

Daily health message project turns 10

By Jewell Chapman*

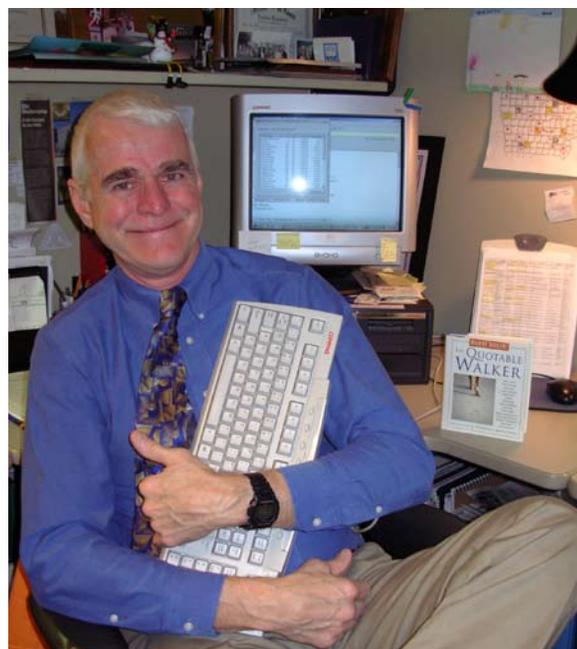
When Tim Lane, fitness consultant at the Iowa Department of Public Health (IDPH), got his first computer, he was annoyed by e-mail from the next cubicle. He found it more efficient to talk over the walls. But when he discovered the ability to send notes to multiple recipients, Lane had an idea.

At the time, some IDPH employees had formed a wellness group. Lane used the office e-mail to send notes with quotations to the members of this group to keep them on the right track – quotations like, “The first wealth is health,” by Ralph Waldo Emerson. Positive feedback and the fact that people were redistributing Lane’s mes-

sages, then called “Bugnet,” led Lane to believe he was on to something.

That was 10 years, 5,000 quotations, and one book project ago. Nearly every day since then, Lane has sent out a “FITNET” mailing, as the project is now called, to more than 2,000 people. Because employers, state wellness coordinators, parents and others redistribute these messages, Lane estimates that at least 350,000 people around the world benefit from FITNET on a daily basis.

“I love the fact that FITNET is being read by forest rangers in the Uinta Mountains of Utah, former Olympians in Canada, and servicemen on ships at sea,” Lane said. “I once received



Tim Lane cradles the keyboard he used to send out the mailing that marked the 10th year of FITNET.

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I-Smile dental strategy to save money, reduce disease

By Bob Kerksieck*

By the time “Tina’s” mom took her to the emergency room, a simple toothache had become a painful facial abscess that required surgery. Six-year-old Tina receives Medicaid. Her visit to the hospital cost taxpayers thousands of dollars.

Dr. Bob Russell, dental director at the Iowa Department of Public Health (IDPH), says Tina’s trip to the hospital could have been avoided. “We know that if low-income children have their first preventive dental visit by age one, they are much less likely to have subsequent restorative or dental-related emergency

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Most Iowans willing to report health factors

Recently released telephone survey data shows trends in behaviors

By Don McCormick*

Every month more than 400 Iowa adults are asked some pretty personal questions. Don Shepherd, coordinator of the [Behavioral Risk Factor Surveillance System](#) (BRFSS) at the Iowa Department of Public Health (IDPH), is happy to report that most don't seem to mind.

"Personal health behaviors can be a sensitive topic," Shepherd says. "Take domestic violence. This is something people are not generally inclined to talk about on the phone or anywhere else. The BRFSS survey is designed to elicit honest responses in a non-threatening way."

Shepherd attributes the cooperation to the interviewers. "Not only are they well-trained, but they're also very likeable," he said. "People want to talk to them."

How is Iowa doing?

Recently aggregated [information](#) collected on Iowans in 2005 indicates some notable trends in behaviors. They include:

- Among people who rank their own health as "good" or "very good," Iowa ranks 8th best in the nation. Iowa was ranked 14th best the previous year;
- Smoking continued its downward trend, with 20.4 percent of respondents saying he or she currently smokes;
- Only three states had more people reporting binge drinking than Iowa. All were in the upper Midwest;
- Obesity and diabetes continued to increase with 62.5 percent of Iowans being overweight or obese. Diabetes was reported by 6.8 percent of respondents; and
- Iowa ranked 9th best in the nation in people 65 years old and older who had a flu shot in the past year.

Iowa BRFSS recognized nationally

An article in the Dec. 15, 2006 issue of CDC's [Morbidity and Mortality Weekly Report](#) found that Iowa had the lowest percent of people age 50 and older reporting vision problems among five states that collected data on vision and eye care through the BRFSS in 2005. Other states included Louisiana, Ohio, Tennessee, and Texas.

Iowa also ranked highest in people reporting having had an eye exam in the past year. Of those who did not have an exam, over half gave "no reason to go" as the reason. However, Iowa did report the highest per capita number of older people with cataracts, macular degeneration, or work-related eye injuries.

To read the full article, visit www.cdc.gov/mmwr/weekcvol.html and click on "Visual Impairment and Eye Care Among Older Adults – Five States, 2005."

Other indicators in the survey include questions about, diet, physical activity, women's health, asthma, and much more.

How does the survey work?

The BRFSS is the world's largest ongoing telephone health survey system. It is conducted in all 50 states and four territories with support from the [Centers for Disease Control and Prevention](#) (CDC).

In Iowa, randomly generated phone numbers are dialed by a computer to proportionate areas of the state. When someone picks up, an interviewer takes over. The survey takes about 20 minutes.

Every year, the BRFSS in Iowa collects information from more than 5,000 people age 18 and older. Data is compiled on issues involving health care access, chronic disease, disability, and risky health behaviors.



EPA funding to bring together citizens and experts

By Don McCormick*

Ask Naomi Bienfang what the most important environmental issues are in Cerro Gordo County and she'll be honest. Bienfang, who manages a \$100,000 project funded by the [U.S. Environmental Protection Agency \(EPA\)](#), will tell you she doesn't know. Nobody does.

And that, she'd say, is a good place to start.

"To date, there is no 'central warehouse' of information on environmental toxins for Cerro Gordo County," Bienfang said. "It's true that some pieces of the environmental toxin puzzle have been discussed. However, other pieces have not. Many different agencies and individuals are holding various pieces of this puzzle."

It's not that Cerro Gordo County's environmental health issues are necessarily more puzzling than anywhere else in the U.S. "Our agency is just very proactive," said Michele Appelgate, public information officer for the [Cerro Gordo County Department of Public Health](#), which applied for the EPA funding. "When we see an opportunity to improve the health of our population, we go for it."

And go for it they did. The Central Northern Iowa county is one of 17 communities, and the only one in Iowa, to be awarded part of \$27 million in new [EPA Community Action for a Renewed Environment \(CARE\)](#) cooperative agreements.

The grants were announced in November.

A total of 10 agencies, including Cerro Gordo, received a level one award, designed to establish stronger local partnerships and help communities understand, identify and prioritize environmental issues.

Seven communities, which received previous awards, were granted level two funding.

While the agency has its eyes on level two funding at some point, Bienfang says she and the health department are focused on this important information gathering stage, which is scheduled to run two years.

Two central partnerships are already being formed. The first is the Citizen Council, which will include a diverse cross-section of individuals from every community in the county. This group will be responsible for speaking for the community, and deciding what information is needed from the citizens and how to gather it.



Naomi Bienfang (left) shakes hands with EPA representative Kathleen Fenton. EPA funds will help Cerro Gordo County understand, identify and prioritize its environmental issues.

Local experts from various agencies, business/industry, and educational institutions comprise the second partnership, the Advisory Council. They will help guide the Citizen Council through various tasks and decision making when it is time to prioritize the information gathered.

Bienfang, who also serves as a public health technician for the Air National Guard, emphasized the cooperative nature of the two councils. "We know there are issues of concern to county residents that local environmental professionals may or may not be aware of," she said. "Through this project, all county residents who want their voice to be heard will have that opportunity. Our goal is to empower citizens to take on environmental issues by developing self-sustaining community-based partnerships."

To learn more about the Cerro Gordo County project, visit www.cghealth.com. To learn more about CARE from the EPA, visit www.epa.gov/CARE.

* Don McCormick is the Iowa Health Focus editor.



Iowa Department of Public Health

Advancing Health Through the Generations

E-mails inspire healthy lifestyles over a decade

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a note telling me that some of my messages were even being translated into Armenian.”

Lane’s collection of quotes also assisted in the compilation of a 230-page book, *The Quotable Walker*, edited by *Walking Magazine* and published in 2000.



The daily notes start with Lane’s observations or stories he has picked up, followed by quotations that expand on the theme of the day. One recent anecdote told of some entrepreneurial kids who were selling hot chocolate to people who drove by their stand, but giving it away to people who just walked past. Why? They noticed that people out for a walk usually didn’t have any money

on them – an interesting reward for simply interacting with the environment on one’s own two feet.

Recent FITNET quotations have included: “Life is short, and it’s up to you to make it sweet.” – Sarah Louise Delany; “Character is simply habit long continued.” – Plutarch; and “I will go anywhere, as long as it be forward.” – David Livingstone; Lane’s current favorite

quotation is, “I’d do anything to look like him, except exercise and eat right.” – Steve Martin.

Lane receives positive feedback from FITNET readers almost every day. Recent comments include:

- *Thanks for the uplifting, inspirational messages. I credit my success (90 lbs. lost in 14 months) mainly to my positive attitude, which begins every morning by reading FITNET.* – Cedar Rapids
- *You should be given a medal for this. I think that everyone with a computer could benefit from FITNET.* – Maine
- *Our physical activity/nutrition program manager has the cubicle next to me. He shares your FITNET messages with me, and I’d like your permission to use some from time to time in our Safety Net newsletter for our employees.* – Idaho
- *Your articles inspire me to be a better person and to always look at life in a positive way, no matter what is thrown at you.* – Cancer survivor whose diabetic wife has lost 40 lbs., Canada

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

Largest ongoing telephone health survey system works well in Iowa

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Louise Lex, Healthy Iowans 2010 coordinator at IDPH says knowing this information and how it varies from year to year is important for planning and setting priorities. “BRFSS is the major tool to measure changes in health behaviors among adults,” she said. “I just couldn’t do my job without it.”

The content of the BRFSS interviews changes slightly from year to



year and can be different from state to state. Each year there is a core set of questions that are asked nationwide. The CDC also provides optional modules that states may adopt. States

are also free to add their own questions. For example, Iowa is the only state to ask questions about problem gambling each year.

To view the full 2005 report, visit www.idph.state.ia.us/brfss. National data is available at www.cdc.gov/brfss.

* *Don McCormick is the Iowa Health Focus editor.*



Iowa Department of Public Health

Advancing Health Through the Generations

Preventive services through “dental homes” promise long-term Medicaid savings

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room visits,” Russell said. “Costs for these children are almost 40% lower over a five-year period than children who receive their first dental preventive visit after age one.”

Based on a [three-year aggregate study](#) of Medicaid reimbursement, the treatment of dental-related emergencies like Tina’s showed an average cost per visit of \$6,498.

When compared to the average cost of \$660 for preventive dental treatment for a child, Russell says “taxpayers can get a lot more bang for the buck from their Medicaid dollars.” At the same time, he added, children get much better dental care.

Last year, Governor Vilsack signed into law a bold Medicaid reform initiative called “IowaCare” to address preventive dental care for children. According to the legislation, children 12 years old or younger will have a designated “dental home” and receive dental screenings and preventive care based on federal standards.

A “dental home” is the place where a child receives preventive dental care and treatment. This could be a dental clinic, a doctor’s office or a pre-kindergarten setting such as Head Start.

In response to this legislation, IDPH partnered with [Delta Dental of Iowa](#), the [Iowa Dental Association](#), the [Iowa Dental Hygienists’ Association](#), the [Iowa Department of Human Services \(DHS\)](#), and the [University of Iowa College of Dentistry](#) to develop a proposal that would

fulfill the mandate.

The result is called the [I-Smile Dental Home Project](#).

Russell said that promoting I-Smile to parents and dental providers is important. “Most parents in particular don’t know that kids need to be seen for preventive care before age 4.” Furthermore Russell added, the earlier kids are seen, the earlier parents learn how to spot their kid’s dental problems.

Components of I-Smile include: improving the dental support system for families; improving the dental Medicaid program; implementing recruitment and retention strategies for underserved areas; and integrating dental services into rural and critical access hospitals.

Phase 1 of I-Smile is currently under way as Iowa seeks contrac-

tors, including physicians, who will serve as the I-Smile contacts in local communities. Also, the [Iowa Medicaid Enterprise](#) at DHS is now soliciting responses from insurance vendors to determine potential costs and programmatic structure of the I-Smile dental home network.



A young girl receives dental sealant at a school (dental home) in Dubuque. Preventive measures like this can reduce Medicaid costs by almost 40 percent over a 5-year period.

Dr. Russell says this information will be analyzed with potential budgetary requirements in mind in spring 2007. Also, a legislative appropriations package will be introduced by DHS to cover the dental care provision within the I-Smile plan.

“We know that Tina’s visit to the emergency room was preventable,” Russell said. “Hopefully with the I-Smile preventive dental program fully funded through the IowaCare Act we can prevent a similar problem with Tina’s baby brother.”

To learn more about the IowaCare program and to view the [Executive Summary](#) of the I-Smile proposal, visit www.idph.state.ia.us/hpcdp/oral_health_ismile.asp.

** Bob Kerksieck is a health facilities surveyor at IDPH.*



Iowa Department of Public Health

Advancing Health Through the Generations

Survey reveals health of Iowa children

By Jane Borst*

Do you have questions about the health of Iowa's children? If so, the 2005 Iowa Child and Family Household Health Survey (IHHS), released on Dec. 1, might have some answers for you.

Now available [online](#), the 2005 IHHS provides valuable population-based information about the health status, access to health care, and social environment of children in Iowa families. The study was a collaborative effort of three maternal/child health partners, including Child Health Specialty Clinics, the Iowa Department of Public Health (IDPH), and the [University of Iowa Public Policy Center](#).

IDPH Director, Mary Mincer Hansen, R.N., Ph.D., said the 2005 IHHS statewide report is an important resource for Iowa's

public health community. "The more we know about the current health of Iowa's children, the better we can address the most important issues," Dr. Hansen said.

Building on the results and successes of the first IHHS survey, completed in 2000, the three partner organizations developed the 2005 IHHS to incorporate significant input from maternal/child health program staff. New questions relate to early childhood, nutrition, physical activity, tobacco use, gambling, asthma, mental health, drugs/alcohol, oral health, and child care.

"Although some of the health indicators are lower than in 2000, the 2005 survey indicates that the well-being of Iowa's children is generally good," said Pete Damiano, professor at the University of

Iowa Public Policy Center and College of Dentistry. "Over 90 percent have a regular source of medical care and there is a very low rate of children without health insurance."

The 2005 survey showed that the proportion of uninsured children in the state declined significantly from 6 to 3 percent between 2000 and 2005. "We may be able to cover many of the remaining uninsured children in existing programs, since about three-fourths of the uninsured kids appear to be eligible for either Medicaid or *hawk-i*," Damiano said.

The proportion of children in the state with a special health care need increased between 2000 and 2005, from 17 to 21 percent. This was even more pronounced in lower income families, at 29 percent.

Concluded in the spring of 2006, the survey was based on telephone interviews to more than 3,200 Iowa families with children, with an over-sampling of minority families. The 180-question survey averaged 22 minutes to complete. Interviewers obtained a 77 percent



response rate. The survey questions were answered by the adult most knowledgeable about the health and well-being of one randomly selected child in the household.

The Iowa Department of Public Health worked closely with two of the state's universities to assure the quality of the survey results. The University of Iowa Public Policy Center guided the development of survey questions and analyzed the results. The [University of Northern Iowa Center for Social and Behavioral Research](#) provided trained interviewers to complete the data collection for the survey.

To learn more about the 2005 IHHS and view the results, visit <http://ppc.uiowa.edu/health/ICHHS/iowachild2005/ichhs2005.htm> or call Lucia Dhooge at 515-281-7613.

* Jane Borst is chief of the IDPH Bureau of Family

The 2005 IHHS includes information on:

Asthma	Health insurance
Child care	Marital satisfaction
Child well-being	Maternal well-being
Dental care	Nutrition
Early childhood	Obesity
Emergency room use	Parenting stress
Emotional health care	Physical activity
Emotional health status	Prescription drug access
Family environment	School performance
Gambling	Substance use
Health care access	



Iowa Department of Public Health

Advancing Health Through the Generations

Students, non-licensed food servers get training

By Carol Burrus*

It's 9:10 a.m. on a weekday morning. Jennine Wolf of Washington County Environmental Health Department is in the Highland High School Family and Consumer Science room. It's test day.

Wolf isn't there to do a food inspection or perform other duties of her job as a public health inspector. She's there to test the students.

For the past two weeks, Wolf has been teaching 12 juniors and seniors about safe food handling practices. Wolf is using [ServSafe](#), a curriculum developed by the [National Restaurant Association Educational Foundation](#). She has taught her students about proper hand-washing techniques, sanitizing procedures, proper food temperatures and countless other issues they may encounter in the food industry.

"A large percentage of these young people will, at some time in their lives, work in food-related jobs," Wolf said. "Some now have part-time jobs in fast food establishments. Many will pay college expenses working in restaurants."

Others in Wolf's classes may choose a career in child care, geriatric care, medicine or veterinary medicine. Most will become caregivers of young children or elderly parents. All will take care of themselves.

The students seem to understand the value of learning about food safety. "Ms. Wolf showed us the dangers in our lives without scaring us," one student remarked. "She showed us how we can control the emerging food hazards around us."

Wolf's work has been funded for the past four years by grants administered through the [Office of Local Board of Health Assistance](#) at the Iowa Department of Public Health. Besides providing ServSafe training to high school students, Wolf also targets nonprofit organizations which are not required to be licensed to serve food.

"The grants have played a crucial part in our success," Wolf said. "Nonprofits and schools do not have the funding to allow people

to attend a ServSafe class, which costs between \$100.00 and \$125.00 per person."

Laurie Bauer of the local "Y's Men" food group, which serves about 2,300 pork sandwiches at the county fair each year, explains that the ServSafe classes have made a lasting impression for her organization. One day, she recounts, Wolf and her boss, Jeff Thomann, made a surprise visit to their stand. Not knowing Wolf's supervisor, one of the workers asked if



Jennine Wolf talks about food handling safety to the Gourmet Food students at Washington High School in Washington. During this class, Wolf focused on microbiology, the subject of the second chapter of the ServSafe book.

he was there to volunteer. Wolf's boss jokingly said he was. The first words out of the worker's mouth were, "Then you need to wash your hands."

Recently, Wolf has expanded her program to include educating child care workers. Kathy Spenner, who has operated a home child care for 20 years, commented "Jennine's presentation of material makes it understandable and realistic." She added that anyone who deals with the public needs this training.

To learn about the ServSafe program, visit www.servsafe.com. To learn more about the grant offered through IDPH, contact Joy Harris at 515-281-3377.

* Carol Burrus is a Family and Consumer Science teacher at Highland High School in Riverside.



Iowa Department of Public Health

Advancing Health Through the Generations

IDPH

Team Voices

Office of Vital Records

Recently Jill France, chief of the [Bureau of Health Statistics](#), spoke to *Focus* about the Office of Vital Records (VR) and its role within the Iowa Department of Public Health and the state.

What is VR's mission and how do you achieve it?

Our mission is to record complete and accurate data while providing quality service to our customers. What this means on a daily basis is registering all births, deaths and marriages in the state. This amounts to about 100,000 records a year. We also issue about 100,000 certified copies of records each year. Processing legal actions is another important job of ours. For example, when a baby is born to unmarried parents in Iowa, they have to sign affidavits of paternity to get the father's name on the birth certificate. We process about 10,000 to 11,000 legal actions each year.

What about on a national level?

We report birth and death data to the [National Center for Health Statistics](#) (NCHS) at the [Centers for Disease Control and Prevention](#). In fact, Iowa has been recognized for our work with them.

How so?

In 2003 and 2005, we were awarded the [National Vital Statistics System Award](#) for excellent performance in the Vital Statistics Cooperative Program for exceeding contract specifications for delivery of birth and death data. Both awards meant a lot to us.

What other successes have you had?

We've also been honored to pilot the [Electronic Verification of Vital Events](#) project for Social Security. Soon, we'll participate in another pilot program for Medicaid in Iowa, Minnesota and South Dakota.

It sounds like you have a lot of partners.

We certainly do. Within public health, your readers might be interested to know that we furnish records to programs like Maternal and Child Health, Newborn Hearing Screening, Traumatic Brain Injury and the HIV/AIDS programs. Other state agencies also use our services, and for a variety of purposes, including voter registration, obtaining driver's licenses, retirement plans and veterans' services.

How has VR made a positive difference in the lives of Iowans?

In two basic ways. We provide Iowans with the information that allows them to obtain any number of services. The other way is in the collection of health data. For example, if many Iowans were dying of a particular disease, we would provide public health officials with the relevant data to allow them to create programs to address these public health issues.

What challenges has VR faced?

When your business involves keeping records, you quickly realize the importance of consistency. Our biggest challenge has been working with all 100 local county registrar's offices (Lee county has

two) to ensure that everything gets done according to the same standard. To get consistency in our local services, we have developed a liaison committee with the County Registrars' Association of Iowa to support this objective.

What's coming up for VR?

Well, the timing of this article is interesting, since this month we'll be moving to a Web-based birth registration system. Also, we'll be automating all of our office processes and continuing our work in combining 12 million records into a single database.



Information support worker Donna Compton takes a microfilm cartridge from one of four carousels in the Office of Vital Records. Each cartridge contains up to 5,000 birth, death or marriage records.



Iowa Department of Public Health

Advancing Health Through the Generations

Radon a problem in nearly two-thirds of Iowa homes

By Rick Welke*

When something is wrong with your home, you usually know it. A door won't shut tightly or you may feel a draft that wasn't there before. Something may even drip on your head.

But how do you know if your home contains dangerous levels of a gas that is completely imperceptible by sight, smell or taste? How do you know if you live in one of the estimated 71 percent of Iowa homes that has a radon problem?

The answer is simple and usually inexpensive. Have your home tested.

"The Iowa Department of Public Health (IDPH) strongly recommends that all homes in Iowa be tested for radon," said [Environmental Health Division](#) Director Tom Newton. "January is radon action month, so we are challenging all Iowans to test their homes to protect the health of their families."

How dangerous is radon?

Radon is the number one cause of lung cancer among nonsmokers, according to [U.S. Environmental Protection Agency](#) (EPA) estimates. In Iowa, over 200 of the 1,700 lung cancer deaths each year are caused by radon. Your family's risk of developing lung cancer from radon depends on the average annual level of radon in your home and the amount of time you spend there. The longer your exposure, the greater the risk.

Although the radioactive gas is found nearly everywhere, radon levels in Iowa are particularly high. It is in the soil due to the decay of uranium and radium that was ground-up and left behind by glaciers. It seeps into your home

from the surrounding soil, regardless of your home's age or type of construction.

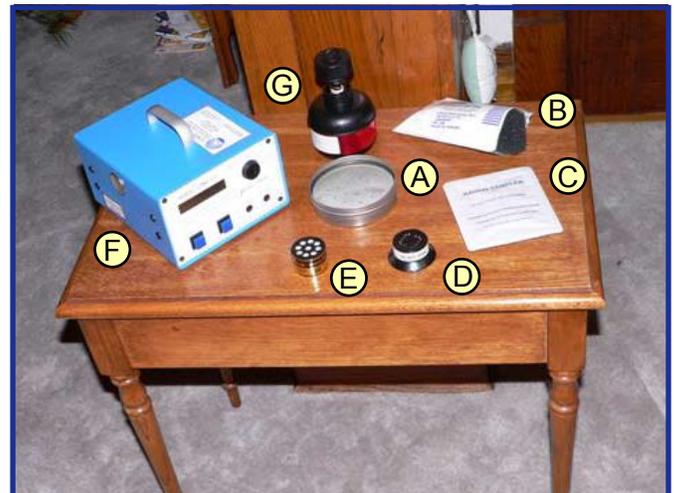
Studies performed in Iowa and elsewhere have convincingly demonstrated an increased lung cancer risk from prolonged radon exposure at or below the EPA's action level of 4 pCi/L (picoCuries per Liter). Iowa has the highest percentage of homes in the United States with radon levels that exceed 4 pCi/L.

"Radon is one of the major environmental hazards we face in the United States," cautions Dr. William Field from the [College of Public Health at the University of Iowa](#). "Deaths attributed to radon and its decay products surpass even the number of deaths each year from other dreaded diseases like brain cancer, melanoma, and bone cancer."

What can you do?

Luckily, radon is easy and inexpensive to detect. However, it's up to you to find out whether radon is a problem in your home. Do-it-yourself kits are available for \$20 or less. The best time to conduct tests is during the cold weather months, like January, when windows are closed.

If you are planning to buy a new or existing home, make sure to have the home tested by a certified radon measurement specialist as part of the



The most common short-term testing devices on the market (A, B and C) use charcoal and are available for as little as \$5. Alpha-track detectors (D and E) are used for longer periods of time and cost about \$20. Other devices (F & G) produce immediate results and are used by professionals (F and G).

purchase agreement. If a short-term test shows a radon level of 4 pCi/L or greater, require a radon venting system to be installed (for \$1,200-\$1,600) before proceeding with the sale. If you have purchased a new home within the last year and your radon level is 4 pCi/L or higher, find out if the home-builder is responsible for paying to lower the radon level.

For information on licensed radon mitigation specialists, call 1-800-383-5992 or visit www.idph.state.ia.us/eh/radon.asp. To find out more about radon and lung cancer health studies performed in Iowa, go to www.cheec.uiowa.edu/misc/radon.html.

* Rick Welke is the Iowa Radon Program coordinator at IDPH.



Iowa Department of Public Health

Advancing Health Through the Generations

Cold air can trigger asthma

By Andrea Hoffman*

As the temperature drops, we become susceptible to colds that can cause congestion and other respiratory symptoms. But if wheezing and coughing occur during cold weather, it might be more than a temporary cold. Many people with asthma may not realize they have it until they experience problems such as shortness of breath, wheezing, or tightness in the chest outdoors on cold days.

“Breathing very cold air can trigger asthma episodes in some people,” says Micki Sandquist, director of the [American Lung Association of Iowa](#). “Since each person with asthma is different, weather factors that affect others may or may not affect everyone.”

When people with asthma are exposed to triggers – which may include cold air, dust, pet dander and pollution – their lungs react in two ways that can lead to breathing difficulty. Airways in the lungs become inflamed, swell and produce more mucus, while muscles in the lungs constrict.

In Iowa, 200,000 people have asthma. Of these, 47,000 are children under age 18 – children who may not know they have asthma or may not be inclined to take precautions, especially when it’s time for a snowball fight.

One of the best ways for a person with asthma to avoid cold air is to wear a hood/scarf/mask around the nose and mouth to help humidify and warm the air before it enters the lungs. People with asthma who are sensitive to cold air should avoid being outdoors as much as possible during the colder months.

Other tips include:

- Take medicines as prescribed by your doctor.
- Breathe through your nose to warm the air before it reaches your lungs.
- Exercise indoors on cold days. If you must exercise outdoors on cold days, warm up for 10-15 minutes, and take a couple of puffs on your reliever inhaler before you start.
- Use your bronchodilator (rescue inhaler) 30 minutes before going outside.



A child with asthma who is sensitive to cold air may qualify for a [504 Plan](#) under the provisions of the Rehabilitation Act of 1973. The plan entitles the child to bus transportation to and from school at no charge, and to indoor activities during recess.

Regardless of what triggers your asthma, the Iowa Department of Public Health recommends a written personal [asthma action plan](#). This emergency plan, completed by your doctor or nurse, should include: information about your asthma medication; key things you should do when your asthma gets worse; your asthma triggers; and emergency information on what to do if you have an asthma attack.

For a free asthma action plan from the IDPH [Iowa Asthma Control Program](#), visit www.idph.state.ia.us/hpcdp/asthma.asp or write to ahoffman@idph.state.ia.us. To learn about the 504 Plan, visit www.504idea.org.

* Andrea Hoffman is the Iowa Asthma Control Program coordinator at IDPH.



Iowa Department of Public Health

Advancing Health Through the Generations

Coming soon:

Advances in Iowa Public Health, 1999-2006

A special publication will soon be available on the *Iowa Health Focus* Web page at www.idph.state.ia.us/do/focus.asp. *Advances in Iowa Public Health, 1999-2006* is a 10-page collection of highlights in public health in Iowa during Governor Tom Vilsack's administration. Topics include: public health funding; government, community, and public partnerships; public health emergency preparedness; domestic violence, nutrition and physical activity initiatives; the Iowa Laboratories Facility; disaster response activities; eliminating barriers to health care access; and the 2006 Iowa Pandemic Influenza Planning and Response Summit.

IDPH staff will notify *Iowa Health Focus* readers once this publication becomes available.



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