

## Workshops help improve health care surge capacity

By John Carter\*

As concerns rise about a possible pandemic influenza event, the Iowa Department of Public Health (IDPH) is continuing to develop partnerships with health care providers throughout the state as part of its coordinated response plan. A major component of these partnerships, and one that has seen a lot of activity recently, is the Health Care Surge Capacity Workshop series.



Designed to prepare the state for a possible surge in health care services, workshops are being provided at 18 different

locations across the state. The workshops are conducted for hospitals, community health clinics, county emergency management coordinators and emergency medical services. Funding for the workshops, which began last month, comes from the Health Resources and Services Administration (HRSA).

"Since hospital disaster planning has traditionally involved preparing for 'short-term' disasters, we welcome the opportunity to enhance Iowa's response to an event that could last weeks or months," said Jami Haberl, executive director of the IDPH Center for Disaster Operations and Response.

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## Iowa moves up in healthy state rankings

By Jewell Chapman\*

While Iowa is sure to see more snow and colder winds for the next month or two, think twice before acting on those fantasies of moving to a milder climate. There is good news to warm the hearts of Iowans, especially those in public health.



In December, the United Health Foundation released its 16th annual *America's Health Rankings*. Iowa was ranked the 10th healthiest state, up one place from the previous year. Interestingly enough this was accomplished despite Iowa's rank of 50 in per capita public health spending.

"This ranking indicates that funding for public health in Iowa has generated numerous benefits," said Dr. Mary Mincer Hansen, R.N., Ph.D., director of the Iowa Department of Public Health. "We must thank all of the dedicated public health workers and health professionals whose efforts have helped make this happen. In times of doing more with less, this is wonderful news."

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# Tobacco tax, health policies among topics for short session

By Lynh Patterson\*

With the frenzy of the holiday season over, the Iowa Department of Public Health (IDPH) looks forward to another dynamic legislative session. The second session of the 81st General Assembly begins Jan. 9. It is expected to be a short one since many legislators will want to focus on the upcoming elections. With a 51-49 margin in the House and a 50-50 split Senate, the elections will be critical to both parties as they battle for control of the legislature.

Increasing the tobacco excise tax will again be a major subject of discussion. IDPH Director Dr. Mary Mincer Hansen, R.N., Ph.D., stressed the significance of passing the tax this year. "Increasing the tobacco tax is one of the most important actions the legislature can take to improve the health of Iowans."

Advocacy groups support a \$1.00 increase to go toward health programs. Gov. Vilsack supports an increase of at least 80 cents. With concerns about escalating health care costs on the minds of many policymakers, the Governor has proposed using tobacco tax revenues to create a reinsurance program to subsidize insurance coverage. This should help small businesses and schools pay the cost of health care for their workers.

Legislation to move the food inspection program from the Department of Inspections and Appeals to the Iowa Department of Public Health (IDPH) may be introduced again this session. A bill regarding funding for the 23 health licensing boards may also be introduced.

IDPH's legislative package consists of four bills. The first bill authorizes a Nutrition and Physical Activity Community Obesity Prevention Grant. This grant builds on an intervention that IDPH is already providing in six communities to increase fruit and vegetable consumption and physical activity. The bill would authorize the department to provide this intervention to six more communities if funding is available. IDPH will also work with legislators on another wellness proposal – a resolution in support of the efforts by the department and many of our health partners in developing the statewide wellness plan, Iowans Fit for Life. The department hopes the bill and resolution will bring more attention to the need for improving wellness policy.

The second department proposal is our annual omnibus bill that consists of various policy changes. Highlights include the codification of the department's Office of Multicultural Health, al-



lowing minors to receive immunizations for sexually transmitted diseases, and possibly providing worker protections for isolated or quarantined persons to help them comply with such orders.

The third and fourth department bills are technical in nature. One bill consists of changes requested primarily by the 19 health licensing boards. It will include minor changes related to deleting or updating outdated language and updating education and licensing requirements. The other technical bill proposes establishing a civil penalty for radon programs to bring it on par with civil penalties already existing for the lead and radiation programs.

These department bills are currently in the drafting process. Once they are assigned official bill numbers, they will be announced in the IDPH Legislative Updates. This publication will be available at [www.idph.state.ia.us/do](http://www.idph.state.ia.us/do) beginning the week of Jan 9., with updates posted until the legislature convenes. Archives from previous sessions are also available at the same link.

*\*Lynh Patterson is the legislative liaison for IDPH.*



# Partnerships key in mass vaccination clinic success

By Calla L. Poldberg\*

The Shelby County Public Health Nursing Department at Myrtue Medical Center in Harlan, Iowa, held two Mass Influenza Vaccination Clinics on Nov. 9 & 10. This was the second year that influenza vaccine was delivered utilizing the principles and concepts of bioemergency preparedness and mass vaccination.

Nearly 2,000 vaccinations were delivered to residents of Shelby County and the surrounding service area. The bioemergency plan also helped identify special needs persons and vulnerable populations. This facilitated delivery of vaccine to high-risk individuals living at home or in care facilities.

The successful outcomes of the mass vaccination campaign are a direct result of local bioemergency planning. Local partnerships developed during the past three years, and the regional and state infrastructure developed through the Iowa Department of Public Health have allowed Shelby County to be better prepared to meet the needs of its residents.

The event also functioned as a full-scale exercise for both Shelby

County Emergency Management Agency (EMA) and Public Health with many lessons learned and opportunities for after-action improvement in the future. According to Bob Seivert, Shelby County EMA coordinator, "The mass vaccination clinic served as the hands-on application of partnering and putting partnering into practice."

Other key participants in the mass vaccination clinic included Myrtue Medical Center, Iowa Department of Transportation, the city of Harlan and Iowa Western Community College.

An interesting addition this year was the incorporation of the newly renovated Shelby County Mobile Command Trailer. Serving as a mobile unified command center, it was parked outside the mass vaccination site. The development and renovation of the mobile command trailer has been a two-year project of Shelby County Emergency Management and others.

*\*Calla L. Poldberg is the assistant director of Public Health at the Shelby County Public Health Nursing Department, Myrtue Medical Center.*



## Taking Iowa's pulse with the BRFSS

By Donald H. Shepherd

*HELLO, I am calling for the Iowa Department of Public Health. My name is \_\_\_\_\_. We are gathering information about the health of Iowa residents.*

Every year thousands of people in Iowa get a phone call that starts this way. It is the Behavioral Risk Factor Surveillance System (BRFSS) calling.

Every year, BRFSS collects information from more than 5,000 people age 18 and older. Data is compiled on issues involving chronic disease, disability, and risk factors that contribute to the leading causes of death.

Knowing the extent of these risks and how they vary from year to year is important. This allows us to understand Iowa's health problems and what to do about them. The BRFSS works closely with Healthy People 2010 and Healthy Iowans 2010 to see how many of the goals are being met.

The BRFSS is composed of three kinds of questions. Core questions are asked nationwide and are useful to see how Iowa ranks in relation to the rest of the country. Optional modules are questions produced by the Centers for Disease Control and Prevention. States are free to adopt them depending on the particular interests of the state. Questions are also added by individual states.

How is Iowa doing?

BRFSS data for 2004 indicate that 12.4 percent of Iowans rated their general health as "fair" or "poor." While this is the highest level ever reported in Iowa, the state still ranks 14th best in the nation in regard to this indicator. In 2004, 10.6 percent of Iowans reported having no health insurance. This is an improvement from 11.9 percent in 2003. Seven

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# Protect Iowa Health wins awards

By Nicole Peckumn\*


Both of the Protect Iowa Health television advertisements earned kudos at the Central Iowans in Radio and Television annual Electronic Media Awards in late November 2005. The Iowa Department of Public Health (IDPH), local public health agencies, hospitals, and emergency medical services sponsor the emergency preparedness public education campaign.

In the category of "Television, Public Service, Agency-Produced," the Protect Iowa Health advertisements swept the competition. The merit award was given to "Communication," which features a family planning how to communicate in the event of a public health emergency. The excellence award went to "Kit." This top honor advertisement depicts a man and his family preparing an emergency-supply kit.

"These awards confirm Protect Iowa Health is impacting Iowans," said Jami Haberl, executive director of IDPH's Center for Disaster Operations and Response. "Continued education for Iowans is critical because preparing can and does save lives."


For more information about the Protect Iowa Health public education campaign or preparing for emergencies, visit [www.protectiowahealth.org](http://www.protectiowahealth.org).

*\*Nicole Peckumn is the risk communications officer at the IDPH Center for Disaster Operations and Response.*



SOME HEROES USE A LIGHT SABER.  
THIS ONE USES A FLASHLIGHT.

**BE A HERO.** It doesn't take super powers. Just learn how to assemble an emergency kit in the event of bioterrorism or other public health emergencies. Log on to [protectiowahealth.org](http://protectiowahealth.org) or call 866-339-7906 for a free guidebook.



Brought to you by the Iowa Department of Public Health, promoting and protecting the health of Iowans.

## Improving surge capacity focus of workshops

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The workshops include an overview of pandemic influenza, a summary of the state and federal emergency response plans, and specific guidelines to help hospital administrators improve surge capacity in their own facilities. The workshops also allow hospitals and clinics the opportunity to share best-practices.

According to Haberl, hospitals in the state have made great strides in improving their surge capacity since IDPH began offering direction of this kind in the fall of 2002. "These workshops will help hospitals apply the 'finishing touches' to their plans," she said. Workshops are scheduled to continue throughout the month of January.

In addition to attending the workshops, Iowa's health care institutions are working through HRSA regional steering committees to explore methods of redirecting resources to meet operating capacities during a possible pandemic event. Among the challenges being discussed are the decreased staffing levels and the "just-in-time" operating environment. Just-in-time refers to a strategy whereby hospital supplies, such as vaccines, are distributed only as needed and in a timely fashion.

*\*John Carter is the medical services officer for the Center for Disaster Operations and Response.*



**Iowa Department of Public Health**

**Advancing Health Through the Generations**

# Iowa ranks 10th healthiest

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Iowa's strengths listed in the report include:

- A low rate of uninsured persons (9.5 percent);
- A low incidence of infectious disease (6.4 cases per 100,000 people);
- Ready access to adequate prenatal care, with 83.1 percent of pregnant women receiving adequate prenatal care;
- A high rate of high school graduation, with 82.9 percent of incoming ninth graders graduating within four years; and
- High immunization coverage, with 86.1 percent of children 19 to 35 months old receiving complete immunizations.

According to the report, the challenges facing Iowa are:

- A high prevalence of obesity (23.5 percent of the population); and
- Low per capita public health spending.

Significant changes mentioned were:

- The rate of uninsured population declined by 16 percent;
- Immunization coverage increased by 6 percent;
- Since 1990, the rate of motor vehicle deaths decreased by 54 percent; and
- Since 1990, the prevalence of obesity increased by 84 percent.



*America's Health Rankings* uses information supplied by sources such as the U.S. Departments of Health and Human Services, Commerce, Education, Labor, and the National Safety Council.

The health scores of 26 states declined in 2004 with New Hampshire, Arizona, Oklahoma, Alaska, Arkansas, Tennessee, and Texas experiencing the greatest declines.

Minnesota was the healthiest state. Vermont and New Hampshire ranked second and third, followed by Utah, Hawaii and North Dakota. Iowa was preceded in the rankings by Connecticut, Maine and Massachusetts.

According to the report, there is still work to do in the United States. As many as 28 countries have healthy life expectancies greater than that experienced in the U.S. A child born in Japan, for example, can expect to experience five additional years of healthy, active life when compared to a child born in the United States.

Additionally, infant mortality rates in several countries are substantially lower than that of the United States (7.0 deaths per 1,000 live births), including Hong Kong (2.3), Sweden (2.8), Japan (3.0), Spain (3.4), Austria (4.1), Czech Republic (4.2), Portugal (5.0), Canada (5.4) and Cuba (6.5). Compared with the United States, obesity is also less of an issue in New Zealand, Mexico, Finland, Israel, Canada, Australia, Ireland, Peru, Sweden, Belgium and Brazil.

To download the report, view health rankings on-line, or request a printed copy, visit [www.unitedhealthfoundation.org](http://www.unitedhealthfoundation.org).

*\*Jewell Chapman works in the IDPH Bureau of Nutrition and Health Promotion.*

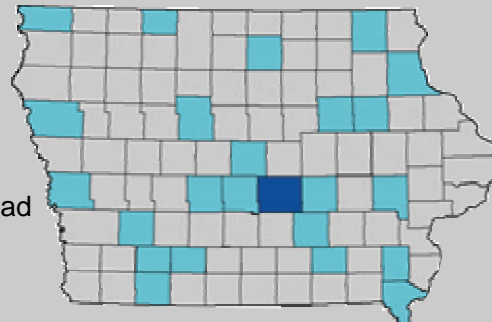


# Harkin Wellness Grant Features

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 2005 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 both located in Jasper County in central Iowa.



## Community sees 'local control' as 'local responsibility'

There is a place in Jasper County where everyone goes to school. "Baxter is suggestive of an earlier kind of Iowa community, when the most important thing in the area was the local school," Baxter Community School Superintendent Neil K. Seales said.

The school, originally constructed in 1916, is open after hours and every Saturday morning. Community groups hold meetings and activities there. The town's public library is housed there. People meet at the school to socialize and use its computers.

During the last 89 years, the Baxter Community School has seen several renovations and upgrades. When a proposition comes up regarding the school in this district

of 2,200 residents, you can be sure people will be talking. More important, they will also be listening.

Case in point: two years ago the district received a grant intended for the construction of new classrooms. "As people began discussing this particular project," Seales pointed out, "additional ideas came in from a number of different constituencies. This included parents of pre-school age children, post-high school young adults concerned about fitness, all the way up to seniors with their own evolving needs."

The school got its classrooms. It also got a new gym, kitchen, commons area and wellness center. Or rather, the school *and* the community got them. "It's everyone's school," Seales stressed.



Construction is continuing on the wellness center, pictured here, covered in plastic. It will share a wall with the gym (white structure in background) and be accessible through the commons area (brick structure with large window openings).

The additions were paid for with general obligation bonds, a local option sales tax and the city of Baxter (pop. 1,052) committing \$1 million toward the construction of the wellness center and a portion of the gym area. "Our community members don't just say something is a good idea. They step up to the plate," Seales said.

Even with this much community-led funding, however, planners knew they would have to look elsewhere for exercise equipment. There was also the chal-

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lence of replacing the concrete play area torn up to make way for the new construction.

Enter the Harkin Wellness Grant (HWG) program.

Seales said that honestly, no one thought they would receive HWG funding. No matter, he added. Having “healthy discussions,” where people could listen to other people’s opinions, was the most important thing. “We knew the process that we would go through would be valuable, even if it turned out that we weren’t going to be funded.”

Jane Schadle, the executive officer in the Office of Healthy Communities at the Iowa Department of Public Health, stressed the importance of this kind of communication. “Creating a process for community conversations is key to building on the momentum to improve local health.”

Indeed, the Baxter healthy discussions process was valuable. As soon as the new funding came through, the community knew exactly what to do with it. Adjacent to the new school gym and wellness center will be a 65’ × 115’ concrete play area with four adjustable basketball hoops. Planned additions to the wellness center include treadmills, elliptical machines, cross trainers, dumbbells, stabilizing balls, a resistance training system and workout mats.

Partnerships for health and wellness programs have been formed with Baxter Health Services, Mercy Family Practice North in Ankeny and Skiff Medical Center in Newton. Seales says the HWG will help these partners to better address community health needs.

“People have always looked at the ‘local control’ issue as ‘local responsibility,’” Seales said of the community he moved to 31 years ago with plans to leave after the first year. “They believe the best way to plan for the future is to create it. Consequently they assumed that responsibility to develop local opportunities for all age groups at the school, for everyone from the very young to the very old.”

Speaking of senior citizens, Seales noted, “In many communities, this is a population that tends to feel disengaged, but not here.” Maybe that is because these seniors, like nearly everyone else in and around Baxter, still go to school – a school that “really does belong to everyone.”

## Wellness programs roll out at Jasper County worksites

At some time or another, many of us come to realize, firsthand, the truth contained in the following statement. “It is much easier to *retain* good health through proper diet, exercise and emotional balance than it is to *regain* it once it is lost.” This is the motto of the Skiff Medical Center Nutrition Services/Wellness Department, says its director, Deb Nilles.

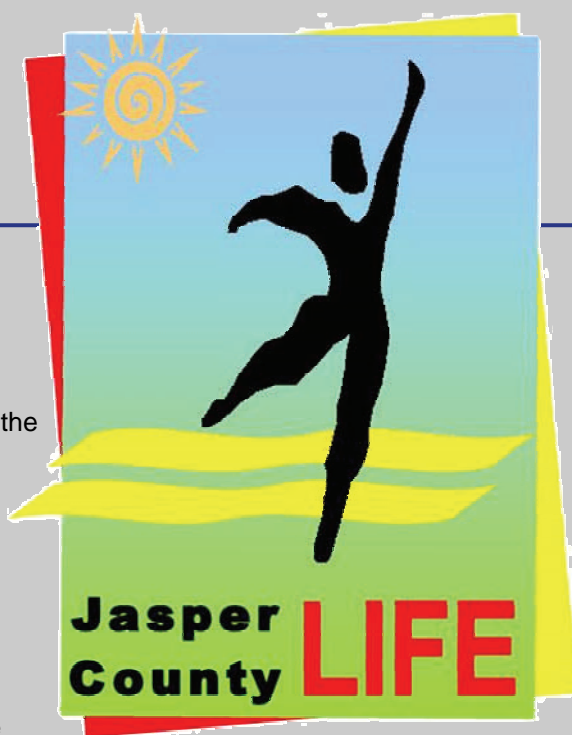
Wise words. If you are an employer, those words become even more important.

When Nilles talks to employers, she knows they are both on the same page when she says, “healthy employees (in mind, body and spirit) are happier, more productive employees.”

Thanks to a Harkin Wellness Grant (HWG), Nilles is able to have this important dialog with 19 companies and school systems in Jasper County as they establish worksite wellness programs. How many employees will they impact? Up to 4,500.

The name of the project is Jasper County L.I.F.E. (Lifestyle Initiative for Employers). In addition to 19 participating employers, partners include Jasper County Public Health Nursing Services at Skiff Medical Center, the Newton YMCA, and Capstone Behavioral Health Services. Nilles says each plays an important role. “You can’t

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successfully talk about nutrition without addressing an exercise component and behavioral modifications.”

According to data collected during the most recent Community Health Needs Assessment (CHNA) conducted by Jasper County Public Health, 49 percent of the county’s residents do not exercise regularly, 60 percent are overweight or obese, and 22 percent still smoke.

Nilles said that she and her colleagues were “startled” to learn that more than half the people in the county had weight problems. “At the same time,” she added, “we knew that our cardiovascular disease mortality rates were very high, so it all fit together.”

It was time to address these problems. Time to get creative.

Depending on the size of the employee base, companies are granted “units” to be used for a variety of educational and physical activity programs anytime between October 2006 (when the project started) and June 2007. It starts with an initial health screening. Then the HWG coordinator reviews the survey outcomes with the wellness committee at each worksite and determines which programs best suit employees’ needs and interests.

Currently there are 51 programs from which to choose. They include additional health screenings, lunch and learn seminars, grocery store tours, cooking classes, fitness classes, personal training sessions, smoking cessation courses, and weight management classes.

Most of the programs are held at the worksite, including cooking classes. In fact, Nilles reports that a portion of the HWG will help pay for a portable kitchen, a sort of “cabinet on wheels, complete with a demonstration mirror, hot plates and a refrigeration unit.”

Pam Smith, a member of the wellness committee at Progress Industries in Newton, is encouraged about the results of an on-site holiday cooking class held last month. “I’ve heard nothing but wonderful comments from all who attended. It was nice to see this first activity go so well.”

Nilles looks forward to more comments like this over the next year and a half as Jasper County L.I.F.E. programs continue reaching employees. Some worksites, such as Wal-Mart, Maytag, and Newton Mfg., are large, and some are small, Nilles says. “Some have done this sort of thing in the past, while others are just getting started. Regardless, most know the advantages of having a wellness program – decreased absenteeism, lower health care costs, increased employee retention, and lower recruiting expenses.”

No doubt Nilles will apply that same logic soon herself, as she is currently looking for another staff member. The HWG will help pay for this position, the duties of which include coordinating activities at worksites and conducting outside education activities.

*\*Don McCormick is the FOCUS editor.*

## Delta Dental of Iowa and Iowa Dental Association establish disaster relief fund

By Cindy Deppe\*

Delta Dental of Iowa and the Iowa Dental Association (IDA) have established a disaster relief fund for emergency oral health care needs of evacuees of natural disasters who relocate to Iowa.

“Delta Dental and the IDA-member dentists joined forces on the disaster relief fund related to oral healthcare as an ongoing relief effort for those who may relocate to Iowa,” said Larry Carl, executive director of the IDA, based in Johnston. “The IDA’s contribution to the relief fund is a direct result of donations by our member dentists.”

The fund is intended to address urgent clinical dental needs for disaster victims living in Iowa. Delta Dental’s contribution to the disaster relief fund is provided by the company’s Public Benefit Program.



ference in the oral health of Iowans who are underserved,” said Donn Hutchins, president and CEO, Delta Dental of Iowa. “We are pleased to join forces with the IDA in this relief fund effort.”

Evacuees in need of emergency oral health care may receive information and referrals from American Red Cross chapters throughout the state. The disaster relief funds will be administered through the Greater Des Moines Community Foundation.

*\*Cindy Deppe is manager, Communications and Public Benefits Programs at Delta Dental of Iowa.*



“Our Public Benefit Program goal is to make contributions that will measurably make a dif-

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# JEL messages delivered during Great American Smokeout

By Garin Buttermore\*

More than 35 members of Just Eliminate Lies (JEL), Iowa's youth-led anti-tobacco program, met at Capitol Square in Des Moines to celebrate the Great American Smokeout on Nov. 17. In addition to protesting Big Tobacco's efforts to addict people to tobacco, teens spoke to passersby about the dangers of smoking and introduced some tools for tobacco cessation.

"It was surprising to see our message impact so many different people, in particular family members of smokers," said high school student Cassie Peterson, president of JEL. "Parents, children, grandparents, grandkids, aunts, uncles, and cousins all talked to us – young people! – to learn more about how they might help loved ones quit smoking."

The centerpiece of the event was a nearly six foot tall pack of cigarettes on the ground floor of the atrium. Instead of containing tobacco, each of the cigarettes unrolled to reveal a poster highlighting one of the more than 4,000 chemicals found in tobacco and tobacco smoke.

During the lunch hour each giant cigarette was taken out of the pack and unfurled on the railings of the third floor food court overlooking the atrium. JEL members greeted the public and handed out brochures about Quitline Iowa,



the state's toll-free smoking cessation hotline. They also distributed information about increasing the cigarette tax.

This is the second consecutive year members of JEL have celebrated the Great American Smokeout at Capitol Square. Last year's event focused on the figure of one person dying every 72 seconds from tobacco products.

*\*Garin Buttermore is the JEL coordinator at IDPH.*

## 2006 Public Health Conference

### *Strengthening Our Voice: Making Public Health a Priority*

**March 28 & 29 at the Scheman Center, Iowa State University – Ames**

Approximately 500 of Iowa's public health professionals and partners attended this annual conference last year. The 2006 conference promises to be another successful event with the thought-provoking theme, "Strengthening Our Voice: Making Public Health a Priority." Scheduled speakers and topics include:

#### *Reconnecting with Public Health's Hidden Strength: The Public*

This presentation will show Iowa's public health professionals how to take advantage of one of their most valuable resources: the experiential knowledge of community residents and their strong interest in contributing that knowledge to protecting and improving health.

By Roz Lasker, M.D. - Division director of Public Health and the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine; 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

#### *Building on Our Strengths: Charting our Future*

A discussion of the roots of current public health practice and the interplay between health protection activities and health promotion. Also addressed will be the assurance of appropriate funding of public health endeavors and the potential of technology to further the public health agenda.

By John Lumpkin, M.D., M.P.H. - Senior vice president and director of the Health Care Group at the Robert Wood Johnson Foundation. Dr. Lumpkin was a keynote speaker at the closing session of the American Public Health Association conference in December.

Look for program and registration information in the February issue of FOCUS.



**Iowa Department of Public Health**

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# Health in Iowa: a historical perspective

During this 125<sup>th</sup> 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. Russell W. Currier, who served as the public health veterinarian at IDPH from 1975 to 2004. Prior to this position, Dr. Currier worked for six years at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.

## Rabies immunization: Some history at the Iowa Department of Health

Folklore holds that there are four "incurable conditions" in medicine: rabies, babies, scabies, and tabes (from "tabes dorsalis," a progressive degeneration of the spinal cord due to syphilis). This month, I'd like to tell you about how the management of one of these, rabies, changed significantly during my career in public health.

We have known for some time that animal rabies has been and continues to be a problem in skunks in Iowa. The same is true of bats, which also carry the virus. Dog-adapted rabies virus strains still existed in the state through the 1950s, posing a great deal of risk to humans. Thankfully, it was eliminated with improved enforcement of pet vaccinations and the 1951 introduction in of a modified live attenuated virus vaccine produced in chick embryo systems.

Human prophylaxis of rabies prior to 1957 was done with a later generation vaccine that Louis Pasteur developed from nervous tissue of rabies-infected rabbits. This vaccine, at one time produced by the University Hygienic Laboratory in Iowa City, was very effective. However, it also caused serious reactions or death in about one out of 7,000 patients.

In 1957, a vaccine produced in duck egg embryos was introduced. Administered in a series of 14 to 21 daily "painful injections in the abdomen," the treatment was much safer than the earlier product. However, it produced lower levels of immunity, and some patients did not develop satisfactory levels of protection.

A rabies immune globulin (protein) derived from rabies-vaccinated humans was introduced in 1971. It offered potent temporary immunity with virtually no risk of reaction in treated patients.

In 1975, I started working at the Iowa Department of Health, as the agency was then known. The department provided rabies treatment products as a public service. In cases where there was financial hardship, the department shipped them free to doctors. At the time, the vaccine cost less than \$3.00 per dose, making the total cost for one person about \$100. Interestingly enough, most patients commented that the



Improved enforcement of pet vaccinations and the introduction of a new vaccine in 1951 eliminated the most serious risk of dog-transmitted rabies in humans. The last such case occurred that year in Des Moines. (1958 stock photo of rabies courtesy of CDC.)

cost was too high. One even said so despite purchasing a brand new tractor around the same time!

While the department was essentially providing these products without any formal screening of financial need, we reaped the benefits of being consulted on almost all exposures, thereby eliminating the need for excessive treatment. In those years, treatments totaled about 100 to 125 per year.

Dealing with possible rabies exposures came with some unique challenges. I made lots of calls on rotary dial phones and still have calluses on my right index finger to prove it. If someone needed treatment, we had to rush the product to the physician's office, clinic or hospital. All methods of transportation were used including personal courier, Greyhound bus, state patrol, and others. Routine trips were made to the office on weekends to pack and ship these products.

In 1980, this all changed with the introduction of Merieux's human diploid cell vaccine. Produced in Lyon,

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# New guidelines aimed at safe infant sleep

By Stephanie Pettit\*

Child rearing practices vary greatly around the world. Regardless of culture, a common goal of parents is to ensure the safety and well-being of their children.

With the aim being healthy and well-nourished children, birthing and feeding habits do differ. So do sleep practices.

Parents in the United States usually have infants sleep in a crib for the first two years of life. This is not necessarily the case in other cultures. Most Japanese, Hispanic and Sudanese parents, to mention only a few, choose to take infants into their own beds. During the past decade, this practice of bed sharing has become more widespread across the United States as well.



There are several reasons for this. Some parents believe they can better respond to an infant's needs if they are nearby at night. Many experts maintain that the family bed offers a better opportunity for parent-child bonding. Parents sometimes seek to alleviate fears of sudden infant death syndrome (SIDS) through bed sharing. Proponents of breast-feeding are promoting bed sharing as a way to increase accessibility of an infant to the mother during the night.

While seeking to enhance safety and response to the needs of their babies by bed sharing, the Iowa Child Death Review Team

(CDRT) has found that parents *may actually be increasing the risks* that their infant will die from SIDS, suffocation or the parent lying on top of them. Data collected by the team since 1999 has shown a steady increase in the number of infants dying while bed sharing with at least one adult or other individual. In 2003, 51.7 percent of infants who died in a sleeping environment were bed sharing at the time of death, compared to only 27.1 percent in 1999.

Adult soft bedding, such as pillows, quilts, blankets and pillow-top mattresses, present ample opportunities for "rebreathing" or suffocation. Parents who

smoke and choose to bed-share increase the risk. Bed covers and body heat from adults may over-heat the baby. Others in the bed may roll onto the sleeping infant.

CDRT annual reports from several states reflect Iowa's findings and concerns. In response to national data, the American Academy of Pediatrics (AAP) recently revised its infant sleep guidelines. The new guidelines specifically state that infants should be put in a safety-approved crib with only a tight-fitting sheet. No soft bedding including quilts, blankets, pillows, stuffed animals or pillow-type bumper pads should be in the crib.

The AAP advocates that mothers do not smoke during pregnancy, that babies are given a smoke-free environment after birth, that their

room is cool during sleep hours, and that they are made to sleep only on their back. Another new recommendation is the use of a pacifier by infants during naps and at night. Pacifiers for breast-fed infants should be introduced at the age of one month to ensure that breast-feeding is well-established. Breast-feeding is encouraged for all infants. To ease access for mother and child, a crib should be placed in the mother's room.

***In 2003, 51.7 percent of infants who died in a sleeping environment were bed sharing at the time of death, compared to only 27.1 percent in 1999.***

***Source: Iowa Child Death Review Team***

The Iowa CDRT encourages all parents, grandparents, child care workers, and health professionals to follow these new AAP guidelines whenever an infant is laid down for sleep. Also, all infants need "tummy time" while awake to aid in proper development of neck and back muscles, provided they are supervised.

*\*Stephanie Pettit, Ph.D., is the coordinator of the Iowa Child Death Review Team at IDPH.*



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# New reporting system aids substance abuse treatment providers

By Lonnie Cleland\*

Among the Iowa Department of Public Health's (IDPH) many accomplishments last year was the introduction of a new clinical management and reporting system. The Iowa Service Management and Reporting Tool, or I-SMART, is an Internet-based system that allows IDPH and the state's substance abuse treatment providers to move into a new era of treatment service provision.

According to estimates by the IDPH Division of Behavioral Health and Professional Licensure, more than 100 state licensed agencies are expected to begin using I-SMART in 2006.

Developed with funding provided by the Substance Abuse and Mental Health Services Administration and its Center for Substance Abuse Treatment, I-SMART allows all client data amassed by treatment programs in Iowa to be stored and managed at a central location. This increases cost effectiveness in that it allows agencies to administer programs and manage client records more efficiently.

IDPH Deputy Director Janet Zwick stressed the importance of I-SMART in terms of maintaining standards. "We are already seeing the benefits of having the state's treatment agencies use the same system," Zwick said. "I also expect I-SMART to allow Iowa's substance abuse treatment programs to move into a more favorable position when it comes to competing for both new clients and funding sources."

I-SMART is designed to improve services for three types of service providers:

- Programs that do not have their own clinical management system;
- Programs currently operating with a small computer-based, single-user system; and
- Programs that will submit substance abuse data using I-SMART, but will not use the full client management tool.



Using a Web-based tool allows agencies to take a more collaborative approach to meeting the needs of substance abuse treatment consumers and their programs. By keeping client records online, agencies are able to share data electronically in a secure environment. This facilitates not only quicker service for the consumer should he or she change providers, but also allows agencies to cut costs associated with a paper record-keeping system.

*\*Lonnie Cleland is a program planner in the IDPH Division of Behavioral Health and Professional Licensure.*

# Survey sheds light on health in individual states

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states had an equal or lower percentage of residents without health insurance. In 2004, 20.8 percent reported being a current smoker, down from 21.7 percent reported in 2003. Only three states exceeded Iowa in the percentage of people reporting binge drinking. All these states are in the upper Midwest. Obesity and diabetes, which have seen very rapid increases in recent years, enjoyed a small decline in 2004. Iowa ranked ninth highest in people 65

years old and older who had a flu shot in the past year.

These are only a few of the indicators in the survey. Also included are questions about high blood pressure, cholesterol, physical activity, oral health and problem gambling. The BRFSS also asks about mammography, Pap tests, colorectal cancer screening, HIV/AIDS, quality of life, disability and asthma.



To access the 2004 report, click on [www.idph.state.ia.us](http://www.idph.state.ia.us) and look under "Recent Additions." National data is available at [www.cdc.gov/brfss](http://www.cdc.gov/brfss).

*\*Donald H. Shepherd, Ph.D., is the Iowa BRFSS coordinator at IDPH.*



# Ray Jones – a career in Iowa EMS

By Katrina Altenhofen\*

Most of us are used to the annual hiring and retiring of individuals at the Iowa Department of Public Health (IDPH). It is a fact of life. Yet few individuals have retired from IDPH who have literally shaped an entire industry in the way that Ray Jones has.

Ray is the bureau chief for the Bureau of Emergency Medical Services (EMS). While this is a position he has occupied only for the past three years, Ray's legacy in EMS reaches much further into the state's history books. From his humble beginnings working as a medic with his brother, to service director, state regional coordinator, and finally bureau chief, Ray has contributed greatly to the state's EMS system.

Ray's interest in EMS began in 1979 when he was a funeral director and his brother Karl the director of the Washington County Ambulance Service. Karl convinced Ray to join him and become his training officer and office manager. One year prior to this, the University of Iowa Hospitals and Clinics had opened the Emergency Medical Service Learning Resource Center. The program was designed to develop and conduct courses in emergency and critical care throughout Iowa. Ray was one of its first students.

In 1980, Ray became a certified EMT-A (Emergency Medical Technician – Ambulance) and completed the EMS Learning Resources Center Paramedic Training Program in the same year. From 1985-1987, he became the director of the Johnson County Ambulance Service. In 1987, Ray accepted a position with the Iowa Department of Public Health as the southeast Iowa EMS regional coordinator.

Within the southeast Iowa EMS region, Ray inspired many to formulate what is now called

the Iowa EMS Association (IEMSA). He was an inaugural committee chair and participant in the very first Iowa EMS Association Conference and Trade Show. Ray takes pride in saying that he is one of the first IEMSA members and paramedics in the state.

Ray was present during the development, implementation, and conclusion of the EMT I and II certifications, the first state EMS administrative codes, and the original rules for Iowa's EMS system. For many within the bureau Ray became the historian, beginning his stories with, "When I was a medic..."

Iowa will miss Ray's consistent support and dedication to the industry he helped shape. Well-wishers are invited to a reception for Ray in Des Moines on Jan. 19. If you would like to attend, please contact Katie Linn at [klinn@idph.state.ia.us](mailto:klinn@idph.state.ia.us) or 515-281-0620.

*\*Katrina Altenhofen is the state Emergency Medical Services for Children Program director.*



Ray, pictured here with his niece in 1984, is said to have lived in his uniform.

# Facts to remember for cervical health

By Ann Short\*

Deaths from cervical cancer have decreased markedly in the past several decades. The reduction can be attributed mostly to the Pap test, which detects cervical cancer and pre-cancerous lesions.

In Iowa this year, approximately 120 women will be diagnosed with cervical cancer. Fifty will die of the disease. If diagnosed in the pre-invasive stage, however, nearly 100 percent of those women will survive. Early detection also saves the lives of 92 percent of those with invasive cervical cancer.

Screening with the Pap test should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age. This test detects precancerous lesions and invasive cervical cancer at early and treatable stages. Generally, at or after age 30, women who have had three normal Pap test results in a row may get screened every two to three years. Regular screening is important because symptoms of cervical cancer do not appear until abnormal cervical cells become cancerous and invade nearby tissue. Women should consult with their health care provider about Pap testing, as there may be a need for more frequent screening depending on health history.

Nearly 100 percent of women with cervical cancer have evidence of cervical infection with human papillomavirus (HPV). HPV has been recognized as the main cause of

cervical cancer. Although infection with high-risk HPV appears necessary for cervical cancer to develop, such infection is common and most infected women do not develop cervical cancer. Most HPV infections disappear spontaneously within two to four years. Only a small percentage progress to cervical cancer.

In the United States, cervical cancer varies by race, ethnicity and geographic region. The highest incidence rates are among Hispanic/Latina women, and highest mortality rates are among African American women.

Women who wish to reduce their risk of cervical cancer, or any cancer, should eat a healthy diet and be physically active. Eliminating exposure to tobacco also reduces the risk of many cancers, including cervical cancer. (Sources: *American Cancer Society Cancer Facts and Figures 2005* and *Cancer Prevention and Early Detection Facts and Figures 2005*)

For more information about cervical cancer, call 1-800-369-2229 or [www.idph.state.ia.us/careforyourself](http://www.idph.state.ia.us/careforyourself). Information is also available through the American Cancer Society at 1-800-ACS-2345 or at [www.cancer.org](http://www.cancer.org).

*\*Ann Short, R.N., M.S., is the professional development, public education and regional consultant for the IDPH "Care for Yourself" Iowa Breast and Cervical Cancer Early Detection Program.*



## Dealing with rabies over the years at the state health department

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France, this product was administered in five injections during a 28-day period.

The new vaccine retailed for \$40 per dose so the cost of vaccine alone escalated to \$200 per patient. Within a year, our budget could no longer sustain underwriting free treatment. The department therefore set up a regional distribution network of hospital pharmacies to market and distribute vaccine and globulin as a public service with only a modest mark-up.

Several years later, distribution was improved by the lifting of certain FDA restrictions and the introduction of next-day delivery services such as FedEx. Most treatments are now ordered only as needed, except in larger hospitals that maintain an inventory.

Currently vaccine and globulin treatment costs exceed \$1,000, at a time when the occurrence of human rabies due to bats has expanded the level of risk in the U.S. In earlier years we did not treat most bat exposures unless there was evidence of a bite. In response to new recommendations by the CDC Advisory Committee on Immunization Practices, the need for post-exposure rabies treatments has increased dramatically in recent years. In Iowa, this increase is also due to the high proportion of older housing that often harbors bat colonies.

Of course, prevention is still the best cure. Bat-proofing one's home and making sure your pets, horses, and livestock are vaccinated against rabies will help reduce the need for rabies post-exposure treatments.



Iowa Department of Public Health

Advancing Health Through the Generations



# A Chef Charles Favorite



## Broccoli Soup

1-1/2 cup broccoli, chopped  
1/4 cup celery, diced  
1/4 cup onion, chopped  
1 cup low sodium chicken broth  
2 cups non-fat milk

2 tablespoons corn starch  
1/4 teaspoon salt  
Dash pepper  
Dash ground thyme  
1/4 cup grated Swiss cheese

Place vegetables and broth in saucepan. Bring to boil, reduce heat, cover and cook until vegetables are tender (about 8 minutes). Mix milk, cornstarch, salt, pepper and thyme; add to cooked vegetables. Cook, stirring constantly, until soup is slightly thickened and mixture just begins to boil. Remove from heat. Add cheese and stir until melted. Makes 4 servings, 1 cup each.

Calories: 115  
Fat: 3g  
Cholesterol: 10mg  
Sodium: 255 mg

For more great recipes, visit the *Chef Charles Says* archives at [www.idph.state.ia.us/nutritionnetwork/chef\\_charles.asp](http://www.idph.state.ia.us/nutritionnetwork/chef_charles.asp).

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