



Survey reveals mixed bag of good, poor health



The recently released 2010 [Behavioral Risk Factor Surveillance System \(BRFSS\) report](#) paints a picture of Iowans who are doing well in some areas, but have lots of room for improvement in others. For example, while Iowa's reported general health status was among the highest of states reporting "excellent," "very good," or "good" health" the BRFSS also revealed that the obesity rate is at the highest level ever.

"Because the data is self-reported, the BRFSS relies on people being honest with themselves and with the interviewer," said Iowa BRFSS Coordinator Don Shepherd. "Sure, people may fudge a little on certain undesirable factors. But it's also important to point out that many may simply not know about the importance or even the existence of some condition that has a bearing on their health."

For more than 20 years, the telephone-based BRFSS survey has been asking Iowans about their health. This includes questions about chronic conditions, screenings, attitudes, knowledge, immunizations, and access to health care. At the national level, the BRFSS is conducted in all 50 states, three territories, and the District of Columbia.

This year's report summarizes the findings of more than 6,000 telephone interviews conducted in English and Spanish between January and December 2010. For some questions in the survey an additional 600 interviews were conducted with people who only had cell phones.

Notable findings from this year's report include:

- Compared to residents in other states, Iowa ranks high in reported general health status. Only 11.5 percent of respondents said their health was "fair" or "poor."
- While the percent of Iowans who were overweight (body mass index of 25 to 30) was down, the percent of Iowans who were obese (body mass index of 30 or greater) was the highest ever observed at 29.1 percent.
- Although the percent of Iowans not having health insurance is up this year, we are still among the best states in the country in this matter. Among Iowans age 18 to 65, more than 12 percent reported having no health insurance coverage.

- The percent of Iowans currently smoking cigarettes was at the lowest level ever seen in BRFSS (16.1 percent). This was a decrease from the 17.2 percent found in 2009 and 30 percent since 2002.
- The percent of Iowans reporting currently having asthma was the highest ever seen in BRFSS (7.8 percent).
- The percent of Iowans who engage in binge drinking has dropped sharply for the past two years, though we still have a high rate compared to other states. The percent of Iowans who said they binge on at least one occasion in the past 30 days fell to 16.9 percent in 2010 from 18.5 percent in 2009.
- The percent of Iowans reporting a disability increased to the highest level ever seen in the history of BRFSS (19.9 percent). This is the first year of any significant increase, yet Iowa's rate is still quite low compared to other states.
- The percent of Iowans age 65 and older who have received immunization against the flu in the past year continues a downward trend that has been seen for the past two years. In fact, the 70.4 percent figure is the lowest seen in the Iowa survey in the past decade. In 2009, the rate was 74 percent. It is still quite high compared to other states, however.
- Over half of Iowa children were reported to have had a flu shot in the past year with higher numbers among younger children. 2010 was the first year flu immunizations were recommended for almost all children.

Much more information on these items and others is available in the report, "Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, Iowa 2010." Visit www.idph.state.ia.us/brfss.

Blog launched for a "new public health"

We all know that solving the nation's health crisis is going to take more than improvements to health care. If we're going to decrease costs and improve health, we need to identify new ways to prevent disease and health crises where they begin—in our communities.

Public health experts are being asked to lead the way—to uncover the answers, to brainstorm with businesses and communities, to innovate, to be more effective, and to accomplish more with less. In many ways, it's going to take a NewPublicHealth to answer the challenge.

Created by the Robert Wood Johnson Foundation, the [NewPublicHealth](http://blog.rwjf.org/publichealth) blog is an online destination for information and discussion about public health. The content includes daily roundups of public health news and information, profiles of individuals working on the front lines of public health, perspectives from leaders and innovators in public health, and live coverage of events relevant to public health. Visit <http://blog.rwjf.org/publichealth> and make it part of your daily routine.

Data needs assessment prepares for warehouse expansion

An extensive [data needs assessment](#) was recently completed by the IDPH Data Warehouse and Iowa [Environmental Public Health Tracking](#) programs. Conducted during a 10-week period in the fall of 2011, all 92 Iowa Department of Public Health (IDPH) programs responded to a survey designed to establish a baseline for data use, management and needs throughout the department. Combined with feedback from external public health partners, department responses are helping to prioritize content and functionality requirements for the warehouse.

“The results of this comprehensive assessment give us a starting point,” said data warehouse coordinator Meghan Harris. “It helps us know how to proceed in expanding the data warehouse, and provides valuable insight into which internal data processes could be improved.”

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

In 2012, the IDPH Data Warehouse will be expanded to include environmental health data. The primary driver for the modifications to the DWH and inclusion of environmental health data are being driven by the ongoing collection, integration, analysis, interpretation, and dissemination of data from environmental hazard monitoring, and from human exposure and health effects surveillance.

Expansion of the IDPH Data Warehouse to include environmental health data is a significant milestone for both the data warehouse as well as environmental health professionals in Iowa. In 2010, Iowa was selected as one of 23 states to receive a grant through the US Centers for Disease Control and Prevention to develop a state-based environmental tracking program that when combined will make up the [National Environmental Public Health Tracking Network](#).

The department summary report is available at www.idph.state.ia.us/ad-per/data_warehouse.asp. To subscribe to the IDPH Data Warehouse newsletter, send a blank e-mail to join-idphdatawarehouse@lists.ia.gov. To learn more about the Iowa Environmental Public Health Tracking program, visit www.idph.state.ia.us/eh/epht.asp.



Provider referrals to Quitline increase nearly 70 percent

Health care [provider referrals](#) to Iowa's free service for helping Iowans beat their addiction to nicotine are higher than they have ever been. In recent months, there has been a 68.4 percent increase in recommendations to [Quitline Iowa](#) over the same time period last year.

"Physicians, nurse practitioners, dentists, and nurses are in a unique position to help patients who are ready to quit tobacco use," said Iowa Department of Public Health (IDPH) Director, Dr. Mariannette Miller-Meeks. "I am happy to see so many health care providers opening up this dialog with their patients and offering assistance through 1-800-QUIT-NOW."

According IDPH, 3,062 referrals were faxed to Quitline Iowa from July to November in 2011, compared with 1,818 during the same 5-month period last year. When a fax referral arrives, Quitline Iowa staff follow up with the patient to ask whether they are ready to take advantage free services, which include counseling and text messaging options.

"Most of the people I speak to have never heard of Quitline Iowa so they're thrilled to find out about the free services," said Katie Todd, an advanced registered nurse practitioner at Knoxville Hospital and Clinics. "Those on Medicaid appreciate the free medication and everyone can benefit from speaking with a counselor. When you're trying to quit smoking, it's helpful to have someone provide you with ideas on how to cope with the difficult process of giving up tobacco."

When Iowans call Quitline Iowa (1-800-QUIT-NOW), counselors help them understand the underlying reasons for smoking and how to break the cycle of addiction that makes it so difficult to quit. Together, these insights can more than double one's chances of successfully quitting tobacco use.

Another provider helping spread the word about 1-800-QUIT-NOW is Dr. Praveen Gundelly at the Mt. Ayr Medical Clinic in Ringgold County. "When I found out that 83 percent of Iowans want to quit smoking, I was surprised. I didn't expect the number to be so high," Gundelly says. "During routine follow up visits, I discovered a couple people successfully quit smoking after I referred them to Quitline Iowa. I knew it was working, and I thought I could help more people quit."

Quitline Iowa is available for free to all Iowa adults who want to quit tobacco use. For more information, call 1-800-784-8669 (1-800-QUIT-NOW) or visit www.quitlineiowa.org.



Dr. Praveen Gundelly says that during his residency in Youngstown, Ohio, he was able to refer tobacco users to a special information center within the hospital to get help quitting. "In a rural area like Ringgold County," he points out, "we ARE the information center."

I-WALK pilot project builds partnerships

Kids these days. We used to walk 3 miles to school each day, in snow two feet thick, uphill both ways.

Exaggeration aside, the fact remains that students don't walk or bike to school like they used to. In fact, the number who do so has declined 35 percent in the last 40 years.

No, our kids haven't gone soft. Rather, it's a combination of things, says Tami Larson, [Iowans Fit for Life](#) Community Health Consultant at the Iowa Department of Public Health.

"School location and consolidation lead to greater distances to walk," she said. "Increased traffic, fear of crime, social considerations, and environmental factors all play into the likelihood of a child walking or biking to school. Whatever the case, the resulting lack of daily physical activity is a real health concern when you consider that an Iowans Fit for Life study showed that 37 percent of Iowa third graders were overweight or obese."

The Iowans Fit for Life partnership is trying to change the landscape—both figuratively and literally—of how people think about using one's own two feet to get to and from school every day. During the 2010-11 school year, the partnership's [I-WALK](#) program worked with coalitions in 12 communities across Iowa to conduct neighborhood walkability assessments, which Larson says is foundational to the process of making a community walker- and cyclist-friendly.

"Assessing whether a community is suitable to walking or bicycling is not a new idea," Larson says. "Civil engineering firms have offered this service for years. What makes I-WALK different is that community members conduct the assessment themselves, thereby creating the level of buy-in needed for the next steps of actually making improvements to the built environment, which includes everything from sidewalks to street signs."

Plus, it's cheaper.

The walkability assessment uses a GPS (global positioning system) smart phone application to help evaluate whether a particular environment is inviting and safe, and whether any barriers need to be addressed. The app includes an easy-to-follow checklist, while the GPS technology helps map out routes that children use to walk or bicycle to school.

During the 2010-11 pilot project, I-WALK provided community coalitions with relevant local information to help them update, implement, and evaluate plans they had developed through the Iowa Department of Transportation's (DOT) Safe Routes to School grant program. The same grant program provided funding to develop and implement the I-WALK project.



In Riceville, a mother pushes her child in a stroller on the street because of lack of completed sidewalks

According to the 2010-11 I-WALK Parent/Child survey, parent-reported level of concern for their child walking/biking to or from school on the following issues:

Distance to school:

- 56% stated it was not a concern

Time for child to get to school:

- 68% stated it was not a concern

Amount of traffic near school:

- 48% stated great concern

Speed of traffic along route:

- 48% stated great concern

Amount of traffic on route:

- 47% stated great concern

Intersection safety:

- 46% stated great concern

Due to the success of the DOT's program and overwhelming response to their request for applications for the 2010-11 school year, not every community that had applied for the special non-infrastructure grants could be funded.

"That's when Iowans Fit for Life contacted DOT to offer assistance to those unfunded communities," Larson said. "Our job was not just to help communities conduct walkability assessments, but we also helped DOT and individual communities leverage existing resources and funding streams, strengthen coalitions, and form new partnerships locally and with state-level agencies such as local law enforcement, the Governor's Traffic Safety Bureau, and the Iowa Department of Education."

Communities and school systems that participated in the 2010-11 pilot project were:

- Tilford Elementary in Vinton-Shellsburg, Benton County
- West Elementary in Independence, Buchanan County
- Schuler Elementary in Atlantic, Cass County
- Johnson Elementary in Spencer, Clay County
- De Soto Intermediate in Adel-Desoto, Dallas County
- West Union Elementary in West Union, Fayette County
- Fremont-Mills Elementary in Tabor, Fremont County
- Riceville Elementary in Riceville, Howard County
- Lincoln Elementary in Fort Madison, Lee County
- Fairmeadows Elementary in West Des Moines, Polk County
- Hull Christian in Hull, Sioux County
- Kalona Elementary in Kalona, Washington County

Larson says Iowans Fit for Life is hoping to secure additional resources to fund an additional four communities in the spring and 12 more in the fall. For more information about I-WALK, visit www.i-walk.org. To learn more about Iowans Fit for Life and to access the I-WALK pilot project [year-end report](http://www.idph.state.ia.us/iowansfitforlife/schools.asp), visit www.idph.state.ia.us/iowansfitforlife/schools.asp.



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Campaign targets binge, underage drinking

The Iowa Department of Public Health (IDPH) has launched an educational campaign targeting binge and underage drinking in 23 Iowa counties. The campaign, which includes television ads, billboards and social media, focuses on middle school youth, the age group at which alcohol experimentation most often begins; and on college-age adults, the Iowa population with the highest binge drinking rates.

Funded through a federal Strategic Prevention Framework State Incentive Grant and administered by IDPH, the ads targeted at underage drinking are aimed at reaching middle schoolers before their critical decision moment. "We want to make kids stop and think about their drinking decision,"

said SPF-SIG Coordinator Julie Hibben. “By educating them about what they stand to lose by making the decision to use alcohol, it empowers them to take control of their life.”

Billboards for the “[What do you throw away?](#)” campaign feature bottle caps imprinted with words including ‘respect,’ ‘your dreams,’ ‘friendships,’ and ‘your future’ – emphasizing that underage drinking comes at a cost.

Since most college students and young adults do not see binge drinking as a problem, the “[Stay Classy](#)” campaign stresses personal evaluation to help young adults identify when fun becomes trouble. Both campaigns avoid lecturing, encouraging individuals to make choices that are healthy and in their own best interest.

To learn more about the Strategic Prevention Framework State Incentive Grant, visit www.idph.state.ia.us/spfsig/about_us.asp. To learn more about the binge drinking prevention campaign and to view the ads, visit www.stayclassyiowa.org. More information about the underage drinking prevention effort is available at <http://whatdoyouthrowaway.org>.

Live Healthy Iowa to include corporate challenge

Business leaders Steve Lacy, CEO of [Meredith Corporation](#), and Bill Leaver, President and CEO of [Iowa Health System](#), are teaming up to support healthy change in Iowa. Lacy and Leaver have agreed to co-chair the Corporate Cup Challenge as part of [Live Healthy Iowa's](#) 100 Day Wellness Challenge beginning January 23.

The goal for Live Healthy Iowa is to double participation in the 100 Day Wellness Challenge to 60,000 Iowans in 2012. To help achieve this goal, the Corporate Cup Challenge was created to spur competition among Iowa's companies.

Lacy and Leaver are inviting Iowa businesses to compete in a friendly competition to see who can accumulate the highest percentage of participation from their workforce, and the highest percentage of participants completing the Challenge.

Both Meredith Corporation and Iowa Health System, have seen the benefits Live Healthy Iowa has had on their bottom line, as well as on their employees. Lacy and Leaver want to share those benefits, and along the way, help reach the goal of making Iowa the healthiest state in the nation.

As part of the Corporate Cup Challenge, companies will be segmented based on size. Winners of each size division will be determined based on highest percentage of the eligible workforce starting and completing the Live Healthy Iowa 100 Day Wellness Challenge. Traveling trophies will be presented to Corporate Cup Challenge winners as well.

To join or form a Live Healthy Iowa team, visit www.livehealthyiowa.com.



Hospital readmissions—a personal reflection and professional response

By Doreen Chamberlain, coordinator of the IDPH Bureau of Oral & Health Delivery Systems.

I have learned about our fragmented health care system first-hand as the primary advocate for my mother's health care until she passed away this year in March. Like many adult children who have an aging parent with chronic conditions, I have experienced numerous doctor visits, ER visits and hospital stays.

I witnessed hospital readmissions after numerous trips to the ER between her assisted living situation to a nursing home and intermittent stays in skilled nursing facilities. I also know we have some dedicated health care providers out there that deserve praise. However, even in the best of worlds, we have work to do.

According to the National Institute for Health Care Reform, about one in 12 adults discharged from a hospital to the community was readmitted within 30 days. One in three adults was re-hospitalized within one year. Among adults aged 21 to 64, readmission rates were highest for people with Medicare or Medicaid. These higher rates, in part, reflect the relatively poor health of people under age 65 who qualify for Medicaid based on disability.

To address this growing problem, the IDPH [State Office of Rural Health](#) and the [Iowa Medicare Rural Hospital Flexibility \(FLEX\) Program](#) has partnered with key stakeholders who are working to reduce hospital re-admission rates that drive up health care costs and result in poor patient outcomes. One new federal program opportunity that addresses this is the Community-Based Care Transitions Program (CCTP).

This program originated in the Centers for Medicare and Medicaid. Established by the Affordable Care Act, the CMS Innovation Center is a new part of CMS geared to revitalize and sustain Medicare, Medicaid, and the Children's Health Insurance Program. The intent of this particular program is to partner hospitals (especially those with higher readmission rates) with community-based organizations to work together to keep post-hospital patients well.

Historically, hospitals and community-based organizations have not collaborated effectively to benefit post-hospital residents. Beginning in 2014, CMS and private insurers will begin reduction of reimbursement for those who are readmitted when it was deemed preventable.

There have already been three meetings to discuss the CCTP and potential for taking part in this new program. Partnering organizations include the Iowa Department on Aging, Iowa Health Collaborative, Iowa Hospital Association, and Telligen.



IDPH programs win at national communications competition

Four IDPH programs have been recognized for excellence in communications by the National Public Health Information Coalition (NPHIC). More than 230 entries in 17 categories were submitted to the annual competition by state and local public health partners from around the United States and U.S. territories.

2011 marked the first year NPHIC broadcast the awards ceremony. To view the fast-paced celebration, visit www.nphic.org/conferences/2011/awards-for-excellence.

Congratulations to:

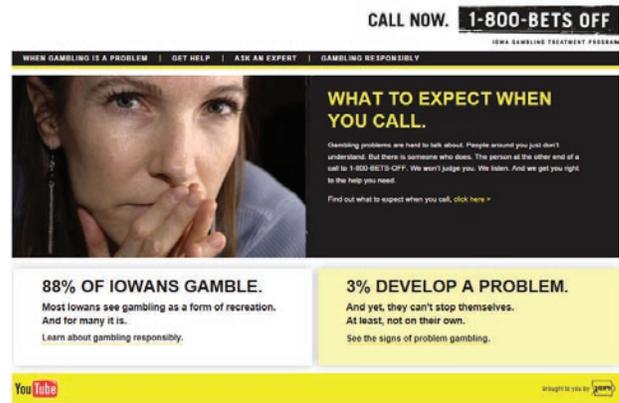
IDPH Bureau of Immunization/TB - Gold (1st Place) award in the TV Marketing: Outsourced category for their [Flu Ends With U](#) campaign.



IDPH Division of Tobacco Use Prevention & Control - Bronze (3rd Place) award in the Print-Graphic Specialty Project: Outsourced category for their [Quitline Operation 83](#) kit.

Polly Carver-Kimm - Silver (2nd Place) award in the In-House Breaking News Release category for "[Measles on a Plane.](#)"

IDPH Office of Gambling Treatment & Prevention - Silver (2nd Place) award in the Websites: Outsourced category for their [1-800-BETS-OFF](#) website.



2011 Awards Of EXCELLENCE

In Public Health Communications

Iowa ranks 8th in nation for e-prescribing

The next time your doctor gives you a prescription, there's a good chance your medicine will be ready by the time you swing by the pharmacy on the way home.

[Surescripts](#), the company that runs the nation's primary electronic prescribing network, ranks Iowa eighth nationally in the use of e-prescribing. Sixty-two percent of Iowa doctors sent prescriptions through the network in 2010, up from 11 percent two years earlier. About one-third of all prescriptions filled in 2010 were submitted electronically, compared with only 2 percent in 2008. Surescripts honored Iowa with its [SafeRX Award](#), in recognition of the widespread use of the technology.

"Iowa's rapid growth in e-prescribing holds great potential for improving the safety, quality and efficiency of health care," says Kim Norby, executive director of [Iowa e-Health](#). Iowa e-Health is a collaborative led by the Iowa Department of Public Health and health care providers to encourage the adoption and use of health information technology.

Pharmacist Michelle Bottenberg of the Iowa e-Health E-prescribing Subcommittee, says the rapid adoption of e-prescribing reflects a progressive attitude among Iowa physicians and pharmacists. "They're forward thinking," Bottenberg says. "They know this is where the future is."

Bottenberg says the technology can reduce medication errors caused by hand-written prescriptions that are difficult to read. She adds e-prescribing also streamlines the workflow in pharmacies.

"We can spend more time interacting with and caring for patients—more time for in-depth counseling sessions and for providing medication therapy management services," she says.

Dr. Douglas Van Daele, chief medical information officer for University of Iowa Health Care, accepted the SafeRX Award on behalf of Iowa. He says e-prescribing also can lead to better diagnoses and better outcomes.

"We can retrieve a complete e-prescription history for a patient who has seen other providers in our system," Van Daele says. "We might find out through these electronic records that a patient was taking atenolol for high blood pressure or that the patient might be diabetic because he has been prescribed insulin."

Van Daele says the growth in e-prescribing also is convenient for patients. Prescriptions often are ready for pickup at the pharmacy within minutes of leaving the doctor's office.

"Clearly our patients are very happy," he adds. "They expect their prescriptions to be submitted this way."



New occupational safety materials available

Several resources for preventing and reducing injury in Iowa have recently been released from a number of occupational health partners.

These materials include:

- [Iowa Rural Health and Safety Resource Plan, 2011](#), IDPH
- [Rural Roadway Safety DVD and toolkit](#), Iowa's Center for Agricultural Safety and Health, the Great Plains Center for Agricultural Health, and the Iowa Department of Transportation,
- [My True Heroes](#) video, AgriSafe Network
- [Hazard alerts](#) on tractor overturn risks and grain entrapment, Iowa Fatality Assessment and Control Evaluation Program

According to the [Occupational Health and Safety Surveillance Program](#) at the Iowa Department of Public Health, the work-related fatal injury rate per 100,000 full-time equivalent workers was 5.5 in 2009. This compares to 3.5 per 100,000 for all U.S. workers. The office also analyzed data from 2003 to 2010 and identified agriculture, transportation, and older workers as specific areas of concern.

For more information call Kathy Leinenkugel at (800) 972-2026.

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