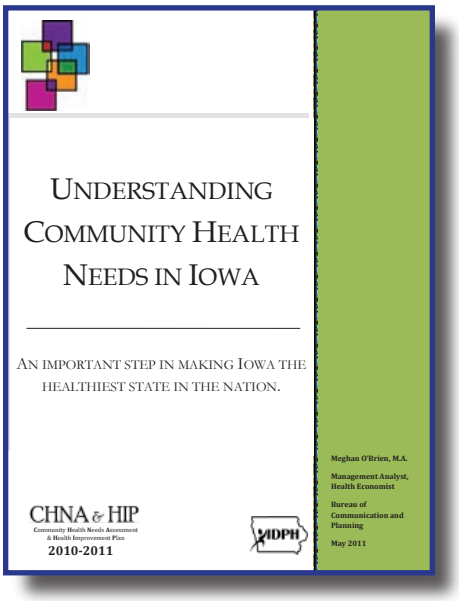
IDPH Iowa Health FOCUS
Iowa Department of Public Health's bimonthy overview
Jul./Aug. 2011

CHNA submissions analyzed in first-ever report



The Iowa Department of Public Health (IDPH) has completed a comprehensive analysis of the Community Health Needs Assessments (CHNA) submitted in February by each of Iowa's 99 counties. Released in late June, the report is the first of its kind in the 20-year history of Iowa's local health planning process known as CHNA & HIP.

Used locally as the basis for five-year Health Improvement Plans (HIP), the assessments collectively identified 1,240 needs. The comprehensive analysis and report of those health issues, Understanding Community Health Needs in Iowa 2011, provides public health practitioners and partners with insight into which health needs are most critical in the state, which ones are emerging, and which are not being addressed at the local level.

"Community health needs assessment and planning serves as a foundation for statewide health planning to promote and protect the health of Iowans," said IDPH Director Dr. Mariannette Miller-Meeks. "This report is a step toward making sure local partners have their voices heard as we advance public health in Iowa."

In addition to the report, analysts at IDPH have produced a number of thematic maps indicating which counties listed common needs. For example, needs that relate to water quality (drinking water, surface water, septic infrastructure, and well testing and capping) were identified by 41 counties, many of which are located in the north-central and northeastern parts of the state. Thirteen of these thematic state maps have been posted to the CHNA & HIP website. An additional 17 maps are available upon request.

More than 18,000 Iowans are estimated to have been involved in some way with the creation of the local CHNA & HIP reports. Organized every five years by local boards of health, community-wide discussions form the basis of the local health planning efforts. These discussions can take the shape of stakeholder meetings, focus groups, community forums, or surveys. The CHNA segment outlines the results of this community engagement and includes a list of identified health needs, a shorter list of needs that are considered critical to the health of the county, and the rationale for selecting those needs.

The data collected in the report is already being used by a team of analysts at IDPH for the development of Healthy Iowans—the state's 5-year health assessment and improvement plan. At the local level, the report is expected to help public health practitioners understand how their local needs relate to the bigger statewide picture. Grant writing and program evaluation should also be enhanced by the information contained in the report.

"This report is going to provide excellent information for local public health agencies," said Regional Community Health Consultant Barb Vos. "It will be very useful for counties to identify other communities addressing similar problems,

potential partnerships, assistance for grant applications, and a greater understanding of health problems within a region."

Understanding Community Health Needs in Iowa 2011 is organized according to the six public health focus areas.

Promote Healthy Behaviors

All 99 counties identified a need in the focus area of Healthy Behaviors, which also happens to be the category with greatest unmet need. Seventy-four counties identified obesity; 63 of those counties made plans to address this need. Thirty-five counties considered cancer a major health need, while 20 of them developed strategies to address this chronic disease. Another top concern was youth substance abuse, identified by 32 counties. Of them, 24 counties included prevention plans.

Strengthen the Public Health Infrastructure

The Public Health Infrastructure focus area demonstrated the second greatest need in Iowa counties. A total of 92 counties called for improvements in access to health services. This included transportation (41 counties), and the number of providers, especially in mental health (35 counties). Lack of insurance or being underinsured was the third most frequently cited need in the category of access to health services. The counties mentioned this need in tandem with affordability of health care services and economic barriers to health access, cited by 21 counties. Other significant needs included lack of dental services/providers (17 counties), lack of general services/providers (13), and lack of services/providers.

Protect Against Environmental Hazards

Three primary categories of needs in the Environmental Health focus were water quality (41 counties), healthy homes (49), and lead poisoning issues (39). Specific needs were food safety (13 counties), healthy homes—radon (17), lead poisoning and screening (32), healthy homes—lead (7), drinking water and surface water (24), healthy homes—septic tanks (18), healthy homes—well testing and capping (8).

Prevent Injuries

In the focus area of Injury and Violence Prevention, unintentional injuries related primarily to motor vehicles (36 counties) with distracted driving (16 counties) appearing as a major concern. Sixteen counties viewed preventing falls, especially among seniors, of special importance. Within the category of intentional injuries, 23 counties identified child abuse and child safety, and 22 counties identified suicide.

Prepare for, Respond to, & Recover from Public Health Emergencies

Two-thirds of Iowa's counties identified needs in the focus area of Emergency Response. The needs related to infrastructure and human resources. In 30 counties, communication, planning, and infrastructure needs ranged from implementing narrow-band radios to having an emergency response and communication plan. Twenty-three counties identified personnel and volunteer issues. Nineteen expressed concern about a lack of preparedness among county residents and special population groups who might have additional needs in an emergency.

Prevent Epidemics and the Spread of Disease

Immunizations and infectious diseases are the major components of the Prevent Epidemics focus area, which comprises a range of issues, diseases, and popula-

Analysts at IDPH have produced 30 thematic maps indicating which counties identified common needs. The one above indicates water quality issues, which include drinking water, surface water, septic infrastructure, and well testing and capping.

tion groups. Twenty-three counties identified the need for more attention to infant and youth immunizations, and three counties were especially concerned with minorities and immigrants. Thirty-one counties identified HIV/AIDs; 11 counties cited needs related to the ability to investigate, identify, and control an infectious disease epidemic; 10 counties identified flu/pneumonia needs along with concerns about hospitalizations, mortality, and immunizations.

To access the report, visit www.idph.state.ia.us/chnahip and click on Understanding Community Health Needs in Iowa 2011. For additional information or to request needs-specific state maps, contact Meghan O'Brien at Meghan.Obrien@idph.Iowa.gov or 515-725-2183. To request specific county reports, please contact Louise Lex at louise.lex@idph.iowa.gov or 515-281-4348.

Progress on Healthy Iowans continues

If you're a health planner, this is a busy and exciting time. With the release of Healthy People 2020 late last year and the National Prevention Strategy in June, assessment and planning is a hot topic at the national level. Locally, boards of health in counties across Iowa have held discussions in the last year with stakeholders to assess their community's health needs and create 5-year roadmaps for addressing those needs. And at the state level, work continues on Healthy Iowans— our state's five-year health assessment and health improvement plan.

"Accomplishing our goal of identifying Iowa's critical health needs and planning ways to address them requires vast community engagement and input," said Iowa Department of Public Health (IDPH) Director, Dr. Mariannette Miller-Meeks. "Through a wide variety of forums, literally thousands of Iowans have contributed—both directly and indirectly—to the development of Healthy Iowans. This hard work has formed the backbone for identifying Iowa's most critical health needs."

CHNA & HIP data from local partners to be incorporated

In preparing to develop the plan that will eventually address these identified needs, the Healthy Iowans Team at IDPH is analyzing a variety of recommendations and data. Among the most important are the findings from local communities.

Every five years, local boards of health lead a community-wide discussion with stakeholders about their community's health needs and what can be done about them. These discussions can take the shape of stakeholder meetings, focus groups, community forums, or surveys. The result of this important work is a county-specific report known as the Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP).

"Community input from Iowa's counties is the foundation for state-wide health planning," said Martha Gelhaus, chief of the IDPH Bureau of Communication and Planning and the leader of the Healthy Iowans Team. "Although the health needs identified in each CHNA & HIP report are specific to each county, a collective analysis provides tremendous insight into the health issues Iowa faces as a state."

And Gelhaus' team has had a lot to analyze. There were 1,240 total health needs identified in the CHNA & HIP reports submitted by Iowa's 99 counties. The team's

analysis is summarized in a report released in June. Called Understanding Community Health Needs in Iowa, the document is the first of its kind in Iowa's 20-year history of producing CHNA & HIP reports.

Recommendations from groups contribute to plan

But that isn't the only data set the team is using in the Healthy Iowans needs assessment. Early in the development of Healthy Iowans, IDPH identified and contacted a wide variety of groups whose work directly or indirectly affects the health of Iowans. More than 70 legislatively mandated and ad hoc health-related advisory committees, state agencies, and the business sector submitted nearly 130 recommendations to the state health assessment and improvement plan.

With approximately 500 organizations represented in these groups, input has been extensive and broad. At the same time, the Healthy Iowans Team's analysis is noticing some interesting commonalities in the health issues and needs identified. Not surprisingly, many are also reflected in needs discovered through the CHNA analysis.

"To create a solid health improvement plan for the next five years, we need to begin by looking at how health issues relate to one another," said Jonn Durbin, IDPH's planning manager. "I don't know yet how many 'buckets' this categorization process will yield, but I can tell you that it's already helping us identify gaps and overarching themes. Once these steps are completed, the difficult work of developing the improvement plan can begin."

Key data sets provide additional insight

In addition to the recommendations submitted by these organizations, and CHNA & HIP findings, the Healthy Iowans Team is using certain key datasets to better understand Iowa's unique health needs and issues. Sources for those data come from the federal census, labor statistics, and economic analysis bureaus, the Behavioral Risk Factor Surveillance System and America's Health Rankings.

"We are paying very close attention to what the data suggest in terms of the current and anticipated burden certain health issues have on Iowans," said Meghan O'Brien, health economist at IDPH. "Another consideration is the level of disparity in the state, which can be due to county populations, their demographic makeup, and their economic climates."

The team is also considering recommendations from the Institute of Medicine as they relate to Healthy People 2020 and the framework of Winnable Battles established by the Centers for Disease Control and Prevention.

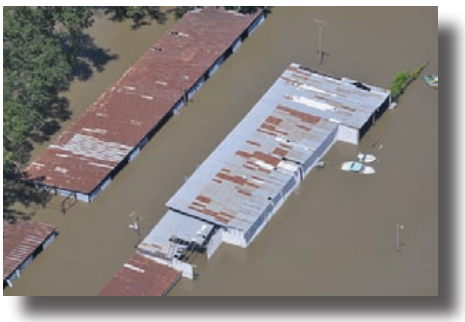
Healthy Iowans on track for release this year

While there is significant work still to be done, Healthy Iowans remains on track for release by the end of this calendar year. This summer, broad community-engagement will again be solicited to develop the objectives and strategies necessary to meet Iowa's most critical health needs.

To learn more about Healthy Iowans, visit www.idph.state.ia.us/adper/healthy_iowans.asp. To join the Healthy Iowans mailing list, send a blank e-mail to join-HealthyIowans@lists.ia.gov.

IDPH responds to flooding in Western Iowa

As Western Iowa heads into its second month of flooding along the Missouri River, the Iowa Department of Public Health (IDPH) continues response efforts that began in early June. On June 2, 2011, Governor Terry Branstad issued a disaster emergency proclamation for six counties bordering the Missouri River, including Fremont, Harrison, Mills, Monona, Pottawattamie, and Woodbury counties. The Governor's proclamation triggered a partial activation of the State Emergency Operations Center (SEOC). At that time, IDPH initiated the Incident Management System (IMS) to help coordinate the public health response to flooding.



This photo was taken on June 27 near Council Bluffs. Hundreds of similar photos are on a Flickr page maintained by the Office of the Governor and Iowa Homeland Security and Emergency Management Division.

With a concentration on preparedness and prevention messages, IDPH has provided press release templates and fact sheets to the affected counties to aid in their efforts to keep residents healthy during what's expected to be a prolonged flood event.

"Our initial messages focused on immunizations," said IDPH Director, Dr. Mariannette Miller-Meeks. "There is generally no need for mass tetanus immunization programs during flooding, and it is not a standard recommendation; however, as individuals respond to flooding, it's important that they check their immunization status to see if they need a tetanus booster vaccine."

Individuals are generally advised to receive a routine tetanus booster dose every ten years. People who are likely to be working in flood waters and have not received, or are unsure if they have received a tetanus vaccine within the last five years, should receive a booster dose of vaccine.

Additional support provided to local public health agencies and hospitals includes weekly webinars and conference calls, messaging assistance, and staff support in the affected areas. The IDPH Flood webpage at www.idph.state.ia.us/EmergencyResponse/Flooding.aspx is updated nearly daily and contains useful information for individuals and public health professionals.

One of the unique elements of this event is its prolonged nature. The weeks of anticipation prior to the flooding and the weeks of high water that have followed have taken a mental toll on the residents and responders in the area. Special attention has been paid to addressing the stress of flood response. Through the Iowa Concern Hotline (800-447-1985), free, confidential telephone counseling is available 24/7.

The state response to flooding has mirrored the ebb and flow of the waters themselves. As the flood waters have risen, stabilized, receded and then risen again, the Homeland Security and Emergency Management Division has paced its operations to meet the need. IDPH has also taken this approach. While the IMS structure expands and contracts to meet the needs of the situation, IDPH staff remains on call 24/7 to immediately respond to emergencies that may arise.

Iowa Public Health Standards revised

Remember those standards that describe the basic public health services and infrastructure that all Iowans can reasonably expect from local and state public health? You know, the ones developed over the course of 2½ years by more than 150 local and state public health professionals and public health partners.

Well, they've been revised.

"This is exactly the way it should happen," said Joy Harris, coordinator of the Iowa Public Health Modernization Initiative, "Other states engaged in developing public health standards are recognizing the same need; assessment and improvement processes are necessary to assure that standards are meaningful. And at the national level they are doing the very same thing!"

Harris says the revisions were necessary to clarify certain criteria, identify required documentation, eliminate duplication, and ensure that our state continues to align with the national accreditation movement led by the Public Health Accreditation Board (PHAB).

The revision effort was carried out by the Metrics Subcommittee of the Public Health Advisory Council and Public Health Evaluation Committee. Made up of eight public health practitioners representing state and local public health departments, the subcommittee held six two-day meetings and met twice online from August 2010 to April 2011 to complete their important task.

"When gathering supporting evidence to outline compliance with the Iowa Public Health Standards, we found that we were using the same documents repeatedly because of duplication within and among the standards," said Amy Thoreson, deputy director of the Scott County Health Department. "These recent changes maintain the intent of the original standards, but reduce redundancy and better align with the PHAB standards."

In May, the revised local criteria were approved by the Public Health Advisory Council and published on the Public Health Modernization website the following month. The next step will be to pilot the revised standards in two counties.

"Agencies need guidance and assistance in understanding what evidence is appropriate in meeting the standards," said Kari Prescott, director of the Webster County Health Department and member of the Metrics Subcommittee. "We approached our work with a broad perspective and carefully considered how our decisions would affect both large and small public health agencies. Our goal was to raise the bar while asking ourselves, 'What should every Iowan expect from a local public health agency?'"

The two counties selected to pilot the revised local criteria will also test the Iowa Accreditation Process in 2011-2012 prior to the full implementation of the process in 2012.

As for the revised state criteria, they will be reviewed by the council at their July meeting. Harris says those criteria should be published in September following approval by the Iowa State Board of Health.

Below is a brief summary, highlighting a few of the revisions to the Iowa Public Health Standards at the state and local levels.

Governance
Clarified the process of how a local board of health designates a health agency to coordinate the jurisdiction's application for accreditation.

Administration
Provided documentation guidance for local public health agencies that are not the human resources agency, responsible for building maintenance, and information technology services.

Communication and Information Technology
Reduced duplication in standards and criteria that also appear in the Healthy Behaviors component.

Workforce
Added information about years of experience to workforce qualifications. The revisions require all public health employees to have 12 hours of continuing education a year.

Community Assessment and Planning
Clarified that the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) is not the only activity that could meet the criteria.

Evaluation
Criteria addressing the implementation of quality improvement and performance management were added. This was done to align the Iowa Public Health Standards with the national standards established by PHAB.

Prevent Epidemics and the Spread of Disease
The organization of this component area changed significantly to eliminate duplication of documentation submitted by the six counties who piloted the self assessment process in 2009-2010.

Protect Against Environmental Hazards
A few of the criteria from this component area were moved to other areas of the standards because the criterion didn't apply only to protecting against environmental hazards. For example the review of regulations and fees was moved to the administration component.

Prevent Injuries
Clarified potential resources for intentional and unintentional injury data.

Promote Healthy Behaviors
Reduced duplication of documentation required for Prevent Injuries component area.

Prepare for, Respond to, and Recover from Public Health Emergencies
The 2007 criteria were aligned with grant requirements IDPH had in place with local agencies. Emphasis was shifted to reflect what every Iowan should have available to them, regardless of funding.

For more information about the Iowa Public Health Standards, accreditation, and quality improvement, visit www.idph.state.ia.us/mphi. Specific questions about the revisions can be directed to Joy Harris at 515-281-3377 or joy.harris@idph.iowa.gov.

Help spread word about lead-safe renovation requirements

The Iowa Department of Public Health (IDPH) is raising awareness among contractors and the public about new regulations that protect children from exposure to lead-based paint—the number one cause of lead poisoning in Iowa.

With enforcement of the law due to begin on September 1, contractors must be certified to perform renovation work in certain structures where children could be exposed to lead-based paint. This includes child-occupied facilities and homes built before 1978, regardless of whether children are living there at the time of renovation.

IDPH Lead Poisoning Prevention Bureau Chief Rita Gergely says that her team has conducted contractor outreach since the law went into effect more than a year ago. This includes utilizing trade organizations, direct mailings, news releases and paid advertising.

"In many communities, however, the contractors who do this kind of work don't always appear on our radar," Gergely notes. "Many are engaged in a number of trades, not just painting, remodeling and renovation. Also, many have other jobs, but do painting, remodeling, and renovation as a second job. But with enforcement right around the corner, it's time to double up our efforts."

Of the estimated 15,000 contractors who need to be certified in Iowa, 10,000 have yet to do so—a process which requires an 8-hour course and applying for certification. Local public health agencies, environmental health specialists and other local partners can help spread the word by:

- downloading and printing this announcement for display at local hardware and paint stores
- sending this Twitter and Facebook content
- posting this webpage reminder
- customizing and distributing this news release to local papers, radio and TV stations

Lead poisoning rates in Iowa children are very high because much of Iowa's housing was built before 1978. The prevalence of lead poisoning among Iowa children under the age of 6 years is 7 percent. This is more than four times the national average of 1.6 percent.

"In children, even low blood lead levels can affect intelligence, hearing and growth," Gergely said. "At very high blood lead levels, children can have severe brain damage, or even die."

Young children who live or spend time in homes or other facilities where lead-based paint has been disturbed become poisoned when they put paint chips or exterior soil in their mouths. They can also be poisoned when they get house dust and soil on their hands and put their hands in their mouths.

To learn more about the lead-safe renovator certification requirements, visit www.idph.state.ia.us/eh/lead_poisoning_prevention.asp#regulations. To download materials for your local efforts, scroll down to Spread the word!

Tobacco reduction takes public-private partnerships

When policymakers speak of the importance of private-public partnerships, few agencies understand this better than public health. From promoting healthy behaviors, to preventing injury, to protecting against environmental hazards, everyone in the community has a stake. An especially important partner in these efforts is Iowa employers.

Employers like Barker Implement.

With 182 employees in eight locations across southern Iowa, this full-service John Deere dealer understands the benefit of building a healthier workforce. In 2009 Barker Implement Wellness Coordinator Lynn Irr was charged with tackling the company's number one health risk—tobacco use.

Barker Implement mechanic Mitch Doolittle is trying to quit chewing tobacco. Part of the reason is that he can no longer use tobacco at work. What's more, Mitch supports the company's new policy.

A tough row to hoe

"Our workforce is primarily male and very traditional in nature," Irr says. "Many of them grew up farming and living in economically depressed rural communities. Their role models have always been men such as their fathers, grandfathers, and uncles, many of whom smoked or chewed tobacco."

Baseline studies showed this to be the case; 31 percent of the Barker Implement staff surveyed were tobacco users in 2009. "Since this health survey was voluntary, however, we can infer that the actual tobacco use rate was even higher," Irr said. "It could have been as high as 40 percent."

Whatever the case, the number of tobacco users in this environment was particularly high compared with the rest of the state. The 2008 Iowa Adult Tobacco Survey indicated that slightly less than 19 percent of the general population was using some type of tobacco product, including cigarettes. "You can see what we were up against," Irr added.

Community partnerships lend a hand

Like many businesses and organizations, Irr turned to the local community tobacco prevention partnerships funded by the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control. With services available in the eight counties in which Barker Implement has dealerships, these community partnerships began by offering educational seminars during employee lunch breaks. An especially helpful strategy during these sessions was introducing Quitline Iowa (1-800-QUIT-NOW). The state's free telephone helpline assists Iowans in breaking their addiction to nicotine through personalized quit plans.

> ***Having so many resources made writing the policy much easier. All public health departments were very helpful in providing policy samples and offering to review what we had come up with.***
>
> **- Barker Implement Wellness Coordinator Lynn Irr**

And it worked. Within the first year, not only had employees begun to quit or reduce their tobacco use, but an internal survey indicated 73 percent of employees supported moving forward with a tobacco-free campus policy.

"This was a giant step forward," says IDPH Community Health Consultant Maggie O'Rourke. "Since July 2008, Iowa's Smokefree Air Act has been protecting employees from the dangers of secondhand smoke, but it only applies to

enclosed spaces such as offices. Furthermore, the clean air legislation doesn't cover the use of chewing tobacco or other types of deadly smokeless tobacco products."

Irr remained in close contact with local community partnerships as the company planned its next steps in reducing tobacco use—offering employees financial support for cessation medication, as well as underwriting the insurance deductible for doctor's office visits to discuss tobacco cessation. In addition, the company offered to reduce by $50 the monthly insurance premiums of employees who met certain wellness criteria, including avoiding or quitting tobacco use.

Between 2009 and 2010, Irr says that 9 percent of employees who used tobacco reported that they had either reduced tobacco use or quit altogether. Meanwhile the company was working with the community partnerships on developing a policy that would prohibit tobacco use on company property.

Among the first people Irr called was Judy Boye, coordinator of Free People from Tobacco, which is under contract by IDPH to serve Fremont, Montgomery, Page, and Taylor counties. Boye had worked with Barker Implement the previous year to provide on-site educational presentations to employees interested in quitting smoking.

It helps to have a sense of humor. Even with the support from his employer, Knoxville mechanic Brad Parker (left) jokes that quitting tobacco is so stressful he's "chewed up all the cushions on my sofa at home." Although his co-worker Kyle Thompson blames Brad for introducing him to chewing tobacco, he provides him with a tractor seat cushion to relieve his stress.

Policy development begins

After discussing Barker Implement's needs, Boye explained the pros and cons of policies that apply only to smoking compared to those that cover all tobacco use, including chew, spitless tobacco, and dissolvable products. "Lynn was interested in seeing what other companies had done, so I provided a couple of sample policies that seemed the most appropriate to Barker's work environment and wellness objectives," Boye says. "I also encouraged Lynn to consider a measured approach in introducing these changes by piloting their new policy in just one of their eight worksites to see how it would go over."

As Irr worked on the policy that would be piloted at their Clarinda facility, more sample policies came in from the other community partnerships serving the eight counties in which Barker Implement has operations. "By the time I got the last of the samples, I had drafted the policy so I was able to use them to make sure there weren't things I had forgotten," Irr says. "Having so many resources made writing the policy much easier. All public health departments were very helpful in providing policy samples and offering to review what we had come up with."

With continued discussions between management and employees about the company's wellness efforts, additional opportunities to work with the community partnerships emerged. Irr says that this second round of educational efforts included smaller but more targeted activities at many of the worksites. "Peggy Kost from Decatur County Public Health even walked around our shop in Leon talking to employees, offering support, and handing out Quitline Iowa promotional material such as fliers, pens, and stress balls," Irr recalls. "As we got closer to implementing our company-wide policy, Peggy also helped us locate signage for all eight buildings."

On January 1, 2011, Barker Implement transitioned from its pilot period to a company-wide tobacco-free policy that prohibits the use of any tobacco products—from cigarettes to chewing tobacco to dissolvable products—in all company owned buildings, company vehicles and farm equipment. When introducing the policy, management also decided to lay the groundwork for an even more comprehensive policy that would take effect a year later on January 1,

2012. The forthcoming policy extends the current policy by prohibiting the use of all types of tobacco on the "grounds, parking lots, ramps, sidewalks or any property owned by the company across the street from any of our locations."

Irr says that the full effect of the current policy won't be evident until late 2011, by which time she says she'll have aggregate data of the number of current tobacco users in the company. So far, though, she says it's looking good. "We started in 2009 with 31 to 40 percent of our workforce using tobacco," Irr says. "As of November 2010, our best estimates indicate that this number is somewhere between 19 percent and 23 percent. I expect the upcoming Nov 2011 employee biometric screenings will be the best indicator of the effect of our new policy and I'm very excited. We see action and folks are making quit attempts throughout the company."

Health IT baseline assessment released

The University of Iowa Public Policy Center has released a report assessing health information technology (HIT) use in Iowa. Called E-Health: Baseline Assessment of Health Information Technology Use by Providers in Iowa, the study focused on providers in five types of settings; home health; long-term care; pharmacies; laboratories; and radiology centers.

According to the report, "HIT use among the five health care provider types varied based on the perceived need and uses of the technology… Not surprisingly, those already using an EHR (electronic health record system) were more likely to see its benefits and also more likely to want to invest in technology in the future than those without. There was general interest in participating in a statewide health information exchange with the primary concerns being related to cost, system compatibilities and privacy issues."

The work was conducted in collaboration with Iowa e-Health. Survey assessments asked providers in these settings to comment on:

- provider HIT capabilities and preparedness to participate in a statewide health information exchange (HIE)
- preferences for types of clinical data exchange or HIE services
- benefits and barriers to HIT adoption

All five types of care providers felt there were benefits to having an electronic health record or information system, although these benefits differed according to the needs of the type of provider. Among each group of providers, a majority was interested in participating in a statewide HIE, citing the advantages of accessible, accurate information.

To access the report, visit http://ir.uiowa.edu/ppc_health/66. For more information about Iowa e-Health, visit www.iowaehealth.org.

Local partners benefit from volume contracting

Local public health agencies in Iowa are now able to purchase items through the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) via a contract the State of Iowa holds with the organization. Operated and managed by Minnesota's Department of Administration, MMCAP is a voluntary group purchasing organization for government health care facilities in 46 states and the cities of Los Angeles and Chicago. The organization uses volume contracting and active contract management to provide value in pharmaceuticals and related products to its members.

According to Brent Spear, Immunization Program manager at the Iowa Department of Public Health, 20 local public health agencies have already taken advantage of the arrangement with MMCAP. "Since the program began in March 2011, IDPH has been working with Iowa's Department of Administrative Services to register local public health agencies," Spear said. "We're also working hard to allow our partners to take advantage of MMCAP pricing on pharmaceuticals, medical supplies, vaccines, dental supplies and other member-requested product lines."

For more information, visit www.mmcap.org. To register to participate in the MMCAP contract, contact Brent Spear @ Brent.Spear@idph.iowa.gov or call 1-800-831-6293 ext. 1.

"State of Weight" event, September 28

Public health partners interested in obesity prevention are invited to a one-day conference on Sept. 28 in Des Moines. Entitled "The State of Weight in Iowa – Tools for Communities to Address Obesity," the event will emphasize how civic leaders, communities, medical care, government, public health entities, and schools can gain knowledge and insight into improving healthy eating and increasing active living for Iowans.

Sponsored by the Iowa Public Health Association and the Wellmark Foundation, the conference will raise awareness of the importance of a healthy lifestyle and share best-practices around community policies and environmental approaches that can encourage people and organizations to take action to better address obesity. Speakers include: Dan Reimer, Robert Wood Johnson Foundation Center for Childhood Obesity; Heidi Michels Blanck, U.S. Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity; Kathryn Henderson, Yale University Rudd Center for Food Policy and Obesity; and Sarah Bowman, Walkable and Livable Communities Institute.

For more information, visit www.iowapha.org and click on "The State of Weight in Iowa Conference."

IDPH Bureau of HIV, STD, and Hepatitis

Recently, Focus spoke to Randy Mayer of the IDPH Bureau of HIV, STD, and Hepatitis.

What is the team's mission?
We promote and protect the health of Iowans infected with or at risk for HIV, sexually transmitted diseases (STD's), and viral hepatitis. All of these diseases are linked by a group of related behaviors that put people at risk. However, it's important to realize that behavior isn't the only factor. There are also significant social, economic, and structural forces that interact with people's behaviors and cause some populations to be impacted more heavily than others.

Your work must require a great deal of sensitivity.
It does. We have six field staff who locate and interview people recently diagnosed with HIV and other sexually transmitted diseases. They counsel, test, and even deliver the results of tests that will be life changing for their clients. We also accomplish our mission in less direct ways. This includes activities such as surveillance and promoting prevention through our partners.

Tell me about your partnerships.
On the prevention side, we work with local public health and community-based organizations to deliver risk reduction programming to at-risk populations. Those populations include men who have sex with men and injection drug users. We also have programs for disproportionately impacted populations, such as African Americans and Latinos. These programs include behavioral programs (using peer advocates, role model stories, and skills building), social marketing (anti-stigma campaigns, viral videos, and social media), condom distribution, and counseling and testing. Then there are our partners in care and treatment. They provide case management and supportive services such as transportation or emergency financial assistance. These partners can also offer referrals for other services like mental health or substance abuse treatment.

What about medication?
Yes, that's another important service we provide. A recent study demonstrated that treatment is also prevention. By finding and treating HIV and other STDs early, fewer new transmissions occur. The medications may come directly from the AIDS Drug Assistance Program administered by the bureau or through local public health agencies. In addition, field staff can now deliver medications directly to partners as part of expedited partner therapy. This is used when the partner is unlikely to seek testing or treatment on his or her own.

It sounds like you're very client-centered.
We are. All of our programs focus on the one thing that is having the greatest impact on the client at a particular time. This may or may not be directly related to the client's risk behavior or disease, but it may be acting as a barrier to addressing that behavior or disease.

What is coming up for the team?
There are several things happening nationally that will dramatically change the way we work. The first is the National HIV/AIDS Strategy. For the first time, the U.S. has a plan to address HIV prevention, HIV care, and HIV-related health disparities. That's the good news. However, it also mean shifting resources to states with the highest burden of disease; Iowa will lose a substantial portion of its federal funding for HIV prevention.

As part of their efforts to reach young men who have sex with men, the AIDS Project of Central Iowa, one of the bureau's local partners, produced a series of YouTube videos featuring prevention messages from young men. In Never Say Negative, a young man describes hearing about a friend who was recently diagnosed with HIV. "I guess you can never say 'negative' unless you're getting tested and know your own risk."

Will the Patient Protection and Affordable Care Act affect your work?
Yes. Over the next three years, we'll see our roles transform from overseeing programming to assessment, assurance, and policy development. These are the core elements of public health, and they are important roles in protecting and promoting the health of Iowans. Still, it will take some adjustment to lose some of the programming that we have built over many years with our local partners. Change isn't always easy, but I know Iowa is up to the task.

Nine percent of Iowans aged 50+ report cognitive impairment

In 2009, Iowa was one of five states to pilot a new Behavioral Risk Factor Surveillance System (BRFSS) module designed to collect information about the public's beliefs on the impact of cognitive impairment. The Centers for Disease Control and Prevention recently released data from the new module.

According to Cognitive Impairment: The Impact of Health in Iowa, more than 6 percent of Iowans perceive themselves as being cognitively impaired, which they say interferes with activities of daily living including their job, housework, volunteering, and social activities. Among Iowans aged 50 or older, the number is approximately 9 percent. Of those reporting perceived cognitive impairment, nearly 80 percent had not discussed their memory problems with a health care provider.

"Iowa's use of the BRFSS Cognitive Impairment Module is helping lay the foundation of our understanding of Alzheimer's disease and cognitive impairment as a public health problem in the state," said Carol Sipfle, executive director of the Alzheimer's Association of Greater Iowa. "Initial tracking and continued surveillance of cognitive impairment will allow us to understand patterns in society and target interventions."

Cognitive impairment refers to the trouble people experience when remembering, learning new things, concentrating, or making decisions that affect their everyday lives. Some of the most common sources for cognitive impairment are Alzheimer's disease, strokes, and traumatic brain injury. An estimated 69,000 Iowans have Alzheimer's disease—the state's 5th leading cause of death.

Although Alzheimer's disease and care-giving have been included as goals in Healthy People 2020, no comprehensive data exists on the burden of Alzheimer's disease and other dementias at the state and local levels. This is why states like Iowa are collecting population-based data to identify trends, create policy and respond to this important public health issue.

"As a steady increase of baby boomers in Iowa turn 65, the number of people with cognitive impairment in Iowa has the potential to double in just 20 years," said Iowa BRFSS Coordinator Don Shepherd. "Cognitive impairment affects the quality of life for the person affected and the caregiver. Right now, state health departments need to focus on surveillance to better describe the impact of cognitive impairment and begin to raise awareness about the issue."

For more information, including data from Iowa and the other participating states, visit www.cdc.gov/aging/healthybrain/surveillance.htm. For questions about the module's use in Iowa, contact Don Shepherd at 515- 281-7132 or donald.shepherd@idph.iowa.gov.

Cognitive Impairment Webinar, July 27

The Alzheimer's Association of Iowa will hold a webinar on July 27 at 2 p.m. to discuss the first results from the Cognitive Impairment module of the Iowa Behavioral Risk Factor Surveillance System. Cognitive impairment is often the first sign of Alzheimer's and other irreversible forms of dementia. Presenters will explain the significance of the BRFSS, Iowa's role in collecting the data, and what the results may mean for our state.

Details

Click here to access the online presentation
Call 1-866-316-2054 for audio.
Conference code: 959-594-9738

CDC identifies top 10 public health achievements

The major public health achievements of the first 10 years of the 21st century included improvements in vaccine preventable and infectious diseases, reductions in deaths from certain chronic diseases, declines in deaths and injuries from motor vehicle crashes, and more, according to a report from the Centers for Disease Control and Prevention. The 10 domestic public health achievements are published in a recent issue of CDC's Morbidity and Mortality Weekly Report (MMWR).

One of the major findings in the report is that the United States has saved billions of dollars in health care costs as a result of these achievements. For instance, fortifying our foods with folic acid has resulted in a savings of over $4.6 billion over the past decade, by reducing neural tube defects in children. Continued investments will save more. For example, ensuring that all children are vaccinated with the current schedule could result in a savings of $20 billion in health care costs over the lifetime of those children. Preventing motor vehicle crashes could save $99 billion in medical and lost work costs annually and the economic benefit of lowering lead levels among children by preventing lead exposure is estimated at $213 billion per year.

"Americans are living longer, healthier, and more productive lives than ever before thanks in part to extraordinary achievements in public health over the past decade," said CDC Director Thomas R. Frieden. "However, we can do much more to protect and promote health. Continued investments in prevention will help us and our children live even longer, healthier and more productive lives while bringing down health care costs."

The accomplishments include:

Vaccine-Preventable Diseases

A number of new vaccines were introduced during the first decade of the 21st century. Two of the most significant were the pneumococcal conjugate vaccine, which has prevented an estimated 211,000 serious pneumococcal infections and 13,000 deaths and the rotavirus vaccine, which now prevents an estimated 40,000-60,000 rotavirus hospitalizations each year.

Prevention and Control of Infectious Diseases

The first decade of the 21st century saw a 30 percent reduction in reported tuberculosis cases in the United States and a 58 percent decline in central line-associated bloodstream infections. Other achievements included improvements in lab techniques and technology that made it easier to identify contaminated foods more rapidly and accurately to help control the spread of foodborne illness outbreaks. Broader HIV screening recommendations led to an increase in the number of people getting earlier HIV diagnosis, which provided them earlier access to live-saving treatment and care.

Tobacco Control

The number of states with comprehensive smoke-free laws grew from zero in 2000 to 25 states and D.C. in 2010. In 2009, a new federal cigarette tax took effect, bringing the combined federal and average state excise tax for cigarettes to $2.21 per pack, an increase of 76 cents per pack since 2000.

Maternal and Infant Health

The past decade has seen significant reductions in babies born with birth defects such as spina bifida. This is due largely to folic acid fortification of cereal grain products in the United States as well as educational campaigns. These efforts have led to a 36 percent reduction in babies born with neural tube defects.

Motor Vehicle Safety

From 2000 to 2009, the death rate related to motor vehicle travel went from 14.9 per 100,000 people to 11 per 100,000. The injury rate fell from 1,130 per 100,000 people to 722. The decade also saw a decline of 49 percent in pedestrian deaths among children, and a 58 percent decline in the number of bicyclist deaths. These achievements are likely the result of improved safety of vehicles and roadways, and safer behavior on the part of both motorists and pedestrians as a result of strong seat belt, child safety seat and other regulations.

Cardiovascular Disease Prevention

Heart disease and stroke are still among the nation's leading killers. However, deaths from both diseases have declined over the past decade, continuing a trend that began in the early 1900s for stroke and the 1960s for heart disease. These declines in deaths are mainly due to lower smoking rates as well as improvements in treatment, medications and quality of care.

Occupational Safety

The U.S. has seen significant improvements in working conditions and the risk of workplace-associated injuries during the past decade. One example of these improvements is a comprehensive childhood agricultural injury prevention initiative, which has resulted in a 56 percent decline in farm injury rates among young people.

Cancer Prevention

Improvements in screening techniques along with strong cancer screening recommendations have led to improved screening rates and a reduction in deaths of 2 to 3 percent per year from colorectal, breast and cervical cancer. In addition, the creation of the National Breast and Cervical Cancer Early Detection Program has reduced disparities by providing screenings to uninsured women.

Childhood Lead Poisoning Prevention

By 2010, 23 states had comprehensive lead poisoning prevention laws compared to just five states in 1990. Enforcement of these statutes, along with federal laws that reduce hazards in the highest risk housing, has significantly reduced the prevalence of lead poisoning. The percentage of children aged 1 to 5 years with elevated blood lead levels has declined significantly going from 88.2 percent in 1980 to under 1 percent in 2008.

Improved Public Health Preparedness and Response

There has been much progress made since September 11, 2001 expanding the capacity of the public health system to respond to public health emergencies and disease outbreaks. In addition, influenza vaccination, along with other public health measures taken during the 2009 outbreak of H1N1, prevented an estimated 5 million to 10 million cases, 30,000 hospitalizations, and 1,500 deaths.

For more information about the 10 great domestic public health achievements of 2001-2010, visit www.cdc.gov/mmwr.

IPHA recruits for nine AmeriCorps projects

The Iowa Public Health Association (IPHA) has selected nine locations across Iowa to become the inaugural sites for the recently approved IPHA AmeriCorps Health Corps project. Ten Iowa AmeriCorps HealthCorps members will be recruited and placed in nine local public health agencies and non-profit organizations. The project's goal is to reduce the risk of preventable disease and obesity and improve the health and quality of life for Iowans in the host communities.

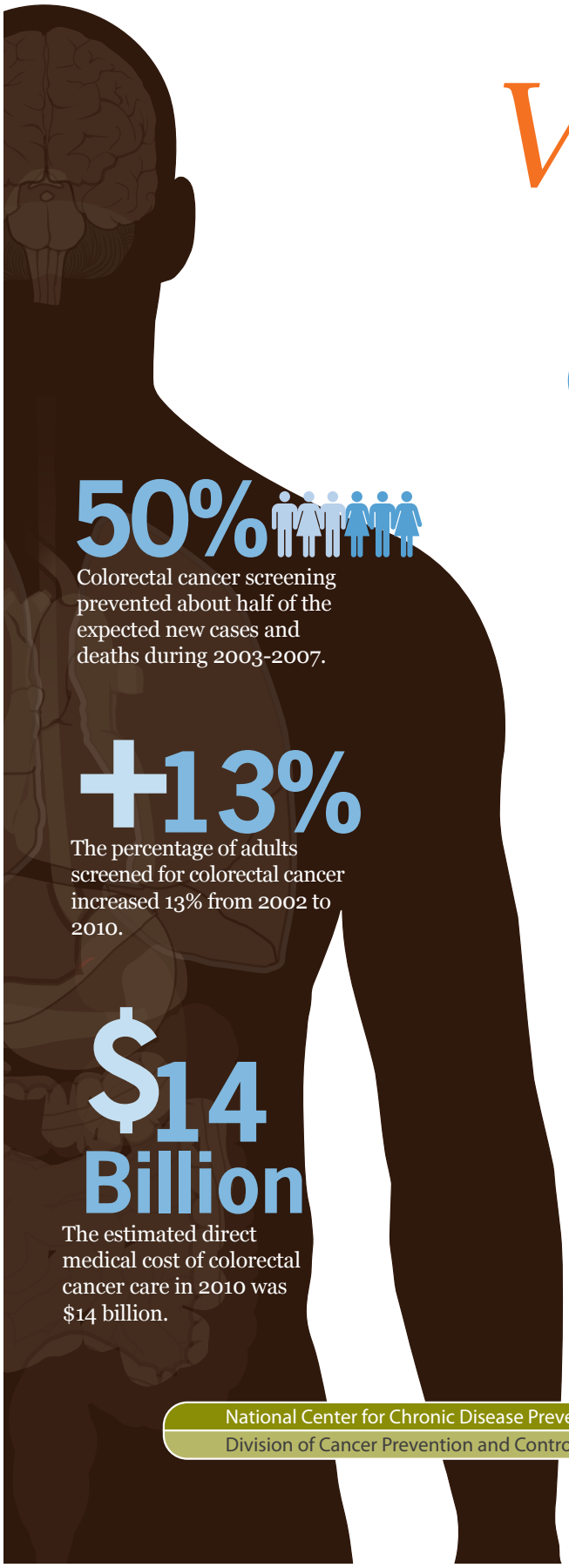
"Three of every four health care dollars in this country are spent on chronic disease, and obesity is a contributing factor to many of these diseases," said IPHA President Dr. Wendy Ringgenberg. "IPHA is championing the efforts of its members in local communities to implement strategies to address obesity utilizing existing tools and developed resources."

Applications to serve as an AmeriCorps HealthCorps member in a local project are due on July 28, 2011. Members will work with youth in a variety of settings to improve the quality, availability, and effectiveness of community-based programs and support behavior change to improve nutrition, exercise and healthy choices. The project represents a partnership and grant investment from AmeriCorps and the Iowa Commission on Volunteer Service.

The project begins September 1, 2011. Selected host sites include:

Cerro Gordo County Department of Public Health
Child and Family Policy Center
Child Health Specialty Clinics
FAMILY, Inc.
Johnson County Public Health
Linn County Public Health
Siouxland District Health Department
Trinity Muscatine
Visiting Nurse Services of Iowa

For more information, including application materials, visit www.iowapha.org and click on "IPHA AmeriCorps HealthCorps." Questions? Contact IPHA AmeriCorps HealthCorps Program Director Ralph Rosenberg at 515-509-5057 or Rosenberg_ralph@yahoo.com.



CDC Vitalsigns™

July 2011

Colorectal Cancer

1 in 3 adults are not being screened.

50%

Colorectal cancer screening prevented about half of the expected new cases and deaths during 2003-2007.

+13%

The percentage of adults screened for colorectal cancer increased 13% from 2002 to 2010.

$14 Billion

The estimated direct medical cost of colorectal cancer care in 2010 was $14 billion.

Colorectal cancer is the #2 cancer killer in the US among cancers that affect both men and women. But it doesn't have to be. Screening can find precancerous polyps (abnormal growths) so they can be removed before they turn into cancer. Screening can also find colorectal cancer early when it is easiest to treat. A new CDC report says that rates of new cases and deaths of colorectal cancer are decreasing and more adults are being screened. Between 2003 and 2007, approximately 66,000 colorectal cancer cases were prevented and 32,000 lives were saved compared to 2002. Half of these prevented cases and deaths were due to screening.

Learn what you can do to reduce your risk of colorectal cancer.

→ **See page 4**

Want to learn more? Visit

www http://www.cdc.gov/vitalsigns

National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

1

Lyme disease is more common closer to home

Though tucking your pant legs into your socks may not be the most stylish thing to do while camping this summer, this fashion faux-pas is strongly recommended by Tom Gahan, supervisor of the State Hygienic Laboratory's serology section.

According to Gahan, the Ixodes scapularis tick, the vector of Lyme disease, has been slowly expanding its range into Iowa, especially along the Mississippi and Missouri Rivers.

"Early on, most Iowans would contract Lyme disease after traveling to endemic areas such as Wisconsin or Minnesota," Gahan said. "However, in recent years, more and more cases are found to be acquired locally while Iowans are out-of-doors in the state." In 1989, the State Hygienic Laboratory's serology section, which performs blood testing for the illness, confirmed 27 cases of Lyme disease in Iowa. Last year, there were 78.

"Some recent cases come to mind when people were camping, fishing, or mushroom hunting in Iowa who developed symptoms of the disease without ever leaving the state," Gahan said.

Lyme disease, the most common tick-borne illness in North America, is transmitted to humans through the bite of infected ticks beginning in the late spring and early summer. A bull's eye rash and the flu-like symptoms of fever, headache, and fatigue are early indicators of infection. If left untreated, symptoms may involve the joints, heart and central nervous system.

The best defense against Lyme disease is to avoid being bitten by infected ticks, according to Gahan. In addition to tucking your pant legs into your socks, wearing light colored clothing and long sleeves may help prevent tick bites. Insect repellants, especially those containing DEET, picaridin or permethrin, also provide protection. Plant-based alternatives to chemical repellants should contain oil of lemon eucalyptus as the active ingredient.

Gahan also suggested performing tick checks on people and pets to look for ticks on skin, hair, or clothing after returning from outdoor activities, especially at dawn and dusk, when the Ixodes scapularis tick is most active.

Public health microbiologists Jeff Chapman and Molly Bradshaw prepare for Lyme disease screening.

Iowa Department of Public Health
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-7689
www.idph.state.ia.us

Questions or comments? Contact Donald.McCormick@idph.iowa.gov.

To subscribe to Iowa Health Focus, please send a blank e-mail to join-iahealthfocus@lists.ia.gov.