



Public health partners with Healthiest State Initiative



Left to right, Senator Chuck Grassley, Governor Terry Branstad, and IDPH Director Dr. Mariannette Miller-Meeks lead State Employees on a 1-kilometer walk around the Capitol Campus. Called the "Start Somewhere Walk," the event kicked off the Healthiest State Initiative.

Since the launch of the [Healthiest State Initiative](#) in August, much has happened. The effort to make Iowa the healthiest state in the nation by 2016 through the [Blue Zones Project](#)—a collaboration between [Wellmark Blue Cross and Blue Shield](#) and [Healthways](#)—continues to move forward. Following the review of statements of interest received from across the state in October, a number of communities will be asked to submit a full application by January 4, 2012.

Also in October, road shows in Harlan, Storm Lake, Ankeny, and Cedar Rapids featured Blue Zones author Dan Buettner, along with experts from Wellmark and Healthways. The road shows proved to be a huge success with 900 Iowans representing 90 communities attending the four events. The road shows allowed the experts to explain the Blue Zones Project in detail and answer questions from community leaders across Iowa.

One of the attendees was Chris Tedrow, administrator at Jefferson County Public Health. "The event we attended in Cedar Rapids was very informative about how we might leverage some of the work public health partners in our area have already done," Tedrow said. "I'm very excited about the prospect of working with those partners who have already strengthened the health of our community through worksite wellness initiatives, trail completion projects, support of farmers' markets, pre-school nutrition education and much more. This is what public health does best—getting people to understand that health is so much more than a visit to the doctor. Our job, and the aim of the Blue Zones Project, is to focus on those choices, habits, and environment that together result in significant daily deposits into our personal and community health account."

Tedrow is helping with Fairfield's application to become one of 10 communities to receive direct assistance from national experts in moving their environment toward one in which people can more easily adopt behaviors to help them lead longer and healthier lives. Through this Blue Zones Community model, the Healthiest State Initiative aims to improve Iowa's ranking from 19th place in overall health and well-being in 2010 to the top position in 2016 as measured by the [Gallup-Healthways Well-Being Index](#).

The first round of demonstration sites will be selected in May of 2012.

"Through the work of local boards of health, community coalitions, and other partnerships, local public health agencies have a strong history of creating a climate for change in how health promotion gets done at the

local level,” said Iowa Department of Public Health (IDPH) Director Dr. Mariannette Miller-Meeks. “Many communities have reached or are close to that magical tipping point where they are ready and willing to commit to doing the challenging but meaningful work required to make the environmental and policy changes that support healthy choices advocated by the Blue Zones Project and the Healthiest State Initiative.”

The statewide effort will focus both on individual behaviors and environmental and policy changes that help make the healthy choice the easy choice. Activities by state and local public health agencies that lay the foundation for this important work include:

- Data collection and analysis, as well as health planning through processes such as local Community Health Needs Assessment & Health Improvement Plans ([CHNA & HIP](#)), and the statewide [Healthy Iowans](#) plan.
- Establishing community partnerships through programs such as the recently announced Community Transformation Grants and the [Iowa Community Wellness Grants](#) provided to 44 counties from 2006 to 2011.
- Access to tested and practical free or low cost resources from [Iowans Fit For Life](#) and other IDPH-organized partnerships.
- Success stories and other community-based capital featured in publications such as [Iowa Health Focus](#) and Dr. Miller-Meeks’ [Quick Reads](#) as well as promoting health observances such as [National Public Health Week](#).

“Local public health professionals will be critical to identifying needs and implementing small, incremental changes to environments,” said Laura Jackson, Wellmark Executive Vice President of Health Care Strategy and Policy. “Our vision with the Blue Zones Project is that all communities aspire to be a Blue Zones Community. So whether or not your community is chosen as one of the 10 demonstration sites, all communities will have access to self-directed tools.”

Local public health agencies and their community partners have implemented and promoted a variety of activities that are consistent with Blue Zones Community activities for improving nutrition, increasing physical activity, and enhancing well-being. Below is a sampling of community successes and resources resulting from IDPH and community collaborations that may be relevant as communities apply to become a [Blue Zones Community demonstration site](#).

- The Dallas County Board of Supervisors passed a resolution stating that vending machines on county property will provide at least 30 percent healthier items using the Nutrition Environment Measures Survey – Vending ([NEMS-V](#)) criteria. Visit www.nems-v.com.
- More than 38,000 adults and youth from 332 businesses, organizations and communities and 200 schools logged 73,467,561 minutes of physical activity during the 2011 [Live Healthy Iowa](#) and Live Healthy Iowa Kids/Governor’s Challenge.
- In [Ottumwa](#), a trail was built on the elementary school grounds. The trail is used by students during physical education classes and during lunch period. Community residents also walk the trail, especially during non-school hours.
- The [Siouxland District Health Department](#) convened a local worksite wellness coordinating council and met



Author and researcher Dan Buettner spoke and introduced the idea of Blue Zone Communities at four events across the state in October. Buettner studies why people in some areas of the world live longer, healthier, happier lives.

monthly to discuss a variety of topics, including the [Wellness Council of America's](#) seven benchmarks and ways to improve the health of the community's workforce. In just one year, their efforts demonstrated impact. A 2010 survey of area businesses revealed that 85 percent were offering a worksite wellness program—an increase from 66 percent in 2009. To access two of the worksite wellness toolkits they used, visit www.idph.state.ia.us/iowansfitforlife/toolkits.asp.

- In 2010, 15 communities conducted walkability audits and shared their results with local stakeholders. A six-month follow-up survey found that 12 communities took the next steps to improve community walkability by convening a coalition, developing a priority list, enacting policy or regulations requiring developers to include sidewalks, repairing paths, connecting trails with other areas of the community, and applying for additional funds to pursue more environmental changes. Click [here](#) for a helpful factsheet to assess what makes the walking environment inviting and safe.
- Twelve communities completed walkability assessments earlier this year using GPS technology for the walking routes elementary students most commonly take to and from school. Six communities plan to apply for Safe Routes to School infrastructure grants from the Iowa Department of Transportation using their assessment data to build their case for funding. Five more communities are seeking local sources for funding to make smaller changes such as painting crosswalks. For more information about Safe Routes to School, visit www.iowadot.gov/saferoutes.
- The Cass County Board of Health initiated a School Local Foods Festival with local farmers displaying and providing samples of fruits and vegetables. They also added related food and nutrition information and resources to their website at www.healthycasscounty.com.

“Regardless of whether your community is selected as one of the ten Blue Zones Community demonstration sites, the Healthiest State Initiative is something all public health partners can participate in,” Miller-Meeks added. “I’m sure I speak for all the communities listed here when I say that public health partners at the local and state level are ready and willing to contribute the expertise and technical assistance it will take for Iowa to reach our shared goal of becoming the healthiest state in the nation.”

For more information about the Healthiest State Initiative, visit www.iowahealthieststate.com. To learn more about the Blue Zones Project, go to www.bluezonesproject.com. To access resources from IDPH, contact Kala Shipley at Kala.Shipley@idph.iowa.gov or call 515-954-9497.



IDPH welcomes new deputy director

Gerd Clabaugh has returned to the Iowa Department of Public Health (IDPH), this time as the director of the Division of [Acute Disease Prevention and Emergency Response](#) and deputy director for the department. The former director of the IDPH Center for Health Policy from 1989 to 1997, Clabaugh says his new position has already presented a number of rewards and challenges.

“It’s great returning to an agency where I know so many people, but I’m even more excited to get back into the work of public health,” Clabaugh said. “IDPH has, what I’d call, a very ‘clear’ mission—and that is to create conditions in which lowans can be healthy. Having such a clear mission affords us the ability to focus our attention on how best to achieve our goals. And public health has got a great framework for doing so—namely assessment, policy development, and assurance. I’m very happy to be part of this work again.”

While Clabaugh is a 21-year veteran of Iowa state government, his most recent position was with the nonprofit Iowa Healthcare Collaborative (IHC) where he served as a consultant and director of operations, overseeing budget development, management, and IHC’s hospital infection prevention programs. Prior to this, he worked as a bureau chief and division administrator at the Iowa Department of Administrative Services (DAS).

“Throughout my experiences inside and outside government,” Clabaugh recalls, “I’ve always had a very strong interest in health as a topic area. My first eight years at IDPH were quite formative for me in that I gained an appreciation for the role of government in helping people stay healthy. And then later at the Iowa Department of Personnel (a predecessor agency to DAS), I had the opportunity to manage the State Employee Benefits Program. This experience taught me a lot about the challenges of health communication, especially in regard to health insurance. Then my work at IHC allowed me to work directly with hospitals in areas such as infection control strategies. Like many of us here in the Lucas building, I’ve worn many ‘health hats.’ I look forward to bringing these experiences and perspectives together in my new role at IDPH.”

But his new position isn’t without its challenges. “Public health is a huge foundational piece of the overall healthcare system for lowans—something that is often underappreciated. Now more than ever, it’s important to keep in mind our mission to promote and protect the health of lowans. There’s little doubt that our current financial challenges actually present us with opportunities to articulate a clear vision of our primary mission.”

Clabaugh is the father of four (two in college, two in middle school) and is currently finishing his Ph.D. in health economics at the University of Iowa’s Department of Health Management and Policy. He hopes to complete his doctorate in May 2012.



Gerd Clabaugh is the director of the IDPH Division of Acute Disease Prevention and Emergency Response and deputy director for the department.

Linn, Page counties to pilot accreditation process

Now that the [Iowa Public Health Standards](#) have been revised and metrics have been added, it is time to pilot the Iowa accreditation process. Last summer, the Iowa Department of Public Health (IDPH) issued a competitive request for proposal looking for agencies willing to take on the challenge. Health departments in [Linn](#) and [Page](#) counties were selected for the pilot project.

Both counties agreed to complete a formal application for accreditation. The application includes questions about the population served by the county and programs administered by the agency. It also provides an opportunity for applicants to describe unique characteristics of their department and the communities they serve. Counties were also required to submit a table of organization with their application. The application phase was completed in September.

The counties are now in the process of collecting evidence that demonstrates how they meet the Iowa Public Health Standards. Counties are using the guidance section of the Iowa Public Health Standards to assist them in determining the best pieces of evidence to submit as documentation. Both counties are working their way through the standards using an accreditation team to conduct the work. An accreditation coordinator in each county is responsible for overseeing the collection of documentation and working with [Iowa Public Health Modernization](#) staff at IDPH to address questions about the standards or documentation requirements. All documentation is due to the department in December.

Meanwhile, IDPH is working to identify site visitors to review the evidence collected and meet onsite with both counties in January. Site visitors must have at least three years of public health experience and must meet criteria established by the [Public Health Advisory Council](#). Site visitors will review evidence submitted prior to arriving onsite in order for the site visit.

It is anticipated that the site visit will last two days. Site visitors will have the opportunity to ask questions of the counties based on the evidence submitted. Counties will have the opportunity to show site visitors around their department and submit additional evidence requested by the site visitors to clarify understanding.

Following the site visit a final report will be developed outlining the county's compliance with the Iowa Public Health Standards. Both counties will have the opportunity to review their respective reports and provide feedback about the usefulness of the report to the department and Public Health Advisory Council.

Finally, a mock accreditation decision will be made by the site visitors based on the counties' compliance with the Iowa Public Health Standards.



Although the results of this process will not result in the accreditation of either county, it is a valuable tool for informing the work of the Public Health Advisory Council and [Public Health Evaluation Committee](#) about the Iowa accreditation process.

The pilot counties are completing regular evaluations of their experience throughout the project period. The Public Health Evaluation Committee is charged with carrying out the evaluation of the pilot. Counties are being asked to regularly report on the amount of time they are spending, any difficulties they encounter in interpreting the standards, and the usefulness of resources provided to supplement the Iowa Public Health Standards. Results of the evaluation will be announced in the spring.

For more information about accreditation and the Iowa Public Health Modernization Initiative, visit www.idph.state.ia.us/mphi.

Shaken baby syndrome prevention efforts recognized

The [National Center on Shaken Baby Syndrome](#) recently recognized Iowa as a 'Purple State' for statewide efforts to prevent shaken baby syndrome. The Iowa Department of Public Health (IDPH), [Prevent Child Abuse Iowa](#), [Early Childhood Iowa](#), [Blank Children's Hospital](#) and other partners were honored.

"It has been a privilege and pleasure to work with these organizations and professionals in Iowa," said Program Director Julie Price. "The National Center on Shaken Baby Syndrome recognizes the diligent work and collaboration it takes to systematically implement the [Period of PURPLE Crying](#) program in hospitals, reinforce key messages in the community, create a cultural change with public education campaigns and sustain a statewide prevention program."

Shaken baby syndrome (SBS) is a term used to describe a collection of signs and symptoms resulting from the violent shaking or slamming of an infant or young child. SBS is by far the leading cause of young child homicides.

"IDPH is honored to be among the partnership being recognized today," said IDPH Director, Dr. Mariannette Miller-Meeks. "Iowa is the fifth state in the nation to use the 'PURPLE' program as a statewide model to prevent shaken baby syndrome. It's hoped the success Iowa has had will lead to additional states using this model to prevent these tragic injuries."

According to IDPH, 80 percent of Iowa birth families receive the Period of Purple Crying prevention message as they are discharged from their birthing hospital. The acronym PURPLE is used to describe specific characteristics of an infant's crying and to let parents and caregivers know that what they are experiencing is simply a phase in their child's development that will pass.



Left to right, IDPH Director Miller-Meeks, IDPH Shaken Baby Syndrome Program Coordinator Stephanie Trusty, and Period of PURPLE Crying International Prevention Program Director Julie Price.

- P** – Peak of crying: Your baby may cry more each week; the most at 2 months, then less at 4 to 5 months.
- U** – Unexpected: Crying can come and go and you don't know why.
- R** – Resists soothing: Your baby may not stop crying no matter what you do.
- P** – Pain-like face: A crying baby may look like they're in pain, even though they're not.
- L** – Long lasting: Crying can last as much as five hours a day or more.
- E** – Evening: Your baby may cry more in the late afternoon and evening.

The curriculum is designed to teach parents that crying is normal and provide them with action steps they can follow when their infant cries, including:

As part of the evidence-based PURPLE program, nurses provide education to parents prior to discharge from the hospital. Parents are sent home with a DVD and booklet to help them understand the serious nature of SBS, as well as techniques to prevent it, and are encouraged to share the materials with anyone who cares for their baby. For more information about the Purple program, visit www.purplecrying.info or call 1800-369-2229.

Iowa hospitals honored as “Most Wired”

Six Iowa hospitals have been named to the [American Hospital Association's Most Wired list](#) for 2011. The honorees were chosen for their information technology infrastructure and its use in administrative management.

Named to this year's 100 most wired hospitals were:

Fort Madison Community Hospital, Fort Madison;
Genesis Health System, Davenport;
Henry County Health Center, Mount Pleasant;
Mercy Medical Center, Cedar Rapids; and
The University of Iowa Hospitals and Clinics, Iowa City.

Broadlawns Medical Center in Des Moines was named to the list of 25 most wired small hospitals.

“The strong presence of Iowa hospitals on this year's list reflects the rapid adoption of health information technology to improve efficiency and quality of care for the people of Iowa,” says [Iowa e-Health](#) Executive Director Kim Norby. Iowa e-Health is the public-private collaborative led by the Iowa Department of Public Health that will develop and manage a statewide network for health care providers to access patients' electronic health records.

Henry County Health Center has earned the honor five years in a row. Chief Information Officer Stephen Stewart says the facilities began implementing health information technology more than 12 years ago. Today, more than 99 percent of the hospital's records are electronic. "We believe advances in technology will advance medicine, if they're done right," Stewart says.

One of the Henry County Health Center's first clinical applications of information technology was the use of bar code scanning of patient medications. Even though the hospital had a very low error rate in administering medications, the use of bar code scanning reduced the low rate by an additional 98 percent.

"Quality outcomes and safety are like identical twins," Stewart added. "If you produce better quality outcomes, you'll have better safety and if you have better safety, you'll have better quality outcomes."

Jeff Cash, vice president and chief information officer for Mercy Medical Center-Cedar Rapids, says health information technology is helping to reduce readmissions of cardiology patients. Mercy provides equipment to discharged patients which allows their vital signs to be electronically monitored from the hospital.

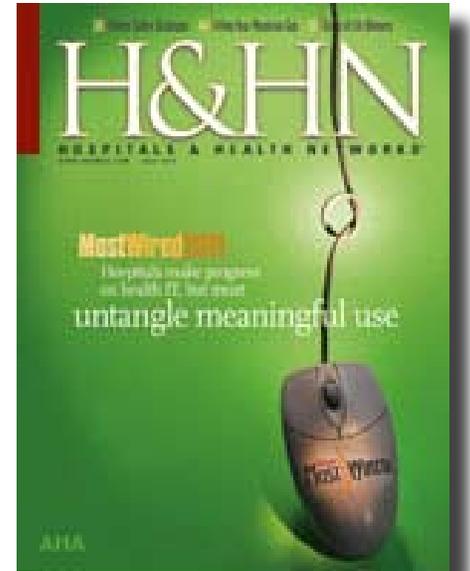
"We're able to monitor patients' conditions and provide help before they get worse and have to come back to the emergency department or be readmitted," Cash says. "There's definitely cost avoidance in that, but there's also quality of life enhancement for the patient."

Both Cash and Stewart say their early efforts to be among the most wired have prepared their institutions to join the Iowa Health Information Network. Iowa e-Health anticipates the statewide system will be in operation in mid-2012. The network will allow all participating providers access to their patients' electronic health information securely and in real time.

Stewart adds the ability to exchange electronic information will be especially beneficial for rural areas like Henry County, where patients often are referred to specialists and hospitals in larger communities, and then return to their home towns for follow-up care.

Stewart, who suffers from atrial fibrillation, also has a personal reason to embrace the statewide network. "If I showed up unconscious in an emergency room in Des Moines, it would make a really big difference to the physician treating me if he knew I had A-fib. The Iowa Health Information Network will be able to do that."

For more information about Iowa e-Health, visit www.hhnmostwired.com



Sexual assault examination provider guide updated

The Iowa Department of Public Health (IDPH) recently issued an [updated protocol](#) for conducting sexual assault examinations in Iowa. This protocol is intended to provide guidance to doctors and nurses in emergency departments and community sexual assault nurse examiner programs who see patients following a sexual assault.

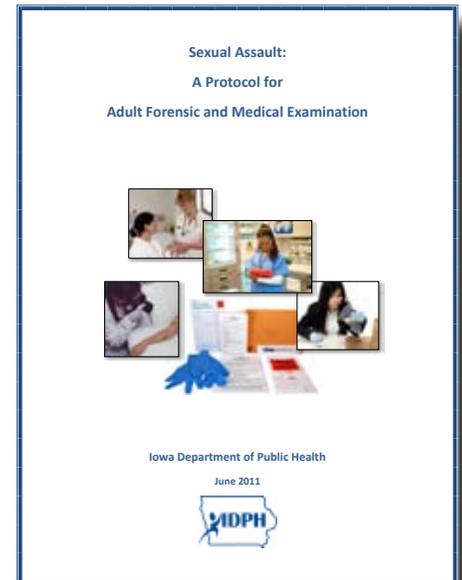
“This protocol will provide clear guidance for hospitals and community response teams who are often the first to see a victim after a rape,” said Janelle Melohn, director of the [Iowa Attorney General’s Crime Victim Assistance Division](#). “We hope that it will assure coordinated compassionate care and thorough documentation, which in turn may increase reporting and prosecution of these crimes.”

The update is a much smaller document than the previous one (published in 1998), since the U.S. Department of Justice issued a [national sexual assault protocol](#) in 2004 that offers more detail on victim-centered care and community coordinated response. The Iowa document provides more succinct guidance which is specifically focused on collecting the type of evidence analyzed by the [Iowa Division of Criminal Investigation](#) (DCI). In addition, the protocol provides guidance to hospitals and health care providers on what to do when a patient seeks medical care, but may not want to report the assault to law enforcement right away. Under Iowa law, a victim does not need to report an assault to law enforcement in order to receive an exam and have evidence collected.

“Whenever the [Iowa Department of Public Safety](#) changes its evidence collection procedures, it is crucial to update our protocols accordingly,” said Binnie LeHew of the [IDPH Office of Disability, Injury & Violence Prevention](#). “Most of these changes are prompted by improvements in DNA technology.”

Many updates in the protocol reflect those that have occurred in the collection and analysis of forensic evidence. For example, the Iowa DCI no longer requires the collection of body hairs from victims, and currently uses a card for blood collection rather than a tube, which required refrigeration and was difficult to store. Many communities are now training sexual assault nurse examiners to conduct the exams. These nurses are part of coordinated community response teams known as SARTs (sexual assault response teams).

This protocol is published on the IDPH website on the [Health Care Response to Violence Against Women](#) webpage. It has been separated into smaller sections for easier access. In addition, there are links to related resources, such as the [Crime Victim Assistance Division’s Sexual Assault Examination Payment Program](#) and the [Office for Victims of Crime National Sexual Assault Protocol](#) and SART toolkit.



Health care-associated infections declined in 2010

Four common infections seen in health care facilities declined in 2010, according to the Centers for Disease Control and Prevention (CDC). In a policy summit at the [National Journal](#) in Washington D.C., CDC staff detailed the reductions that are occurring in infection rates in U.S. hospitals.

“Hospitals continue to make impressive progress in driving down certain infections in intensive care units through implementation of CDC prevention strategies,” said CDC Director Thomas R. Frieden. “Hospitals and state health departments need to translate this progress to other areas of health care delivery and health care infections, such as dialysis and ambulatory surgery centers, and diarrheal infections such as *Clostridium difficile*.”

The data were submitted by hospitals to the National Healthcare Safety Network, CDC’s health care infection monitoring system. The number of infections reported was compared to a national baseline. All of the infections reported have national prevention target goals as defined in the U.S. Department of Health and Human Services’ [Action Plan to Prevent Healthcare-Associated Infections](#).

CDC reported for 2010:

- A 33 percent reduction in central line-associated bloodstream infections: a 35 percent reduction among critical care patients and a 26 percent reduction among non-critical care patients. A central line is a tube that is placed in a large vein of a patient’s neck or chest.
- A 7 percent reduction in catheter-associated urinary tract infections throughout hospitals
- A 10 percent reduction in surgical site infections
- An 18 percent reduction in the number of people developing health care-associated invasive methicillin resistant *Staphylococcus aureus* (MRSA) infections

In addition, CDC saw improvement in health care provider adherence to proven infection prevention measures, such as appropriate techniques for inserting central line catheters into patients (over 94 percent adherence). Two additional infections are currently being tracked, *Clostridium difficile* infections and MRSA bloodstream infections, and data on these infections will be available next year.

“These successes reflect investments not only in hospital practices, but in our national and state public health capacity,” said Denise Cardo, M.D., director of CDC’s Division of Healthcare Quality Promotion. “Preventing infections in health care saves lives and reduces health care costs.”

For a detailed summary of the infection data reported by CDC, please visit www.hhs.gov/ash/initiatives/hai/nationaltargets/index.html.



Most Iowans say they gamble

A report released by the Iowa Department of Public Health (IDPH) concludes that while Iowa's percentage of pathological gambling remains low (about one percent), the percentage of Iowans who are at risk for developing a gambling problem is high (13.1 percent). Of the 1,700 Iowans interviewed for [Gambling Attitudes and Behaviors: A 2011 Survey of Adult Iowans](#), 91 percent reported having gambled in their lives, and 69 percent reported gambling in the past 12 months.

"While this survey shows most Iowans say they gamble for entertainment or fun (80 percent), it's clear the activity isn't always perceived as being harmless by those around the gambler," said Mark Vander Linden, program manager of the IDPH [Office of Problem Gambling Treatment and Prevention](#). "Although the percentage of pathological gambling is low, more than one in five adult Iowans (22 percent) report having been negatively affected by the gambling behaviors of family members, friends, or others they know."

Of the 13 percent of Iowans who report one or more symptoms of problem gambling in the past 12 months, 18 percent said they want to reduce or quit gambling. The most common gambling activity reported by Iowans was raffle tickets (including charity), followed by slot machines, lotteries and scratch tickets or pull tabs.

Symptoms of problem gambling include:

- Preoccupation with gambling
- Need to gamble with increasing amounts of money in order to achieve the desired excitement
- Repeated unsuccessful efforts to control, cut back or stop gambling
- Restlessness or irritability when attempting to cut down or stop gambling
- After losing money gambling, returning another day to "get even"
- Lying to conceal the extent of gambling
- Committing illegal acts to finance gambling
- Jeopardizing or losing significant relationships because of gambling
- Relying on others to provide money to relieve financial problems caused by gambling
- Betting more than one could afford to lose
- Feeling guilty about the way one gambles or what happens when gambling

To see the complete report, which was conducted by the University of Northern Iowa Center for Social and Behavioral Research, visit www.idph.state.ia.us/IGTP/Reports.aspx. If you or someone you know needs help with a gambling problem, call 1-800-BETS-OFF or visit www.1800betsoff.org.



Five-year cancer plan released

The [Iowa Cancer Consortium](#) (ICC) recently released the [2012-2017 Iowa Cancer Plan](#). It provides direction for those involved in planning, implementing, and evaluating cancer control programs, research, and policy initiatives. It is also a resource for Iowans needing support and advocacy.

“The release of this new version of the Iowa Cancer Plan is significant for every Iowan who has been touched by cancer,” says ICC President George Weiner. “Making progress against a disease that kills more than 6,000 Iowans each year takes a collaborative effort, a commitment to evidence-based programs and practices, research so we can accelerate progress, and persistence.”

The first version of the Iowa Cancer Plan was created by the ICC and its partners in 2003 to address critical cancer problems in Iowa. The 2012-2017 Cancer Plan is a revision of the comprehensive cancer control priorities for the state of Iowa.

“I know firsthand the struggles, pain, and sadness that come with cancer,” says lung cancer survivor Gail Orcutt of Pleasant Hill. “The Iowa Cancer Plan may look like just a document, but in the hands of motivated Iowans, it is a powerful tool that provides hope for thousands.”

The Iowa Cancer Consortium coordinates the efforts of hundreds of individuals and organizations working together to conquer cancer. Formed in 2001, the ICC developed a comprehensive state-wide plan that includes strategies designed to improve disease prevention, early detection, research, survivorship, and quality of life for people affected by cancer. More information is available online at www.CancerIowa.org.



Facebook paged launched to prevent youth addiction

The Iowa Department of Public Health has launched a new tool for protecting the health of Iowa's youth. Please visit the [Prevent Iowa Youth Addiction Facebook](#) page and click the “Like” button to stay informed and contribute to the discussion about some new (and not-so-new) dangers facing Iowa's youth.

During this launch, there will be a special emphasis on new products the tobacco industry is test marketing. Called “dissolvables,” these smokeless tobacco products closely resemble mints, toothpicks and even breath strips. Some of these items are already being sold in Iowa alongside other products you may have seen, including snus and e-cigarettes. This development is particularly dangerous to children in terms of addiction, nicotine poisoning, school performance and future tobacco use.

To learn more and contribute to the discussion, visit www.facebook.com/preventiowayouthaddiction.



IDPH staffer receives award for keeping kids safe

Katrina Altenhofen has been honored with the Lifetime “Making a Difference” Award from [Safe Kids Iowa](#). Presented during the 10th Annual Keeping Kids Safe: [Iowa Child and Youth Injury Prevention Conference](#), the award recognizes Altenhofen’s dedication, both professionally and personally, to pediatric injury prevention.



Altenhofen appears with Director Miller-Meeks (left) and Deputy Director Clabaugh (right).

Altenhofen has been the state coordinator for [the Emergency Medical Services for Children Program](#) at the Iowa Department of Public Health (IDPH) since 1995. She served as the Safe Kids Iowa coordinator from 1997 to 2000 and has represented IDPH on numerous injury prevention advisory committees throughout the years, including the Healthy Iowans 2000 and 2010 teams, the Occupant Protection Advisory Committee, the Burden of Injury in Iowa report team, the Prevent Injury Public Health Standards committee and the Iowa Traffic Safety Alliance.

An excerpt from her nomination reads, “Katrina’s legacy to injury prevention is that of a leader who has never sought the personal spotlight but quietly persevered to increase public attention and evoke coordinated action at the local, state and national levels for the safety of all children.”

7th Annual
Chili for CHARITY
November 23, 2011

11 a.m. - 1 p.m.
State Historical Building
600 E. Locust, Des Moines
\$5 donation

Bring a new toy for
Toys for Tots!

All proceeds benefit The Food Bank of Iowa
and
U.S. Marine Corps Toys for Tots

Menu:
*Chili or vegetarian chili
*Corn bread
*Cookie
*Drink

Honorary Servers
Iowa Governor
Terry Branstad

Iowa Lt. Governor
Kim Reynolds

Entertainment:
* Careful by the Girl Scouts
of Greater Iowa
* Native American Drumming
by White Eagle Pow Wow

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