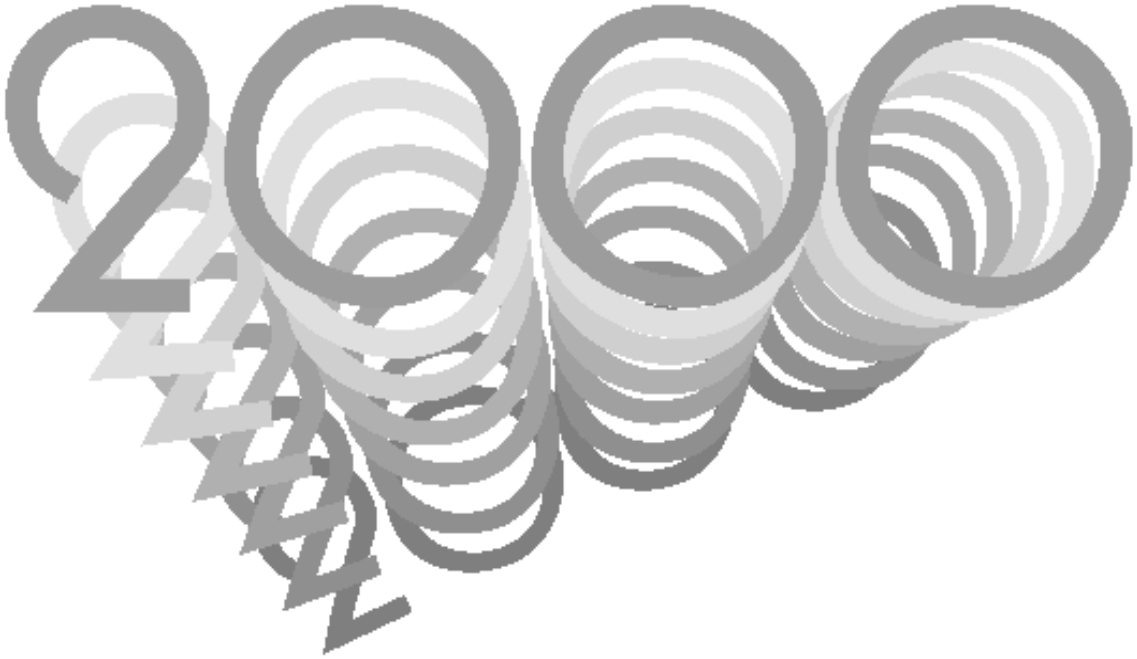
IOWA DEPARTMENT OF PUBLIC HEALTH



ANNUAL REPORT

Thomas J. Vilsack, Governor ▫ Sally J. Pederson, Lt. Governor ▫ Stephen C. Gleason, D.O., Director

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A Message from the Director

Looking back on the past year – my first full year as director – evokes elation, pride, and gratitude for the dedication to public health shown by Gov. Tom Vilsack and his administration, the Iowa Legislature, and my colleagues at the IDPH. I've said it many times: I have the best job, and the best team, in state government.

Could we have done some things better? Undoubtedly. And that's why later I'll mention Iowa Excellence, which is part of our plan for self-improvement. But this letter is mainly to review the accomplishments of the past year – achievements of which IDPH staffers, indeed all Iowans, can all be proud.

One of the greatest achievements was to join with many others around the state, the governor and our friends in the Iowa Legislature, to see that the historic, $55 million tobacco settlement is spent on health. And one of the little noticed but very important parts of that agreement was the earmarking of $1.5 million for core public health functions, including money to achieve the goals of Healthy Iowans 2010, the state's health plan for the next decade.

The tobacco agreement also helped us establish two new divisions within the department. That meant beefing up programs after years of under-funding and under-staffing. The two divisions, Tobacco Use Prevention and Control, headed by Cathy Callaway, and Environmental Health, headed by Steve Quirk, will use scientific methods to study and attack problems that affect Iowans' health.

We're in a period of growth at the IDPH, but not of heavy spending. That's because we've been successful in acquiring federal grants and private grants, including several from Iowa's Wellmark Foundation, that will provide health insurance to more Iowans, improve patient quality and minority health, and start a pilot project aimed at providing a technological "clinic in every home."

To keep in touch with Iowans when planning and executing programs, we have established advisory boards that include the Council of Scientific and Health Advisors; the Health Consumer Advisory Council and Consumer Health Network; the Minority Health Advisory Task Force and the Governor's Task Force on Privacy.

Another way to maintain contact with Iowans in all parts of the state is to go see them. We've made one- and two-day community visits to Davenport, Council Bluffs, Dubuque, Cedar Rapids, Waterloo-Cedar Falls, Mason City and Ottumwa. Visits to Sioux City and Storm Lake, and to towns nearer the capital – including Ames and Osceola – are planned for late 2000.

As important as it is to keep in touch with the Iowans whose health we have pledged to promote and protect, it's also crucial that we at the IDPH maintain communication with each other. That's part of the value of functions like our annual retreat and "Tuesdays with Dr. G," begun last year.

I want all IDPH employees to know how much I appreciate their work, and how important their work is, even though their programs may not have received special attention this past year. There are lots

of new faces at the department, and they energize us with new ideas and approaches. But the experience and wisdom of long-time employees is critical as well. Change is inevitable, and meaningful and useful change is essential to serving our customers. We have to embrace it to do our jobs well.

That brings us to Iowa Excellence. Before you can improve anything, you have to know its status, and Iowa Excellence is a tool for self-assessment with the goal of increased customer satisfaction and improved quality. The process is under way in the IDPH, with leadership and employee groups analyzing what we do and how we do it. I urge the IDPH staff to support the process.

Finally, although we were successful in establishing the precedent of dedicating Iowa's annual tobacco settlement to health, we know the funding is not sacrosanct. We must preserve this investment and demonstrate results. If we don't promote our efforts, tell our stories, and celebrate our successes, who will?

This annual report, in part, represents a continuation of that celebration. As supporters and champions of public health, we must do all we can to continue, and improve, programs and activities that make Iowa among the healthiest of states to live, work, and raise a family.

MISSION

Healthy Iowans living in a healthy environment

VISION

Promoting and protecting the health of Iowans

GUIDING PRINCIPLES

We must be LEADERS in promoting and protecting the health of Iowans.

With a collective sense of SOCIAL JUSTICE, our activities will reflect understanding and acceptance of diversity among Iowans. We encourage involvement in our activities by all Iowa COMMUNITIES.

We strive to be agents for CHANGE, initiating activities, responding to emerging issues, and assuring the highest QUALITY of services we can provide.

We will base our decisions on accurate DATA, COLLABORATING with organizations within and outside government. We want to arrive at decisions, whenever possible, through CONSENSUS.

Finally — but perhaps most important — we must focus on our CUSTOMERS, the people of Iowa, individually and collectively, effecting OUTCOMES that are clear improvements in their lives.

HEALTHY IOWANS 2010

Many a great plan of action has been launched, only to be lost in the execution. Whether caused by a failure of nerve, a lack of conviction, or a fault of will, the inability to follow through with tenacity and sympathy has spelled doom for many.

—1997, Jennings, Miller, and Materna

At the very beginning of the new millennium and century, Iowa published its plan to advance the boundaries of healthy living and the quality of life. *Healthy Iowans 2010* was the product of more than 200 organizations and 500 individuals working on 23 teams to improve the health status of Iowans. The plan, along with the national *Healthy People 2010* plan, is driving state and national resource allocations for public health programs during the decade. Action is underway to reach the goals. This includes funding the action steps, groups assuming responsibility for implementation and monitoring, developing companion Healthy Communities 2010 plans in each county, and marketing the plan.

- Following completion of *Healthy Iowans 2010*, a coalition of 65 organizations was formed and was successful in helping to secure the tobacco funds for health—a first among the states to take this action. A portion of the allocation was setside for *Healthy Iowans 2010* initiatives.
- Groups that had developed the chapters felt they had a stake in making sure the plan was followed and assumed responsibility for implementation. New coalitions were formed to take the steps set forth in the plan.
- At nine regional seminars, community health planners received technical assistance in using their local health improvement plans to develop Healthy Communities 2010 plans.
- The plan has been promoted and discussed at a press conference and at national conferences and state meetings. Nearly 5,000 copies have been distributed to citizens, organizations, students, and libraries. The plan also can be accessed on the department web site: www.idph.state.ia.us.

Following are some of the critical issues in each chapter of *Healthy Iowans 2010:*

Access to Quality Health Services: Health care coverage for all children and adults under age 65.

Cancer: A substantial reduction in cancer deaths.

Diabetes: Reduction in the onset of diabetes, a hidden health threat for many Iowans.

Disabilities: A major, first-time, coordinated and comprehensive effort to provide services for Iowans with disabilities and to address prevention issues.

Educational and Community-Based Programs: An all-out effort to develop local *Healthy Iowans 2010* plans that touch the lives of everyone in the community.

Environmental Health: An expanded capacity to meet environmental health problems at the community level.

Family Planning: An increase in the proportion of pregnancies among Iowa women aged 15 to 44 that are intended so that every child is a wanted child.

Food and Drug Safety: A reduction in the risk of infectious food-borne disease.

Heart Disease and Stroke: Reduction in premature death and disability from cardiovascular disease - the major killer of Iowans.

Immunization and Infectious Diseases: Protection of both adults and children against potential life threatening and health robbing vaccine preventable diseases.

Maternal, Infant, and Child Health: Reduction in the overall infant mortality rate to no more than 5 per 1,000 live births and the ratio of black to white infant mortality to no more than 1:0 (no disparity). (In 1998, black infant mortality rate was 18.5 per 1.000 live births compared to the white infant mortality rate of 5.6 per 1,000.)

Mental Health and Mental Disorders: A coordinated point of responsibility for mental health services for children and their families.

Nutrition: A halt in unhealthy weight gain among adult Iowans, 33 percent of whom are obese.

Occupational Safety and Health: A reduction in the overall occupational injury and illness rates in Iowa.

Oral Health: Collaboration to reduce dental caries (cavities) among children.

Physical Activity and Fitness: Partnering to promote an environment that invites regular physical activity. (A total of 58.9% of Iowans lead sedentary lives.)

Public Health Infrastructure: Strengthening local health agencies - Iowa's first line of defense against epidemics and its main offense for promoting sound health practices.

Respiratory Diseases: Asthma: An alliance to address asthma, an emerging problem and the leading chronic illness among children.

Sexually Transmitted Diseases and Human Immunodeficiency Virus Infection: A reduction in illness and death by preventing cases and the complications of specific sexually transmitted diseases.

Substance Abuse and Problem Gambling: Reducing the death and injury rate of Iowa residents which is due to alcohol and other drug use and preventing an increase in the current percentage of Iowans engaged in problem gambling behavior.

Tobacco: Stemming the tide in the growth of tobacco use among youth. (In 1997, 38% of all high school students reported having smoked cigarettes in the past 30 days.)

Unintentional Injuries: Reduction in motor vehicle deaths and injuries—half of all unintentional injury deaths—with special attention to children, youth, and people aged 75 and over.

Violent and Abusive Behavior: A major effort to reduce weapon-related crimes.

PUBLIC HEALTH PROGRAM ACTIVITIES FOR 2000

Every program and activity of the department is defined and identified as contributing to one or more of eleven distinct budgeting for results (BFR) areas. These BFR program areas are essentially focused on function and outcomes and cut cross the organizational lines of the department, establishing performance measures for programs.

Following are the 11 BFR areas:

Addictive Disorders - Activities directed toward reducing the prevalence of use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors, including gambling.

Adult Wellness - Services directed toward maintaining or improving the health status of adults, with target populations between 18 and 60.

Child and Adolescent Wellness - Promotion of optimum health status for children and adolescents from birth through 21 years of age.

Chronic Conditions - Activities and services provided to individuals identified as having chronic conditions or special health care needs.

Community Capacity - Activities provided by department staff that are intended to strengthen the public health system at the local level.

Elderly Wellness - Activities and services provided to persons over the age of 55 years that are intended to optimize their health status.

Environmental Hazards - Activities provided to reduce the incidence and prevalence of communicable diseases.

Infectious Diseases - Activities provided to reduce the incidence and prevalence of communicable diseases.

Injuries - Services that provide support and protection to victims of injury or are designed to prevent injury.

Public Protection - Activities related to protecting the health and safety of the public through establishment of standards and enforcement of regulations.

Resource Management - The essential foundation or overall ability of the department to deliver competent services to the public.

Addictive Disorders

Activities directed toward reducing the prevalence of use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors, including gambling.

Division of Substance Abuse and Health Promotion comprehensive prevention and county contracts, community group grants, innovative prevention contracts, and training of substance abuse professionals.

Law Enforcement Partnerships

Drug and Violence Prevention Contracts

Iowa Prevention Needs Assessment Project

FDA Tobacco Retailer Compliance

Tobacco Preclusion Program

Substance Abuse Treatment

Women's Treatment Services

Treatment Demand and Needs Assessment Program

Gambling Treatment Program

ISAIC: Iowa Substance Abuse Information Center

Iowa Council on Chemically Exposed Infants and Children

Comprehensive substance abuse prevention services are available to residents of all 99 Iowa counties through **Comprehensive Prevention Contracts** with 23 not-for-profit community-based agencies that serve regions varying from one to 10 counties in size. The funds come from the 20 percent set-aside of the federal block grant for substance abuse services. This was the first year of a three-year funding cycle. These services use multiple-strategic approaches to include strategies for information dissemination, education, alternative activities, environmental and social policy, problem identification and referral, and community-based services. Both single and recurring services were provided. "Single services" are one-time presentations to various groups, such as businesses, civic organizations, schools, health professionals, and other professionals. "Recurring services" are those offered on a continuing basis, and include multiple-session curricula and presentations, diversion programs for youth offenders, parenting programs, and other services. New service requirements include that 30 percent of direct services hours must be science-based prevention curricula, programs or processes; and that 25 percent must be tobacco-specific services.

The Division of Substance Abuse and Health Promotion provides annual **County Contracts** to county boards of supervisors to identify needs and to provide substance abuse prevention and referral services. The department contracts with 67 counties, and there is a three-to-one match of local funds. Programs provided through county contracts in FY00 included education classes for high risk youth, juvenile probation and court diversion programs, DARE programs, referral of individuals to substance abuse treatment, provision of aftercare services, in-service training, employee assistance services, court liaison officers, truancy reduction and intervention officers, Positive Youth Initiative, Just Say No program, the Nurturing Project for spouses of persons with alcoholism, informational and educational consultation services, and Red Ribbon Week activities.

Programs such as these increase students' awareness of substance abuse and its effects, and increase their knowledge of techniques to help them resist pressures to use alcohol, tobacco, and other drugs. Community members, parents, and religious leaders learn skills for communicating with youth and improving appropriate responses to the use of alcohol. The desired results are reduced illegal alcohol, tobacco and other drug use; and a reduction in the problems associated with the use of alcohol, tobacco and other drugs, as well as referral to substance abuse treatment when appropriate and to aftercare services to help maintain abstinence.

Community Group Grants of up to $500 were awarded to 94 not-for-profit community coalitions and volunteer groups for substance abuse prevention or related activities. Funds were used for an array of activities, and were given to a variety of groups, including: Students Okay Without Drugs and Alcohol (SODA and Junior SODA) groups in high schools and middle schools; drug free events for youth such as after-prom parties and Project Graduation 2000, junior high New Years Eve event; Students Against Driving Drunk (SADD) and Teens Against Tobacco Use activities; Adventureland's Drug-Free Weekend; library books and videos; Red Ribbon Week activities; training for peer helpers and mentors; community mobilization training and SAFE Community Coalition activities included an Inhalant Awareness Week and maintaining and updating a coalition website; senior citizen events; SAFE Homes projects; "Just Say No" clubs; and some after school program components, a student survey, a methamphetamine Speakers Bureau, an NAACCP Drill Team, two artists from Very Special Arts Iowa working with alternative school students, student created radio public service announcements, presentations using drama and clowning, printing monthly newsletters, a student run school supplies business, gender specific programs .

These grassroots volunteer efforts to prevent underage alcohol, tobacco, and other illegal drug use are a strategy in the state's overall prevention program. These grants provide seed money for new creative projects. They offer an opportunity for youth to get involved in grant writing and in planning the activities that they believe will make a difference in their communities.

Innovative prevention strategies are funded through **Innovative Substance Abuse Prevention Contracts**. Thirteen not-for-profit community-based agencies were awarded one-year contracts of up to $45,000 with a two-to-one local match required. Funding included providing services for homeless and low-income preschoolers, peer educators training and presentations, after school tutoring and mentoring, alternative expulsion services, transition to high school supportive services, and music and the persuasive energy of Rock In Prevention.

Law Enforcement Education Partnerships (LEEP) provide for the development of partnerships between law enforcement agencies and community organizations or groups to address violence and substance abuse prevention in their communities. In FY00, seven law enforcement agencies received LEEP contracts. This is the first year of a two-year funding cycle. Most of the funding supported the Drug Abuse Resistance Education (DARE) curriculum provided by law enforcement officers in school classrooms. These programs provide services to school-aged youth in school, parents, law enforcement professionals, teachers, and other community members. LEEP is funded from a 10 percent set-aside of the Safe and Drug-Free School and Communities Act Part B funds to ensure law enforcement partnerships are working towards safe and drug-free schools and communities. One unique project is a partnership between a police department and a youth task force. During the year, the partnership sponsored a one day forum, "What North Iowa Kids Need to Succeed," developed a media campaign using billboards, TV, radio and newspapers, continued the youth "Truth Squad" speaking group, and a one-on-one mentoring project with community college students and community volunteers who were matched with middle-school students.

Drug and violence prevention contracts were awarded to 14 not-for-profit or government organizations that received up to $45,000 each, with a required local 10 percent match of funds. This was the first year of a two-year funding cycle. The purpose of the contracts is to provide for the development of community-based alcohol, tobacco, and other drug and violence prevention services. These projects were also funded from the Safe and Drug-Free Schools and Communities Act funds. Some of the services included school –based mentoring, after school programming, culturally specific African-American youth services, gender-specific services, alternatives to violence for juvenile offenders, services for children of substance abusers and victims of domestic violence, a specialized high school class, parent and community involvement for Hispanic families, training and collaboration of care providers for children from birth to five years of age, programming at a low-income housing project, and an in-school violence prevention curriculum, and a week-long camp "Anytown U. S. A."

A **statewide strategic planning process** for substance abuse prevention was undertaken in 1998 by the Division of Substance Abuse and Health Promotion. With technical assistance from the Center for Substance Abuse Prevention, and oversight from a state-level steering committee composed of multiple state agency representatives, two meetings were held in each of seven planning regions. County and regional data on risk indicators were used and regional recommendations were compiled. The State Plan is being used as part of the needs assessment required by all of the bidders for department substance abuse funds.

The Division participated in the development of the Healthy Iowans 2010 chapter on Substance Abuse and Problem Gambling. Three staff members served as facilitators for the chapter team. Chapter goals include the following:

- Assess the infrastructure of the alcohol, tobacco and other drug service systems in Iowa and its impact on the provision of quality prevention, early intervention, and treatment services.
- Increase the percent of youth aged 12-17 who are free of alcohol, tobacco and other drug use, and annually monitor and evaluate the increase.
- Reduce the alcohol and other drugs death and injury rates in Iowa by 2005
- Increase the number of Iowans 60 and over who receive screening, prevention, referral, and/or

- treatment for such risk factors as poverty, deficient nutrition, social isolation, abuse of alcohol, tobacco, and other drugs, problem gambling and violence.
- Increase the availability and quality of treatment and support services for Iowans addicted to alcohol, tobacco, and other drugs.
- Assure by 2005 that the percentage of Iowans engaging in problem gambling does not increase.
- Increase, and sustain state, county, community, and neighborhood collaboration in Iowa to reduce problems of alcohol, and other drugs and problem gambling.

For information on any of the above contact Phyllis Liston at pliston@idph.state.ia.us or at 515-281-3641.

The Food and Drug Administration (FDA) began contracting with the Division of Substance Abuse and Health Promotion in the summer of 1998 to do **Tobacco Retailer Compliance checks** regarding youth access to tobacco. This was to enforce FDA rules prohibiting tobacco sales to youth under age 18. The division conducted this program until the U.S. Supreme Court ruled in March 2000 that the FDA did not have this authority.

The division contacted the 99 County Sheriff's Offices and invited them to subcontract. In addition, larger Iowa cities were asked to subcontract. If a sheriff was not interested or able to participate, a city in the county was asked to cover the whole county. The division contracted with the Iowa Law Enforcement Academy to conduct compliance checks where there was no local law enforcement coverage for the program. There were 302 law enforcement agents commissioned by the FDA to conduct the compliance checks. Officers conducted compliance checks as part of their scheduled hours or as overtime when their workload permitted. The law enforcement agencies were reimbursed for their time and expenses.

Youth were recruited and trained through contracts with the Comprehensive Substance Abuse Prevention Programs or through other community-based groups or law enforcement agencies. The division contracted with a total of 392 youth, ages 15 through 17, for this program. The youth were reimbursed for their time and travel. Recruitment and training was a recurring process, since youth were continuously turning 18.

The division attempted to check every cigarette permit holder at least twice each year. If a retailer did not sell to an under-age buyer on a compliance check, the retailer was sent a letter of congratulations by the FDA. If a retailer sold on the first compliance check, the FDA sent a warning letter to the retailer and requested the division do a follow-up compliance check. If the retailer sold a second time, it was issued a civil monetary penalty. Subsequent sales resulted in escalating civil monetary penalties.

During the 19 months of the contract, 8,419 compliance checks were attempted and 7,268 checks were completed. The difference was due to businesses that were closed or did not sell cigarettes, and for unsatisfactory or unsafe conditions in doing the checks. The FDA included 6,972 of these compliance checks in it's website database. Sales were completed in 34 percent of these compliance checks.

Local law enforcement agencies were encouraged to pursue violators of *Code of Iowa 453A.22* which allows citations to the selling clerk and civil penalties to the permit holder. All cigarette permits are issued through the appropriate city clerk or county auditor and control of the permit remains with that local jurisdiction. In September 1999 the division started issuing civil penalties to the permit holder if the local jurisdiction had not cited them. The first sale resulted in a warning letter and the second an assessment of a $300 civil penalty. The third offense within two years would have resulted in an automatic suspension of the cigarette permit for 30 days. The division issued 474 warnings and nine violation letters from September 1, 1999, until the program ended in March 2000.

The department is required to do a sample of tobacco retailer compliance checks for the Synar amendment, in relation to the Substance Abuse Block Grant from the Substance Abuse and Mental Health Services Administration. The FDA and Synar compliance checks were combined in 1998 and 1999. The Synar scientific sample was drawn from the retailer list. The compliance check forms were batched separately in working with the local law enforcement agencies. For more information contact Cathryn Callaway at ccallawa@idph.state.ia.us or at 515-281-6225.

The **Tobacco Preclusion Program** is funded by the Centers for Disease Control (CDC) to implement a comprehensive tobacco use prevention and control initiative by expanding upon existing anti-tobacco programming within the state to increase national tobacco prevention and control efforts. The program's goals mandated by CDC are to prevent initiation among youth, promote quitting among adults and youth, eliminate exposure to environmental tobacco smoke (ETS), and eliminate disparities between population groups.

A focused effort began in 1999 to involve stakeholders from populations targeted for elimination of disparities, particularly involving racial and ethnic minority groups, in the comprehensive planning process. Four 0.5 full-time equivalent positions for community health consultants were contracted to work specifically within the African American, Hispanic/Latino, Native American Indian, and Southeast Asian communities to address the CDC's four goals. They continue minority, population-based activities to meet program goals by developing materials that are culturally specific and dialect specific for program expansion and maintenance, and for youth and adult education.

The Tobacco Preclusion Program provides financial and technical assistance to facilitate the infrastructure expansion of local nonprofit or governmental organizations. This assistance promotes ownership of local collaborative projects and increases the success rate of tobacco prevention and control strategies within targeted populations. During the past year, grants were awarded to 16 organizations to implement goal-driven, community-based initiatives that created a visual presence in the community and included a mechanism for publicity within the targeted areas. In FY00, CDC intends to fund four substantially larger grants to encourage tobacco-specific infrastructure development of nonprofit or governmental organizations.

Four organizations were 1999 recipients of Diverse Population Community-Based Tobacco Prevention and Control Grants. Their activities were directed at changing targeted community environments to denormalize and deglamorize tobacco products, to discourage tobacco use, reduce exposure to second-hand smoke, and provide access to resources to increase users' ability to overcome their addiction and eliminate their use of tobacco products. In FY00, CDC intends to fund three substantially larger grants to encourage the tobacco-specific infrastructure development of non-profit or governmental organizations.

In FY00, Iowa State University of Science and Technology and/or Extension Service and/or Youth and 4-H was contracted to target disadvantaged urban youth 10 to 14 years of age and their families in three of the seven metropolitan areas within the state. This was accomplished by expanding the 4-H program, "Strengthening Families," to involve minority and low-socioeconomic-status youth. The program material was increased to develop youth life-skills, tobacco use prevention activities, promotion of tobacco cessation within families, and youth and family education by the inclusion of Tobacco-Free Iowa's *Get the F.A.C.T.S!* This cooperative venue provided the program with an opportunity to pursue new partnering opportunities with another statewide group in Iowa. 4-H has a recognizable presence in communities and schools in all 99 counties. Over 120,000 children and their families will be impacted by the coordination of the new initiatives undertaken by the Tobacco Preclusion Program.

To support state and local efforts during the past project period, the program developed several forms of durable media for distribution at the state fair, local county fairs, health fairs, schools, an educational

legislative breakfast, and as incentives for youth completing counter-tobacco activity training. Counter-tobacco pencils were also distributed to inner city magnet schools. The prevalence of smoking images and the need for finances to counter them are very evident in this targeted population. The developed items facilitated implementation of counter-tobacco education in youth from third through eighth grades. The national counter-tobacco billboard campaign facilitated by the master settlement agreement in 1999, was extended through January of 2000. Numerous billboards were utilized in cities across Iowa beyond the contracted timeframe, well into the spring of 2000. Annual average daily traffic counts at the billboard locations totaled a minimum of 469,220 vehicles. The message was carried to over 938,440 people. Currently, nine counties representing a statewide distribution are utilizing 27 available billboards within their communities in school and local festival settings.

In spring 2000, a nicotine dependence and addiction treatment conference was facilitated by the program. Attendance exceeded expectations. Attendees requested additional trainings to learn how to handle the incorporation of nicotine cessation into addiction treatment.

The goals of the tobacco chapter of *Healthy Iowans 2000,* Chapter 3, were not met although some of the action steps were addressed with the passage of *Iowa's Clean Indoor Air Act.* Chapter 21, the tobacco chapter of *Healthy Iowans 2010,* delineates a comprehensive plan to continue and expand efforts within the state to alter social norms and environments that support tobacco use. The goals and action steps unachieved in Chapter 3 of *Healthy Iowans 2000* were integrated with a significantly increased number of new goals and new action steps to comprise Chapter 21 of *Healthy Iowans 2010* and provide strategies to reduce tobacco-related disease, disability and death in all of Iowa's communities.

All program activities are to include surveillance and evaluation mechanisms to effect outcome guidance and control. Program staff has identified specific activities related to the goals and action steps in Chapter 21 that were implemented in FY00. These endeavors will be monitored through process evaluation techniques. For more information contact Arlene Johnson at ajohnso@idph.state.ia.us or at 515-242-5833.

The state is divided into 22 service areas for **substance abuse treatment**. Iowa has operated under a managed care system since FY96. The system is currently administered by Merit Behavioral Care of Iowa (MBCI). MBCI contracts with 34 IDPH and Medicaid-funded service providers, as well as 33 Medicaid-only funded service providers. In the 22 areas, this amounts to a total of 67 service providers. Using funding from the Alcohol and Drug Abuse and Mental Health Services block grant, state substance abuse appropriations, and Medicaid, all 99 Iowa counties provide substance abuse treatment. Services are available to all Iowans regardless of their ability to pay, along with use of a sliding-fee schedule.

Community-based treatment programs provided a variety of services, including screening, evaluation, intake and assessment, treatment, continuing care, and follow-up services, plus detoxification (not funded by IDPH). The Commission on Substance Abuse defined catchment areas for contract and funding. Although a continuum of care existed in many catchment areas, a minimum of one program in each area provided outpatient services. Clients with special needs such as persons with disabilities or those speaking languages other than English were served via linkages with local and/or community providers meeting the special needs. Individualized client treatment care plans often included existing community resources for support services.

The following numbers are from all substance abuse programs that submit client data regardless of source of funding. In FY88, there were 25,000 unduplicated substance abuse treatment clients; in FY00, there were 42,309 unduplicated clients. In FY00 the majority of substance abuse treatment clients (85.5%) were white non-Hispanic; 7.8 percent African American non-Hispanic, 4.9 percent Hispanic, 1.2 percent American Indian, 0.5 percent Asian, and 0.1 percent were of other ethnic origins.

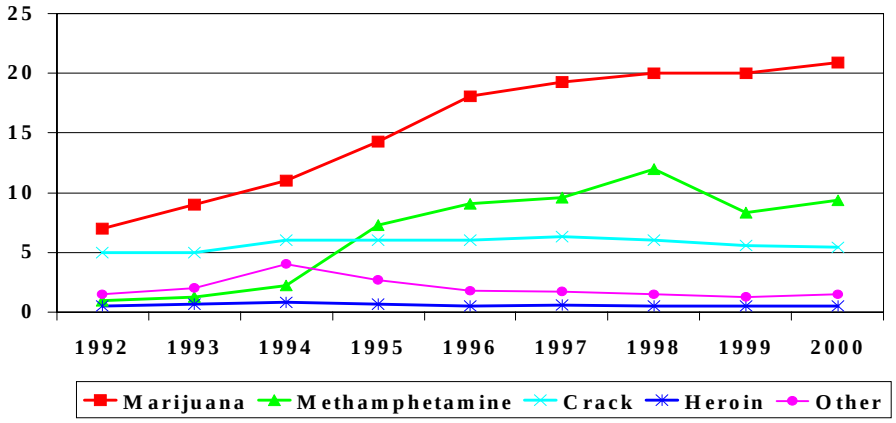
PRIMARY PROBLEM - TYPE OF DRUG IN IOWA

	Alcohol	Marijuana	Methamphetamine	Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297 **
1998	60%	20%	12%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.05%	1.5%	43,217 **

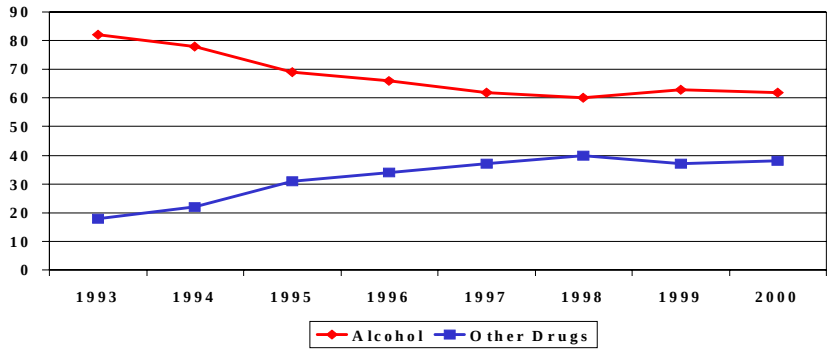
* Number of clients who identified a primary problem

**The number of clients who reported a primary drug problem is higher than the total number of unduplicated clients seen. This is because a client may be discharged and then admitted with another primary drug of choice.

Percent of Clients Reporting Primary Drug of Choice by Drug Type



Percent of Clients Reporting Primary Substance of Choice by Drug Type



Data comparisons from 1992 to 2000 include the following:

- The percentage of clients whose primary drug was not alcohol increased from 15 percent in 1992 to nearly 40 percent in 2000.
- Marijuana use increased from seven percent in 1992 to 20.9 percent in 2000.
- The percentage of clients whose primary drug was methamphetamine rose from one percent in 1992 to a high of 12 percent in 1998, then dropped to 9.4 percent in 2000.
- IV drug users increased from 8.9 percent in FY99 to 9.6 percent in FY00.
- The number of clients reporting multiple addictions was 32 percent in FY99 and 14 percent in FY00. The decrease is attributed to the addition of specific tobacco questions in the FY00 database. Therefore, those clients who use tobacco are no longer being shown as having multiple addictions due to tobacco use.
- The number of criminal justice referrals rose from 56 percent in FY97 and 58 percent in FY98 to 63 percent in FY99 and FY00.

In FY00, 26 percent of clients seen for substance abuse treatment were female; of this group, 4.1 percent were pregnant. **Women's treatment services** implements an expanded network of substance abuse treatment services designed to meet the needs of pregnant women and women with dependent children. Services include the provision of prenatal care to women receiving treatment and child-care during times when the women are receiving treatment services. Three residential treatment programs for women and their children have been funded for some time. They are located in Cedar Rapids, Des Moines, and Sioux City.

As a result of an agreement with the Iowa Department of Human Services allowing Medicaid coverage for substance abuse treatment of eligible clients, sufficient block grant funds were made available to start an additional three outpatient women and children programs and four programs that provided both outpatient and residential services to women with children. The outpatient programs are located in Creston, Dubuque, and Spencer. The outpatient and/or residential programs are located in Davenport, Fort Dodge, Iowa City, and Mason City. Through funding other than Medicaid, ancillary and support services are made available to these women and include child care, transportation, well-baby and immunization services, Head Start, and specialized clinical services relating to issues such as domestic violence, parenting skills, budgeting, education and literacy. These programs recognize the importance of interdisciplinary collaboration in responding to the varied needs of this group.

Case management projects for substance abusing pregnant women were funded at federally-designated primary health clinics in Polk and Black Hawk counties. The goals of these programs are to enhance the physical and emotional well being of infants born to substance-abusing women and to assist these women in achieving sobriety, abstinence, and self-sufficiency. They receive services to develop greater self-esteem, to recognize the destructive patterns of dependency, and to provide more nurturing to their children. The objective is to make children more likely to overcome some of these problems caused by prenatal exposure to alcohol and other toxic or teratogenic substances. In FY00, 31 women were served in Polk County and 50 in Black Hawk County.

Collection of treatment data through the *Substance Abuse Reporting System (SARS)* assists in determining additional treatment needs for a specific population or level of care. In FY00, 42,309 clients were treated, increasing the quantity of data collection required of the facilities. An annual training session via the ICN allows staff access to standardized information and assures that all participants are interpreting data questions as intended. Approximately 50 of the facilities submit their data electronically rather than on a mailed diskette. Electronic submission gives facilities extra time for data entry and eliminates the problem of diskettes being damaged in the mail and causing subsequent delays.

Aftercare, or continuing care, provides structured therapeutic services for a specific period of time;

these services are designed to enhance, facilitate, and promote transition from primary treatment care to ongoing recovery. All licensed community- or hospital-based treatment programs use aftercare. In FY00, 4,435 clients received these services. Aftercare reduces relapse among clients recovering from substance abuse. Six months after discharge follow-up showed that, for many, employment and/or school attendance had improved or the individuals had gained employment/returned to school. As a result, the general well being of the individuals and their families improved. Two barriers to providing aftercare have been inadequate staff to provide it in addition to regular treatment programs and the need to develop flexible systems.

The **Treatment Demand and Needs Assessment Project**, an adult household survey with data collection at the University of Northern Iowa, identified and filled current gaps in treatment information. A total of 6,000 interviews were completed. Data from needs assessment interviews were weighted and analyzed. A final report was published in 1999. The project was a collaborative effort among the department's Division of Substance Abuse and Health Promotion, (DSAHP), the Iowa Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center, the Iowa Consortium for Substance Abuse Research and Evaluation; and its subcontractor at the University of Northern Iowa - under contract with the federal Center for Substance Abuse Treatment (CSAT).

The DSAHP, the Office of Drug Control Policy, and the Iowa Substance Abuse Program Directors' Association working in conjunction with the CSAT funded National Leadership Institute, held a series of regional forums to obtain input into the state plan for substance abuse treatment. The plan was published and distributed in FY00.

The division received a *Treatment Outcomes and Performance Pilot Studies (TOPPS II*) grant from CSAT. This grant assisted the department in developing a computerized assessment instrument and to monitor outcomes in treatment programs. The department contracted with the consortium to provide follow-up on a sample of clients six months after their discharge. Comparisons were made between status at admission and at the follow-up time regarding changes in a client's life. Fifteen different life situations were compared. In four of the most significant areas, the following changes were noted six months after discharge:

- Employment Status: clients in the sample reported that full time employment increased by 10.7 percent six months after discharge,
- Arrests: 52.5 percent of clients in the sample reported no new arrests.
- Primary Substance Used: 40.6 percent of clients in the sample reported no substances were used.
- Income: 19 percent of clients sampled, reported moving from no income to having some level of income.

The *1999 Iowa Youth Survey* was prepared by the consortium, with funding provided by the department's DSAHP, the Iowa Department of Education, the Office of Drug Control Policy, the Iowa Department of Human Rights Criminal Juvenile Justice Planning and Statistical Analysis Center, and Higher Plains, Inc. The triennial survey measured the incidence and prevalence of the use of alcohol, tobacco, and other drugs among over 80,000 students in grades 6, 8, and 11. The survey also assessed the status of asset and/or protective factors, deficits and/or risk factors, and student involvement in other at-risk behaviors. Data subsets from the 1999 study are available for each county and area education agency.

The information obtained from the projects and studies listed above will be used to design, implement, and monitor treatment programs that will better serve the needs of substance abusers in Iowa. For more information, contact Dean Austin at daustin@idph.state.ia.us or at 515-242-6514.

The Iowa **Gambling Treatment Program** provides education, referral, and counseling services for persons affected directly or indirectly by problem gambling behavior. Clients receiving services in

FY00 totaled 1,053 (933 gamblers and 120 concerned persons). Counseling hours in FY00 totaled 14,841. Educational presentation hours totaled 2,853. The program receives receives money from the Gambling Treatment Fund, which receives 0.3 percent from the gross lottery revenue, the adjusted gross receipts from the riverboat casinos, and the adjusted gross receipts from casino games at the racetracks.

Services are provided to problem gamblers and concerned persons through a system of treatment and education providers located throughout the state. A problem gambling "helpline" (1-800-BETS OFF) is available to gamblers and concerned persons. ISAIC, the Iowa Substance Abuse Information Center, serves as the clearinghouse for information on problem gambling. An advertising campaign promotes information about problem gambling and gives the 1-800-BETS OFF helpline. A website (www.1800betsoff.org) provides Internet users with information on problem gambling and the Iowa Gambling Treatment Program services. The Iowa Racing and Gaming Commission and the Iowa Lottery are kept informed of the extent of problem gambling in Iowa and the number of clients served by the program. Training sessions using experts on problem gambling are held over the Iowa Communications Network. These sessions reach counselors, clergy, human resource personnel, mental health clinicians, social workers, and health care professionals. An advisory committee provides advice and guidance on the program's structure and services.

Of Iowans 18 and older who participated in the Behavioral Risk Factor Surveillance System Survey (BRFSS) in 1999, results indicate that 33.4 percent reported gambling within the last 12 months. Another 3.4 percent refused to answer the question. Of those indicating they had gambled, 1.2 percent stated that the money spent gambling led to financial problems; and 0.7 percent stated that the time spent gambling led to problems in family, work, or personal life.

Iowa Profile

Gamblers Admitted to Treatment

Fiscal Years 1998, 1999, 2000

Fiscal Year	1998	1999	2000
High School Education or Beyond	93%	88%	94%
White	93%	91%	93%
Ages 30-59 Years	83%	83%	80%
Reported Most Lost in Any One Week in Last 6 Months: Above $500	81%	66%	68%
Reported Total Amount Lost Weekly Above $100	75%	79%	83%
Employed Full-time	69%	68%	66%
Reported Any Tobacco Use	64%	62%	64%
Had 1 to 3 Children	60%	56%	57%
Male	59%	54%	55%
Stated An Age in the 30-49 Year Range When Gambling Became a Problem	58%	56%	56%

Reported Any Alcohol Use	53%	47%	46%
Married	50%	47%	51%
Reported Age was Less Than 21 Years When First Gambled	49%	45%	41%
Reported Gambling Was an Accepted Activity Growing Up	49%	41%	42%
Reported Debt as a Result of Gambling at Greater Than $5,000	46%	52%	56%
Reported First Gambling Occurred With a Family Member or Relative	38%	27%	28%
Reported Credit Card Debt Greater Than $5,000	34%	35%	38%
Reported Prior Help Sought for Gambling Problem	33%	33%	34%
Stated Self as the Source of Referral	31%	30%	36%
Stated the Helpline as Source of Referral	31%	38%	38%
Reported Bankruptcy or Other Defaults	26%	25%	24%
Professional - Managerial Occupation	25%	23%	27%
Reported Ever Treated for a Drinking and/or Drug Problem	22%	20%	20%
Lost at Least One Job Due to a Gambling-Related Problem	20%	12%	17%
Arrested in the Last 12 Months	11%	11%	14%
Reported One or More Gambling-Related Arrests	09%	09%	13%

Source: Iowa Gambling Treatment Program

Client-Primary Wagering in Iowa Six Months Before Admission

Fiscal Year	1998	1999	2000
Slots	59%	62%	63%
Table Games	16%	12%	14%
Video	10%	09%	11%
Lottery and/or Scratch Tickets	04%	04%	04%
Sports	02%	02%	02%
Other	09%	11%	06%

Source: Iowa Gambling Treatment Program System
For more information, contact Frank Biagioli at fbiagiol@idph.state.ia.us or at 515-281-8802 or 1-800- BETS-OFF.

The **training** provided by the Division of Substance Abuse and Health Promotion assisted substance abuse professionals in their provision of quality substance abuse services. The division contracts with the Iowa Substance Abuse Program Directors Association (ISAPDA) to provide training to substance abuse professionals, problem gambling professionals, and other interested parties.

ISAPDA assesses the need for continuing substance abuse training in two ways. The first way is through the Training Advisory Committee (TAC) which has representatives from the division, ISAPDA, the Iowa Substance Abuse Information Center, the Iowa Substance Abuse Supervisor's Association, the Iowa Board of Substance Abuse Certification, the Iowa Prevention Network, the Iowa Department of Corrections, and the Multicultural Substance Abuse Committee. TAC meets quarterly and provides valuable information regarding recent trends and needs in the field. The second way ISAPDA is assessing needs for continuing education is through an extensive needs assessment every 18 months that provides data regarding preferences for training. The needs assessment is constantly updated through surveys distributed to every participant at every training, and by follow-up surveys to every participant three months after every training. During FY00, based on a needs assessment, 22 training events were developed and presented to 1,813 attendees. The training addressed specific substance abuse prevention and treatment issues, including those addressed at the Annual Native American Conference and the Annual Summer School for Helping Professionals.

In a similar manner, ISAPDA assesses the need for problem gambling training. A Training Advisory Committee for Problem Gambling has been established with representation from service providers in the field of problem gambling. Through an annual survey of professionals in the field of problem gambling, areas of interest and need surface. The Training Advisory Committee further clarifies the need and interest of the topics. The Training Advisory Committee also recommends presenters to address the issues that were raised by the field. Four workshops (Two workshops were held in a setting that attracted both substance abuse counselors and problem gambling counselors.) with the target audience of problem gambling counselors were held in Iowa this past year. The training that targeted problem gambling addressed the issues to 263 participants. The division developed and implemented 25 training events in FY00 that were presented to 2,071 attendees.

The **Iowa Substance Abuse Information Center** (ISAIC), a special service of the Cedar Rapids Public Library, continued in FY00 to be the hub for Iowa in providing up-to-date alcohol, tobacco, other drug, gambling information and health materials. ISAIC's web site allows quick updates on databases available, promotes ease in accessing information, and provides short cuts in Internet searching. The web site has been a key for Iowa-sponsored statewide media campaign initiatives including: Red Ribbon, Take A Step, and Take Five. The number of pages opened for use on the web in FY00 was approximately 150,000 (users 8,000). ISAIC's information services for alcohol, tobacco other drugs and gambling provided 424,120 pieces of information in different formats. The clearinghouse services,
other contracts and distributed 3,955,262 pieces of health materials. Iowans seeking information included: educators, businesses, libraries, students, general public, social services, health professionals, government employees, treatment and prevention providers, corrections, law enforcement officers, and community groups. Numbers are slightly down from FY99 but this is to be expected when ISAIC is promoting the use of the new technologies which changes how services are delivered. ISAIC will evaluate how and what statistics are kept to reflect the changes in service delivery for FY01. For more information call 1-800-247-0614.

The **Iowa Council on Chemically Exposed Infants and Children** was created by legislative mandate to address the growing concern regarding chemical use during pregnancy and the impact of substance abuse exposure on children and infants. The council monitors state activities in areas of

- professional and public education in substance abuse issues;
- early childhood services to chemically exposed infants and children; and
- child and family advocacy and policy development.

Within these objectives the council supports professional education endeavors, disseminates public education material, and provides consultation to legislators regarding issues of perinatal substance abuse.

Substance abuse continues to be a serious health concern for pregnant women and exposed children. Due to an increase in illegal substance abuse among Iowa's population, health care providers and treatment facilities are struggling to define how best to provide interventions for the specialized needs of women and children affected by perinatal substance abuse. Growing research indicates permanent changes occur in the brains of laboratory animals exposed to drugs, strengthening the hypothesis that drug abuse by pregnant women affects infants and children in multiple domains of brain functions, causing life long potential for harm. All of the alcohol-related birth defects are 100 percent preventable when a woman abstains from drinking during pregnancy. There is no safe level of alcohol consumption during pregnancy.

The issue of universal drug testing of newborns continues to be of concern in Iowa. The council has held informational sessions to discuss the moral, ethical, legal, and medical aspects of its possible use. In conjunction with the Iowa Consortium for Substance Abuse Research and Evaluation, a hospital survey of newborn universal and/or selective drug testing policies in Iowa was implemented in FY98. This survey was a preliminary review of the extent to which hospitals and physicians engage in universal or selective drug testing on neonates and women who deliver infants, and policies hospitals currently have regarding such testing. From this survey in February 2000, the council presented policy recommendations for testing infants for chemical exposure.

The council has also worked in collaboration with the WIC program and co-sponsored an educational training seminar on methamphetamine screening, assessment, resources and impact on the individual and family. This endeavor led to the development of informational check stuffers that were included in the monthly mailing of WIC checks. To date, evaluation of the affect of this form of educational outreach is under evaluation.

The Iowa Department of Public Health is the lead agency for the council, but does collaborate with other state departments of government. The council is staffed by the social work consultant from the Family Services Bureau. The multidisciplinary composition of the council includes members representing community health centers, the Office of Drug Control Policy, Iowa State Bar Association, Iowa Departments of Public Health, Corrections, Education, Human Rights, and Human Services, Association of Iowa Hospitals and Health Systems, Iowa Medical Society, juvenile court, maternal and child health centers, the University of Iowa, substance abuse prevention and treatment providers, and citizen members appointed by the governor. For more information , contact Janice Edmunds-Wells at jwells@idph.state.ia.us or at 515-281-4904.

Adult Wellness

Services directed toward maintaining or improving the health status of adults, with target populations between 18 and 60.

Maternal and Child Health Block Grant (Title V)

Barriers to Prenatal Care Project

Statewide Perinatal Care Program

Family Planning Program

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

5 A Day Program

Healthy Families Line

Public Health Nursing Program

Breast and Cervical Cancer Early Detection Program (BCCEDP)

Cardiovascular Health Program

Refugee Health Activities

Adult Blood Lead Epidemiology and Surveillance (ABLES) Program

Maternal Health Programs

Iowa Review of Family Assets

IDPH Women's Health

The **Maternal and Child Health Block Grant (Title V)** promotes better health for all Iowa women consistent with state and federal health objectives. Collaborative state and community partnerships result in a statewide system that provides access to community-based, culturally competent, coordinated, perinatal care services. In 1998, 86.2 percent of all pregnant women in Iowa received prenatal care in the first trimester. In 1999, infant mortality fell to a low of 5.7 per 1,000 live births and the percent of very low birth weight live births was 1.1 percent. Of those very low birth weight infants, 67.6 percent were delivered at tertiary care facilities for high-risk deliveries and neonates in 1998.

The following program activities for maternal health services were provided statewide:

- *Direct Care Services* — Community-based maternal health clinics provide prenatal and postpartum care to low-income women. Services include health and nutrition education; risk assessment and psychosocial screening; referral; care coordination; presumptive eligibility for Title XIX; arrangements for medical prenatal care and dental assessments; and assistance with plans for delivery and postpartum visits. Several modes of service delivery are used to provide the medical components of prenatal care. Twenty-six community-based projects provide services to all 99 counties.

- *Enabling Services* — Outreach at the state and local level includes strategies for communicating with hard-to-reach populations and plans for informing community residents of available services. Agencies also identify strategies for coordinating with civic groups and other similar organizations. Special emphasis is placed on building linkages with Title X family planning services such as traditional clinic settings, purchase of services from private practitioners, and agreements with local hospitals.

- *Population-based Services* — State level programs monitor access to and utilization of prenatal care services. Community-based service coordination prevents duplication of services and promotes capacity building. The **Barriers to Prenatal Care Project** established in 1991 continues to conduct the multidisciplinary research-based study to identify the causes of deaths of infants in Iowa. The purpose of the project is to reduce infant mortality by conducting multidisciplinary research to identify barriers to women receiving prenatal care. The goal of the project is to survey all Iowa women delivering a child in a hospital to collect data regarding prenatal care access and barriers to adequate care. The research project is conducted statewide in all hospitals providing obstetrical services. Hospitals participate in collecting surveys that form the database for identifying prenatal care issues. The annual data is posted on the department's website at www.idph.state.ia.us under "resource, publications, and data."

- *Capacity Building Activities* — The goal of the **Statewide Perinatal Care Program** is to reduce mortality and morbidity of infants by conducting site visits and technical assistance to hospital and medical staff personnel. The purposes are to provide professional training, development of standards and/or guidelines of care, consultation to regional and primary providers, and evaluation of the quality of care delivered. Local agencies act as a resource for other community providers in reducing barriers to maternity care for vulnerable populations. State level technical support and assistance with resource development are provided to local agencies.

The Iowa Department of Public Health administers the Title V program through its Family Services Bureau. The Title V program is supported by federal funds, state funds, Title XIX, patient fees, and contributions. The bureau collaborates extensively with the University of Iowa, the University Hygienic Laboratory, other state agencies, and multiple community-based providers throughout Iowa.

The Title X **Family Planning Program,** administered by the Iowa Department of Public Health since the early 1970s, provides reproductive health services. Congress authorized grants to assist in the

establishment and operation of family planning projects which offer a broad range of acceptable and effective family planning methods, including natural family planning, infertility services, and services to adolescents. The purpose of the program is to promote the health of persons of reproductive age and families by providing access to family planning and reproductive health promotion services. Families who have access to family planning services can plan pregnancies and have healthier babies.

Services are available to individuals and families of reproductive age, regardless of religion, race, color, age, sex, number of pregnancies, or marital status. The Title X grant administered by the department is available in 45 of the 99 counties through eight community-based organizations. The remaining counties are served by another Title X grantee.

The contracted agencies provide these services in their respective regions:

- clinical services - birth control exams and supplies; tests and treatment for sexually transmitted diseases; cancer screening (pap smears and breast exams); tests for pregnancy, high blood pressure, and anemia;
- health education - reproductive health; birth control measures; STDs and AIDS; nutrition; effects of alcohol, tobacco, and drugs on reproductive health;
- information - how to talk with partners and parents about sex; how to make responsible sexual decisions; how to plan a healthy pregnancy; and
- community education - parent and/or child communication; birth control; reproductive health; and STD/HIV prevention.

During FY00, the department's Family Planning Program served 14,707 clients. Clients that had an income of at or below 150 percent of the poverty level totaled 11,935, with 4,847 of the clients below the age of 20.

The Family Planning Program is administered through the Family Services Bureau of the department. One nurse clinician is designated as grant administrator with other professional staff involved in the provision of on-site reviews and technical assistance.

The majority of the funding available is from the Title X family planning services grant, administered by the U.S. Department of Health and Human Services (DHHS). Charges for Title X family planning services are based on ability to pay, and are usually less than at other health centers. Services are provided at no additional charge to people enrolled in Medicaid or whose income is at or below 100 percent of the federal poverty guidelines.

During FY00 the Family Planning Program obtained $48,730 Title X special initiative funds. The funds were used to provide services to Hispanic persons in Crawford County and African-American, Hispanic, and Bosnian clients in Black Hawk County. For information on the previous programs contact Kathy Widelski at kwidelsk@idph.state.ia.us or at 515-281-4907.

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** provides nutrition education, supplemental foods, breast-feeding promotion and support, and referrals for health services. The WIC program improves access to health care and improves the nutritional status of low-income pregnant and postpartum women. Pregnant and postpartum women at or below 185 percent of the poverty level with a documented nutrition risk are the target population of the WIC program. WIC participation improves pregnancy outcomes in many ways, including reductions in infant mortality and increased birthweights. Women enrolled in WIC receive prenatal care earlier and have improved weight gains. The quality of their diets is improved through nutrition education and supplemental foods.

All 99 counties have WIC clinics where licensed dietitians provide nutrition education and breast-feeding support services. In FY00, the Iowa WIC program served approximately 14,250 women each month. Monthly food packages for specific foods were provided to them at an annual cost of $7.87 million. Food expenditures represented 80 percent of the total program budget.

The Iowa Department of Public Health is the lead agency for administration of the WIC program. Staff at the department and contracted community-based agencies includes licensed dietitians, registered nurses, and support staff. The WIC program collaborates with the boards of health in each county, community action agencies, public health nurses, Maternal Health (Title V) programs, physicians, and church leaders. Many WIC clinics are held in churches in rural Iowa. The WIC program is supported through federal funding, and is based on the number of participants served in Iowa and congressional appropriation. WIC is not an entitlement program. For more information contact Judy Solberg at jsolberg@idph.state.ia.us or at 515-281-3713.

The **5 A Day Coalition** of Iowa, Inc., is a nonprofit corporation promoting the sales and consumption of fruits and vegetables to improve the health of Iowans. Activities of the coalition are facilitated by the Bureau of Health Promotion's nutrition consultant. The coalition, formed in spring of 1998, includes representatives from: major grocery store chains, produce brokers, the Iowa Fruit and Vegetable Growers Association, the American Cancer Society, the Food Bank of Iowa, Iowa State University Extension, the Iowa Nutrition Education Network, and the Iowa Department's of Agriculture and Public Health. The coalition is working to involve the institutional and foodservice suppliers in the state. This industry segment would help school foodservice to market fruits and vegetables and help in getting fruit and vegetable items into concession stands during after-school functions. The coalition works to help Iowans increase their fruit and vegetable intake toward five servings a day by eating one more serving per day at a time.

This spring, the coalition worked with the Produce for Better Health Foundation, which represents the National 5 A Day program, to bring the 5 A Day Across the USA event to Iowa. The coalition helped with a luncheon for food editors and a public appearance in West Des Moines for this event on May 25, 2000, and gathered 5 A Day pledge cards across the state throughout the year. For more information contact Carol Voss at cvoss@idph.state.ia.us or at 515-242-6516.

Healthy Families Line is sponsored by Iowa State University Extension Services and IDPH. From October 1, 1998 to September 30, 1999 a total of 4,656 calls were received on the Healthy Families Line. A total of 1,933 (42%) calls were regarding the Care for Kids Program (EPSDT), 1,039 (22%) were concerning the state insurance program, 118 (3%) were placed on issues of dental health, 44 (1%) calls addressed prenatal issues, 26 (1%) concerned Healthy Child Care Iowa, and 19 discussed family planning issues. For more information call 1-800-369-2229.

The **Public Health Nursing Program** helps public health nurses working in community-based agencies to deliver services to local residents. The purpose of this program is to prevent illness, promote health and wellness in the community, and prevent or reduce inappropriate institutionalization of low-income and elderly persons. The public health departments are responsible for providing leadership to safeguard the health and wellness of the community. This responsibility is met by implementing the core public health functions of assessment, policy development and assurance, by provision of the essential public health services. For more information, contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

The **Breast and Cervical Cancer Early Detection Program (BCCEDP)** is made possible through the 1990 National Breast and Cervical Cancer Mortality Prevention Act. It is a grant initiative

administered nationwide by the Centers for Disease Control and Prevention. In Iowa, the grant is implemented and administered by the Iowa Department of Public Health. The BCCEDP provides no-cost breast and cervical cancer screening services and limited no-cost diagnostic tests for women who meet age and income eligibility criteria. The purpose of the program is to provide access to routine breast and cervical cancer screenings, thus allowing treatment at the earliest possible stage. The goal is to decrease morbidity and mortality of these cancers.

In Iowa, the BCCEDP is a decentralized program. Through contracts with 23 boards of health, services are provided to women in 49 counties. Currently, there are over 600 provider sites and/or clinics and 1,800 health care providers participating in the program. Additionally, opportunity for program participant enrollment is available statewide through the 24-hour toll-free Iowa Healthy Iowa Families Line.

The Iowa Breast and Cervical Cancer Early Detection Program operates through the following components:

- Coalitions and Public Education - Community coalitions lead to grassroots action, which support the program in its general operation at the local community level and in unique public education activities across the state. A successful coalition activity during the past year was the organization of The Illusion Theater performance: For Our Daughters. This theater-based performance centered on the diagnosis and treatment of one woman's breast cancer. The performance brought breast education and outreach activities to 11 cities across the state during the month of October. Approximately 3,000 men, women and children of all ages attended the performances.

- Outreach and Partnerships - Identification of target populations and enrollment services are the focused entry-points of the program. Outreach activity and marketing actions are specific to women who fit the income guidelines and age criteria, and are underserved and underinsured. Collaborative partnerships with public and private agencies, higher education organizations, government departments, and individuals, actively support enrollment opportunities for eligible, targeted women.

- Surveillance - With facilitation by the program epidemiologist, data collection of client information results in a set of minimum data elements which are submitted to the CDC on a semi-annual basis. The collected screening and diagnostic data are utilized for tracking and follow-up services, recall of program participants for annual screening, and in the overall evaluation of the program's activities on a statewide basis.

- Professional Education - Educational opportunities for health care providers are made available through BCCEDP sponsorship of medical conferences, and distribution of tapes and videos which offer continuing medical education credits to a variety of health care professionals across the state. A statewide newsletter, BCC Update, is produced quarterly and distributed to over 1,000 organizations and individuals across the state and country.

- Quality Assurance, Tracking, and Follow Up - In addition to offering no-cost cancer screening and diagnostic services, the BCCEDP is vigilant about providing optimal medical service. The case management process assures women who are diagnosed with breast or cervical cancer receive definitive diagnostic services and are assisted in accessing and acquiring necessary treatment services. Since this program is not authorized to use awarded program funds toward treatment services, acquiring treatment services has been a challenge at both the state and national levels. Local agencies and medical organizations, including The University of Iowa Hospitals and Clinics, coordinate to deliver screening, diagnostic and necessary treatment services. In a few instances local physicians have offered treatment at no cost to woman diagnosed with breast or cervical cancer. Again this year, the three Susan G. Komen Breast Cancer Foundation chapters have coordinated with the

- BCCEDP to pay for services for program participants under the age of 40 who were in need of mammography and additional diagnostic services when funding was not available.

The BCCEDP has been providing screening and diagnostic services since August 1995. In FY00, nearly 3,900 women had been served. Throughout the life of the program (August 16, 1995, through July 31, 2000), the BCCEDP has screened a total of 9,286 different women. Each of these women may have several screenings within that time period. Most of the women screened screened were 50 years of age and older (70.6 percent). Since the start of the program, there have been 12,037 mammograms, 9,305 Pap smears, and 10,805 clinical breast exams performed. Of all clinical breast exams and mammograms conducted, 103 had a final diagnosis indicative of breast cancer (CIS/Stage 0, Invasive Stage 1, 2, 3 or 4), 89 of which were invasive cancers. Pap smear screening resulted in 22 cervical cancer or high-grade precancerous lesion diagnoses (CIN3/CIS/Stage 0 or Invasive.)

The BCCEDP played a prominent role in the Healthy Iowans 2000 goal realization of reducing the mortality rate of Iowa women from breast cancer to 19.9 per 10,000. According to data from the Behavioral Risk Factor System Survey (BRFSS), Iowa women over 40 years reporting having a mammogram was 86.0 percent in 1999. Fore more information contact Jill-Myers Geadelmann at jgeadelm@idph.state.ia.us or at 515-281-4909.

The **Cardiovascular Health (CVH) Program** works to reduce Iowans' heart attack and stroke risk through community-based screening, education, and intervention programs that promote lifestyle behavior change. Heart disease and stroke are the first and third leading causes of death in Iowa. Treatment cost associated with these and related cardiovascular diseases represent a major portion of Iowa's annual health care costs. Iowans can significantly reduce their cardiovascular disease risk by stopping smoking (or never starting); improving eating behavior and gaining nutrition knowledge and skills to reduce obesity; increasing physical activity; knowing and understanding their blood pressure, blood cholesterol, and blood glucose levels; and recognizing the symptoms of heart attack and stroke. CVH program activities target Iowa adults and their families living in rural and urban settings.

Making lifestyle behavior changes that reduce cardiovascular disease risk can be very difficult. Community CVH program providers are challenged to help their residents make these changes by providing community-based CVH programs that promote awareness of the problem of cardiovascular disease, motivate individuals to make lifestyle behavior changes, and provide the necessary skills in ways that are fun and simple, and that benefit individuals in meaningful ways. Providers must also work with community leaders to change community policies and environmental factors that inhibit residents' lifestyle behavior changes. The state CVH program provides health professional and public education materials, technical assistance, funding, and other resources to ensure the success of these local programs.

The state CVH program partners with other statewide agencies and organizations, health professionals, and community leaders to increase coordination among agencies and organizations working to reduce cardiovascular disease risk; enhance expertise on cardiovascular disease prevention and treatment; ensure appropriate and detailed education for health professionals and the public, and assure collection, proper interpretation, and timely dissemination of data to health professionals and community leaders.

FY00 was the second year in a three-year grant cycle for the Community-Based Cardiovascular Risk Reduction Grant Program. During Year 2, the grant agencies in five Iowa communities maintained community cardiovascular coalitions and implemented comprehensive cardiovascular programs. The grants are allocated over a three-year period to enhance the likelihood of accurately measuring long term behavior change resulting from the programs. The current grant cycle will end December 31, 2000. Preliminary evaluations have indicated positive behavior changes among program participants. A synopsis of final outcomes of the grants will be available in late summer 2001.

The CVH program encourages community cardiovascular screening and education programs at local worksites, places of worship, and community events. Program staff monitor screening and education guidelines from the federal government and, when needed, revise Iowa's Recommendations for Cardiovascular Screening Programs. This is a guide for designing, conducting, and evaluating effective blood pressure, blood cholesterol, and blood glucose screening programs.

A low-fat shopping booklet and 27 fact sheets in the "Understanding Series" were made available on the IDPH website in FY00. Each of these fact sheets presents brief, specific information in an easy-to-read format on a single aspect of a cardiovascular risk factor. The factsheets are appropriate handouts at screening sites, health fairs, and counseling/education sessions. Single factsheets or the whole set may be downloaded from the website and reproduced.

Obesity, physical inactivity and poor nutrition, are major risk factors for several chronic diseases, including heart disease, stroke, diabetes, hypertension (high blood pressure), some cancers, and osteoarthritis. Each year, 300,000 Americans die of obesity. In 1998, nearly 36 percent of Iowa adults were overweight, and 19.3 percent were obese. The proportion of Iowa adults who are overweight has increased about one percentage point per year since 1990.

The Bureau of Health Promotion's Cardiovascular Health Team creates programs that encourage individuals to take small steps toward increased physical activity and improved nutrition to reduce obesity and the risk of chronic disease. Programs are offered to individuals through community agencies and organizations, the bureau's information clearinghouse, and the IDPH web site. Social marketing principles and techniques are used to create programs acceptable to the targeted population, and to make staying healthy fun.

Approximately 100,000 individuals in federal government, in state and local health departments, worksites, and school districts in Iowa, across the nation, and in four foreign countries receive motivational e-mail messages each working day that support attempts to make lifestyle behavior changes. The service, called FITNET, was designed in 1996 and pilot-tested with IDPH staff. It has grown through word-of-mouth, and is sent only to those individuals who request it.

In FY00 the Cardiovascular Health Team developed the New Century Challenge, a self-directed, poster-based, goal-setting and behavior change program to encourage Iowans to eat more fruits and vegetables and to be more physically active. The poster, which contains all program instructions, a U.S. map and participant log, 50 state-linked suggestions of fruits or vegetables and physical activities, and a two-card evaluation system, may be ordered through the Bureau of Health Promotion's clearinghouse, or accessed at the IDPH web site. Individuals may sign up for the challenge by returning the entry card, or by filling in the information on-line.

During FY00, Iowans participated in 99 in '99, a program similar to the New Century Challenge, but with an Iowa map as the log and county-linked fruit and vegetable and physical activity suggestions. Evaluation of that program showed that participants increased fruit and vegetable intake by an average of 0.91 servings per day and physical activity minutes by 20.59 per day while participating in the program. For more information, contact Sandi Ryan at sryan@idph.state.ia.us or at 515-281-7097.

Refugee health activities assure that refugees coming into Iowa have health assessments and are assisted in developing a relationship with a primary care provider. The health assessments address health problems, particularly those that are infectious. In FY00, 89 percent of the refugees arriving in Iowa received a health screening within 90 days of arrival. Providing treatment of infectious conditions such as tuberculosis infections before they become contagious (For example, tuberculosis disease) gets refugees off to a better start in their new homeland and avoids additional treatment cost. A lack of both interpreters and

of primary health care providers who are willing to provide the assessments are barriers to providing optimum health services to refugees. For more information contact Van Phabmixay at vphabmix@idph.state.ia.us or at 515-281-8810.

The Adult Blood Lead Epidemiology and Surveillance (ABLES) Program collects results of all blood lead testing done on Iowans 16 years of age or older. It also conducts intervention with adults who have blood lead levels greater than or equal to 25 µg/dL (micrograms per deciliter) by sending information or conducting a telephone interview. In addition, the program provides information and education regarding adult lead exposure by answering individual inquiries and through formal training of lead inspectors and lead abatement contractors. The purpose of the program is to reduce the prevalence of elevated blood lead levels in Iowa adults by working with individual lead-poisoned adults to reduce their blood lead levels and by providing information on how adults can reduce their exposure to lead in the home and workplace environments. IDPH provides direct services statewide in this program. Local health departments, health care providers, and employers are partners with IDPH in this program. The National Institute of Occupational Safety and Health provides funding for a 0.2 full-time equivalent environmental specialist position.

During FY00, IDPH received blood lead test results on 2,490 adults. Of these, 323 (13percent) had blood lead levels at or above 25 ug/dL. The IDPH recommends that males, and adult females who do not plan to have children, keep their blood lead levels at < 25 ug/dL Adult females who do plan to have children should try to keep their blood lead levels at <10 ug/dL. In addition, staff identified several cases where children were exposed to lead from parents who worked with lead on the job. The intervention in such situations is to work with the employer and employees to bring about changes in work practices and personal hygiene to reduce the amount of lead dust and fumes produced in the workplace. (See Child and Adolescent Wellness, Community Capacity, Environmental Hazards, and Public Protection for more information on the lead poisoning prevention program.) Fore more information contact Rita Gergely at rgergely@idph.state.ia.us or at 515-242-6340.

Maternal Health Programs through the Family Services Bureau at the IDPH have had some significant projects underway this past year. The largest undertaking has been the development of a **statewide maternal health database**. This database, along with a new child health database, was established through partnership funds with VNS Healthy Start in Polk County. The "Universal Database," as the two databases together are called, gathers maternal and child health data that has been collected by the contracted Title V maternal and child health agencies. It then transmits this information to a computer at IDPH. The data can then be analyzed and used for planning maternal and/or child health services by the department and local contractors. A third component of the Universal Database, the agency activity database, allows a local contracted agency to document infrastructure building and population-based activities the agency supports.

The **OB Indigent** program supports contracted maternal health programs in the provision of maternal health care services. Pregnant women who are not eligible for Medicaid may be eligible for assistance in obtaining prenatal care and hospital delivery and newborn care through this program. This program has been a benefit to local agencies, especially due to increases in the immigrant populations in many communities.

Providing **enhanced services** for pregnant women has proven to be effective in improving the birth outcomes for high-risk pregnancies. Enhanced services are provided to qualifying women who are pregnant and in need of assistance. These enabling services include case management, care coordination, risk assessment, nutritional counseling health education, dental, psychosocial counseling, delivery arrangements, referrals, and home visits. Women who are identified with a high-risk pregnancy receive enhanced services. The services are billed through Medicaid.

The **Iowa Review of Family Assets** (IRFA) program continues to progress. *The Iowa Review of Family Assets* is designed to help assure that new families have access to needed advice, education, support and professional services. The IRFA will be made available to all families on a voluntary basis. It is being designed to recognize and build upon family strengths. The program will offer desired education and other health and social services to increase or improve child-rearing capabilities. The IRFA will be a benefit to all families regardless of race, ethnicity, or socioeconomic status.

Program activities in FY00 included collecting discharge information from all 94 obstetrical hospitals across the state. In Nov. 2000, a report containing all of the discharge data will be sent to hospitals. The assessment tool was piloted and evaluated in five hospitals. Design of the web-based application is underway. After the computer programming is completed the IRFA project will be pilot tested and evaluated. After making necessary revisions, the Iowa Review of Family Assets project will begin being implemented in Iowa hospitals. For more information contact Dr. Ed Schor at eschor@idph.state.ia.us or at 515-281-4912.

The department's **Women's Health Coordinator** coordinates women's health activities within the department. Accomplishments included producing *Women's Health in Action*, an informative booklet on selected women's health topics with a focus on women around age 50 and older. This booklet was distributed at the 1999 Governor's Conference on Women's Health.

Another strategic accomplishment was promoting the National Women's Health Information Center (NWHIC) telephone number (1-800-994-9662) and internet address (www.4woman.gov) through several media. IDPH hosted the DHHS Region VII cardiovascular risk-reduction conference in September 1999. Additionally, the IDPH was instrumental in promoting World Breast-feeding Week, August 1-7, 1999. For more information contact Janet Peterson at jpeterso@idph.state.ia.us or at 515-242-6388.

Child & Adolescent Wellness

Promotion of optimum health status for children and adolescents from birth through 21 years of age.

Physician's Care for Children

Child Health Center Dental Treatment Programs, School-based Dental Sealant Program, Dental Treatment Services for Low-income Children, Dental Care for Persons with Disabilities, and Fluoride Mouthrinse Programs

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

HOPES (Healthy Opportunities for Parents to Experience Success) Program

Well-being visits

School-based Youth Services Program (SBYSP)

Iowa Nutrition Education Network (INEN)

Childhood Lead Poisoning Prevention Program

Early ACCESS

Abstinence-Only Education Project

Decision-making Assistance Program

Healthy Child Care Iowa (HCCI)

Child Death Review Team (CDRT)

Sudden Infant Death Syndrome (SIDS) Program

Child and Adolescent Wellness programs promote better health for all Iowa children and adolescents ages 0-21 through the following components:

- ***Child health services,*** contracted through local providers deliver one-on-one preventive health care.
- ***Child enabling services*** assist individuals and families with access to and use of basic health care services.
- ***Child population-based services*** include disease prevention and health promotion activities.
- ***Child health capacity building*** activities are directed at improving and maintaining the health status of children by providing support for development and maintenance of comprehensive health delivery service systems.

The IDPH administers the Child and Adolescent Wellness programs through its Family and Community Health Division. The division provides guidance and technical assistance to contract agencies. Direct care services are provided by a multi-disciplinary team of local area health professionals. Care coordinators work with families to assure that children receive screenings at appropriate intervals and assist families in accessing recommended diagnostic and treatment services. The bureaus within the division collaborate extensively with the University of Iowa, Iowa State University, other state agencies, and the multiple community-based partners throughout Iowa. The programs are supported by federal Title V funds, state funds, Medicaid, patient fees, contributions, and other third-party payers.

Child Health Services promote better health for all Iowa children and adolescents consistent with state and federal objectives. These programs provide preventive child health services in accordance with the guidelines of the American Academy of Pediatrics. Those with incomes below 185 percent of the federal poverty guidelines receive services at no charge; those with incomes over 185 percent of the guidelines are charged using a sliding-fee scale based on ability to pay. Services are available statewide through a network of 26 regional provider agencies.

The **Physician's Care for Children Program** provides medical diagnosis and treatment to Iowa children who are acutely ill. The program works through the Title V child health centers by referring acutely ill children to community providers, including medical diagnosis and treatment. The target population for the program is children from birth through age 21 who are enrolled in a Title V child health center. A variety of professional staff are employed to make this program available statewide. The health centers and community-based health providers, physicians and pharmacies, collaborate with IDPH in this program. The department provides the administrative support for the program, which is state funded. For more information contact Maggie O'Rourke at morourke@idph.state.ia.us or at 515-281-7721.

The **Child Health Center Dental Treatment Program** is an extension of the Maternal and Child Health Program. Its purpose is to provide services to improve the general and oral health of children enrolled in child health centers statewide. These services include dental referrals, care coordination, direct dental services, and funding for infrastructure building within agencies.

Dental Referrals assist families in obtaining dental treatment for their children. Referrals are made to local participating dentists in the community for diagnostic, preventive, and restorative dental services. Children on Title XIX are referred to dentists accepting children covered by that program. Children not covered by Title XIX are provided with a voucher, that will reimburse the dentist for limited dental services covered by the program.

Care Coordination assists families in scheduling and keeping dental appointments. This can be done directly through systems designed by the care coordinators and may include reminding families of appointments, scheduling appointments for families, providing transportation, and providing child care

for families when necessary. Indirect methods of care coordination include educating and counseling families about the importance of keeping appointments and of the benefits of early and preventive dental care for their children.

Direct Dental Services are provided by a limited number of child health agencies. Generally these services are restricted to agencies that employ or contract with a registered dental hygienist who then provides oral screenings and fluoride varnish applications for children enrolled in that agency.

Infrastructure Building or building community infrastructure for dental health is based on individual community needs assessment. The purpose is to work collaboratively with communities, contractors, and other agencies to identify and implement solutions to improve access to dental health services where needed.

The Iowa Department of Public Health has designated the Dental Health Bureau as the lead department for providing technical assistance, consultation, and contract management to the child health centers who provide these services. The department contracts with local public health agencies, community action organizations, visiting nurse associations, and other nonprofit agencies to increase Iowa children's access to dental health services. The program is funded by federal Title V Block Grants money and state funds.

The **School-based Dental Sealant Program** provides grants to local public health agencies, schools, or other nonprofit agencies to make dental sealants available to low-income children who otherwise would not receive these preventive services because of lack of financial resources. In FY00, schools in Black Hawk, Dubuque, Henry, Washington, Polk, Scott, and Van Buren counties benefited from six agencies that facilitated school-based dental sealant programs. The six agencies for FY00 were American Home Finding Association; Black Hawk County Child Health Center; The University of Iowa, College of Dentistry; Finley Tri-States/VNA; Washington County PHN; and Des Moines Health Center.

The purpose of the program is to make dental sealants available to low-income children to prevent tooth decay in the pits and surfaces of the occlusal (chewing) surfaces of permanent molar teeth. The program targets low-income children in grades two and three in schools with a high percentage of children on the free and reduced-price lunch program. Dental sealants are placed on the occlusal surfaces of permanent molar teeth in school settings such as unoccupied classrooms, school stages, gymnasiums, or other areas using portable dental equipment. Dental sealants are placed by dentists and dental hygienists contracted by the agencies. The University of Iowa, College of Dentistry utilizes dental students for the placement of sealants, under the supervision of an instructor.

The IDPH acts as the lead agency by providing technical assistance, consultation, and contract management to the agencies with which the department contracts to provide the services. Community partners in the program include public and private schools in the communities, and the dentists that participate under contract to provide the necessary dental services. The program is funded by federal Title V Block Grant funds and by HRSA MCHB funds.

The **Dental Care for Persons with Disabilities Program**, conducted in collaboration with the University of Iowa, College of Dentistry, provides dental services statewide to low-income children who have developmental disabilities. Diagnostic, preventive, and restorative dental services are provided to children who meet income and disability criteria. Services are provided at the University Hospital School Dental Clinic and through 12 private dental offices throughout Iowa. The targeted population is children up to age 21 who have a diagnosed developmental disability, have family incomes below 185 percent of federal poverty guidelines, and who are not covered by Title XIX or HAWK-I. During FY00, a total of 128 children with disabilities received dental services through this program.

The Department of Public Health acts as the lead agency by providing program monitoring and contracts management. In addition, referrals are made to this program from public health agencies, school nurses, child health centers, and other agencies that serve the needs of children. The program is financed by federal Title V Block Grant funds.

Fluoride Mouthrinse programs are provided to children primarily in rural schools and communities with non-fluoridated public water supplies or with large numbers of children who receive their drinking water from private wells. The program is available statewide and specifically targets children in grades one through nine living in these communities. The purpose of the program is to prevent tooth decay through systemic fluoridation in these children. In addition, the program provides dental health education and oral hygiene instructions on proper toothbrushing techniques and dental floss use. The fluoride mouthrinse procedure takes place once per week for a minimum of 25 weeks during the school year, using a 0.2% sodium fluoride solution. Studies have shown a 30 to 40 percent reduction in tooth decay for children who participate in fluoride mouthrinse programs of this kind. A total of 29,364 children residing in 70 counties participated in the fluoride mouthrinse and dental health education programs during FY00.

The Dental Health Bureau staff provides technical assistance, monitors the programs, and furnishes supplies for each program to continue in succeeding years. Community partners in the program include school administrators, school nurses, and classroom teachers who allow these programs to be conducted in their schools. Dentists, dental hygienists, and other community health professionals play a supportive role in encouraging the schools to participate in these programs. The program is funded by federal Title V Block Grant funds. For more information on any of the above dental programs contact Dr. Hayley Harvey at hharvey@idph.state.ia.us or at 515-281-3733.

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** provides nutrition education, supplemental foods, and referrals for health services for infants and children up to age five. WIC participation improves the health status of infants and children in many ways, including improved growth and decreased incidence of iron deficiency anemia. Adequate iron status improves the cognitive learning ability of infants and children. Recent research provides compelling evidence that undernutrition during any period of childhood can have detrimental effects on cognitive development during childhood and affects their later productivity as adults. Children enrolled in WIC are more likely to have a regular source of medical care and are better immunized. The quality of their diets is also improved through the provision of nutrition education and supplemental foods.

In FY00, the Iowa WIC program provided supplemental foods, nutrition education, and referrals for ongoing health care and other services to approximately 46,600 infants and children each month. The WIC program serves an estimated 39 percent of infants born in Iowa. Monthly food packages were provided to these infants and children at an annual cost of $25.72 million. In many WIC clinics, well child services are available on-site through integrated service delivery with the Title V child health programs. Coordination with other programs included immunization, childhood obesity, lead screening, child health insurance (HAWK-I), and daycare providers.

Breast-feeding rates have steadily increased since 1990 in Iowa with 59.9 percent of infants being breast fed at birth and 19.9 percent at six months in 1998. Breast-feeding is the preferred method for infant feeding; however, if a mother decides to bottle feed, WIC provides iron-fortified formula.

The food package for children from one to five years of age includes cereals that provide 45 milligrams of iron per 100 grams of dry cereal and vitamin C-rich foods to enhance iron absorption. The WIC food package increases dietary intake of these nutrients, calcium, protein, and vitamin A.

All 99 counties have WIC clinics where nutrition education is provided by licensed dietitians. The Iowa Department of Public Health is the lead agency for administration of the WIC program. It collaborates with the boards of health in each county, community action agencies, public health nurses, Child Health (Title V) programs, Head Start, physicians, and church leaders. The WIC program is supported through federal funding and is not an entitlement program. (See Adult Wellness for more information on the WIC program.) For more information contact Judy Solberg at jsolberg@idph.state.ia.us or at 515-281-3713.

Child health enabling services assist individuals and families with access to and use of basic health care services. Other health-related services are integrated into local services. The importance of age-appropriate safety measures are emphasized. Case management provides linkages that remove barriers to access for essential services. This includes determination of eligibility for other related programs, appointment systems with provisions for client recall, referral to other community providers, and follow-up tracking.

The Medicaid program in the DHS sets standards and provides reimbursement for routine health care through the **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program**. According to a DHS report, 88,321 eligible children received at least one initial or periodic screening during federal FY99. This was a five percent increase of participation from 1998. The improved rate reflects a continued emphasis on outreach activities for enrolling children in Medicaid and assuring access to services once enrolled. Every month EPSDT Care Coordinators contacted families on Medicaid and those using Title V Child Health clinics to screen for Medicaid eligibility. Child Care Consultants in five regions of the state informed registered and licensed child care providers and child care resource and referral agencies about the need for immunizations, periodic well visits, changes in Medicaid eligibility, and Medicaid enrollment procedures.

The goals of the EPSDT program are to:

- prevent chronic illness through periodic examinations of children;
- identify conditions early enough to intervene with effective diagnosis and treatment; and
- ensure that 80 percent of eligible children who participate in Medicaid receive a screening examination.

Iowa continues to lack dental providers willing to treat Medicaid-eligible children. Low reimbursement rates for dental services provided is the reason most dentists give for the unwillingness to treat this population. As a result, the reimbursement rate was raised as of July 1, 2000, to 75 percent of usual and customary (UCR) charges. The department's Dental Health Bureau continues to work on dental health access through various projects, such as the Iowa Access to Baby and Child Dentistry (ABCD) program. This program began in October of 1999 at the Dubuque Visiting Nurse Association and North Iowa Community Action. The Iowa ABCD program focuses on building community capacity and uses a care coordination model to facilitate improved community involvement and collaboration in providing dental care for low-income children. The Dental Health Bureau works closely with both pilot projects by providing guidance and oversight.

The dental bureau also granted three additional school sealant awards for the fall of 1999. The state now has school sealant programs in Des Moines, Davenport, Dubuque, Van Buren County, and Washington County. A program in Black Hawk County was also started in the fall, with funding from a federal grant. For more information contact Kathleen Van Zandt at kvanzand@idph.state.ia.us or at 515-281-7613.

Iowa has worked diligently over the past seven years to establish a voluntary **newborn hearing screening** system. Despite little funding in Iowa, the system is in place for a majority of Iowa families with newborns. The IDPH, AEA under the IDE, many Iowa hospitals with birthing centers, and the University

Hospital School have all worked together to develop Iowa's newborn hearing screening system. In addition, many private audiologists have supported it's development. However, where the screening portion of the system is essentially in place, the remaining components of the related system are all in need of careful attention and planning for the system to be a success. Remaining system elements include referrals, follow-up, diagnostic evaluation, development of a treatment plan, timely entrance into early intervention services (known as Early ACCESS under IDEA Part C in Iowa), and linking patients with a medical home.

Funds for the implementation of universal newborn hearing screening in Iowa were provided by the Iowa Department of Education to the Iowa Department of Public Health by using Part C (early intervention) federal funds from the Individuals with Disabilities Education Act. This started in 1996 and continues through the current year. The department then contracted with the University Hospital School of the University of Iowa - Iowa's University Affiliated Program - to provide training and technical assistance to Iowa's birthing hospitals to screen all newborns' hearing. Equipment grants were awarded to 38 Iowa hospitals - 34 in 1998 and four in 2000 - to aquire hearing screening equipment. This competitive grant program has helped expand the number of hospitals providing newborn hearing screening to 84 as of August 2000. For more information, contact Dawn Gentsch at dgentsch@idph.state.ia.us or at 515-281-8585.

The **HOPES (Healthy Opportunities for Parents to Experience Success) Program** promotes optimal child health and development, improves family coping skills and functioning, promotes positive parenting and family interaction, prevents child abuse and neglect, and reduces infant mortality and morbidity. Appropriations are given to a private contractor to administer the program and have community-based providers deliver the services in 10 counties in Iowa.

In a public and/or private partnership with the IDPH, the HOPES-HFI program is contracted to Home Care Iowa, Inc. (HCI) for administration. HCI receives applications from local organizations and contracts the state grant funds to provider agencies for the HOPES family support home visiting services. Matching total local funds identified for FY00 HOPES-HFI came to $1,222,488. A minimum match of $1 for each $2 of the state grant is required through local in-kind or cash match.

In the area of home safety 64.2 percent of 826 families who participated in HOPES-HFI and who identified safety of the home as a problem, reported that it was improved or resolved during FY00. Regarding child abuse and/or neglect 7.2 percent of the families had a confirmed child abuse and/or neglect cases, of which 50 percent of these families had a previous incidence of founded and/or confirmed cases. The child abuse and/or neglect rate per total children was 31.4 per 1,000 children. Sixty-one percent of the families who identified lack of parenting skills as a problem, reported the issue as improved or resolved during FY00. The certified Healthy Families America national curriculum was provided to 170 individuals in Iowa during FY00.

Client Characteristics in Iowa

FY 2000

Client characteristics	% of Children in HOPES Program
Children Accessing All Well Child Exams on the Periodicity Screening Schedule	89%
Children Appropriately Immunized by Age 2	92.3% (includes 14 children with exemptions/parental refusals)
Accessed and Established Medical Home	97.8%
Children with Health Care Coverage	98.7%

For more information, contact Jo Hinrichs at jhinrichs@health.state.ia.us or at 515-281-3104.

The Well-Being Visit Program is a unique component of Iowa's welfare reform program. It partners the Iowa Departments of Human Services and Public Health with local agencies and focuses on assuring the safety and health of the children in families working to achieve the goal of self-sufficiency. The program strives to assist families to successfully reach that goal. Subcontractors were reimbursed $86,805 for well-being services provided in FY00.

The total number of referrals for well-being visits was 1,731 with 732 (42.3%) resulting in a completed visit. Children were present at face-to-face visits for 409 (23.6%) of the total referrals. Referrals made to services and/or other programs for additional assistance totaled 1,404. The services receiving the largest number of referrals were food pantries and transportation services. This reflects the most frequently documented areas of concern for children and families.

Outcomes of the Well-Being Program include the following:

- The Community Services Bureau working with the Iowa Department of Human Services developed a *Program Reference Guide*. This guide was distributed and reviewed with all subcontractors at a statewide training session.

- Technical assistance was provided to all subcontractors through on site-visits.

For more information contact Judy Naber at jnaber@idph.state.ia.us or at 515-281-7016.

Child Health Capacity Building Activities improve and maintain the health status of children by providing support for the development and maintenance of a comprehensive health delivery service system. Local agencies act as a resource for other community providers in advancing development of community resources for children. State level support is available to contractors through technical assistance and resource development.

The Iowa **School-Based Youth Services Program (SBYSP)** provides for the development of centers located in or near schools at the elementary, middle, or high school level. The centers will enable community service providers to deliver services in coordination with the educational system to help children and youth succeed in school and beyond. As communities have become more aware and concerned about health problems of children and youth, they naturally are turning to their schools for solutions. Schools often can effect improvements in the health of children they serve. Experience has shown that when schools involve parents in partnerships with large communities, the burden of responsibility is shared and many difficult problems can be successfully addressed. One effective way to establish this partnership is to convene a Community School Health Advisory Council. The IDPH took a leadership role in the development of a public-private partnership to produce ***Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils.*** The guide outlines a planning process that includes community participation. Contract agencies within the maternal and child health system are encouraged to participate in cooperative planning and location of staff from multiple service agencies in one center at or near a school. For more information contact Carol Hinton at chinton@idph.state.ia.us or at 515-281-6924.

The **Iowa Nutrition Education Network (INEN**) is composed of partners from public and private agencies, organizations and businesses who are committed to improving Iowans' health by creating innovative public and private partnerships to promote food choices for a healthful diet and life-long

physical activity habits. The goals of INEN are to encourage Iowans to increase the variety of foods in their diets; increase their consumption of fruits, vegetables, and grains; choose a diet lower in fat; and increase their physical activity.

INEN was formed in 1995 and is one of 22 states with an active nutrition network funded by the United States Department of Agriculture's Food Stamp Program. While this funding allowed INEN to focus on low-income populations in Iowa, additional funding for nutrition projects was secured from the Iowa Department of Education's Team Nutrition Program, Wellmark Foundation, Iowa Dietetic Association, and Mercy Hospital Medical Center. INEN helped food and nutrition professionals to come together and collaborate on a variety of projects in 1999. Projects included 1) the development of *Pick a Better Snack*, a statewide social marketing campaign; 2) BASICS for Nutrition and Physical Activity community projects; 3) nutrition education programs for home care aides and public health nurses who care for the elderly; 4) *Healthy Iowans 2010* nutrition objectives; 5) TEAM Nutrition Program; and 6) a Child and Adolescent Obesity position paper.

INEN consists of nutrition professionals from business, commodity groups, voluntary health organizations, state government, and other public and private entities. INEN partners bring pertinent nutrition research, strategies and resources to implement successful community-based nutrition programs. They collaborate with local and statewide network partners to make nutrition education, food programs, and public affairs more effective. Partners contribute to the development, implementation and evaluation of statewide nutrition campaigns, and seek grant funds for nutrition initiatives in Iowa. For more information contact Carol Hinton at chinton@idph.state.ia.us or at 515-281-6924.

The **Childhood Lead Poisoning Prevention Program** works to reduce the prevalence of childhood lead poisoning in Iowa by screening to identify lead-poisoned children and then providing medical case management to children identified as lead-poisoned. In FY00, 28,479 Iowa children under the age of six years were screened for lead poisoning through a blood lead test. Of the children tested, 1,995 (7 percent) of these children were identified as lead-poisoned. The most current national average is 4.4 percent of children screened. The Childhood Lead Poisoning Prevention Program improved public health by identifying lead-poisoned children and assuring that they received the appropriate medical services to reduce their blood lead levels, and that adverse outcomes such as learning disabilities were identified and managed.

In addition, an important function of the Childhood Lead Poisoning Prevention Program is to analyze blood lead testing data. In FY00, the Childhood Lead Poisoning Prevention Program analyzed and reported screening and prevalence data for birth cohorts and for children enrolled in Medicaid. Among the group of children born from January 1, 1992, through December 31, 1993, 34.6 percent had at least one blood lead test before the age of six years. On a county basis, the percentage of this birth cohort that was tested before the age of six ranged from six percent to 85 percent. Statewide, the prevalence of elevated blood lead levels among this group of children was 14.5 percent. On a county basis, the prevalence of elevated blood lead levels in this age group ranged from three percent to 34 percent.

In response to recommendations from the CDC regarding the importance of testing children who are 1 and 2 years old, the Childhood Lead Poisoning Prevention Program also analyzed data for this age group based on birth cohorts. Among the group of children born from January 1, 1992, through December 31, 1996, 22.4 percent had at least one blood lead test between the ages of 12 and 35 months. On a county basis, the percentage of this birth cohort that was tested between the ages of 12 and 35 months ranged from three percent to 56 percent. Statewide, the prevalence of elevated blood lead levels among this group of children was 14.1 percent. On a county basis, the prevalence of elevated blood lead levels among this group of children ranged from four percent to 33 percent.

Finally, in FY00, the Childhood Lead Poisoning Prevention Program evaluated Iowa's compliance with the requirement that Medicaid children be tested for lead poisoning. A total of 28,357 Medicaid children, or 18.5 percent of the children under the age of six years who were enrolled in Medicaid at any time from January 1, 1995 through December 31, 1998, were tested for lead poisoning at least once. The prevalence of elevated blood lead levels among these children was 16.0 percent (4,512 children). There were 51,502 children in the Supervisory STELLAR database who were not enrolled in Medicaid during this time period. The prevalence of elevated blood lead levels among children who were tested, but who were not enrolled in Medicaid at any time during the same time period, was 8.7 percent (4,500 children). On a county basis, the percentage of Medicaid children tested from January 1, 1995 through December 31, 1998, ranged from two percent to 37 percent. The prevalence of elevated blood lead levels among Medicaid children who were tested during this period, by county, ranged from two percent to 36 percent. The prevalence of elevated blood lead levels among non-Medicaid children who were tested during this time period, by county, ranged from two percent to 25 percent.

The target population for this program is all Iowa children under the age of six years. Federal and state funds are used to carry out the program statewide through a combination of direct services in 35 counties and contracts and technical assistance to Title V child health clinics and public health agencies in 64 counties. The community partners in this program are local health departments, Title V child health clinics, health care providers, area education agencies, and housing agencies. The CDC provides support for a program manager, one environmental specialist, and clerical staff.

IDPH staff and 20 local Childhood Lead Poisoning Prevention Programs coordinated screening efforts and provided appropriate medical case management services for children identified as lead-poisoned. These services included giving information to their parents or caregivers, follow-up blood lead testing, home nursing visits, nutrition evaluation, and referrals for medical treatment and educational assessment. A barrier to higher screening numbers is a lack of awareness among physicians that childhood lead poisoning is a significant problem in Iowa, and that all children should be screened. Basic information provided to parents and physicians through this program increases the level of awareness about childhood lead poisoning and provides information on what parents should do to keep their children from becoming lead-poisoned. (See Adult Wellness, Community Capacity, Environmental Hazards, and Public Protection for more information about the lead poisoning programs.) For more information contact Rita Gergely at rgergely@idph.state.ia.us or at 515-242-6340.

Early ACCESS is a partnership between families with young children, birth to age three, and providers from local department's of public health and human services, child health specialty clinics, AEA and other community programs. The purpose of this program is for families and staff to work together in identifying, coordinating and providing needed services and resources that will help the family assist their infant or toddler to grow and develop. To participate, children from birth to age 3 must have a known or other problem that has a high probability of resulting in a later delay in development if early intervention services are not provided or if they have a 25 percent delay in one or more areas of development.

In 1999, Early ACCESS served 1,112 Iowa infants and toddlers. The majority of these services are provided through the AEAs. Training was provided on the family enhancement model to over 300 Iowans. This training helps reinforce the skills that early intervention providers and service coordinators need to work with families. A new interagency agreement between the state partnering agencies approved a new agreement that outlines agency roles and responsibilities as related to the federal components of the law for Early ACCESS under the Individuals with Disabilities Education Act, Part C. For more information contact Dawn Gentsch at dgentsch@idph.state.ia.us or at 515-281-8585.

The IDPH, in collaboration with the Department's of Human Services and Education, is working to increase **Provider Capacity for Medicaid Services**. Increasing the number of potential providers of direct services for specific populations helps build the capacity of the Medicaid system. Initially, efforts focused on increasing the billable direct care services provided by area education agencies to include nursing, counseling and vision services.

The second phase included efforts to develop service descriptions specific to infants and toddlers with disabilities and their families who are served under Part C of the Individuals with Disabilities Education Act. Clarification of Medicaid rules (*Code of Iowa* 256B.15) regarding service coordination and developmental therapy as being reimbursable services was requested from Iowa's attorney general. Rule additions were drafted and are currently under review in the Office of the Attorney General. Approval of these rules will enable Iowa to join over 90 percent of the states that have rules in place for early intervention services.

A Medicaid work group was convened and met in April, 2000, to make recommendations for rule amendments that would allow local area education areas to provide Medicaid reimburseable services to enrolled students. Specific descriptions of services were drafted and included school nursing, counseling, behavioral therapy services and medical transportation. The proposed amendments were submitted to the Office of the Attorney General for review. With these rules in place, staff will plan training for provision and billing of services.

Teen Line is sponsored by the Iowa State University Extension Services and the IDPH. The Teen Line received 2,765 calls for the fiscal year running from October 1, 1998 through September 30, 1999. The greatest number of calls were categorized as relationship concerns (25% or 690 calls). Of these 690 calls, 31 percent revolved around family issues, 46 percent were concerned about boy and/or girl relationships, and another 19 percent were related to peer and friend situations. Other calls involved such areas as abuse, health, information about the hotline, loneliness or needing to talk to someone, pregnancy, sexuality and suicide.

Iowa's **Abstinence Only Education Project**, funded under Title V of the Social Security Act, focuses on asset development in youth. The goal of this project is to reduce the incidence of teen pregnancy and STDs through abstinence only until marriage education. Funds for this program are being used to develop a system to facilitate coordination and collaboration within the community to support innovative, creative, community-based abstinence-only education programs that promote the development of assets in youth. Youth are assured that abstinence is normal, common, and acceptable; that abstinence before marriage is an achievable goal; and that abstinence is the standard that youth will be encouraged to attain.

The primary components of the initiative are (1) collaborative community-based abstinence-only initiatives, (2) education pilot-programs, and (3) statewide community pilot-programs. All projects are to focus on development of youth assets to prevent teen pregnancies and related problems such as STDs. Collaborative community-based initiatives are delivered by 14 maternal health contract agencies across the state. The allocation of funds for each region is based on the number of low-income children in the region in proportion to the number of low-income children in the state. Education pilot projects and statewide community pilot projects were selected following a competitive request-for-proposal process. Four education pilots and two statewide community pilots were chosen based on the creativity of the proposal and the ability to conform to Iowa's Abstinence Education Initiative. These six pilot projects are evaluated by the University of Iowa School of Social Work. The federal statute allows for these programs to include abstinence-only education and developmental asset-building including mentoring, counseling, and adult supervision to promote abstinence from sexual activity before marriage with a focus on those groups most likely to bear children outside of marriage.

The educational pilot projects are using abstinence-only funds to provide a variety of activities. Aid to Women and/or Sexual Health Education in Cedar Rapids is implementing an abstinence-only project in the college community school district. This project is targeted at a group of students, grades five through 10. Interstate 35 Community School District will be offering abstinence-only education for grades five through 12, including prevention and intervention activities; developing a mentoring program for grades nine through 12; empowering parents as partners; and facilitating the asset-building activities of a community advisory group. Bethany Christian Services is promoting abstinence-only education by increasing knowledge about sexuality and pregnancy issues through education to mixed-gender groups of adolescents and concerned adults - educational programs for elementary and secondary students. Empower through Crossroads of Pella is focusing on implementing a sound sexual abstinence curriculum in the sixth and eighth grade classes of the Pella Middle School using the Managing Pressures Before Marriage Educational Series. The community, in particular parents and/or guardians, will be invited to be a part of the empower program and is provided tools to heighten their awareness about the social and peer pressures that affect young people's choices toward sexual involvement.

Several initiatives are being implemented by the statewide community pilot projects. Aid to Women and/or Sexual Health Education uses funding to support the programs and activities of a collaborative established to integrate the individual efforts in the community. Empower through Crossroads of Pella facilitates the implementation of a sound sexual abstinence curriculum in school-specified classes of seven school districts and will use the Managing Pressures Before Marriage Educational Series. For more information contact Janet Beaman at jbeaman@idph.state.ia.us or at 515-281-3052.

The **Decision-Making Assistance Program** was established by the "Parental Notification Law" which was passed by the 76th Iowa General Assembly to assist pregnant minors in making informed decisions concerning their pregnancies. The legislation also established procedures for the notification of a parent, legal guardian, or grandparent of a pregnant minor at least 48 hours prior to the performance of an abortion. The program, responding to the 1996 legislative mandate, developed a video and accompanying handbook to assist pregnant minors in making informed decisions concerning their pregnancies. These materials were provided to all pediatricians, obstetricians, gynecologists, family practice physicians, nurse practitioners, family planning clinics, and maternal health centers.

The statewide program is targeted at pregnant minors. Iowa law defines a minor as "a person under 18 years of age who has not been or is not married." Iowa physicians providing medical services related to the termination of a minor's pregnancy are required by law to offer a viewing of the video *You Are Not Alone: Making an Informed Decision* and accompanying written materials. This offer is to be made during the initial appointment relating to termination of a pregnancy. The minor is not required to watch the video or read the printed materials. However, the minor must sign and date a certification form. A copy of the form is given to the minor and the original is kept as part of the minor's medical record related pregnancy termination.

The physician who will perform the termination is responsible for notification of a parent, either in person or by restricted certified mail. The notification must include the name of the minor; intent to terminate the pregnancy; and the name, address, and relationship to the person to be notified. There are exceptions to the parental notification procedure as specified in the program legislation.

The Iowa Department of Public Health is the lead agency in administering the parental notification law. A professional staff person at the state level serves as a resource to health care professionals in implementing the program in their communities. The department was assisted by a broad representative advisory group in development of the materials and procedures for implementing this program. Community health care providers carry out the prescribed process for informing pregnant minors and notification

law. A professional staff person at the state level serves as a resource to health care professionals in implementing the program in their communities. The department was assisted by a broad representative advisory group in development of the materials and procedures for implementing this program. Community health care providers carry out the prescribed process for informing pregnant minors and notification of a parent or grandparent (if allowed as an exception). The program is supported with state funds. For more information contact Carol Hinton at chinton@idph.state.ia.us or at 515-281-6924.

Child Health Capacity Building Activities improve and maintain the health status of children by providing support for the development and maintenance of a comprehensive health delivery service system. Local agencies act as a resource for other community providers in advancing development of community resources for children. State-level support is available to contractors through technical assistance and resource development.

Healthy Child Care Iowa (HCCI) is a federally funded program of training, technical assistance, and consultation to childcare providers to improve health and safety in childcare environments. The HCCI campaign supports registered nurses as childcare health consultants (CCHC) working in the Childcare Resource and Referral system. HCCI worked to expand the number of CCHC by working with Empowerment areas, Head Start, and Title V Child Health contractors. In June 2000, 17 registered nurses enrolled in the Iowa Training Project for CCHCs. The IDPH is negotiating an interagency agreement with Head Start grantees to include health specialists in the CCHC training.

Healthy Child Care Iowa is targeted to child care providers and the children and families they serve. Child Care Resource and Referral (CCRR) agencies are the focal point for accessing Healthy Child Care Iowa services and products. Healthy Child Care Iowa is available statewide and child health care consultants (CCHC) are located in the five CCRR lead agencies. The CCRR agencies serve child care providers in all Iowa counties.

State level activities include:

- Coordination and collaboration with the childcare regulatory agency (DHS) to assist in development of state policy and procedures for health and safety in childcare centers and registered childcare homes.
- Coordination of information sharing between public health and human services regarding topics of health and safety in childcare (such as the need for immunizations, communicable disease prevention, environmental health, provider health, and access to primary care services).
- Dissemination of health-related information to CCRR for further dissemination to childcare providers.
- Development of standards for health and safety in childcare.

Community level activities include:

- Consultation, training, and technical assistance to child care providers using registered nurses as childcare health consultants.
- Dissemination of health and safety information to childcare providers and families.
- Development of training sessions and materials for childcare providers.
- Coordination of services between CCRR and local or regional public health entities.
- Assistance to families in securing a medical home and payment services.
- Provision of health- and safety-related information and referrals.

For more information, contact Sally Clausen at sclausen@idph.state.ia.us or at 515-281-6071.

The Iowa Covering Kids Project is part of a national health access initiative for low-income, uninsured children. The project is a statewide collaborative effort of state and local community-based agencies, child advocacy groups, and professional organizations. The project strives to: remove barriers to health insurance coverage for potentially eligible children, provide leadership and training to professionals and paraprofessionals for outreach to uninsured children and families, and strengthen state and local community relationships to provide advocacy and awareness to issues pertaining to children's health.

Covering Kids is attempting to address these issues by contracting with two pilot agencies based in Linn County and Marion County. Linn County is working on the removal of barriers to Medicaid and HAWK-I enrollment and outreach activities in the community. Marion County focuses on collaborating with small businesses and school districts to identify and create a system of referral for uninsured children. Additionally, the Iowa Department of Public Health has contracted with Siouxland Community Health Center as a demonstration site for developing a model contract with DHS for outstationed income eligibility workers.

The following are key accomplishments of the Iowa Covering Kids Project for FY00:

- School Outreach: In collaboration with the Department of Education, a statewide ICN workshop to inform school nurses on how to determine a child's health coverage status and eligibility occurred in April 2000. Approximately 260 school nurses attended.
- Child Care Provider Outreach: In collaboration with DHS Early Childhood Division and Medical Division, project staff designed a HAWK-I Question and Answer pamphlet tailored for childcare providers. All registered and licensed childcare providers in Iowa received a packet with the Question and Answer pamphlet, HAWK-I applications and a poster for their center/home.
- Legislative Outreach: The Covering Kids Now Task Force, charged with developing recommendations for overcoming barriers to Medicaid and HAWK-I, developed a report of findings and recommendations prior to the 2000 General Assembly. The report focused on continuous eligibility for Medicaid, presumptive eligibility for Medicaid and increasing HAWK-I eligibility to 200 percent of the FPL.
- Business Outreach: In collaboration with the local Economic Development office, Marion County pilot site staff developed an employer survey on health insurance coverage for families and children. The survey will be sent to all Marion County employers.
- Social Service and Physician Office Outreach: The Linn County pilot site staff collaborated with local and state level DHS offices to conduct technical assistance training tailored for social service and physician office staff on outreach and enrollment for families applying for Medicaid and HAWK-I. For more information contact Sonni Vierling at svierling@idph.state.ia.us or at 515-281-4516.

The **Iowa Child Death Review Team (CDRT)** was established by legislative mandate in 1995 to review the deaths of all Iowa children under the age of seven who die in or out of state and of all nonresident children in the same age range who die in Iowa. In 2000, the legislature expanded the team's purview to include children through age 17. Recommendations to prevent future deaths of these children are made to the governor and legislature in the team's annual report. The goal of the team is to reduce the number of Iowa children who die each year and to reduce the number of nonresident children who die in Iowa.

The Child Death Review Team is composed of health professionals, law enforcement professionals, educators, and public members from around the state. In addition, liaisons from a variety of state agencies serve on the CDRT. The team is gender and partisan balanced. All cases of deceased children, as previously described, are reviewed during monthly meetings of the team. Information is collected for these reviews and includes hospital and emergency medical service records, police and DHS reports, fire marshal and DOT investigations, death scene investigations, medical examiner reports and autopsy

information on each case. Recommendations on prevention of future deaths are formulated by the team and reported to the legislature and governor in their annual report each year.

The department provides administrative and technical assistance to the team through a part-time coordinator at the state level. State funds are allocated to support this program. For more information contact Stephanie Pettit at spettit@idph.state.ia.us or at 515-281-3108.

The **Sudden Infant Death Syndrome (SIDS) Program** provides a variety of grief support services to Iowa families who have experienced the death of their child from SIDS. In addition, it addresses dissemination of information on risk factors for SIDS and use of the state's Death Scene Investigation Protocol when an infant dies. The goals of the program are to:

- provide SIDS education statewide to health professionals, emergency medical personnel, law enforcement officers, daycare providers, and the general public to help reduce the number of SIDS deaths in Iowa.
- offer grief support services statewide to families who have experienced the deaths of their children from Sudden Infant Death Syndrome; and
- provide state funds for autopsies performed in all cases of suspicious deaths of children under the age of two years.

Education includes efforts to reduce the risks for SIDS, thus saving infant lives, and to provide appropriate death scene and grief response procedures to those who are first on the scene. After a SIDS death has been identified, a letter of condolence and packet of grief information is sent to the infant's family by the department and the Iowa SIDS Alliance. A trained peer contact is assigned to the family and provides grief support to them for one year following the death. A public health nurse is contacted to make a home visit to assess the need for additional services to the family. In addition, the family is encouraged to attend one
of the alliance's monthly support groups offered in five cities: Des Moines; Davenport; Belmond; Knoxville; Iowa City; and Sioux City.

Support and educational services are provided statewide by the IDPH through a contract with the Iowa SIDS Alliance. IDPH provides administrative assistance for the program through a part-time IDPH coordinator and a part-time Iowa SIDS Alliance executive director. Public health nurses provide home visits for new SIDS families. For more information contact Stephanie Pettit at spettit@idph.state.ia.us or at 515-281-3108.

Chronic Conditions

Activities and services provided to individuals identified as having chronic conditions or special health care needs.

Chronic Renal Disease Program

Child Health Specialty Clinics (CHSC)

Birth Defects Institute

Regional Genetic Consultation Service (RGCS)

Iowa Neonatal Metabolic Screening Program (INMSP)

Neuromuscular and Related Disorders Program

Maternal Serum Alpha-Fetoprotein Screening Program (MSAFP)

Birth Defects Registry (BDR)

The **Chronic Renal Disease Program** provides financial assistance for travel, pharmaceuticals, and health insurance premiums to eligible clients with end stage renal disease who are receiving dialysis or who have received a kidney transplant. An estimated 505 clients are currently enrolled. Since the program is the payer of last resort, use of the program varies among the renal disease clients who have enrolled. For example, 24 percent of enrolled clients have had a kidney transplant. Medicare pays for anti-rejection drugs for a maximum of three years following the transplant; so these clients do not make heavy demands on the program until the maximum eligibility period has elapsed. The clients then begin requesting reimbursement from the department for the drugs, which are very expensive, compared to the charges from clients still on dialysis. Approximately 50 percent of all enrolled clients have primary health coverage that pays a portion of pharmaceutical charges prior to consideration by this program. Monthly reimbursement rates for FY00 ranged from 20 to 100 percent. A weighted reimbursement rate for the entire year was 72.5 percent. Changes in Medicare coverage and health insurance premium increases significantly impacted program use and influenced adjustments in the reimbursement rate. For more information contact Cheryl Christie at cchristi@idph.state.ia.us or at 515-281-6645.

The **Child Health Specialty Clinics (CHSC),** based at the University of Iowa, exist to improve the health, development, and well being of children and youth with special health care needs in partnership with families, service providers, and communities. CHSC serves any Iowa child or youth from birth to 22 years with, or at risk of, a chronic health condition or disability, which includes psychosocial, physical, health-related educational, and behavioral needs. Fourteen regional centers provide special clinic services as well as mobile clinics held throughout the state.

CHSC offers a variety of direct services and care coordination to children with special health care needs and their families. Services are classified under the general categories of direct clinical, care coordination, family support, and training and consultation. CHSC staff include permanent and contract professional staff. The nursing staff, pediatric nurse practitioners and nurse clinicians, constitute nearly half of the professional personnel hours.

The Iowa Department of Public Health is the designated Title V agency for Iowa. The department subcontracts with the University of Iowa Hospitals and Clinics, Department of Pediatrics, to administer the program for children with special health needs. CHSC collaborates with the Departments of Public Health, Education, and Human Services in delivering the services of this program. Each regional center of CHSC has an advisory board composed of local service providers and consumers. CHSC is supported by funds from the Department of Public Health's Title V block grant, state appropriations, patient service revenues, and other grants and contracts. For more information contact Jeffrey Lobas, M.D. at 319-356-1118.

Established by the Code of Iowa in 1976, the **Birth Defects Institute**, in collaboration with the University Hygienic Laboratory and the University of Iowa, administers several programs that provide the system for genetic health care services in Iowa. The five programs include the Regional Genetic Consultation Service (RGCS), the Iowa Neonatal Metabolic Screening Program (INMSP), the Neuromuscular and Related Disorders Program, the Iowa Maternal Serum Alpha-fetoprotein Screening Program (MSAFP), and the Iowa Birth Defects Registry (BDR). For more information contact Jean Anderson at janderso@idph.state.ia.us or at 515-281-7584.

The primary purpose of the **Regional Genetic Consultation Service (RGCS)** is to provide the structure through which comprehensive genetic health care services are developed and implemented as an integral component of the state's health care system. The target populations of these services include patients, families, and local care providers including physicians, community agencies and schools.

Services provided through the RGCS statewide outreach program include genetic diagnostic consultation and evaluation by board-certified pediatric and adult geneticists, genetic testing and counseling, referral to local agencies, case management and educational programs related to genetics and genetic disorders. New initiatives include the development of genetic risk assessment for a variety of cancers. In FY00, 90 percent of Iowa's counties had at least one resident who received clinical services from the program.

Regional Genetics Consultation Service Activities
FY00

Clinic Activities	Educational Activities
Total Clinics Conducted: 91	Educational Presentations:115
Total Number of Patients Evaluated: 1,034	Attendees: 2,336
Number of Individuals Present for Counseling Sessions: 2,442	Medical/Dental/Nursing Students Preceptored by Program Staff: 34
Families Served: 929	

Through a contract with the University of Iowa, Department of Pediatrics, four board-certified medical geneticists and seven genetic nurses and counselors provide genetic services in 16 cities throughout the state. A toll-free number is maintained to provide easier access to program staff and services. Funding for the service comes from a state appropriation. For more information contact Jean Anderson at janderso@idph.state.ia.us or at 515-281-7584.

The **Iowa Neonatal Metabolic Screening Program (INMSP)** was established in 1983 by the state to identify newborns with selected metabolic disorders so that early diagnosis and treatment could be started to avert metabolic crises; neurological and developmental damage; and in some cases, death.

A blood sample is collected from each newborn before being discharged from the hospital, and the sample is tested for six disorders. The University Hygienic Laboratory is designated by the state as the central laboratory, and agreements with the University of Iowa provide for consultation to local physicians; clinical follow-up; case management; and educational services for patients, families, and others involved in the care of the child. This program is maintained by a fee-for-service mechanism, in which a modest fee of $33 per specimen is charged. A particular challenge for the INMSP program is being able to keep pace with the frequent and rapid changes that are inherent in this field. Several additional disorders are being investigated for addition to the screening panel. The total number of infants screened in calendar year 1999 was 37,579.

Calendar Year 1999
Iowa Neonatal Metabolic Screening Program Data

Disorder	Presumptive Positive	Confirmed
Hypothyroidism	19	20[1]
Phenylketonuria	8	3
Galactosemia	4	1
Congenital Adrenal Hyperplasia	25	3
Hemoglobinopathies	8	8

(1) Includes two that were classified borderline and later confirmed.

For more information, contact Jean Anderson at janderso@idph.state.ia.us or at 515-281-7584.

The **Neuromuscular and Related Disorders Program** provides clinical and educational services statewide to patients, families, and local care providers, including physicians, community agencies, and schools. Clinics are held at eight outreach clinics, as well as at the University of Iowa, with 459 patients receiving services during FY00. The program has shown significant increases in the number of clients receiving services over the last several years. Typical diagnoses include muscular dystrophy, myotonic dystrophy, and spinal muscular atrophy.

Much time and effort is expended in the Neuromuscular and Related Disorders Program for case management services. Services are provided by a team that includes the only pediatric neurologist in Iowa with special training in genetics and extensive experience in caring for individuals with neuromuscular diagnoses, a master's prepared genetic nurse specialist, and a physical therapist. Other community partners include the University of Iowa, physicians, community schools and agencies. The program is also very involved with the Muscular Dystrophy Association. Program funding is provided by state appropriation. For more information, contact Jean Anderson at janderso@idph.state.ia.us or at 515-281-7584.

The **Maternal Serum Alpha-fetoprotein Screening Program (MSAFP)** has been available in Iowa since 1985. The program goal is to identify those pregnancies in which the fetus may be at risk for having a neural tube defect or other abnormality. This provides the mother with the option of choosing additional diagnostic testing; and possibly, high- risk pregnancy care at a tertiary care center. This provides the mother and baby with highly specialized treatment at a time when it is most critical, just before and right after delivery. Screening is voluntary, with Iowa physicians offering screening to the pregnant women in their care.

If a woman chooses to participate in the MSAFP, the specimen is analyzed by the University Hygienic Laboratory. The screening program includes a follow-up component that provides consultation for local physicians and patients. About 40 percent of women delivering in Iowa participate in MSAFP screening each year. Program personnel include specialists with training in maternal-fetal medicine, genetics, and genetic counseling. The program is supported through service fees and is not dependent on state or federal funds. For more information contact Jean Anderson at janderso@idph.state.ia.us or at 515-281-7584.

The **Birth Defects Registry (BDR)** was established to provide a method of data collection and surveillance of birth defects within the state. Such activities help to identify patterns of birth defects, higher than expected incidences of birth defects within geographic areas, and may suggest interventions aimed at prevention activities, such as the need for cleaning-up of toxic dumpsites. Since its inception in 1984, the BDR has abstracted thousands of medical records at hospitals across the state and reviewed birth certificates for specified birth defects. Data are presented in the aggregate and are available for researchers, program developers, and state agencies. An annual report is published which highlights some of the current activities of the BDR. The BDR is based at the University of Iowa in the College of Public Health. Other partners in the registry include community hospitals and physicians. Support for the program comes from a CDC grant for statewide surveillance activities, plus a small amount of state dollars. Funding challenges continue to be a problem. When CDC funding is no longer available, it will not be possible to continue surveillance activities. For more information contact Jean Anderson at janderso@idph.state.ia.us or at 515-281-7584.

Community Capacity

Activities provided by department staff that are intended to strengthen the public health system at the local level.

Empowerment Areas

Local and State Public Health Liaison Committee

Community Services Bureau Programs

Child Lead Poisoning Prevention Program

Center for Rural Health and Primary Care

Critical Access Hospital Program

Volunteer Health Care Provider Program

PRIMECARRE (Primary Care Recruitment and Retention Endeavor)

Minority Health

Anatomical Gift Public Awareness and Transplantation Fund and Advisory Committee

Substitute Medical Decision-Making Boards

Iowa Communications Network (ICN)

Senate File 2406 created **Empowerment Area** legislation to establish partnerships between the Iowa Department of Public Health (IDPH), the Iowa Department of Human Services, the Iowa Department of Education, and other state groups. In addition, the legislation called for the state to form partnerships with locally established empowerment areas to reduce duplication of services, improve efficiency of services to families and children, and identify ways to coordinate funding streams to provide the most services with available money. Community Empowerment is a concept for development of local collaboration boards, with a majority of citizen members, who work together and develop a community plan for a system of support for all children 0-5 years of age.

The Community Empowerment Initiative defined the indicators for the state and local Community Empowerment as: healthy children, children ready to succeed in school; safe and supportive communities, secure and nurturing families; secure and nurturing childcare environments.

The director of the IDPH is a member of the State Empowerment Board and designated staff have served on the State Empowerment Team. The state team consists of representatives from the Iowa Department's of Public Health, Human Services, Education, Management, Economic Development, Human Rights, and the Governor's Office. Responsibilities of IDPH staff in this program include the following:

- coordinating the Empowerment Area Communication Team;
- creating, maintaining, and updating the Empowerment Area web page;
- assisting with developming and writing of rules and request for proposals (RFPs), and establishing a review process;
- serving as members on the state technical assistance team and working on the technical assistance plan;
- assisting with development of empowerment area educational material;
- providing staff to the State Empowerment Board; and
- presenting empowerment area information to focus groups, conferences, and state staff.

Additionally, Iowa Department of Public Health regional staff have been designated to provide regional technical assistance and work directly with field staff from other departments to assist communities as they establish their own local empowerment areas. Regional staff will also assist with community assessment and issue identification efforts as part of the local planning process. For more information contact

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The Iowa Administrative Code Chapter 641-77 defines the roles and responsibilities of **local boards of health** in relation to the following core public health functions:

- Assessment: regular collection, analysis, interpretation, and communication of information about health
  conditions, risks, and assets in a community.
- Policy development: development, implementation, and evaluation of plans and policies for public health in general and priority health needs in particular in a manner that incorporates scientific information and community values, and in accordance with state public health policy.
- Assurance: ensuring by encouragement, regulation, or direct action that programs and interventions aimed at maintaining and improving health are carried out.

Local Boards of Health in their policy-making role provided strong support to the governor, the Iowa legislature, and IDPH in the utilization of the Tobacco Settlement Funds for Health.

The Iowa Department of Public Health (IDPH), Community Services Bureau (CSB), enhanced local decision-making authority during FY00 (July 1, 1999 to June 30, 2000) through technical assistance and education which focused on the roles and responsibilities of local boards of health and local health departments in meeting core public health functions and in providing essential public health services.

In FY00, funding was appropriated to assist boards of health in meeting core public health functions. The Iowa Legislature designated $350,000 for boards of health to strengthen local public health infrastructure and provide additional support to address health problem priorities of the counties.

At Iowa's first public health Barn Raising in 1997, a request was made for better data and coordinated community assessment requirements. From this need came Iowa's current Community Health Needs Assessment/Health Improvement Plans, currently known as CHNA/HIP. There is now a uniform source of information from counties, including a review of health status indicators, identified community health problems, and a health improvement plan detailing goals and action plans.

Local boards of health led this process, which included community partners that represented the public and private sectors. Communities were not required to use any particular community health-planning model, but were required to use a uniform reporting instrument. IDPH gave technical assistance, provided and interpreted data, and made personal visits to community planning groups, board of health meetings, regional public health meetings, and health departments and agencies.

The completed CHNA-HIP reports for all 99 of Iowa's counties were placed on the IDPH web site (www.idph.state.ia.us). A review of the county reports identified the top 10 health problems to be:

- substance abuse and/or alcohol abuse
- tobacco use
- heart disease and/or cardiovascular disease
- exposure to lead and/or lead poisoning
- cancer
- teen pregnancies
- domestic violence and/or abuse and child abuse
- inadequate immunization status
- diabetes
- safety of water supply

Healthy Iowans 2010 was completed by the IDPH and over 500 interested parties in January 2000. It links the Community Health Needs Assessment and Health Improvement Plan to *Healthy People 2010*.

The authorization for development of an alternative plan for services by local contractors has resulted in development of such programs as outreach, screening, referral and follow-up for senior health concerns (dental, vision, hearing, arthritis and mental well-being); disaster recovery coalition coordinator position; and additional immunization clinics. The IDPH approved such programs when they were developed in response to the community needs assessment and health improvement plan.

Additional Board of Health Infrastructure Funding outcomes include extended funding for the delivery of public health services otherwise unavailable; enhanced capacity for responding to local disease outbreaks and follow-up; increased financial support for assessing community needs, and mobilizing partnerships; strengthened public health infrastructure through policy development and information technology equipment purchase; and community education which improved and/or enhanced healthier lifestyles. For more information contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

State-Funded Essential Public Health Service Activities

Essential Public Health Services	Activities
Assessment	
Monitor health status	Community Assessment
Diagnose and investigate	Communicable disease, lead investigation and chronic disease screening
Evaluate	Agency and community evaluation: analysis of community program data and community and program evaluation
Policy Development	
Develop policies and plans	Agency policy and planning, board actions and activities, community planning
Enforce laws and regulations	Food protection, other
Research	No billed activities
Assurance	.
Link people	Assurance of case finding and outreach, immunizations*, resource information system , school-based clinics, skilled nursing clinics, personal health service**
Assure a competent public health and personal health care workforce.	LBOH education, information manage ment, staff development
Inform, educate and empower	Community education program, outreach related to education
Mobilize community partnerships	Coalition building

*For additional information on immunization, please see the Immunization Bureau Report.

Staff of the **Community Services Bureau** in the Division of Family and Community Health work to strengthen local public health structure by educating, advising, and empowering the local boards of health and the provider agencies for public health nursing, HOPES/Healthy Families Iowa, home care aide, senior health, well-being visits, and Healthy Families Iowa. The Community Services Bureau and the IDPH contracts with every county in Iowa for board of health infrastructure/core public health functions, public health nursing, home care aide, and senior health state funding. At the county level, the contractor is either the local board of health or the board of supervisors. The amount of the grant funds for each county is determined by a legislatively set formula.

Eleven community health consultants and three support staff from this bureau work in assigned regions covering the state, and relate directly to local boards of health and provider agencies in their areas. Their duties include the following:

- consulting with local boards of health and working closely with county boards of supervisors, other IDPH grantees, and community stakeholders to strengthen public health policy, activities, and awareness;

- working with governing boards administering state contracts and subcontracts;
- assisting local public health administrative staff in developing public health programming, policies, and standards;
- conducting regularly scheduled informational meetings with subcontracting agencies;
- acting as a liaison for the IDPH to optimize the assurance of services within communities and with other state agencies to promote comprehensive services; and
- facilitating the community process for development of a comprehensive community health assessment and plan.

Community health consultants provided guidance and technical assistance through regional public health meetings, local board of health meetings and site visits. The consultants attended over 50 local boards of health meetings, conducted over 300 site visits to contractors, and facilitated over 100 regional meetings. Community health consultants also presented educational opportunities to enhance the practice of public health through supervision in community services, by hosting an Annual Senior Health Meeting, and by connecting local public health to the Iowa Department of Public Health. For more information, contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

The **Childhood Lead Poisoning Prevention Program** develops the capacity of local communities to coordinate screening of children for lead poisoning, conduct medical and environmental case management of lead-poisoned children, provide education and outreach to their communities, manage program databases, and develop community coalitions to address childhood lead poisoning. The prevalence of childhood lead poisoning in Iowa is a serious concern. Involvement of communities in reducing this problem takes place through **local Childhood Lead Poisoning Prevention Programs (CLPPPs).** Through these CLPPPs, which involve local public health nurses, Title V child health providers, city and county environmental health agencies, and city housing agencies, the following services are provided to communities:

- CLPPPs work with health care providers to ensure that children are screened for lead poisoning and to provide screening for children who cannot obtain this service through their regular health care provider.
- Medical and environmental case management of lead-poisoned children is provided.
- Data management of all blood lead testing and case management in the service area is accomplished using the IDPH-provided STELLAR program.
- Education and outreach are provided regarding the prevalence of childhood lead poisoning in the service area, as well as identifying significant sources of lead.
- Community-based coalitions are developed to help with education and outreach, to raise funds for the local program, and to advocate for building the community infrastructure needed to deal with childhood lead poisoning in their community.

Iowa currently has 20 local CLPPPs that provide complete CLPPP services to 64 of Iowa's 99 counties and partial CLPPP services to four additional counties. Some of the CLPPPs cover only one county, and others cover an area of several counties. Multi-county partnerships are often needed to adequately develop this program. The IDPH Lead Poisoning Prevention Program provides leadership, resources, and support to these endeavors. A barrier to developing additional CLPPPs is a lack of funding and the perception that childhood lead poisoning is not a problem in some parts of Iowa. This will be addressed by continuing to seek additional funding for local CLPPPs and by working to educate local organizations about the extent of childhood lead poisoning in their communities. (See Adult Wellness, Child and Adolescent Wellness, Environmental Hazards and Public Protection for more information on lead poisoning prevention activities.)

The Centers for Disease Control and Prevention (CDC) provides funding for a program manager. CDC and limited state funds are used for local CLPPPs. The community partners in this program are local health departments, Title V child health clinics, health care providers, area education agencies, and housing agencies. The IDPH contracts with, and provides technical assistance to, Title V child health clinics, public health agencies, and housing agencies in the 64 counties where local programs exist or are being developed. In the 35 counties where local programs do not yet exist, IDPH provides technical assistance to help develop these programs. The target population for this program is all local agencies that deal with public health, environmental health, housing, or child health. For more information, contact Rita Gergely at rgergely@idph.state.ia.us or at 515-242-6340.

Established by the legislature in 1989, the **Center for Rural Health and Primary Care** facilitates and advocates for access to quality health services for Iowans in rural and medically underserved areas of the state. The center includes the State Office of Rural Health, and the Primary Care Office (PCO), and administers numerous programs that address rural health and primary care issues. These programs include the Volunteer Health Care Provider Program, Critical Access Hospital Program, recruitment and retention activities through PRIMECARRE and the National Health Service Corps, health professional shortage area designations, and the Conrad 20 Program.

The **Primary Care Office and Office of Shortage Designations** will be a test site for the upcoming shortage designation criteria soon to be released by the federal government. This area has been active in proposing and negotiating changes through a national workgroup that will benefit the state by assuring continuing recruitment and retention activities for Iowa.

The purpose of the shortage designation process is to enable designated communities access to state and federal funds and personnel to help improve the community primary care capacity. There are three classifications of shortage designations:

- ***Health Professional Shortage Areas (HPSA):*** Health Professional Shortage Areas are divided into primary care, dental, and mental health categories. Designation is based on a 3,500:1 population to physician ratio for a primary care HPSA. There are different ratios for dental and mental health. A facility in a designated HPSA is able to access funds through the National Health Service Corps loan repayment and scholarship programs, J-1 visa waiver physicians, rural health clinic certification, and up to 37 other federal programs.
- ***Medically Underserved Areas (MUA):*** This designation is based on a variety of health indicators. Facilities in a designated MUA can access federal funds for community and/or migrant health centers and other grants for vulnerable populations, recruit J-1 visa waiver physicians, and receive rural health clinic certification. All or parts of 68 Iowa counties have received MUA designations.
- ***Governor's HPSA:*** This designation enables rural counties to receive rural health clinic certification and reimbursement. Fifty-nine rural Iowa counties qualify for the rural health clinic reimbursement which enables small communities' local access to primary care services.

The Office of Rural Health submitted an Iowa rural health plan to the Health Care Financing Administration (HCFA) in 1999 to establish a state **Medicare Rural Hospital Flexibility Program**. This program allows small, rural hospitals designated as **Critical Access Hospitals** (CAH) to receive enhanced Medicare reimbursement. The broader goal of this program is to foster rural health network development, promote regionalization, and facilitate greater community involvement of hospitals in the needs of their respective service areas. Critical Access Hospitals must be part of a rural health network and have no more than a 96-hour annual average patient stay. As of August 18, 2000, there are 10 certified CAHs. Ten additional hospitals have completed the necessary provider process to become eligible to apply for CAH certification (one hospital closed since it's original application). There are 22 additional hospitals that have expressed an interest in participating in this program. Three workshops and 23 grants totaling

$196,173 were offered to assist hospitals as they determined the appropriateness of the program for their communities. For more information contact Doreen Chamberlin at dchamber@idph.state.ia.us or at 515-281-8517.

The **Volunteer Health Care Provider Program**, also administered by the center, was established in 1994 to indemnify health care volunteers wanting to provide free medical services but were hindered because of the cost of malpractice coverage in a free clinic setting. The program is now working with 23 eligible free clinics throughout Iowa. To date, it has approved 275 volunteers who have provided free services to underserved Iowans in a free clinic setting.

The center works closely with communities and their organizations to help meet their identified needs for health care provision. Some of the center's major accomplishments in FY00 are listed here:

- Held four regional grant-writing workshops to provide technical assistance in improving skills necessary to write successful grant applications.
- Provided technical assistance and functioned as an information clearinghouse to communities for grant resources and grant writing for Rural Network Development, Rural Health Outreach, Rural Telemedicine, PRIMECARRE other grants.
- Revised the *Rural Health Clinic Manual*, a listing of resources to assist Iowa health care providers in establishing federally certified rural health clinics. Iowa has 136 rural health clinics that benefit from enhanced reimbursement as a result of this certification.
- Submitted for designation: 22 primary care HPSAs, four mental health HPSAs and 72 Medicaid Dental HPSAs.
- Sponsored a Recruitment and Retention Workshop in conjunction with the Critical Access Hospital Program's workshops.
- Provided technical assistance to the newly established community and migrant health center in Ottumwa (was scheduled to open in October of 2000).
- Sponsored 20 J-1 visa waiver physicians.
- Continued to work with the Iowa Rural Health Association, Iowa Association of Rural Health Clinics, and the Iowa Hospital Association on various health issues.
- Participated in a consortium group through the American International Health Alliance to improve primary care services through a sister-state relationship between Iowa and Samara, Russia.

For more information contact Carol Barnhill at cbarnhil@idph.state.ia.us or at 515-281-6211.

PRIMECARRE (Primary Care Recruitment and Retention Endeavor) provides two ongoing grant programs to strengthen the primary health care infrastructure in health professional shortage areas and in small communities throughout Iowa. The Loan Repayment Program and the Community Grant Program assist Iowa clinics, hospitals and communities in their efforts to recruit and retain qualified health practitioners. A third program, the Community Scholarship Program, was closed at the end of FY00 due to loss of federal matching support.

The **Loan Repayment Program** provides grants to medical professionals to assist in repayment of educational loans. Grants are supported through a 50-50 match of federal and state funds. Recipients provide full-time primary care services for two years in a public or non-profit entity located in a federally designated health professional shortage area (HPSA). During FY00, state grants totaling $145,410 were provided to health professionals practicing in Iowa's HPSA communities. Five primary care providers are completing the second year of the program, and six recipients started first-year contracts during FY00.

The **Community Grant Program** provides grants in the amount of $10,000 to communities with populations fewer than 10,000 or to a region of several communities each with a population under 10,000. Recipients provide a dollar-for-dollar match and use grant funds to purchase clinical equipment or related services to further their recruitment and retention efforts. During FY00, eight community grants were awarded totaling $89,595.

During a recent two-year funding period, the **Community Scholarship Program** supported forgivable scholarship grants for medical education in return for full-time primary health care services to a sponsoring community for a period of two years after completion of schooling. A combination of federal, state, and local sources provided the scholarship funds. One recipient received $6,000 in state funding toward a second year of medical education during FY00 prior to closure of the program by federal funding sources. For more information contact Doreen Chamberlin at dchamber@idph.state.ia.us or at 515-281-8517.

The Iowa Department of Public Health convened the **Minority Health Advisory Task Force** to provide insight into Iowa's role regarding initiatives developed by the U.S. Department of Health and Human Services and President Clinton and as a response to State Representative Wayne Ford on African-American infant mortality. These initiatives focused on eliminating racial and ethnic health disparities by 2010 in the areas of diabetes, cardiovascular diseases, HIV/AIDS, cancer, childhood and adult immunization, and infant mortality. This endeavor was an effort by the department to set up a dialogue with minority population representatives on issues related to strategies on how to deal with diversity in health needs.

The responsibility of the Minority Health Advisory Task Force was to provide recommendations involving areas of concern related to health care access and service delivery among the diverse populations within the state. To ensure input on issues and health concerns of interest to minorities, the department recruited task force members statewide. Representatives included African American, Latino, Asian Pacific Islanders, Native American, and refugee and immigrant populations. An additional directive to the task force dealt with development of long-term and short-term recommendations and priorities ranging from one to five years. In June of 2000 a final report was presented and included 12 recommendations pertaining to issues covered by the task force. For more information, contact Janice Edmunds-Wells at jwells@idph.state.ia.us or at 515-281-4904.

Many people do not want to think about organ and tissue donation because it is related to death. The **Anatomical Gift Public Awareness and Transplantation Fund** is used to increase public awareness of organ and tissue donation. It will ultimately increase organ and tissue donations by Iowans to save lives (through organ donation) and improve quality of life (from tissue donation). Legislation established this program in 1996 and provided for voluntary contributions of $1 or more at the time of motor vehicle registration or renewal. County treasurers began to collect money in July 1996. Contributions in FY00 totaled $26,184.43.

A 12-member **Anatomical Gift Public Awareness Advisory Committee** guides the program and reviews the anatomical gift system to identify improvements or enhancements to promote the gifts. Four grants to community organizations and 10 grants to hospitals were awarded in FY00 with funds collected in FY99. The projects supported with these grants were all designed to increase public awareness of organ and tissue donations. The funds contributed in FY00 will be awarded for awareness projects in FY01. For more information contact Ron Eckoff, M.D. at reckoff@idph.state.ia.us or call 515-281-5914.

Some people who need specific medical care are not able to understand the nature and consequences of the proposed care, and thus cannot give their own informed consent. Many of these people have no surrogate decision makers available. The **Substitute Medical Decision-Making Boards** were created to

provide a way to make some of these decisions. A state board makes decisions in the absence of such boards in the community. There are county boards in nine counties. In FY00, the state board made a decision in one case. The Substitute Medical Decision-Making Boards provide a legal and thoughtful process for such medical decision-making. If the boards were not available, it would be necessary for local health care providers to find some other substitute decision-maker, provide medical care without informed consent, or deny the care because it was impossible to obtain informed consent.

Use of the **Iowa Communications Network (ICN)** for videoconferencing has become an integral part of the operation of the IDPH. The ICN makes the department more accessible to local health workers and others interested in public health. In FY00, IDPH staff conducted 250 videoconference sessions over the ICN. This brought the total to over 1,200 sessions since the department first used videoconferencing in 1994. One of its major uses is conducting training and question and/or answer sessions on requests for proposals (RFPs). Holding these sessions over the ICN make it possible for agencies far from Des Moines to have an equal chance to participate and compete for grants with those located close to Des Moines. Another key use is conducting public hearings on rules. The ICN makes it easier for interested individuals to make comments than if they had to travel to Des Moines to participate.

The availability of the ICN makes it more feasible for people throughout Iowa to participate on committees or task forces when some of their meetings are held over the ICN. They can participate in a one to two hour meeting that would otherwise require taking a full day to travel to and from Des Moines. The ability to have this input and participation from across the state is invaluable to the department. ICN videoconferencing was used extensively by the chapter teams developing Healthy Iowans 2010. By using the ICN, it is possible to have broader local representation at all meetings.

Technical assistance to local agencies can sometimes be provided via ICN videoconferencing. This results in saving substantial amounts of time and travel expenses. It can also allow experts to provide a few minutes of direct assistance regarding specialized questions rather than having a generalist field staff bring in questions and return with the answers. Through the ICN, answers can be provided promptly and discussed until understood. In addition, specialized training on immunization, substance abuse, sexually transmitted diseases, gambling treatment, and other topics became more available to local health workers across the state. Thus, maximum use can be made of regional and national experts.

Decision-makers in all programs in the department and in local agencies are recognizing that funds for ICN use are just as critical as funds for travel, postage, telephone, etc., and should be built into budgets. Some of the uses of the ICN save time and money for the department. However, many of the ICN uses cost the department, but save time and money for local agencies. These resources can then be used for providing more local services. By increasing collaboration and two-way communication, the use of videoconferencing assists in empowering local communities in Iowa to serve their own public health needs. The ICN is now a vital tool for public health in Iowa. For more information, contact Ron Eckoff, M.D. at reckoff@idph.state.ia.us or at 515-281-5914.

Elderly Wellness

Activities and services provided to persons over the age of 55 years that are intended to optimize their health status.

Home Care Aide (HCA) Program

Public Health Nursing (PHN) Program

Chore Program

Senior Health (SH) Program

Iowa's increasingly aging population creates growing demands for services that assist the elderly in remaining independent and maintaining optimum health for as long as possible. Maintaining the ability to carry out what are known as "activities of daily living" - eating, bathing, toileting, ambulation, and maintaining a clean and safe home environment - is a major factor affecting that independence. There are four state-funded grant programs to assist Iowa's aging population in meeting these goals: home care aide, public health nursing, chore, and senior health.

The purpose of the **Home Care Aide Program** is to avoid inappropriate institutionalization of individuals and to preserve families by providing the supportive services of trained and supervised paraprofessionals.

The median age of home care aide clients discharged to an institution was 82.2 years, compared to a FY99 median of 82.6 years. (An institution for this measure includes long-term care, residential, intermediate of skilled care facilities and excludes hospitals.) The percentage of persons served by the Home Care Aide Program during FY00 discharged with goals met was 48 percent, unchanged from FY99.

Home Care Aide Program
Client Characteristics
FY00

Clients	Served with State Grant Funds
Low income clients who received services	7,935
Ederly clients aged 60 and over who received services	9,096
Clients for whom services reduced, prevented or delayed institutionalization	7,839
People discharged with goals met	1,861
People discharged	3,844
Cases receiving adult protective services	304

Outcomes of the Home Care Aide Program include the following:

- Participated in community health needs assessment and health improvement plans - serving as an advocate for services to vulnerable populations.
- Continued involvement in Iowa's Empowerment Area legislative and community initiative.
- Sought out alternative funding for Home Care Aide services, such as decatagorization funding and Medicaid waiver.
- Submitted applications for the Senior Living Program.
- Expanded further the Home Care Aide through involvement in the HOPES/HFI project and those modeled upon HOPES/HFI.

For more information, contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

The **Public Health Nursing Program** promotes health and wellness in the community to help prevent illness, and prevent or reduce inappropriate institutionalization of low-income and elderly persons. Public health departments are responsible for providing leadership to safeguard the health and wellness of the community. This responsibility is met by implementing the core public health functions of assessment, policy development and assurance through provision of essential public health services.

The median age of public health nursing disease and disability clients discharged to an institution was 81.6 years, compared to a FY99 median of 80.9 years. (An institution is defined to include long-term care, residential, intermediate or skilled care facilities and excludes hospitals.) The percentage of persons served by public health nursing in a disease and disability program, health maintenance program, or health promotion program during FY00 discharged with goals met was 66 percent, compared to 68 percent in FY99.

Personal Health Services
Client Characteristics
FY00

Clients	Served with State Grant Funds
Low income Clients Who Received Services	4,444
Elderly Clients Aged 60 and Over Who Received Services	4,113
Clients for Whom Services Reduced, Prevented or Delayed Institutionalization	4,480
People Discharged Goals Met	3,154
People Discharged	4,792
Cases Receiving Adult Protective Services	66

The following are Public Health Nursing Program Outcomes*:*

- Led the local board of health's community health needs assessment and health improvement plan.
- Conducted comprehensive health fairs and other preventive health activities for special populations.
- Contained measles and pertussis, with community education and follow-up immunizations.
- Conducted outreach by public health nursing agency for families in their communities for the HAWK-I program.
- Developed parish nursing programs in several counties.
- Conducted successful health preventive programs due to collaboration with other community, public and private partnerships.
- Increased services to families and children including maternal child services, parenting programs and home visiting programs.
- Improved access to influenza and pneumonia vaccinations through clinics held by public health agencies
- Responded to emergency concerns such as floods and rabies, with assistance through resources, services, and new programs.
- Awarded grant for public health nursing and physician collaboration to assure a medical home for all children.

For more information, contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

The **Chore Program** provides services to individuals or families who, due to incapacity or illness, are unable to perform certain home maintenance functions. Services include but are not limited to yard work, such as, mowing lawns, raking leaves, and shoveling walks; window and door maintenance, such as, hanging screens, windows and doors, replacing windowpanes and washing windows; and, doing minor repairs to walls, floors, stairs, railing and handles. It also includes cleaning attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care, painting, and trash removal. Counties are allowed to use up to 15 percent of their county Home Care Aide allocation for chore services. The total amount of funding for the chore program was $113,632 in FY00.

The number of counties that use state funds for chore service has declined since the early 1990s to 12 counties. Reasons include increased demand for home care aide services, lack of funding and priority establishment by local communities. Some of the counties that use little or no state funds for chore service indicate they have identified other resources to support this service.

Chore Program Characteristics
FY00

Chore Program Characteristics	Data
Clients Serve	378
Dollars Used for Chore Program	$113,632
Units Provided With Grant Dollars	12,251

The program of **Senior Health** promotes health wellness and improvement in older adults by providing health assessment and health education and by serving as an entry point into the health care system for the medically underserved. The local senior health providers utilized these funds based upon the needs identified for the elderly population in the county. Preventive health care measures such as mammography, prostate exam, Pap test, dental exam, and eye exam resulted in identification of over 5,100 health concerns that were referred for professional follow-up.

Senior Health Program Outcomes include:

- Positive life style changes as a result of health education provided through senior health programs.
- Participation of the senior health coordinator in community health needs and health improvement plan.

For more information, contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

Environmental Hazards

Activities intended to reduce exposure to hazards in the environment, primarily chemical hazards.

Technical Assistance to Local Boards of Health

Hazardous Substances Emergency Events Surveillance System

Hazardous Waste Site Health Assessment Program

Childhood Lead Poisoning Prevention Program

The **Technical Assistance to Local Boards of Health Program** seeks to identify and reduce exposure to environmental hazards by developing technical expertise in local environmental specialists to deal with environmental hazards. The identification and abatement of local environmental hazards in Iowa are the responsibility of full-time environmental specialists in 68 counties, part-time environmental specialists in nine counties, and public health nurses or other officials in the remaining 22 counties. In most counties, the environmental specialist is involved in issues of private water wells and sewage systems, abatement of nuisances and pests, and development of policies and procedures to protect the public from pollution and environmental dangers. The Iowa Department of Public Health (IDPH) provides one-on-one consultations with local boards of health, assists communities in selecting qualified environmental specialists, provides an annual one week training for new environmental specialists, and provides continuing education sanitarians and environmental specialists to maintain their awareness and develop their capabilities for addressing leading environmental health problems.

The 1999 legislative session appropriated dollars for one full-time equivalent (FTE) position for an Environmental Health Consultant to work directly with local boards of health and communities on environmental health issues. This position was filled in the fall of 1999 and continues to provide much needed support and technical assistance at the local level. Further, this process identified a significant need at the local level for an increase in the amount of technical assistance made available from the various state agencies that oversee environmental health programs. The IDPH continues to work aggressively toward expanding this program through additional FTE positions and by policy changes in departmental programs that make IDPH staff more accessible to local environmental health programs.

For more information, contact Ken Sharp at ksharp@idph.state.ia.us or at 515-281-7462.

The **Hazardous Substances Emergency Events Surveillance System** is a program funded by the federal Agency for Toxic Substances and Disease Registry that supports a full-time environmental specialist position. The objective is to reduce statewide mortality and morbidity experienced by employees, emergency responders, and the general public as a result of accidental hazardous substance releases and spills. In FY00, data were collected on 293 emergency chemical releases. Information collected on each event included the weather conditions, date and time, if the location was at a fixed facility or occurred during transport, the type of chemical involved, the amount released, human exposure information, the potential population exposed, and if evacuations were necessary. This information is shared through a quarterly *Hazmat* newsletter that goes to a mailing list of 2,600 fire departments, police departments, emergency response units, hospital emergency rooms, hazardous material team coordinators, local emergency response planning committees, and the State Emergency Response Commission. An outreach and/or prevention plan was also developed to help reduce the number of injuries and deaths associated with emergency chemical releases.

This activity assists emergency responders and local emergency response planning committees as they develop chemical release response plans. Data are used to quantify the impact of emergency chemical releases that affect the public, employees, and emergency responders. Knowledge of the hazards associated with living in a chemically intensive society, and plans for responding to them, enhance the safety of all Iowans. For more information contact Debbi Cooper at dcooper@idph.state.ia.us or at (515) 242 6337.

Through a cooperative agreement with the federal Agency for Toxic Substances and Disease Registry, the **Hazardous Waste Site Health Assessment Program** provides health assessments of hazardous waste sites in Iowa to determine human health implications. Through written documents, known as Public Health Assessments, Health Consultations, or Site Reviews and Updates, an assessment is made of the actual or potential health risks to workers and/or community members living on or near a hazardous

hazardous waste site. Helping to identify and assess potential public health threats is the major focus of this program. There are currently 19 hazardous waste sites in Iowa that are listed on the National Priorities List. In addition, approximately 800 other sites are candidates for evaluation by program staff at the request of the Iowa Department of Natural Resources, local environmental and/or health agencies, and private citizens.

Health education activities are provided for health professionals and community members who work on or live near such sites. The purpose is to educate and inform people of ways to reduce or eliminate the potential for exposure and its associated adverse health effects. Physician, nurse, and community education programs and fact sheets are designed and developed for specific communities where actual or potential exposures to hazardous substances exist. The health educator works to involve the community in the information-gathering process, communicates with health professionals in the recognition of potential adverse health effects, and provides appropriate educational material about specific contaminants at specific sites. Information may also be provided on a hazardous waste site background, community health concerns, demographics, environmental contamination, exposure pathways, and health outcomes.

In FY00, the program prepared a Public Health Assessment or Health Consultation for six hazardous waste sites. The availability of accurate information about particular contaminants, concentration levels, routes of exposure, etc., help the public separate fact from fiction. Health education activities included the development of both site-specific and chemical-specific fact sheets and educational seminars for health care providers and community members to calm unjustified fears, and provide appropriate information to help eliminate or reduce exposure to the contaminants in question. These efforts also serve to address hazardous waste site issues in *Healthy Iowans 2000*. Federal funds support a toxicologist and program manager, one health assessor, and half of a health educator position. For more information contact Mike Guely at mguely@idph.state.ia.us or at (515) 281-6567.

Most homes built prior to 1960 contain lead-based paint. Nearly two-thirds of Iowa's homes were built before 1960. Iowa ranks sixth in the nation for the proportion of its housing built before 1960. Young children who live in or visit these homes may be lead-poisoned by lead hazards in the homes. In addition, adults who remodel or repaint these homes may be lead-poisoned if they disturb the lead-based paint. The **Childhood Lead Poisoning Prevention Program (CLPPP)** works to reduce the prevalence of childhood lead poisoning by reducing lead hazards in older homes. The purpose of the program is to prevent childhood lead poisoning in children by providing environmental case management to children identified as lead-poisoned and by providing education to the general public about how to work safely with lead-based paint. The target population for this program is anyone who lives in a pre-1960 home.

During FY00, the IDPH staff and 20 local CLPPPs conducted environmental investigations and made recommendations for repairing lead-based paint hazards in 259 homes associated with cases of childhood lead poisoning. Lead hazard remediation was completed in 100 homes where lead hazards had previously been identified.

The major barrier faced during FY00 involved inadequate resources to pay for repairing lead hazards in homes - either before or after children are lead-poisoned. The U.S. Department of Housing and Urban Development (HUD) makes funds available to pay for repairs in some homes. However, the work is to be done by a certified lead abatement contractor, making the cost per home high. There are no other federal funds available.

The Centers for Disease Control and Prevention and the state of Iowa provide funding for this program. CDC funding provides support for a program manager and one environmental specialist. The IDPH provides direct services in 35 counties where there are no local lead programs. The department provides

contracts and technical assistance to Title V child health clinics, public health agencies, and housing agencies in 64 counties. For more information contact Rita Gergely at rgergely@idph.state.ia.us or at 515-242-6340.

Infectious Diseases

Activities provided to reduce the incidence and prevalence of communicable diseases.

Center for Acute Disease Epidemiology

Bureau of Immunization

Public Health Nursing Grant

Disease Prevention Specialists

STD Prevention Program

HIV/AIDS Prevention Program

HIV/AIDS Surveillance Program

Tuberculosis Control Program

Prescription Drugs Program

The **Center for Acute Disease Epidemiology (CADE)** is composed of two medical epidemiologists (state of Iowa licensed physicians), one public health veterinarian, one nurse epidemiologist, one administrative assistant, and one Epidemic Intelligence Service (EIS) officer on a two year assignment from the Centers for Disease Control. FY00, CADE conducted surveillance on 51 reportable diseases and provided numerous consultations to local health departments, nurses, physicians, and the public. Surveillance is done to identify cases of disease and intervene to prevent more cases from occurring. In the event of outbreaks, interventions are initiated to reduce the impact of the event. During events of public health importance, like outbreaks, CADE works closely with the media to provide information to the public in order to educate and encourage the appropriate response. During FY00, CADE was involved in the following investigations and programs:

- On August 28, 1999 a bear cub at a northeast Iowa petting zoo tested positive for rabies after dying one day earlier of acute central nervous signs and symptoms. The attending veterinarian alerted CADE, and a response was immediately formulated. This response included an extensive media campaign (including an article in USA Today and an interview on National Public Radio) and placement of calls to some 200 persons who were potentially exposed to the bear at the petting zoo. Visitors to the zoo were identified through a voluntary sign-in log and contacts were made using the telephone number (if given) or by using other identifying information. The bear had also attended a barn-warming where it may have exposed some 100 persons. Within five days, an estimated 99 percent of the people had been contacted by CADE or other staff from the Iowa Department of Public Health (many public health nurses in the department volunteered their time to make phone calls). During these contacts, a person's exposure to the bear was assessed and recommendations were made for persons to seek the care of a physician for follow-up. Visitors attended from 10 states and Australia, underscoring the need for a nationwide media campaign, but increasing the time and difficulty in trying to contact these visitors. However, in early September, follow-up tests at two other laboratories failed to confirm the initial positive test, calling into question the rabies diagnosis. At this time, the public was notified of these discrepant results through a press conference and media release. Although CADE made no formal recommendations regarding the discontinuation of post-exposure prophylaxis (PEP) for individuals who started it, CADE advised persons to speak to their physicians and weigh the risks and benefits, or contact CADE directly for consultation. CADE, under the leadership of its EIS officer, conducted a follow-up survey of persons potentially exposed to the bear at the petting zoo to assess the impact of rabies exposure and post-exposure prophylaxis and determining the appropriateness of post-exposure prophylaxis.

- In cooperation with the Department of Inspections and Appeals, the University of Iowa Hygienic Laboratory, and local health departments, CADE conducted 15 foodborne outbreak investigations. Venues varied, and included restaurants, catered functions, hotels, camps, a school, and a long-term care facility. The etiology of these outbreaks varied, but the majority were determined to be due to Norwalk-like viruses (either by laboratory identification and/or clinical/epidemiological information). Contamination of food was most likely due to an ill food handler. Prevention and control efforts included education of staff at these facilities.

- During April and May 2000 three cases of serogroup C meningococcal meningitis were reported in children who resided in Delaware County. No direct links could be established between these three cases. This high number met the CDC's definition of an outbreak, and measures were undertaken to prevent further cases from occurring. In cooperation with the Delaware County Community Health, the West Delaware School District, and numerous individuals and organizations at the local level, a vaccination campaign was organized which targeted some 2,500 children in this area. The campaign was a success, the majority of individuals in the target group were vaccinated, and no further cases of group C meningococcal disease have occurred in this community.

- CADE provided education and training to some 50 groups of medical professionals, health professional students, and the general public. This included offering a series of one-day seminars to local public health nurses and infection control practitioners during the fall of 1999. These seminars presented updates on communicable disease issues.

- CADE was involved in soliciting federal grants to expand and improve our existing capabilities for disease surveillance. We were fortunate to have secured grant monies from two large programs, including the Epidemiology and Laboratory Capacity Program and the Bioterrorism Preparedness and Response Program. Both programs will allow us to expand the capacity for disease surveillance in the state. In addition, the Bioterrorism Preparedness and Response Program will allow us to begin to prepare for a bioterrorist event. Supplemental funds were awarded under these programs for surveillance of West Nile Virus and for developing methods to facilitate the reporting of communicable diseases via electronic means. For more information contact Deb Lundstrom at dlundstr@idph.state.ia.us or at 515-281-6493.

Immunization provides protection for Iowa's children against childhood diseases, with the goal of reducing or eliminating vaccine-preventable disease in Iowa by ensuring that children are age-appropriately immunized. The IDPH, Bureau of Immunization, manages and oversees the state childhood immunization program. Vaccines are distributed to 494 public and private providers who are enrolled in the Vaccines for Children Program for immunization of children against hepatitis B, diphtheria, tetanus, pertussis, *haemophilus influenzae* type B, polio, varicella (chicken pox), measles, mumps, and rubella. During FY00, over 371,620 doses of vaccine were distributed to these providers. Many of these children have no health insurance or are underinsured. Without this program, an unacceptable number would remain unimmunized.

The Bureau of Immunization is comprised of one federal public health advisor assignee, nine federally funded employees who function in a variety of program areas, two federally funded disease prevention specialists assigned to Iowa City and Sioux City, and one state-funded employee who distributes vaccine. The Bureau of Immunization is funded through federal section 317 and the Vaccines for Children (VFC) program funds (90%) and state funds (10%).

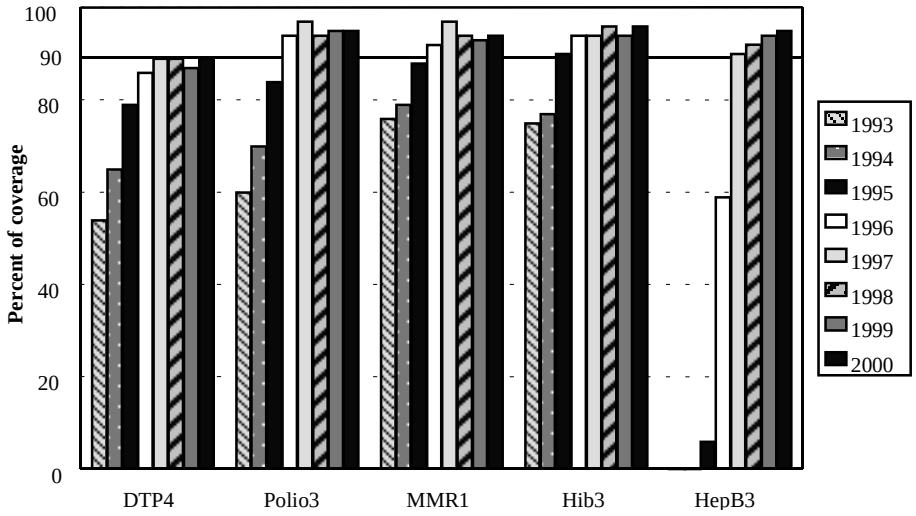
The immunization program serves children 0-18 years of age statewide with emphasis on children two years of age and younger. Adult immunization activities are also coordinated to ensure that the adult population is protected from vaccine-preventable diseases. The bureau works closely with other state agencies, private providers, health maintenance organizations, infection control practitioners, community-based organizations, and local health departments.

The immunization goal in *Healthy Iowans 2010* is to have 90 percent of children fully immunized by their second birthday. A fully immunized two-year-old has received four doses of diphtheria, tetanus, and pertussis (DTP) vaccine, three doses of polio vaccine, one dose of measles, mumps, and rubella (MMR) vaccine, three doses of *haemophilus influenzae* Type B (Hib), and three doses of hepatitis B vaccine. Vaccination against varicella (chicken pox) is not required for school entry and its low rate of acceptance presents a barrier to reducing the disease incidence. Efforts to educate providers and parents on the safety and efficacy of this vaccine continue.

From January to March 2000, regional disease prevention specialists and bureau staff conducted an annual assessment of 112 public sector immunization providers enrolled in the VFC program. This included county public health departments, WIC, well-child facilities, and federally-qualified community health centers. The immunization histories of two-year old children who received their immunizations at public sector clinics were analyzed, and revealed that 86 percent of these children had reached the goal of

full immunization. Fifty-two public- sector immunization clinics were found to have attained 90 percent coverage levels. The following chart illustrates the improvement in the immunization rates of two-year-olds in public clinics since the first assessment in 1993.

Percent of Coverage by Vaccine Type by 2 Years of Age
State of Iowa Public Sector Clinics 1993-2000

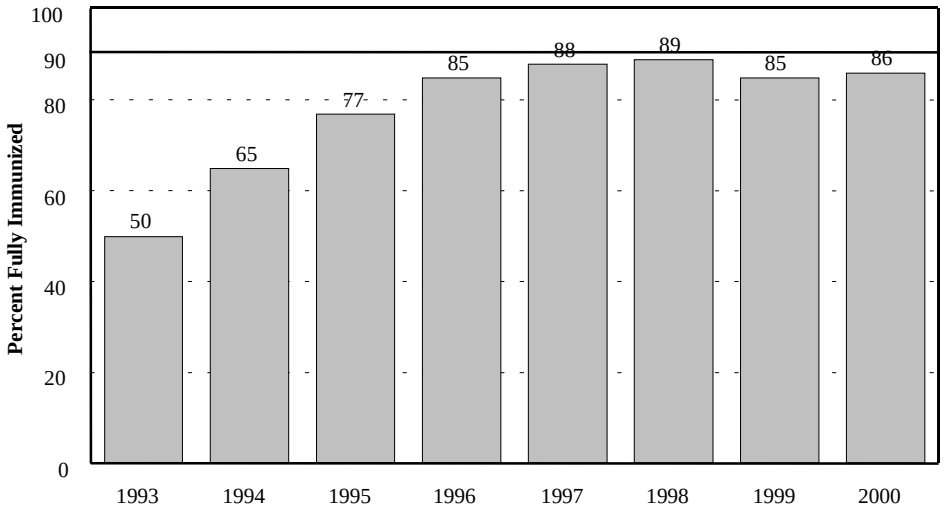


Source: Iowa Dept. of Public Health, Bureau of Immunization

Percent Fully Immunized by 2 Years of Age

State of Iowa Public Sector Clinics 1993-2000

Fully immunized = 3 DTP, 3 Polio, 1 MMR, and 3 Hib, 3 Hep. B
National goal = 90%



Source: Iowa Dept. of Public Health, Bureau of Immunization

The National Immunization Survey, which was conducted by the Centers for Disease Control and Prevention from January 1999 through December 1999 indicated that 83 percent of the two-year-old children surveyed had been immunized with four DTP, three Polio, one MMR, and three Hib vaccine doses. Vaccine-specific data are outlined below.

VACCINE	Immunization Coverage Level
DTP (3+ doses)	98%
DTP (4+ doses)	86%
Polio (3+ doses)	91%
MMR (1 dose)	91%
Hib (3+ doses)	96%
Hep B (3+ doses)	90%
Varicella (1 dose)	46%

Because immunizations can be obtained from many providers, it is not uncommon for a child to start the immunization process at one location; and then, because of finances, convenience, or relocation, go to another location later in the process. In the past, if the parents did not have formal documentation of prior immunizations, the next provider was compelled to begin the process again. A new initiative, the Iowa State Immunization Information System (ISIIS), allows authorized providers electronic access to a restricted database that shows the immunization history of the enrolled children. ISIIS, already implemented in all public provider agencies, saves time for providers in ascertaining needed immunizations, averting unnecessary re-immunizations, and providing information for reminders to be sent to parents to bring children in for the next dose in each series. ISIIS will be implemented in the private sector beginning in 2001.

Investigations of reported vaccine-preventable diseases helps prevent the spread of these diseases to others by assuring appropriate treatment and vaccination. Education of parents, providers, and the general public on the importance and availability of services occurred through two CDC satellite courses and the bureau coordinating a statewide immunization conference with over 300 public and private participants in attendance.

Reported Vaccine Preventable Diseases FY99

DISEASE	NUMBER OF CASES IN FY99*
Hepatitis B	44
Diphtheria	0
Tetanus	0
Pertussis	111
Haemophilus influenzae type B	2
Polio	0
Measles	0
Mumps	8
Rubella	30
Total Reported Cases	**195**

* Cases reported are for all age groups, including adults.

For more information contact Carolyn Jacobson at cjacobso@idph.state.ia.us or call 515-281-4938.

The prevention of disease in children and adults is a cornerstone of public health nursing activities in the local agencies. Local boards of health are required to audit the records of children in schools and day care to determine compliance with the immunization law. The boards of health delegate this responsibility to the public health departments. Public health agencies administered much of the vaccine, which is provided by federal or state sources, with the costs of administering the vaccine (the site, syringes/needles/other supplies, records, and staff time) funded by donations, county tax dollars, the state **Public Health Nursing Grant**, or billed to third party payers when applicable. (See Adult Wellness and Elderly Wellness for more information about the PHN grant.)

The public health providers in all counties have joined in the Iowa Infant Immunization Initiative (I-4), an effort to reduce and remove barriers that prevent access to immunizations for children. Immunization clinics in many counties have been scheduled at non-traditional times, including evenings and Saturdays, and at innovative sites, to accommodate parents who work or have difficulty getting to the clinic site during regular hours. PHNs also offer public clinics for immunization of adults against influenza, pneumonia, hepatitis, and tetanus. Vaccines for adults are purchased directly by the local agencies, and local funds plus contributions pay for the vaccines, while the sources listed above cover the costs of administration. A federal initiative promotes the immunization of all Medicare recipients for flu and pneumonia, and covers the cost of this service. For more information contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

Disease Prevention Specialists from the Bureaus of Disease Prevention and Immunization in the Division of Family and Community Health work in assigned regions covering the entire state. Their duties involve working with local public health agencies, health care providers, and the public to provide education, technical assistance, and disease intervention in all areas of communicable disease control. For more information contact Ralph Wilmoth at rwilmoth@idph.state.ia.us or at 515-242-5149.

The IDPH program for prevention and control of **sexually transmitted diseases (STDs)** works to provide an effective system of services and information to prevent STDs and ensure comprehensive high-quality STD-related health services for all persons. Iowa is considered a state with a low incidence of STDs. In FY00, the trend of steady decrease in reported cases continued, reaching some of the lowest levels since the end of the previous decade.

The **STD Prevention Program** is managed by a federal public health advisor assignee. There are six disease prevention specialists assigned throughout the state who follow up on cases of syphilis, gonorrhea, and chlamydia. An additional staff person located at the central office assigns work to field staff, acts as a central contact point for other state STD prevention programs, and manages the STD Prevention Program database.

Chlamydia is the most prevalent disease seen by the STD Prevention Program. In FY00, there were 5,803 cases reported. In Iowa Chlamydia is primarily a disease of young adults. Most cases occur in persons between the ages of 15-24. Last year, state and federal resources provided testing for almost 60,000 persons at 63 test sites. State and local disease prevention specialists continue attempts to provide contact and partner notification services for all infected persons. A primary goal of the program is to prevent potential complications of untreated disease such as pelvic inflammatory disease, infertility, and ectopic pregnancy by testing for and treating chlamydia and other STDs. For more information contact John Katz at jkatz@idph.state.ia.us or at 515-281-4936.

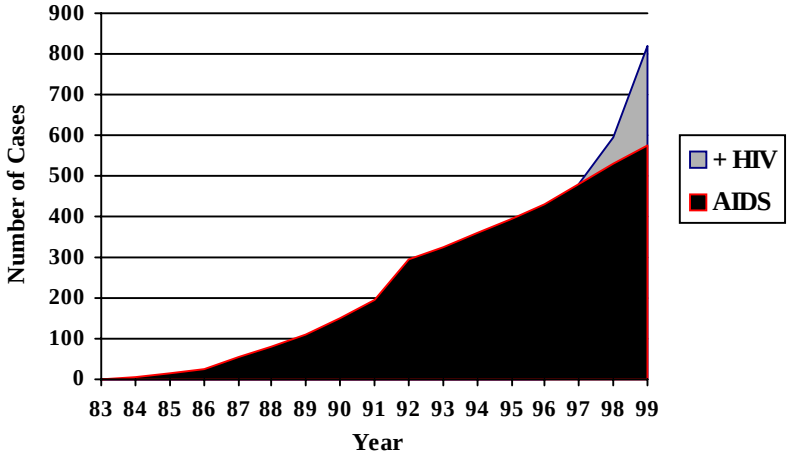
The **HIV/AIDS Program** monitors the HIV/AIDS epidemic in Iowa and coordinates statewide HIV/AIDS prevention and care programs.

The HIV/AIDS Program receives HIV surveillance funds from the Centers for Disease Control and Prevention to collect, analyze, and compile data on the HIV and AIDS epidemic in Iowa. Reports are issued to characterize the distribution of HIV infection and AIDS in terms of geography, race, sex, age, and associated causal factors. HIV reporting began July 1, 1998 to supplement AIDS statistics that, because of advances in medical treatment, were no longer representative of new infections. In FY00, 77 HIV cases and 87 AIDS cases were reported. Cumulatively, on June 30, 2000, 1,273 AIDS cases and 275 HIV cases (that had not converted to AIDS as of June 30, 2000) had been reported, and 887 of these were living with HIV or AIDS. Comparing cumulative AIDS cases to cumulative HIV cases, more heterosexual transmission (10% vs. 20%), more minority cases (14% vs. 19%), more drug-related transmission (21% vs. 27%), more female cases (11% vs. 24%), and a higher percentage of cases from the nine most urban counties (69% vs. 77%) are evident.

The HIV/AIDS Program receives HIV prevention funds from the Centers for Disease Control and Prevention to provide HIV counseling and testing, partner counseling and referral services, health education and risk reduction activities and health communication public information activities targeting high-risk persons as defined in Iowa's HIV Prevention Comprehensive Plan. The funding is also awarded to support HIV prevention community planning, technical assistance, and capacity building activities. In 1999, 12,255 clients received counseling and testing at IDPH funded counseling, testing and referral sites. The program provides funding to 19 prevention projects to target high-risk priority populations including males who have high-risk unprotected sex with males, injecting drug users, high-risk heterosexuals and high-risk youth. Over 7,000 persons were reached in 1999 through individual-level interventions, small group interventions and/or outreach.

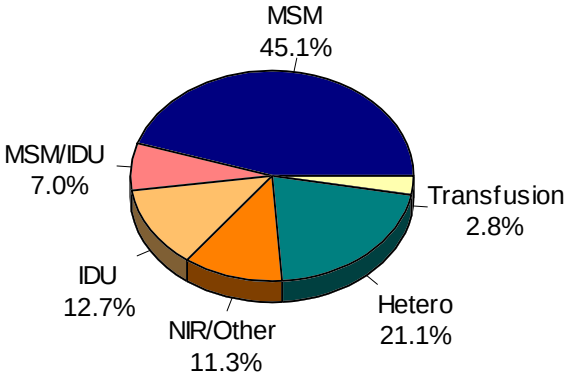
The HIV/AIDS Program receives Ryan White Title II funds from the Health Resources Services Administration to provide financial support for HIV/AIDS drugs and essential health and support services to low income HIV infected persons and their families. In 1999, 154 clients received assistance through the AIDS Drug Assistance Program (ADAP). The ADAP formulary is composed of 30 of the most effective and commonly prescribed drugs for the treatment of HIV and HIV related opportunistic infections. In 1999, IDPH contracted with four HIV Consortia (15 agencies) to provide essential health and support services such as case management, transportation to medical care, housing and direct financial assistance. In 1999, 520 clients received these services. For more information contact Pat Young at pyoung@idph.state.ia.us or at 515-242-5838.

Number of Persons Living With HIV or AIDS[1] in Iowa on December 31 of Each Year

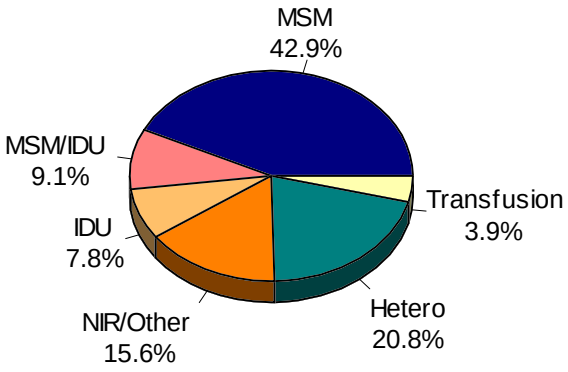


[1] Based upon year diagnosed (AIDS) or year reported (HIV). All deaths may not have been reported.

AIDS Cases by Transmission
FY 2000 (N=77)



HIV Cases by Transmission
FY 2000 (N=87)

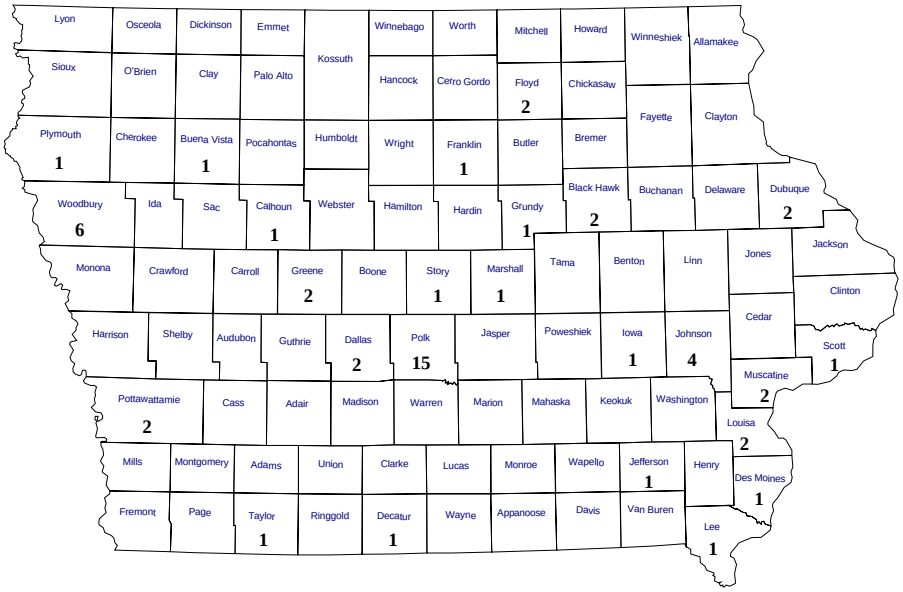


In FY00, 55 new cases of **tuberculosis (TB)** disease were identified, at a case rate of 1.9 per 100,000. While there has been no major shift in the incidence of tuberculosis, there has been an increasing proportion of foreign-born cases. In FY00, there were 18 cases of active disease in persons born in the United States and 37 cases in persons born outside the United States.

Iowa Tuberculosis Cases

July 1999 - June 2000

Total Cases = 55



Source: Iowa Department of Public Health, TB Control Program

Year	New TB Cases
FY1997	65
FY1998	68
FY1999	62
FY2000	55

Ages of People Newly Identified With TB FY2000

Years	0-14	15-24	25-44	45- 64	65+
Cases	4	2	30	9	10

Race and/or Ethnicity TB Diagnosed Cases FY2000

Race/Ethnicity	Number	Percent of total
White non-Hispanic	27	49
Black non-Hispanic	1	2
Amer. Indian/Alaska native	0	0
Asian/Pacific Islander	16	29
Hispanic	11	20

The major issue impeding the elimination of tuberculosis is the lack of resources necessary to assure appropriate medical and epidemiological follow-up for those individuals infected and/or exposed to TB. The TB Control Program has responded by providing support for four pilot projects in the state to address local issues of TB control in their communities. These coalitions consist of local and state health officials, private health care providers, business organizations who employ at-risk individuals, school personnel, and community resource agencies. Through the collaborative efforts of local agencies the following activities were initiated:

- Provided outreach services to increase completion of therapy performance by using incentive and/or enablers, directly observed therapy, and directly observed preventive therapy.
- Developed and implemented a medical follow-up plan for persons with a positive skin test who lack access to a health care provider or funds to pay for services.
- Used interpreters.
- Provided education to interested agencies and persons.

The department is investigating the use of an out-of-state facility for the confinement of non-compliant patients who pose a risk of spreading disease to others. Additional funds to enhance outreach services, including close contact investigations of active cases, were requested from the federal government in the 2000 TB grant application. For more information contact Jim Goodrich at jgoodric@idph.state.ia.us or at 515-281-7504.

Through a state appropriation, IDPH is able to provide **prescription drugs** for people who have sexually transmitted diseases, tuberculosis infection, and tuberculosis disease. During FY00, the program provided 13,843 treatments for sexually transmitted disease and 3,966 prescriptions to people with tuberculosis

infection or tuberculosis disease. Providing treatment for communicable diseases at no cost results in faster treatment of persons with disease and reduces the number of additional cases through preventive treatment of persons who have been exposed before they develop disease. For more information contact Ralph Wilmoth at rwilmoth@idph.state.ia.us or at 515-242-5149.

Injuries

Services that provide support and protection to victims of injury or are designed to prevent injury.

Disability Prevention Program

Consumer Product Safety Program

Emergency Medical Services for Children (EMSC)

Trauma System

Violence Prevention Program

Rape Prevention Education Services

HOPES

Home Care Aide Grant (HCA) Program

Agricultural Injury Registry

Advisory Council on Brain Injuries

Brain and Spinal Cord Injury Registry

Arthritis Program

The purpose of the **Disability Prevention Program** is to reduce the incidence and/or severity of secondary conditions among people with disabilities. A collaborative partnership was established with the University of Iowa to collect and analyze data. The data were collected from four cohorts of people with disabilities. An expert panel was used to identify risk and protective factors from these data and recommend health promotion and disease prevention activities. The program coordinated assistive technology training for rural health care providers and a physical fitness class for people with disabilities, conducted by YMCA exercise instructors. The program also coordinated the writing of the Disability Chapter of *Healthy Iowans 2010*. This chapter involved 35 objectives and 130 action steps. For more information contact Roger Chapman at rchapman@idph.state.ia.us or at 515-281-6646.

Through a contractual arrangement with the U.S. Consumer Product Safety Commission, in FY00 the **Iowa Consumer Product Safety Program** conducted seven undercover inspections for all-terrain vehicle monitoring, and 12 recall investigations to make sure recall instructions were being followed. The items in question are being removed from store shelves. For more information, contact Debbi Cooper at dcooper@idph.state.ia.us or at 515-242-6337.

Injuries are the leading cause of death among children. As a result, several activities were spearheaded by the Bureau of Emergency Medical Services (EMS). The **Emergency Medical Services for Children (EMSC)** has worked on implementing a statewide child passenger safety seat initiative in order to decrease the 97 percent misuse rate among child passenger safety seats. Emphasizing appropriate and correct child restraint is a major means of reducing the incidence and severity of injuries sustained by children in motor vehicle crashes. The EMSC program demonstrated significant success at its six "Fit Station" pilot sites. "Fitting Iowans for Life" is designed to provide a community with a permanent place where parents and caregivers can go for child passenger and occupant safety education. Approximately 150 Iowans were trained during the four-day National Highway Traffic Administration session for certifying Child Passenger Safety Seat Technician standards. Of the sites where child safety seat check-up events were held event summary reports were completed, a total of 1,157 child safety seats were checked during FY00. Only 37 seats were correctly installed and a total of 215 child safety seats were given away.

Several statewide bicycle safety initiatives were conducted using resources from the Iowa Trial Lawyers Association and Governor's Traffic Safety Bureau. The use of bicycle helmets has been demonstrated to reduce the severity of head injuries in bicycle crashes. Improvement in bicycle riding skills, such as in obeying stop signs, wearing reflective clothing, etc., is also important in avoiding injuries. Childhood injury is expensive. The cost of a lifetime of custodial care for one child with disabling injuries approaches $2.5 million. The goal for a safer community can be met by targeting the key injury problems of communities and the state. The "Love Our Kids" injury prevention license plate project is designed to match community injury prevention need with appropriate resources. A total of $93,000 has been expended to 32 Iowa communities. It has impacted approximately 45,000 Iowa children by providing them with a variety of education techniques on injury prevention.

The EMSC program is involved with prevention issues concerning playground safety, fire prevention and poison control. A statewide and two regional playground conferences have been held to increase awareness of the dangers on our state's playgrounds.

The EMSC program continues to enhance currently existing programs with a pediatric focus through activities such as an EMS protocol review, pediatric educational curricula development, and by supplying daycare provider guides and school nurse treatment guides. It is the ongoing intent of the EMSC program to be a state resource for various injury-related needs. For more information contact Katrina Altenhofen at 319-653-7270.

The development and implementation of Iowa's **Trauma System** continues in an effort to match the injuries of patients to an integrated system of optimal cost-effective care. Categorization of hospitals is being accomplished through voluntary self-assessment and reporting. The process for on-site verification survey teams has been developed and workshops were conducted establishing the methodology for evaluation, quality assessment, and quality improvement. Iowa has 117 licensed hospitals that have applied to participate in Iowa's Trauma System. Over 75 hospitals have successfully completed the categorization and verification process. For the first time, EMS will have data and a process to evaluate the effectiveness of a system to guide statewide standards of care for injured patients. Going beyond the traditional focus of trauma system development on urban and/or metropolitan care, this system focuses on Iowa's unique rural health care needs, and is based on participation of all trauma care team players to ensure access to the system by all Iowans.

The statewide adoption of universal trauma triage and transfer protocols provides the foundation for matching patients' injuries to existing care resources, and guiding destination decisions made by out-of-hospital ambulance service programs. During completion of the self-assessment, hospitals are conducting qualitative assessments of the trauma care they provide. This provides them with the opportunity to make changes and improvements. Medical personnel also are being educated on the standards of care for injured patients. Additionally, universal data collection mechanisms are being put in place, which use existing databases and link with others. Such data will be the driving force behind future changes in the trauma system. (See Public Protection for more information on Iowa's EMS system.) For more information contact Mary Jones at mjones@idph.state.ia.us or at 515-725-0320.

Domestic violence has been identified by local boards of health as one of the top 10 health problems in the state. Domestic violence is a significant cause of injury in the country. National studies indicate that one out of every four American women report that they have been physically abused by a husband or boyfriend at some point in their lives. In Iowa, criminal reports of domestic violence have decreased from 275 per 100,000 in 1997 to 266.8 per 100,000 in 1999. The 1999 Iowa Behavioral Risk Factor Surveillance Survey included questions on prior year experience of physical violence. The results indicate that four percent of Iowa's population, an estimated 84,280 individuals, experience some form of violence in a year's time. Thirty-seven percent (an estimated 30,947) were abused by an intimate partner or family member. Based on this survey, the annual prevalence rate for domestic violence in Iowa is 1,499 per 100,000. Because many people who experience domestic violence never report to law enforcement, public health officials have a strong opportunity to address it through community prevention efforts.

Reports of sexual assault to law enforcement authorities increased 33 percent from 1997 to 1998. Seventy percent of victims knew their offender. Health care providers have an important role to play in conducting sensitive and thorough evidentiary examinations that increase the likelihood of prosecution for sexual assaults.

The **violence prevention program** provides technical assistance and training to health care professionals on responses to victims of domestic violence and sexual assault. Collaboration with other state-level organizations and agencies encourages the development of community-coordinated response teams.

The program coordinator conducts training on forensic sexual assault examinations and sexual assault response teams, and maintains updates to Iowa's Sexual Assault Examination Protocol. The department's efforts to assist in the development of sexual assault nurse examiner programs and promote community-coordinated response teams have contributed to the increase in sexual assault reporting, which is typically under-reported.

From 1997 through 2000, the department participated in a hospital training project with the Family Violence Prevention Fund's National Health Care Initiative on Domestic Violence. Twenty hospitals received training in establishing protocols for routine domestic violence screening, and implemented training for emergency department staff. The efforts of a large, private hospital system has expanded the model to another 20 hospitals. Beginning in 2001, similar training will be offered to public health clinics and substance abuse programs.

The department contracts with the Iowa Coalition Against Sexual Assault to provide **rape prevention education** services in Iowa communities. During FY00, 77 percent of the funds awarded to communities went directly for staff at 25 sexual assault programs. These staff members spend more than half of their time providing prevention education and awareness programs to middle- and high-school-aged students in their communities.

The **domestic abuse death review team** was established in December 1999. Its purpose is to review domestic-related homicides and suicides in Iowa to recommend changes in community interventions that may prevent those deaths. For more information contact Binnie LeHew at blehew@idph.state.ia.us or at 515-281-5032.

Two important goals of the **HOPES** component of the Iowa Healthy Families initiative are the promotion of positive parenting skills and family interactions and the prevention of child abuse and neglect.

Family problems, including the assessment of home safety for families with children, are identified at the time of enrollment into the HOPES program. Information on improvement or resolution of the problem is calculated from family perceptions during the most recent reassessment or during program exit assessments. (See Child and Adolescent Wellness to read more information about the HOPES program.) For more information contact Jo Hinrichs at jhinrichs@health.state.ia.us or at 712-297-7218.

Protective services available through the **Home Care Aide (HCA) Grant Program** are aimed at stabilizing a child's at-home environment and relationships with relatives, household members, caretakers, and others in order to alleviate a situation involving abuse or neglect or to otherwise protect a child from the threat of abuse or neglect. Through the HCA grant, court-ordered and other child protective services are provided to reduce and prevent abuse and out-of-home placements, and to assist in maintenance of family integrity and functioning. The program operates statewide. The number of families receiving child protective court ordered services in FY00 was 387. Families receiving child protective non-court ordered services in FY00 totaled 519.

Child protective service is a special role for home care aides. Typical activities include parental teaching and role modeling of appropriate child care, household organization, discipline, and nutrition. The parents can receive these services either voluntarily or through juvenile court order and by involvement with the Iowa Department of Human Services. A frequent additional service in the court-ordered program is the supervision of visits between children who are in foster care and their natural parents. Additional support and ongoing education must be provided to the home care aides on the dynamics of dysfunctional families, the additional problems and resource needs of these families, working with the legal system, and maintaining objectivity. The complexity of the cases served under court orders requires more frequent and intensive services. For more information, contact Julie McMahon at jmcmahon@idph.state.ia.us or at 515-281-3104.

The **Agricultural Injury Registry** collects and analyzes agricultural injury data. This information is shared with injury prevention programs, and used to develop community awareness. By documenting the agriculture-related injuries and fatalities, a profile is established for developing and implementing

injury prevention strategies. Examples of such strategies include the use of tractor roll-over protection, grain bin safety, and precautions in using gasoline engines in confined spaces to prevent carbon monoxide poisoning. For more information contact Roger Chapman at rchapman@idph.state.ia.us or at 515-281-6646.

The mission of the **Iowa Advisory Council on Brain Injuries** is to study the needs of individuals with brain injuries and their families, promote and implement injury prevention strategies, and make recommendations regarding the planning, development and administration of a statewide service delivery system. The council advocates improvement in Iowa's service delivery system for all Iowans with disabilities, with special focus on brain injuries. In FY99, the council continued to collaborate with the DHS as members of the advisory committee for a Medicaid waiver for Iowans with brain injuries. Following a needs assessment and the development of a statewide plan for the services, the IDPH sought and received a TBI Demonstration Implementation Grant to "organize and link the array of services and supports for children and adults with TBI in Iowa".

The overall goal of the grant was to form a comprehensive, coordinated, seamless system of care that respects the integrity of the individual and focuses on the needs of the family. The following elements are part of that grant: 1) Develop a replicable and effective pre-discharge model for acute care sites treating brain injuries. 2) Increase access to needed information services and supports for TBI survivors and their families. 3) Increase the knowledge and skills of survivors, family members, and professionals to address the needs of people with TBI at various stages of recovery along a continuum of care. 4) Develop a data collection system that will provide an on-going source of information for assessing needs, evaluating program effectiveness, and planning future systems development. For more information contact Roger Chapman at rchapman@idph.state.ia.us or at 515-281-6646.

In order to increase understanding of the extent of the problem, and to develop and evaluate the effectiveness of prevention strategies, the **Brain and Spinal Cord Injury Registry** collects and analyzes data on Iowa brain and spinal cord injuries. Data from the Registry is shared with organizations interested in injury prevention, such as the Advisory Council on Brain Injuries and the Iowa Department of Elder Affairs. It is used to demonstrate the state's need in grant applications. Data were used to determine priorities for prevention programming in order to use limited resources for greatest impact. While adhering to a strict confidentiality standard, data from the registry was also used for research. For more information contact Mary Harlan at mharlan@idph.state.ia.us or at 515-281-6646.

The overall goals of the **Iowa Arthritis Program** are to develop a plan that provides for a statewide, comprehensive approach to arthritis and conduct an awareness campaign for both professional and public audiences. Funding was awarded by the CDC in the fall of 1999 and the program manager began in February of 2000. An Arthritis Task Force, consisting of individuals from government agencies, voluntary organizations, academic institutions and health professions, was convened in April of 2000 and is collaborating with the Iowa Department of Public Health on the action plan. The task force is developing strategies in the areas of epidemiology, prevention and treatment research, communication and education for professionals and the public, and effective, interactive programs and policies. Several educational presentations were conducted for health care professionals. Collection of data from the arthritis module of the BRFSS began in January of 2000. When analyzed, it will allow the program to better understand the burden of arthritis on Iowa's citizens. For more information contact Laurene Hendricks at lhendric@idph.state.ia.us or at 515-281-5675.

Public Protection

Activities related to protecting the health and safety of the public through establishment of standards and enforcement of regulations.

Board of Dental Examiners, Board of Medical Examiners, Board of Pharmacy Examiners, Board of Nursing Examiners, Bureau of Professional Licensure, and Bureau of Emergency Medical Services

Substance Abuse Treatment Program Licensing

Methadone Treatment

Certificate of Need (CON)

Organized Delivery Systems (ODS)

Diabetes Control Program (DCP)

Fluoridation of Community Water Systems and Water Treatment Program

Public Swimming Pools and Spas

Tattoo Artists and Establishment Program

Grade “A” Milk Certification Program

Private Sector Drug Testing Laboratory Approval Program

Lead Professional Certification Program

Radioactive Materials Licensing and Inspection Programs

Risk Assessment for Superfund

Radon Test Services

The **Iowa Board of Dental Examiners** is a state agency charged with the overall responsibility of regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa. The board's mission is to ensure that all Iowans receive professional, competent, and safe dental health care of the highest quality. In pursuit of this mission, the board performs these primary functions:

- administers examinations for the testing of dentists, dental hygienists, and dental assistants;
- issues licenses, registrations, certificates, and permits to qualified practitioners;
- sets standards for license and registration renewal and continuing education;
- enforces Iowa laws regulating the practice of dentistry, dental hygiene and dental assisting and investigates complaints concerning violations of the dental practice act and regulations;
- conducts disciplinary hearings and actively monitors the compliance of licensees with board orders; and
- adopts rules and establishes standards for practitioners pursuant to its authority under the Code of Iowa.

During FY00, the board issued 57 new licenses to dentists, 69 new licenses to dental hygienists, 202 permits to administer local anesthesia to dental hygienists, and 276 new certificates of qualification in dental radiography to dental assistants. The board also investigated 122 complaints against licensees for alleged violations of the dental practice act and issued 28 final disciplinary orders. In addition, board rules on continuing education were amended, as well as rules defining the practice of dental hygiene and establishing standards for patient record keeping. For more information contact Connie Price at 515-281-5157.

The **Iowa Board of Medical Examiners** has the responsibility to ensure that applicants for medical licensure are qualified and, once licensed, practice in a manner meriting licensure renewal. During FY00, the board issued or processed the following:

- 333 new resident licenses;
- 709 permanent licenses;
- 2 temporary licenses;
- 18 special licenses;
- 40 reinstatements of lapsed licenses;
- 5,052 permanent and resident license renewals;
- 1,000 applications for supervising physicians of physicians assistants; and
- 11 non-physician acupuncturist registrations or renewals.

In exercising its responsibility to investigate allegations pertaining to the quality of care provided by licensees and initiate appropriate corrective actions for those who violate existing laws, rules, or the prevailing standard of care, the Board of Medical Examiners had the following activities:

- 1,399 new investigations commenced;
- 81 disciplinary cases resulted in informal board action;
- 43 disciplinary cases resulted in formal board action; and
- 108 licensees on probation, or with suspended or revoked licenses are actively monitored.

The Board of Medical Examiners has established the Impaired Physician Review Committee to monitor impaired or potentially impaired physicians who self-report to the committee. There were 23 physicians under contract with the Impaired Physician Review Committee.

Finally, the Board of Medical Examiners ensures that administrative rules and procedures are timely, consistent with the requirements of state law, and responsive to needs of the public and licensees. FY00 activities involved rule adoption on physicians, prescribing to family members, filing notices of intended action regarding physician assistant supervision, licensure of acupuncturists, and physician supervision of pharmacists who administer immunizations.

The board was engaged during the year in the regulatory review process, initiated by Executive Order, to allow examination of the administrative rules with public input. The board is well underway in examining five of its 10 chapters of rules. In addition, policy and administration activities keep the board in touch with consumers and licensees by offering opportunities for input and ensuring that the board is responsive to the demands of those in the work environment who are most directly affected by its actions. For more information contact Ann Mowery at 515-242-6039.

The **Iowa Board of Pharmacy Examiners** establishes and enforces minimum standards for pharmacy practice and for the pharmacy industry. The board licenses and regulates pharmacists, pharmacies, drug wholesalers, pharmacist-interns, pharmacy technicians, and any person or business entity prescribing, dispensing, manufacturing, distributing, or otherwise handling controlled substances in Iowa."

During FY00, the board issued or processed the following licenses and registrations:

- 177 new pharmacist licenses
- 2,470 pharmacist license renewals
- 20 reinstatements of lapsed pharmacist licenses
- 1,407 pharmacy licenses
- 636 wholesale drug licenses
- 1,958 pharmacy technician registrations
- 268 pharmacist-intern registrations
- 6,643 Controlled Substances Act registrations

The board's enforcement staff of four full-time investigators completed 265 routine inspections of pharmacies, initiated 116 investigations on new complaints, and completed reports on 92 investigations. These activities resulted in completion by the board of formal disciplinary action against 31 licensees or registrants. In addition, the board heard and acted on requests for reinstatement of previously suspended or revoked licenses, issued confidential administrative warnings, and monitored and reviewed compliance with probationary terms by those who were disciplined. For more information contact Lloyd Jessen at 515-242-5139.

The **Iowa Board of Nursing Examiners** is responsible for developing standards for the practice of registered nurses and licensed practical nurses, issuing and renewing licenses to practice, conducting complaint investigations and hearings, and approving continuing education providers and offerings.

Iowa Board of Nursing Examiners
Number of Licensees

Type	Active*	Inactive*	Delinquent*	Deceased
RN	38,839	40,692	18,148	5,952
LPN	9,429	21,866	9,237	478
Total	48,268	61,958	27,385	6,430

*Numbers may include deceased licensees about whom the board has not been notified.

The board verified 2,182 licenses to other states, territories, or foreign countries.

Investigators logged some 45,000 miles on agency-owned vehicles while traveling the state conducting 408 investigations. Quarterly reports were published after each board meeting outlining disciplinary actions taken by the board. These statistics were published in the board's newsletter and were submitted to the licensing authorities of other states through the Disciplinary Report of the National Council of State Boards of Nursing, Inc. For more information contact Lorinda Inman at 515-281-3256.

Iowa Board of Nursing Examiners
DISCIPLINARY STATISTICS

Complaints	408
Disciplinary Hearings Ordered	126
Cases Closed Without Probable Cause	153
Board Actions:	
Dismissals	6
Revocations	13
Suspensions	7
Probations	62
Citations & Warnings	20
Voluntary Surrenders	34
Disciplinary Action Pending	33
Appeals Filed in District Court	3
Cases Approved for Reinstatement	6
Cases Denied for Reinstatement	1
Felony Applicants Approved	5
Felony Applicants Denied	0
Fines Imposed	16 ($2800)
Licensees Under Active Monitoring at End of FY00	57

The mission of the **Bureau of Professional Licensure** is to protect the public health, safety and welfare of Iowans by licensing qualified individuals who provide services to consumers and by fairly and consistently enforcing the statues and regulations of the licensing board. The bureau is responsible for administrative support to 18 allied health licensing boards. The bureau's primary responsibilities are: administering and enforcing the laws and administrative rules with counsel from the Attorney General's Office, enforcing rules adopted by the boards, administering examinations, preserving records, and managing peer review committees. The bureau also evaluates the qualifications of applicants for licensure to ensure integrity and competency prior to licensure. This includes granting licenses to those who qualify, assessing continuing education reports, and granting renewals. In the area of regulation, the Bureau processes complaints, carries out disciplinary actions as determined by the boards with the advice from the Attorney General's Office, and disseminates information regarding those disciplined. The bureau also administers an impaired practitioner review committee, revises rules as requested by the boards and manages the student loan and child support non-compliance program for licensees.

The bureau has a cumulative database of 99,738 licenses. This is the number of persons holding an Iowa license in a particular profession as of July 1, 2000. These license holders may not all be practicing in the state and individuals may hold more than one license. 5,915 new licenses were issued in 1999. During this past year 120 board meetings were held. The bureau averages eight board meetings and two board conference calls per month.

Nine boards administer examinations for licensure: 1,589 examinations were administered with an 84 percent pass rate. On an average day, the bureau receives and sends out 400 pieces of mail and completes 338 phone calls.

During the year the bureau processed renewal applications for 10 of the boards including submitting evidence of continuing education requirements. Audits were conducted on 10 percent of all continuing education reports. License renewals are currently all due on a set date every two years. Three boards

have converted that renewal time to the birth month of the licensee every two years. The bureau will convert other boards when a new software program is implemented. Renewals are done by the anniversary date of initial license, by the birth month and on a set date during the year. This is confusing to the administrative staff and has the potential for errors. The intention of the bureau is to have all boards renew on the licensee's birth month every two years. The conversion will balance the bureau's workload by enabling a steady flow of license renewals across the entire year. The bureau is also working with the department's Information Technology Services on developing an electronic renewal for licensees.

Administrative rule revisions are continually made for the boards. This year as requested in the governor's executive orders the bureau has begun an extensive review of the administrative rules for each of the boards. This review includes but is not limited to consistency of rule organization, language, common practices, and ease of administration. Work on the rules was divided into groupings by topic areas of licensure, continuing education, examination and discipline. Review and revision of continuing education rules began during the last year. An effort is being made to revise the rules for all boards that will standardize definitions, rule arrangement, common language, time frames, approval processes, review processes, reporting procedures, types of fees, specific waiver for all boards, and hearing procedures. Additionally, each board has content areas that are distinctive to their particular board that are being reviewed and revised.

The legislation passed a mandatory licensure law in 1999 for massage therapists. Administrative rules were drafted to implement this new provision of the law.

Legislation also was passed creating student practicums for mortuary science students in Iowa with corresponding administrative rules written.

The Iowa Board of Cosmetology voted to eliminate the practical examination requirement for licensure and to start offering a national computerized examination. Applicants will be able to sit for the exam at different sites across the state. Work is being done to transition from the written to the computerized examination.

During FY99 the boards had 539 open complaints. Statements of charges were issued on 71. There were 54 administrative hearings held on discipline. Administrative hearings were planned for 52 applicants on the denial of social work licensure; however, 10 persons withdrew before the hearings. Two administrative hearings were held on denial of continuing education applications. There are 20 hearings pending. Forty settlement agreements were reached with licensees after statement of charges. Three board decisions were appealed to district court.

This last year the federal government mandated state reporting of all disciplinary actions since 1985. Staff began entering disciplinary action reports into the national practitioner data bank and that work is continuing.

Iowa Access completed work on the development of websites for each of the boards. Now people are able to download board materials from the website, which includes administrative rules and law. An automatic phone response system was introduced which allows persons to verify license status automatically by phone.

The board chairs met in June and again in January of 2000 to discuss common issues, problems and concerns. A subcommittee representing the boards continues to discuss professional licensure's budgeting process. For more information contact Marge Bledsoe at mbledsoe@idph.state.ia.us or at 515-242-6385.

Licenses by Profession
As of July 1, 2000

Athletic Trainers	274
Audiologists	503
Barber Instructors	80
Barbers	6379
Barber Schools	6
Barber Shops	1576
Cosmetology Salons	5443
Cosmetologists	50,129
Cosmetology Instructors	1171
Cosmetology Schools	57
Electrologists	347
Estheticians	43
Manicurists	48
Nail technicians	920
Chiropractors	3734
Dietitians	1451
Embalmers	1675
Funeral Directors	2239
Funeral Homes	571
Hearing Aid Dealers	782
Marital & Family Therapists	200
Mental Health Counselors	484
Massage Therapists	1668
Massage Therapists, Temp	45
Nursing Home Administrators	2129
Occupational Therapists	1345
Occupational Therapist Assistants	591
Optometrists	1181
Physical Therapists	3107
Physical Therapist Assistants	729
Podiatric Radiographers	113
Podiatrists	604
Psychologists	897
Health Service Providers	392
Respiratory Care Practitioners	1630
Social Workers	5800
Speech Pathologists	1386
TOTAL	**99,738**

The **Bureau of Emergency Medical Services** provides grants to each county for EMS training. The total training budget of $660,000 is distributed on a formula, based 50 percent on rural population served and 50 percent on square miles covered. The money may be spent for initial training, continuing education, or training aids. Following the initial training for each level, providers are tested using the National Registry of EMTs practical and written examinations. EMTs at all levels are expected to follow standard patient care protocols developed and distributed to all service programs. The bureau certifies and renews the certificates of EMS providers who have successfully completed approved continuing education, and authorizes ambulances and nontransporting EMS service programs to provide emergency medical care in the out-of-hospital environment.

During FY00, the bureau maintained EMS provider certificates and conducted over 600 on-site inspections of EMS service programs, resulting in the following:

	Provider Certifications	**Service Program Authorization**	
		Ambulance	**Nontransporting**
BASIC	—-	5	80
First Responder	3,049	0	98
EMT-B	6,033	137	173
EMT-I	1,318	86	39
EMT-P	1,901	198	26
Total	**12,301**	**426**	**416**

The bureau also provided initial awards from the EMS Fund Grant to EMS service programs to purchase defibrillators. Additionally, the bureau implemented a **Public Access Defibrillation (PAD)** program to allow strategic placement of defibrillators in communities so that non-emergency personnel could be trained in the use of the defibrillator. For more information contact Gary Ireland at gireland@idph.state.ia.us or at 515-725-0319.

Substance Abuse Treatment Programs operating in the state of Iowa must obtain a license issued by the Iowa Department of Public Health, Commission on Substance Abuse. The Bureau of Substance Abuse Licensure and Support Services administers the licensure application process and monitors and/or regulates programs in accordance to and in compliance with 643 Iowa Administrative Code, Chapter 3 Licensure Standards for Substance Abuse Treatment Programs. Initial applicants and re-applicants for licensing are inspected by department staff at program for issuance of a license to operate for a period of one or two years depending on the program's level of compliance with the standards. Initial applicants are usually issued a license for 270 days, on a one-time basis because clients or patients have not yet been admitted to the program. In FY00, 67 licensure inspections were conducted and recommendations were made to the Iowa Commission on Substance Abuse.

Licensure bureau staff also provided technical assistance to initial applicants and programs regarding the application process, administrative and clinical issues related to compliance and adherence with the Licensure Standards for Substance Abuse Treatment Programs. During FY00, technical assistance site visits were made to programs. Staff also provide technical assistance off site through telephone contact, written communication and electronic mail. Licensure staff also conducted complaint investigations of programs when received by consumers or the community. In fiscal years 1999 and 2000, a total of 15 complaint investigations were conducted.

Licensure staff performs other customer service duties such as answering the public's questions regarding substance abuse and treatment and referral to local programs. The division's program planner and licensure bureau chief and staff are responsible and involved in assisting Iowa citizens and out-of-state

customers regain eligibility for reinstatement of an individual's drivers license as a result of revocation by the Iowa Department of Transportation (IDOT) because of Operating a Motor Vehicle While Intoxicated conviction, in accordance with the *Code of Iowa* 321J. Individuals are required to obtain a substance abuse screening, evaluation and complete treatment if recommended, and attend drinking driver's school.

Specifically, assistance is provided to individuals in locating programs for services. Monitoring of programs authorized to conduct the service for adherence to the rules and legislation, coordinate with the IDOT in maintaining approved lists of authorized programs, reviewing out of state evaluations and approving or rejecting them; and communicating with and faxing approval forms to IDOT. In general, a central source of information is provided to citizens on non-Iowa residents regarding the requirements and activities necessary to get an individual driver's license reinstated.

During fiscal years 1999 and 2000, four **methadone maintenance treatment programs** were licensed in the state. Three of the programs received state and federal funds to provide counseling and rehabilitation services through a contract with the Iowa Plan for Behavioral Health, administered by Merit Behavioral Care of Iowa. The Iowa Department of Public Health, Division of Health Promotion, Prevention and Addictive Behaviors contracts with the programs for methadone itself and services associated with dispensing the medication. Programs providing methadone maintenance treatment are located in Davenport, Des Moines and Council Bluffs. The fourth program is a private physician's clinic located in Cedar Falls. These programs served a total of approximately 300 clients or patients in methadone maintenance treatment.

The clients or patients are involved at the same time in the program's rehabilitative individual and group counseling services. Methadone is utilized in all levels of care; however, it is primarily associated with extended and intensive outpatient treatment services and programs. Some patients are detoxified from methadone while in the treatment program and others remain on a maintenance dose for an extended period of time. Several transitions in methadone treatment were started during the fiscal year.

Over the past few years, there has been a transition at the federal government level, of moving methadone treatment from a Food and Drug Administration (FDA) regulatory function to a process of narcotic treatment program accreditation, using national accreditation organizations. These include CARF, the Rehabilitation Accreditation Commission, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This change is seen as a transfer of program oversight from a regulatory process under the Food and Drug Administration to an "accreditation model" as outlined in proposed federal regulations developed by the Center for Substance Abuse Treatment (CSAT). Now the center is assuming these previously held FDA responsibilities. Final action on these regulations is pending. In addition, CSAT has proposed expanding the treatment options of long-term methadone maintenance clients to allow a primary methadone treatment program to enter into contracts or agreements with private physicians specialized in addiction medicine to administer and monitor the progress of stable long-term methadone treatment patients.

During fiscal years 1999 and 2000 all four programs maintained current active licenses with the department, and provided services to approximately 300 active clients. For more information contact Dean Austin at daustin@idph.state.ia.us or at 515-242-6517.

Certificate of Need (CON) is a regulatory review process designed to ensure that growth and changes in the health care system occur in an orderly, cost-effective manner, and that the system is adequate and efficient. In FY00, the State Health Facilities Council considered applications for 15 projects with a total proposed cost of $25.3 million. Two of these projects were denied. One of the denials was a proposal to

convert 30 residential care beds in Ankeny to 30 nursing facility beds at no cost. The other denial was a proposal for the establishment of a comprehensive cancer center to include radiation therapy in Fort Dodge at a cost of $3.9 million.

The council is meeting on an as-needed basis, resulting in only four meetings in FY00. The IDPH completed a comprehensive review of the CON process and reported its findings and recommendations to the Iowa Legislature in January 2000. The department established a 30-member task force to complete this review and make recommendations to the department. Membership of the task force was broad-based. The task force recommended that Iowa's CON program be maintained with no changes in existing law or regulation. Upon making this recommendation, the task force concluded that Iowa's CON program continues to be relevant. There is a minority report included in the full report of the comprehensive review. For more information contact Barb Nervig at bnervig.idph.state.ia.us or at 515-281-4344.

An **Organized Delivery System (ODS)** is accountable to consumers and government for accessibility of services. The concept of an ODS was developed as a way to assist health providers in dealing with the shortcomings of the existing health care system. An ODS is different from other groups of organized providers or insurance plans because an ODS is primarily driven by health care providers. Patient risk is assumed directly by the providers instead of by third-party payers such as insurance companies. This gives health professionals an opportunity to establish their own ground rules. The ODS form of organization allows affiliated providers to deliver a comprehensive package of health care services to individuals enrolled in the program for a per-person fee. ODS accountability is measured differently from existing health plans, because it includes a measure of ODS performance in relation to community health needs. For more information contact Mariette Broduer at mbrodeur@idph.state.ia.us or at 515-281-4355.

The **Diabetes Control Program** (DCP) is located in the department's Bureau of Health Promotion and is striving through the Iowa Diabetes Network and its subcommittees to increase efforts in reducing the rate of complications in people who suffer from diabetes. The program strives to establish quality certified outpatient education programs to improve the knowledge and disease management skills of those diagnosed with diabetes in Iowa. The purpose of the program is to 1) coordinate overall program efforts of the health system through the establishment of appropriate linkages, 2) develop a system to define and monitor the burden of diabetes,3) develop and implement health systems and community-based interventions, 4) implement specific health care system measures to ensure statewide application of accepted diabetes-related standards, policies, and procedures, 5) reduce health disparities for high risk populations, and 6) promote wellness for persons with diabetes or at high risk for the disease.

The program targets persons with diabetes, individuals at risk for developing diabetes who may delay or prevent onset by lifestyle changes, and health care professionals working with persons diagnosed or at risk for diabetes. The program provides statewide information on diabetes and is responsible for the certification of the 43 counties with certified diabetes outpatient education programs. The DCP takes the lead in coordinating efforts of the various organizations and associations to avoid duplication and to increase consensus on diabetes-related issues.

Because certification of outpatient education programs is required for programs to be reimbursed by Medicaid and third-party payers, the **Outpatient Diabetes Education Program** helps to provide access to care for that population. Data are collected on an annual basis. During calendar year 1999, over 6,974 Iowa individuals received services. Sixteen new programs were certified in the past fiscal year. Currently, 43 counties have access to a certified outpatient education program. A meeting for all certified programs and programs planning for certification was held for the first time this year with great success.

Iowa Diabetes Network is a coalition of nearly 50 people representing health care agencies,

professionals, related organizations, and other areas of state government. This group has been planning interventions with both the public and professional sectors of Iowa to provide updated information and greater public awareness. The network has partnered to update its resource directory. This will be placed on the department's website and updated on a regular basis.

National objectives that target major complications from diabetes are the principal goals of the DCP. These objectives establish measurement procedures for other objectives. These objectives are increasing the percentage of persons with diabetes that have recommended 1) eye examinations, 2) foot examinations, 3) influenza and pneumococcal pneumonia immunizations and 4) HbA1c tests, per year, reducing health disparity for high risk populations, and promotion of wellness for persons with diabetes.

Education sessions for health care providers have been made available via the ICN in an effort to provide updated information on management of the disease. Three educational programs were offered this year reaching over 150 providers.

Diabetes Today is a community-based program developed by the CDC that provides diabetes awareness and control information through a locally developed coalition. Training was provided for several interested agencies. Three local programs were funded to establish pilot projects targeting different populations.

The program is funded through a cooperative agreement with the CDC's Division of Diabetes Translation. Early diagnosis and treatment of diabetes will prevent or postpone complications such as renal failure, lower extremity amputation, cardiovascular disease, and blindness that affects people with diabetes. Better control of this disease is essential and can be achieved by educating both health care providers and people with the disease. For more information contact Sandy Crandell at scrandel@idph.state.ia.us or at 515-242-6204.

Fluoridation of community water systems reduces tooth decay in the population served by the system. Increasing the number of fluoridated systems increases the public health benefit. To get the full benefit of fluoridation, its concentration must be kept within fairly close limits. Monitoring and surveillance by the fluoridation program has been generally successful in encouraging water system operators to maintain the appropriate levels. The state's fluoridation engineer visited 84 of Iowa's 249 fluoridated water systems for routine surveillance, and program staff reviewed and recorded 2,900 reports of fluoridation activity. Fluoridated water systems submitted 2,800 water samples to certified labs for fluoride analysis, representing 86 percent compliance with the sampling rate recommended by the Centers for Disease Control and Prevention. For more information contact Mike Magnant at mmagnant@idph.state.ia.us or at 515-281-8722.

Consumers purchasing water treatment systems because of concerns about contaminants in public or private water supplies are protected through the IDPH program dealing with **water treatment devices**. The program ensures that these devices are properly tested to confirm performance claims, and that sellers provide IDPH-reviewed information to customers. During FY00, manufacturers registered 74 water treatment systems. Department staff continued its active participation in the international standards process. Draft rules revisions were circulated in the latter half of calendar year 1999. The final revision date is uncertain.

The operation and design of public **swimming pools and spas** are regulated to ensure that users of these facilities are not subject to microbiological, chemical, or safety hazards. Plans were reviewed and 57 construction permits were issued in FY00; and 47 completed projects were inspected for compliance with their permits. Program staff did on-site evaluation of the performance of the local health departments that contract with IDPH to inspect facilities and enforce the swimming pool and/or spa rules. Program

staff participated in national and regional standard-setting activities. For more information contact Mike Magnant at mmagnant@idph.state.ia.us or at 515-281-8722.

The **Backflow Prevention Assembly Tester Registration Program** continued to experience modest growth through FY00. As of July 1, 2000, there are 815 registered testers. In the previous registration period ending June 30, 1999, 778 testers were registered. Draft rules revisions were distributed early in calendar 2000. Revised rules should be effective before the end of FY01. For more information contact Mike Magnant at mmagnant@idph.state.ia.us or at 515-281-8722.

The **Tattoo Artists and Establishment Permit Programs** provide procedures to ensure that tattoos are provided in a safe and sanitary manner. All new and existing establishments were inspected on site, and included biological testing of their sterilizing equipment. For more information contact Sandy McGhee at smcghee@idph.state.ia.us or at 515-281-3031.

Through the **Grade "A" Milk Certification Program**, the unrestricted interstate shipment of grade "A" dairy products throughout the nation is permitted. This program assures the dairy industry and consumers that products produced locally or received from other states have been produced and manufactured in compliance with federal requirements. The federal requirements are a cooperative effort, primarily between the dairy industry, equipment manufacturers, state regulatory agencies, the U.S. Department of Agriculture, and the U.S. Food and Drug Administration. Regularly scheduled meetings are held to bring all industry and regulatory representatives together in one forum called the National Conference on Interstate Milk Shipments (NCIMS). Proposals for change are submitted and deliberated at this conference. Once a proposal has been approved by NCIMS, it goes before the U.S. Food and Drug Administration where milk specialists and legal staff have the option of accepting, amending, or rejecting the proposal. Any revision to a proposal would be based on scientific or legal considerations. Once the U.S. Food and Drug Administration concurs with the proposed change, it is incorporated into a legal document known as the *Grade "A" Pasteurized Milk Ordinance* (commonly referred to as the PMO) and is subsequently adopted by all states and territories.

This program is responsible for certifying that dairy products produced, manufactured, and distributed in Iowa meet all the safeguards set forth in the PMO. This is accomplished through comprehensive field inspections. The inspections include dairy farms, manufacturing plants, milk haulers, receiving and transfer stations, dairy laboratories, and local regulatory authorities. If PMO standards are not met, the product is prohibited from sale as a grade "A" product on the national market. Each state has a uniform enforcement policy in order to assure consumers and manufacturers that all dairy products meet the same high standards for the safety of the public's health. Extensive training is mandated for the two state-funded IDPH milk sanitation rating officers each year. The positive relationship and accomplishments achieved with the dairy industry and equipment manufacturers can be measured by the high compliance rate seen each year. In FY00, 63 comprehensive dairy-related surveys were completed, involving 703 grade "A" dairy farms, and 33 milk handling facilities and plastics manufacturers. For more information, contact Kurt Rueber at krueber@idph.state.ia.us or at 515-281-3773 or contact Al Ackerman at aackerman@idph.state.ia.us or at (515) 281-4937.

Employers located or doing business in Iowa who choose to test their employees or applicants for employment for drugs of abuse must do so according to Iowa law. The law requires that confirmatory testing be conducted by laboratories certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) or by confirmatory laboratories approved by the IDPH **Private Sector Drug Testing Laboratory Approval Program**. Both in-state and out-of-state laboratories may seek Iowa approval. Iowa-approved labs must renew their approval each year and an on-site inspection must be performed at least once every two years unless the lab is approved by another state whose requirements

are at least equal to Iowa's. Note: With the exception of an annual reporting requirement, no approval processes or other actions are required of SAMHSA labs.

The program serves to ensure that approved laboratories use appropriate testing methods and testing equipment, use trained staff, and demonstrate testing skills and accuracy by participating in (and satisfactorily completing) recognized proficiency testing programs. No federal funds support this program and no state funds are specifically appropriated for program operation. The approvals (and annual renewal fees) that the department collects from Iowa-approved labs are deposited in the general fund. Copies of the law, administrative rules, the complete application package, and a list of approved labs are available upon request. For more information, contact Mike Guely at mguely@idph.state.ia.us or at 515-281-6567.

The **Lead Professional Certification Program** requires training and certification of lead professionals, including lead inspectors, elevated blood lead inspectors, visual risk assessors, lead abatement contractors, and lead abatement workers. Certified lead professionals must provide services according to practices outlined in state rules. The **Pre-renovation Notification Program** requires notification that lead-based paint may be present prior to renovation, remodeling, or repainting in pre-1978 target housing. The purpose of these programs is to prevent childhood lead poisoning through these activities.

Lead Professional Certification ensures that lead inspectors and/or risk assessors, visual risk assessors, lead abatement contractors, and lead abatement workers are properly trained and certified to do inspections that will identify lead hazards and conduct abatement that will properly eliminate lead hazards. In FY00, IDPH trained and certified 61 lead inspector and/or risk assessors, five visual risk assessors, and 27 lead abatement contractors. In addition, the IDPH adopted rules to enforce a requirement about lead hazard notification prior to renovation, remodeling, or repainting in pre-1978 target housing. Iowa's lead professional certification program and pre-renovation notification program were authorized by the U.S. Environmental Protection Agency on July 13, 1999.

The Environmental Protection Agency provides funding for a program manager, three environmental specialists, and part-time clerical support. This program is also supported by fees collected for training and for certification. The community partners in this program are local health departments, Title V child health clinics, health care providers, area education agencies, housing agencies, landlords, real estate agents, and painting and remodeling contractors. For more information contact Rita Gergely at rgergely@idph.state.ia.us or at 515-242-6340.

The **Radioactive Materials Licensing Program** ensures that individuals applying for new or renewal radioactive materials licenses have the facilities, equipment, and procedures in place to protect employees and the public from exposure to ionizing radiation. The issuance of licenses and amendments satisfies the IDPH agreement with the U.S. Nuclear Regulatory Commission (NRC). FY99 activities included issuing 12 new licenses, and 108 renewed or amended licenses. For more information contact George Johns at 515-242-6280.

Radioactive materials inspection satisfies the IDPH agreement with the NRC by monitoring doses from radioactive materials to prevent adverse health effects. Inspections were conducted of 44 state licensees; three team inspections were conducted; and five inspections were conducted of out-of-state licensees. These inspections ensure that radioactive materials licensees operate in accordance with the terms of those licenses, limiting radiation exposure to the public to that received from the practice of medicine and natural background.

The NRC completed a review of the Radioactive Materials Licensing and Inspection program in FY99. These programs were found to be adequate and compatible. Iowa received the maximum inspection interval of four years, which means the next audit will occur in 2003. For more information contact

George Johns at 515-242-6280.

Radiation-Producing Equipment Inspection ensures the safety of health care recipients by ensuring the proper operation of x-ray machines. Approximately 230 units were inspected in hospitals, clinics, and dental offices. IDPH also ensures the safety of the public by supervising the yearly inspection of all tanning facilities. **Registration of radiation-emitting equipment** involves maintaining a database locating all radiation-emitting equipment in the state for purposes of inspection, recall, or warnings from manufacturers. Nearly 3,000 x-ray facilities with 7,100 units were registered during the year, and 1,300 tanning facilities with 3,000 tanning units were also registered. **Level II Testing**, done under an FDA contract, is accomplished by inspection of new medical x-ray machines to ensure that the machines are manufactured and installed in compliance with federal standards and are safe for general use. To protect citizens from excessive and/or unnecessary ionizing radiation during the performance of mammography, **mammography machines** are inspected to ensure compliance with federal and state standards. There are approximately 165 mammography units located in 141 facilities.

Approximately 3,600 initial and renewed **permits to practice** were issued to operators of radiation-producing equipment. Mandatory continuing education ensures the competency of technologists in the operation of x-ray, therapy, and/or nuclear medicine equipment so that radiation exposures remain at levels that are not harmful to the patients being examined. For more information, contact Charlene Craig at 515-281-4942. **Mammography accreditation** assures the proper training of personnel involved in mammography production and evaluation, and ensures proper calibration, function, and usage of mammography equipment. For more information, contact Paul Koehn at pkoehn@idph.state.ia.us or at 515-725-0311.

Risk Assessment for Superfund is funded by the Environmental Protection Agancy (EPA) through a cooperative agreement between the EPA and the IDPH. The program conducts baseline risk assessment (BRA) for Superfund sites in the state. The BRA involves data evaluation, exposure pathway assessment, toxicity assessment, and risk characterization. The BRA is the main document in determining whether a hazardous material site poses a significant exposure risk to human health and ecological systems and whether a site requires cleanup. If a site requires cleanup, a set of risk-based cleanup, levels called preliminary remedial goals (PRGs) for contaminated media (such as groundwater, soil, or sediment) is determined to ensure that the residual risk on the site is still protective of human health. The program also serves an oversight role to private industries concerning risk-assessment related issues.

For FY00, BRA (or streamlined risk assessment) was completed for five sites, and review comments were provided to the EPA for four of the sites. Technical assistance was provided to the Clinton Community Advisory Group (CAG). For more information, contact Michele Wei at 515-281-8707.

The IDPH certifies and inspects individuals who provide **radon test services** in Iowa to ensure they follow appropriate techniques to test for the presence of radon in buildings. The IDPH also credits and inspects individuals who install radon-reduction systems in homes and other buildings in Iowa. Inspection of those who install radon-reduction systems includes a review of a representative sample of their systems to ensure they follow EPA guidelines for installations. All inspections are followed up to ensure that any issues of non-compliance with the law, rules, and guidelines are resolved. Staff provided real estate professionals with information on the carcinogenic properties of radon, how radon is detected, and steps that can be taken to reduce elevated levels in buildings. Real estate professionals can relay accurate information about the presence of radon in the buildings they sell or rent and can assist both the buyers and sellers so that radon does not become an issue at the time of sale. The IDPH staff provided technical assistance to school administrators and staff on radon testing and reduction in school buildings. For more information, contact Joyce Spencer at jspencer@idph.state.ia.us or at 515-725-0310.

Resource Management

The essential foundation or overall ability of the department to deliver competent services to the public.

Department Director and Six Division Directors

Bureau of External Affairs

Scope of Practice Review Committee Process

State Center for Health Statistics

Bureau of Vital Records

Information Management Support Services

Bureau of Administrative Services

Office of the State Medical Examiner

Office of the Medical Epidemiologist

IDPH Personnel

Behavioral Risk Factor Surveillance System Survey (BRFSS)

The **department director and six division directors** provide overall administration and oversight of programs and activities within the department. These leaders are also the foundation of senior management and leadership teams responsible for continually analyzing emerging public health challenges, current health status and the needs of Iowans, allowing them to adjust programs, activities, and resources of the agency and its local public health community partners. Dr. Stephen Gleason is department director. Division directors are Cathryn Callaway of Tobacco Use Prevention and Control; Deputy Director David Fries of Planning and Administration; Stephen Quirk of Environmental Health; Mark Schoeberl of Executive Staff; Deputy Director Mary Weaver of Family and Community Health; and Janet Zwick of Health Promotion, Prevention, and Addictive Behaviors. For more information contact Stephen Gleason at 515-281-5605, Cathryn Callaway at 515-281-6225, David Fries at 515-281-5784, Stephen Quirk at 515-281-5099, Mark Schoeberl at 515-281-5604, Mary Weaver at 515-281-3931, and Janet Zwick at 515-281-4417.

The **Division of Executive Staff** has primary responsibility for the implementation of the department's public policy agenda. The division develops and oversees the agency's internal and external communications and strategies to market the department and public health. The division brings together the activities of policy development, federal and state legislative relations, administrative rule promulgation, and the internal and external communications and marketing activities of the department. The division director and staff also represent the agency on numerous interdisciplinary committees, policy teams, and task forces, as well as attend various meetings as representatives of the agency.

Within the Division of Executive Staff, the **Bureau of External Affairs** plays a major role in fulfilling the department's mission of promoting and protecting the health of Iowans. The communications director serves as the primary spokesperson for the department on critical public health issues. Bureau staff responds to requests for information about public health issues and department programs. The requests come from local, state, and national news media, from students needing resources for school activities, and from the public. The staff work on the design and distribution of materials including brochures, posters, and fact sheets, electronic materials, such as radio and television announcements, the Iowa Health FOCUS newsletter, in-house audio-visual materials, and an Internet home page. The bureau is also active in the National Public Health Information Coalition (NPHIC), which is a liaison between the communication offices of the state health departments across the country and the Centers for Disease Control and Prevention. Fore more information contact Tom Carney at tcarney@idph.state.ia.us or at 515-281-7174.

The Division of Executive Staff is also responsible for implementing the **Scope of Practice Review Committee** process established by the Iowa General Assembly in 1997. The purpose of this pilot project is to provide an objective method by which proposed changes in the regulation of health professionals are evaluated. These changes include practitioners seeking to become newly regulated health professionals or to establish or substantially modify their own regulatory boards, health professionals seeking to expand or narrow the scope of practice of a health profession, and unresolved administrative rule-making disputes between health regulation boards. The goal of the scope of practice review committee is to conduct evaluations using objective, established criteria to determine whether health professionals have the requisite knowledge, training, experience, and skills to provide the proposed care while protecting and ensuring the public's health and safety. The committee's findings are presented to the director of the department, affected health care professional licensure boards, and the Iowa General Assembly.

During FY00, the director approved the creation of a committee to review an application requesting that 1) the Iowa Legislature recognize the Certified Professional Midwife credential established by the North American Registry of Midwives, and 2) establish a Board of Certified Professional Midwife Examiners under the Iowa Department of Public Health. After review of the application, committee members

submitted recommendations to the director and legislative leadership.

Also during FY00, the initial three-year pilot project was evaluated using survey and interview methodologies. Seventy-five percent of survey respondents recommended that the scope of practice review process be continued in its present form, or continued after changes or modifications. Based on these findings, legislation was passed that continued the project until June 30, 2002. For more information contact Mary Anderson at manderso@idph.state.ia.us or at 515-242-6333.

Sound policy decisions should be based upon accurate data and assessment of state and local health status. Broad provision of health information supports public health decision-making. It is the mission of the **State Center for Health Statistics** to assure the provision of quality health data for development of health policy at the state and local levels. The center publishes Vital Statistics of Iowa, a compendium of information on birth and death events in the state annually. It also distributes to the department and local health providers data on IHITS (Iowa Health Information Tracking System), a software package for personal computers containing 82 health status indicators for each county.

In addition, the center prepares a detailed annual analysis of cesarean section rates in Iowa hospitals; prepares an annual Iowa termination of pregnancy (ITOP) report for the state, analyzes the prevalence and impact of diabetes in Iowa for the Diabetes Oversight Committee; improved the use of GIS to analyze health data; and responded to internal and public inquiries for data. The center maintains dialogue with the National Center for Health Statistics for input of Iowa data and receipt of national data for state comparisons. It also houses the Behavioral Risk Factor Surveillance System (BRFSS) program for the department. This is a joint household telephone survey by the CDC and state health departments. It assists departmental staff in their research activities and assists the department in training staff in the appropriate use of health data for sound decision making. The center also maintains several databases used in health policy research. This includes the Iowa Hospitals discharge database, the Medicaid Claims birth matched records, and others. For more information contact Jude Igbokwe at jigbokwe@idph.state.ia.us or at 515-281-4068.

The **Bureau of Vital Records** gathers and maintains a system of vital event records that supplies the core data for public health assessment, makes information available for health research, and supplies documents of life events (births, deaths, and marriages) to individuals. During the past year, the bureau registered 37,701 births, 28,116 deaths, 22,029 marriages and 9,737 dissolution of marriages, and issued some 285,000 certified copies of records to individuals who needed them for school enrollment, drivers licenses, passports, claiming insurance death benefits, sports participation, genealogical searches, and other purposes.

On July 1, 1997 the county recorders assumed responsibility for local maintenance of vital records. Efforts are continuing to provide assistance in the management of county record systems, appropriate issuance of records, and the requirements for entitlement to certified copies. Gold-bordered commemorative birth certificates, featuring the Iowa Capitol shaded in the center and personally signed by the governor and the director of Public Health, were issued to 101 buyers in 1999. The commemorative certificates may be ordered from the Bureau of Vital Records for a fee of $35, which is earmarked for EMS for children.

The bureau continues to add hospitals to the Electronic Birth Certificate system. There are 76 hospitals filing birth certificates via electronic means. Electronic birth reporting now exceeds 96 percent of all births in the state. For more information contact Jill France at jfrance@idph.state.ia.us or at 515-281-6762.

The **Bureau of Information Management** provides information technology support services to internal and external customers. The bureau's challenge is to meet the increasing needs of the department and its customers in a constantly changing technological environment. A three-year replacement cycle for computers has been implemented and networking equipment has been updated to meet increasing user demands. Enhanced "dial-up" and Internet communications have been installed to provide faster and more reliable access for external customers. Security policies have been strengthened and rigorous measures to prevent attacks by computer viruses have been implemented to protect valuable data resources.

The redirection of resources during 1998 to 1999 to assure uninterrupted service into the year 2000 resulted in the postponement of work on a number of other key projects. The bureau is now working on several application development initiatives; and, wherever feasible, using the power of the Internet to improve accessibility, usability, security and quality of data resources. The department's Internet web pages are undergoing constant updates and modifications to meet the growing demand for easy access to current information. As technology and customer needs continue to change, the Information Management Bureau will stay flexible and focused to meet these challenges. For more information contact Greg Fay at gfay@idph.state.ia.us or at 515-281-6601.

The **Bureau of Administrative Services** assists department programs through management and coordination of various support services and functions including fiscal management budgeting, internal auditing, purchasing, assignment of state vehicles, mail, printing, and inventory control. For more information contact Marcia Spangler at mspangle@idph.state.ia.us or at 515-281-4955.

In May, 1999, the Iowa **Office of the State Medical Examiner** was moved from the Department of Public Safety to the Department of Public Health. This move was initiated at the suggestion of the National Association of Medical Examiner's (NAME). NAME, at the request of the Governor's Office and the Department of Public Safety, visited Iowa and reviewed the medical examiner system in order to make recommendations for the improvement of the system. One of the suggestions was to have the Medical Examiner's Office be independent and report directly to the Governor; the second option was to move the office from Public Safety to Public Health.

The goal of the State Medical Examiner is to establish credibility in death investigations in a system that will operate efficiently and serve the needs of the citizens of Iowa. Changes occurred during the previous legislative session to give the examiner the ability to subpoena and the authority to write administration rules. Per Iowa Code 691.6A, the position of Deputy Chief State Medical Examiner was created.

As of October 27, 2000, the Iowa Office of the State Medical Examiner had accepted 130 cases.

Natural	20
Accident	47
Suicide	19
Homicide	18
Undetermined	2
Pending	17
Non-Human	4
Archaeological	3

For more information contact Julia Goodin, MD at jgoodin@idph.state.ia.us or at 515-281-6726.

The office of the **Medical Epidemiologist** coordinates and directs the activities of the Center for Acute Disease Epidemiology related to surveillance, investigation, and control of public disease outbreaks. (See Infections Diseases for more information on the Center for Acute Disease Epidemiology.)

The IDPH **Personnel** staff work as liaisons with the Iowa Department of Personnel and department staff. They handle issues of hiring, promotion, and benefits, and are available to answer questions and provide information and documents upon request. For more information contact Mary Sams at msams@idph.state.ia.us or at 515-281-6222.

An important source of health information is the **Behavioral Risk Factor Surveillance System Survey** (BRFSS), which is conducted each year in Iowa, all other states, the District of Columbia, and Puerto Rico.

The Iowa Behavioral Risk Factor Surveillance System is an ongoing monthly telephone survey that is financially and technically supported by the Centers for Disease Control and Prevention. The statewide survey, a scientifically designed and validated method of collecting information from 3,600 household telephone surveys, is designed to collect information on health risk behaviors of Iowa residents age 18 and over and to monitor prevalence of these behaviors over time. The topics of the survey are established nationally and also contain additional areas of special interest to Iowa. The risk behaviors surveyed are major contributors to illness, disability, and premature death.

The goal of the Iowa BRFSS is to provide data to initiate and guide health promotion and disease prevention programs. The BRFSS program will achieve this goal by 1) determining state-specific prevalence of personal health behaviors related to the leading causes of premature death, 2) developing the capacity of the state health department to conduct credible telephone surveys, and 3) advancing the understanding that health-related behaviors are critical indices of health.

The 1997 and 1998 BRFSS annual reports, available from the State Center for Health Statistics, addressed the following issues:

Healthcare Coverage and Access to Health Care
Heart Disease
Diet and Overweight
Fruit and Vegetable Intake
Tobacco Use
Mammography
HIV/AIDS
Diabetes
Health Status of Iowans
High Blood Pressure
Physical Activity
Cholesterol
Problem Gambling
Pap Smears
Quality of Life/or Disability
Sexual Behaviors

The 1997 and 1998 BRFSS surveys provided both good and challenging news. The good news was that the percent of Iowans who were receiving cancer screening continues to be very close to targeted numbers (from *Healthy Iowans 2010*) in all areas. However, many of the risk factors associated with cardiovascular disease (overweight, tobacco use, high blood pressure, and high cholesterol) increased either overall or among specific subgroups.

The BRFSS results tell health professionals what's really going on, and can be used as a measure of the effectiveness of various public health strategies. The 1997 and 1998 results indicated that the messages need to continue, as well as be assessed, to see if more effective messages and strategies could be developed.

The details of this survey as well as the County Synthetic estimates for prevalence of certain health risk behaviors is available on the Iowa BRFSS web for easy access to the general public. For more information contact Jude Igbokwe at jigbokwe@idph.state.ia.us or at 515-281-4068.

The Bureau of External Affairs would like to acknowledge and thank staff of the Department of Public Health who contributed program information used in compiling this report. Special thanks go to Jennifer Hart, Pierce Wilson, and Martha Perry for their contributions to this report.

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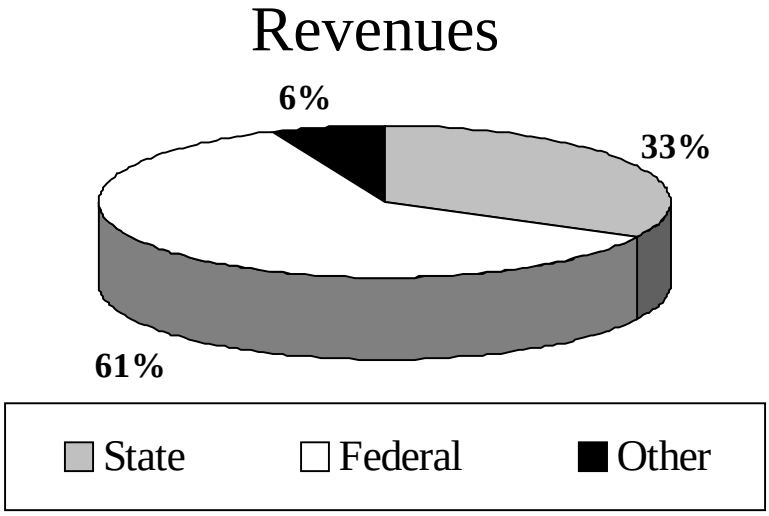
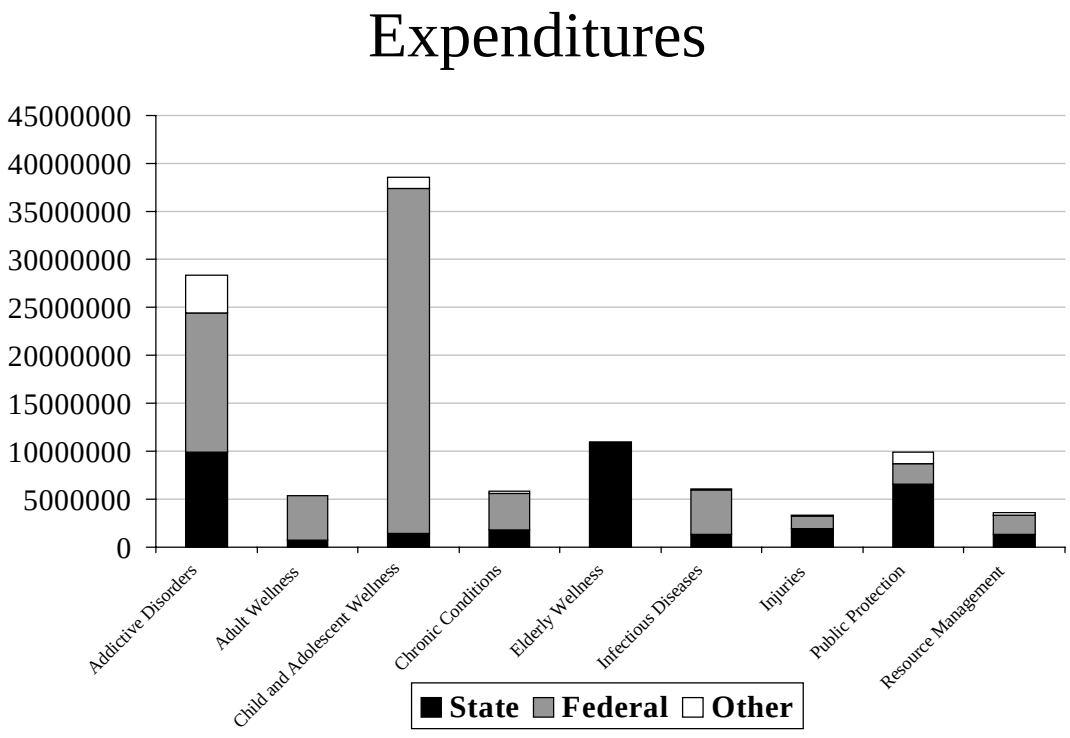
FY2000 REVENUE AND EXPENDITURES



* Note: Other pertains to monies received from private entities, foundations , state agency fees, and the gambling fund.



* Note: Expenditures from two new divisions (Tobacco Use Prevention and Control and Environmental Health) are not shown in the above graph. These programs started at the end of the FY00 year.

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800-362-2736

Emergency medical Services
(800-SAVE-EMS)
800-728-3367

Genetic Councelors (Iowa City)
800-260-2065

Health Protection Clearinghouse
(Brochures)
888-398-9696

Healthy Families
800-369-2229

Lead Poisoning Prevention
800-972-2026

Maternal and Child Health
800-383-3826

Radon
800-383-5992

Substance Abuse Clearing House
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800-247-0614

Teen Line
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