;
- YELLOW – meeting the guidelines but failing to provide a serving of fruit, vegetable, low-fat dairy or whole grain; or
- GREEN – meeting the guidelines and providing a serving of fruit, vegetable, low-fat dairy or whole grain.

Federal requirements to display calorie information for foods sold in vending machines will go into effect in 2012. With that in mind, developers of the NEMS-V system have begun piloting NEMS-V in the Jessie Parker, Lucas, and Wallace office buildings on the Iowa State Capitol Complex. The team hopes to gather information to develop a policy to ensure that vending machines in state-owned buildings, rest areas, and state parks include at least 30 percent of the choices meeting the yellow or green criteria.

"This project demonstrates foresight on the part of the government—acknowledging choice but assisting with informed choices," said IDPH Director Dr. Mariannette Miller-Meeks. "People look to state government to see what's coming and lead by example wherever possible. The more we do to help stem the tide of obesity, the more likely organizations will be to turn to us for innovative resources and leadership."

According to the Centers for Disease Control and Prevention, 10 percent to 14 percent of Iowans were overweight or obese in 1998. By 2009, that number had risen to 27 percent.

Food and beverage standards for NEMS-V are based on recommendations from the [Institute of Medicine](#) and Iowa's [Healthy Kids Act](#). As part of the pilot, project members are using those standards to assess the contents of vending machines currently on state property. After assessing a machine, suggestions can then be made on what products could be added to a machine to achieve the goal of having 30 percent of the choices meet the yellow or green criteria. Staff are also conducting taste tests among State employees to determine their preferences and readiness to consider more nutritious options.

By November 2012 project coordinator Carol Voss says partners hope to reach out to business and industry to encourage adoption of policies that identify and encourage healthy choices in vending machines on their premises. "We know that more than 50 percent of vending machines are located in manufacturing facilities and offices," Voss said. "By offering better choices at worksites and other places people typically use vending machines, we hope to create an environment in which making the healthy choice is also the easy choice."



Iowa Department of Education employee Phil Roeder samples healthy snacks during a visit to the cafeteria in the Lucas State Office Building.

To aid organizations in following the State's lead in applying NEMS-V to work-sites, the project is providing 20 mini-grants of \$500 each to organizations interested in increasing the number of healthy options in vending machines on their property. Prior to receiving the grant, organizations had to invest in attend a two-day training, which included field work, on the principles and practical application of a variety of NEMS tools as they apply to vending machines, as well as supermarkets, convenience stores, and restaurants.

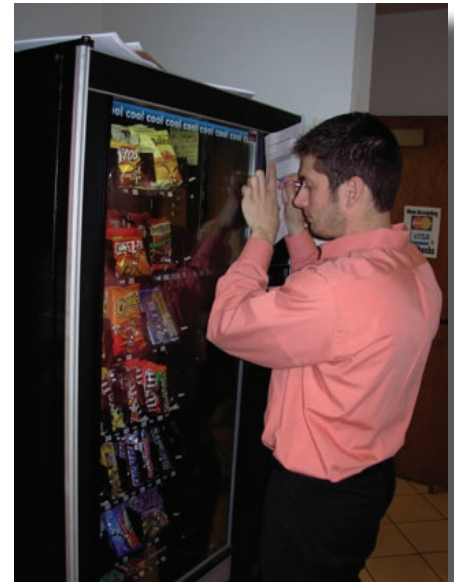
Although only 11 mini-grants have been awarded to implement NEMS-V since May of 2010, a number of organizations are already starting to implement policy changes. In Dallas County, for example, the board of supervisors passed a resolution that requires all vending machines in county buildings to offer at least 30 percent NEMS-approved snacks that meet the yellow or green criteria.

"I was pleasantly surprised to find a very strong ally—one I didn't know I had—in the county sheriff's office," said Peggy Stecklein, NEMS-V project coordinator at the Dallas County Public Health Department. "They own and stock all the machines in county buildings and use the profits to fund a number of their charitable activities. This being the case, I made sure to bring evidence of how having healthier options in vending machines, when done right, doesn't necessarily affect the bottom line. It didn't take much convincing, though; it turns out they care about providing healthier options just as much as we do!"

Stecklein said that the next step is to hold taste tests to determine customer preferences and then post signage to encourage people to consider choosing the healthier options available in the machines. Depending on the availability of funds, the county also plans to provide incentives to staff who choose healthier options. "It's kind of like the 'Golden Ticket' concept from Charlie and the Chocolate Factory," Stecklein explained. "If you buy a green or yellow product and the wrapper has been marked in a particular way, you can redeem the wrapper for a pedometer, gift card, or lunch bag."

NEMS-V is funded with support from the Wellmark Foundation and [Iowans Fit for Life](#). For more information, visit www.nems-v.com.

* *Justin Blair works with the Iowans Fit for Life initiative.*



Using NEMS-V to enhance the nutritional content of a vending machines starts by using an evaluation tool, shown here.

PUBLIC HEALTH LEARNING CONGRESS

April 4, 2011

11:00 AM - 4:30 PM

Gateway Hotel and Conference Center
Ames, IA

Over the past three years, local and state public health partners, with support from the Robert Wood Johnson Foundation, have made advances in implementing public health standards and applying quality improvement to the field of public health.

This half-day learning congress will highlight these advances. Sessions will include information on accreditation preparation at the local and state levels, and will showcase local and state quality improvement efforts including the findings of three agencies focused on improving obesity prevention initiatives.

The event will also give participants the opportunity to learn more about the Public Health Quality Improvement Network including:

- The purpose and activities of the network;
- The role of quality improvement champions; and
- The future direction of quality improvement in public health.

If you are a public health professional, board of health member, environmental health professional, or student who would like to learn more about using public health standards and quality improvement strategies to improve public health, please join us.

Attendance is **FREE!**
Lunch is **PROVIDED!**

Nursing and social work CEUs will be available for \$10.

Space is limited to 250 participants.

To register, go to www.iowapha.org and click on Event Registration



This event is sponsored by the Iowa Multi-State Learning Collaborative Project through the Robert Wood Johnson Foundation.

Cerro Gordo begins arsenic testing project

By Alanna Davison*

In early March, the [Cerro Gordo County Department of Public Health](#) began recruiting well owners in Cerro Gordo County to participate in a study designed gauge the level of naturally occurring arsenic in private wells. The department recently received funding to test a certain number of residential wells for high levels of arsenic and study the results to learn more specifically about how and why arsenic is in private wells.

Arsenic is a naturally occurring mineral found in soil, bedrock, and water. Arsenic has no odor and is almost tasteless. Arsenic has been associated with certain types of cancers and is harmful to the nervous system. It enters drinking water supplies from natural deposits in the earth or from agricultural and industrial practices.

"We have known that arsenic is a problem in our county for some time now," said Brian Hanft, Environmental Health Services manager at the Cerro Gordo County Department of Public Health. "For the past two years, we have been working with our state partners to develop a plan for researching this problem. With this award, we now have the funding to conduct some specific research so we can learn more about arsenic and its existence in our private wells."

Approximately 125 well owners have received or will receive a letter of request to participate in this voluntary project, at no cost. Those well owners were chosen because their well was determined to be a good candidate for the study due to its geographical location, depth and other known well information. Being a good candidate for this study does not mean that the well contains water with arsenic.

"Our funding allows us to test approximately 50 wells," said Sophia Walsh, environmental health specialist and arsenic project coordinator at the Cerro Gordo County Department of Public Health. "After we get 50 participants we will begin well water testing. A representative from our department will take a set of samples from each well two times per year for three years. Results from the samples taken will be mailed to the well owner."

Non-cancer effects of drinking water contaminated with arsenic can include thickening and discoloration of the skin, stomach pain, nausea, vomiting, diarrhea, numbness in hands and feet, partial paralysis and blindness. Arsenic has been linked to cancer of the bladder, lungs, skin, kidney, nasal passages, liver, and prostate.

The funding for this project is part of a 5-year cooperative agreement with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

** Alanna Davison is a public information officer at the Cerro Gordo County Department of Public Health.*



Photo courtesy of the State Hygienic Laboratory at the University of Iowa.

Stories show effectiveness of tobacco programs

*Various Contributors**

In 2010, the Iowa Department of Public Health [Division of Tobacco Use Prevention and Control](#) began a “story banking” project. Community partnership grantees in 91 counties began keeping track of stories they came across during the course of their work. As part of their regular reporting activities, each partnership is expected to “bank” at least one story per county per quarter. Some stories highlight successes while others demonstrate the need to do more.

To help partnerships and the department manage such a large pool of stories, the division created a tool to help partnerships efficiently collect the most pertinent details of each story—characters, setting, conflict, action, and resolution. With so much “raw material,” partnerships and the department are able to look through the story banks and develop those stories which are most appropriate to a given communication opportunity. Below are three stories that were recently developed at the request of the Iowa Tobacco Use Prevention and Control Commission to help show the effectiveness of tobacco prevention efforts.

Woman quits because of tax, “wins” new car

One day in April 2007, Kappi Moses and two of her co-workers at the Dollar General Store in Guthrie Center dared each other to see who could go the longest without a cigarette. A smoker since age 15, the 44-year-old mother of four knew she would need help to beat her pack-a-day (sometimes pack-and-a-half-a-day) addiction. She started by talking to her doctor, who prescribed tobacco cessation medication. When the one-month prescription ran out, however, Kappi’s withdrawal symptoms returned. “I was a real bear for a few weeks, and then finally went back for another 30-day prescription,” Kappi said. By the end of her third month, things started to get better... especially now that Kappi had started to see how much money she was saving by not smoking. You see, Kappi and her co-workers had made their bet shortly after the cost of a pack of cigarettes in Iowa increased by \$1.00. Within six months, Kappi had decided she could afford a new car; the money she would have spent on cigarettes was now going toward car payments. “The tax increase is what prompted me to quit, but I wish I’d done so sooner,” Kappi says. “The money I spent during the 29 years I smoked is actually enough for me to have paid off my entire house by now.” As for her co-workers, they still smoke... but not in Kappi’s new car.



Thanks to the tobacco tax (and a friendly bet with her co-workers), Kappi quit smoking. Instead of buying cigarettes, she’s paying off her new car.

Big tobacco shuts out youth advocates

In Iowa especially, people don’t like big corporations influencing local business and community decisions. Take the city of Corning as an example. JEL (Just Eliminate Lies), Iowa’s youth-led tobacco-use prevention movement, has had active local chapters in Adams County since 2007. Founded with the mission of preventing fellow youth from becoming future tobacco users, JEL had been prevented from delivering their messages at the Adams County Speedway in Corning. The closest they could come was just outside the gates. Why? JEL members have a pretty good idea: a large tobacco company sponsored events at the speedway. In 2010, however, the tobacco company dropped its sponsorship. Since that time, JEL youth leaders have been allowed inside the gates, where they can increase awareness among fellow youth through interactive games, educational material, buttons, and other kid-friendly strategies. “Now that we’re allowed inside, we see adults walking past us to get to the designated smoking



JEL members Paige Kuhn (right) and Bailey Heaton (center) speak to a fellow teen during an racing event at the Adams County Speedway.

area,” said Paige Kuhn, a JEL member at Corning High School. “Some of them glance at our display as they walk past, but it’s their kids who come up close to learn more. That’s what JEL is all about—we’re kids giving other kids the facts about smoking and chew tobacco.”

Heart attack victim turns to Quitline

Lonnie Huntsman of Ringgold County started smoking when he was 18. As a kid, it seemed like the thing to do. Now, at age 64, he knows, “It’s the worst thing you can do to your body. I know that’s why I’ve had so many heart attacks and have trouble with COPD (chronic obstructive pulmonary disease).” Lonnie was referred to [Quitline Iowa](#) (1-800-QUIT-NOW) on September 30, 2010 by Ringgold County Public Health. First he cut back on the number of cigarettes he smoked every day. He changed a few habits. Then he tried the nicotine replacement patches. Now he finds he doesn’t even crave a cigarette. His last cigarette was Wednesday, January 5, 2011. Lonnie plans to use a patch a week and then when he is ready, he will quit for good. The Quitline Iowa client’s advice for teenagers is, “Don’t start! I don’t want to see kids get hooked. People just don’t know what smoking can do to your body.”

Man beats his worst addiction, gets “new set of lungs”

Quitline Iowa isn’t the only service IDPH offers to help people overcome their addiction to tobacco. Take the case of Merl Frazier. He had done it all—alcohol, meth, cocaine, crack. “I’ve been on drugs pretty much all my life,” the 55-year-old Dubuque resident said. Clean, sober, and off the street for the last five years, the now-successful business owner only recently overcame his biggest challenge. “All those addictions, they just didn’t compare to smoking. I started around 15 years old and I’ve tried to quit dozens of times, but I just couldn’t shake it.” Previously a two-pack-a-day smoker, Merl is now getting the help he needs from Crescent Community Health Center in Dubuque. The clinic is operated through the [Iowa/Nebraska Primary Care Association](#), a non-profit group of safety net providers supported by tobacco cessation funding from the Iowa Department of Public Health (IDPH). In addition to on-site counseling, Merl also receives medication that wouldn’t be possible without the support of IDPH. After being smoke free for six weeks, Merl says that he feels like a new man. “It’s like someone put a new set of lungs in me.” When asked whether he plans to incorporate Quitline Iowa (also funded by IDPH) into his current quit attempt, Merl says, “Right now I’m doing all right. I’ve worked with Quitline before, so I know they’re there if I need them. In fact, I already have their number (1-800-QUIT-NOW) programmed into my phone.”

** Stories contributed by: Donna Badding-Fleener, New Opportunities; Jennifer Bice, Ringgold County Public Health; Don McCormick, IDPH; and Karla Akers, Cass County Memorial Hospital.*



Lonnie’s story was banked and developed earlier this year. As of this newsletter’s publication date, his quit attempt remains successful.



“All those addictions, they just didn’t compare to smoking.” - Merl Frazier, Dubuque.

Can you name the winnable public health battles?

*By Louise Lex**

The Centers for Disease Control and Prevention (CDC) director, Dr. Thomas Frieden, has called for a more focused effort to save lives through “[winnable battles](#).” As a public health partner, you’ve probably heard about these before. The question is, can you name them? Go ahead. Before turning the page, try to remember them all!

Tobacco: Although inroads have been made in reducing smoking, the decline in smoking cessation has leveled off. Smoking leads to more than 400,000 deaths each year due to lung cancer alone. Among the states, Iowa ranks 17th in the prevalence of smoking for the adult population; 17 percent are smokers. Among high school students, 20 percent are current smokers. Evidence shows that consistent efforts can reduce smoking. In California, a state with the longest history of smoking cessation efforts, lung cancer rates are one-fourth as high as in those states most afflicted. California, with a smoking rate of nearly 13 percent, ranks second among the states in smoking prevalence. New York City's rate of 9 percent is less than half the national rate.

HIV: The key to reducing HIV/AIDS is to prevent the infection from spreading, particularly among the groups most at risk. Approximately 575,000 Americans have died because of AIDS; 1.1 million are living with HIV. In Iowa, 2009 figures show that 1,748 persons (58.2 per 100,000) live with HIV. Despite disparities among Hispanics and Blacks, the proportion of newly diagnosed cases continues to be among white, non-Hispanic persons, accounting for 70 percent of new diagnoses.

Teen Pregnancy: Since 1990, the U.S. teenage birth rate has declined by 37 percent. Columbia University researchers attribute the decline to improved contraceptive use and teens waiting longer to start having sex. Another study also has highlighted the importance of giving teenagers a sense of self confidence and high expectations for their futures. Iowa ranks 13th among the states for teenage birth rates. The rate is 33 births per 1,000 mothers between the ages of 15 and 19.

Nutrition, Physical Activity and Obesity: Since 1962, the U.S. obesity rate for adults has increased from 13 percent to 35 percent in 2006. In Iowa, the rate has grown from 15 percent in 1992 to 28 percent, ranking Iowa 32nd among the states. Twenty-seven percent of Iowa children aged 10 to 17 are overweight or obese. A 2010 assessment of Iowa elementary school children showed that 37 percent were either overweight or obese. Among the main causes are poor urban planning, a lack of access to high-quality foods, easy access to nutrient-poor foods, and inadequate promotion of exercise in schools.

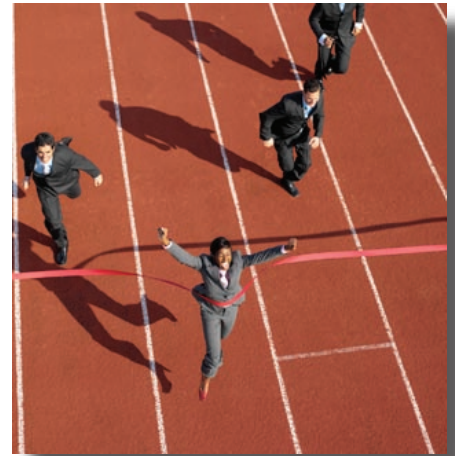
Health-care-associated Infections (HAIs): HAIs are among the top 10 leading causes of death in the U.S., killing more than 99,000 annually. CDC data show that the main causes are urinary tract infections, surgical site infections, pneumonia, and bloodstream infections. The incidence, prevalence, and burden of HAIs in Iowa cannot be accurately assessed without first identifying them, using definitions and reporting guidelines.

Motor Vehicle Injuries: These injuries are the leading killer of Americans under 35 years old. Chief causes include drunk driving and the lack of a defensive driving culture. In 2009, in Iowa, there were about 350 motor vehicle traffic-related deaths, and in 2010, there were 370 deaths.

Food Safety: Across the country, the most recent figures show that, each year, an estimated 323,000 people are hospitalized, 5,000 die, and 76 million become ill from foodborne pathogens or toxins. The burden of disease is underestimated because of underreporting. In Iowa, some of the reported illnesses have been caused by peanut butter, raw cookie dough, and alfalfa sprouts.

To learn more about CDC's winnable battles, visit www.cdc.gov/winnablebattles.

** Louise Lex works in health assessment and improvement planning at IDPH.*



Local partners engage community through Facebook

By Alex Carfrae*

A growing number of local public health agencies in Iowa are using social media to connect with their communities to issue public health messages. The popularity of social media services like Facebook allow users to keep in touch with their friends and families; it has also proved to be a valuable tool in issuing risk communication messages to the public.

[Cerro Gordo County Department of Public Health](#) in north-central Iowa took its cue from a worldwide pandemic to begin providing important information via social media. “We began using Facebook during the 2009 H1N1 pandemic to update county residents on the location of our H1N1 vaccination clinics,” said Alanna Davison, public information officer for the department. The agency also uses Facebook to send messages about staying healthy during flu season by taking measures such as hand washing, covering coughs, and staying home if you’re sick.

[Hamilton County Public Health and Hospice](#) uses Facebook to post health information and has seen a slow but steady growth in followers. “What’s really interesting is the age group that our page is attracting,” said Shelby Kroona, agency administrator. “Many of our followers are in the 20 to 45 age group, and these are people who aren’t normally looking for public health information.” Kroona explained that these followers share and comment on the agency’s posts, which their friends see, and those friends can become followers of the agency’s page as well.

Davison said their Facebook page sees followers in the same age range, as well as a growing number of older Iowans logging onto the page to obtain public health information. “We have been able to reach a broader audience with Facebook than with other forms of media,” she said. “It’s great to know that people are interested in public health and will seek out our page.”

Both agree that keeping information current and interesting is what attracts people to follow their pages. “We post news articles, links to news stories in the local media, and the current editions of our e-newsletter to Facebook,” said Davison. The public health agency partners with several other community organizations in the county so when another agency posts something relevant to public health, the agency can choose to share it with their own followers as well.

Cherokee County Public Health is also partnering with local organizations to send out public health messages. The agency doesn’t yet have a Facebook page; however, when they planned a series of flu clinics for the 2010-2011 flu season, they needed a way to address one of their target groups for the vaccine: K-12 students. “With one phone call and an e-mail, the Cherokee Community School District posted our flu clinic information on their Facebook page and we were able to reach 821 followers out of a school district with 940 students” said Tami Glienke with Cherokee County Public Health. Glienke added that several people called ahead to make sure vaccine was available because they had seen the postings “everywhere.”

Agencies looking for more information on how to incorporate social media into their public information activities and campaigns can check out the CDC’s Social



Media Toolkit available at www.cdc.gov/SocialMedia/index.html. The toolkit contains a wealth of information for getting started in social media and how to determine the proper approach for your communication objectives. The CDC also has some excellent guides to various social media platforms, including Facebook, at www.cdc.gov/SocialMedia/Tools/guidelines.

Check out Cerro Gordo County Department of Public Health's page at <http://on.fb.me/gjMJ8r> and Hamilton County Public Health and Hospice's page at <http://on.fb.me/e0G61S>. The Iowa Department of Public Health is also beginning to use social media; follow the IDPH Twitter feed at www.twitter.com/IAPublicHealth.

** Alex Carfrae is the risk communication officer at IDPH.*

Broad reduction in salt consumption recommended

An advisory recently published in [Circulation: Journal of the American Heart Association](#), the association sets out the science behind the American Heart Association's recommendation for the general population, which is to consume no more than 1500 milligrams (mg) of sodium a day because of the harmful effects of sodium – elevated blood pressure and increased risk of stroke, heart attacks and kidney disease.

"Americans deserve the opportunity to choose how much sodium is in the food they eat. By supporting measures that will reduce sodium in the overall food supply, we are giving consumers freedom to select foods that could allow them to meet sodium recommendations and improve their ideal cardiovascular health," said Dr. Ralph Sacco, president of the American Heart Association.

Recently, the American Heart Association lowered their recommendation to no more than 1500 mg of sodium daily for the general public, after a report from the Centers for Disease Control found that a majority of the American population either have high blood pressure or are at high risk for developing it. Currently, sodium consumptions more than two times higher than the recommended limit of 1,500 mg daily, with 77 percent of that consumption coming from packaged, processed and restaurant foods. "Even a modest decline in intake – say 400 mg per day – would produce benefits that are substantial and warrant implementation," say the advisory authors.

According to the advisory:

- As sodium intake rises, so does blood pressure and the risk of negative health outcomes.
- Independent of its effects on blood pressure, excess sodium intake adversely affects the heart, kidneys, and blood vessels.
- The potential public health benefits of sodium reduction are enormous and extend to all Americans.
- Scientific evidence on the adverse effects of excess sodium is strong and compelling.

Inherent to the negative health effects are rising health care costs, the authors add. They point to one recent study that suggests a national effort that reduces sodium intake by 1,200 mg per day should reduce the health burdens related to heart disease in addition to reducing costs by up to \$24 billion per year.



Community encourages healthy choices and lifestyles

By Carol Hibbs*

In 2005, Marshalltown was distinguished among a national pool of contenders to become a Pioneering Healthier Community with funding from the Centers for Disease Control and Prevention through the YMCA of the USA. Building on the progress made through the work of a coalition of more than 20 community leaders, the [Marshall County](#) Board of Health applied for and received [Community Wellness Grant](#) funding last year through the Iowa Department of Public Health.

One of the unique features of the Marshall County grant proposal was a plan to provide a new kind of information to community members: information that would facilitate and support the best intentions of Marshall County residents to make healthy choices. The information is designed to encourage citizens to look at healthy lifestyle choices as locally feasible and fun. Among the approaches taken was an effort to “re-brand” Marshall County as a population pursuing healthy choices and to use a slogan and logo that will help deliver a simple, consistent message of encouragement to those in pursuit of a healthy lifestyle.

The Eat Smart, Move More and Live Well campaign began with the introduction a colorful logo, supplying flyers for grocery store customers and holding promotional activities during a community-wide celebration in the fall of 2010. The website, www.livewellmarshallcounty.com, was launched a short time later. The site contains columns edited by local experts. The “eat smart” articles are written by dietician Chris Jacobson. Physical activity (“move more”) articles are contributed by Community Y Health & Wellness Director Angie Paxson. The benefits of making healthy choices to an individual’s overall general health (“live well”) columns are written by Dr. Terry Briggs. The site also promotes a list of local resources and links that are available to residents to help them in their quest to live a healthier life. Residents are also encouraged to submit their success stories to the website.



Facebook is another tool used in the Eat Smart, Move More, Live Well campaign. Those who follow Live Well Marshall County on Facebook receive valuable health tips and are notified when updates are made to the website. A brochure listing community resources available to residents trying to live a healthier life is currently in development and will be distributed to the offices of local physicians, other health professionals and worksites.

The community awareness campaign is being done in conjunction with an effort to have a wide cross-section of county residents have health risk appraisals, also funded through Community Wellness Grant funds. There is also a partnership with the Marshalltown School District promoting [America on the Move Week](#) in the fall and [Healthy Kids Day](#) in the spring. Another major part of the Marshall County project is the completion of a trail connection (1.4 miles) that will link a Marshalltown city trail to a county trail that runs along Highway 30 and 330. The connection will create a 21-mile continuous trail in Marshall County.

* Carol Hibbs is the director of the Eat Smart, Move More, Live Well campaign.

Iowa's public policies make a difference for children's health

The following text is taken from “[Securing a Healthy Future: The Commonwealth Fund State Scorecard on Child Health System Performance, 2011](#).” The report ranked Iowa first overall, first for prevention and treatment, second for potential to lead healthy lives, and sixth for access and affordability of care.

Iowa, tied in first place with Massachusetts in terms of overall children's health system performance, has had a long-standing commitment to children. In the past decade, the state paid particular attention to the needs of its youngest residents, from birth to age 5. After piloting a variety of programs in the early 1990s to identify and serve at-risk children and families, the Iowa legislature established a statewide initiative to fund “local empowerment areas” across the state. The partnerships among clinicians, parents, child care representatives, and educators seek to ensure children receive needed preventive care.

State leaders have focused on child health outcomes by promoting the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. In 1993, an EPSDT Inter-agency Collaborative was formed with a fourfold purpose: to increase the number of Iowa children enrolled in EPSDT; to increase the percentage of children who receive well-child screenings; to ensure effective linkages to diagnostic and treatment services; and to promote the overall quality of services delivered through EPSDT. As a result of these efforts, the statewide rate of well-child screenings rose from 9 percent to 95 percent in just over five years.



Iowa has also been making strides in providing high-quality mental health care for children. Its 1st Five Healthy Mental Development Initiative focuses on a child's first five years. The state-led initiative helps private providers to develop a sound structure for assessing young children's social and developmental skills. Under the 1st Five system, a primary care provider screens children and their caregivers when they come in for a visit; if a concern is identified, the provider notifies the 1st Five Child Health Center. The center's care coordinator then contacts the family to link them to appropriate services in the community or help coordinate referrals.

Iowa also has expansive policies in place to ensure children have health care coverage. The State Children's Health Insurance Program covers all children under age 19 in families with income levels up to 133 percent of the federal poverty level (FPL). Children ages 6–18 whose family income is between 100 percent and 133 percent of FPL and infants whose family income is between 185 percent and 300 percent of FPL are covered through an expansion of Medicaid. Meanwhile, children in families with income from 133 percent to 300 percent of FPL are covered through private insurance, in a program known as Healthy and Well Kids in Iowa (hawk-i). Iowa contracts with private health plans to provide covered services to children enrolled in the hawk-i program, with little or no cost-sharing for families. Recently, in the spring of 2010, hawk-i implemented a dental-only plan.

Iowa's innovative policies and public–private partnerships to improve children's health care serve as evidence-based models that other states can follow to move toward a higher-performing child health system.



IDPH Bureau of Radiological Health

Recently, Focus spoke to Randy Dahlin of the IDPH Bureau of Radiological Health.

How does your team make a difference in the lives of Iowans?

Our goal is to prevent Iowans from unnecessary exposure to radiation. Radioactive material and machines that generate radiation have many practical and safe applications in the fields of medicine, energy, agriculture, and industry, just to name a few. For example, people can be exposed to radiation through a medical procedure that uses x-ray equipment, in industrial settings, or during shipment of radioactive material. Radioactive materials and machines that produce radiation must be handled with care to ensure that the health of Iowans is not compromised due to unnecessary exposure.

What about energy production?

You may know that there is one nuclear power plant in Iowa and three near our borders. Our bureau regularly plans and conducts exercises with local public health agencies, homeland security, and partners in surrounding states in the unlikely event of a public health emergency involving a nuclear power plant. I say “unlikely” because in 50 years of producing commercial nuclear power in the U.S., there has never been an accident that resulted in radiological exposure to the public above levels that exist naturally.

So there are natural sources of radiation?

Yes. In fact, there is a type of radioactive gas called radon that can seep into your home. The second leading cause of lung cancer, radon can be a silent killer if you don't take steps to remove it from your environment. This is especially important for Iowans, as the amount of radon in our state is among the highest in the nation. You can learn more at www.radoniniowa.com.

What role do you play in licensing those whose work involves working with radiation?

Aside from federally operated facilities such as the VA hospitals and some labs, IDPH licenses and monitors all entities who use radioactive material and machines that produce radiation. That's a big job when you consider that the uses for radiation extend well beyond that X-ray you got when you sprained your ankle. Take construction. From apartment buildings to parking lots to pipelines, all involved the use of one or more devices containing radioactive material at one stage or another, whether it was measuring soil density or checking the integrity of welding.

Tell me about some of your team's successes.

Like many fields in public health, we consider it a success every day we can go home knowing that Iowans were protected from a health threat—in our case, radiation. As far as those more public successes, the Nuclear Regulatory Commission and the FDA recently recognized the effectiveness and efficiency of our radioactive materials and mammography programs.

And the challenges?

Radiation safety principles really don't change. Since medical procedures have been increasing the potential for exposure in recent years, though, we need to stay current. For example, diagnostic imaging equipment is a rapidly evolving technology. Many regulations were originally written for equipment that is now almost obsolete, so rewriting the regulations to encompass more current technology is challenging at times.



Moisture density gauges like this one use radioactive isotopes prior to pouring concrete to determine whether soil has been compacted enough. The bureau licenses nearly all entities in Iowa that own and use devices which use radioactive material or produce radiation.

How to know if you're having a heart attack

By Estela Villanueva-Whitman*

Despite her nursing background, Janet Goldsmith didn't recognize that she was having a heart attack.

Last March, she had surgery for a total knee replacement, followed by complications with a gastric bleed before leaving the hospital. At home a week later, she felt severe pain running just below her rib cage, up toward her throat.

She initially figured the pain was gastroesophageal reflux disease, but went to the emergency room on the advice of her physician when the pain continued. Medical staff concluded it was related to the complications from surgery and sent her home with pain medication.

Goldsmith ended up in the emergency room again a week later after passing out at a follow-up appointment with her surgeon. A cardiac enzyme test confirmed a heart attack.

Like many other women, Goldsmith failed to recognize the signs of a heart attack. She didn't want to eat, felt exhausted and had pain going up toward her throat - not the classic symptom of crushing chest pain. "The signs can be easily misinterpreted," said Goldsmith, 68, of West Des Moines.

She explained that her heart attack was caused by the rupture of plaque in an artery, due to the stress in the rest of her body. The main artery across the front of her heart was 80 percent blocked and she needed two stents.

Goldsmith urged other women to learn the warning signs, know their family history, be suspicious of symptoms and insist on testing. "I didn't know what to look for. I thought about it being my heart, but with all the other things going on with me, I thought it was probably the other things," she said.

Since she survived, she's pledged to educate other women on the issue.

To prevent incidents like Goldsmith's, the Iowa Department of Public Health is urging women age 50-plus to learn the symptoms of a heart attack. Women who suspect they are having an attack should call 911 immediately, said Terry Meek, the Iowa Department of Public Health's heart disease and stroke prevention project coordinator.

A 2009 survey by the American Heart Association showed that while awareness of heart disease and heart attack has increased, women don't recognize their own risk. Women were more likely to call 911 for a husband rather than for themselves.

"I think it's that women operate oftentimes out of that caretaker role," Meek said. "They don't want to bother anybody. They think they can take care of themselves rather than calling 911."

Only half the women in the heart association survey were able to recognize those symptoms and said they would call 911 if having them.



Janet Goldsmith, a nurse who lives in West Des Moines, initially thought her heart attack was gastroesophageal reflux disease.

"It's very important for women to recognize that their health is just as important. They may value their role as caretakers in the family, but they have to be healthy themselves in order to do that," Meek said.

Health care providers are attune to the warning signs, but patients, especially women, must verbalize their symptoms, said Dr. Salma Zafar, a cardiologist with Iowa Health Cardiology.

Zafar said that her female patients seek attention more quickly for crushing chest pain. For less recognizable symptoms, they may make an appointment for an office visit. "They want to minimize it. They don't want to sound like they're over-reacting," she said.

Women must be more forceful and focus on describing their symptoms to a health care professional, she added. "They need to be more specific about what's going on with them," she said.

"There's nothing wrong with being okay. Don't be shy or embarrassed. Speak clearly and be specific in describing what you feel."

Risk factors include high blood pressure, high cholesterol and smoking. Adults should maintain a healthy weight, eat vegetables and fruits and increase their activity levels. They should also see their physician once a year and have tests that need to be done according to their age and gender, Meek said.

Those with heart disease or stroke in their family, as well as those with diabetes or symptoms of congestive heart failure should be especially vigilant, Zafar said.

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Although chest pain is the main symptom, women may also experience more subtle warning signs:

- pain that spreads to the shoulders, neck or arm
- nausea
- shortness of breath
- tightness in chest
- fatigue
- sudden onset and change in pattern of symptoms - stronger and lasting longer than usual
- cold, clammy feeling

Medical Home Learning Community

coordinating care in the community

Join the Iowa Healthcare Collaborative (IHC) for the first session of the 2011 Medical Home Learning Community on Wednesday, March 30 at the Ramada Tropics Resort & Conference Center in Des Moines. This session will feature presents on such topics as:

- Reimbursement Redesign
- The Triple Aim
- Medical Home and Health Reform
- HIT and Meaningful Use
- Care Coordination and Transitions
- Achieving Level 3 NCQA Certification

Conference brochure and information will be available in February on the IHC Web site at www.ihconline.org.



Program Location & Lodging
Ramada Tropics Resort & Conference Center
5000 Merle Hay Road, Des Moines, Iowa 50322
\$55 plus tax room rate
Call (515) 278-0271 for room reservation
IHC room block expires on March 11, 2011

More than a third of U.S. adults may have pre-diabetes

Nearly 26 million Americans have diabetes, according to new estimates from the Centers for Disease Control and Prevention (CDC). In addition, an estimated 79 million U.S. adults have pre-diabetes, a condition in which blood sugar levels are higher than normal, but not high enough to be diagnosed as diabetes. Pre-diabetes raises a person's risk of type 2 diabetes, heart disease and stroke.

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older, according to the [National Diabetes Fact Sheet for 2011](#). About 27 percent of those with diabetes—7 million Americans—do not know they have the disease. Pre-diabetes affects 35 percent of adults aged 20 and older.

“These distressing numbers show how important it is to prevent type 2 diabetes and to help those who have diabetes manage the disease to prevent serious complications such as kidney failure and blindness,” said Dr. Ann Albright, director of CDC's [Division of Diabetes Translation](#). “We know that a structured lifestyle program that includes losing weight and increasing physical activity can prevent or delay type 2 diabetes.”

CDC is working on the National Diabetes Prevention Program, as stated in the [Affordable Care Act](#). This program, based on the NIH-led Diabetes Prevention Program research study, is aimed at helping people reduce their risk for developing type 2 diabetes.

In 2008, CDC estimated that 23.6 million Americans, or 7.8 percent of the population, had diabetes and another 57 million adults had pre-diabetes. The 2011 estimates have increased for several reasons:

- More people are developing diabetes.
- Many people are living longer with diabetes, which raises the total number of those with the disease.
- Hemoglobin A1c is now used as a diagnostic test, and was therefore incorporated into calculations of national prevalence for the first time.

In a study published last year, CDC projected that as many as one in three U.S. adults could have diabetes by 2050 if current trends continue. Type 2 diabetes—in which the body gradually loses its ability to use and produce insulin—accounts for 90 percent to 95 percent of diabetes cases. Risk factors for type 2 diabetes include older age, obesity, family history, having diabetes while pregnant (gestational diabetes), a sedentary lifestyle, and race/ethnicity. Groups at higher risk for the disease are African-Americans, Hispanics, American Indians/Alaska Natives, and some Asian-Americans and Pacific Islanders.

Diabetes is the seventh leading cause of death in the United States. People with diabetes are more likely to suffer from complications such as [heart attacks](#), [strokes](#), [high blood pressure](#), kidney failure, blindness and amputations of feet and legs. Diabetes costs \$174 billion annually, including \$116 billion in direct medical expenses.

The fact sheet is available at www.cdc.gov/diabetes. Information on diabetes prevention and control from the National Diabetes Education Program—a joint effort of CDC and NIH—is available at www.yourdiabetesinfo.org.



Public health council shifts national focus to prevention

With the much-anticipated release of the [National Prevention and Health Promotion Strategy](#) in March, prevention will move to the forefront of the nation's efforts to improve health. The unprecedented federal plan aims to shift the nation from its present "sick-care" system to one based on prevention and wellness.

Scheduled for release by March 23 by the [National Prevention, Health Promotion and Public Health Council](#)—the federal body created under last year's health reform law—the strategy equips public, private and nonprofit agencies, organizations and individuals with a roadmap for reducing preventable death, disease and disability in America. Hailed by public health leaders as an historic effort toward improving the nation's health, the strategy will put a new focus on prevention, health promotion and wellness through federal policies and programs.

"With this national strategy we are, for the first time as a nation, saying that we want to be one of the healthiest nations on the planet," said American Public Health Association Executive Director Georges Benjamin. "The National Prevention Strategy can be thought of as the blueprint for converting our approach to health from one which is sick care to one that is well care."

In addition to creating the national strategy, the council will provide coordination and leadership among all executive departments and agencies with respect to prevention, wellness and health promotion practices. Chaired by U.S. Surgeon General Regina Benjamin, the council brings together cabinet secretaries and top directors of 17 federal departments and agencies.

The strategy will recommend improvements to federal efforts relating to prevention, health promotion, public health, and integrative health-care practices to ensure those efforts are consistent with standards and evidence. It will also identify actions within and across federal departments and agencies that relate to prevention, health promotion, and public health. Finally, the strategy will prioritize evidence-based policy and program interventions to address both the leading causes of death and disability in the United States (heart disease, cancer, stroke, chronic lower respiratory diseases, and unintentional injuries) and the preventable behaviors that contribute to those causes.

These priorities will align with the prevention and wellness goals set out in the government's Healthy People 2020 initiative, which sets health targets for the population over the next decade. Those goals are: increase quality of life (including years of healthy life) for all Americans; eliminate health disparities; promote healthy development and healthy behaviors across life stages; and create social and physical environments that promote good health.

For more information, visit www.healthcare.gov/center/councils.

Interventions will reach beyond the health care and public health sectors to include activities that influence health in areas, such as:

- Housing;
- Transportation;
- Food and nutrition;
- In-school and outdoor education;
- The workplace; and
- The environment.

Daylight savings time is preparedness reminder

Daylight saving time begins March 13. Is your stockpile ready? The American Public Health Association's (APHA) biannual [Get Ready: Set Your Clocks, Check Your Stocks](#) campaign reminds you to check your emergency stockpiles when you change your clocks for daylight saving time. If you haven't created a stockpile yet, now is the time to create one! Check out the numerous free materials and tips offered in both English and Spanish on the importance of stockpiling. Don't forget to stockpile for our four-legged friends as well with [APHA's pet stockpiling fact sheet](#). Make sure you and your loved ones are prepared. Learn more at www.getreadyforflu.org/clockss-tocks/index.htm.



Mark your calendar: eHealth Summit, Aug. 11-12

Mark your calendars! The 7th Annual [Iowa e-Health Summit](#) will be held August 11-12, 2011 at [The Meadows Events and Conference Center](#) in Altoona. This year's gathering will feature a new two-day format that will address how health information technology can be used to improve care. Day one of the event will focus on electronic health records and day two will focus on health information exchange. The agenda will feature industry-leading keynote speakers, breakout sessions, exhibitors, and more. The Summit is sponsored by IFMC [Health Information Technology Regional Extension Center](#), [Iowa e-Health](#), and [Iowa Medicaid Enterprise](#). Look for more details soon on the IFMC HITREC Web site at www.ifmchitrec.org/news.



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