



National Public Health Week, April 5-11, 2004

Public Health: It's Part of Your Everyday Life

When you live in a great place like Iowa, it's hard not to take a lot for granted. We seldom think about the fact that firefighters, emergency crews, hospital nurses, military personnel and a lot of others continually stand by to take care of us in times of

Commentary

trouble. And we hardly ever think about public health and the public health practitioners in our county and around the state who protect and promote our health.

In fact, we probably think we never use public health services, or that public health is for some other seg-

ment of society, not the one to which I belong. It's hard to remember that it affects everyone who drinks public drinking water, eats in a restaurant, buys milk, has an elderly relative who needs home care, needs emergency medical services, wants to avoid getting sick from an infectious disease or is concerned about preparedness for natural or intentional disasters.

And we may not recall the profound changes public health has helped bring about. Those include vaccinations, safer work places, safer and healthier food, vehicle safety, control of infectious diseases, advances in

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Public health is everywhere: Dr. Virginia Caine, president of American Public Health Association speaks at the Public Health Conference, Advancing Public Health Meeting the Challenge, in Ames on March 31. Holding a copy of the Des Moines Register, she noted that public health received lots of attention that day.

Third Iowa case of measles confirmed

By Kevin Teale, Communications Director

A third case of measles was confirmed in Iowa March 30, continuing an outbreak that began with a air traveler earlier that month. Confirmation of the third case came from the Centers for Disease Control and Prevention (CDC) in Atlanta. This third case has been connected to the original air

traveler case.

Health officials know this third person traveled in Iowa and may have exposed people who were at the following locations at these specific dates and times. Times may overlap; exposure can occur even after the ill person has left the area.

·Sunday, March 21st

from approximately 5 p.m. to 7 p.m. at the Ladies Dome at Maharishi University in Vedic City, and the Best Western Hotel in Newton that evening.

·Monday, March 22nd, the Destination Imagination event held at Grinnell College.

·Monday evening,

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Iowans receive Above & Beyond recognition

Iowa Department of Public Health staff members and the department's public health partners have nominated for the Governor's Above and Beyond recognition 55 persons connected to childhood public health or the delivery of health care to children in Iowa.

The Above and Beyond initiative recognizes and honors individuals and groups that have made "outstanding contributions to the well being of Iowa children," according to Gov. Tom Vilsack. The nominations from the IDPH and its partners are for contributions in the area of health.

Those nominated include:

Dr. Mark Altfillisch of Ottumwa; Carla Andorf of Marshalltown; Edward F. Bell, MD. of Iowa City; Rhonda Boltz of Fort Madison; Emily

Borman of Fort Dodge; Judith Bush, RN. of Grinnell; Cyndi Dague of Clinton; Belinda Debolt of Bedford; Diana Ellis of Knoxville; Dr. Tom Evans of Ottumwa; Ruth Griffiths of Keokuk; Linda Hakeman, RN. of Waukee; Guy Harris of Des Moines; Lois Hartline of Des Moines; Connie Hopper of Graettinger; Dr. William E. Howard Of Des Moines.

Also, Gerald and Connie Inman of Stanwood; Barb Johnson of Muscatine; Katie and Charlie Jones of West Des Moines; Megan Jones-Schiebel of Washington; Dr. Randall Kavalier of West Des Moines; Stacey Killian of Dubuque; Dana Klein of Remsen; Paula Klocke of Carroll; Niki Kredit of Sioux Center; Katherine Linder of Manson; Elly Mack of Marshalltown; Angela Maeder of Richland; Jennifer McConeghey of Waterloo.

Also, Diane McDonald of Council Bluffs; Mary Mendenhall of Des Moines; Scotta Morrison of Urbandale; Edward B. Murray, DDS. of Council Bluffs; Lindsay Nelson of Urbandale; Vicki Nolton of Grinnell; Kim Ott of Hiawatha; Sara Pauley of Denison; Ashleigh Peska of Martelle; Marcella Prevo of Ottumwa; Melissa Sally-Mueller of Des Moines; Mary Schaffhausen of Sioux City; Annette Scheib of Iowa City,

Also, Leon Shearer of Waukee; Douglass Soseman, DDS. of Denison; Connie Spurgeon of Creston; Linda Thomsen of Anamosa; Tammy Uskavitch of Davenport; Sonni Vierling of Des Moines; Gloria Waddell of Burlington; Jack Wahlig of Clive; Keely Weiner of Mason City; Barbara Wilkerson of Spencer; Joe and Eileen Wilson of Cedar Falls.



At the ceremony, from left, are: Governor Tom Vilsack, IDPH Director Mary Mincer Hansen, Erin Paugh, Stacy Killian, Sonni Vierling, Marcella Prevo, Jennifer McConeghey, Cyndi Dague, Diane McDonald, Diane Ellis, Barb Johnson, Lt. Governor Sally Pederson, Gloria Waddell, Linda Thomsen, Lisa Huff, Mary Schaffhausen, and Angie Doyle Scar.

Tyson Foods Iowa plants go smoke free

By Keven Arrowsmith, Information Specialist

All of Tyson Foods' meat production plants, including those in Iowa, will be smoke-free effective April 1, 2004. The company's new smoke-free workplace policy will help protect the health and safety of 10,000 employees at 10 plant locations in Iowa.

Under the new policy, smoking inside Tyson facilities is prohibited. Anyone who wants to smoke will have to do so outside company facilities in designated areas.

Janet Zwick, division director of the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control commends Tyson Foods, Inc. for making the decision to go smoke-free and recognizing the value of health in the workplace. "Smoking costs the United States over \$150 billion in health care costs and lost productivity annually," said Zwick. "Iowa spends \$235 million each year on the Medicaid program as a result of smoking."

"Our division commends Tyson Foods for taking the step to ensure

the health of its employees," said Bobbie Bohnsack, community health consultant for the division. "These efforts make a clear statement about the importance Tyson Foods has placed on the health of their employees."

The costs of employee smoking to an employer are significant. Direct costs include health care associated with smoking and indirect costs include lost productivity, absenteeism and recruitment and retraining resulting from death and disability.

Waterloo Tyson Plant Manager Mike Grothe said his plant has held several activities in preparation for the new smoke-free policy. "Laurene Ericson, our medical case manager, has spearheaded health-education activities for our employees so they understand why Tyson is making the decision to go smoke-free," said Grothe. "Last week, Laurene organized a successful health/wellness fair. Information was translated into different languages to accommodate our team members."

On April 1, the Perry and Water-

loo plants will be presented with a certificate that recognizes them for their decision to go smoke-free to protect the health of all employees.

Attorney General Tom Miller said the move by Tyson was part of a continuing trend across the nation. "Secondhand smoke is much worse than we once thought," Miller said. "It kills more than 500 non-smoking Iowans every year. Congratulations to Tyson for understanding the health risks that secondhand smoke poses for its employees."

Tyson's new policy will effect its operations in the following Iowa communities: Cherokee, Council Bluffs, Denison, Independence, Louisa County, Oelwein, Perry, Sioux City, Storm Lake, and Waterloo.

For more information about what is being done to make workplaces smoke-free in your community, please contact the Division of Tobacco Use Prevention and Control at 515-281-6225, or visit the web site, www.idph.state.ia.us/tobacco.

Third Iowa case of measles confirmed

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March 22nd, the Thai Deli, 120 W. Broadway in Fairfield.

Measles can be transmitted through the air. Anyone who was at these locations should check their immunization status and if not immune, get vaccinated. Immune people include those born before 1957, who have had measles, or had two doses of measles vaccine.

People who are susceptible and were exposed at the locations should call their personal health care provider, their local county health department and the Iowa Department of Public Health at 800-362-2736.

People who need medical assistance should call their doctor or emergency room and inform them that they may have measles before seeking treatment to prevent the spread of measles. The symptoms of measles include cough, red/pink eyes, runny nose and a rash. Arrangements have been made at county health departments across Iowa to provide the measles vaccine to those who do not have adequate health care coverage.

Those who believe they were exposed at these locations and not given preventive treatment, could develop symptoms between now and April 17. Heightened awareness for

rash illness should continue until two incubation periods have elapsed, that is, until May 8, 2004.

Measles can be a serious illness, causing pneumonia, deafness, and brain inflammation. Two to three people out of 1,000 who get measles die from the disease. It is spread through the air, and there is no specific treatment for the illness, so prevention is critical.

This case is yet another reminder that all Iowans should remain current on their immunizations, even for those diseases not routinely seen in the United States.

Speakers fire up Iowa public health practitioners

The 2004 Public Health Conference was held March 30-31, 2004 at the Scheman Conference Center in Ames, Iowa. The conference was a joint effort of the Iowa Public Health Association, Iowa Environmental Health Association, Iowa AIRS Coalition, Iowa Department of Public Health: Bureaus of Family Health, Health Care Access, Nutrition, Oral Health, and the Center for Local Public Health Services and Health Improvement, the University of Iowa College of Public Health,

and Child Health Specialty Clinics.

The opening session of this year's conference featured Marion Nestle, PhD, professor and the director of Public Health Initiatives in the Department of Nutrition, Food Studies, and Public Health at New York University. The second day of the conference featured opening comments by the President of the American Public Health Association, Dr. Virginia Caine. Dr. Caine is the Director of the Marion County Health Department in Indianapolis, Indiana.

Paula Duncan MD, Youth Program Director for the Vermont Child Health Improvement Program was the keynote speaker on the 31st. In addition to the keynote speakers, the 2004 Public Health Conference included 42 separate presentations in six breakout sessions covering all aspects of public health. The conference also included poster sessions, health industry product displays, and various association and departmental meetings.



Clockwise: Donn Dierks, conference co-chair, Iowa Environmental Health Association, Mary Mincer Hansen, IDPH director, Marion Nestle, professor and chair, Department of Nutrition and Food Studies, New York University, and Paula Duncan, director, Vermont Child Health Improvement Project.



Closing the gap on the cancer burden

By Kerry Finnegan, American Cancer Society

Pick up any health magazine or newspaper's health section, or watch any news broadcast's health report and you'll hear something about it: Cancer. Its impact on our country is enormous. This year, 15,940 Iowans will be diagnosed with cancer and about 6,570 Iowans will die of the disease. Treatments are improving along with early detection methods, and the good news is that more people than ever are surviving. In fact, there are nearly 9.6 million cancer survivors in America today.

But did you know that cancer affects some segments of the US population more than others? Some groups face certain obstacles or challenges that prevent them from getting adequate health care. Other groups experience more cases of certain types of cancer than the average population.

These special populations refer collectively to ethnic and medically underserved groups, which include individuals who:

- Have insufficient or no health insurance
- Have little education
- Reside in rural or inner-city areas
- Are unemployed

- Live in poverty or have socioeconomic challenges
- Face barriers such as language or low literacy
- Are disabled
- Are gay, lesbian, bisexual, or transgender

Many people who fall into one or more of these categories are not reaping the benefits of cancer prevention, early detection, improved treatments, and support. This adds up to the disproportionate cancer burden we see today.

For example, since 1990, the gap in prostate cancer death rates has been widening between socioeconomic levels: men in poorer counties experienced a 22% higher death rate in 1999 compared to men in more affluent counties; African Americans with cancer have shorter survival than whites at all stages of diagnosis; and the incidence rate for invasive cervical cancer, which is largely preventable by screening, is four times as high among Vietnamese women compared to all Asian American and Pacific Islander populations combined.

The key to overcoming these disparities is ensuring everyone has the same access to quality health care, including easy-to-understand

information, affordable or free health insurance, and support resources tailored to specific needs.

Everyone can make a difference by starting in their local communities:

Volunteer your time to educate others about cancer prevention and early detection.

Raise money for researching the cancer issue in poor and medically underserved communities.

Talk with your elected officials and advocate for improved access to care, insurance coverage, research funding, and community programs for special populations.

Serve individuals facing cancer through support programs.

As part of its mission to eliminate cancer as a major health problem, the American Cancer Society is working to end cancer disparities. To find out about these opportunities and others you can be a part of, call 1-800-ACS-2345 or visit www.cancer.org.

The progress in the fight against cancer is promising. By working together, we can ensure no one is left behind.

For the latest cancer information and reliable resources for support, contact the American Cancer Society

Iowa public health information now online

Hardin Library for the Health Sciences released on March 1 a new web site to the public aimed at providing Iowa public health professionals one-stop shopping for information. The address is <http://www.iowapublichealth.org>.

The web site was designed by Hardin Library staff using suggestions from practicing public health professionals. From the site, users can find Iowa county-level and state information as well as information from authoritative governmental sources such as the Centers for Dis-

ease Control and the National Library of Medicine.

There are several collaborators on this project, including the Iowa Department of Public Health, the University of Iowa College of Public Health, and the Iowa Association of Local Public Health Agencies. The Hardin Library is committed to maintain the site for as long as it remains useful as a service to the state. The project is funded from the Centers for Disease Control and Pre-

vention and the National Library of Medicine.



Contact Jean-sayre@uiowa.edu for more information. Hardin Library staff will be conducting training sessions in the near future for 15 public health agencies across Iowa. If you are interested in training, please let the library staff know. Also, the library staff will make every effort to accommodate requests for presentations to groups.

Playground week spotlights injury awareness

By Susan Hudson, Ph.D., Education Director, National Program for Playground Safety

Every year at the end of April, communities across the nation join with the National Program for Playground Safety located at the University of Northern Iowa to spotlight the need for playground safety and injury awareness. As part of the celebration, individuals across the country are urged to have their governors proclaim the week. Those proclamations are then prominently displayed on the NPPS web site:

www.playgroundsafety.org.

In addition, various communities, professional groups, and manufacturers plan special events to coincide with the week. For instance, schools have students participate in the Kid Checker program that consists of an easy to read assessment tool for children to use to assess the safety of their playgrounds. This form can also be downloaded from the web site.

Professional groups also get involved by highlighting playground safety tips in their April journals and newsletters. Last but not least, manufacturers also plan special events to help the public understand the importance of having safe play environments. For example, last year, the International Playground Equipment Manufacturers Associa-

tion (IPEMA) helped to sponsor the great animal swings round-up in an effort to get rid of the remaining animal swings found on public use playgrounds.

Although the Consumer Product Safety Commission issued a safety alert about the animal swings in 1995, several have been sighted around the country including in Iowa.

Fortunately, communities in Iowa participated in this event and removed these potential safety hazards last year.

This year, NPPS will release an updated report card to the nation concerning the safety of public playgrounds during National Playground Safety week. The report card is based on data collected nationwide in 2003 from over 3,000 school, child care, and park playgrounds. Each state is issued its own report card in addition to the national report card. Check the NPPS web site to see how well Iowa did in relation to its last report card issued in 2000.

The National Program for Playground Safety was founded in 1995 with funding from the Centers for Disease Control and Prevention. Since that time, NPPS has become the major clearinghouse for playground safety information in the United States. The program offers technical assistance through its 1-

800-hotline (800-554-7529) and web site. In addition, the staff has prepared brochures, videos, CD-Roms, and other informative material to help guide the public in the development and creation of safe play spaces for children.

For further information, please contact the National Program for Playground Safety by phone, fax (319-273-7308) or e-mail. We hope you will join with us to celebrate National Playground Safety Week in order to help make America's Playground Safe.



I-CASH Offers Agricultural Occupational Health Training

Kay Mohling, Program Coordinator, Iowa's Center for Agricultural Safety and Health

Iowa's Center for Agricultural Safety and Health (I-CASH) will host a training program for health care professionals who treat and help prevent occupational illnesses and injuries on the farm.

The Agricultural Occupational Health Training Program will be offered during two sessions, running from May 19-21 and from June 9-11. Nurses, nurse practitioners, physicians, physician assistants, physical therapists and other health care providers are invited to participate. Both sessions are approved for continuing education credits for physicians and nurses. The training program also

may be taken for three graduate credit hours from the University of Iowa College of Public Health.

Topics to be discussed include agricultural health care delivery, respiratory hazards, agricultural trauma, skin diseases, occupational hearing impairment, behavioral health issues, ergonomics and farming, agricultural toxicology, biological hazards, zoonoses, and other topics. All the training sessions will be led by recognized experts in the various topic areas.

Training and certification through the Agricultural Occupational Health

Training Program is required for a health care professional or clinic to become a member of the AgriSafe Network, a nonprofit organization representing rural-based hospitals, health clinics and county health departments that provide occupational health services for the farming community.

For more information about the training sessions or to register, contact Kay Mohling at 319-335-4219, or visit the I-CASH web site at www.public-health.uiowa.edu/icash.

Epidemiology Notes



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

Recommendations for Pneumococcal conjugate vaccine: Effective immediately until further notice, the Iowa Department of Public Health will be adopting the following recommendations from CDC as outlined in the March 5, 2004, Morbidity and Mortality Weekly Report (MMWR):

Vaccinate all children with high-risk medical conditions* through 59 months of age according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

Defer all vaccinations for children 24 through 59 months of age who do not have a high-risk medical condition.

Healthy children 12-23 months of age should receive a single dose of PCV7.

Vaccinate all children 2 through 11 months of age with the first two doses of the primary series, spaced 2 months apart.

*This includes children at highest risk of complications from pneumococcal disease: children with sickle cell disease and other hemoglobinopathies, anatomic asplenia, chronic diseases (e.g., chronic cardiac and pulmonary disease and diabetes), cerebrospinal fluid leak, human immunodeficiency virus infection and other immuno-compromising conditions, immunosuppressive chemotherapy or long-term systemic corticosteroid use; children who have undergone solid organ transplantation, and children who either have received or will receive cochlear implants. All these children have been identified as being at either "high risk" or "presumed high risk" for severe invasive pneumococcal disease.

For inquiries, contact Iowa Department of Public Health, Immunization Program, 1-800-831-6293.

Foodborne Outbreak in Eastern Iowa: CADE has just completed an outbreak investigation, with illness

caused by something other than a run-of-the-mill norovirus. Initially a call was received in mid-February regarding persons presenting to physicians with diarrhea, fever, and headache. These persons had attended a common event six days prior to onset where Swiss steak, mashed potatoes, gravy, bread, corn, and raw milk were served.

Sixty-three individuals who attended the event completed questionnaires, with 30 meeting the case definition (persons who attended and ate at the event in February with an onset of diarrhea and one other symptom 2-10 days after the event). Of the ill, all were male with ages ranging from 17 to 67 years of age. The most prominent symptoms reported by the cases were: diarrhea (100%), chills (93.3%), and watery stools (86.7%).

Analysis of the data found that ill persons had no other exposures except for the event in common. Analysis of the food histories from the event implicated the raw milk as the cause of illness. The milk had an extremely high odds ratio of 104.92 (meaning that the odds of drinking the milk are increased 104.92-fold for persons who were ill) and a significant p-value of <0.0005, demonstrating a significant association between drinking milk and becoming ill.

Stool specimens from 11 individuals and raw milk from the dairy farm were tested at the University Hygienic Laboratory and were positive for *Campylobacter jejuni*. Further DNA fingerprinting by PFGE revealed that the DNA patterns from both the stool and the milk samples were identical.

The strong epidemiological data and the identical DNA patterns from the clinical and milk isolates confirmed that the raw milk served at the event was the source of the outbreak. It was interesting to note that many of the non-ill patrons that drank the milk had a history of raw milk consumption. These findings support what has been

reported in the literature that routine raw milk consumption offers immunity to symptomatic infection from *Campylobacter* organisms (<http://jama.ama-assn.org/cgi/content/abstract/257/1/43> <<http://jama.ama-assn.org/cgi/content/abstract/257/1/43>>).

Campylobacter organisms are an important cause of diarrheal illness in all parts of the world and outbreaks are commonly associated with foods, especially undercooked chicken and unpasteurized milk. This outbreak underscores the importance of pasteurization as a crucial public health measure to decrease illness and the importance of educating the public about the potential health risks of raw milk consumption.

Canine Brucellosis: Over the past two months, nine young dogs whelped by a USDA licensed animal breeder in Iowa and transported out of state were confirmed as being infected with *Brucella canis*.

Six of the nine had positive blood cultures. Staff from the State Veterinarian's Office have placed a temporary quarantine on the operation and are investigating, with plans to develop a protocol to eliminate the disease.

Canine brucellosis is an occasional problem of large kennel operations and is characterized by abortions, orchitis, epididymitis, and lymphadenopathy without fever. Human infections are very infrequent and are characterized by fever, headache, chills, weakness, body ache, malaise, sweating, weight loss, lymphadenopathy, and cough.

Immunocompromised persons (cancer patients, HIV-infected individuals, or transplantation patients) should not handle dogs known to be infected with *B. canis*.

Worth Noting

Wellmark Foundation Funding Opportunities

The Wellmark Foundation's year 2004 health improvement agenda focuses on community initiatives that measurably improve health through the **new funding priority areas of asthma, diabetes, heart failure and cardiovascular risk factors, major depression, and end-of-life care with an emphasis on pain control**. There are two grant deadlines remaining for 2004 (May 26; and a mini-grant deadline of October 20).

For those interested in making application, our second cycle grant teleconference in **Iowa** is scheduled for **Tuesday, April 20, 2004 from 10:00 a.m. to 11:30 a.m.** and will explain the grant criteria and the application process. It is not necessary to preregister for attendance at any locations.

These grant teleconferences are broadcast over the Iowa Communications Network (ICN). For more information about our grant program look up our Web site at www.wellmark.com and click on "The Wellmark Foundation" on the left navigational toolbar.

Public Health Quick Reads

IDPH Director Mary Mincer Hansen is now publishing a biweekly newsletter, Quick Reads, for local public health partners. Quick reads can be found on the IDPH web site www.idph.state.ia.us under "Recent Additions."

IDPH en Español

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

Fundamentals of HIV Prevention Counseling

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

State Library Grant Resources

Competition for grant money continues to increase. The State Library has resources to aid in your search for those elusive dollars. For a bibliography of information available at the State Library go to: <http://www.silo.lib.ia.us/for-ia-libraries/funding-info/bibliography.html>

The class *Grant Research: Using State Library Resources* is also offered for an extensive look at resources available for writing successful grants. See more information and register for the class at: <http://www.silo.lib.ia.us/for-state-govt/databases/training-for-state-employees.htm>

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