

Scenario helps Iowa prepare for disease outbreaks

By DeAnne Sesker*

What would Iowa do if a new influenza strain was introduced to the U.S. and spread to the state? That was the question during a 10-day, real-time exercise called "Operation VIPER (Virtual Influenza Pandemic Exercise Response)" sponsored by the Iowa Department of Public Health (IDPH) in coordination with Iowa Homeland Security Emergency Management (HLSEM) and the University of Iowa Hygienic Laboratory (UHL).

Conducted between March 30 and April 14, the exercise included representatives from public health, health care, emergency medical services and emergency management services in six counties across the state. Participants were based in Delaware, Humboldt, Lee, Sioux, Union and Webster counties.

Operation VIPER was designed to provide participants with an opportunity to respond in real-time to pandemic influenza. A design



Staff from the Regional Medical Center in Manchester review the latest information as the scenario unfolds during Operation VIPER.

team, consisting of local, regional and state subject matter experts, created a scenario and supporting materials that were plausible in order for the exercise to resemble an actual disease outbreak.

According to the scenario, a new disease was brought to the U.S. via an overseas flight that included passengers from Iowa and major U.S. cities. In addition, an Iowa family vacationed in

Chicago and brought the disease back to the state. They attended a musical in Des Moines and in doing so exposed other people. Eventually, UHL announced that two individuals in each participating county were confirmed to have the new influenza strain.

Local participants were provided simulated "injects" or messages that provoked action

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Public health breaks silence on hepatitis

By Chris Taylor*

The hepatitis C virus (HCV) has been called the “silent epidemic” because infected persons often have no symptoms or noticeable health problems for 20-30 years after infection. It is also considered a silent epidemic because of a lack of education and prevention measures among the general population and persons at risk.

The Iowa Department of Public Health (IDPH) and its local partners are trying to change that.

To meet the needs of Iowans at risk for infection, eight HIV/STD (sexually transmitted disease) counseling, testing, and referral sites around the state now offer free HCV testing as well as hepatitis A and B vaccination. The services have been integrated through the HIV/AIDS/Hepatitis Program in the IDPH Bureau of Disease Prevention and Immunization.

HCV is spread by contact with the blood of an infected person. Risk factors include injection drug use, treatment for clotting problems with a blood product made before 1987, blood transfusion or solid organ transplant before July 1992, and long-term kidney dialysis.

“We know that behaviors that put people at risk for HCV may also expose individuals to hepatitis A and B infection,” said Patricia Young, HIV/AIDS Prevention coordinator at IDPH. “Offering comprehensive counseling, testing and prevention services to Iowans at risk of HIV, hepatitis, and STD infection is not only good public

health, it’s also highly cost effective because one agency is able to provide a continuum of services while reducing the duplication of those services in the community.”

HCV is one of the most common blood-borne infections with 4 to 5 million Americans believed to be infected. In Iowa, 52,000 people are estimated to carry the virus. HCV infection is the leading

cause of liver transplants, which can cost up to \$150,000 per transplant. By providing access to testing, individuals who do not know they are infected can reduce transmission to others, and seek medical intervention to delay disease progression.

“When you consider \$150,000 for a liver transplant

versus \$20 per test, the benefits of offering testing are obvious,” Young said. “This is especially important to remember when you consider that the symptoms of HVC may not appear for decades.”

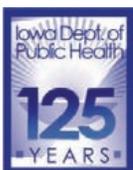
Vickie Smith, nursing supervisor at Linn County Public Health says her agency is grateful IDPH sees the importance of supporting hepatitis services. “We have seen clients for years who were at risk for viral hepatitis, and it was frustrating that we could not provide services to them because there was no funding available,” Smith said.

With no federal funding devoted to adult immunization or hepatitis C testing activities, state and local health departments are challenged with providing these important and needed services. IDPH

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Sherri Schuchmann (right) of Linn County is one of several public health nurses in eight counties who provide comprehensive counseling, testing, and prevention services to Iowans at risk of HIV, hepatitis and STD infection.



Iowa leads in disaster-related mental health prep

By Don McCormick*

Public health and health care providers have worked hard since Sept. 11, 2001 to address the threat of bioterrorism and other public health emergencies. While there has been significant progress in general preparedness for events such as these, one important consequence of terrorism and disasters has not been adequately addressed – the mental health of those affected.

Since May 2004, the Iowa Department of Public Health (IDPH) has taken significant steps toward developing a public health work force that is competent to address mental health needs following a disaster or act of terrorism. Iowa is one of the first states to concentrate on researching and developing competencies of this kind.

“When we started, we found numerous trainings under the title of ‘psychosocial aspects of terrorism and disaster,’ but discovered that they did not have an identified set of competencies,” said Dr. Ousmane Diallo, a research fellow at IDPH in charge of the project. “The cart had been put before the horse, and so we went about fixing that.”

Diallo, whose position at IDPH was funded by the Association of the School of Public Health, began his research by assembling a task force of IDPH staff and professionals from the University of Iowa, the Iowa Consortium for Substance Abuse Research, the University at Albany (NY), the Institute for Public Health Practice, the National Mass Fatalities Institute and the American Red Cross. The group identified 14 core mental health competencies for professionals not already trained in this area by researching best practices, looking at studies conducted outside the U.S., and reviewing

training manuals on disaster-related mental health. Members of the Iowa



Dr. Diallo's work has attracted the interest of a number of organizations outside Iowa.

Disaster Medical Assistance Team were then asked to test the competencies. The feedback from the test helped improve the competencies set and identify the magnitude of the needs for disaster mental health training.

Together with Lisa Ladue from the National Mass Fatalities Institute, Diallo developed a training curriculum based on the 14 core competencies. Between March 16 and May 18, the two trained nearly 300 public health, hospital and emergency management services personnel.

Although the trainings were designed for non-mental health professionals, some social workers also participated and

found them timely and valuable. One anonymous social worker, who had responded to a tornado earlier that year, drew similarities between his/her own background and this new training. “I had no ‘protocol’ to work from (after the tornado). I am encouraged to discover via your presentation that my reactions to addressing mental health needs were actually pretty good.”

A native of Senegal, Diallo has worked in poor communities and with people who have experienced social disruption, including refugees, seasonal migrants and exploited children. Ladue has experience working in disaster situations at the Pentagon during the aftermath of 9/11, in Thailand after the Dec. 26, 2004 tsunami, and in Louisiana following Hurricane Katrina.

Diallo was recently accepted to present his work in a poster session at the 5th UCLA Conference on Public Health and Disasters, May 21-24 in Long Beach, CA. To view the poster, go to www.idph.state.ia.us/adper/whats_new.asp.

* Don McCormick is the FOCUS editor.



Drug treatment program reduces hospitalizations, arrests

By E. Carlson*

A two-year, extensive follow-up study shows dramatic progress in reducing drug use, arrests and hospitalizations of adolescents after completing residential treatment at Youth and Shelter Services (YSS) in Ames. YSS has been funded and licensed by the Iowa Department of Public Health (IDPH) since the nonprofit organization opened its first adolescent chemical dependency treatment facility in 1981.

"We are very pleased when we can prove that substance abuse treatment is successful and cost effective," said Janet Zwick, IDPH deputy director and director of the IDPH Division of Behavioral Health and Professional Licensure. "This is especially true of treatment that uses research-based best practices and works effectively with clients with co-occurring disorders."

The study was conducted on 104 adolescents 6- to 12-months after completing residential chemical dependency treatment at the YSS facility in Ames. According to the report, completed in March 2006, there was a 75 percent reduction in hospitalizations and a 63 percent reduction in arrests compared to the previous reporting period. Since 2004, 359 adolescents have undergone residential treatment at YSS.

"We are very excited about the results of this study," said YSS Chemical Dependency Services Associate Director Jill Hill, who added that it is great to hear that former clients are usually doing well back in their home communities.

"Clients staying drug and alcohol free is always good news," said Hill, who was particularly excited about the dramatic reductions in hospitalizations and arrests. "Hospitalization and arrest figures can be verified with juvenile court workers, parents and others," she said. "Reducing arrests and hospitalizations results in big savings for taxpayers and prove that these former clients are usually doing significantly better in the months and years after treatment. Treatment works!"



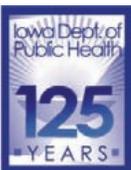
Built in the 1880s, the Budd House is one of two residential treatment facilities operated by YSS. The structure is on the National Register of Historic Places and was lived in by George Washington Carver when he was a student at Iowa State.

IDPH has operated substance abuse treatment services under a managed care system since 1995, administering public funds for substance abuse treatment through the Iowa Plan for Behavioral Health. This system is currently administered by Magellan Behavioral Care of Iowa, which contracts with over 60 service providers, including YSS.

In addition, the Iowa Consortium for Substance Abuse Research and Evaluation at the University of Iowa, is contracted by IDPH to do random follow-ups of substance abuse treatment clients. The Consortium study found that of the 22 former YSS clients for whom they completed follow-up reports from approximately the same two-year period, 86 percent had no arrests since discharge, and 100 percent had no hospitalizations since discharge. Hill said the Consortium study is important because it corroborates the larger follow-up study by YSS.

To learn more about YSS and view the full report, visit www.yss.ames.ia.us/news.html.

* E. Carlson is the Youth and Shelter Services public information officer.



Simulated pandemic sheds light on preparedness

(Continued from page 1)

within their agency or among agencies. For example, a concerned citizen (simulated) would call a participating public health agency with a concern about their family, themselves or their animals. Public health would handle the phone call and in some cases consider whether to do more public education.

“It was interesting to see how each discipline responded to the scenario,” said Steve Mercer, Strategic National Stockpile coordinator at IDPH. “Many responded similarly but you could see how the amount of local resources available reflects on how quickly they need to reach out for assistance.”

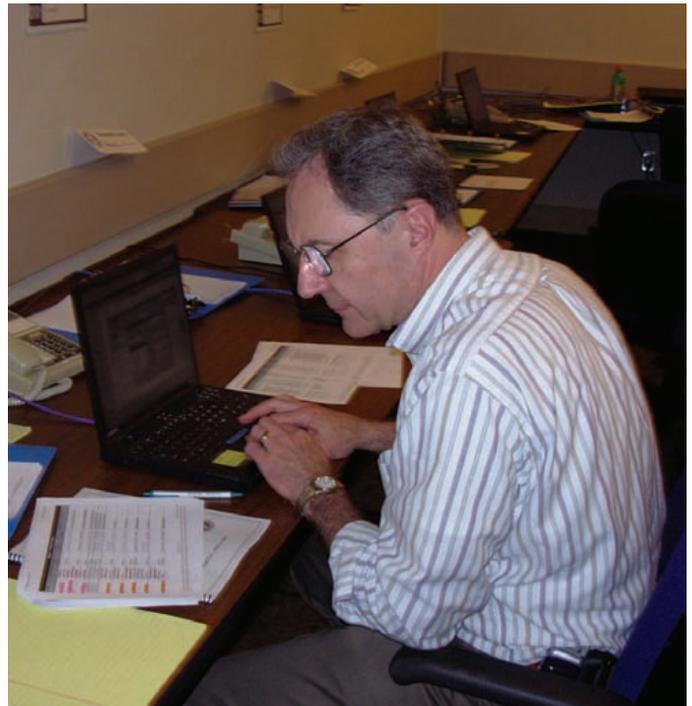
Regular injects in the scenario also pushed hospitals to make some difficult decisions as they began to run out of beds and staff due to illness.

Carole Borland, an infection control nurse at Greater Regional Medical Center in Creston, noted that while public health, health care, emergency medical services, and emergency management agencies already work well in her county, “this exercise helped us realize that we still have tunnel vision at times based on our discipline when trying to plan for emergencies. One of our issues is the many hats we all wear and the lack of manpower available. This exercise sparked interest in continuing to work on this whole process.”

More than 700 injects were sent to keep participants engaged and moving ahead. To do that, a simulation cell (SIMCELL) was set up at the Lucas State Office Building in Des Moines with laptop computers, phones, fax machines, a printer and an average of six staff members at any one time.

Jami Haberl, executive director for the IDPH Center for Disaster Operations and Response, commented on the department’s first experience in setting up a SIMCELL. “It was a great opportunity for public health in that it allowed us to use our call center plans and the actual equipment that will be used during a real response.”

“Design team members working the SIMCELL realized the importance of understanding how each entity functions in terms of policy and protocol,” said Julie Scadden, paramedic



Region 2 Health Care Planner Carl Vogeler at work in the Lucas Building SIMCELL.

specialist and Iowa Emergency Medical Services Board member. “The challenges faced by the SIMCELL participants while providing direction or answering queries from (someone outside) your discipline demonstrated the vital need for honest, open communication and understanding.”

Tammy Seward, public information officer and epidemiology coordinator at the Webster County Health Department, emphasized the importance of practicing good communication strategies during the exercise. “One lesson we learned is that we need to have everyone updated fast and frequently, even if it is the same thing because it is easy for one person not to be updated. Then there are problems.”

** DeAnne Sesker is the education/exercise coordinator in the IDPH Center for Disaster Operations and Response.*



Resource to help parents prevent child sexual violence

By Binnie LeHew*

During the past year, Iowa has seen increased media coverage of high profile sexual assault cases and legislation designed to prevent sex offenders from living near schools, daycare centers, and other public places where children gather. It is also important to recognize efforts to prevent this kind of abuse from occurring in the first place.

In spring 2005, Iowa lawmakers mandated the creation of a set of tools to help parents prevent sexual abuse. Next month, those materials, collectively known as *Preventing Child and Youth Sexual Violence: A Resource for Iowa Families*, will be made available to the public.

School districts in Iowa will be making the resource available to parents. The Iowa Department of Public Health (IDPH) is one of several partners who helped develop the materials and encourages the involvement of local public health. "Local agencies can be important

allies in helping the schools in their area reach Iowa parents," says Janet Zwick, director of the IDPH Division of Behavioral Health and Professional Licensure. "Preventing sexual abuse is an important function of public health, and these materials will help achieve that goal."

The material was designed to support and empower families to understand the nature of child sexual abuse, harassment, and assault and know what they can do if it happens to their child. Parents are given examples of each type of violence, signs to recognize it, tips for prevention, and information about what they can do if their child is a victim.

One of the points emphasized is that the majority of child sexual abuse is perpetrated by someone known to the victim. Parents need to develop regular communication with their children at an early age to be able to talk about what sexual abuse is and how to prevent it.

The resource is organized as a series of information sheets and is scheduled to be available for download from the Iowa Collaboration for Youth Development's Web site, www.icyd.org, in mid-July. The materials can also be promoted at health or children's safety fairs, in community agencies,

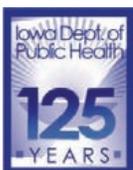
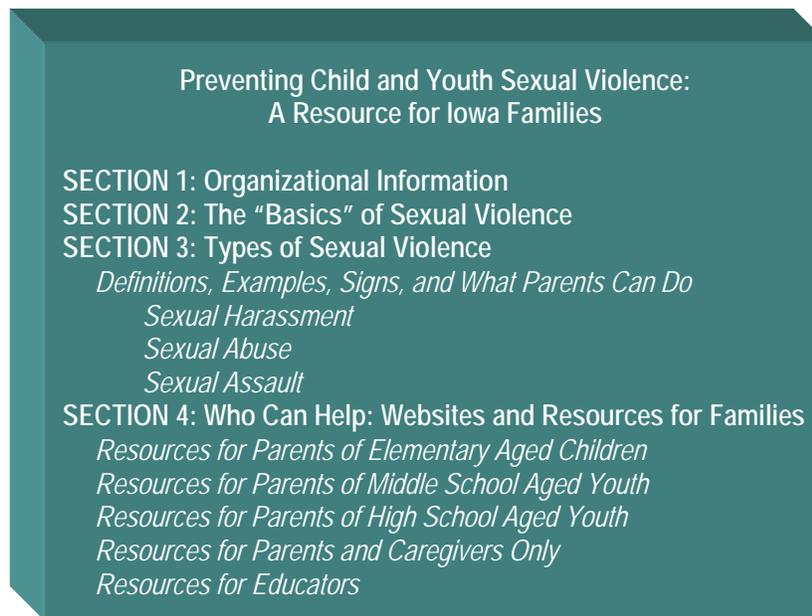
through faith-based organizations and other similar channels.

The Iowa Department of Education was asked to take the lead in developing the resource, along with representatives from the Departments of Human Rights, Human Services, Public Health and Public Safety. Other partners included nonprofit and volunteer organizations, such as the

Iowa Coalition Against Sexual Assault, Iowa PTA Association, GLBT Youth in Schools Task Force, Prevent Child Abuse Iowa, and the State of Iowa Youth Action Committee.

The new materials are considered companion documents to *Preventing Bullying and Harassment: A Support Manual for Iowa's Sample District Policy on Bullying and Harassment*, distributed to schools in Fall 2005.

* Binnie LeHew is a violence prevention coordinator at IDPH.



Online tools help prevent diseases which run in families

By Kimberly Noble Piper*

Family health history is an important risk factor for many common diseases because it reflects shared genes, environment and behaviors. While we cannot change our genetic make-up, we can modify our environment and our behaviors to decrease our risks of disease.

As families gather this summer for family reunions and other occasions, they have a prime opportunity to gather information about the health of other family members.

For more than five years, the Iowa Department of Public Health (IDPH) Center for Congenital and Inherited Disorders has been helping Iowans collect their family health histories while providing suggestions for dealing with specific illnesses for at-risk individuals. Many of these resources can now be found on the Center's Web site at www.idph.state.ia.us/genetics/family_history.asp.

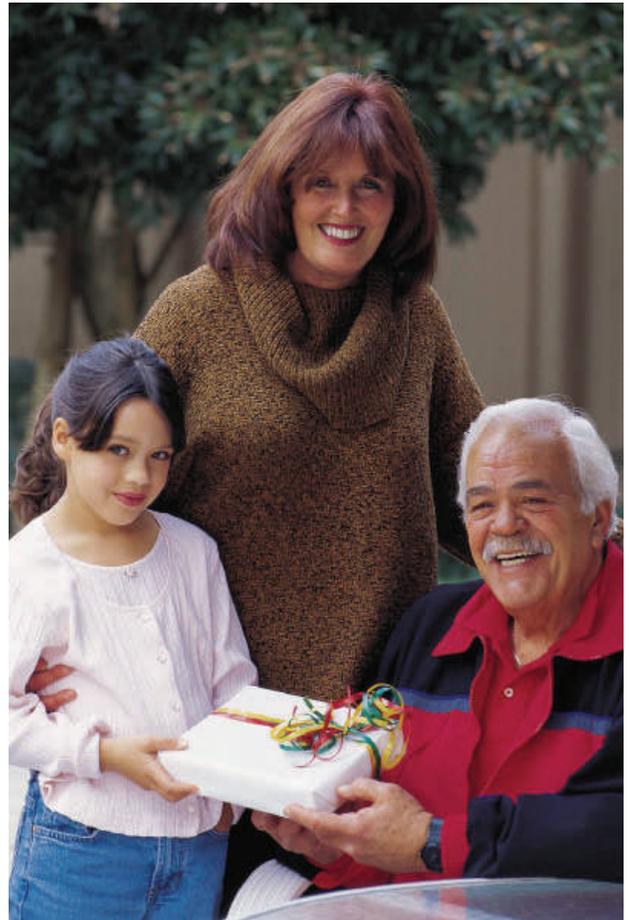
"Most people know that many common diseases, like heart disease, diabetes, and cancer, and more rare diseases like sickle cell anemia and cystic fibrosis, run in families," said IDPH Bureau of Family Health Chief Jane Borst. "Once these risks are known, the individual can consult with his or her health care provider to begin to take action to prevent, delay the onset of, or receive early screenings for those illnesses."

A recent and important addition to the IDPH Web site relates to a national public health awareness campaign launched by U.S. Surgeon General, Dr. Richard Carmona.

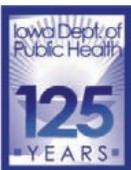
Called the U.S. Surgeon General's Family Health History Initiative, the campaign is designed to encourage all families to learn about their family health history.

Because family health history is such a powerful screening device, the Surgeon General has created a computerized tool to help make it fun and easy for people to create a sophisticated portrait of their family's health. Called "My Family Health Portrait," the resource helps organize and display a person's family tree by creating and printing a record of their family's health history. This record can be used to share with other family members and health care providers to help identify common diseases that may run in families. My Family Health Portrait is available at no charge in either English or Spanish at www.hhs.gov/familyhistory.

IDPH and the U.S. Surgeon General encourage families, whenever they gather, to talk and share information about the health problems that run in their family. Learning about your family's health history may help ensure a longer future together.



* Kimberly Noble Piper is the IDPH State Genetics coordinator.



Health in Iowa: a historical perspective

During this 125th year of organized public health in Iowa, *FOCUS* is proud to highlight major historic events in public health. This issue's installment comes 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 of Disease Control and Prevention (CDC) in Atlanta, GA.

Public health lessons on histoplasmosis relevant to HIV/AIDS

By Dr. Russell W. Currier

Last month, the AIDS (acquired immunodeficiency syndrome) epidemic hit the 25-year mark in the U.S. and continues to challenge communities, medical providers, and the national public health system. Although a source of anxiety in Iowa because of its high mortality rate, person-to-person propagated HIV (human immunodeficiency virus, the virus that causes AIDS) has a relatively low occurrence in the state. Despite this, and due to advances in antiretroviral medications, more Iowans (nearly 2,000) live with HIV/AIDS today than ever before.

In contrast, histoplasmosis occurs frequently in Iowa. Resulting from a systemic fungal infection common in Iowa and other central states of the Mississippi and Ohio River basins, histoplasmosis poses a threat for HIV/AIDS patients and others with compromised immune systems. Histoplasmosis is not transmitted person-to-person; the fungus (*Histoplasma capsulatum*) exists in decaying organic matter, especially where bird or bat droppings accumulate in established roosts over several years. Any disturbance of these areas, especially under dry conditions, disbursts airborne spores of the fungus that, inhaled in low doses, result in flu-like illness that goes unrecognized.

Histoplasmosis is much like tuberculosis,

with a primary infection (common) followed by primary infection reactivation to a serious generalized illness (much less common). AIDS and histoplasmosis are linked in that the latter is one of several latent infections that may be reactivated by the immunosuppressive effects of HIV, presenting treatment challenges.

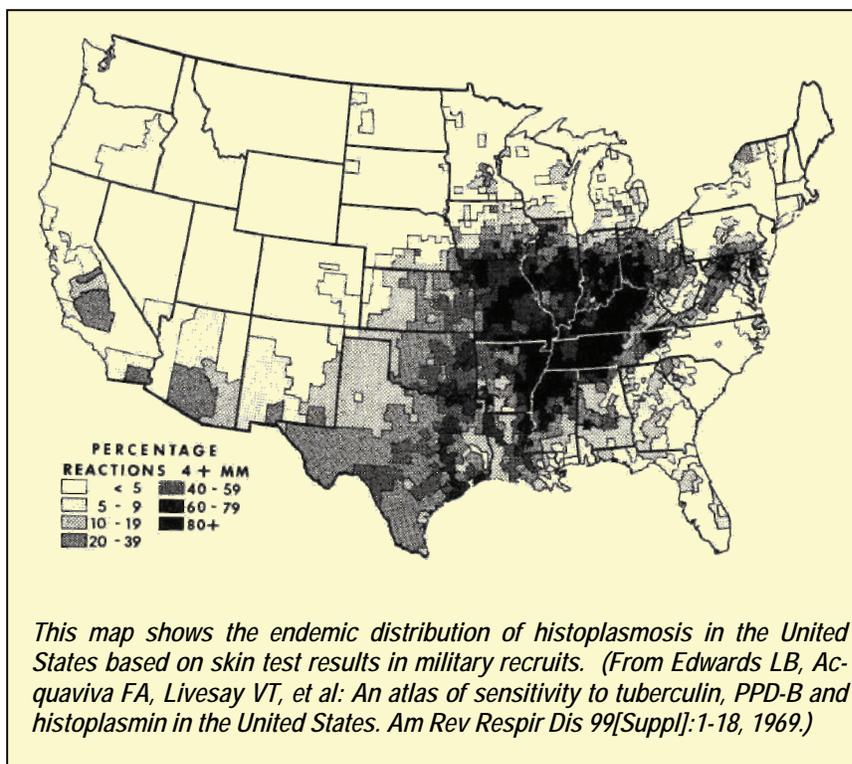
Avoiding primary histoplasmosis infection in Iowa is almost impossible. Studies of military recruits have indicated rates of infection from 50 percent to 80 percent in the southern half of the state;

less in northern counties. This is of no consequence for people whose immune systems are not compromised. For individuals such as HIV/AIDS patients and organ transplant recipients on long-term immunosuppressive medication, histoplasmosis, however, is a grave concern.

In considering how to respond to an outbreak of histoplasmosis, public health in Iowa would do well to look at history.

Iowa's largest outbreak in the last century occurred in 1962 in

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Histoplasmosis outbreaks hold lessons for Iowa, nation

(Continued from page 8)

Mason City, population 30,000. In this outbreak, 28 cases and two deaths were recorded incidental to clean up activities on the south bank of Willow Creek, two blocks from the town square. Several trees and extensive underbrush were cleared from an area extending 200 yards along the creek bed. Large numbers of birds had used this roost for about seven years. It was summer and very dry. After the death of the power shovel operator due to histoplasmosis, work was suspended.

Clearing activity resumed 18 months later, under the assumption that winter weather conditions would preclude any risk of airborne transmission. A second outbreak ensued, resulting in 87 new cases of infection, 28 with skin conditions (erythema nodosum and erythema multiforme), new manifestations of histoplasmosis! The area eventually had to be decontaminated with a formaldehyde and water mixture applied with fire trucks.

These two episodes were so dramatic that the Centers for Disease Control and Prevention (CDC) was called in to assist with the investigation. During the 1960s and 1970s, details of the outbreak were used as a laboratory exercise at CDC in training epidemiologists. The exercise proved challenging for students who were asked to determine the “unknown” agent of illness. Since the outbreaks occurred at different times of the year, seasonal associations were not obvious. Infection among different age groups ruled out age-specific illnesses. Geographic distribution in Mason City reflected prevailing westerly winds, suggesting airborne spread, as most cases resided on the east side of town. Ultimately, the “person-place-time” parameters, so important in epidemiological investigations, were critical to unraveling the cause of the outbreaks in the classroom exercise.

Smaller episodes of histoplasmosis have been reported in recent years. One involved a summer family reunion on a farm in eastern

Iowa. During a picnic, a large thunderstorm forced everyone to take refuge in a barn where pigeons and other birds had roosted for several years. With the influx of children at play and everyone milling around, considerable spore-laden dust infected several attendees. Another outbreak occurred in southern Iowa, incidental to clearing a bird roost from a church bell tower. Debris was removed and thrown down into a trailer, resulting in transmission and illness. One family member required hospitalization.

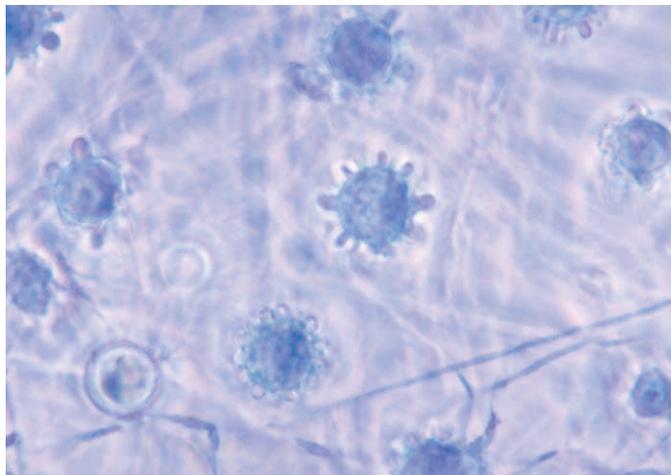
Returning to the possibility of cases occurring among those infected with HIV/AIDS, we can be

thankful that Iowa continues to experience a relatively low incidence of the disease. This is desirable if for no other reason than a high percentage of Iowans have had primary histoplasmosis infections that could morph into a serious disease if someone becomes immunosuppressed.

Avoiding primary infection is problematic because outbreaks of histoplasmosis have even been linked to seemingly innocuous tasks,

such as school yard cleanups. Consciousness of bird and bat dropping accumulations as a risk factor is important.

Any cleanup should be done in a manner to minimize dust (e.g., spraying the area with water). Decontamination would have to be done under the supervision of a local environmental health specialist. Testing suspect material for histoplasmosis is counterproductive and inappropriate, since presence of the fungi may be inconsistent. Dust mitigation and personal protective measures are the best defense against a large dose of spores. Otherwise, the public should consider the presence of this organism as being almost everywhere in the state and risk of a primary infection, albeit usually a mild illness, almost impossible to avoid.



Histoplasma capsulatum

IDPH employee among 100 Great Nurses

By Dawn Mouw*

The Iowa Department of Public Health (IDPH) Bureau of Local Public Health Services is home to one of the top 100 nurses in the state of Iowa. Carol Peterson has been a nurse for 43 years and is currently a community health consultant for IDPH in southwest Iowa. Prior to working for the state, Carol worked for 17 years as the administrator of Crawford County Home Health and 17 years in hospital nursing.

Peterson said she's humbled by the recognition. "It came as an unexpected surprise in the mail. It was very exciting."

Approximately 340 nurses from across Iowa were nominated by co-workers, supervisors, friends, family and patients. The initial pool of nominees came from 42 of Iowa's 99 counties. The nominees were blind-reviewed and scored by a panel of five judges, which included nursing professionals and last year's award winners. The individuals were ranked by score and the top 100 chosen.

Peterson and her fellow nurses were honored on May 9 at the 100 Great Iowa Nurses celebration in the Olmstead Center at Drake University in Des Moines. This is the second year for the event, which drew nearly 800 attendees, including family, friends and co-workers of the honorees.

For more information, including a list of the 100 Great Iowa Nurses of 2006 as well as event photos, visit www.greatnurses.org.



IDPH Community Health Consultant Carol Peterson was honored as one of Iowa's great nurses in a ceremony that coincided with National Nurses Week. (Photo courtesy of Cammie Toloui Photography.)

* Dawn Mouw is a regional community health consultant at IDPH.

Web site offers information on health careers

The Center for Health Workforce Planning at the Iowa Department of Public Health has created a new Web site called the *Iowa Health Careers Information Center*. The site is designed for use by middle and high school faculty, counselors, students and their families to learn about the wide array of health occupations programs and career opportunities in Iowa.

fields, employment settings and salary ranges. Also included are answers to questions frequently asked by students and counselors as well as direct links to Iowa's two- and four-year institutions and professional schools. Users may also link directly to other health occupation information sites and funding resources that provide scholarships and loan repayment programs.

The new site provides instant access to current information about several health

Click on www.idph.state.ia.us/healthcareers.



Keeping your 4th of July fun and safe

By Debbi Cooper*

July 4th celebrations can be a lot of fun. It's a time of parades, cookouts, and family gatherings. To be sure, this day often produces stories that are told and retold for years to come.

All too often, however, those stories are shared as words of caution, especially when they relate to injuries or deaths caused by fireworks.

When my son was young, he was caught with the neighbor boy putting firecrackers inside of glass canning jars to see how far the glass would fly. My daughter once set our picnic table on fire when she placed a burned out sparkler on top of several unused sparklers. Even the editor of this newsletter can share a story about playing gladiator with trash can lids and bottle rockets.

Thankfully, the missile struck and exploded on his neck, and not his eye.

Words of caution, indeed.

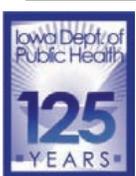
A recent U.S. Consumer Product Safety Commission (CPSC) study showed an estimated 9,600 people were treated for fireworks-related injuries in hospital emergency rooms during 2004. In addition, the CPSC has reports of eight people who died in incidents associated with fireworks in 2004. To view the entire study, go to www.cpsc.gov/cpsc/pub/pubs/holpubs.html.

In Iowa, most fireworks are illegal unless used by trained professionals. However, with many bordering states providing firecrackers, bottle rockets, fountains, etc., these fireworks still make it to the backyards of many Iowans.

Safe alternatives to fireworks may include: glo-sticks, glo-ropes and glo-jewelry; flashlights wrapped with colorful cellophane; or shirts decorated with glow-in-the-dark decals or paint. If it's noise you want, browse the nearest party supply shop or department store that sells horns, whistles, bells, cymbals or other noisemakers. Popping inflated paper bags is also fun, as long as it isn't too close to someone's ear.

Have a happy and safe Independence Day and leave fireworks to the professionals in charge of your local fireworks display.

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



State Snapshots report on health care quality

National Healthcare Quality Report
www.qualitytools.ahrq.gov/qualityreport



2005



How does Iowa compare to other states in terms of the quality of health care? According to *State Snapshots 2005*, a collection of health quality measures taken from the Agency for Healthcare Research and Quality's 2005 National Healthcare Quality Report (NHQR), Iowa remains "strong," a term used to define the fourth highest of five global ratings.

Customized for each state, the Snapshots are built upon performance measure summaries, state ranking tables, a table of state measures, and a description of the methods used to create the snapshots. The snapshots allow state officials and their partners to understand health care quality in their state, including strengths, weaknesses and opportunities for improvement.

While Iowa's 2005 rating is slightly lower than last year's results, the report lists improvements in

five areas. They include: percentage of nursing home residents with too much weight loss; number of HIV infection deaths; percentage of Medicare heart failure patients with left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme (ACE) inhibitors at discharge; percentage of Medicare pneumonia patients who received the first dose of antibiotic within four hours of arrival at the hospital; and percentage of residents who spent most of their time in bed or in a chair.

To read Iowa's Snapshot, explore the measures, and compare rankings state-by-state, visit www.qualitytools.ahrq.gov and click on "2005 State Resources."

Comprehensive testing cost effective

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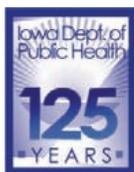
sees the benefits of providing integrated services, and has committed to utilizing a portion of HIV prevention and Immunization funding to provide these needed services. Additionally, this year the Iowa Legislature passed a bill that allocates \$158,000 to support hepatitis A & B vaccination and hepatitis C testing.

Kelly Schierbrock, public health nurse at the Council Bluffs City Health Department, commented on the effect these integrated services have had since they began in 2003. "There hasn't been a lot of public education about hepatitis. I hear misconceptions in the questions I receive from the public. By offering hepatitis C testing, residents of my community are accessing not only hepatitis services, but HIV and immunization services as well," Schierbrock said.

The six other public health agencies offering integrated services are the Black Hawk County Health Department, the Cerro Gordo County Department of Public Health, Johnson County Public Health, the Polk County Health Department, the Scott County Health Department, and the Siouxland District Health Department.

For more information on hepatitis from IDPH, visit www.idph.state.ia.us/adper/hepatitis.asp. For information from the Centers for Disease Control and Prevention, go to www.cdc.gov/hepatitis.

** Chris Taylor recently worked as the Hepatitis Program coordinator at IDPH. He now works for the National Alliance of State and Territorial AIDS Directors (NASTAD) in Washington, D.C.*



Iowa Department of Public Health

Advancing Health Through the Generations

...and then some



The Iowa Homeland Security and Emergency Management Division (HLSEM) will host the Third Annual Governor's Homeland Security Conference on July 18-20 at the Polk County Convention Complex in Des Moines. This year's theme is *Learning from yesterday, planning for tomorrow*.

Keynote speakers will be U.S. Department of Homeland Security Under Secretary for Preparedness, George Foresman; U.S. Army Chief of Staff, retired General Dennis Reimer; State Epidemiologist for the Iowa Department of Public Health (IDPH), Dr. Patricia Quinlisk; and Executive Director of Safe Havens International, Michael Dorn. Topics will range from pandemic influenza planning to lessons learned from Hurricane Katrina.

Breakout sessions on the second day will cover a variety of topics, including agro terrorism, Iowa's Pandemic Influenza Plan, avian influenza, caring for pets during disasters, preparing our special needs population, and many others.

Registration is \$150 per person, if paid by June 30, 2006. After June 30, the registration fee increases to \$175 and must be paid at the door. For more information or a registration form, visit www.iowahomelandsecurity.org and click on the link at the top of the page. For questions, e-mail governorsconf@hlsem.state.ia.us or call Mary Ann Lee at 515-243-2000.



The Iowa Department of Public Health (IDPH) and Hy-Vee, Inc. are partnering to promote emergency preparedness and the Protect Iowa Health campaign. Hy-Vee is featuring the winning poster submitted for the "Protect Iowa Health: Prepare Because You Care" poster contest on 1.4 million grocery bags distributed to 132 stores state-wide. The winning artwork was submitted by Zeb Marvin of Alta Vista. For more information about the contest, see last month's *FOCUS* or click on www.protectiowahealth.org.

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Please send your suggestions for future articles, comments on this issue and requests regarding our mailing list to *FOCUS* Editor Don McCormick at dmccormi@idph.state.ia.us.

