

Iowa has over 1,000 Lighten Up teams

By Kevin Teale, Communications Director

About 10,000 Iowans on over 1,000 teams in nearly every Iowa county have decided to regularly get more exercise and eat more nutritious foods as part of the second annual Lighten Up Iowa campaign.

The campaign, which encourages the formation of teams to jointly, and perhaps competitively, obtain more exercise and eat more daily servings of fruits and vegetables, has been under way for only a month. There is still time to join a team or form a new team.

"Lighten Up Iowa is a great way for Iowans to avoid the devastating health consequences of being overweight or obese," said Mary Mincer Hansen, director of the Iowa Department of Public Health. "The emphasis, however, is not directly on weight loss but on

exercise and nutritional eating."

Lighten Up Iowa is a five-month competition, lasting this year from Jan. 5 to June 4. Iowans are encouraged to form teams of two to ten people, and then go the distance.

In 2003, nearly 12,000 Iowans participated in the inaugural statewide initiative. Healthy eating and increased physical activity resulted in nearly 1,400 teams recording more than 2.6 million miles of activity and losing 23.5 tons of weight.

Besides the 1,000 Lighten Up Iowa teams, some 170 other Go the Distance youth teams – some with as many as 17 members – have been formed.

Some counties have been particularly successful in forming Lighten Up Iowa teams and signing up members. They include Polk County with 244 teams, Story County with 76 teams, and Hamilton County with 56 teams.



To kick off Lighten Up Iowa, staff helped teams weigh-in at the state capitol. From left are, Tim Lane, IDPH liaison to Lighten Up Iowa, Lynn Allen, coordinator, Lighten Up Iowa, Kim Nanke, administrative assistant, Iowa Games, and Jim Hallihan, executive director, Iowa Games.

For more information on Lighten Up Iowa, go to www.lightenupiowa.org.

2004 Public Health Conference agenda set

By Sara Patkin, Conference Coordinator

Obesity, access to care, West Nile Virus, work force competency, quality child care, dental access, meth use, bio-terrorism, health needs of immigrants, indoor air quality...Iowa has many public health challenges.

How well are we meeting them? The 2004 Public Health Conference, Advancing Public Health: Meeting the Challenge, will look at many of these challenges and offer help and ideas to public health professionals in meeting them.

The conference is scheduled for March 30 & 31 at the Scheman Building in Ames. Featured speakers include Marion Nestle, Paula Duncan and Rick Foster.

Marion Nestle, Ph.D, is a professor and the director of Public Health Initiatives in the Department of Nutrition, Food Studies and Public Health at New York University. Her research focuses on analysis of the scientific, social, cultural, and economic factors that

Foster.

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2004 Public Health Conference agenda set

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influence dietary recommendations and practices. She is the author of *Food Politics: How the Food Industry Influences Nutrition and Health* (2002) and *Safe Food: Bacteria, Biotechnology and Bioterrorism* (2003).

Paula Duncan, MD, is the youth program director for the Vermont Child Health Improvement Program (VCHIP). She is a pediatrician with sub-specialty fellowship training in adolescent medicine and neonatology. Her current work involves efforts to improve health care for youth in the practice setting by incorporating the assessment of both protective factors and risks, as well as partnerships with community resources for improved health and educational outcomes.

Rick Foster is a motivational speaker on happiness and bases his training activities on the happiness model. The comprehensive happiness model is now being used in public forums all over the U.S. to teach people how to make their lives happier and more fulfilling. Rick is known for his high energy, warmth, and engaging style of presentation. His clients include GE Capital, Arthur Anderson, Delta Dental, Hewlett



Packard and he works closely with the medical community for happiness or leadership training.

Other highlights of the conference include 40 workshops on a wide range of topics, an awards reception to recognize outstanding work in public health, exhibits and poster sessions, and business and section meetings.

Some of the workshops include: Assuring a Competent Health Work Force; Halting the Obesity Epidemic; Infectious Disease Update; Food

Protection Update; Public Health and Family Centered Practices; Meeting the Developmental Health Needs of Young Children in Foster Care; Advancing Your Community's Oral Health: New Strategies for Assessment and Action; Tobacco Prevention Tactics; Health Beliefs and Practices of Mexican Immigrants; Partners in Improving the Health of Older Iowans; HIV/AIDS in Iowa; and many more.

Participants who register before March 1, 2004 will receive a reduced conference rate of \$100. Students are encouraged to attend. A reduced conference rate of \$50 is available to full time students. One-day rates are also available to all participants.

Various types of continuing education credits will be available for attendees. For more information, download a conference brochure, including registration form, at www.ieha.net or www.iowapha.org or contact Sara Patkin, conference coordinator, at m spatkin@yahoo.com or (515)963-8664.

Please join us in Advancing Public Health: Meeting the Challenge!

Steve Mercer, Bureau of EMS, appointed to task force



Steve Mercer, education coordinator for the Bureau of Emergency Medical Services (EMS), has been appointed to the task force convened by the National Association of State EMS Directors and the National Council of State EMS Training Coordinators to work on the National EMS Scope of Practice Model.

This model will be used to define national levels of EMS certification, to guide the development of National EMS Education Standards, and to assist state licensure bodies in defining the allowed range of skills and interventions for each EMS provider level. The model is one of five components of the *National EMS Education Agenda for the Future: A Systems Approach*.

Cardiovascular disease is a woman's issue

By Sandi Ryan, WISEWOMAN Coordinator

For years, women were told we didn't need to worry about heart disease – at least until menopause. Young women who came to emergency rooms with symptoms were turned away.

Now we know better. While deaths from cardiovascular diseases have declined steadily since the late 1960's, nearly a half-million American women die of cardiovascular disease each year. In 2001, 4,314 Iowa women died of cardiovascular disease, representing 52.5 percent of Iowa cardiovascular disease deaths.

Women are more afraid of breast cancer than heart disease. Breast cancer is a scary disease – no doubt about it. But men and women are nearly twice as likely to die from heart disease as from any type of cancer.

Not everyone with heart disease dies peacefully in bed. Many men and women have a couple of heart

attacks, maybe a surgery or two, then live on expensive medications, with severe restrictions, and pain and fear as constant companions. Each interaction with family and friends becomes precious, because each one may be the last.

Women aren't safe from heart disease until menopause either. Here is Paula's story:

"In 1991, I went to the ER with chest pains twice in one week. They said it was ulcers. Then the pain became excruciating. Again, the ER said there was nothing they could do. I refused to leave and was admitted for observation. Later, the cardiologist on duty saw my EKG and asked, 'Where's the 34-year-old who had the massive heart attack?' I had emergency surgery. But the damage was done; only part of my heart muscle functions. I had to quit a job I loved, and my life is completely

changed. They thought I was too young to have a heart attack."

February is American Heart Month. Each year, the American Heart Association sponsors Red Dress Day. Thousands of Americans dress in red and wear red dress pins to educate women about cardiovascular disease. To read more women's sto-

ries about living with heart disease, and to learn to reduce your personal risk, visit



www.nhlbi.nih.gov/health/hearttruth, or stop by the Women's Health team display in the lobby of the Lucas Building February 9-20. Above all, take good care of your heart!

HEART ATTACK SIGNS

Learn the signs that can mean a heart attack is happening:

Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

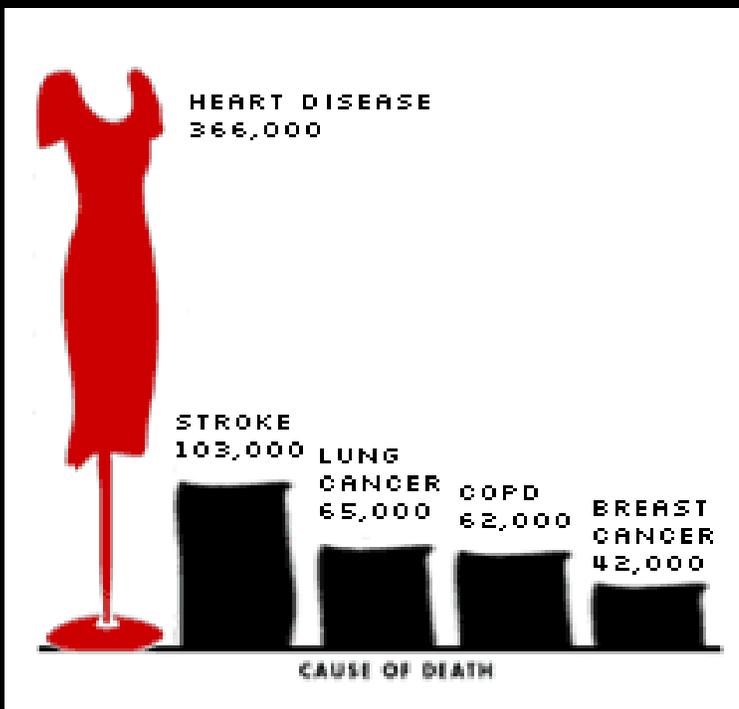
Shortness of breath. This feeling often comes along with chest discomfort. But it can occur before the chest discomfort.

Other signs: These may include breaking out in a cold sweat, nausea or lightheadedness

If you or someone you're with has chest discomfort, especially with one or more of the other signs, don't wait longer than a few minutes (no more than 5) before calling 9-1-1 for help.

Source: American Heart Association, <http://www.americanheart.org>

LEADING CAUSES OF DEATH FOR AMERICAN WOMEN (2000)



Lighten Up Iowa wins award, challenges others

By Tim Lane, IDPH Liaison to Lighten Up Iowa

From Maine to California teamwork is helping folks be more active and loose excess weight.

Lighten Up Iowa depends on teamwork at all levels and once again is receiving assistance from the Iowa Medical Society.



Lighten Up Iowa

mitted her last 15 years to a life style of physical activity and good nutrition. The initial award was presented to

Don Wurtzel of Decorah at the 2003 Iowa Games.

Besides providing this most impressive trophy,

the Iowa Medical Society has challenged its colleagues in other states to be more active and chart their distances!

In Maine, one Lighten ME participant used the giant scale to check his weight for the first time in 20 years. He started Maine's Lighten Up contest at 465 pounds. So far he has, under his doctor's supervision, lost 40 pounds. The Maine goal is to lose 4,000.

Speaking of Maine, both Iowa and Maine have teams called The Movers and Shakers. In Iowa, that name

represents two teams in one work place and in Maine one team in a law office. Organizers are now providing the team captains with contact information to allow each team to see how their counterpart is doing.

At its Jan. 22 board meeting, the society's Alliance voted to approve the presentation of the second IMSA Spirit of Hermina Award to an Iowan who makes a significant impact on his or her community through the Lighten Up Iowa campaign.

The award was initiated in 2003 to recognize someone who goes to extraordinary measures to improve the health of Iowans, which is the mission of the Alliance. The award is named for Hermina Habak, who com-



Iowa Department of Public Health staff gather at a recent Lighten Up Iowa pep rally held at the department. Lighten Up participants shared team tips and ideas, discussed the upcoming Lunch-n-Learn schedule, and awarded a gold medal to Mary Mincer Hansen for taking the most total steps during the previous week.

IDPH 2003 Annual Report and Budget Summary

The IDPH 2003 Annual Report and Budget Summary are now available at www.idph.state.ia.us. The link is located on the IDPH home page under recent additions.

Testing homes for Radon helps Iowans breathe easier

By Rick Welke, Radon Program Project Director, Indoor Air Quality Program Manager

With every breath, families can be exposing themselves to a radioactive gas called radon. It's impossible to see, smell or taste. And it can be accumulating to unsafe levels in their homes right now.

Radon is found at high levels in every state in America. In Iowa, about 2 out of 3 homes have high radon levels. Iowa has been found to have the highest percentage of homes with elevated radon than any other state. It seeps into homes from the surrounding soil, and can be in any building regardless of its age.

It's the second leading cause of lung cancer in the U.S. - only cigarette smoking causes more lung cancer deaths. In fact, the Environmental Protection Agency and the Surgeon General have strongly recommended that all residences (except those above the second floor in multi-level buildings) be tested for radon.

A family's risk of developing lung cancer from radon depends on the average annual level of radon in their home and the amount of time spent there. The longer the exposure to radon, the greater the risk, and the risk is much greater for smokers.

Luckily, radon is easy and inexpensive to detect. And homes with high levels can be fixed. But it's up to everyone to find out whether radon is a problem in their home. Millions of people have tested their homes already.

Testing is easy and inexpensive because radon is completely invisible to sight, smell or taste. Special detection kits are necessary to find a potential problem.

Radon detection kits are inexpensive and easy to use. They are available at local hardware stores or other retail outlets.

After completing testing, a homeowner simply mails the entire kit to the manufacturer for analysis

(analysis is often included in the price of the kit). Both short-term or long-term testing kits are available.

Short-term testing is the quickest way to determine if a potential radon problem exists.

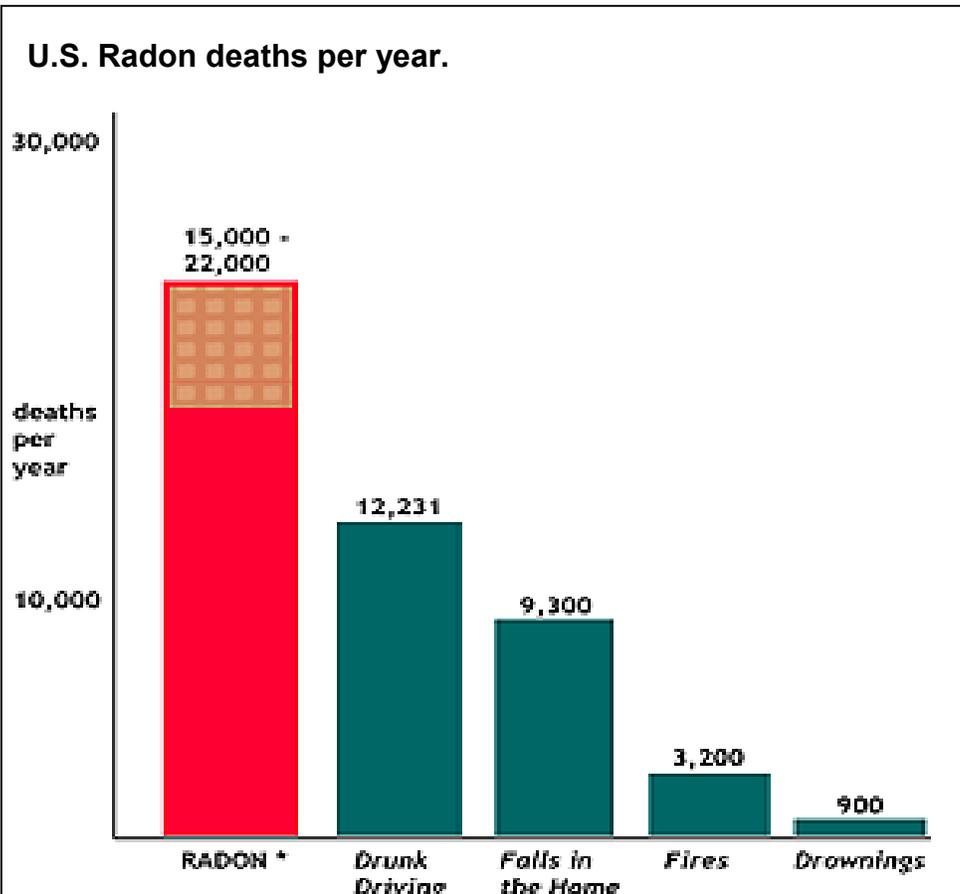
Short-term testing takes anywhere from a few days to several months to complete. The most common testing devices on the market right now are charcoal canisters, and alpha track detectors. Short-term testing should be conducted in the lowest living area of a home, with the doors and windows shut, during the cooler months of the year.

Long-term testing is the most accurate way to test for radon.

Long-term testing can take up to a full year. Alpha track detectors are the most common long term testing devices.

Homeowners should look for a test kit from a company that is certified by the Iowa Radon Program. Most test kits contain further information about testing.

If a house does need to be fixed, a homeowner will get additional information along with the test results. Public health practitioners should alert their clients about the need for radon testing. You'll breathe easier and so will they.



**Radon
Contributes to
Thousands of
Deaths
Each Year.**

Long-term care work force: the employer's perspective

By Jeneane Moody, Center for Health Workforce Planning, Bureau of Health Care Access

In the fall of 2003, the Center for Health Workforce Planning in the Bureau of Health Care Access surveyed administrators and nursing executives in Iowa's long-term care facilities to collect current information about Iowa's nursing and nursing assistive work force from the employer perspective.

According to Iowa Department of Inspections and Appeals, long-term care facilities provide health care, including rehabilitation, for people who because of mental or physical condition, require nursing care and other services in addition to room and board.

Findings from the center's 2002 employer survey indicated the most acute nursing and nursing assistive work force issues were experienced in Iowa's long-term care setting. Therefore, at the request of its advisory committee and partner organizations, the Center for Health Workforce Planning focused the 2003 survey exclusively on employers in Iowa's long-term care facilities.

During pre-survey phone calls to all 441 of Iowa's long-term care facilities, 435 agreed to participate in the survey. 239 facilities actually completed the survey, a response rate of 55 percent. Hospital-based long-term care units were not included because corresponding data for this group can be accessed through the Iowa Hospital Association.

The health work-force positions about which data were collected in this survey were: registered nurses (RN), licensed practical nurses (LPN) and unlicensed direct care workers (UNLIC), including certified nursing assistants, nurse aides, medication aides and other assistive personnel.

A complete report of survey findings may be accessed via the center's web site at:

http://www.idph.state.ia.us/ch/health_care_access_content/workforceshortage/reports.htm.

Key findings include:

Vacancies

- RN vacancies in the long-term care setting were unchanged at 10% from 2002 to 2003.
- The highest vacancies among the long-term care nursing and nursing assistive work force were reported for LPNs at 14%, an increase of 5% from 2002.
- Unlicensed nursing assistive personnel vacancies increased to 12% between 2002 and 2003, an increase of 4%.
- RN positions were the most difficult to fill with 37% of facilities reporting 60 days or longer to fill a vacant RN position.
- Over two-thirds (67%) of long-term care employers were able to fill a vacant position for unlicensed nursing assistive personnel in less than 30 days.

Size of Facility

- The time required to fill a vacant RN, LPN or unlicensed nursing assistive position did not vary significantly according to size of facility.

Wages

- RNs working in long-term care facilities experienced a slight decline in wages from 2002 to 2003.
- The entry wage for RNs in Iowa's long-term care facilities is slightly higher than for RNs in all work settings in Iowa combined; however,

the mean and experienced level wages for RNs in long-term care are less than for RNs in all work settings in Iowa combined.

- The entry wage for LPNs in long-term care is \$1.03 greater than for LPNs in all work settings in Iowa combined.
- Wages for unlicensed nursing assistive personnel (entry, mean and experienced) in long-term care do not differ significantly from unlicensed nursing assistive personnel in all work settings in Iowa combined.

In 2004, the center will convene a forecasting group from around the state to further explore selected issues identified by the 2003 survey respondents. Over 80 people identified themselves as willing to participate in a forecasting group to discuss work-force issues experienced in the long-term care setting.

The center has used a forecasting group model around nursing faculty work-force issues to define the problem, identify and collect necessary data and develop recommendations to resolve work-force problems. The group will follow a similar process and gather Iowans with the experience and expertise to address nursing and nursing assistive work-force problems in long-term care.



Jeneane Moody and Eileen Gloor of the Center for Health Workforce Planning collect data on Iowa's nursing work force.

Scott County public health backs tobacco tax

By Scott County Health Department

Increasing the tobacco tax is a sensitive issue. Depending on where your interests lie, an increase in the tobacco excise tax may or may not be viewed as a positive change. Residing in a county that borders a neighboring state adds additional interest.

For the Scott County Health Department, raising the tobacco tax is about decreasing the morbidity and mortality associated with tobacco use. Statistics reflect that raising the cost of tobacco products will increase the number of people who quit and will decrease the number of youth who will start.

While increasing the cigarette tax brings about potential positive behavior changes, there is a concern

that revenue will be lost by a decline in Illinois residents buying their tobacco in Iowa. In July of 2002, Illinois raised its tax to 98 cents. This created a 62 cent difference from Iowa's tax.

Although we were unable to secure data specific to Scott County, studies show that some tobacco users drive across state lines to buy products, but over time they resume their original purchasing habits. With more than half of all cigarettes purchased in single packs, convenience soon wins over pocket change.

Last year when Iowa's proposed tax increase failed, local tobacco retailers saw an opportunity to promote the purchase of a product that we know is responsible for many of

our present health-care costs. It was disappointing to see a large signboard placed at the foot of the I-74 bridge thanking Governor Vilsack and inviting Illinois residents to take advantage of the "cheap cigs" in Iowa.

Raising the cigarette tax in Iowa, as recommended by Governor Vilsack, while controversial, will create a difference of only a few cents along the Iowa/Illinois border. The Scott County Health Department believes the health and cost savings to the Quad City area from an increase tax will benefit our quality of life and economy more than the revenue potentially lost.

Mills County working step by step to healthy hearts

Mills County Public Health has been hard at work reducing the risk of cardiovascular disease. In 2001, 39 percent of Mills County deaths were attributed to cardiovascular disease, six percent above the state rate, and no organized programming was in place to address the education and prevention of heart-related disease.

Through funding from the Community-based Cardiovascular Risk Reduction Contract Program, Mills County Public Health formed a 12-member coalition that met regularly to discuss cardiovascular risk reduction.

An environmental and policy assessment was completed county-

wide and identified target areas to promote cardiac health. Step by Step to a Healthy Heart programming was established at four community and business sites, providing information to 900 people with 210 direct class participants.

Promotion of healthy lifestyle choices was provided to over 2,500 people through public presentations, media and chamber of commerce activities. In addition, signs were placed in public walking sites to provide distance indicators. Community and school sites opened their doors to the public to provide indoor walking time, and pamphlets with maps of walking sites were distributed throughout the county.

Grocery stores participated with "shelf talkers," promoting healthy food choices while expanding their offerings of heart healthy foods.

At the end of its three-year project, the coalition continues to offer programming at community and business sites. Program surveys indicate that 70 percent of all Step by Step to a Healthy Heart participants have increased their level of physical activity and are making healthier food choices. Today, the environment in Mills County is more supportive of healthy lifestyle choices with five new walk sites, permanent signs, a 20 percent increase in heart healthy restaurant choices, and the support of local employers and grocery stores.

Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health web site at www.idph.state.ia.us. The link is under Quick Links on the right side of our home page under Publications & Data.

State launches booster-seat education campaign

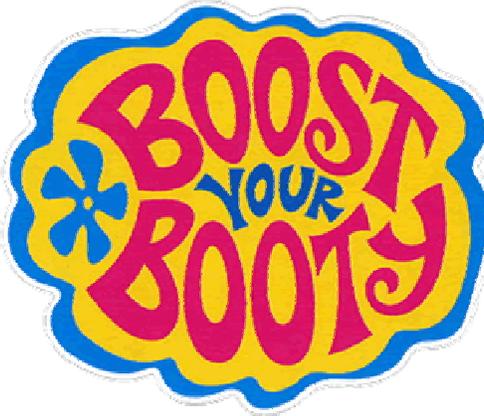
By James J. Saunders, Department of Public Safety

To prepare for Child Passenger Safety Week, Feb. 8-14, the Iowa Department of Public Safety Governor's Traffic Safety Bureau and the Iowa Department of Public Health Emergency Medical Services Bureau are pleased to announce a new campaign to protect children from the number-one cause of childhood injuries – motor vehicle crashes.

Many people believe that children who have outgrown child-safety seats are safe using adult seat belts. This is not true. National studies indicate safety belts designed for adults don't fully restrain many children in a crash. Those children need a booster seat that raises the child up so the adult seat belt fits and protects them.

Moving a child to a safety belt too early greatly increases the risk of injury, according to the National Highway Traffic Safety Administration, U.S. DOT. Children ages 2 to 5 who are prematurely moved to a safety belt are four times more likely to suffer a serious head injury in a crash than those restrained in a child safety seat or booster seat.

Children ages 4 to 7 using booster seats are 59 percent less likely to be injured in a crash than children who were restrained only by an adult safety belt.



A media event was held on Feb. 4 in the State Historical Building Auditorium in Des Moines, to provide a preview of the "Boost Your Booty" Booster Seat Educational Campaign. This special campaign includes a television, radio and print public-service announcement to increase the awareness of children, parents and caregivers of the importance of

using booster seats.

Statements from federal and state officials followed, and a live performance by the "Buckle Up Kids," stars of the television public service announcement. The Boost Your Booty Campaign is an all-Iowa production.

Please remember children during Child Passenger Safety Week. People who are unsure whether their children are in the appropriate child safety seat system for their size, weight or age; can find information on child passenger safety recommendations by logging onto the web at www.nhtsa.dot.gov/CPS/ or log onto www.blankchildrens.org/cps. They can locate the name of a child-passenger safety-seat technician, fit station or check up event in their area.

For additional information contact:

Department of Public Health - EMS Bureau
407 SW 7th Street, Suite D
Des Moines, Iowa 50309
Phone: 1-800-728-3367

Preparing to be protected

Last week the regional epidemiologists and Judy Goddard were test fitted for N-95 masks. These masks are the protection recommended when caring for diseases that can be transmitted via air, such as tuberculosis, smallpox, SARS.

This gives the health department epidemiology group protection necessary should they need to interview persons with either a highly suspect or confirmed case of any of the above diseases.

At left are two of IDPH's regional epidemiologists, Tricia Kitzmann and Carmily Stone.



Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

Top 10 Acute Epi Events for 2003:

1. Influenza
2. Wedding reception punch accidentally contaminated with sodium nitrite
3. SARS
4. Monkeypox associated with small mammals
5. Bat rabies "Echo"
6. West Nile Virus
7. Cumulative Norovirus Outbreaks
8. Pertussis a.k.a. "Whooping Cough"
9. Meningococcal Meningitis/Septicemia
10. Relapsing Fever

Summary of a Foodborne Outbreak:

In early January, a health department in northern Iowa and a Regional Epidemiologist for IDPH were notified of a potential food-borne outbreak in the area. Early reports from citizens indicated that eating a Sunday brunch on 12-28-03 and a New Years Eve supper on 12-31-03 at Restaurant A was the single risk factor for a large number of people reporting vomiting and diarrhea illness. A neighboring county provides food service establishment inspection services for this county and they were notified immediately. The inspector visited the restaurant that Saturday evening and an investigation was started.

Efforts were made to get stool samples and food histories from ill patrons at these meals. In the following week it became apparent that people eating at restaurant A on the

evening of January 3 were also ill with diarrhea and vomiting.

It was determined that the restaurant should be closed for a thorough cleaning and to allow for possible ill employees to recover. Norovirus infection was suspected and subsequent stool cultures from two customers and one restaurant employee identified that Norovirus was indeed present. Food and water/ice samples collected did not reveal Norovirus isolates.

It is estimated that approximately 200 people were made severely ill with this disease in the three meals identified. It is unclear what the specific mode of transmission was for the three meals implicated, as no specific food item was identified as the cause. The restaurant cooperated with the investigation and the collection of samples.

Possible reptile-associated salmonella:

Recently, an Iowa infant became ill with a type of salmonella that is often associated with reptiles. This occurred following a visit to the home of a relative who has an iguana. County health officials are investigating and attempting to obtain more specimens. (The lab is interested in obtaining feces or a cloacal swab from the iguana to compare to the child's salmonella isolate. Never say that county employees aren't asked to do interesting things in the name of public health.)

Infants are especially susceptible to salmonella infections, and may often require hospitalization. They are infected both from direct contact and indirect contact (i.e., mom's hands) with a reptile. In addition to iguanas, salmonella can be found in the feces of snakes, turtles, and other reptiles. In one recent instance, a California infant

was infected with salmonella because his father, a high school biology teacher, draped large snakes over his body at work and did not change his clothes before holding the baby at home.

1. Reptiles can be kept as pets in the home under most circumstances; however, to prevent the serious illness and spread of salmonella from reptiles, the CDC recommends:
2. Reptiles should not have contact with or be in a home with immuno-compromised persons or children under 5 years of age.
3. People must wash their hands with warm soapy water after handling the reptile, handling related items, or cleaning its cage.
4. Reptiles should not roam freely in the home. Ensure that objects with which a reptile has contact are regularly cleaned and disinfected with a bleach solution*.
5. Reptiles should be kept out of all food preparation areas. Kitchen sinks should not be used to clean reptiles, their cages, or other related items. Tubs or wash bins that are used to clean the reptile or related items, should be thoroughly cleaned and disinfected with a bleach solution*.

*1/4 cup bleach per one gallon water.

CDC recommendations can be found at <http://www.cdc.gov/mmwr/PDF/wk/mm5249.pdf>.

Worth Noting

Advancing Public Health: Meeting the Challenge

The 2004 Public Health Conference will be held March 30 and 31, 2004 at the Scheman Center in Ames. This conference is jointly sponsored by the Iowa Public Health Association (IPHA), the Iowa Environmental Health Association (IEHA), University of Iowa College of Public Health, Child Health Specialty Clinics, and the Iowa Department of Public Health, Bureau of Family Health, Oral Health Bureau, Bureau of Nutrition, Bureau of Health Care Access, and Center for Local Public Health Services and Health Improvement.

For more information, please visit www.ieha.net or www.iowapha.org.

IDPH en Español

Check out the IDPH web site for documents of the department and it's affiliates available in Spanish. The site is in the IDPH Quick Links box on the right side of our home page.

2002 Behavioral Risk-Factor Surveillance System Annual Report

The 2002 BRFSS Annual Report is now available online, www.idph.state.ia.us/brfss/Default.htm.

hawk-i Outreach to Child Care ICN Training

A *hawk-i* Outreach to Child Care: ICN Training—for professionals working with child care providers, will be held Wednesday, Feb. 18, 10 a.m. to 12 p.m. and is sponsored by Covering Kids and Families in Iowa. The purpose is to promote awareness among professionals about health-care coverage available to children through the *hawk-i* program. For more information call 1-800-383-3826 or go to www.idph.state.ia.us/conferences.asp.

3rd Annual Iowa EMS Leadership Conference

The Iowa Department of Public Health, Bureau of Emergency Medical Services (EMS) invite you to an exciting one-day conference, Friday, Feb. 20. It will be held at the Hy-Vee Convention Center, 5820 Westtown Parkway, West Des Moines. For more information contact Barb Christiansen at 1-800-728-3367 or go to www.idph.state.ia.us/conferences.asp.

Fundamentals of HIV Prevention Counseling

Fundamentals of HIV Prevention Counseling will be held March 2-4, June 15-17, and September 21-23. This three-day workshop will demonstrate effective, client-centered HIV prevention counseling strategies to assist clients in reducing their risk of acquiring or transmitting HIV. For more information contact Training Resources at 515-309-3315 or go to www.idph.state.ia.us/conferences.asp.

Iowa Dept. of Public Health

Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515 281-5787

**Check out our web site
at www.idph.state.ia.us**

FOCUS Editor: Sarah Taylor

What would you like to see in the Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, upcoming events, or to add names to the mailing list by e-mailing us at staylor@idph.state.ia.us.