

Top Health Care, Other Leaders to Speak at Governor's Public Health Conference

By Louise Lex, Ph.D.*

The Iowa Department of Public Health and its partner organizations will celebrate 125 years of organized public health in the state at the Governor's Conference on Public Health: Barn Raising V, July 28-29, at Drake University.

In keeping with the conference theme, "Building Iowa as a Healthy Community," speakers will focus on Iowa's past: Where have we come from? Its present: What are we doing now? And its future: Where do we need to go?

Capt. Penelope Royall, deputy assistant secretary for health at the U.S. Department of Health and Human Services (HHS), will open



Capt. Penelope Royall

the conference with a keynote address titled, "The Case for Public Health."

Royall has direct responsibility for strengthening the disease prevention and health promotion priorities at the federal level. In her role as senior health advisor to the assistant secretary for health and the secretary of HHS, she has primary leadership for *Healthy People 2010*, a national plan to improve the health of Americans. She is also responsible for www.healthfinder.gov, the Web site linking consumers and providers to over 6,000 health information resources, and for "Dietary Guidelines for Americans," published jointly with the U.S. Department of Agriculture.

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Iowans Can Apply Now for Harkin Wellness Grants

Senator Tom Harkin (D-IA) announced recently the Iowa Department of Public Health (IDPH) would begin accepting applications for Harkin Wellness Grants. The grants are the latest Harkin initiative to help dozens of local governments, community organizations and non-profits develop creative approaches to promoting healthier lifestyles. Harkin, the senior Democrat on the panel that funds health care initiatives, secured \$3 million in the FY 2005 omnibus appropriations for the grant program.

"Communities across Iowa have unique ideas to promote healthy lifestyles among their citizens," Harkin said. "I am excited to kick-off this grant program, so that

these communities are given the tools needed in order to reach their goals."

"While healthy behaviors are ultimately a personal choice, a supportive community that provides healthy options can make lifestyle changes easier," said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health. "The Harkin Wellness Grant program is an innovative approach using a federal-state-local partnership as a model for creating healthy and vibrant communities in Iowa."

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Legislature Gives IDPH Overall Budget Increase

No tobacco tax increase this year

By Lynh Patterson*

The 2005 Legislative Session will go down in the history books as the longest session in 24 years with lawmakers putting in an extra three weeks of overtime. With a tied Senate at 25-25 and House Republicans with a slim majority of 51-49, it was difficult for the Legislature to maintain a clear agenda. But like a rainbow after the rain, once lawmakers adjourned for the final time on May 20, there was much for the Iowa Department of Public Health to be happy about.

The department received an overall budget increase of about \$2.4 million for FY 2006, an 11 percent increase



The legislature voted to give the Iowa Department of Public Health an overall budget increase of about \$2.4 million—11 percent over 2005.

compared to FY 2005. Some key funding increases are: \$470,000 for the Division of Tobacco Use Prevention and Control, \$1.1 million to establish a primary care provider network and help entities become Federally Qualified Community Health Centers, \$375,000 to assist in eliminating or reducing the waiting list for the Aids Drug Assistance Program, \$150,000 for additional children's lead poisoning prevention activities, \$300,000 to help maintain funding for Child Health Specialty Clinics, a \$423,442 increase for the Office of the State Medical Examiner, and \$100,000 to help IDPH establish a Capitol Complex Public Access Defibrillator Program.

The governor signed HF 789, the department's policy bill, which contained a large number of department policy requests, into law. IDPH also was able to negotiate an agreement on education requirements for registered dental assistants and provide input on a bill that would have the department establish a prescription drug dona-

tion program, focusing on anti-rejection and cancer drugs. Another important bill, HF 770, that would transfer food inspection responsibilities from the Department of Inspections and Appeals to IDPH is still pending approval by the governor.

Despite the opportunity to pass a tobacco tax increase, House leadership stood fast in their refusal to consider it. With next year an election year, it will be even more difficult to get a tobacco tax increase, but the fight must and will continue. Although this was a big loss for improving the health of Iowans, there were other health policy bills passed, including limited mental health parity and Medicaid reform.

The Governor has 30 days to sign bills that he receives during the last three days of session. Once he completes final action on bills, I will have a wrap-up of enacted bills for the 2005 session posted on the Legislative Update site of the department's Web page. For more details on bills introduced this session, please see the weekly Legislative Updates posted on the same Web site. And I want to thank all the IDPH staff that helps me throughout the session. I could not do my job without their program expertise and willingness to respond to legislative requests quickly.

*Lynh Patterson is legislative liaison in the Office of Policy, Legislation and Constituent Relations for the Iowa Dept. of Public Health.

Applications Still Accepted for JEL Youth Summit

Warning! JEL will be making its mark all across Iowa with this summer's "UNFILTERED" Summit. The summit attendees will spend three days learning, teaching, training and mixing it up with like-minded youth from around the state. The goal: to continue to give Iowa teens the hard, unfiltered facts about Big Tobacco's premeditated and contemptuous attack on life!

Youth who missed the May 16 application date are still encouraged to apply by visiting the JEL website at www.jeliowa.org.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Communities Assessing the Health Needs of Iowa

By Debra Weber, R.N., B.S.N., M.S.*

All local boards of health recently submitted their second Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP) reports to the Iowa Dept. of Public Health (IDPH). Each county's report reflects identified public health priorities and associated health improvement plans all established through a local community health needs assessment process. Through the commitment of community leaders, exciting plans were offered from across Iowa continuing the foundation and importance of improving the health of communities.

The availability of these reports began in 1986 when the IDPH developed an administrative rule that required all 105 local boards of health receiving state funds for public health nursing to conduct a needs assessment, develop a written plan for addressing health problem priorities and to take action to prevent disease and promote health.

The overall goal of the CHNA and HIP initiative is to assure the health of Iowans through a comprehensive and uniform report of the leading health priorities and health improvement plans for each county. The assessment

organizations, health centers, social service providers, school officials, law enforcement personnel, faith-based organizations, businesses, industry, media and citizens.

The overall goal of the CHNA and HIP initiative is to assure the health of Iowans through a comprehensive and uniform report of the leading health priorities and health improvement plans for each county.

Representatives of these groups contributed countless hours of time to evaluate data and set priorities.

These resulting CHNA and HIP reports have developed over several years, starting in the late 1980s and working with the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics (NCHS). In 1988, this same group took their message to local public health agency staff by conducting 13 regional forums across the state.

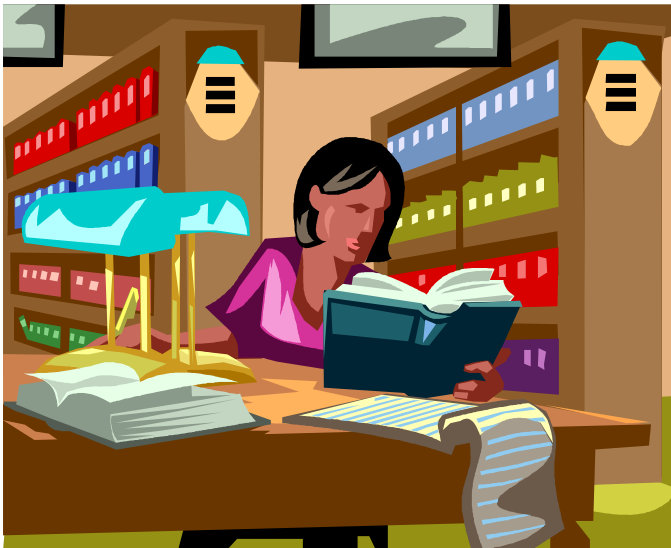
In 1990, the department initiated a second series of training sessions entitled, "Successful Strategies for Rural Health." These seminars focused on skill development in the following areas: community organization skills, grant writing, community action, health personnel shortages and prevention of agricultural-related injuries.

In 1991, six "Iowa at a Crossroads: Improving Access to Health Care" seminars continued to build skills among community leaders. In 1992, the work of Healthy People 2000 began. This assessment initiative asked for the use of data to identify public health problems, set health objectives and monitor progress toward achieving those objectives. Iowa was one of only several states that received this grant from the CDC.

In 1998, IDPH gave birth to the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP). The tool opened to rave reviews at the Iowa Public Health Association Conference in the spring of 2003.

All the reports are posted at the IDPH Web Site at www.idph.state.ia.us/chnahip/reports.asp

**Debra Weber of Newhall is a community health consultant for the IDPH.*



process included input from members of the entire community. Community partners included local boards of health, public health agencies, hospitals, community



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Barn Raising V Speakers Will Educate, Entertain During Public Health Conference

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Dr. Donna Stroup

In the afternoon, Dr. Donna F. Stroup, director of the Coordinating Center for Health Promotion at the Centers for Disease Control and Prevention (CDC), will be the closing speaker. Known to television audiences, Dr. Stroup plays the leading role in shaping health promotion programs and policies and advises the director at CDC, Dr. Julie Gerberding. In her presentation on "Future Trends," Dr. Stroup will discuss what

is needed in the health arena to increase the quality of life for the next generation and Iowa's increasing older populations.

On the second day of the conference, keynoter Andy Goodman, will show how using stories can strengthen public health. The title of his presentation is "Storytelling as Best Practice: Enlivening Your Public Health Communication." As a communications consultant, Goodman specializes in helping public interest groups, foundations and progressive businesses communicate more effectively through print, broadcast media and the Internet. Despite the age of mass communication, Goodman believes that the most important way of communicating a message is through a good story. "Even if you have reams of evidence on your side, remember: numbers numb, jargon jars, and nobody ever marched on Washington because of a pie chart. If you want to connect with your audience, tell them a story," he said.



Andy Goodman



Paul Zykovsky

Noon luncheon speaker is Paul Zykovsky, AICP, a land-use, air quality and transportation planner who, as director of the Center for Livable Communities, has promoted physical activity and health through community design to elected officials throughout the nation. He considers community design a key to reducing physical inactivity and obesity. The title of his presentation is "Creating

Livable, Walkable Communities."

The conference will close with Michael Brandwein, J.D., international consultant on leadership, whose presentation is titled, "Recharging Ourselves and Others." Brandwein has been recognized internationally for his innovative technical communication and leadership development.



Michael Brandwein

He is a national award winner and author.

The conference is designed for those who work in the health fields, community organizers, health advocates and policy makers. The conference is made possible in part by a major contribution from The Wellmark Foundation, financial support from 43 organizations and in-kind contributions from 18 organizations.

The conference brochure and other information are posted on www.idph.state.ia.us. Participants can register electronically at the Training Resources web site: www.trainingresources.org.

*Louise Lex, Ph.D., the conference coordinator, is with the Division of Health Behavior and Professional Licensure.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Study: Possible Shortage of Licensed Health Care Professionals in Near Future

By Mary Kelly, R.N., Ph.D.*

A recent study conducted by a member of the Center for Health Workforce Planning indicates that Iowa could have a potential shortage in several health fields—particularly mental health—in the next few years.

The “U.S. Bureau of Labor Statistics Employment Projections 2002-2012” uses age data to compare state and national percentages of occupations with workers age 55 and older. Workers in this group are theoretically ready to retire over the next decade. A higher than average percentage signals a potential shortage. This type of determination formed the basis of the present study.

According to the study—limited to active licensed health care workers—professions serving the mental health needs of Iowans have the highest combined percentage of licensees age 55 and older and are at greatest risk of having a shortage of workers. Psychologists (47 percent) and health service providers—psychologists with additional clinical training—(45 percent) had the greatest percentage of licensees age 55 and older. These professions are followed by marital and family counselors and nursing home administrators (38 percent each).

Mental health physicians (35 percent) and mental health counselors and dentists (34 percent each) complete the professions where over 30 percent of active licensees are age 55 and older. Other groups noting between 20 and 30 percent include social workers (28 percent), advanced practice nurses (24 percent), physicians and registered nurses (23 percent each), licensed practical nurses, chiropractors, opticians, and pharmacists (22 percent each).

Using the sole criteria of age, findings from the study indicate that psychologists and health service providers are at highest risk of a shortage. If the current trend is not reversed, their services could decline substantially after the next decade. This comes at a time when access to mental health services is already declining.

There are fewer individuals entering at least 10 licensed professions. There are fewer 30- to 40-year-olds in the majority of the professions than there are in the 40- to 50-year-age group, and there are fewer in the 40 to 50 age group compared to the 50 to 60 age group.

Such declines will impact the ability of these professions to provide services to an aging Iowa population whose demand for assistance will increase. Dentists, dietitians, emergency medical technicians, health service providers, licensed practical nurses, marital and family therapists, nursing home administrators, psychologists, registered nurses and respiratory care therapists are representative professions.

Finally, all but five of Iowa’s health care occupations exceed the national average of workers who are age 55 and older. The national percentage is 13.9 percent and reflects all types of occupations. Only respiratory care practitioners, emergency medical technicians, physician assistants, physical therapists and occupational therapists have percentages below the national average. There is increased risk for shortages in all other professions.



Professions serving the mental health needs of Iowans have the highest combined percentage of licensees age 55 and older.

To determine the findings, the birth dates of 80,579 Iowa licensees were categorized. They represented 24 major health occupations. A complete description of the study is available at www.idph.state.ia.us/hpcdp/pdf/workforce/prioritizing_potential_shortage.pdf. Appendices in the report show detailed information for each health occupation.

**Editor's note: This article was submitted by Mary Kelly, R.N., Ph.D., community health consultant, for the IDPH's Center for Health Workforce Planning. For additional information, contact mkelly@idph.state.ia.us.*



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Children Drown Without a Sound

By Debbi Cooper*

If your fairy godmother appeared and offered you a wish to protect your children from a leading cause of injury-related death, what would you say?

- a) *Nah, it's too much trouble.*
- b) *My parents didn't worry about this stuff and I survived.*
- c) *I always watch my children, so they'll be safe.*
- d) *Sure, fairy godmother, you're on.*

Children don't have the ability to figure out what to do, such as right themselves or stand up. As a result, they just "slip away" in silence.

Of course, the correct answer is "d." But it's parents, not a fairy godmother, who can protect children from drowning.

Drowning is the second leading cause of unintentional injury-related death among children ages 1 to 14. Drowning usually occurs quickly and silently and can happen in a matter of seconds. According to the National Center for Injury Prevention and Control, in 2000 there were 3,281 unintentional drownings in the United States, averaging nine people per day. This does not include drownings in boating-related incidents. In 2002, nearly 2,700 children age 14 and under were treated in hospital emergency rooms for unintentional drowning-related incidents.

Here are some common myths regarding drowning.

Myth #1: Drowning is noisy. I'll hear my child splashing and yelling in time to help. Children don't have the ability to figure out what to do, such as right themselves or stand up. As a result, they just "slip away" in silence. Children need constant adult supervision when in or near the water. Look in the water first when a child is missing.

Myth #2: I don't live or vacation near the water, so I don't need to worry. There are water hazards in and around every home. Toddlers have drowned in garden ponds, bathtubs, buckets and toilets. Keep children out

of the bathroom except when directly supervised. Empty all containers immediately after use, including mop buckets and ice chests. Never, ever leave young children alone in the bathtub—not even for a second.

Myth #3: Once children learn to swim, they don't need life vests. At supervised swimming pools an older child who swims well may not need to wear a life vest. That's where judgment comes in. When boating, rafting, or while swimming around open water (like rivers and lakes) children, and adults as well, should wear properly fitted life vests.

Several actions can be taken to prevent drowning, and include:

- Never allow young children to be left alone in or around water, not even for a second;
- Install four-sided isolation fencing for residential swimming pools. Door alarms, pool alarms and automatic pool covers, when used correctly, can add an extra level of protection;
- Never keep toys around or in the water;
- Never rely on flotation devices or swimming lessons to protect a child;
- Empty all containers like buckets, ice chests and wading pools immediately after use; and
- Make time to learn CPR. The clock starts ticking the moment a person stops breathing.

**Debbi Cooper is environmental specialist senior for the Division of Environmental Health in the Bureau of Environmental Health Services.*



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Former IDPH Intern Bikes Across the U.S. to Raise Funds, Awareness of Cancer

By Brenda Henning*

Former IDPH intern, Tyler Weig of Ankeny, doesn't have a definite career plan for his future, but he does have a mission. A spring Iowa State University graduate, Weig will ride his bicycle across the United States from June 4 to July 24 to raise \$100,000 for the American Cancer Society.

"This ride is my opportunity to try to fix something that's bigger than a flat tire or broken table," said Weig, who worked as a community health consultant intern for the Early Periodic Screen Diagnosis and Treatment Division of the Family Health Bureau. "I've always felt that I do have the ability to make big changes. I hope something like this will bring attention to the people who deserve it—friends and family members touched by cancer."



Tyler Weig photo by Alyssa Dowd, Iowa State Daily

Cancer is the second leading killer in the United States. There's no cure, but Weig hopes people will learn which lifestyle choices contribute to cancer and then change

them if needed. His "Cycling for a Cure" ride is his way of bringing attention to people that they can make choices to prevent cancer—such as stopping smoking and losing weight. He also wants people to donate money to fund research.

"Not only would I like people to donate, I would really just like them to appreciate life," Weig said. "You only get one chance at it to make the most of it. I think people are looking for a chance to give but also to look at their own lives."

Weig credits his former co-workers at the Iowa Department of Public Health for urging him on and helping him to materialize his idea. "My co-workers at IDPH have been very supportive," Weig said. "They've given me words of encouragement and donations. They were around when I first mentioned it and have been there through the tough times."

The Iowa Dept. of Public Health also collaborates on projects with the American Cancer Society.

Weig's 4,000 mile trek across the United States will start in Florence, Ore., and end in Virginia Beach, Va. He will be in Iowa July 3 to 8 with stops in Denison, Ames, Des Moines, Grinnell and Iowa City. Averaging 70 to 80 miles a day with scheduled rest days, Weig will make

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Work Begins to Update State Plan to Address Cancer

Nearing the end of its two-year timetable, the state plan for addressing cancer issues will undergo an update, according to Jill Myers Geadelmann, chief of the Bureau of Chronic Disease Prevention and Management.

The document was developed as part of the Bureau's Comprehensive Cancer Control Program, which works with the statewide Iowa Consortium for Comprehensive Cancer Control (ICCCC), comprised of over 100 people representing nearly 50 agencies, including the American Cancer Society - Midwest Division, cancer centers, hospitals, research facilities, medical professionals and cancer survivors. Titled "Changing the Face of Cancer in Iowa: A State plan 2003-2005," the document addresses the cancer continuum—prevention, early detection, treatment, quality of life and research.

A meeting is being held June 20 in West Des Moines to begin the work of updating the State Cancer Plan.

"Over the past two years, Consortium members have worked to accomplish plan activities with the ultimate goal being the reduction of the burden of cancer in Iowa," said Myers Geadelmann. "The meeting on the 20th is a starting point for the next phase of consortium activity. We want anyone with an interest to join the planning effort and then play a role in carrying out the plan activities."

Anyone interested in working together to conquer cancer in Iowa is invited to attend the meeting. Responses should be directed by June 7 to Myers Geadelmann at 515-281-6067 or e-mail at jgeadelm@idph.state.ia.us.



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Bicyclist Raises Cancer Awareness, Funds

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side excursions to visit hospitals and hospices or to participate in other events related to cancer awareness.

According to Tonya Fier, development director in Iowa for the American Cancer Society—Midwest Chapter, Weig's fundraiser is the first of its kind for the organization. The American Cancer Society has sponsored group bike rides, but no individual has stepped forward the way Weig has.

"What's impressed me most is that someone his age is being so dedicated and selfless to do something of this magnitude without having a direct link to cancer," Fier said. Weig has known friends whose family members have had cancer, but, so far, no one in Weig's family has had the disease.

A message that Feir hopes is communicated during Weig's bicycle ride is the importance of nutrition and exercise in preventing cancer. "One third of all cancers could be eliminated with proper exercise and nutrition," she said.

Weig developed his route based on places he could have free overnight housing with his desire to see certain parts of the country. During his trip, Weig will keep a journal that visitors to his website can view:

www.acsevents.org/ia/cyclingforacure. People can also make donations there or by sending money to the American Cancer Society—Midwest Chapter, 8364 Hickman Road, Suite D, Des Moines, IA 50325.

The end of the ride is planned in conjunction with the last day of the Tour de France, the bicycle race U.S. cancer survivor Lance Armstrong has won six times.

"Lance Armstrong has definitely been an inspiration to me," Weig said. "I like bicycling. A lot of what I'm doing stems from him. He's really been a good role model."

"You only get one chance at it to make the most of it. I think people are looking for a chance to give but also to look at their own lives."— Tyler Weig

**Brenda Henning is the Focus editor.*

July Deadline for Harkin Wellness Grants

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Proposals for the Harkin Wellness Grants must focus on one or more of four priorities in the HeLP America Act: nutrition, physical activity, mental health and smoking cessation. Eligible applicants include community organizations such as counties, townships, cities or subdivisions, licensed childcare facilities, educational agencies, health care providers, and community-based nonprofit organizations including faith-based groups and agricultural associations. Funds can be used for projects such as building bike paths, purchasing fitness equipment or expanding existing programs.



Sen. Tom Harkin (D) Applications are due by July 15, 2005, and grant awards will be announced in August 2005. Grantees will be eligible for up to \$250,000 in funding, depending on the size and scope of the community's project. Officials plan to award at least 36 grants. For more information on how to qual-

ify and apply for a Harkin Wellness Grant, visit www.idph.state.ia.us and click on the "availability of funds" link or call IDPH at 515-281-7689.

"Promoting healthy lifestyles and preventing chronic disease will not be accomplished quickly or simply," said Harkin. "Achieving these goals will require a comprehensive approach that, rather than focusing on sickness, encourages wellness and integrates healthy choices into individual's daily lives. I am pleased that communities across the state will have an opportunity to be proactive and focus on prevention and wellness."

In addition to the Harkin Wellness Grants, Harkin also introduced the 2005 Healthy Lifestyles and Prevention (HeLP) America Act. This comprehensive legislation seeks to prevent obesity and other preventable chronic conditions. The 2005 HeLP America Act recognizes the challenges of chronic disease and health promotion and provides all sectors—child care centers, schools, workplaces, and communities—with the tools that they need to reach the goal of making America a healthier place.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Epidemiology Notes

From the Center for Acute Disease Epidemiology, 1 800 362-2736 (24-hour number)

Musings on Keeping Memorial Day Safe and Healthy

Since Memorial Day marked the unofficial beginning of summer, we offer the following standard guidance to help everyone have a safe and healthy summer.

Summer Food Safety

Cookouts and picnics are great summertime activities, but they can also increase your risk of getting food-borne illness if you are not careful. The rule of thumb is to keep cold foods cold (40 degrees Fahrenheit or below), and hot foods hot (140 degrees or above). Foods can be kept cold by keeping them in a cooler or by using ice or commercial freezing gel packets. Hot food can be kept in an insulated container. Make sure raw meats are kept at least 155 degrees. Hand washing, using warm water, soap and rubbing hands for as long as it takes to sing the "Happy Birthday" song twice or the "ABC's" song is always important, especially after using the bathroom (or outhouse or bushes). Wash hands before you handle foods, too. If soap and water are not available, use commercially available alcohol-based hand gels.

It's Tick Season

As the weather warms up and people spend more time outdoors, the chances of encountering ticks increases. The most prevalent species of ticks found in Iowa that bite humans are the American Dog Tick (*Dermacentor variabilis*), the Deer Tick (*Ixodes scapularis*), and the Lone Star Tick (*Amblyomma americanum*). Although these unwanted guests are more of an annoyance than a health threat, they should be taken seriously and removed. Always use personal protective measures against tick bites when venturing out (<http://www.cdc.gov/ncidod/dvbid/lyme/prevent.htm>).

Lyme disease is the most common tick-borne disease reported in Iowa, however, only 49 confirmed cases were reported last year. The percentage of deer ticks in Iowa estimated to be infected with the organism that causes Lyme disease (*Borrelia burgdorferi*) is around eight to 10 percent. The chance of being infected with the organism, however, is actually much lower, only about three percent. Research has shown that the deer tick must be attached for more than 24 hours (typically 48 to 72 hours) to transmit the organism. Additionally, the nymph stage of deer ticks (pre-adults) are more likely to transmit the organism than adult deer ticks. Because feeding nymphs are rarely noticed due to their very small size, they are more likely to feed for at least

48 to 72 hours before discovery.

The Infectious Disease Society of America (IDSA) **does not** recommend giving antibiotics just because someone has been bitten by a tick. They also **do not** recommend testing deer ticks for *Borrelia burgdorferi*, except as a research tool. Treatment by a medical provider should not be based on the results of testing deer ticks, but rather on evaluation of the patient. For example, if a deer tick is positive for the Lyme disease organism, but the patient has no symptoms, antibiotic treatment would not be recommended.

On the other hand, if a deer tick is negative, but the patient has the typical erythema migrans rash, and/or other symptoms consistent with Lyme disease, and appropriate diagnostic tests support or confirm Lyme disease, we would recommend treating the patient with doxycycline or another appropriate antibiotic. If a patient has had one tick on them, they very easily could have had another that went unnoticed. Approximately 75 percent of people with confirmed Lyme disease **did not** find a tick on them, nor do they recall having been bitten by a tick.

The recommendation by CDC, IDSA, and IDPH for persons who find ticks attached to them is to watch for fever or rash at the site of attachment for 30 days. If these symptoms occur, they should see their medical provider to be assessed for Lyme disease or one of the other diseases that can be transmitted by ticks (for example, human granulocytic ehrlichiosis, Rocky Mountain spotted fever, or babesiosis).

For the IDSA's guidelines on treatment of Lyme disease, please go to:

<http://www.journals.uchicago.edu/CID/journal/issues/v31nS1/000342/000342.web.pdf>

More information about tick-borne diseases is available on the CDC's website at:

<http://www.cdc.gov/ncidod/ticktips2005/>



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Worth Noting

Abstracts Accepted For Fall Rural Safety and Health Forum

Abstracts are now being accepted through July 1 for research or outreach presentations at this fall's Midwest Rural and Agricultural Safety and Health Forum, Oct. 27-28, at the Stoney Creek Inn in Johnston, Iowa.

Iowa's Center for Agricultural Safety and Health (I-CASH) and the Great Plains Center for Agricultural Health will host the forum, "**Bridge Building...Research to Practice.**" The conference will build and strengthen collaborative efforts between researchers, practitioners, agricultural producers and medical professionals.

The call for presentations and abstract forms are avail-

able at the I-CASH Web site, www.public-health.uiowa.edu/icash/, or by calling 319-335-4224. Their address is Iowa's Center for Agricultural Safety and Health, 100 Oakdale Campus 214 IREH, Iowa City, IA 52242-5000.

I-CASH was established to enhance the health and safety of Iowa's agricultural community by establishing and coordinating prevention and education programs. The Great Plains Center for Agricultural Health is a comprehensive facility to study and respond to the health and safety issues associated with the practice of agriculture.

UI College Of Pharmacy Honors Former Public Health Director

A former director of the Iowa Department of Public Health was among three people honored by the University of Iowa's College of Pharmacy's Senior Dinner and Awards Banquet on May 11.

The dean of the college presented Mary Helgeson Ellis with the Distinguished Alumni Award. Ellis, who earned a bachelor's degree from the college in 1966, also holds a master's degree in public administration. In 1983, then Iowa Gov. Terry Branstad appointed her to lead the Iowa Department of Substance Abuse and subsequently promoted her to director of public health for the state in 1986.

Between 1990 and 2000, Ellis was employed by Blue Cross and Blue Shield, where she held three vice president positions. During this time, she worked closely with federal agencies including the FBI on Medicare fraud and provided testimony on the topic before Congress.

Ellis continues to work as a consultant for Medicare administration at Blue Cross and Blue Shield and for the federal government. She also consults on pharmacy services for disease management and is helping prepare for the 2006 initiation of Medication Therapy Management Services under the new Medicare drug bill. For 17 years, she practiced pharmacy at hospitals in Illinois, Pennsylvania, Washington and at the Iowa Veteran's Home in Marshalltown, Iowa.



Mary Ellis

Other honorees were alumnus Robert Sindelar, dean of the faculty of Pharmaceutical Sciences at the University of British Columbia, and Gilbert Banker, Ph.D., dean emeritus of the college.

Iowa Department of Public Health

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



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