

IDPH begins update of its Incident Command System

By Clark Christensen and Steve Mercer*

Almost any emergency or disaster event, whether intentional or naturally occurring, has the potential to adversely affect the health of the public. When an agency is required to respond, their ability to do so can play a major role in the final outcome of the event.

"In order to ensure that agencies are able to respond effectively and efficiently, regardless of the event or agency, it is crucial that we periodically analyze previous responses to identify areas that need improve-

ment and/or expansion," said Jami Haberl, executive director of the Iowa Department of Public Health (IDPH) Center for Disaster Operations and Response.

Thirty specially selected IDPH employees and supporting partners began that important process on Jan. 4 by attending a presentation and discussion on the department's revised Incident Command System (ICS).

By no means unique to Iowa, incident command systems are important managerial tools for achieving optimal command and control along with coordination

within an organization. They also provide a seamless process for inter-agency coordination during any type of response. Furthermore, an incident command system allows the utilization of the National Incident Management System (NIMS) to ensure that a comprehensive national framework will support efficient incident management for all domestic incidents, regardless of size, nature or complexity.

At the Jan. 4 meeting, individuals were presented with a working draft of the updated ICS

(Continued on page 6)

Local public health standards developing as new Web site is launched

By Sara Colboth*

Since October of last year, more than 100 public health professionals have asked themselves the same question. Four times now, they have gathered together in nine committees to ask that question of each other. That question is, "What should every Iowan reasonably expect from local and state public health?"

As reported in *FOCUS* last September, the answer has called for the creation of a broad set of local and state public health standards.

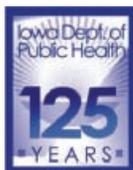
The project responsible for creating those standards is called Redesigning Public Health in Iowa. At this stage, committees



are focused on developing standards for local public health. They will complete a draft by March of this year.

Commenting on the significance of such a large undertaking, Scott County Health Department Director Larry Barker said, "The redesign project is

(Continued on page 4)



Public Health Conference to create sense of urgency

By Sara Patkin*

The 2006 Public Health Conference is set for March 28 & 29 in Ames and is shaping up to be an outstanding event for public health professionals. The conference, now in its sixth year, has become widely popular because of its unique range of topics and professional level of presenters. Attendance has increased each year and is expected to exceed 500 this year.

Nine partners make up the development committee for the conference. These include: Iowa Public Health Association, Iowa Environmental Health Association, University of Iowa College of Public Health, Child Health Specialty Clinics, University Hygienic Laboratory, Iowa Department of Public Health: Bureau of Family Health; Bureau of Nutrition & Health Promotion; Bureau of Health Care Access; and Oral Health Bureau.

The theme for this year is *Strengthening Our Voice: Making Public Health A Priority*. It was developed by the planning committee to create a sense of urgency within the public health community to make our voice heard by the public, by the media and by policymakers. Many areas of public health are at a turning point in their progress and development. The next steps are crucial to the future health of our communities, our state and our nation. This conference was designed to empower people to make informed decisions about their next steps and garner what they need from the people and organizations around them.

Three nationally recognized speakers will provide information, inspiration and even entertainment for conference participants.

Roz Lasker will open the conference with a presentation on *Reconnecting with Public Health's Hidden Strength: The Public*. Dr. Lasker is the director of the Division of Public Health and the Center for the Advancement of Collaborative Strategies in Health at the New York Academy of Medicine. She is also clinical professor of Public Health in the Division of Health Policy and Management at the Joseph L. Mailman School of Public Health of Columbia University.

John Lumpkin, will start the second day of events with a presentation on *Building on Our Strengths and Charting our Future*. Dr. Lumpkin is the senior vice president and the director of the Health Care Group at the Robert Wood Johnson Foundation.

Finishing off the event on the end of the second day is a unique and engaging speaker whose message will both inform and entertain. Deb Gauldin is a former obstetric nurse who knows what it feels like to be over-extended and under-appreciated. She also knows how stress-related illness and accidents impact the workplace, relationships and ultimately the bottom line. Deb connects with audiences instantly, delivering a message of profound importance with unforgettable humor.



2006 PUBLIC HEALTH CONFERENCE
Strengthening our Voice

Making  Public Health a
Priority

March 28 - 29, 2006
Scheman Conference Center
Ames, Iowa

For more information, please visit the following web sites:
www.idph.state.ia.us • www.iowapha.org • www.ieha.net



Iowa Child Death Review Team celebrates tenth anniversary and lowest death rates since inception

By Stephanie Pettit*

On Oct. 27 of last year, a reception was held at the state capitol to mark the tenth anniversary of the Iowa Child Death Review Team (CDRT). Lt. Gov. Sally Pederson, Iowa Department of Public Health (IDPH) Director Dr. Mary Mincer Hansen, R.N., Ph.D., and Team Chair Lon Walker reviewed CDRT's accomplishments during the past decade and commended the current and past team members and state agency liaisons on their continued work to make Iowa a safer place for children.

The primary goal of CDRT is to reduce the number of child deaths in Iowa by making recommendations about prevention strategies to government officials, health and human service professionals and the general public. The recommendations are based on careful review each year of the circumstances surrounding child deaths occurring in Iowa and deaths of Iowa-resident children occurring in other states. (Child = birth through 17 years of age.) Each team member donates more than 100 hours per year to team activities.

In mid-January, CDRT released its annual report. For the first time since the inception of the team, child deaths totaled fewer than 400. In fact, deaths occurring during 2004 (379 total) were down 6.2 percent from 2003 (404).

The main decreases were due to fewer homicides, suicides and sudden infant death syndrome (SIDS).

There were four fewer homicides in 2004 than in 2003. Two babies died due to being shaken while battering was responsible for one death. One toddler was beaten to death, and three teens died from either gun or knife wounds.

Suicides decreased from 17 in 2003 to 11 in 2004. In 2004, only one suicide occurred in a female child. The youngest victim was 14 and the oldest was nearly 18. The use of firearms was the leading cause of suicide deaths, followed by hanging. In 2003, the leading means of suicide was hanging.

In 2003, there were 29 SIDS cases and 20 in 2004. Bed-sharing, prenatal and second-hand tobacco exposure and non-supine position continue as risk factors seen in most of these deaths.

The number of accidents remained fairly stable.

Of the 98 occurring in 2004, 53 child deaths were caused by motor vehicle collisions. Failure to use seatbelts or child-safety restraint systems was present in 43 percent of the children dying in an accident. In 23 of the collisions, more than one teen passenger was riding in the vehicle at the time of the collision. Multiple friends can cause distractions

and increase the chance of speeding among teen drivers. Stricter teen driving laws and expanded seat belt laws for children are being considered during this legislative session to help decrease the number of motor vehicle collision-related deaths.

With consideration and implementation of the team's recommendations by legislators, health and other professionals as well as parents and child care providers statewide, CDRT believes that child deaths can be further decreased in future years so that all of Iowa's children may grow and thrive.

**Stephanie Pettit is the coordinator of the Iowa Child Death Review Team at IDPH.*



Redesign initiative continues, Web site launched

(Continued from page 1)

the most important thing that has gone on in my 33 years of work in public health.”

With more than one-third of the 99 counties in Iowa represented on the committees, project coordinator Martha Gelhaus says the level of excitement seems to increase each time the teams get together. “It’s really quite impressive to see such a large number of people come together for a common goal,” Gelhaus said.

A major component to the process is a strong local and state partnership. “What we have is a combined effort by public health professionals, local boards of health, boards of supervisors legislators, and academicians,” Gelhaus said. “IDPH’s goal in

bringing everyone together in this way is to ensure that we meet the expectations of all Iowans regardless of where they reside.”

In January, a valuable new tool for this initiative was introduced: the Redesigning Public Health in Iowa Web page. Located at www.idph.state.ia.us/rphi, it includes updated versions of the standards and the multiple resources used to develop them.

A completed draft of the local public health standards will be presented at the Iowa Public Health Conference in March at a plenary session. Breakout sessions will also be offered to gather feedback from conference participants.

Developing the local public health standards is only the first

step in a larger process for Redesigning Public Health in Iowa. Future activities may include developing state standards, proposing legislative changes, developing implementation plans for the standards, addressing funding issues, exploring accreditation for local public health and involving non-governmental public health partners in system change.

See **page 14** for a special pictorial feature covering the most recent committee meetings.

**Sara Colboth is a health educator with the Hazardous Waste Site Health Assessment Program in the IDPH Division of Environmental Health. She is assisting with the Redesigning Public Health in Iowa initiative.*

Crisis intervention workshops offered for returning soldiers and families

By Ellen McCardle Woods*

Since June 2004, more than 2,500 soldiers and their loved ones have benefited from 20 workshops across the state designed to help them and their families adjust to their return from military deployment. The workshop series, titled “Enduring Families,” is offered by the Iowa Critical Incident Stress Management (CISM) Network. The Network is supported by the Iowa Department of Public Health (IDPH) and the Iowa National Guard.

The workshops begin with a confidential, 2 1/2 hour debriefing for approximately 20 enlistees, command staff, spouses/significant others and parents. Then participants talk about their past and/or present experiences.

Education on stress management and information on re-entry into civilian life are also included in the workshops. The remainder of the day is spent addressing areas of special concern for the guard members and their families.

The Iowa CISM is a voluntary organization made up of 14 teams available statewide with membership from various emergency response personnel. This includes law enforcement, fire fighters, emergency medical services, dispatchers, clergy, nurses, mental health and spousal team members. It is endorsed, supported, and funded by IDPH through a Health Resources and Services Administration grant. In addition, the volunteer pool has donated more than

\$500,000 worth of professional services for the soldiers.

Supporters of the Enduring Families workshop series include the Iowa Critical Stress Management Network, the National Organization of Victims Assistance, the National Association of Social Workers, the American Red Cross, chaplains and other mental health organizations.

Enduring Families continues again this year and aims to reach every soldier and his or her family following the soldier’s return home. For more information, please call 641-377-2237 or write emwoods@idph.state.ia.us.

**Ellen McCardle Woods is the South-central regional coordinator for the IDPH Bureau of Emergency Medical Services.*



Quitline busy — Smoking cessation included in top '06 resolutions

By Don McCormick*

It was the season last month for millions of people around the country to decide to lead healthier lives. A survey by myGoals.com reported 31 percent of all New Year's resolutions set for 2006 were health and fitness-related, by far the most popular type of goal for the new year.

Quitting smoking, a challenging objective at any time of year, is included in this category.

According to the 2004 Iowa Adult Tobacco Survey, 80 percent of smokers want to quit. Unfortunately, only about 5 percent of smokers nationwide ever succeed unassisted.

One method lowans have to improve their odds for success is Quitline Iowa (1-866-U-CAN TRY), the statewide toll-free smoking cessation hotline. The service, funded by the Iowa Department of Public Health (IDPH), is staffed by trained counselors who work with smokers to create individually tailored quit plans. Quitline Iowa also provides additional support to those who have already quit.

This has always been a busy time of year, according to Dr. John Lowe, director of the Iowa Tobacco Research Center, which operates the hotline. "The numbers always peak right after New Year's. Last year, call volume in January was 20 percent higher than the 2005 monthly average." Call volume overall, he adds, has increased every year since the service began in 2001.

According to a 2002 report published in the *New England Journal of Medicine*, telephone counseling programs have been proven to double a smoker's chances of successfully quitting. At six months after counseling ends, approximately 25 percent of Quitline Iowa clients are still not smoking.

"At this time of year especially, we should be inspired by the number of people who picked up the phone, determined to quit smoking," said IDPH Director Dr. Mary Mincer Hansen, R.N., Ph.D., "I applaud all lowans who chose to lead healthier lives in 2006, and I congratulate everyone who remained smoke-free throughout 2005."



Although smoking cessation may be difficult or require several attempts, the benefits of quitting make the struggle worthwhile. "Many smokers believe that if they've smoked for 20 or 30 years, the damage has already been done," Lowe said. "But research has shown that the risks of health problems like heart disease and stroke are greatly reduced just a few years after quitting."

The physical benefits of being smoke-free begin just 20 minutes after a smoker's last cigarette, Lowe adds. At this point, blood pressure decreases, the pulse rate drops and the body temperature of a person's hands and feet start to increase. After just eight hours, the carbon monoxide and oxygen levels in the blood return to normal. A former smoker can reduce the chance of having a heart attack just 24 hours after quitting.

Quitline Iowa services are free to all lowans through funding from the IDPH Division of Tobacco Use Prevention and Control. The Iowa Tobacco Research Center is part of the Department of Community and Behavioral Health in the College of Public Health at the University of Iowa. For more information on tobacco cessation call Quitline Iowa at 1-866-U-CAN-TRY, or visit www.quitlineiowa.org.

**Don McCormick is the FOCUS editor.*



Iowa Department of Public Health

Advancing Health Through the Generations

Incident Command System gets update

(Continued from page 1)

and then asked to assist in the revision of Job Action Sheets (JAS) based on their area of expertise. Commenting on the importance of the JAS assignments, Haberl said, "These documents help us define very specific emergency response functions. Without them, an organization can run the risk of duplication of functions or lack of needed services."

The JAS updates will be completed on Jan. 27, followed by a detailed review during the first two weeks of February. The next step will be a table-top exercise on Feb. 17 designed to test the revised application of the developed ICS structure. Based on the outcome of this exercise, any further changes or additions to the structure will be made, followed by educational sessions for additional IDPH staff.

Basic components of any incident command system include an Incident Commander, Operations Section, Planning Section, Logistics Section, and a Finance and Administration Section.

- The Incident Commander assumes the leadership role for the overall response and operations of the agency.
- The Operations Section is responsible for all of the agency's operations directly related to the primary mission during the response.
- The Planning Section is responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and the status of resources. This section will also be responsible for the development of the Incident Action Plan, which is used to establish the agency's mission and goals during a particular response.
- The Logistics Section is responsible for providing and allocating facilities, ser-

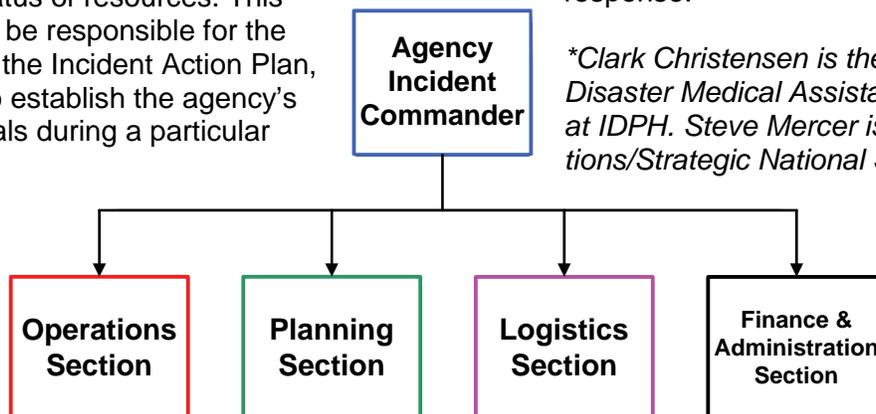


This incident command system was set up for a demonstration of the IDPH Emergency Coordination Center in July 2005.

VICES, materials, and personnel in support of the incident.

- The Finance and Administration Section is responsible for all financial, administrative, and cost analyses associated with the agency's response to the incident.

"It really is a science," Haberl said. "What we're after, however, is not experimentation, but experience. When you add up the years of experience among the 30 professionals we have working on this project, it's quite impressive. The work we're doing now means that once an emergency or disaster strikes, not only will we be prepared to respond, but we'll also be confident about our response."



**Clark Christensen is the Logistics and Disaster Medical Assistance Teams officer at IDPH. Steve Mercer is the Operations/Strategic National Stockpile officer at IDPH.*



Child passenger safety awareness built as fines are enforced

By Debbi Cooper*

National Child Passenger Safety Week occurs each year during the week of Valentine's Day, bringing public attention to the importance of safely transporting children. This year's observance (Feb. 12-18) is of particular significance, as it is the first to follow the 18-month educational phase of the Iowa child passenger safety law.

While the law went into effect in the summer of 2004, it was not until January 1 of this year that fines were given in Iowa for drivers who did not

have children properly restrained.

Nationally, the focus of this year's National Child Passenger Safety Week is booster seats.

To help promote the observance and build awareness of proper car seat installation, the Greater Des Moines SAFE Kids Coalition will be

The updated Iowa child passenger safety law requires:

- Children under one year of age and weighing less than 20 pounds must ride in an appropriate, rear-facing child safety seat.
- Children up to six years of age must ride in a child safety or booster seat.
- Children age six through ten must ride in a booster seat or use a seat belt.

hosting a car seat checkup event at Benevetti Chevrolet in Granger on Feb. 16 from 3:00 p.m. to 7:00 p.m. The Iowa Department of Public Health is a member of the coalition.

Because state law requires children to be in a booster seat up to age six, many parents assume older kids can be safely restrained with a regular adult safety belt. Research shows, however, that kids under 4' 9" are safest sitting in a booster seat. Because state law requires children up through age 10 to be properly restrained, do not assume your 11-year-old will be safe in the back seat and unbuckled.

Motor vehicle crashes kill and injure more children in Iowa than any other cause. According to the Iowa Traffic Safety Data Service, 7,068 Iowa children were injured and 96 were killed in motor vehicle crashes from 2001 to 2004.

Making the correct decision on how to properly and safely transport children can be a difficult one for parents. What is a latch anchor? Should I use a tether? How do I know if a used car seat is safe? Has my seat been recalled? What is a three-point harness versus a five-point harness? Do I need a harness clip? How do I know if my child is ready for an adult seatbelt? What if my child has special health needs?

To get answers to these questions and more from an expert in your area, contact SAFE Kids at 1-800-258-6419. Information is also available at www.blankchildrens.org/cps.

**Debbi Cooper is an environmental specialist in the IDPH Division of Environmental Health.*



Health and government officials from Hebei, China, recently participated in an Iowa Sister States exchange that included time with the Iowa Department of Public Health (IDPH). Their visit focused on learning more about public health, hospitals, EMS and health education. (Left to right) Des Moines University President Gov. Terry Branstad, Zhang Xueliang, IDPH Director Dr. Mary Mincer Hansen and Yang Yuhong.



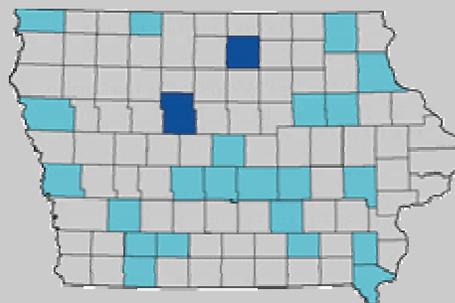
Iowa Department of Public Health

Advancing Health Through the Generations

Harkin Wellness Grant Features

By Don McCormick*

As part of Senator Tom Harkin's (D-IA) continuing effort to promote healthy lifestyles in Iowa, he announced in September of last year that \$2.7 million had been awarded to 28 public and private organizations through the Harkin Wellness Grant (HWG) program with the Iowa Department of Public Health (IDPH). Recipients of the HWG include community organizations such as counties, townships or cities, educational agencies and school districts, public health organizations, health care providers and community-based nonprofit organizations.



This issue of *FOCUS* features stories about two grant recipients, the lead agencies of which are located in the north-central counties of Cerro Gordo and Webster.

Habits promoted for life-long health as kids enter new environment

Middle school. We all remember it. Teachers began allowing us to work at our own pace, but expected more in return. If we wanted to wear our hair that way, some parents insisted, then we could start paying for haircuts.

Suddenly, our new environment produced new freedoms... and new responsibilities. We started to make choices.

Angie Morgan, assistant health planner at the Cerro Gordo County Department of Public Health points out that, for better or worse, many of the choices kids make in middle school are greatly influenced by their environment. Some of those choices lead to habits – habits which can last a lifetime.

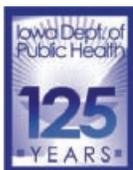
Thanks to a new Harkin Wellness Grant (HWG) administered by the Office of Healthy Communities at the Iowa Department of Public Health, students at John Adams and Roosevelt Middle Schools in Mason City stand to lead healthier lives by simply being in the right place at the right time. "It is in middle school when kids start to make more of their own decisions," Morgan says. "But unlike high school, they're doing so in a relatively structured environment." She emphasizes that the idea is to guide students toward good choices by creating an environment that encourages them to adopt healthy, life-long habits.

To accomplish this, the Cerro Gordo County Department of Public Health is introducing a three-pronged approach aimed at producing healthier kids and, eventually, healthier adults. Nutritious snacks will be introduced during the school day, an after-school wellness program will be initiated, and



"Captain" Angie Morgan and her apple first mate Tammy Bryant of the Cerro Gordo County Department of Public Health visited middle schools to encourage students to "come aboard" for health and wellness.

(Continued on page 9)



(Continued from page 8)

existing school health policies will be strengthened while new ones might be developed.

Partners in this effort include the Mason City Community School District, the Tobacco Free Partnership, the Cerro Gordo Heart Healthy Coalition and Mercy Medical Center North Iowa, parent organizations, students and others.

For kids who start feeling hungry near the end of the school day, there is Snack Attack, a program that introduces healthy snack options, such as fresh fruits and vegetables and dried fruit. "It provides an opportunity for kids to eat something they may not get at home or through the regular food service," Morgan says. "Furthermore, the fact that these options are provided to kids before they leave school mitigates their need for 'junking' as soon as they get home."

Another reason Morgan points out for targeting middle school kids is the relative lack of opportunity to participate in structured physical activity after school. "We know that many of them go home and watch TV or play video games." Through a program called Port Wellness, Morgan says kids will be introduced to "physical activities that aren't necessarily showcased in PE classes or available through competitive, school-sponsored sports."

Morgan says that introducing a variety of non-mainstream activities such as yoga, bicycle riding, and even kayaking in the school pool is not only easy, it also increases the likelihood that students will find an activity they can continue throughout their lives. "When your journey through life is supported by a physical activity you really enjoy, staying healthy is much easier," Morgan says as she points out the clever slogan beneath their sailboat logo: "Steering towards better health."

Navigating a course for the schools' health policies is another activity supported by the HWG. With the help of the School Health Index, produced by the Centers for Disease Control and Prevention (CDC), John Adams and Roosevelt Middle Schools will be studied in terms of eight easy-to-understand standards for health and wellness. "Once you know what you need to work on," Morgan says, "you can affect policy. Once you are able to affect policy, policy will change the environment at all grade levels."

That is great news for kids in Mason City – kids who are destined to be, like all of us, products of their environment.

Fort Dodge moves toward health and community vitality

"As any community looks toward expanding, it tries to find ways to make itself more appealing," says Randy Kuhlman, executive director of the Community Action Network in Fort Dodge. One way to do so, he says, is by "Making Fort Dodge the healthiest community in Iowa."

That is the slogan and overarching goal of the Fort Dodge – On the Move physical activity and healthy eating initiative. A Harkin Wellness Grant (HWG), administered by the Office of Healthy Communities at the Iowa Department of Public Health, funds the initiative.

"People want to see a community that values health and wellness through visible elements such as hiking/biking trail systems, quality parks and vibrant recreational opportunities," Kuhlman says. "These things help increase and sustain community vitality and economic development and have a great effect on the number of people, who want to live, work and raise their families in a community."

Fort Dodge – On the Move consists of four focus areas: community, youth, employees, and city development

(Continued on page 10)



After learning hopscotch at the Health and Fitness Fair at Crossroads Mall in Fort Dodge, youngsters like this one were given sidewalk chalk to make grids of their own.



(Continued from page 9)

and planning. Key partners include Club Fitness, Community Action Network, Trinity Regional Medical Center, Webster County ISU Extension, and Webster County Public Health.

Besides regular articles on health and nutrition in the local *Messenger* newspaper, the HWG is helping to fund placement of creative billboards aimed at promoting physical activity among Fort Dodge residents.

The www.fortdodge.org/move/ Web site is another effective tool for increasing health and wellness. Here visitors can sign up to receive two newsletters (one electronic, one hard copy), get information on local events, and track physical activity using a personal online journal.

The HWG funds printed materials to show parents how to increase physical activity with their children, and to inform them about events in Fort Dodge. "We find that as parents go through life raising their families, wellness becomes less of a priority," Kuhlman says. "Sharing these printed materials at events, such as those sponsored by the YMCA, YWCA, and other partners, helps move health higher up in the list of priorities for families."

Other activities include regular visits to area schools by a nutritionist who talks to kids about the importance of eating right, getting adequate exercise, and preventing diabetes.

The Fort Dodge Community School District is another important partner in an effort to move physical education classes away from sports and toward a curriculum that teaches skills that will impact wellness, fitness and healthy lifestyles. Kuhlman says the goal is to develop skills that will

last a lifetime. "It's amazing how many kids don't even know how to run properly in terms of posture, heel-to-toe technique, etc. If they never learn how to run properly when they're young, they're much less likely to take up running as an adult."

As for promoting health and wellness in the workplace, Kuhlman points out that last year four area businesses participated in Lighten Up Fort Dodge, an ongoing initiative based on the Lighten Up Iowa campaign. Now that the program has a coordinator, whose salary is partially paid for by HWG funding, that number has increased to 20. "A promotion letter to employers won't generate much interest," Kuhlman says. "You have to go out to the worksites and talk to people like the owner or the HR staff and identify someone within the organization who can act as both a liaison and an advocate. The personal contact makes all the difference in the world."

The fourth focus area of Fort Dodge – On the Move is to provide leadership and advocacy for developing an environment that encourages walking, jogging, hiking and biking on trails and neighborhood sidewalks. A concerted effort has already started for developing a comprehensive trail system, Kuhlman points out. "We need a development plan that the whole community can get behind and a funding plan for making that happen," Kuhlman said. Resources provided by the HWG will be devoted to develop and implement those plans.

**Don McCormick is the FOCUS editor.*

Agricultural Occupational Health Training Program, May 30 – June 3

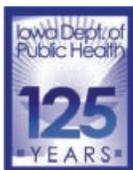
Iowa's Center for Agricultural Safety and Health (I-CASH) at the University of Iowa will again be offering the Agricultural Occupational Health Training Program from May 30 to June 3. This program provides basic information and skills to enable health care professionals to function in the prevention of occupational illnesses and injuries in the farm community.

The training is specifically for nurses, nurse practitioners, physicians, physician assistants, and other health care providers. Individuals who have completed this training are then eligible to join the AgriSafe Network, which provides resources, sti-

pends and technical assistance to agricultural health professionals throughout the state.

The training is an intensive five-day course focusing on topics such as agricultural respiratory conditions, zoonotic diseases and ergonomics. Continuing education credits will be available and a certificate is awarded after successful completion of exams.

For more information about the training program, call Coordinator Kay Mohling at 319-335-4219 or email kay-mohling@uiowa.edu. To learn more about the AgriSafe Network, visit www.agrisafe.org.



Events scheduled during February, American Heart Month

By AJ (Arlene Johnson)*

The Cardiovascular Risk Reduction Coalition, facilitated by the Iowa Department of Public Health (IDPH) and the American Heart Association (AHA), would like to announce several events during February to support heart disease research and education.

On Feb. 2, the IDPH Bureau of Emergency Medical Services is providing "Heartsaver" Automated External Defibrillators (AED) classes for all interested state employees. Contact Cindy Heick at cheick@idph.state.ia.us.

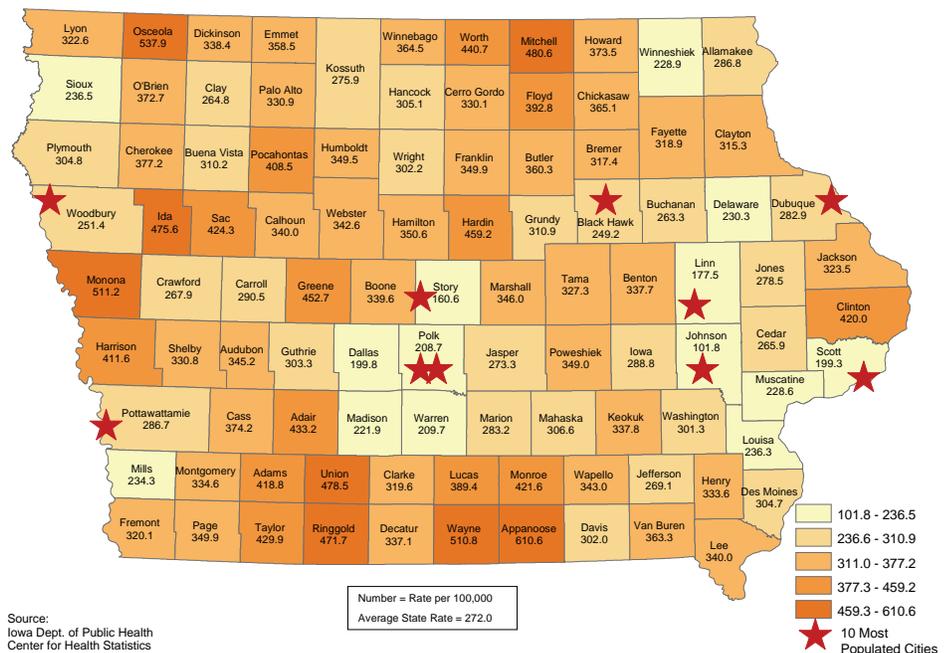
The AHA is participating in the national "Go Red for Women" program on Feb. 3 to fund cardiovascular research and community education. On this day, millions of contributing Americans will wear red to support the fight against heart disease. Please contact Shannon Rudolph at shannon.rudolph@heart.org.

On Feb. 4, The Iowa Heart Center will host the 15th Annual Cardiology Today Conference for healthcare professionals interested in the treatment and prevention of cardiovascular disease. Continuing Education Unit (CEU) credits are available for those who attend the conference. Contact Amy Bentz at 515-633-3998.

To assist the AHA in raising awareness of heart disease, the IDPH Division of Health Promotion & Chronic Disease Prevention is sponsoring another opportunity for IDPH employees to wear red (or jeans) on Feb. 14. Contact (AJ) Arlene Johnson at ajohnson@idph.state.ia.us.

The cost of not knowing or ignoring the facts about heart disease is very

Average Heart Disease Death Rates 2000-2004



Source:
Iowa Dept. of Public Health
Center for Health Statistics

high. Heart disease continues to be the leading cause of death in Iowa. Excluding stroke, heart disease killed 7,252 Iowans in 2004. Everyone is at risk. On the map above, notice that the regions with greater death rates are not those with the highest populations.

It is also important to realize that in 2004, more than 94,000 out-patient visits for heart disease cost nearly 314 million dollars in Iowa alone.

You too may be at risk if you are aging, under stress, diabetic, smoking, female, African American, or Hispanic/Latino. Your risk is further increased if:

- your diet includes more than 2 grams of trans fat per 1,800 calories day. (Trans fats increase "bad" cholesterol (LDL) levels and lower "good" cholesterol (HDL) levels.)
- your total cholesterol is 200 mg or more per deciliter (dL)

of blood, or if your HDL is less than 40 mg/dL.

- your triglyceride levels are borderline high (150-199 mg/dL) or higher.
- your blood pressure is in the "prehypertensive" category or greater. (That is, if the top number is between 120 and 139, and the bottom number is between 80 and 89.)
- your body mass index (BMI) is equal to or greater than 25. (BMI is easily calculated by your weight in pounds divided by height in inches squared, then multiplied by 703.)
- your exercise routine causes your pulse to exceed 85 percent of your maximum heart rate. (Calculable at 220 minus your age.)

*AJ (Arlene Johnson) is the Cardiovascular Risk Reduction coordinator at IDPH.



Health in Iowa: a historical perspective

During this 125th year of organized public health in Iowa, *FOCUS* is proud to highlight major historical events in public health. This issue's installment comes to us from Dr. Ronald D. Eckoff. Before retiring in 2002, Dr. Eckoff held a number of positions at the Iowa Department of Public Health, including that of acting department director. He ended his career as the medical director for the Division of Health Promotion, Prevention and Addictive Behaviors.

Success of 1969-70 rubella eradication campaign due to statewide cooperation

When many forces converge on a problem, exert significant energy to resolve it and do so with reasonable success, there is justification for savoring, at least momentarily, the beneficial outcome.

Thus began an article that appeared in the August 1970 issue of the *Journal of the Iowa Medical Society*, in which an anonymous author reported on the 1969-70 campaign to eradicate rubella (German measles). The campaign was conducted by a task force of physicians, public health officials, nurses, school administrators, and business, service, civic and religious representatives.

Many forces, indeed.

When the rubella vaccine was licensed in June 1969, somewhat ahead of schedule, the planning tempo "moved abruptly from waltz to fox-trot," according to the author above. This, together with the fact that a rubella epidemic had been predicted to strike in 1971, moved the idea of a concerted statewide immunization effort to the front burner.

In order to understand the foresight Iowa exercised to immunize against this highly contagious disease, one has to understand that rubella had a cyclic nature; it typically came around in a big way about once every seven years. The last epidemic had been in 1964.

That outbreak reportedly left some 20,000 newborns with cataracts, hearing defects, heart malformations and brain damage nationwide. Approximately 500 of these were in Iowa. In addition, some 30,000 pregnancies across the county terminated in miscarriage or stillbirth during the 1964 epidemic.

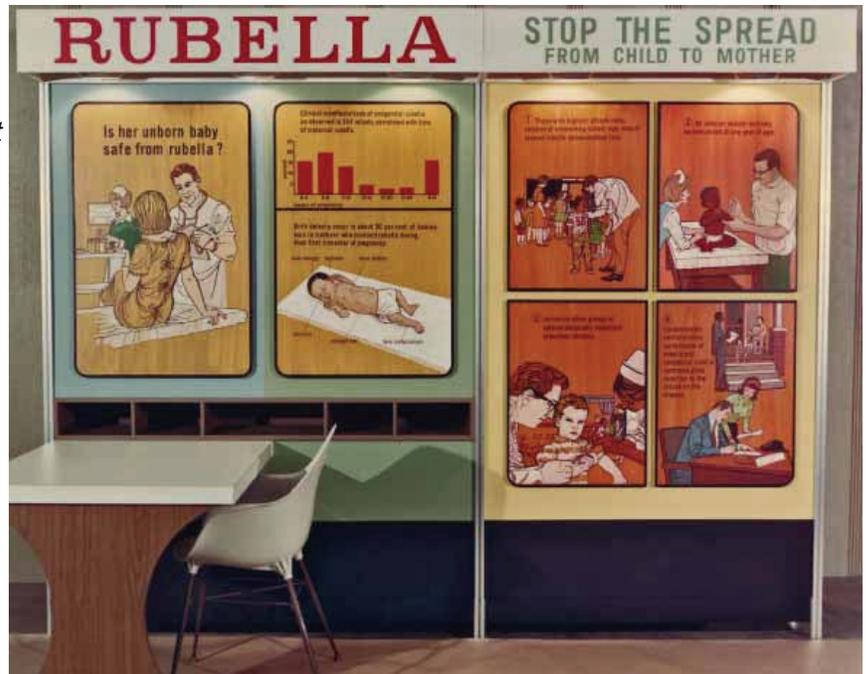
Add seven years to 1964 and 1971 turns up as the next predictable high incidence for rubella. The possibility of thwarting a replay of the last bout seemed ample justification for mounting an immediate and full-blown attack.

Those many forces mobilized.

The first county-wide clinic was held in Bremer County on Nov. 10, 1969. By the end of the school year, similar programs were conducted in 97 other counties at a cost of approximately \$750,000.

In order to see the administrative aspects of the program operate as expeditiously as possible, the Scanlon Medical Foundation/Iowa Medical Society worked with the State Department of Health,

(Continued on page 13)



A woman who contracts rubella in the first month of her pregnancy has a 50 to 90 percent chance of giving birth to an abnormal child; the chance is 25 to 50 percent that some deformity will occur if the disease is contracted during the second month of pregnancy.

Barn Raising V video files now available on the Web

On July 28 & 29 of last year, the Iowa Department of Public Health and its partners sponsored the Governor's Conference on Public Health. Held at Drake University in Des Moines, the theme of the biennial event was "Barn Raising V: Building Iowa as a Healthy Community."

If you missed any of the speakers or need a refresher of the important topics covered, the conference Web site (www.thehealthconference.org) offers a second chance. There you will find full-length video files of presentations given by Michael Brandwein, Andy Goodman, Penelope Royall, and Donna F. Stroup. Also available is video footage of breakout sessions on cultural competence, obesity and health literacy, all of which are at the top of the public health agenda.

For more information or videotapes of select presentations, contact Louise Lex at 515-281-4348 or llex@idph.state.ia.us.



Rubella vaccination campaign a statewide effort

(Continued from page 12)

as the Iowa Department of Public Health was then known, to facilitate the handling of contributions for vaccine. Checks ranging from 50 cents to several thousand dollars passed through a special Foundation account to buy more vaccine.

The State Executive Council, on the recommendation of Gov. Robert D. Ray, allocated \$100,000 from contingency funds to start the program. Voluntary donations from parents, private organizations and local governments allowed the program to continue and repay the \$100,000 to the contingency fund.

The statistical highlights of the program are impressive. Clinics were conducted in 1,305 schools. Iowa physicians contributed 1,200 hours and more than 10,000 additional volunteers are said to have worked at the clinics. Estimates show twice that many donating time to raise funds, increasing publicity and motivating parents.

The total number immunized in the clinics was 521,036, reaching more than 88 percent of the target population. This achievement put Iowa first in the nation in the level of rubella immunization.

All of this was accomplished despite there being no school immunization law at the time.

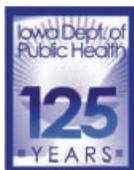
Furthermore, it happened only one year

after local boards of health were first appointed in accordance with a new Iowa law (Chapter 137).

Did the campaign avert the expected 1971 epidemic in Iowa? Yes. In 1964 there had been over 18,000 reported cases of rubella in Iowa and an average of 2,000 per year from 1965 to 1970. Thanks to the campaign, there were only 751 in 1971.

Vaccinations of children have continued since that time. The next year, the number dropped to 464, and by 1973 there were only 221. Throughout the remainder of the 70s and into the 80s, only once did the number of rubella cases top 100 in a single year. During the 90s, only one time did Iowa see more than 10 cases in a single year; that time involving meat packing workers from abroad. In Iowa, there has been only one case reported since 2000.

While rubella is generally a relatively mild disease in young children, the elimination of endemic rubella in Iowa has had a major impact in preventing pregnant women from becoming infected. This has prevented an untold number of cases of blindness, deafness, congenital heart defects, and other birth defects in their children.



Special pictorial feature: Jan. 11 Redesigning Public Health in Iowa committee meetings

See article on page 1.



Conference to strengthen voice

(Continued from page 2)

In addition to these outstanding keynote presentations, the conference offers more than 40 educational workshops, project poster presentations and dozens of informative exhibits. Some of the other topics to be presented include public health redesign, bird flu, child and family health issues, drinking water and terrorism, advocacy issues and skills training, workforce diversity and training, environmental health issues such as lead poisoning and drug production, mental health, oral health, food security and nutrition, and much more.

Registrations for the conference are currently being accepted with fees ranging from \$25 to \$125. Sponsor and exhibitor applications are also being accepted. For information on registration, exhibit and/or sponsorship opportunities, visit www.ipha.org or www.ieha.net or write m spatkin@yahoo.com.

**Sara Patkin is the 2006 Public Health Conference coordinator.*

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Iowa Department of Public Health

Advancing Health Through the Generations