



Event focuses on health effects of adverse childhood experiences



Dr. Robert Anda helped lead a landmark study that produced startling connections between traumas during early childhood and health and social problems later in life.

"What's wrong with you?!" Even if you've never uttered these words in frustration yourself, you've certainly heard others do so. New research suggests, however, that a better question to ask might be, "What happened to you?"

Negative experiences, it turns out, can cause trauma that can affect brain development and lead to severe behavioral and health problems later in life. This was the focus of a recent gathering held in West Des Moines on the topic of "adverse childhood experiences" (ACEs).

"If Iowa is to truly become the healthiest state in the nation, it certainly starts with eating right, exercising and building supportive neighborhoods," said Iowa Department of Public Health (IDPH) Director, Dr. Mariannette Miller-Meeks in her remarks at the event. "But it must also include understanding the root causes of high risk behaviors and chronic health conditions."

Physical abuse, emotional neglect, or having parents who are depressed, incarcerated or addicted to drugs are just a few of the traumas that can lead to physiological changes in a young child's brain that have dire consequences. On the health side, they include diabetes, hypertension and heart disease, depression, morbidity and early death. As for risky behaviors, they include smoking, overeating, engaging in risky sexual behaviors, alcoholism and drug use.

According to Dr. Robert Anda, co-author of the [landmark study](#) of 17,000 individuals in the 1990s that led to this new understanding of brain development, the effect of adverse childhood experiences is so strong that people tend to die 20 years earlier if they went through numerous such traumas in childhood.

"This information is really overwhelming now," Anda said of the clear connections between childhood trauma and future social and health problems. More importantly, he noted, "these things are so common that we almost have a manufacturing plant for developmental delays in this country."

Attended by approximately 800 participants, the Iowa ACEs Summit coincided with Iowa joining 17 other states in tracking and analyzing state-level data to understand how adverse childhood experiences are affecting the adult health population. In Iowa, the projects driven by the data are known collectively as [ACEs 360 Iowa](#).

“The ACE research is greatly expanding our understanding of the life course trajectory,” said Sonni Vierling, coordinator of the **1st Five** program at IDPH. “The experience of other states tells us that Iowa-specific ACEs data will offer a powerful new way to structure state and local planning around human-service systems, public health campaigns and public policy.”

Laura Porter, director of the Washington Family Policy Council and one of the featured presenters at the summit, invited Iowans to “rethink their mental models on how to solve child and family problems, but also social problems like child abuse, domestic violence, and substance abuse.” Porter noted that within four years of changing how Lincoln High School in Walla Walla, Washington educates and serves children, administrators saw a 35 percent reduction in disciplinary actions. At the same time, out-of-school suspensions decreased by 60 percent.

To learn more, visit www.iowaACEs360.org.



Left to right, IDPH Director, Dr. Mariannette Miller-Meeks, Laura Porter, and Dr. Robert Anda.

Easy-to-use immunization registry enhances patient communication

Since 2001, public health and health care professionals in Iowa have relied on the state’s **Immunization Registry Information System** (IRIS) to ensure that their patients get the recommended vaccines at the right times throughout their lives. Now that the Iowa Department of Public Health (IDPH) has adopted new software for IRIS, the system is much easier to use and has additional functionality.

Before the new version of IRIS, staff at hospitals and clinics could access the database only from certain computers which had been installed with special software. In addition, users could only access information for one clinic or hospital per computer. Now, IRIS is web-based, allowing nurses and doctors immediate access via a laptop or tablet computer.

“As an IRIS user for different sites, I think it is great that I can access patient information from the same location, under one log in,” said Stephanie J. Claussen, immunization coordinator at Adair County Home Care. “The web-based application is much more accessible and user friendly. I can even access it from my iPad, which will come in handy during off-site flu clinics.”

Another enhancement that makes life easier for public health’s front line workers is the ability to easily identify patients who are ready for their next vaccination. In addition, staff can easily generate and print reports they use for communicating with their patients.

“At our clinic, I think our favorite feature is the history/recommended button,” said KariJo VanDam, a nurse at Family Medicine Clinics in LeMars. “This prints a list we hand to all of our pediatric patients. It lists all prior vaccines and the ones that are currently recommended. And it’s written down in plain simple language for them to take home as a reminder. It is truly great for the patients!”



Other advantages to the new IRIS system include:

- Compliance with immunization registry standards from the Centers for Disease Control and Prevention
- The ability to exchange immunization data over an electronic health records network (pilot project currently underway)
- Improved data integrity
- Increased ability for providers to access data
- An “Immunization Evaluator” that provides accurate details for needed vaccines
- A set of “Immunization Assessments” to evaluate patient immunization status

Part of the transition to the new software has meant the migration of information from the old IRIS to the new one. IDPH staff have migrated data pertaining to more than 22 million immunizations from nearly 2.5 million patients and more than 1,700 provider organizations.

For more information, visit www.idph.state.ia.us/ImmTB.

Efficiency, patient security focus of Iowa e-Health pilot projects

If you use an ATM or get cash back at the grocery store, you know how important these services have become in our daily lives. Not having access to your money is sometimes more than an inconvenience; it can have severe consequences.

In early 2013, the [Iowa Health Information Network](#) (IHIN) will allow you and your provider to ensure that your health information, just like your financial details, will be secure and available when and where you need it. In the meantime, the [Iowa e-Health](#) initiative is moving forward with an important step in this process—the establishment of [direct secure messaging](#).

“Direct secure messaging is sort of like what happens behind the scenes when banks have to communicate with one another,” said Kim Norby, executive director of Iowa e-Health at the Iowa Department of Public Health. “Doctors and other providers will be able to send patient health information via the internet but in a secure and encrypted format that is available only to other providers with an address assigned to them through the statewide health information exchange.”

In July and August, 20 direct email addresses will be assigned to various providers and/or organizations across Iowa. The addresses will be used for testing Iowa’s direct secure messaging system. This is an important milestone toward realization of a statewide health information exchange, known in Iowa as the Iowa Health Information Network (IHIN), in early 2013.

Although the IHIN’s direct secure messaging solution functions similarly to standard email, Norby stressed the security features over traditional



methods such as fax and un-secured email. In addition, these many benefits help providers stay in compliance with industry regulations such as the [Health Insurance Portability and Accountability Act](#).

Perhaps the most important benefit of the direct service is that it allows for the exchange of all types of care-related information such as notes, referrals, care coordination details, and images.

“In the past, care coordination was done with a lot of phone calls if the patient didn’t have that information,” says Jane Brokel, assistant professor at the University Of Iowa College Of Nursing. “It makes a big difference to have the right data at the point of care,” Dr. Brokel says. “One of the things patients realize is they don’t have to be asked the same questions over and over again because their provider already has the information needed.”

To prepare for the direct secure messaging pilots, Iowa e-Health is partnering with the state’s HIE vendor, Xerox. Xerox brings several sub-contracted entities to assist in the complex process of preparing, connecting and supporting providers as they begin to use the system, including Informatics Corporation of America, Genova Technologies, and LightEdge Solutions. Each partner organization brings dedicated expertise to assist Iowa providers in getting on board with direct secure messaging. Additionally, Iowa e-Health has conducted and archived a webinar to educate providers about direct secure messaging, in cooperation with Iowa Medicaid Enterprise and Iowa’s Health Information Technology Regional Extension Center, [Telligent](#).



Once the direct secure messaging pilot projects are complete, enrollment for this service will open to all provider types. The service will be offered without charge to providers through December, 2012. Fees following this period will be assessed, according to the IHIN services and fees document published in the [Iowa e-Health Business and Financial Sustainability Plan](#).

To learn more about the IHIN, electronic health records, and direct secure messaging, visit www.iowaehealth.org.

I-Smile now on Facebook

The [I-Smile Dental Home Initiative](#) recently took the brave leap into the world of social media and created a [Facebook page](#). This page targets mothers with young children and provides an opportunity for the program to communicate tips on children’s oral health and information on available local dental resources. It also offers a forum for subscribers to share their experiences with at-home oral health practices.

“We’ve received several phone calls about the I-Smile program, all resulting from Facebook,” said IDPH Health Promotion Planner Shaela Meister. “It’s pretty amazing to see such quick results.”



Visit www.facebook.com/ISmileDentalHomeInitiative and join the discussion.

Iowa participates in world's largest swim lesson

Ready! Set! Swim! Promptly at 10:00 am central time on June 14, people all over the world participated in a swimming lesson in an attempt to break the Guinness World Record for a co-occurring lesson to learn to swim and prevent drowning. Organized by [The World's Largest Swimming Lesson](#), the event featured 30 minutes of swimming instruction, occurring at exactly the same time in over 500 locations in 24 countries and 45 states.

In Iowa, five sites registered for the event—Algona Family YMCA, Altoona Aquatics Park, Lena Moser Pool (Dallas Center), Norman D Stamp Aquatic Center (Harlan), and Stuart Aquatic Center. IDPH partnered with Safe Kids Greater Des Moines and the Altoona Aquatics Center to assist in organizing the Altoona event

“Drowning is the second leading cause of unintended injury-related death for children ages 1 to 14, and a leading cause of death for children 1 to 5,” said Iowa Department of Public Health (IDPH) Environmental Health Specialist Debbi Cooper. “Studies show that if a child does not learn to swim by third grade, chances are, they never will. While it is never too late to learn to swim, this event offered an opportunity to educate parents on the importance of teaching their children to swim.”

A study by the Archive of Pediatric Adolescent Medicine showed participation in formal swimming lessons was associated with an 88 percent reduction in the risk of drowning in children aged 1 to 4 years.

As of this publication, a world record had not been verified. The paperwork from participating pools has been submitted to the event organizers for verification, including letters and signatures from the independent witnesses.

The structured lesson plan that each venue followed included water safety, safe entry into the water, breathing and submerging, and floating and strokes. Each location required two official witnesses to confirm the number of participants and their full participation in the event. Michelle Sloan with the Altoona City Council and Mindy Uhle with IDPH acted as the witnesses for the Altoona event.

“Parents understand how important it is to protect their children by using car seats and requiring bike helmets,” said Anne Garinger, coordinator for Safe Kids Greater Des Moines. “Someday we hope the same will hold true for teaching kids to swim.”



Swim instructor Sam McIntyre speaks to children at the Altoona Aquatics Center while assistant instructors wait to begin working with individual swimmers.

Cell phones, weighting methodology changes BRFSS rates

New methodology used to conduct the Behavioral Risk Factor Surveillance System (BRFSS) survey, one of Iowa's most important sources of public health population data, has resulted in changes to many of Iowa's rates. Among them are changes to health insurance coverage and smoking.

A key difference from past surveys is the inclusion of interviews conducted by cell phone in addition to landline phones. The BRFSS has also adopted a new weighting methodology that takes more population characteristics into consideration.

Adding cell phone users into the survey accounts for the increasing number of Iowa households without landline phones, and also addresses an under-representation of adults with less formal education or lower household income, and racial and ethnic minorities.

"Having more accurate data will allow us and our partners throughout the state to better target our efforts to help make Iowa the healthiest state in the nation," said Don Shepherd, BRFSS coordinator at the Iowa Department of Public Health (IDPH).

In the coming months, Centers for Disease Control and Prevention (CDC) and IDPH will be evaluating the effects of these changes on public health indicators and publishing updated estimates online and in printed reports.

IDPH and the CDC, which oversees the survey, are quick to caution against misinterpretation of the changes in estimates that may result from the new survey design.

"It's important to realize that shifts in prevalence estimates for 2011 might not represent actual changes in trends in risk factor prevalence in the population. Rather, the changes may simply reflect improved methods of measuring these risk factors," Shepherd added.

For more information on these methodology changes, please click [here](#) for the CDC report outlining the changes to the BRFSS and showing their effect on national level estimates of some health indicators. Questions? Contact Donald Shepherd at donald.shepherd@idph.iowa.gov.



Colorectal surgeon urges patients to get screened

Dr. Michael Page performs approximately 600 surgeries per year. He would like to do fewer.

Approximately 60 percent of Page's surgeries are major abdominal operations. Most of the surgeries are for patients who are diagnosed with colorectal cancer that could have been prevented, if only they had been screened earlier.

"It's a recurring theme," said Page, a colorectal surgeon for The Iowa Clinic who practices at the [John Stoddard Cancer Center](#) in Des Moines and also serves on the Medical Advisory Board for the Iowa Department of Public Health's (IDPH) [Iowa Get Screened](#) (IGS): Colorectal Cancer Program.

"I see people who are 55 or 60 who will come in with cancer and the first thing they say is, 'My family doctor has been bugging me for five years to get screened for colorectal cancer.'" Page said. "Five years ago, that cancer wouldn't have been a cancer. It would have been a small polyp. We could have snipped it off and things would have been great."

Seven of every 10 people diagnosed with early-stage colorectal cancer experience no symptoms. Screenings are the only reliable methods to detect the disease. The United States Preventive Services Task Force ([USPSTF](#)) recommends all adults undergo regular screenings beginning at age 50 or earlier for patients who have a history of colorectal disorders or who have family histories of colorectal cancer.

Page says lack of awareness, misperceptions that health plans won't pay for screenings, or fear of the unknown, contributes to low rates of colorectal cancer screening.

"Somebody may have told them a colonoscopy is uncomfortable; and people don't really like the idea of putting a scope up your backside," Page added.

Page's typical patient has already undergone a colonoscopy and has been diagnosed with colorectal cancer. Still, he says if the cancer has been discovered before it has spread beyond the colon or rectum, the patient has a 90 percent chance of surviving five years or longer.

"We consider you're cured from your cancer at five years," Page said. "When I have patients come in for their fifth-year anniversary check-up and I can say, 'Hey, listen. You're cured!' That's a big deal for them. I've had patients who had parties for themselves and they've brought in flowers and they do all kinds of neat things. That's the most rewarding part for me."



Dr. Michael Page

Sioux County aims to reduce distracted driving

Public health partners in Sioux County have teamed up to address the dangers of distracted driving, with an emphasis on cell phone use while behind the wheel. The idea for the campaign began after local public health officials completed their Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), in which they noted that Sioux County experiences a disproportionately high number of deaths caused by motor vehicle injuries. Despite its ranking of 22 in population size and 28 in terms of miles traveled, Sioux County holds the number 16 spot for fatal motor vehicle crashes.

Funded in part through a [Love our Kids](#) grant from the Iowa Department of Public Health, the “[Put it Down](#)” campaign includes posters, news releases, editorials, and public service announcements. In addition, partners have provided educational assembly presentations in all 10 high schools in Sioux County.

Organizations involved in the campaign are [Sioux County Community Health Partners](#), the Iowa State Patrol, and the Sioux County Sheriff’s Office.

“Trooper Kurtz and Deputy Pollema did a great job communicating the risks associated with texting and driving,” said Angela Kroeze Visser, Community Health Promotion and Disease Prevention coordinator for Community Health Partners of Sioux County. “We were also pleased by the response of our local media, who provided great coverage of the project and were able to spread the prevention message to the general public.”

Distracted driving is any non-driving activity a person engages in that has the potential to distract him or her from the primary task of driving. Drivers can experience a wide variety of distractions, all of which can be categorized into three main types. Visual distractions take your eyes off the road, manual distractions take your hands off the wheel and cognitive distractions take your mind off what you’re doing. While all distractions can endanger drivers’ safety, texting is the most alarming because it involves all three types of distraction.

“The graphic images shown to us really opened my eyes to the consequences of texting and driving,” said Robin Vis, a student at Western Christian High School. “Since then, I have stopped completely.”

To learn more and to access campaign materials, visit www.siouxcounty-chp.org/Injury-Prevention/Distracted-Driving.



Data from the *National Highway Traffic Safety Administration (NHTSA)* reveals some sobering facts about distracted driving.

- In 2009, 20 percent of injury crashes involved reports of distracted driving.
- Of those killed in distracted-driving-related crashes, 18 percent involved reports of a cell phone as a distraction.
- Sixteen percent of all drivers younger than 20 involved in fatal crashes were reported to have been distracted while driving.

Laboratory responds to largest fire in county history

The largest fire in Johnson County history began on Saturday, May 26, and burned so hot it turned melted tire shreds into pyrolytic oil and created a plume of smoke that spanned the horizon for nearly 15 days.

While the 7.5 acres of the Iowa City Landfill burned, the [State Hygienic Laboratory](#)—on behalf of Johnson County Public Health—tested air samples collected near the fire and from multiple locations in the county for the presence of environmental contaminants. The Laboratory also tested samples from a collection pool that held more than 100,000 gallons of volatile pyrolytic oil created when the tires that lined the landfill cell burned.

“Air samples were collected by Hygienic Laboratory staff that Sunday and on Memorial Day to assess the quality of the air in terms of chemical contaminants in the smoke plume,” said Michael Wichman, Ph.D., associate director of Environmental Health Programs. “Air testing continued well into the next week in Coralville, and additional, urgent testing of pyrolytic oil byproduct was provided by our Ankeny staff.”

Iowa City officials initially considered using a specialized wetting agent to extinguish the fire. Because of the low probability for success and the potential environmental hazards posed by the runoff, the city opted to contain the fire and let it burn itself out. Its strategy later shifted to a “stir, burn and cover” method that used heavy equipment to turn the burning tires to accelerate the combustion process, and then topped them with a layer of clay soil after combustion was nearly complete.

Shifting winds at times changed the direction of the plume, moving it toward Iowa City and increasing potential human exposure to particulate matter and other irritants. Pollutants in the plume rapidly diluted as the smoke traveled away from the landfill, according to Johnson County Public Health. The agency issued a health advisory recommending that those in the path of the plume stay inside, particularly if they were elderly, children or people with a respiratory or heart condition.

The pyrolytic oil was removed from the landfill and transported to an incineration facility in four different states and Canada.

“We finished covering the fire on June 10,” Rick Fosse, director of Iowa City Public Works, reported on June 21. “We believe that the shallow areas of the fire are extinguished. We don’t know yet about the deeper areas. We are now working on a safety plan before we open areas back up to examine them and begin the cleanup of the fire byproducts.”

In addition to officials from Iowa City and Johnson County, the Hygienic Laboratory collaborated with Iowa Department of Natural Resources, the Environmental Protection Agency and the University of Iowa’s departments of Chemistry and Chemical and Biochemical Engineering.



CAPTION: A landfill staffer bulldozes the grounds of the landfill to fight the fires on the night of Saturday, May 26. (Photo by Rick Fosse, courtesy of the City of Iowa City)

"I cannot commend our staff enough for the long hours and rapid testing services that they provided to better understand the chemical makeup of the smoke as well as the oil byproduct," Wichman said. "Matt Mainprize, our chemist who performed much of the sampling and analyses, commented, 'This is why we are here. It is part of our job to provide testing services as needed, 24/7, 365 [days per year].'"

Pilot projects to prepare for physician competency system

The [Iowa Board of Medicine](#) will begin preliminary work in July on a national initiative aimed at strengthening patient care by requiring licensed physicians to participate in programs that enable them to maintain or improve their competence in the scope of their daily medical practice.

In June, the board authorized staff to pursue four pilot projects in cooperation with the [Federation of State Medical Boards](#) (FSMB) as a prelude to determining what may be required of physicians to demonstrate professional competence when seeking licensure renewal.

Iowa is one of 11 state medical boards that have agreed to undertake projects this year to determine how competency assessments might be integrated in the licensure renewal process and to survey physicians and other stakeholders about how to best assure the ongoing competence of physicians.

At an FSMB meeting in late April, nine pilot projects were reviewed to the participating states. Iowa selected these four:

- Conduct a "readiness" inventory to determine what the Board needs to consider and possibly resolve to ensure successful participation in all pilot projects and eventually the implementation of maintenance of licensure (MOL) system.
- Prepare a comprehensive strategy to communicate the value and importance of MOL.
- Evaluate and assess how to integrate MOL in the licensure renewal process.
- Survey licensees for their opinions about potential features of a comprehensive MOL system.

Amy Van Maanen, director of licensure for the Iowa Board, said information derived from the pilot projects will be used by the FSMB to help develop policies and practices to build a model framework for states to adopt in their implementation of an MOL system.

In Iowa, and most other states, physicians issued a permanent medical license are not required to pursue continuing education specific to their practice. Most physicians do, however, especially those who are certified by a specialty board.



Van Maanen said it is very premature to know what the MOL system might be for Iowa. She said whatever is ultimately adopted, it should be administratively feasible, developed in collaboration with other stakeholders and not overly burdensome for the profession.

“Maintenance of licensure should support physicians’ commitment to life-long learning and facilitate improvement in physician practice,” she said.

The MOL initiative gained momentum in 2004 when the FSMB, a coalition of 70 state medical licensing boards, adopted a policy statement that “state medical boards have a responsibility to the public” to ensure that physicians are maintaining their competency.

Over the past eight years, the FSMB has facilitated a national discussion on the MOL initiative with state boards, national physician associations, medical and osteopathic specialty certification boards and other stakeholders.

Youth survey reveals progress and challenges

U.S. high school students have shown significant progress over the past two decades in improving many health-risk behaviors associated with the leading cause of death among youth—motor vehicle crashes—according to the 2011 recently released [National Youth Risk Behavior Survey](#) (YRBS). However, youth are engaging in other dangerous practices such as texting and emailing while driving.

Although motor vehicle crashes account for more than 1 in 3 U.S. teen deaths each year, findings from this survey show dramatic improvements during the past 20 years in motor vehicle safety among youth:

- From 1991 to 2011, the percentage of high school students who never or rarely wore a seatbelt declined from 26 to 8.
- From 1991 to 2011, the percentage of students who rode with a driver who had been drinking alcohol during the past 30 days declined from 40 to 24.
- The percentage of high school students who had driven a car during the past 30 days when they had been drinking alcohol decreased from 17 in 1997 to 8 in 2011.
- Between 2009 and 2011 encouraging improvements were also shown in the percentage of students wearing a seat belt, not riding with a driver who had been drinking alcohol and not driving a car when they had been drinking alcohol.

Despite this progress, the YRBS found that the use of technology among youth has resulted in new risks; specifically, 1 in 3 high school students had texted or e-mailed while driving a car or other vehicle during the past 30 days. Also, 1 in 6 had been bullied through email, chat rooms, instant messaging, websites, or texting during the past 12 months. 2011 was the first year the YRBS included questions about bullying through electronic media and about texting or emailing while driving.

Youth Risk Behavior Surveillance —
United States, 2011



“We are encouraged that more of today’s high school students are choosing healthier, safer behaviors, such as wearing seat belts, and are avoiding behaviors that we know can cause them harm, such as binge drinking or riding with impaired drivers,” said [Howell Wechsler](#), director of CDC’s Division of Adolescent and School Health. “However, these findings also show that despite improvements, there is a continued need for government agencies, community organizations, schools, parents, and other community members to work together to address the range of risk behaviors prevalent among our youth.”

The 2011 YRBS results show that high school students still engage in risk behaviors that are harmful to their health and increase their risks for disease and injury:

Current cigarette use did not change significantly between 2009 (19 percent) and 2011 (18 percent).

During that same time period, current marijuana use increased from 21 percent to 23 percent although there has been an overall decrease in current marijuana use (from 27 percent in 1999 to 23 percent in 2011). Current marijuana use among high school students was more common than current cigarette use (23 percent compared to 18 percent).

For more information and to access the 2011 YRBS data, visit www.cdc.gov/yrbs.

Seek S.H.A.D.E this summer

Public health partners can protect themselves and their community this summer with the help of a new acronym. From protecting against skin cancer to preventing foodborne illness, “S.H.A.D.E.” reminds Iowans to take simple precautions whether they’re at home or travelling.

- **S - [Sunscreen](#).** Put on sunscreen with a sun protective factor (SPF) of 15 or higher and reapply throughout the day, especially if swimming or sweating.
- **H - [Heat safety](#).** Drink lots of water and other non-alcoholic, sugar-free fluids; wear lightweight, loose-fitting clothing when outdoors, especially when active; and when temperatures soar, stay in the shade or air conditioning as much as possible.
- **A - [Animal contact](#).** Remember to wash your hands after touching animals at places like petting zoos or county fairs. Avoid stray and wild animals; they may carry diseases like rabies.
- **D - [DEET](#).** To prevent being bitten by ticks and mosquitoes that can carry diseases like West Nile virus and Lyme disease, use insect repellent with DEET (follow the label directions when using, especially on children).
- **E - [Eating outdoors](#).** Grill all meats until thoroughly cooked and always keep cold foods cold and hot foods hot.

For more tips on staying safe and healthy in the summer, visit www.cdc.gov/Features/KidsSafety.

County partners with Biggest Loser contestants

The [Cerro Gordo County Department of Public Health](#) is excited to announce a partnership with Daniel Wright and Rebecca Meyer, former contestants on NBC's "The Biggest Loser" and founders of [Fitness Wright Now](#). Aimed at improving the wellbeing of residents in Cerro Gordo County, the partnership was initiated at the Health Department's Health Day, where Wright and Meyer were featured as motivational speakers to share their personal success stories and tips on adopting healthier lifestyles.

Wright and Meyer also blog twice a month on the health department's website. Topics range from healthy eating tips and exercise advice, to even visiting your physician. To enhance their wellness initiatives, Cerro Gordo County residents can also participate in monthly "Community Conversations." The conversations are part of a year-long series sponsored by the department designed to allow residents the opportunity to ask questions and learn from individuals who have lived through the struggles of weight management and health problems and overcome the obstacles to lead healthier lives.

Recently, members of Cerro Gordo County could participate in a live fitness class hosted by Wright and Meyer. The fitness class was designed to educate participants on the ease and affordability of exercising without gym memberships or expensive equipment. Participants experienced the importance of a warm up and a cool down. Wright and Meyer led the group through a circuit workout which included strength and toning exercises followed by cardio bursts. Participants utilized park resources such as picnic tables to aid in push-ups, which demonstrated that a gym membership isn't necessary to stay physically fit.

After the fitness class, members could join Wright and Meyer in a live Community Conversation which was centered on the "Right Weight vs. Dream Weight." Participants took away from the conversation that the ideal weight isn't always the number on the scale; body health can be determined by other tests such as body fat or weight circumference. Participants learned four criteria when determining ideal weight:

- A weight which does not cause health problems.
- A weight which does not limit your daily activities.
- A weight which does not make you feel self-conscious.
- A weight which you can live comfortably in your own skin and be surrounded by others without worrying.

The partnership with Wright and Meyer is a new wellness initiative which aims to support county residents with the knowledge and skills to improve personal health across every aspect of wellness including physical, social, emotional-mental, financial and spiritual.

For more information about wellness blogs and community conversations with Meyer and Wright, visit www.cghealth.com.



Daniel Wright, far left in red shirt, leads Cerro Gordo residents in a fitness class that demonstrated that an expensive gym membership isn't necessary to being physically active. Rebecca Meyer, far right in black, offers encouragement.

Vital signs™
CDC
July 2012

Prescription Painkiller Overdoses

Use and abuse of methadone as a painkiller

1 in 3
Methadone contributed to nearly 1 in 3 prescription painkiller deaths in 2009.

5,000
About 5,000 people die every year of overdoses related to methadone.

6x
Six times as many people died of methadone overdoses in 2009 than a decade before.

Prescription painkiller overdoses* were responsible for more than 15,500 deaths in 2009. While all prescription painkillers have contributed to an increase in overdose deaths over the last decade, methadone has played a central role in the epidemic. More than 30% of prescription painkiller deaths involve methadone, even though only 2% of painkiller prescriptions are for this drug. Six times as many people died of methadone overdoses in 2009 than a decade before.

Methadone has been used safely and effectively to treat drug addiction for decades. It has been prescribed increasingly as a painkiller because it is a generic drug that can provide long-lasting pain relief. But as methadone's use for pain has increased, so has nonmedical use of the drug and the number of overdoses.

* "Prescription painkiller overdoses" refers to deaths from using harmful amounts of opioid or narcotic pain relievers, including drugs such as Vicodin (hydrocodone), OxyContin (oxycodone), Opana (oxymorphone), and methadone.

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Want to learn more? Visit
<http://www.cdc.gov/vitalsigns>

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention

CDC

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