



IDPH highlights safety, health at Iowa farm progress show



IDPH Director Dr. Mariannette Miller-Meeks checks Mrs. Harold Gildea's blood pressure under the Health and Safety Tent at the 2012 Farm Progress Show.

Family farms are often passed down from one generation to the next. But farming is also a dangerous way of life. Tractors, grain bins, chemicals and exposure to the sun are just a few of the health risks farmers encounter every day. Preventing injury and promoting health among farmers, therefore, does more than protect the individual—it helps preserve a legacy.

This was the mission of several programs from the Iowa Department of Public Health (IDPH) during the recent [Farm Progress Show](#). Held in Boone, August 28 – 30, the show featured a special [Health & Safety Tent](#). With more than 11,000 square feet of indoor and outdoor exhibits, the tent focused on health issues ranging from diet and physical activity to injury and chronic disease prevention.

“IDPH and the Healthiest State Initiative were very excited to have a presence at the Farm Progress Show. It gave us an opportunity to provide wellness information to our rural neighbors, and education about health issues unique to agricultural communities,” said IDPH Director Dr. Mariannette Miller-Meeks. “Most importantly, we received feedback about what health concerns are uppermost in the minds of rural Iowans. With this information we can focus on how best to communicate and address those concerns.”

The IDPH Occupational Health & Safety Surveillance Program helped organize the event. “I’ve heard the stories, the heartache experienced by families who are devastated by farm injuries” said program coordinator Kathy Leinenkugel. “It may be a child, someone in the prime of life, or an older farmer, but it always impacts the farm and the family negatively. I want to be sure families are aware of their health and safety options.”

Nearly every IDPH division was represented at the event. The Division of [Environmental Health](#) offered information about pesticides, poisoning, injury, hearing, and occupational safety. The Division of [Health Promotion and Chronic Disease Prevention](#) provided education about cancer screenings and other chronic disease topics. Infectious disease prevention was the focus of educational efforts by the Division of [Acute Disease Prevention and Emergency Response](#). The Division of [Behavioral Health](#) was on hand with resources regarding substance abuse, brain injury services, gambling prevention, and domestic violence prevention. [Iowa e-Health](#) educated attendees about their efforts to improve health care quality, safety and efficiency through the use of health information technology.

Other organizations participating in the Health and Safety Tent included the Department of Natural Resources, Iowa Workforce Development, Iowa Department of Transportation, the Governor's Traffic Safety Bureau, the State Hygienic Lab, Iowa Sports Foundation, and the Midwest Dairy Council.

For more information about the Farm Progress Show, visit <http://farm-progress.com/farm-progress-show/main.aspx>.

New tracking system to help close environmental health gap

Ever since the time of John Snow, public health professionals have known the importance of connecting the dots of disease and environmental contaminants. In fact, that's exactly what Snow did. In 1854 he used a dot map to illustrate a cluster of cholera cases around the Broad Street pump in Soho, London. This eventually led to local officials removing the handle from the pump to prevent further exposure to the bacterium that was causing the illness.

Although public health has certainly advanced a great deal since then, Iowa and many other states have long faced a fundamental gap in understanding how environmental contaminants affect people's health. With funding from the Centers for Disease Control and Prevention (CDC), the Iowa Department of Public Health (IDPH) aims to close that gap with the recent launch of the new [Environmental Public Health Tracking Network](#) (EPHT).

"While links between certain chronic diseases and the environment have been reported, many of these connections remain unclear," said IDPH [Environmental Health Division](#) Director Ken Sharp. "IDPH's participation in the CDC's environmental public health tracking efforts will enable IDPH and researchers to better evaluate what those connections are."

Sharp added that part of the gap in understanding how environmental contaminants affect people's health in Iowa is due to the fragmentation of environmental health services across state agencies. Currently, environmental contaminants are monitored by an alphabet soup of state agencies, including [DIA](#), [DNR](#), [IDALS](#), [IDPH](#), and [SHL](#). The new tracking system puts all of this data in one place—and that's essential when resources are short.

"Local data for grant-writing is not readily available and we often reach limits of sources to pull from," said Calhoun County Public Health Department Administrator Jane Condon. "The EPHT has greatly enhanced our ability to describe our area's needs and project performance measures that will create healthier living for local populations."

The new tracking system has been a long time coming, says IDPH Community Health Consultant Tim Wickam. It all began in 2001 with the publication of a report, [America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network](#).



“Prior to this point, no systems existed at the state or national level to track many of the exposures and health effects that may be related to environmental hazards,” Wickam said. “And in most cases, existing environmental tracking systems were not linked together, which made it very difficult to study and monitor relationships among hazards, exposures, and health effects.”

In response to the landmark 2001 report, the U.S. Congress appropriated funding to CDC to design a national network. The Iowa network is part that network developed by CDC, called the [National Environmental Public Health Tracking Program](#).

The tracking system is expected to be a valuable resource as counties develop their Community Health Needs Assessment and Health Improvement Plans ([CHNA&HIP](#)). In the most recent CHNA&HIP process, for example, water, healthy homes, and lead poisoning issues were identified as health needs across the state. The tracking network already includes data on water quality and childhood lead poisoning, and organizers are working to add measures related to radon and healthy homes.

“With the EPHT, we will have a centralized place to access environmental and health data,” said James Hodina of the Linn County Public Health Department. This will save us time and resources in identifying health disparities and reporting environmental public health outcomes. We will also have nationally consistent data measures by which we can compare our local environmental public health to other areas throughout the country.”

The new tracking system has benefits at the state level as well, says IDPH Public Health [Modernization](#) Coordinator Joy Harris. Three sections of the [Iowa Public Health Standards](#) (Communication and Information Technology; Community Assessment and Planning; and Protect against Environmental Hazards) have a direct relationship to the tracking network’s activities. “When local and state public health representatives wrote these standards I’m not sure they knew how we’d accomplish this,” Harris said. “But with the EPHT network, we have!”

Harris added that the new tracking system will allow IDPH to provide technical assistance in terms of planning efforts, highlighting the importance of environmental health, and communicating about related issues. In addition, the department and the state board of health can use the data at the state level for planning purposes.

Explore the Environmental Public Health Tracking (EPHT) Network’s website today at www.idph.state.ia.us/EHS/EPHT.aspx. Questions? Contact Tim Wickam at 515-281-7462 or timothy.wickam@idph.iowa.gov.



Key benefits of the EPHT include the capability to:

- Provide timely and consistent information for stakeholders;
- Provide access to local, state, and national databases of environmental hazards, environmental exposures, and health effects;
- Enable broad analysis across geographic and political boundaries; and
- Provide a secure, reliable, and expandable ability to link environmental and health data.

Data and resources available through the EPHT will advance efforts to:

- Identify at-risk populations;
- Detect trends in the occurrence of environmental hazards, exposures, and diseases;
- Improve the public health basis for policymaking; and
- Enable the public’s right to know about health and the environment.

Forums share efforts to strengthen Iowa's largest workforce

Many Iowans may be surprised to learn who makes up our state's largest workforce—direct care professionals. Direct care professionals (DCPs) work in facilities, individuals' homes, and community settings to provide supportive services and care to people who are aging or experiencing illnesses or disabilities.

DCPs include home health aides, nurse aides, supported community living workers, direct support professionals, and many other titles. Together, Iowa's direct care professionals number around 73,000. Yet as critical as their work is, there are currently no statewide standards for direct care worker education, no way to know if the person caring for you or your loved one is trained and qualified, and little professional recognition for DCPs.

"When we survey our members, the most important thing for them is living in their home or neighborhood in an active way as long as possible," said Iowa AARP Director Kent Sovern. "What's key to that is a workforce for home- and community-based care... there is an expectation that caregivers be certified."

Unfortunately, turnover in this field is high, costing Iowa employers and taxpayers \$189 million in 2011. Demand for direct care services is high and growing. Iowa will need an estimated 12,000 additional DCPs between 2008 and 2018, but employers still struggle to recruit and retain good workers.

This summer, about 100 people attended local forums to learn about a project that aims to ensure a stable, qualified workforce through a training and credentialing model. Called the [Direct Care Workforce Initiative](#), the project is led by the Iowa Department of Public Health and the Direct Care Worker Advisory Council. More community forums are scheduled for September. (See side bar.)

Held in Mason City, Dubuque, Waterloo and Ankeny, the forums have featured updates on the initiative and the pilot project, panel discussions, and questions from attendees. Panelists have included employers, direct care professionals, educators and policymakers.

"There's a wide range of people involved in this project, and it has been a collaborative effort to make decisions," said Cindy Ramer, a certified nursing assistant at Harmony House Care Center in Waterloo. "The plans are to have a board of direct care professionals, and I think it's important that we have a board to oversee our own profession."

Training and credentialing has many benefits, including flexibility and career options for DCPs, assurance for employers that workers are well-prepared, and access to quality direct care services for consumers. The Direct Care Workforce Initiative is working toward a credentialing model that is based on statewide standards and that will be portable among



Upcoming Forums

Council Bluffs: Wednesday, Sept. 12, 3:30–5:00 p.m. Iowa Western Community College

Cedar Rapids: Wednesday, Sept. 19, 3:30–5:00 p.m. Cedar Rapids Public Library in Westdale Mall

Sheldon: Monday, Sept. 24, 3:30–5:00 p.m. Northwest Iowa Community College

Sioux City: Tuesday, Sept. 25, 3:30–5:00 p.m. Sioux City Public Library, Main Branch

Ottumwa: Thursday, Sept. 27, 3:30–5:00 p.m. Indian Hills Community College

employers and settings, with career pathways offering opportunities for advanced credentials and specialty endorsements. These components and a curriculum are being piloted in two Iowa regions right now.

“Training caregivers to work in many different settings makes sense,” said Kris Hansen, CEO of Cedar Falls-based Western Home Communities. “This focus on the professionalism is great, from the CEO standpoint.”

Learn more at www.idph.state.ia.us/directcare and www.facebook.com/iowadirectcare. Questions? Contact Erin Drinnin at (515) 281-3166 or Erin.Drinnin@idph.iowa.gov.

Register now for the “Next Step” challenge

It’s not too late to register a team for Live Healthy Iowa’s “Next Step” wellness and physical activity challenge. Gather your friends, family members, or co-workers and get stepping for better health! The activity runs from September 10 to October 19.

How does it work? Teams of 2 to 10 Iowans compete in a web-based competition tracking the number of steps (or their equivalent) achieved each week. For only \$10, each participant will receive:



- Live Healthy Iowa pedometer
- Weekly email containing a motivational message, activity tip and healthy recipe
- Personal online tracking page
- Unlimited access to recipes, workouts and health information on the Live Healthy Iowa website
- Opportunity to win team incentives and individual prizes

To get started, build a team and choose a captain. Then simply register the team online by visiting www.livehealthyiowa.org. Click on “Join Today.”

Health and wellness event includes Nadas performance

The Metro Arts Alliance is hosting a 5K run unlike any other. The September 22 “Metro Arts Rock ‘n Run” is more than just a road race. It will also feature a concert by Iowa’s favorite local band, The Nadas. The Iowa Department of Public Health’s Office of Minority and Multicultural Health is a proud sponsor of the event, which will start from the Clive Aquatic Center at 8:00 am. In addition to the 5K run, runners and concert-goers can participate in a 1-mile walk/run. Performances by a variety of musicians will be held along the race routes. Register for this family-friendly event by visiting <http://tiny.cc/rockrun>. More information is available on Facebook at www.facebook.com/MetroArtsRocknRun.



More Americans stay active by walking

A new [study](#) indicates that more Americans are staying active by walking. The percentage of people who report walking at least once for 10 minutes or more in the previous week rose from 56 percent in 2005 to 62 percent in 2010.

Published in the Morbidity and Mortality Weekly Report (MMWR) in August, the study was conducted by the Centers for Disease Control and Prevention (CDC), who used data from the 2005 and 2010 National Health Interview Surveys to assess changes in prevalence of walking. More than 6 in 10 people walk for transportation or for fun, relaxation, or exercise, or for activities such as walking the dog.

“The basic news today is that physical activity is the wonder drug,” said CDC Director [Tom Frieden](#). “More Americans are making a great first step in getting more physical activity. Specifically 15 million more Americans were walking in 2010 compared to 2005. Walking is a great first step and walking for just ten minutes a week is a great way to get started in meeting your 2 1/2 hours a week of physical activity.”

Physical activity helps control weight, but it has other benefits. Physical activity such as walking can help improve health even without weight loss. People who are physically active live longer and they have a lower risk for heart disease, stroke, type 2 diabetes, depression, and some cancers.

According to the report, walking prevalence increased significantly from 55.7% in 2005 to 62.0% in 2010. Significantly higher walking prevalence was observed in most demographic and health characteristic categories examined. In 2010, the adjusted odds ratio of meeting the aerobic physical activity guideline among walkers, compared with non-walkers, was 2.95 (95% confidence interval = 2.73–3.19).

To sustain increases in the prevalence of walking, the report suggests, communities can implement evidence-based strategies such as creating or enhancing access to places for physical activity, or using design and land use policies and practices that emphasize mixed-use communities and pedestrian-friendly streets. The impact of these strategies on both walking and physical activity should be monitored systematically at the national, state, and local levels. Public health efforts to promote walking as a way to meet physical activity guidelines can help improve the health of U.S. residents.

To read the entire report, click [here](#). For consumer-friendly fact sheets on this topic, visit www.cdc.gov/vitalsigns/Walking/index.html.



Survey: Iowa's children are healthy, feel safe

Iowa's children are healthy, happy, and feel safer in their communities and in their schools than children nationally, a survey led by University of Iowa researchers has found.

The 2010 [Iowa Child and Family Household Health Survey](#) is the only statewide study of the health and well-being of the state's children. The surveys, led by the [UI Public Policy Center](#), began in 2000 and are conducted every five years.

According to the survey, 97 percent of children in Iowa have health insurance, giving Iowa one of the highest rates of children's health coverage in the nation. Nationally, 91 percent of children had health coverage, according to a 2007 survey by the National Center for Health Statistics. Of those in Iowa without health insurance, the researchers found that two-thirds likely would qualify for some form of federal or state coverage.

Perhaps due in part to the high rate of coverage, 90 percent of Iowa's children rate themselves as in good or excellent health. And, when they do need care, the state's children generally have few problems getting it. The survey found that just 3 percent of children were not able to receive needed medical care in a year's time, a low percentage considering Iowa's rural makeup.

Children also feel safe in their neighborhoods and in their schools. Ninety-two percent report they feel safe in their communities, although the percentage drops to 81 percent for low-income children. Children also found their immediate surroundings to be supportive, with 87 percent voicing satisfaction—four points above the national average—yet less so for children in low-income families in the state.

The vast majority of children from kindergarten through high school—95 percent and above the national average—feel safe at school. The percentage cuts across income and social backgrounds, as 90 percent of low-income children also reported feeling safe in the classroom.

“Overall, children in Iowa are generally quite healthy and safe, especially when you compare them with children nationally. That's a really good thing, and we should be proud of the parents, the schools, and communities throughout the state,” says Peter Damiano, head of the UI Public Policy Center, which led the study. “Still, we should recognize that low-income children are in a somewhat different situation, and we should take steps to address these concerns.”

There are some troubling signs. The study looked at hunger for the first time: Perhaps due to the recession, 13 percent of children go hungry at least some of the time, in line with national statistics. That figure rises to 40 percent for low-income children in Iowa. Also, more than half of children surveyed reported they watch more than two hours of television or



online videos daily; these children, perhaps not surprisingly, were more likely to be overweight.

Gretchen Hageman, bureau chief of Family Health at the Iowa Department of Public Health, says the survey lends valuable insights not easily gleaned elsewhere. "We use it extensively to determine core strategies and programming to meet the needs of Iowa's children and families," she says.

Researchers polled 2,386 parents across the state by phone or online, with a special emphasis on getting responses from African-American and Latino households. A parent or guardian responded on behalf of one randomly selected child, who ranged from birth to 17 years old. The data were weighted to account for family size, children's ages, and to reflect the 2010 census of children in Iowa, which counted about 820,000 children in the state.

To access the full report, visit <http://ppc.uiowa.edu/ihhs>.

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