



## CDC supports next accreditation steps



*L-r, Raul Calderon, Ken Daley, and Ginny Hughes of Jefferson County compare notes during a break at the April 4 Public Health Learning Congress. The event was attended by 145 public health partners from across Iowa and 6 representatives from the Multi-State Learning Collaborative.*

The Centers for Disease Control and Prevention (CDC), in collaboration with the Robert Wood Johnson Foundation, is supporting a national voluntary accreditation program for public health agencies. The system encourages both local and state public health departments to strive for national accreditation more typical of universities and hospital systems.

“Accreditation is a major accomplishment for a health department. It means that it is addressing key community health problems,” said CDC Director Thomas R. Frieden. “Just as the public expects hospitals, law enforcement agencies and schools to be accredited so should they come to expect public health departments.”

Dr. Frieden's comments came on the heels of the official end of a project known as the [Multi-State Learning Collaborative: Lead States in Public Health Quality Improvement](#) (MLC). The MLC brought state and local health departments together with other stakeholders to improve public health services and the health of their community by implementing quality improvement (QI) practices. QI teams in 16 participant states—including Iowa—are preparing for public health national accreditation and applying QI practices to specific health outcomes and processes. The project formally ended on April 15th, 2011.

“We've learned a lot by participating in the MLC. We've accomplished so much over the three-year project period in the areas of accreditation readiness and quality improvement,” said Joy Harris, coordinator of the [Iowa Public Health Modernization Initiative](#). “I look forward to implementing all that we've learned and all that we've been planning for!”

State, local, and tribal health departments will be able to apply for accreditation through the national program as early as September 2011. The revised national standards and a fee schedule will be available from the Public Health Accreditation Board in early summer 2011.

The forthcoming accreditation program is designed to improve the quality of services delivered by public health agencies as they work toward accreditation and, when they attain accreditation, reassure the public and officials that their health department is a peak performer. For a public health department to be accredited, it must meet stringent requirements for 10 essential areas of public health activities respectively and demonstrate a commitment to constant improvement. Health departments will receive their voluntary accreditation from the new non-profit [Public Health Accreditation Board](#) (PHAB).

Iowa continues to develop its own accreditation system in alignment with PHAB, and will be seeking equivalency for local public health departments that achieve accreditation through the Iowa process.

This accreditation program complements efforts of the [National Public Health Improvement Initiative](#) (NPHII). NPHII advances health departments' efforts in preparing for accreditation. This initiative is being funded through the Affordable Care Act and supported through CDC's Office for State, Tribal, Local and Territorial Support. NPHII currently provides a total of \$42.5 million to 76 state, tribal, local, and territorial health departments, including the Iowa Department of Public Health.

For more information about quality improvement and accreditation efforts in Iowa, please visit [www.idph.state.ia.us/mpih](http://www.idph.state.ia.us/mpih). To learn about efforts on a national level, visit [www.cdc.gov/ostlts/accreditation](http://www.cdc.gov/ostlts/accreditation).

## Director visits local community

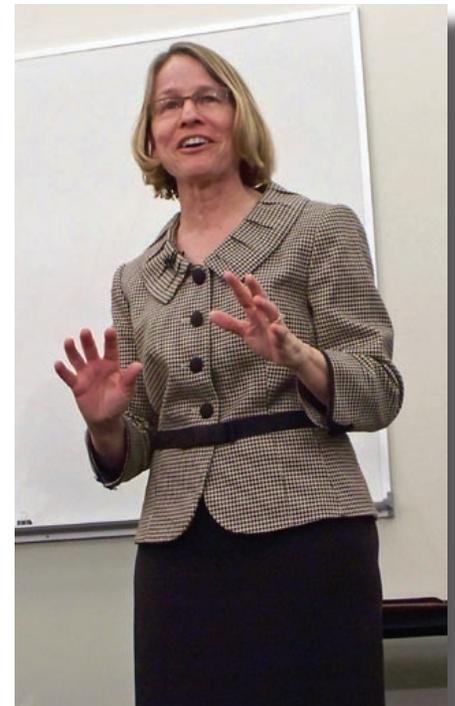
On April 11, Iowa Department of Public Health (IDPH) Director Dr. Mariannette Miller-Meeks visited in Iowa City to meet with local partners on the topic of "Health Policy in An Aging Population." Held at the Johnson County Health and Human Services Building, the event was organized by the Johnson County Task Force on Aging in co-operation with [Johnson County Public Health](#) and the [Johnson County Livable Community Policy Board](#). About 70 members of the public were on hand to listen and ask questions.

Bob Welsh, chairman of the Task Force on Aging says the purpose of the forum was threefold: get to know and develop a relationship with the director, learn about her vision for IDPH, and allow the community to ask questions and make suggestions on public health policy. The event was the third in a series organized by the Task Force in which directors of state departments are invited to come and meet with seniors in Johnson County.

"I think we accomplished all three goals the event was aimed at," said Doug Beardsley, director of Johnson County Public Health and moderator of the forum. "The community was very pleased that Dr. Miller-Meeks would make time in her busy schedule to meet them and we all look forward to future opportunities."

The forum began with a brief statement from Dr. Miller-Meeks about her vision and priorities for IDPH. She mentioned the need to preserve the public health infrastructure and continued support of direct services as vital functions. She acknowledged the role of local health departments and other local partners who provide those direct services. Dr. Miller-Meeks also touched on the importance of building efficiencies into the health care system in our state. An example she cited was Iowa e-Health, an IDPH-led effort to promote the use of electronic health records and establish an electronic health information exchange in Iowa.

The forum continued with questions from three panelists: Suellen Novotny, director of the Visiting Nurses Association of Johnson County; Mary Willie, project coordinator with the Sure Steps fall prevention initiative; and Jeff Charis-Carlson, opinion editor for the Iowa City Press-Citizen. This was followed by questions from the audience submitted prior to the event. Topics ranged from gaps in geriatric care to gaps in budgets. The director reinforced the idea that healthy lifestyles play a significant role in health outcomes and use of the health care resources and that aging along a continuum is affected by the attitudes and perspectives of both patient and care giver.



*IDPH Director Dr. Mariannette Miller-Meeks speaks at the Johnson County Health and Human Services Building in Iowa City.*

## 23 counties to help reduce binge, underage drinking

The Iowa Department of Public Health (IDPH) has selected 23 counties to participate in a \$10.5 million federal grant to reduce binge drinking and underage drinking, and the problems associated with both. In February 2011, the Substance Abuse and Mental Health Services Administration, [Center for Substance Abuse Prevention](#) approved Iowa's plan for the [Strategic Prevention Framework State Incentive Grant \(SPF SIG\)](#), allowing IDPH to implement a county selection process.

The counties that have been identified as "highest need" in regard to underage alcohol use, and youth and adult binge drinking include Allamakee, Appanoose, Audubon, Benton, Buena Vista, Clinton, Delaware, Dickinson, Dubuque, Chickasaw, Clayton, Fayette, Hamilton, Jackson, Jefferson, Johnson, Jones, Lee, Monona, Plymouth, Ringgold, Sac and Woodbury.

"Alcohol is the substance most frequently used by adults and youth in Iowa and across the nation," said Julie Hibben, project director for the Iowa SPF SIG. "The counties chosen to participate in this initiative will serve at least 30,000 Iowans and the state as a whole will benefit from increased health and safety."

Each of the identified counties will complete a strategic prevention framework (SPF), a five-step process that supports implementation of effective programs, policies, and practices to reduce underage alcohol use and adult binge drinking. The SPF steps include assessment, capacity building, strategic planning, implementation and evaluation. Inherent in each SPF step is sustainability and cultural competency.

During the implementation step of the SPF, counties will utilize environmental strategies that aim to change or influence community standards and attitudes that change individual behavior regarding underage drinking and adult binge drinking. A list of environmental strategies has been identified that counties will choose to implement based on their county assessment data.



**Strategic  
Prevention  
Framework  
of Iowa**

In order to build local capacity, SPF SIG-funded counties will participate in regional training across Iowa on each step of the SPF process. Trainings on each SPF step will be offered in four locations throughout the next year. To assist with this training needs, IDPH selected eight "capacity coaches" through a competitive bidding process. These coaches will provide regional training and will offer ongoing technical assistance to the 23 SPF SIG-funded counties. To prepare them, the coaches recently received one week of training on the SPF process as well as coaching techniques.

According to data from IDPH, nearly 28 percent of Iowans 12 years of age and older had consumed more than five drinks of alcohol in one sitting during the past month. This is significantly higher than the national rate of 23 percent. In addition, 36 percent of Iowans felt that five or more drinks of alcohol once or twice a week was a great risk. The Iowa risk perception rate was 6.5 percent lower than the national rate of 42 percent, suggesting that alcohol use is not deemed to be as high of a risk by Iowans as it is by other Americans.

For more information on the Iowa Strategic Plan for the Strategic Prevention Framework State Incentive Grant, visit [www.idph.state.ia.us/spfsig](http://www.idph.state.ia.us/spfsig). For more information about Iowa's substance abuse programs, visit [www.idph.state.ia.us/bh](http://www.idph.state.ia.us/bh).

## Iowa hosts national injury and violence prevention event

Timed just right for National Public Health Week and its 2011 theme “Safety Is No Accident: Live Injury Free,” the University of Iowa [Injury Prevention Research Center](#) hosted a national meeting April 6-8 for injury and violence prevention experts. The conference lived up to its title, “[Progress Through Partnerships](#),” as it was the combined national annual meetings of the Safe States Alliance, the Society for Advancement of Violence and Injury Prevention Research, and the Centers for Disease Control Core Injury Grantees.

The meeting brought than 300 people from the practice, research, and policy arenas to Coralville, Iowa, to learn from one another about creating effective, evidence-informed injury and violence prevention programs.

Keynote speaker Dr. Jeffrey Levi, executive director of Trust for America’s Health, opened the conference. Levi leads his organization’s advocacy for a modernized public health system. He was recently appointed by President Obama to the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.

During his address, Levi stated that advocacy—not only practice—needs to be evidence based and that re-framing the public health message is vital to success. “It’s not de-legitimizing our work to find language that conveys what we do,” he said, suggesting that words like “health and prevention” may be more effective than “public health.” Levi sees promise in the “larger vision” of the Affordable Care Act, with its Prevention and Public Health Fund for state and community prevention efforts.

A highlight of the conference’s second day was a town hall session moderated by Dr. Georges Benjamin, executive director of the American Public Health Association. Following a video welcome from Iowa Senator Tom Harkin, four national injury and violence prevention leaders discussed the successes and challenges of their respective programs. The panel included Linda Degutis, director of the CDC National Center for Injury Prevention and Control; Susan B. Carbon, director of the Office on Violence Against Women in the U.S. Department of Justice; Captain Neal Walker, chief of the Mental Health Promotion Branch for the Substance Abuse and Mental Health Services Administration; and Christine Branche, principal associate director and acting director of the Office of Construction Safety and Health in the National Institute for Occupational Safety and Health.

Conference participants were presented with a wide array of 34 concurrent sessions over three days and came together for a closing keynote address by Matt Richtel, the Pulitzer Prize-winning reporter for the New York Times. He engaged the audience with his description of researching and writing “Driven to Distraction,” the 2009 series of articles on driving and multitasking, especially cell phone use.



*Larry Cohen, founder and executive director of the Prevention Institute, speaks during an open mic session.*



*Conference participants came from as far away as New Zealand. Above, Hank Weiss, director of Injury Prevention Research Unit at the University of Otago, speaks during an idea sharing forum.*

## Continuity of operations plan put to the test

It all started at 6:00 a.m. on Friday, April 15. That's when [Cerro Gordo County Department of Public Health](#) Director Ron Osterholm reached for the call tree to start contacting his eight department managers. Now operating as incident commander, it was Osterholm's unhappy duty to alert them that there had been a fire in their building at 22 N. Georgia Avenue in Mason City.

At least that was the story.

"We told our 44 staff members that an emergency preparedness exercise was scheduled for that day, but we didn't tell them anything about the scenario," said public health preparedness service manager Jodi Willemsen. "In the context of an exercise, this is about as real as you can get. Right away, people knew they would have to switch up their routine."

Just as in an actual emergency, essential personnel were identified and told to report to the alternate worksite outlined in the department's emergency preparedness plan. Within hours, 22 key staff members arrived at the back-up location in neighboring Clear Lake and began the process of resuming critical operations for an emergency that was expected to last several weeks.

Willemsen says the objectives of the exercise were to establish operational set-up at the alternate site, implement the line of succession and delegation of authority plans, implement the interoperable communications plans, and demonstrate the ability to access vital records and databases remotely. During the seven hours of the exercise, staff met all of the objectives; however, some areas for improvement were identified. Two examples of the identified issues are the need for continual communication and creative utilization of minimal available resources.

"We understand the need to continue to provide essential public health services to citizens who depend on us, even in times of disaster," Willemsen said. "This exercise helped us practice a realistic scenario to better prepare for an actual situation where we would implement our continuity of operations plan to continue to serve our residents."

Beyond achieving the objectives, identifying areas for improvement is a strong reason to conduct this type of exercise, Willemsen said. Overall, the exercise provided an important opportunity to ensure that the Cerro Gordo County Department of Public Health is able to continue to provide critical services to residents, even during times of crisis. Gaps identified through the process will allow the department to become even stronger in response, when faced with a situation of this type.

The after-action report is scheduled to be completed by the end of May. To request a copy, please contact Jodi Willemsen at [jwillemsen@cghealth.com](mailto:jwillemsen@cghealth.com) or 641-421-9327.



*Environmental health administrative aide Susie Frescaz (foreground) kneels as she speaks with environmental health specialist Sophia Walsh about how to maintain the department's inventory of medical supplies, communication equipment, and office supplies during the continuity of operations exercise.*

## Iowa physician finds success with health IT

Dr. James Holsinger is a solo practitioner at the head of a family practice in Keokuk, Iowa. He also has a unique background for a family physician. He has an MBA and enjoyed a long career in business before pursuing his medical degree. His experience in the business world made him certain about one thing when he opened his practice in 2003: it would be paper-free.

“We fought aggressively to not be a paper office,” explains Holsinger. “No matter where you work, from factory workers to taxi cabs, you’re using computers.” He felt that his medical practice should be no different. “We opened the doors with a computer system in place. I just couldn’t envision having a business these days without having a computer in the process.”

Holsinger feels that patient care is more efficient with the use of an electronic health record (EHR). “Our system has clinical reminders that we can set based on best practices and recommendations to remind us when a patient comes in how best to manage their entire health.”

Those clinical reminders were a key part of the success Holsinger’s practice encountered as part of a quality improvement project organized by [IFMC](#)—a company specializing in data management solutions for health care organizations. “They used their EHR reporting module to identify patients who were due for a flu shot and the staff began contacting these patients to come in,” explains Sheryl Marshall, quality improvement coordinator for IFMC. “They have also used their EHR reporting module to identify patients overdue for mammograms, colorectal cancer screening and pneumococcal vaccinations. They are improving the quality of care for their patients by using this approach.”

In addition to improved patient care, having charts available to all staff at all times and electronic billing, lab requests, and prescription refills all contribute to better business methods. “There is an efficiency of practice in a business sense, but there’s a very high efficiency in patient care,” Holsinger continues. “Having things organized—the integration of that data—is what’s allowing us to accomplish good patient care and to be successful.”

Holsinger’s patients also appreciate the system. Just this month, the practice implemented a patient portal. Patients can make appointments, ask questions of the nurses, request refills, and view lab results. Holsinger shares, “It’s so simple for the patient—they don’t have to wait for a piece of paper and get it filled. We don’t lose appointments or worry about when the last visit or test was. They know we know their information. They’ve seen us in action.”

Many physicians who don’t yet have EHRs cite cost as a major barrier because initial set-up costs for an EHR system can be high. “It’s very hard to quantify what you’re going to get back in cost savings,” Holsinger explains, but suggests that the human element be considered. “How many people would I need if I didn’t have a computer? Computers don’t take vacation, don’t take time off.”

In a nationwide effort to reduce the cost barrier, government-funded incentive programs are available for physicians who use EHRs. “The government is offering real money to incentivize,” affirms Holsinger. He applied for the Meaningful Use Incentive Program from the [Centers for Medicare & Medicaid Services](#) (CMS), which offers financial incentives to eligible providers who meet criteria for best using EHRs. He hopes to be among the first practices in Iowa to receive the incentive payment. Holsinger’s practice also participates in the Physician Quality Reporting Initiative (PQRI), another CMS-funded incentive program that rewards physician offices that electronically report data on specific quality measures.



*Keokuk family physician, Dr. James Holsinger.*

“Dr. Holsinger is always looking for innovative ways to improve the quality of care he provides,” shares Sandy Swallow, quality improvement advisor with IFMC. “He uses electronic health records the way they’re meant to be used – not just as a replacement for paper charts, but as a method for improving patient care.”

Holsinger is appreciative of the assistance IFMC has offered his practice through the quality improvement project, the PQRI, and now through IFMC’s Health Information Technology Regional Extension Center (HITREC) and the Meaningful Use Incentive Program. “We’ve had a lot of help from IFMC. They’ve been very gracious to us. They’ve provided a lot of consulting help. I don’t know that we would have made it without them.”

His advice to physicians who want to add an EHR to their practice is simple: “Put your paper records in the basement and forget about them. Start over on the computer and just don’t go back to paper.”

For more information on how to partner with IFMC HITREC or to learn about the Meaningful Use Incentive Program, please call 1-800-373-2964 or e-mail [lowaHITREC@ifmc.org](mailto:lowaHITREC@ifmc.org).

## Call for nominations

The [Healthy Iowa Awards](#) celebrate the healthiest schools, organizations and individuals in Iowa. Presented by the Academy for a Healthy Iowa—a collaborative effort between the Iowa Department of Public Health, the Governor’s Council on Physical Fitness and Nutrition, and the Wellness Council of Iowa—the Healthy Iowa Awards will be announced at a special banquet at the Hy-Vee Conference Center in West Des Moines on October 20.

Award winners are selected based on providing access to wellness programming, financial commitment, measurability and sustainability. Winners retain the Healthy Iowa designation for three years.

To nominate a school, organization, or individual, click [HERE](#) or visit [www.wellnessiowa.org](http://www.wellnessiowa.org). Click on “Events” and choose “Healthy Iowa Awards” from the list. Download the appropriate application and return it to the Wellness Council by July 1, 2011. The nomination committee will select three applications from each category for further review. Questions? Write to [info@wellnessiowa.org](mailto:info@wellnessiowa.org).

### Iowa e-Health applauds health IT adopters

The success seen by physicians such as Dr. Holsinger in adopting and using electronic health records highlights the use of health information technology to improve health care quality. The Iowa Department of Public Health applauds these medical care providers and the work of partners such as the Iowa Regional Extension Center.

The role of [Iowa e-Health](#)—a public and private collaboration managed by IDPH—is to promote the use and exchange of health information technology. Specifically, Iowa e-Health is working to implement the statewide Iowa Health Information Exchange (HIE) within the next year. Providers across Iowa are preparing to connect to the Iowa HIE to securely share patient information. To learn more, visit [www.lowaeHealth.org](http://www.lowaeHealth.org).



## Hey journalists! See new guide for reporting on suicide

New [recommendations](#) for media reporting on suicide are now available for journalists covering this important topic. Online at [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org), the recommendations include information about common suicide warning signs, the national suicide prevention hotline number, and advice on what to do if someone is at risk. Furthermore, the document provides concise, practical suggestions for journalists to equip them to report about suicide safely while also informing the public about this national health problem.

“Local public health partners in Iowa communities have an especially important role to play in promoting this important new resource,” said Dale Chell, coordinator of the Youth Suicide Prevention Program at the Iowa Department of Public Health. “Please do your part by sharing the [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org) link—or this entire article—with print, radio, TV and online reporters in your community.”

Developed by a group of suicide prevention experts, researchers, and journalists, the recommendations are based on more than 50 research studies. Partners in the effort include the American Foundation for Suicide Prevention, the Substance Abuse and Mental Health Services Administration, and Suicide Awareness Voices of Education.

“Research shows that one of the best ways to prevent suicide is through safe media reporting,” said Dr. Dan Reidenberg, executive director of Suicide Awareness Voices of Education. “So in developing these recommendations it was vital to work with not only suicide prevention experts, but also journalists to create a useful, straight-forward tool that reporters and news organizations can turn to when reporting on suicide.”

Suicide is the second leading cause of death for Iowans 15 to 40 years of age in Iowa. Since 2000, an average of 329 Iowans have died of suicide each year.

Among younger Iowans (15 to 24 years of age) nearly 20 percent of all deaths were due to suicide in the years 2000 to 2007. Also, 17 percent of 11th grade females admitted to attempting to kill themselves, while 10 percent of students in 6th, 8th and 11th grades have reported that they have attempted suicide.

“We understand that media reports about suicide are sometimes newsworthy and informative for the public, but we also know that certain ways of reporting about suicide can unintentionally contribute to further suicides,” said Robert Gebbia, executive director for the American Foundation for Suicide Prevention. “And, in today’s vast online and social media world, it is even more important for journalists to report safely as news can be instantly shared with millions of people.”

The [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org) website provides easy access to the recommendations as well as information such as links to supporting research, media examples, and further tips for online new sites and bloggers.



## IDPH violence prevention specialist earns national award

Iowa Department of Public Health Office of Disability, Injury & Violence Prevention Program Coordinator Binnie LeHew recently received a [Visionary Voice Award](#) from the [National Sexual Violence Resource Center](#). The award, offered in conjunction with Sexual Assault Awareness Month each April, recognizes the creativity and hard work of individuals who have demonstrated outstanding advocacy and community work to end or prevent sexual violence.

Binnie has been a champion in the movement to end violence against women for most of her professional life. She was the third director of Polk County Victim Services, now Polk County Crisis and Advocacy Services (CASA). Since that time Binnie has served in a variety of roles, including Iowa CASA board president and chair of the State and Territorial Rape Prevention Educators Council.

Despite her many administrative responsibilities at the state level, Binnie remains intensely connected to the work being done in Iowa's communities. Nominated for the award by [Iowa Coalition Against Sexual Assault](#), Binnie is known for dropping whatever she's doing to provide training, serve as a sounding board, consult on SMART goals, explain primary prevention concepts, and review logic models with advocates and prevention specialists across the state. She never loses sight of the hope that Iowans can end sexual violence, and she fights to make sure that public health partners have the resources and support to take the concrete steps needed to get there.



*Binnie LeHew, center, was nominated for the 2011 Visionary Voice Award by the Iowa Coalition Against Sexual Assault. Binnie is shown with her husband Ben Zachrich, left, and daughter Madison Zachrich-LeHew.*



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83% of Iowa smokers want to quit.

# Hygienic lab is destination for tours

More than 60 groups ranging in age from middle school students to retirees have toured the new [State Hygienic Laboratory](#) building in Coralville since the state agency moved into the facility less than six months ago.

The building was designed with an open laboratory layout with large viewing windows that allow guests to see the chemists, microbiologists and lab technicians at work in the state's environmental and public health laboratory.

In addition to the operations of the laboratory, guests are often interested in the "green" aspects of the Laboratory and its pending ranking as a Leadership in Energy and Environmental Design (LEED)-certified building. These include:

- More than one-third of the building products were manufactured within 500 miles of the Laboratory and one-third are made from recycled content.
- Ninety percent of the building has access to natural light.
- "Xeriscaping," which uses plants suited to the climate so that no special watering is needed.
- A tallgrass prairie - Iowa's native ecosystem - has been started as part of the landscape.

The Hygienic Lab is the third LEED structure to be built using environmentally friendly construction principles at the University of Iowa.

Although the majority of the building is complete, two large rooms in the lower level have not been finished. The Hygienic Laboratory is raising funds to construct its Center for the Advancement of Laboratory Science in this space. It will include a fully functional training laboratory to provide essential education for professional laboratorians and for students who will contribute to the future workforce. The Roy J. Carver Charitable Trust awarded the State Hygienic Laboratory a challenge grant that will match \$300,000 used to construct the training lab.

An auditorium is also planned as part of the Center, and will replace the former Oakdale Hall auditorium. Currently, there is no large meeting space on the UI Research Park Campus.

The third part of the Center is the video-conferencing room, which is connected to the Iowa Communications Network. This ICN room is already fully outfitted and functioning.

To learn more, visit [www.uhl.uiowa.edu](http://www.uhl.uiowa.edu).



*Completed in 2010, the new State Hygienic Laboratory in Coralville and its staff of 160 chemists, microbiologist, lab technicians and support personnel provide environmental and public health laboratory testing for all 99 Iowa counties.*

## Data Warehouse External User Group needs you!

The [IDPH Data Warehouse](#) is an active, web-based application that organizes, stores, and summarizes health data from a variety of sources. By having a number of important datasets in one central place, users are able to easily obtain snapshots of the health of individual counties, and the state of Iowa as a whole.

The Data Warehouse application is active and functional; however, modifications and additions must be made to make it more useful and available to the general public and the input of individuals outside the department is critical to its continuing success. IDPH is seeking volunteers to join the Data Warehouse External User Group, which will work to identify future needs of the Data Warehouse.

College students, researchers, members of special interest groups, journalists, local public health agency staff, other state agency staff, and members of the public are encouraged to participate. Please begin by clicking [HERE](#). Questions? Contact Meg Harris at 515-725-2179 or [Meghan.Harris@idph.iowa.gov](mailto:Meghan.Harris@idph.iowa.gov).



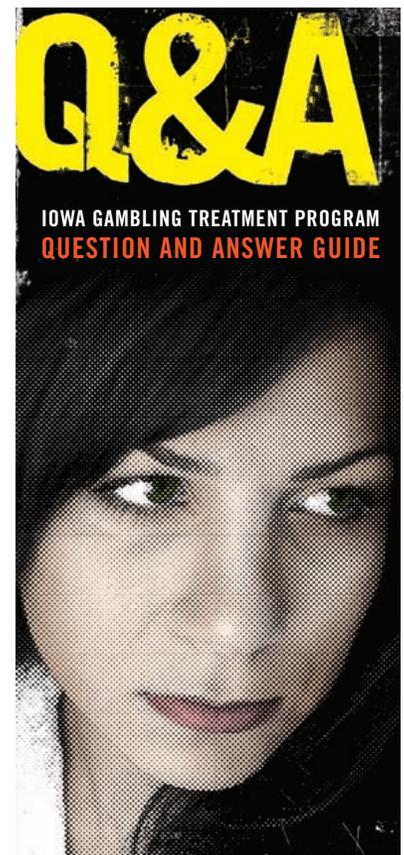
## Webinars to shed light on problem gambling

For most people, a trip to the casino, the occasional lottery ticket, or an office pool is nothing more than harmless entertainment. But for some, the “fun” turns into a serious gambling problem.

How big is this problem in Iowa? Approximately 1 percent of the general population meets the diagnostic criteria for pathological gambling, while another two-percent will show sub-clinical problems. These may seem like small percentages, but the numbers are pretty big when viewed as the number of Iowans who have a gambling problem. It's estimated that 43,500 Iowans are lifetime pathological gamblers, while more than 26,000 meet the diagnostic criteria in a given year.

Unfortunately, the symptoms of pathological gambling are often masked by other social, financial and mental health problems the person is experiencing. Thus, it is important for public health partners to become familiar with the issue of problem gambling and learn how they can help. Beginning May 20, the Iowa Department of Public Health's [Office of Problem Gambling Treatment and Prevention](#) program will offer a three-part series on problem and pathological gambling. Continuing education units are available. Visit [www.trainingresources.org](http://www.trainingresources.org) and mark your calendars for these upcoming webinars:

- May 20, 2011 Connection and Balance: The Necessities for Recovery
- June 2, 2011 Problem Gambling 101 and the Gambling Fantasy
- Jun 10, 2011 Problem Gambling By the Numbers



## U.S. traffic deaths drop to lowest level since 1949

Despite a significant increase in the number of miles Americans drove last year, the number and rate of traffic fatalities in 2010 fell to the lowest levels since 1949. The [National Highway Traffic Safety Administration](#) (NHTSA) attributes the decline to numerous interventions aimed at promoting stronger traffic safety laws, rigorous vehicle safety programs, stricter enforcement of laws and public awareness campaigns.

“Last year’s drop in traffic fatalities is welcome news and it proves that we can make a difference,” said U.S. Transportation Secretary Ray LaHood. “Still, too many of our friends and neighbors are killed in preventable roadway tragedies every day. We will continue doing everything possible to make cars safer, increase seat belt use, put a stop to drunk driving and distracted driving and encourage drivers to put safety first.”

According to the [NHTSA early projections](#), the number of traffic fatalities fell 3 percent between 2009 and 2010, from 33,808 to 32,788. Since 2005, fatalities have dropped 25 percent, from a total of 43,510 fatalities in 2005. The same estimates also project that the fatality rate will be the lowest recorded since 1949, with 1.09 fatalities per 100 million vehicle miles traveled, down from the 1.13 fatality rate for 2009. The decrease in fatalities for 2010 occurred despite an estimated increase of nearly 21 billion miles in national vehicle miles traveled.

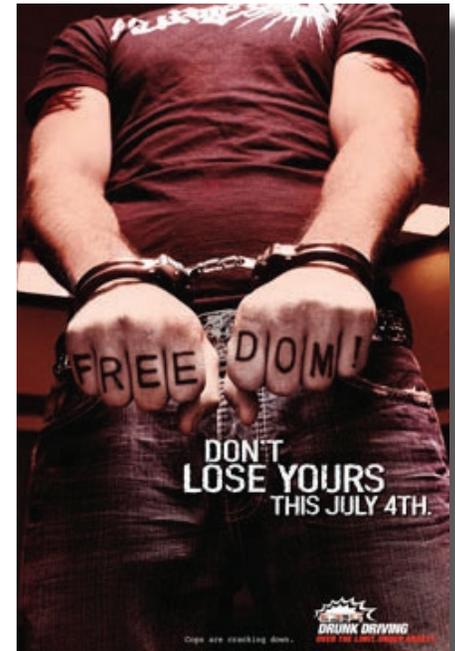
A regional breakdown showed the greatest drop in fatalities occurred in the Pacific Northwest states of Washington, Oregon, Idaho, Montana and Alaska, where they dropped by 12 percent. Arizona, California and Hawaii had the next steepest decline, nearly 11 percent.

“The decrease in traffic fatalities is a good sign, but we are always working to save lives,” said NHTSA Administrator David Strickland. “NHTSA will continue pressing forward on all of our safety initiatives to make sure our roads are as safe as they can possibly be.”

The Department of Transportation (DOT) has taken a comprehensive approach to reducing roadway fatalities by promoting strong traffic safety laws coupled with high-visibility enforcement and through rigorous vehicle safety programs and public awareness campaigns.

In 2009, Secretary LaHood launched a national anti-distracted driving campaign modeled on other successful NHTSA efforts to reduce fatalities, such as its “Over the Limit. Under Arrest.” and “Click It Or Ticket” campaigns to curb drunk driving and increase seat belt use. The U.S. DOT has launched a dedicated website, [www.distraction.gov](http://www.distraction.gov), to provide the public with a comprehensive source of information on distracted driving. DOT has also hosted two national summits devoted to the issue, crafted sample legislation which states can use to adopt distracted driving laws, and initiated pilot law enforcement programs in Hartford, Conn., and Syracuse, N.Y.

NHTSA has also taken action to improve vehicle safety. The agency has urged automakers to swiftly and voluntarily report safety defects to keep the driving public safe. NHTSA has also encouraged the development and use of technologies to prevent crashes, such as electronic stability control, forward collision warning and lane departure warning systems. The agency also unveiled an



*A poster from a seasonal NHTSA drunk driving prevention campaign.*

updated 5-star rating system in 2010, which established more rigorous crash-test standards and began providing consumers with improved information about which cars perform best in collisions.

The U.S. Department of Transportation's Federal Highway Administration (FHWA) has also been encouraging the use of Safety Edge technology—which reduces drivers' risk of running off the road by shaping pavement edges—on new road and highway projects. FHWA has also promoted the use of rumble strips and cable median barriers to separate opposing directions of traffic to reduce the incidence of crossover head-on collisions.

To view NHTSA's latest statistical projections of traffic fatalities in 2010, including regional estimates, [click here](#).



Registration is now open for the 2011 Iowa Immunization Conference, Immunize for a Better Life. The conference will be held June 8-9 at Hy-Vee Hall, 730 3rd Street, Des Moines.

The conference is designed to be of interest to a diverse field of health care professionals, including nurses, nurse practitioners, pharmacists, medical assistants, public health staff, physicians, physician assistants, medical and nursing students, and anyone interested in learning more about immunizations.

Don't miss this conference hear renowned speakers share the latest information on immunizations and learn about current immunization and vaccine issues for the state of Iowa. Take advantage of the opportunity to network with health care professionals involved with immunization and vaccine preventable diseases. For all the details, go to [www.trainingresources.org](http://www.trainingresources.org).

## Local task force organized to fight bed bugs

A recently formed task force organized to fight [bed bugs](#) has formed four work groups to empower Polk County residents to address problems with the pests. The new work groups specialize in developing community policies, education and outreach, model ordinances, and multi-unit housing.

“A few years ago the bed bug population began to alarmingly resurge in the United States,” said [Polk County Health Department](#) Director Terri Henkels. “No community across the United States has been spared the experience of bed bug infestation. Contrary to common belief, everyone is at risk whether visiting acquaintances, traveling, or sharing living quarters.”

Convened by the Polk County Health Department at the request of the Metropolitan Advisory Committee, the task force is comprised of businesses, public health, university, government, and non-profit organizations and agencies working together to bring awareness to the community regarding the challenges of control and the economic impact.

“The task force believes knowledge and empowering all residents with accurate information and guidelines can have a significant impact on preventing and controlling the spread of bedbugs,” Henkels added.

The committee is moving forward in developing an extensive coordinated community education and awareness campaign as well as Bed Bug Prevention and Control Guidelines. The group has defined a strategic plan and identified two priorities: 1) community education and awareness; and 2) instituting best practice guidelines and policies.

“Although bed bugs are not known to transmit disease, they are a pest of significant public health importance,” Henkels said. “Bed bugs have a detrimental impact on physical and mental health and the economy.”

There are currently 31 members on the task force. The full list is available on the Polk County Health Department’s web site, along with additional information about bed bug issues. To learn more, visit [www.polkcountyiowa.gov/health](http://www.polkcountyiowa.gov/health) and click on [Bed Bug Information](#).



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