



Draft 5-year health improvement plan coming March 19



Iowa's five-year plan for improving the health of the state will be released for public comment on Monday, March 19. More than a year in the making, Healthy Iowans: Iowa's Health Improvement Plan 2012-2016, focuses on 39 critical health issues based on input from local public health partners in all Iowa counties and more than 70 public and private sector organizations. To address the 39 critical needs, more than 60 organizations provided baseline data and strategies that can be used by a wide variety of partners.

"Healthy Iowans belongs to everyone," said Iowa Department of Public Health (IDPH) Director Dr. Mariannette Miller-Meeks. "Not only is the plan the result of broad input from across the state, but it also implies a collective effort over the next five years to address these 39 critical health needs. Whether you represent an employer, business association, community coalition, or governmental entity, Healthy Iowans can help you do your part in improving the health of individuals and communities in our state."

The draft plan will be available on the Healthy Iowans [website](#). Those wishing to comment on the plan may do so by April 13 using the link on the [Get Involved](#) tab.

One plan, many uses

At the local level, Healthy Iowans can be used to improve grassroots collaborative efforts or guide policy development. Among the uses at the state level, agencies can use the plan to ensure accountability for taking action on critical health issues. Non-profit organizations may cite Healthy Iowans in grant applications, while businesses may use it in developing a focus for their worksite wellness activities.

The 39 critical health needs in Healthy Iowans are divided into nine topic areas. (See sidebar.) "It is important to note that the topic areas are not mutually exclusive," said Martha Gelhaus, bureau chief of the IDPH Bureau of Communication and Planning. "For example, binge drinking is addressed under the topic of Addictive Behaviors, while alcohol-related fatalities are covered under Injury and Violence."

Each of the nine topic areas is comprised of two sections. First, measures of progress are featured alongside baseline data and general objectives to be achieved by 2016. The second section provides details submitted by

contributors that explain what our state is doing to achieve the objectives. Also included in this section are the names of the organizations that are responsible for carrying out these strategies.

Overarching themes

While it is helpful to categorize and discuss specific health issues in this framework, Gelhaus added that addressing Iowa's critical health needs will require Iowans to consider certain overarching themes that transcend the 39 individual critical needs. "Think about preventing diabetes," she said. "From diet to disparity, from education to environment, it's important to develop strategies that work for individuals and communities based on their unique situation." The overarching themes identified during the development of Healthy Iowans include social and built environments (e.g., access to affordable and healthy foods), special populations (e.g., race and ethnicity), and the life cycle (e.g., life stages and age).

"We must focus on all circumstances that affect individual and community health," added IDPH Director Miller-Meeks. "Whether you are using Healthy Iowans for your community, your employer or some other organization, it's important to consider how these overarching themes impact health in our state."

Connection to the Healthiest State in the Nation Initiative

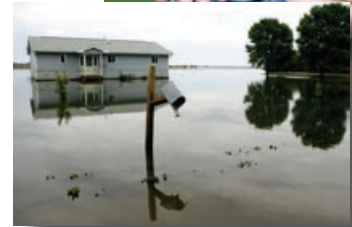
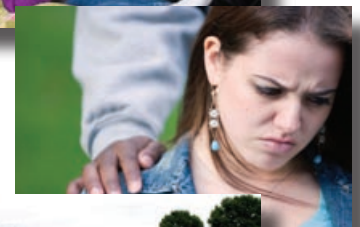
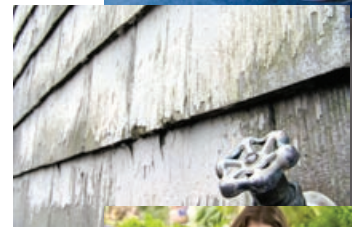
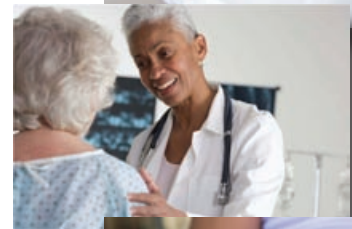
Just as Healthy Iowans recognizes the existence of overarching themes, achieving the objectives of the health plan implies that individuals, organizations, and partnerships will be engaged in health improvement activities that intersect and complement one another during the next five years. One such activity is the [Healthiest State Initiative](#), the goal of which is to make Iowa the healthiest state in the nation by 2016 as measured by the Gallup-Healthways Well-Being Index.

By leveraging private funds toward changing health behaviors in select communities across Iowa, the Healthiest State in the Nation Initiative will add thrust to a number of objectives and strategies detailed in Healthy Iowans. In addition to using many tools and resources developed by organizations identified in this five-year health improvement plan, the Healthiest State in the Nation Initiative is designed to spawn health improvement efforts in other communities. This will be accomplished by sharing their experiences, tools and tactics with other communities interested in changing health behaviors for the better.

Next steps

Health is not static; health planning shouldn't be either. Iowa's health improvement plan must be flexible and reflect changes in Iowa's health needs, emerging issues, and changes in health improvement efforts. Progress will be tracked and reported on annually. Strategies will be updated to reflect the most current efforts to improve the health of Iowans.

For more information on Healthy Iowans and to join the mailing list for regular updates, please visit www.idph.state.ia.us/adper/healthy_iowans.asp.



Healthy Iowans identifies 39 critical health needs

The 39 critical health needs identified through the [Healthy Iowans](#) process were selected after careful analysis of locally identified health needs, recommendations from private and public organizations and advisory groups, state data, and national resource information. In addition, overarching themes that impact health status were considered. . These overarching themes include social and built environments (e.g., access to affordable and healthy foods), special populations (e.g., race and ethnicity), and the life cycle (e.g., life stages and age). They provide additional context from which to assess progress in addressing the critical health needs.

Access to Quality Health Services & Support

- Affordability (Economic barriers to health access)
- Availability and Quality of the Health Workforce
- Healthcare Quality
- Insurance
- Transportation

Acute Disease

- Immunizations and Infectious Disease (Vaccine preventable & non-chronic infectious)
- Outbreak Management and Surge Capacity

Addictive Behaviors

- Alcohol and Binge Drinking
- Drugs (Legal and illicit)
- Tobacco

Chronic Disease

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Diabetes
- Heart Disease and Stroke
- Chronic Infectious Diseases: HIV & Viral Hepatitis
- Respiratory Conditions (Asthma, COPD)

Environmental Health

- Air Quality
- Healthy Homes (Lead abatement, radon, septic, well safety, fire safety)
- Lead Poisoning & Screening
- Water Quality

Healthy Living

- Healthy Growth & Development (Maternal and child health, family health, wellness)
- Nutrition and Food (Access and safety)
- Oral Health
- Physical Activity
- Reproductive & Sexual Health (STD, family planning, & teen pregnancy)
- Vision and Hearing

Injury & Violence

- Falls
- Interpersonal Violence (Dependent abuse, physical and sexual violence)
- Motor Vehicle Injuries & Deaths
- Occupational Safety
- Poisoning

Mental Health and Mental Disorders

- Co-occurring Disorders
- Mental & Emotional Well-being
- Mental Illnesses
- Neurological Disorders
- Suicide

Preparedness & Response

- Human Resource Capacity
- Planning
- Technological & Communication Capacity

Let's Move! celebrated in DSM with more than 10,000 children

Iowa and the [Healthiest State Initiative](#) received VIP support in February when First Lady Michelle Obama chose to mark the second anniversary of her [Let's Move!](#) initiative in Des Moines. Let's Move! is a comprehensive initiative, launched by the first lady, dedicated to solving the problem of obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. The Des Moines stop was her first of a three-day tour marking the milestone.

"I am so proud of what you all are doing to make Iowa the healthiest state in the country by 2016," she said to more than 10,000 cheering Iowa school children at Wells Fargo Arena on February 9. "We want every single state in this country to do exactly what Iowa is doing."

The First Lady mentioned that the president exercises almost every single day, but noted that working out isn't limited to athletes and celebrities. Workouts can include anything from hula-hooping to doing the University of Northern Iowa's [Interlude dance](#). Near the end of the event, the first lady led the crowd in doing the school's [signature dance](#), which is often performed at sporting events. Mrs. Obama concluded the program by helping unveil a giant birthday cake made of fresh fruits and vegetables and leading the crowd in singing "Happy Birthday" to Let's Move!

Joining the First Lady with motivational messages were U.S. Secretary of Agriculture Tom Vilsack and Iowa Governor Terry Branstad as well as a host of celebrities and sports stars. They included Iowa State University men's basketball coach Fred Hoiberg, WNBA star Tamika Catchings, Olympic figure skater Michelle Kwan, NASCAR driver Carl Edwards, American Idol finalist Katelyn Epperly, Olympic gold medal gymnast Shawn Johnson, and celebrity trainer Bob Harper of *The Biggest Loser* fame.



To view learn about Let's Move!, visit www.letsmove.gov. Click [here](#) to learn more about the tour and watch a behind-the-scenes YouTube [video](#). To learn more about the Healthiest State Initiative and view more photos from the event, visit www.facebook.com/Healthiest-Iowa.

IDPH, partners provide healthy options to 7,000 employees

Iowa Department of Public Health (IDPH) staff members based in the Lucas building are among more than 7,000 Capitol Complex employees who now have access to healthy snack options in vending machines. By working with four private vending companies and “health champions” in 13 state office buildings, IDPH has introduced its “Mix It Up” campaign to increase consumption of snacks that are low in calories, saturated fat and sodium.

“We’ve made it easy for state employees working in and around the Capitol building to tell which snacks are healthier than others by using an innovative color coding system,” said [Iowans Fit For Life](#) Nutrition Consultant Carol Voss. “Since you can’t really see the nutrition facts on packaging that is behind the glass in most vending machines, we’ve devised a system based on traffic light colors.”

By the middle of March, more than 29 snack vending machines in 13 office buildings will have been outfitted with green or yellow tips on the cork-screw augers that push out the product being sold. If the auger has a green tip, that item has the highest nutrition rating. That is, it provides a serving of fruit, vegetable, whole grain, or low-fat dairy. Items distributed by a yellow tipped auger are not as good, but they’re still healthy. The other items in the machine are considered red, and should only be eaten in moderation or on “special occasions.”

Fifty-four drink machines also include messaging based on the same color coding system. Yellow and green beverages are lower in calories and sugar.

The rating system used for both snacks and drinks is based on the [Nutrition Environment Measures Survey-Vending](#) (NEMS-V). The nutrition standards for NEMS-V are based on Institute of Medicine (IOM) Nutrition Standards for [foods in schools](#). IDPH has [modified](#) some of the standards to support the [Iowa Healthy Kids Act](#) of 2008 and other modifications have been made for consumers older than 18.

More than 7,000 state employees and visitors to the Capitol Complex can find healthy snack and beverage options in the following buildings.

Capitol Building
Grimes Building
Hoover Building
Iowa Building
Iowa Judicial Branch
Iowa Utilities Board
Jessie Parker Building
Lucas Building
Ola Babcock Miller Building
Public Safety Building
State Historical Building
Wallace Building
Workforce Development Building

MIX IT UP

Now balancing your snacks has become even easier. **Green** is great for you, **red** is not as good, and **yellow** is somewhere in-between. So add a little variety in your snacking routine.

IDPH NEMS-V

For a limited time, a number of items will be randomly marked with vouchers consumers can trade in for fun prizes through the designated health champion in their building. “Yes, we kind of stole the idea of the golden ticket,” Voss said. “But if Willy Wonka can make it work, so can we!”

The Mix It Up campaign was piloted last year in eight rest areas along highway 80 and in break rooms of 10 large to mid-size worksites. Based on the sales data from participating vendors, IDPH learned that displaying the nutritional ratings of certain items, along with messaging to encourage healthy choices, does make a difference in consumer behavior. In white collar settings, there was a 4.1 percent to 10.3 percent shift toward green and yellow products. In blue collar settings, the shift to healthier products was between 5.7 percent and 7.5 percent.

To learn more (and get a nutritious boost to get you through the day) visit a vending machine the next time you’re on the Capitol Complex. To learn about NEMS-V and to incorporate some of the ideas at your own work-site, visit www.nems-v.com or call Carol Voss at (515) 242-5566.

More Iowa kids living in high-poverty communities

The number of Iowa children living in high-poverty areas more than doubled over the last decade—a much faster pace than in the U.S. as a whole. Iowa saw a 145 percent increase, compared with a 25 percent increase nationwide, according to a new [KIDS COUNT Data Snapshot](#) from the [Annie E. Casey Foundation](#).

“The increase in the number of children living in high-poverty neighborhoods in Iowa is alarming,” said Michael Crawford, director of the Child & Family Policy Center Iowa Kids Count initiative. The 27,000 children living in those communities represent 4 percent of the Iowa child population.

The report, based on data from the U.S. Census Bureau’s latest [American Community Survey](#) (ACS), found that, nationally, 7.9 million children—11 percent—are growing up in areas where at least 30 percent of residents live below the federal poverty level, about \$22,000 per year for a family of four. These are places that often lack access to resources critical to healthy growth and development, including quality education, medical care and safe outdoor spaces.

“Kids in these high-poverty areas are at risk for health and developmental challenges in almost every aspect of their lives, from education to their chances for economic success as adults,” said Laura Speer, associate director for policy reform and data at the Casey Foundation. “Transforming disadvantaged communities into better places to raise children is vital to ensuring the next generation and their families realize their potential.”

To read the report, visit www.cfpciowa.org.



Report shows measurable success of I-Smile program

A report recently released by the Iowa Department of Public Health (IDPH) [Oral Health Center](#) shows there has been a steady improvement each year in the number of low-income Iowa children who receive dental care. Children are also receiving more preventive dental care since the I-Smile program began in 2006.

According to [Inside I-Smile 2011](#), more than one and a half times as many Medicaid-enrolled children ages 0-12 saw a dentist for care in 2011 than in 2005. Also, 62 percent of Medicaid-enrolled children ages 6-12 received dental care from a dentist in 2011.

“Yet even with these achievements, there are areas that can be improved upon,” said IDPH Director Dr. Mariannette Miller-Meeks. “These include increasing the number of children younger than 3 who receive dental care, the number of dentists who provide care for Medicaid-enrolled children, and the number of medical practitioners who include dental screenings and prevention at well-child visits. Oral Health Center staff and local I-Smile coordinators will continue to build upon the successful work already accomplished to ensure that oral health is a priority and that I-Smile can play a role in Iowa becoming the healthiest state!”

Other successes in the report include:

- More than three times as many Medicaid-enrolled children ages 0-12 received care in a public health setting from a Title V contractor in 2011 than in 2005.
- The 96,402 Medicaid-enrolled children ages 0-12 who received preventive dental care from dentists in 2011 represent nearly twice the number seen in 2005.
- Four times as many Medicaid-enrolled children ages 0-12 received preventive dental care from Title V contractors in 2011 than in 2005.

To learn more about I-Smile, visit www.ismiledentalhome.iowa.gov. To view the 2011 annual report, visit www.idph.state.ia.us/hpcdp/oral_health.asp and click on the [Reports](#) tab.



Multiple partners observe Problem Gambling Awareness Week

March 4 – 10 marked the 10th anniversary of an important nationwide initiative to raise awareness about problem gambling. National Problem Gambling Awareness Week provides an opportunity to highlight the potential negative consequences of gambling and to honor the successes achieved in reducing the harm associated with problem gambling.

“During this important observance, numerous events collaboratively hosted by casinos and local problem gambling treatment providers signify

a shared duty to inform Iowans of the risks and responsibilities of gambling,” said Mark Vander Linden of the Iowa Department of Public Health (IDPH) [Gambling Prevention and Treatment Program](#).

In addition, the Iowa Lottery reached out to all of Iowa’s television stations and asked them to run a 30-second [public service announcement](#) featuring Iowa Lottery Chief Executive Officer Terry Rich discussing National Problem Gambling Awareness Week. All major networks and cable outlets in all of Iowa’s television markets agreed to run the announcement for free resulting in nearly \$59,000 worth of advertising run at no cost.

“The Iowa Lottery helps many Iowa programs, like economic development, education, the environment, and our state’s veterans,” Rich said in his PSA. “When it comes to the lottery—or any gambling for that matter—when you play responsibly, all of Iowa wins.”

According to an IDPH [report](#) released last fall, the prevalence of problem gambling in Iowa remains low. Less than one percent (0.7 percent) of Iowans were classified as “pathological” or “problem” gamblers in the previous 12 months.

“The percentage looks very small,” Vander Linden added. “But that percentage still translates into 16,500 mothers, fathers, sisters, brothers or loved ones who need help now. They may be experiencing enormous social, economic, and psychological consequences. They are enduring lost relationships, stifling debt and even bankruptcy, substance abuse, guilt, and shame.”

The adverse consequences of gambling are not limited to the problem gambler. According to the report, 22 percent of Iowans said they had been negatively affected by the gambling behavior of a family member, friend, or someone else they know.

For the majority of Iowans, gambling is a harmless pastime. But 13 percent of Iowans have experienced at least one symptom of problem gambling, including betting more than they could afford, or going back another day to try to win back money lost.

The IDPH Gambling Prevention and Treatment Program works to reduce the harm caused by problem gambling by funding a wide range of services to Iowans, including the [1-800-BETS-OFF](#) statewide help line. For more information about 1-800-BETS-OFF, visit www.1800betsoff.org. To learn more about the IDPH Gambling Prevention and Treatment Program, visit www.idph.state.ia.us/IGTP/Helpline.aspx. To view “Gambling Attitudes and Behaviors: A 2011 Survey of Adult Iowans,” visit www.idph.state.ia.us/IGTP/common/pdf/reports/attitudes_behaviors.pdf.



The report “Gambling Attitudes and Behaviors: A 2011 Survey of Adult Iowans” also revealed that Iowans generally understand the need to address problem gambling.

- 85% of Iowans support the use of public funds for problem gambling treatment.
- 76% support funding to provide information to adults about responsible gambling
- 90% support funding to educate young people about the risks of gambling.

Surgeon general: more than 3.6 million kids smoke

The fight against youth tobacco use was accelerated in March by Surgeon General Dr. Regina Benjamin, with the release of [Preventing Tobacco Use Among Youth and Young Adults](#). This report details the scope, health consequences and influences that lead to youth tobacco use and proven strategies that prevent its use.

To help communicate the report findings and steps every American can take to join the fight against youth tobacco use, the surgeon general also unveiled a guide with practical information on addressing tobacco use in young people, [Preventing Tobacco Use Among Youth and Young Adults: We Can Make the Next Generation Tobacco-Free](#). In addition, the Centers for Disease Control and Prevention's Office on Smoking and Health has launched a [Video Challenge](#) to engage youth and young adults in developing original videos that feature one or more of the report's findings.

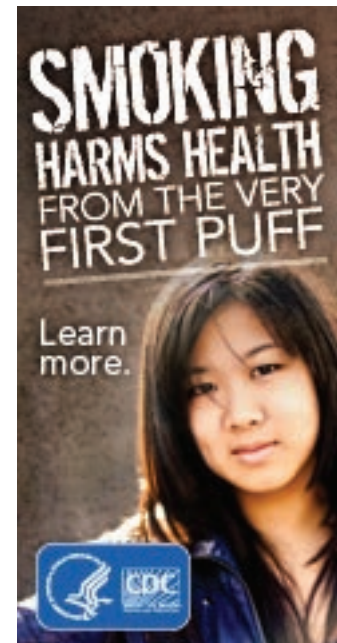
Tobacco is the leading cause of preventable and premature death, killing more than 1,200 Americans every day. For every tobacco-related death two new young people under the age of 26 become regular smokers. Nearly 90 percent of these replacement smokers try their first cigarette by age 18. Approximately 3 out of 4 high school smokers continue to smoke well into adulthood.

"The addictive power of nicotine makes tobacco use much more than a passing phase for most teens. We now know smoking causes immediate physical damage, some of which is permanent," said Dr. Benjamin. "Today, more than 600,000 middle school students and 3 million high school students smoke. We don't want our children to start something now that they won't be able to change later in life."

The surgeon general's report provides further scientific evidence on the addictive nature of nicotine. The younger individuals are when they start using tobacco, the more likely they are to become addicted and the more heavily addicted they will become.

While the long-term health effects of tobacco use are well known, this report concludes that smoking early in life has substantial health risks that begin immediately in young smokers. These include serious early cardiovascular damage and a reduction of lung functionality. This lung damage is permanent, causes shortness of breath immediately and increases the risk of pulmonary diseases later in life.

Expenditures for marketing and promotion of tobacco products exceed \$1 million an hour – over \$27 million a day – in the United States alone. Targeted messages and images that portray smoking as an acceptable, appealing activity for young people are widespread, and advertising for tobacco products is prominent in retail stores and online.



Copies of the full report, executive summary, and the easy-to-read guide may be downloaded at <http://www.surgeongeneral.gov>. To order printed copies of these documents go to <http://www.cdc.gov/tobacco> and click on the Publications Catalog link under Tools & Resources. For access to quitting resources visit www.smokefree.gov.

“MyPlate” focus of national nutrition campaign

The [Academy of Nutrition and Dietetics](#) is helping consumers increase fruit and vegetable consumption while developing an understanding of proper portion sizes. Through this year’s [National Nutrition Month](#) theme, “Get Your Plate in Shape,” the Academy and other public health partners are encouraging consumers to eat the recommended amounts of fruits, vegetables, grains, protein foods and dairy each day.

“Each year, National Nutrition Month provides us the opportunity to remind consumers of the basics of healthy eating,” said Academy President Sylvia Escott-Stump. “By focusing this year’s theme on the new [MyPlate](#), we can help people make the simple changes to their daily eating plans that will benefit them for a lifetime.”



Launched in June 2011, U.S. Department of Agriculture’s MyPlate replaced MyPyramid as the government’s primary food group symbol as an easy-to-understand visual cue to help consumers adopt healthy eating habits consistent with the 2010 Dietary Guidelines. Dividing the plate into four sections: fruits, vegetables, grains and proteins, as well as a glass representing dairy products, it shows consumers how they can incorporate the recommendations of the Dietary Guidelines into every meal.

“MyPlate is a great tool for helping people be mindful of what foods they should be eating and how much should be on their plate. Our ‘Get Your Plate in Shape’ theme takes it a step further by giving consumers ideas for creative ways to include the food groups, helping them think out of the box to make every meal both healthful and enjoyable,” Escott-Stump said.

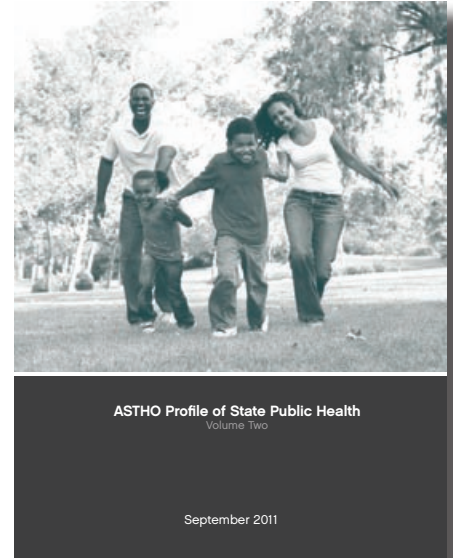
As part of this public education campaign, the Academy’s National Nutrition Month [website](#) includes helpful tips, fun games, promotional tools and nutrition education resources, all designed to spread the message of good nutrition around the “Get Your Plate in Shape” theme.

ASTHO profiles state and territorial public health

The Association of State and Territorial Health Officials (ASTHO) has released a publication designed to enhance understanding of the governmental public health enterprise and the contributions state and territorial health agencies make to public health. ASTHO's [Profile of State Public Health, Volume Two](#) gives critical insight into how governmental public health is structured and organized at the state and territorial level. It is also a good data source on state and territorial health agency responsibilities, resources, planning activities, quality improvement efforts, and information exchange methods.

"Reliable and comprehensive data is one of the best ways to demonstrate the value of public health to this nation," says ASTHO President Paul E. Jarris. "This report helps our members, their staff, policy-makers, researchers, and public health practitioners understand and articulate the importance and scope of state public health and the best way to improve it."

The report includes the findings of an exhaustive survey of ASTHO members from state and territorial health agencies. To view the report, visit www.astho.org.



Save the Date for the Healthy Lifestyle Conference



Presented by

Southeast Iowa Regional Coalition for Lifestyle Enhancement

April 25, 2012

At the Comfort Suites in Burlington, Iowa

Cost \$70 per person

Featured Speakers:

Linda Spangle, RN, MA, Jon Morgan, MS, and Walt Stasinski

Breakout sessions will be presented by:

Dennis Haney, Michelle Roling, LMHC and Kaitlyn Harris

For more information contact:

Christine O'Brien, Community Action of Southeast Iowa
319.753.0193 or christine.obrien@caofseia.org

CEUs available for nurses and dietitians.

Abbreviated dialing codes help Iowans find resources

During the 2011 Missouri River flood, Iowans directly impacted by the flooding sought information on a variety of topics. The location of shelters, food and water, and updates on road closures were just some of the information needed.

Overwhelmed with calls into its switchboard during this extreme weather event, the Iowa Department of Transportation (DOT) established a hotline that operated during the peak of the flooding. This was in addition to publishing information on the DOT emergency website and making it available through the 511 traveler information phone line and 511ia.org website.

“What the Iowa DOT discovered during the flooding was that not all Iowans are aware of abbreviated dialing codes and the services available on the other end of the line,” said DOT Office of Public Affairs Director Dena Gray-Fisher. “It was not uncommon for the Iowa DOT to receive questions about shelters, while the operators at the Iowa 2-1-1 line would be asked about road conditions.”

Because of their close ties with the community and other local agencies, public health partners are well positioned to raise awareness about which abbreviated dialing codes to use. Below is a description of each.



- 211 – Community information and referral services, including housing assistance, maintaining utilities, food, finding counseling, hospice services, substance abuse programs or dealing with physical or sexual abuse
- 311 – City government or nonemergency police matters such as noise complaints, nonworking streetlight and suspicious activity
- 411 – Local telephone directory service
- 511 – Travel information, including the status of roadway construction, crash locations and alternative routes, and winter road conditions
- 611 – Telephone line repair service
- 711 – Relay service for customers with hearing or speech disabilities
- 811 – Dig safe underground utility safety line, encourages people to call before they dig
- 911 – Emergency dispatcher for fire, law enforcement, ambulance, etc.

For quick reference, visit <http://n11.net/> and create a favorite in your web browser or smart phone.

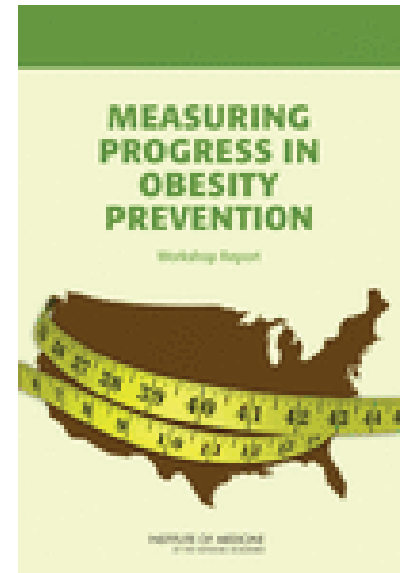
IOM releases obesity prevention workshop report

The Institute of Medicine (IOM) has released a [report](#) that measures progress in obesity prevention. The publication was produced by the IOM Committee on Accelerating Progress in Obesity Prevention, whose charge was to review the IOM's past obesity-related recommendations, identify a set of recommendations for future action, and recommend indicators of progress in implementing these actions.

In the U.S., nearly 69 percent of adults and 32 percent of children are either overweight or obese, creating an annual medical cost burden that may reach \$147 billion. The physical environments and the kinds of foods available where people live and work, the marketing and media messages they receive, and the public policies that govern their lives all play a major role in their diets and physical activity levels. Researchers and policy makers are eager to identify improved measures of environmental and policy factors that contribute to obesity prevention.

The committee held a workshop in March 2011 about how to improve measurements of progress in obesity prevention. The workshop was an opportunity for the committee to discuss opportunities and challenges related to measurement and to hear from experts in relevant fields, including public health, economics, nutrition, media studies and communication, marketing, and public policy.

To review the document that summarizes the workshop, visit www.iom.edu/Reports.aspx.



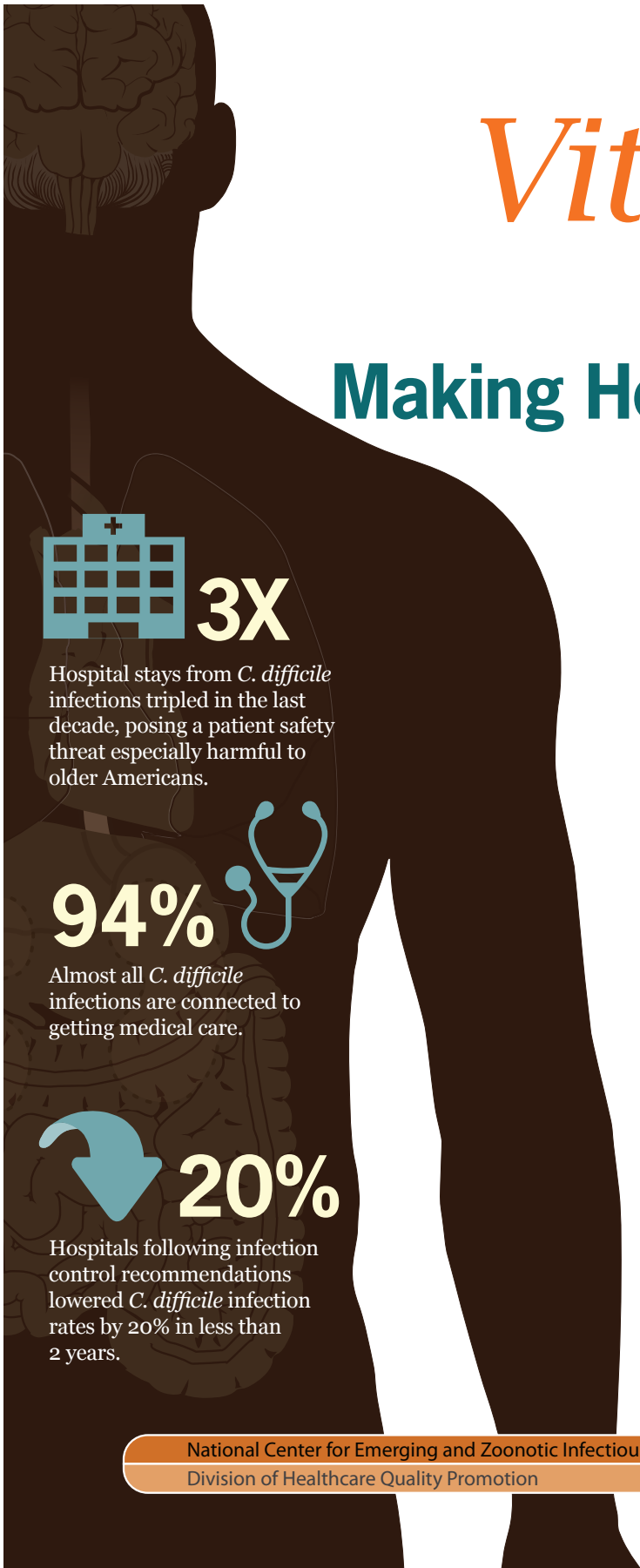
Governor Terry Branstad is joined by a host of colorectal cancer survivors and screening advocates as he signs a proclamation recognizing March as Colorectal Cancer Awareness Month in Iowa. To mark the occasion, the Iowa Department of Public Health's [Iowa Get Screened](#) program is running an internet campaign to drive Iowans to their new and improved [website](#). Visitors to www.NoExcusesIowa.com are given a choice to click on one of two portals to save a life. Health consumer can click "I'll help myself and my loved ones" to learn about screening while public health partners can click "I'll help my patients and community" for access to materials which will help them promote colorectal cancer awareness among those they serve.

CDC Vital signs™

March 2012


Making Health Care Safer

Stopping *C. difficile* infections



 **3X**

Hospital stays from *C. difficile* infections tripled in the last decade, posing a patient safety threat especially harmful to older Americans.

94% 

Almost all *C. difficile* infections are connected to getting medical care.

 **20%**

Hospitals following infection control recommendations lowered *C. difficile* infection rates by 20% in less than 2 years.

People getting medical care can catch serious infections called health care-associated infections (HAIs). While most types of HAIs are declining, one – caused by the germ *C. difficile** – remains at historically high levels. *C. difficile* causes diarrhea linked to 14,000 American deaths each year. Those most at risk are people, especially older adults, who take antibiotics and also get medical care. When a person takes antibiotics, good germs that protect against infection are destroyed for several months. During this time, patients can get sick from *C. difficile* picked up from contaminated surfaces or spread from a health care provider’s hands. About 25% of *C. difficile* infections first show symptoms in hospital patients; 75% first show in nursing home patients or in people recently cared for in doctors’ offices and clinics. *C. difficile* infections cost at least \$1 billion in extra health care costs annually.

**Clostridium difficile* (klah-STRID-ee-um DIFF-i-seel)

To learn more about how to stop the spread of *C. difficile*

→ See page 4

[www http://www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



Register Now!

Healthy Iowa Worksites

*Creating a Culture & Environment
to Support Employee Health*

March 27, 2012

9am-3pm

Brown Deer Golf Club, Coralville, Iowa

Witness Captivating Presenters. Gain Valuable Insight.

Dr. Richard Deming, Medical Director, Mercy Cancer Center
Jon Morgan, MS, Wisconsin Nutrition & Physical Activity Program
Highlights of local success stories and lessons learned

Space is limited! Register by **March 16** with **Mattie Mouw** at mattie.mouw@idph.iowa.gov



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