

New mobile facility enhances preparedness

By Clark Christensen*

A tornado rips through Anytown, Iowa. The local hospital is extensively damaged, compromising its surge capacity in the wake of this disaster. The hospital administrator calls the coordinator of the county Emergency Management Agency, requesting assistance. Homeland Security Emergency Management quickly dispatches a Disaster Medical Assistance Team (DMAT).

But since the hospital is so badly damaged, where will the team set up? Luckily for the people of Anytown, the team has brought its own facility—a series of portable structures with more than 3,700 square feet of space for patients, equipment and staff.

This scenario describes just one of the many uses for Iowa’s new Mobile Health Care Facility (MHCF). Recently purchased by the Iowa Department



The new Mobile Health Care Facility consists of seven structures that can be connected to one another or used separately.

of Public Health (IDPH) for use throughout the state, the MHCF is comprised of tent-like structures that can be transported and set up quickly to meet

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JEL takes message to the...seats

By Lyn Peck*

What could bring together more than 200 teens from across Iowa in the middle of their busy summer? An opportunity to fight big tobacco and advocate for smoke-free air. That opportunity came at the annual Just Eliminate Lies (JEL) summit, held in Grinnell from June 27 to 29.

The main event of the three-day gathering took place not in a convention center, but in multiple smaller venues – local restaurants in Iowa City, about 70 miles from Grinnell. Wearing red t-shirts with this year’s theme, “Lights Out,” and bandanas with the no-smoking symbol, teens filled the smoking sections of four restaurants in the City Plaza. By covering their noses and mouths with the custom-

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Children safer due to inspections, research

By Marsha Platt*

Infants and toddlers at a Black Hawk County child care center are now safe from injury because of an intervention by Child Care Nurse Consultant, Nancy Thomas from Black Hawk Child Health.

Thomas was completing a routine injury prevention checklist at the child care center when she discovered that eight of the 20 high chairs in use were missing restraint straps. When she returned to her office, Thomas did some research on the chairs through the Consumer Product Safety Commission (CPSC) Web site. This is also part of her routine. What she found this time, however, surprised her.



The center stopped using the 18 high chairs as soon as it was discovered they had been recalled.

“The high chairs were a good, strong, sturdy high chair,” Thomas said. “I was amazed when I found they were on the recall list and that they were unsafe to use.” Now, 18 of the 20 high chairs were unsafe to use.

The CPSC, which is an independent federal regulatory agency, warned that the seat on these high chairs could separate from the frame. In the upright position, it could slip from one height to another. Both positions could cause the child to fall and sustain head, face and body injuries. Additionally, some seats had been sold with a metal restraint anchor that could slip through the back of the seat.

Thomas immediately contacted the director of the child care center to make her aware of the unsafe situation. The director agreed not to use the chairs until she had talked with the manufacturer. Meanwhile, Thomas scheduled a site visit for the next morning to identify options for feeding the infants and toddlers.

Although the safety issues listed on the CPSC Web site had nothing to do with the missing straps Thomas discovered in her initial inspection, the real success story lies in her doing more research. “It’s easy to get a recalled product off of a store shelf but once it’s in the hands of a consumer, it becomes much more difficult,” said Iowa Department of Public Health Environmental Specialist and CPSC State Designee, Debbi Cooper. “I applaud Nancy’s thoroughness and dedication in researching equipment in child care centers.”

The high chair manufacturer offered the child care center \$50 per chair if they would stop using and destroy them. Thomas collaborated with Child Care Resource and Referral of Northeast Iowa, Healthy Child Care Iowa and the child care center director to devise an action plan to maximize the \$900 dollars from the manufacturer, as well as funds from Cedar Valley’s Promise, Black Hawk County’s Community Empowerment organization. The center replaced the high chairs with developmentally appropriate tables and chairs purchased with the funds. They were also able to purchase bookshelves, developmentally and culturally diverse toys, and “cozy corner” supplies.

To learn more about the CPSC and search for possible product recalls, visit www.cpsc.gov.



Nancy Thomas appears with the tables and chairs that replaced the faulty high chairs.

* Marsha Platt is a Regional Child Care Nurse consultant at the Black Hawk County Health Department.



Healthy communities featured at IDPH state fair booth

By Katrina Karasch*

The sun is bright and the temperature hot. It's time for the Iowa State Fair! The Iowa Department of Public Health (IDPH) will once again join in the festivities by setting up a booth in the Varied Industries Building for the duration of the event, Aug. 10-20.

This year's theme for the IDPH booth is "Healthy Communities." According to Sandy Briggs, information specialist at IDPH and co-chair of the IDPH state fair committee, the booth is designed to educate people about the functions of public health while showcasing what people are doing at the local level to make their communities healthy.

"It's important for IDPH to share health messages with the public," Briggs said. "It gives us the chance to make public health visible and help people become aware of how it touches their lives everyday." The fair draws more than one million visitors annually, roughly one-third the population of Iowa.

An important part of the Healthy Communities theme will be a display about the 28 Iowa community initiatives funded by Harkin Wellness Grants (HWG). IDPH staff Jane Schadle, whose Office of Healthy Communities administers the grants, says the HWGs are designed to work on a grassroots level. "We provide the funding and the technical support, but the ideas are all theirs," Schadle said. "The fair represents a great opportunity for these communities to share ideas that can be replicated in other communities across the state." A map of Iowa, color coded by region, will allow fairgoers to easily identify health initiatives near their own town.

The popular "Walk the Fair" scavenger hunt is another main attraction at the

IDPH booth. For the past two years, the activity has encouraged physical activity at the fair by providing visitors with a map of the fairgrounds and a set of questions for them to answer at specific locations. The questions are accompanied by health tips that

relate to the locations from which participants get the necessary information to finish the activity. Upon returning their completed activity sheets, participants will draw for various prizes and enter to win a grand prize.

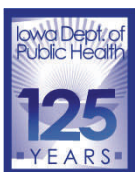
Prizes for the Walk the Fair activity have been donated by organizations across Iowa that contribute to the concept of a healthy community. Partners include attrac-

tions such as Reiman Gardens, the Heartland Museum, the National Mississippi River Museum and Aquarium and the Iowa Children's Museum. Among the prizes available are books, teddy bears, t-shirts, and family day passes to many attractions. A complete list of donor organizations will be listed in the September *FOCUS*.

Divisions and bureaus within IDPH have also donated items that promote the department's many health messages.

To find out more about the IDPH booth, keep an eye on the "Topics of Interest" section of the IDPH Web site at www.idph.state.ia.us. To learn more about HWG recipient communities, see the October 2005 through April 2006 *FOCUS* archives at www.idph.state.ia.us/do/focus.asp.

* Katrina Karasch is an Iowa State University intern in the IDPH Office of Community Education and co-editor of this month's *FOCUS*.



Versatile structures available for emergencies

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the needs of a variety of health emergencies. The five 19' X 35' rectangular structures and two 20' octagonal structures include electrical, plumbing and heating/ventilation systems, hygiene centers, trailer-mounted generators and transportation trailers. Also included are wall/ceiling insulation, shelving and storage cases.

"The ability to set up a 50-bed health care facility during a public health emergency is remarkable," said IDPH Director Mary Mincer Hansen, R.N., Ph.D. "The system is a valuable resource for the state and enhances our ability to serve Iowa communities during many types of emergencies."

During a public health emergency, the MHCF components could serve as general or special needs shelters, evacuee processing centers, an off-site IDPH command center, public health response team living quarters, immunization clinics or triage/first aid clinics.

Manufactured by Western Shelter Systems in Eugene, Oregon, the MHCF was designed around three key concepts: portability, versatility and expandability. The system can be assembled with

basic hand tools. Additionally, deployed teams are able to choose whether to use all the structures at once or only those the situation requires.

Dr. Hansen noted that another advantage of the new MHCF is that most federal response teams use the same type of system. "Should state and federal resources join forces during an incident, this kind of compatibility means greater efficiency and effectiveness when we work together," she said.

The facility will address the needs of a basic level of preparedness that includes temporary shelter for critical tasks related to bioterrorism and other health care emergency responses. This level of preparedness is required by most critical benchmarks developed by the U.S. Health Resources & Services Administration.

For additional information about IDPH's Mobile Health Care Facility, call (515)-242-5129 or write to clark.christensen@idph.state.ia.us.

** Clark Christensen is the logistics and DMAT officer in the Center for Disaster Operations and Response at IDPH.*



DMAT members from around Iowa gathered in Dubuque on July 21-22 for exercises using the new facility. Other teams held exercises in Sioux City on July 28-29.

Iowa Department of Public Health

Advancing Health Through the Generations

Dangers of secondhand smoke highlighted at summit

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ized kerchiefs, the youth sent the message that they did not want to breathe other people's cigarette smoke.

"The summit empowered youth to spread the truth about the dangers of secondhand smoke," said JEL Youth Coordinator Garin Buttermore at the Iowa Department of Public Health. "It also encouraged them to take charge of their air in public places."

JEL, which organizes this and other events throughout the year to fight the tobacco industry's efforts to manipulate teens into using tobacco products, benefited from the extensive media coverage the event generated. Approximately 18 television, newspaper and radio reporters attended the unique protest at the local restaurants.

Following the street marketing event the youth chanted as they marched to College Green Park for a news conference. At the conference, JEL President Cassie Peterson talked about secondhand smoke and its harmful effects on Iowans.

Another way in which this year's summit was unique was that JEL members could choose one of three customized "tracks" before participating. That is, teens could capitalize on their own strengths and interests, thereby making the greatest contribution to the summit while also learning about the different focal points of the JEL program. The

tracks, which included "creativity," "knowledge," and "advocacy" were developed and taught by members of the JEL executive council.

The summit also included presentations by Andy Berndt and Nic Buron of Minnesota's former anti-tobacco program, "Target Market." Their messages inspired youth, and let them know their pas-



Members of JEL, the youth-led anti-tobacco movement, occupied the smoking section of four restaurants in Iowa City during the Lights Out Summit.

sion in the anti-tobacco movement doesn't have to end at graduation; it can be a way of life.

After the summit, participants were encouraged to take the message across the state by changing policies at home and by conducting their own street marketing events.

To learn more about Just Eliminate Lies, visit www.jeliowa.org.

** Lyn Peck is the newly elected President of JEL and a high school senior at Harmony High School in Farmington.*



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

Federal funds, community education aided early fight against "VD"

For many years, a large portion of the public health department's budget has come from federal funds. While it's easy to assume that this has always been the case, organized public health in Iowa actually didn't receive any federal dollars for its first 38 years.

The first federal funds received by the Iowa State Board of Health/Iowa Department of Public Health were part of a national effort following World War I. During the war years, venereal disease (VD), which is now referred to as sexually transmitted disease (STD), had become a big problem. In 1919, the Iowa General Assembly enacted the Venereal Disease Control law and appropriated \$15,000 annually. With an additional \$15,000 from the U.S. government, the newly formed Bureau of Venereal Disease Control initiated an ambitious program.

Free VD clinics were established in Clinton, Council Bluffs, Davenport, Des Moines, Dubuque, Fort Dodge, Grinnell, Manly, Mar-

shalltown, Mason City, Ottumwa and Sioux City. In addition to providing treatment to 2,640 cases in these clinics, state public health also provided medication

and community education a major component of its campaign against VD.

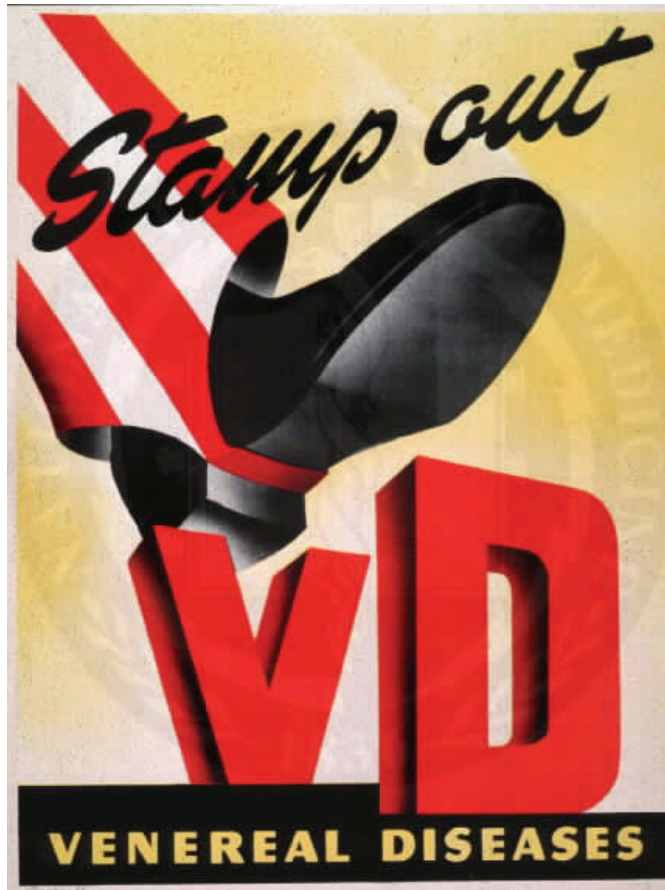
The bureau director at the time, Dr. Wilbur Conkling, visited 26 Iowa cities and addressed nine medical societies. He also addressed meetings of commercial clubs, extension directors, the Iowa League of Municipalities, the Junior Chambers of Commerce, school superintendents and Rotary Clubs.

Dr. Jeannette Throckmorton, who was also the director of the State Medical Library, delivered 460 lectures about VD to more than 66,000 girls and women.

Personal letters were sent to 9,600 school teachers of rural school districts, together with literature on sexual hygiene. Letters were also sent to clergymen, druggists, mayors, members of the Iowa Manufacturing Association and physicians.

These letters totaled more than 18,600, including those sent to auditors, county boards of supervisors, extension agents, librarians and workers at the Red Cross and the YMCA.

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The first funding Iowa received from Uncle Sam helped fight sexually transmitted diseases.

to private physicians who treated indigent patients at no charge.

What is more interesting, however, is how public health in Iowa, with the help of these federal funds, made community edu-



Avoid health risks this summer!

By Katrina Karasch*

Summer is the season for outdoor activities, such as grilling, gardening, etc. But the summer months are also accompanied by many health risks. By following a few basic safety tips, you can prevent food-borne illnesses, West Nile virus, heat exhaustion and dehydration.

Food-borne illnesses

Food-borne illnesses increase in the summer as more and more people are cooking outdoors. Food-borne illness can cause nausea, vomiting, diarrhea and cramps. Symptoms can last anywhere from a day to a week.



Avoid the risk!

- Wash hands with warm water and soap before and after handling foods.
- Keep cold foods cold (40° or below), and keep hot foods hot (140° or above).
- Make sure raw meats and their juices are kept separate from ready-to-eat foods.
- Prevent bacteria growth by returning refrigerated foods to a cool temperature within two hours.
- When grilling, be sure that all ground meat and poultry is cooked until there is no pink left in the middle, and that all ground meat juices run clear (not pink and cloudy.)

West Nile virus

West Nile virus is transmitted through the bite of a mosquito that has picked up the virus while feeding on an infected bird. For most people, West Nile virus infection causes no symptoms. Approximately 20 percent will have mild to moderate symptoms such as fever, headache, body aches and vomiting. Less than one percent of people infected with West Nile virus become seriously ill and rarely someone dies.



Avoid the risk!

- Use insect repellent with DEET, picaridin or oil of lemon eucalyptus.
- Avoid outdoor activities at dusk and dawn when mosquitoes are most active.

- Wear long-sleeved shirts, pants, shoes, and socks whenever possible outdoors.
- Eliminate standing water around the home where mosquitoes lay eggs. Empty water from buckets, cans, pool covers and pet water dishes. Change water in bird baths every three to four days.

Heat exhaustion and dehydration

Heat exhaustion occurs when sweating, the body's cooling system, fails to eliminate heat fast enough. The first signs of heat exhaustion are faintness, rapid pulse, flushing or reddening of the skin. These are often accompanied by stomachache or headache. Dehydration occurs as a contributing factor and comes when fluid and sodium lost by sweating are not replaced quickly enough. Thirst is a sign of dehydration.



Avoid the risk!

- Drink plenty of liquids; two to four glasses an hour. Drink more if you are physically active in the heat. Do NOT drink alcohol, coffee, or caffeinated soft drinks.
- Spend at least a few hours out of the heat, preferably in an air-conditioned place.
- Electric fans help, but when temperatures are in the high 90s or above, take a cool shower/bath or move to air conditioning.
- Limit outdoor activity to the morning and evening hours.
- NEVER leave a person or animal in a closed, parked vehicle.

* Katrina Karasch is an Iowa State University intern in the IDPH Office of Community Education and co-editor of this month's FOCUS.

Public health in Iowa history recap

By Cindy Swoyer*

Since September 2005, *Iowa Health FOCUS* has been running “Health in Iowa: a historical perspective,” a special feature marking 125 years of organized public health in Iowa. Below are 10 questions taken from those articles. How many can you answer?

The date from which each question comes is included. To view these *FOCUS* archives and more, go to www.idph.state.ia.us/do/focus.asp. Answers appear at the bottom.

1. What event in the 1940s caused the Vital Statistics staff to triple overnight?
a) bird flu **b)** the attack on Pearl Harbor **c)** rabies **d)** passage of the Vital Records Model Registration Act [See 9/05 issue.]
2. Scientists who studied the 1918 influenza pandemic have concluded that it most likely originated in:
a) Fort Dodge, Iowa **b)** a country school **c)** Haskell County, Kansas **d)** a swine lot [See 10/05 issue.]
3. Who said, “What an individual does for himself dies with him. What he does for his community lives on forever?”
a) Dr. John Sunderbruch **b)** Dr. C. Everett Koop **c)** Dr. W.S. Robertson **d)** Dr. Doolittle [See 11/05 issue.]
4. One of the responsibilities of the original State Board of Health in 1880 was:
a) arrest bootleggers **b)** license all domesticated pets **c)** matters related to quarantine **d)** safety awareness [See 12/05 issue.]
5. 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.
a) True **b)** False [See 1/06 issue.]
6. In 1964, what nationwide epidemic reportedly left 20,000 newborns with cataracts, hearing defects, heart malformations and brain damage?
a) hepatitis C **b)** dysentery **c)** rubella **d)** diphtheria [See 2/06 issue.]
7. The State Board of Health contracted for the bulk purchase of diphtheria antitoxin and distributed it to physicians through 99 stations in all 99 counties at greatly reduced cost beginning in:
a) 1900 **b)** 1910 **c)** 1920 **d)** 1930 [See 4/06 issue.]
8. Iowa’s largest outbreak of histoplasmosis in the last century occurred in 1962 in Mason City, with 28 cases and 2 deaths.
a) True **b)** False [See 6/06 issue.]
9. What marked the beginning of the system that would come to be known as the Iowa Health Alert Network (HAN)?
a) the teletype **b)** new fax machines **c)** an improved pager system **d)** the ability to send mass notifications to public health partners [See 7/06 issue.]
10. The first federal funds were received by the State Board of Health/Department of Public Health in what time period?
a) 1880-1890 **b)** 1900-1910 **c)** 1910-1920 **d)** 1930-1940 [See 8/06 issue.]

* Cindy Swoyer is a Des Moines University intern at IDPH.

Answers: 1-b, 2-c, 3-a, 4-c, 5-a, 6-c, 7-b, 8-a, 9-d, 10-c



...and then some

Sexually transmitted diseases target of first federal funding

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A film called "How Life Begins" was shown to 5,000 school children and nearly 12,000 boys in city high schools. Employed boys of high school age were reached by lectures, moving pictures, slides and chart exhibits.

Suitable pamphlets were sent by mail to 45,000 boys and girls living in rural areas. A specially prepared book on venereal disease was placed in 1,350 barber shops.

Many thousands of people saw an exhibit at the state fair and a large number of both men and women held personal conferences with the physicians in charge.

Currently, general appropriation funds annually provide therapeutic treatments for more than 10,000 people infected or exposed to STD. This prescription services program supports requests from local public health departments, private physicians and 70 STD screening sites.

In 2005, the Iowa Department of Public Health's budget for its STD program was approximately \$863,000. Federal funding makes up 91 percent of this amount. While the majority of these funds are used to provide testing and screening for STD, it is again interesting to note that approximately 20 percent is spent on client-centered counseling, partner counseling, referral services and community education—good, old-fashioned public health.

Protect Iowa Health to deliver messages at fair

The Iowa Department of Public Health's Protect Iowa Health personal preparedness campaign is sponsoring an official day at the Iowa State Fair, Wednesday, Aug. 16. Protect Iowa Health encourages Iowans to prepare for public health emergencies by making an emergency supply kit and a communications plan.

"The Iowa State Fair is an opportunity to tell thousands of Iowans about the importance of personal preparedness," said Nicole Peckumn, IDPH interim communications director. "Building the state's response includes educating and inviting the public to be a part of the process."

Staff at the Protect Iowa Health tent, located on the Grand Concourse, will be distributing Protect Iowa Health "Guidebooks-on-a-Stick" and additional information on emergency preparedness. Drawings will be held for emergency supply kits as well as tickets to the "Big & Rich" concert on the last day of the fair, Sunday, Aug. 20.

Iowa Department of Public Health

Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515 281-5787

www.idph.state.ia.us

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.



Iowa Department of Public Health

Advancing Health Through the Generations