

FOCUS

March 2007

Partners gearing up for National Public Health Week, April 2-8

By Joyce Allard*

It's a fact that vulnerable populations face a different set of barriers when preparing for public health emergencies," said Iowa Department of Public Health (IDPH) Interim Director, Mary J. Jones, BSEMS, PS. "This year's National Public Health Week (NPHW) theme, *Preparedness and Public Health Threats: Addressing the Unique Needs of the Nation's Vulnerable Populations*, will help eliminate these barriers."

Jones said that every year the [American Public Health Association](#) determines the theme for NPHW, while Iowa and other states develop plans to promote the theme and public health. This year is no exception.

IDPH's [Office of Community Education](#) is helping coordinate this year's effort, which includes a workgroup consisting of 32 leaders from across Iowa that represent health care providers, public health, elder affairs, education, workforce development, Iowa's public health association, and state and federal agencies. The workgroup has met several times since December to identify events and distribution channels that will help them deliver strategic messages related to the 2007 theme. Mes-

NPHW '07 Iowa Workgroup

- Children's Center at Mercy
- Iowa Association of Local Public Health Agencies
- Iowa Department of Education
- Iowa Department of Elder Affairs
- Iowa Department of Human Services
- Iowa Public Health Association
- Des Moines University
- Iowa Department of Public Health
- Iowa EXPORT Center of Excellence on Health Disparities
- Iowa Public Health Association
- Iowa State University College of Human Sciences
- Iowa Workforce Development
- Louisa County Public Health
- National Alliance on Mental Illness
- Polk County Health Department
- University of Iowa College of Public Health
- U.S. Department of Housing and Urban Development
- U.S. Department of Agriculture

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Plain & Simple Web site introduces tools, resources and more

By Jay Cooper*

After months of planning, preparation, and progress, the [Web site for Plain & Simple: A health literacy project for Iowa](#) is live and fully functional.



Accessible through

the Iowa Department of Public Health search engine or at www.idph.state.ia.us/health_literacy, this Web site is designed to help public health workers and partners communicate clearly about health.

Fran Sadden, president of the [Iowa Association of Local Public Health Agencies](#) (I-ALPHA) says she is impressed with the amount of content on the Web site. "The site has a wealth of information for

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Zwick retires after 35 years in state government

By Dean Austin*

After 35 years in state government, Janet Zwick retired on Feb. 16. Zwick, who was both the Iowa Department of Public Health (IDPH) deputy director and director of the [Division of Behavioral Health and Professional Licensure](#) at the time of her retirement, said she will miss the people the most.

"The people in the field, division staff, the professional provider organizations, and other state and local agencies have contributed so much through collaboration in moving substance abuse prevention and treatment forward to the next level of service and professionalism," Zwick said. "The people make the difference."

Zwick has certainly gotten to know many people since she entered the field of substance abuse in 1972. She began as a social worker in the drug treatment unit at the [Cherokee Mental Health Institute](#). "Drug and alcohol treatment were separate back then," Zwick recalls. "It was a sign of the times."

By the time she left Cherokee in 1982 to move to the Iowa Department of Substance Abuse (IDSA), she had become program director and seen the alcohol and drug addiction units combine into a single substance abuse treatment service.

The IDSA was merged into the Iowa Department of Public Health in 1986. Zwick assumed the position of division director for substance abuse.

In moving the field of substance abuse forward during the following 21 years at IDPH, Zwick worked with the [Iowa Substance Abuse Program Directors' Association](#), other state departments, and federal

agencies to implement evidence-based best practices, such as motivational interviewing and patient placement criteria implementation.

She collaborated with the [Iowa Department of Corrections](#) to establish and implement residential therapeutic communities in correctional facilities. Zwick also worked with local substance abuse treatment programs and community corrections facilities in the treatment of offenders. Other partnerships Zwick helped develop include those with the [Governor's Office of Drug Control Policy](#), the [Department of Human Rights](#), and the [Department of Human Services](#).

"The positive advances made in our field during my time in state government have been because of the communal and collegial relationships and the support of many individuals," Zwick said.

Among the many awards she has received, Zwick says she is particularly proud of one she received in 2003 from the Methodist and Lutheran [Powell Chemical Dependency Center](#) for outstanding contributions in the field of alcoholism and chemical dependency. "This was the first time the award had been presented to someone other than a physician," Zwick said.

When asked for the name of someone Iowa Health Focus could interview for this story, Zwick reached for an e-mail she had recently received from a long-time colleague. "Your retirement concerns me not because you're leaving the department, despite the fact that will be a huge loss, but for the fact that it reminds me that our field is on



Recently retired IDPH deputy director and director of the Division of Behavioral Health and Professional Licensure, Janet Zwick.

the precipice of having to endure the retirement of a whole slew of people who are truly pioneers! You, and I, and our peers are the workforce that put the ideas of Governor Hughes into practice. We grew it and made sure the principles of love and hope were integrated with best practices and continuous quality improvement... Your contributions to the field will be remembered and appreciated for years ahead."

* Dean Austin is chief of the IDPH Bureau of Administration, Regulation, and Licensure.



Iowa Department of Public Health

Advancing Health Through the Generations

Online materials, tools being developed by NPHW partners

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sages include items from the successful Protect Iowa Health campaign (www.protectiowahealth.org) and other messages related to the specific population.

Iowa populations targeted during NPHW include mothers with children in the household, hourly-wage workers and people living with chronic disease or disability. K-12 schools and preschools are also being encouraged to prepare for public health emergencies.

"Local public health agencies and other partners are already finding ways to deliver the message of preparedness to people who would be at greater risk during a public health emergency," said Kim Tichy, Iowa Public Health Association representative and co-leader of the Events Team. "Whether through a special event or one already scheduled, we hope to reach out to these special populations."

Linda McGinnis, IDPH representative and leader of the Distribution Channels Team, says her team plans to deliver messages through pre-existing mailing lists and other channels

NPHW Iowa Campaign Messages

In preparing for public health emergencies, the Protect Iowa Health campaign encourages Iowans to **make an emergency supply kit** and **create a communications plan**. During NPHW 2007, additional messages will be delivered to special audiences.

Mothers with children in the household should also **identify a backup caretaker for children**.

Hourly-wage workers should also **learn about their employer's policy regarding emergencies**.

People living with chronic disease or disability should also **maintain a list of current health issues, medications, and allergies**.

Schools are encouraged to **include at least one lesson on public health preparedness** for all grades during NPHW.



provided by the 16 partner organizations and others who communicate with people who may be part of the targeted populations. "It's important for us to identify opportunities for message delivery as early as possible so we can make sure materials are available to these organizations in time to meet their deadlines," McGinnis said.

The Materials Development Team is producing flyers, fact sheets and other educational tools. Annie Vander Werff, team leader and representative from the Iowa EXPORT Center of Excellence on Health Disparities at the University of Northern Iowa, said her team is customizing messages for the target populations in Iowa. "Materials from the National Public Health Association will help us reach Iowans in ways that are meaningful to them," Vander Werff said. "Most of the materials will be posted on the new NPHW Web site for easy access."

To learn more about NPHW in Iowa, visit www.idph.state.ia.us/do/nphw_2007.asp. To learn about the observance on the national level, visit www.nphw.org.

* Joyce Allard is community education coordinator at IDPH.



Improved communication focus of Web site

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local public health workers, and includes some of the best tools available to help people create documents that are easier to read.”

The site is divided into six easy-to-navigate sections and includes:

- a home page;
- news and events;
- style guides, readability calculators, and other tools for improved communication; links to resources;
- examples of documents that have been made more effective by applying health literacy strategies;
- stories from people with low general or health literacy; and
- research summaries for grant writers and others.

Sadden said she is looking forward to more contributions to the “Examples” section of the site. “It is great that this project can show actual samples of plain language writing,” Sadden said. “I think that public health professionals will be encouraged to do the same sort of thing when they see these concrete examples.”

The Plain & Simple project is coordinated by the Iowa Department of Public Health in partnership with



I-ALPHA and the [Iowa Public Health Association](#). It is funded by the [Wellmark Foundation](#).

New items will be added to the Web site periodically, including news and announcements, visitor contributions, and recently available tools and resources. To be added to the mailing list or to contribute to the site, contact Project Coordinator Don McCormick at dmccormi@idph.state.ia.us or (515) 281-8960.

* Jay Cooper coordinated the initial content for the Plain & Simple Web site. He is a Master of Public Health student at the [University of Iowa College of Public Health](#).



Plain & Simple offers five online readability calculators

An important feature of the “Tools” section of the new Plain & Simple Web site is readability resources. “Readability” usually refers to the reading level, or “grade” level, needed to read something.

The Plain & Simple Web site is linked to five online readability calculators. Just click the name of the one you want to use and paste your text into the space provided. To improve the readability of your text, use words with fewer syllables, shorter sentences and fewer words per sentence. Then, use the same readability calculator to see how much easier it is to read your document.

Click [here](#) to go “Tools” page and go to “Readability Calculators and Formulas.”



Iowa Department of Public Health

Advancing Health Through the Generations

Information Management meets challenges of early “spring forward”

By Don McCormick*

What's an hour or two here and there? Lost time and confusion if you don't take the appropriate steps to account for daylight saving time (DST) this year, says [Bureau of Information Management](#) Chief, Dale Anthony at the Iowa Department of Public Health (IDPH). This year, DST will be extended by approximately four weeks in accordance with the [Energy Policy Act of 2005](#).

If public health workers and partners don't pay attention to appointments scheduled on electronic calendars between March 11 and April 1, and again between Oct. 28 and Nov. 4, Anthony says there could be trouble. “Meetings could either be duplicated or appear off by one hour if you don't take the appropriate steps,” Anthony warned. “If all you do is manually set the time forward on your computer to compensate, appointments could appear two hours off when the old daylight savings time is applied automatically three weeks later.”

The solution? A patch. A lot of patches. “In February, we patched more than 400 computers and 120 servers, and converted 621 mailboxes to account for the ‘extended’ daylight saving time.” Thank goodness they won't have to do this every year, Anthony added.

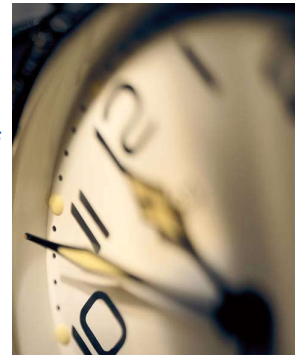
Anthony stressed the importance of public health partners taking similar measures. “Public health benefits greatly by the amount of time our partners invest in helping us fulfill our mission,” Anthony said. “It's important that we ensure no time is wasted due to meetings that appear differently on electronic calendars.”

IDPH encourages users of Microsoft Windows operating systems to visit www.windowsupdate.com and click on “Express” to apply the necessary DST patch. Users of Microsoft Office products should also visit <http://office.microsoft.com/en-us/downloads> and click on “Check for Microsoft Updates” on the right side of the screen.

To minimize confusion during the affected date ranges, [Microsoft](#) recommends the following:

- Include the time of the meeting in the e-mail request so that invitees can double check the correct meeting time (such as, “Project brainstorming - 11:00 a.m. Central Time”).
- Exercise caution with the appointments and meetings in the extended DST period. When in doubt, verify the correct time with the organizer.
- Consider printing out your weekly calendars during the extended DST period.

* Don McCormick is editor of Iowa Health Focus.



Why do we have DST?

Traditionally, Americans adjusted their hours to fit changes in daylight. Farmers, as well as railroads, steamship lines, shops, and factories changed their hours of operation seasonally. In 1784, Benjamin Franklin wrote an article recommending earlier opening and closing of shops to save the cost of lighting. It wasn't until World War I, however, that the idea was adopted in England, Germany, France, and many other countries. In the U.S., legislation was passed in 1918 establishing daylight saving time. The law was repealed after the war in 1919. During World War II, however, national daylight saving time was reestablished by law on a year-round basis.

When Richard Nixon set the clocks ahead for 15 months in 1974 and 1975 in response to the 1973 energy crisis, the U.S. Department of Transportation studies found that observing daylight saving time in March and April saved 10,000 barrels of oil a day, and prevented about 2,000 traffic injuries and 50 fatalities, saving the U.S. about \$28 million in traffic costs. In 1987, federal legislation fixed the period of daylight saving time in the U.S. as the first Sunday (previously the last Sunday) in April to the last Sunday in October, some say due to lobbying by manufacturers of sporting goods, charcoal grills, and insect repellants.

Daylight saving time was expanded in 2005 (effective this year) to extend from the second Sunday in March to the first Sunday in November.



Iowa Department of Public Health

Advancing Health Through the Generations

IDPH

Team Voices

Division of Tobacco Use Prevention and Control

Recently, Aaron Swanson, a community health consultant in the Division of Tobacco Use Prevention and Control, spoke to *Focus* about the division and its role within IDPH and the state.

What is the division's mission?

We foster a social and legal climate in which tobacco use becomes undesirable and unacceptable.

What programs or services does the division provide to accomplish this mission?

We accomplish our mission with programs like [Just Eliminate Lies \(JEL\)](#) and [Quitline Iowa](#), our state's free, evidence-based tobacco cessation helpline. We also provide funding to 54 community partnerships serving 97 counties with local programs to prevent youth from becoming smokers, promote cessation, eliminate exposure to secondhand smoke, and identify and eliminate health disparities related to tobacco use.

High school cigarette smoking has decreased more rapidly in Iowa (by 50 percent since 2000) than in the nation as a whole (by 37 percent since 2000). What role did the division play in this impressive drop in teen smokers?

JEL, Iowa's award-winning, youth-led prevention program has played a big part, because it has given teens across the state a chance to have a unified voice against big tobacco and to change people's

attitudes about tobacco use. I think a lot of the credit also has to be given to our community partnerships that work tirelessly to change and improve tobacco policies at the local level.

Who partners with the division and how have those partnerships been advantageous?

Forming local and statewide partnerships is critical if we are to be successful in accomplishing our mission. Some of our partnerships include statewide coalitions like the Iowa Tobacco Prevention Alliance, [Clean Air for Everyone \(CAFE\) Iowa](#), and the [Iowa Consortium for Comprehensive Cancer Control](#). All division grantees are also required to work with local coalitions of agencies and individuals to promote tobacco prevention and control at the community level.

What challenges has the division faced?

Iowa has one of the lowest cigarette taxes in the country – 42nd out of 50 states. Research shows that raising the cigarette tax is one of the most effective ways to prevent kids from using tobacco and motivating adults to quit. We also know that increasing the number of nonsmoking environments is very effective at reducing tobacco use. However, our

state law currently does not allow local communities to pass clean indoor air laws that completely ban smoking in workplaces and public places. Securing funding adequate to support a truly comprehensive, statewide tobacco control program has also been a challenge. Current state funding is only 33 percent of the minimum recommended for Iowa by the Centers for Disease Control and Prevention and less than 70 percent of the funding allocated to the division prior to 2003.

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

Through our programs, we have tried to empower youth in Iowa to fight back against the tactics of the tobacco industry, give Iowans the tools

they need to quit smoking, and create environments where tobacco use is not accepted. As a result, we have seen significant decreases in youth smoking over the past several years, and recently, have seen decreases in adult smoking prevalence as well.

What is coming up for the division?

Right now we are preparing a request for applications for the various programs we fund. The division is also playing a big role in planning [Youth Advocacy Day](#) on March 28th, which gives youth from across the state a chance to speak to their legislators about tobacco control issues. In June, we'll hold our annual JEL Summit at Grinnell College.



JEL youth gather on the steps of the Capitol for Youth Advocacy Day 2006. This year the event will be held on March 28.



Iowa Department of Public Health

Advancing Health Through the Generations

IDPH, March of Dimes partner to improve newborn health

By Kevin Teale*

Most Iowa new moms receive instruction in the hospital on the care of newborns shortly after giving birth. But, how much of that information do they retain and actually put to use? That question will soon be answered thanks to a grant to the Iowa Department of Public Health (IDPH) from the [March of Dimes](#).

The \$10,000 grant will allow a survey of several hundred new mothers four months after delivery to see if they are caring for the newborns as planned, as well as provide an understanding of the mothers' postpartum behavior. It will also provide insights into possible relationships between lifestyles before birth and poor pregnancy outcomes, such as low birth-weight infants or learning disabilities.

"The survey is invaluable because it will allow us to improve prenatal education programs, especially for those expecting moms at risk of poor pregnancy



outcomes," said Jane Borst, head of the IDPH [Bureau of Family Health](#).

The survey will be called the Iowa Pregnancy Risk Assessment Monitoring System (I-PRAMS) and is expected to have its first results available in spring, 2008.

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education, and advocacy to save babies and in 2003 launched a campaign to address the increasing rate of premature birth. For more information, visit the March of Dimes Web site at www.marchofdimes.com or its Spanish Web site at www.nacersano.org.

* Kevin Teale is a communications officer at IDPH.

Coming soon: a new look for 5 A Day



The 5 A Day program, which for years has encouraged five or more servings of fruits and vegetables each day, will soon focus on a new call to action: Eat more fruits and veggies at every eating occasion. The Fruit & Veggies—More Matters campaign will launch nationally on Monday, March 19.

The need to deliver this message is clear as 80 percent of Iowans do not eat the recommended amounts of fruits and vegetables. The program is planning several events throughout the spring and summer of 2007 to support the new campaign. Planned activities include cooking contests and educational events for consumers and professionals with tips and recipes for increasing fruit and vegetable consumption.

Look for specific details about activities around Iowa in the next issue of Iowa Health Focus. Until then, visit [www.fruitand-](http://www.fruitand-veggiesmorematters.org)

[veggiesmorematters.org](http://www.fruitand-veggiesmorematters.org) to learn more about the initiative.



Iowa Department of Public Health

Advancing Health Through the Generations

A Maryland death and oral health in Iowa

Legislature considers I-Smile dental proposals

By Bob Russell*

As the Iowa Legislature considers the "I-Smile" dental home and school-readiness dental screening proposals to address the oral health care needs of underserved Iowa children, a tragedy brings emphasis to the importance of good oral health. On Feb. 25, a 12-year-old Maryland child named Deamonte died from complications resulting from an abscessed tooth. What could have been resolved with early detection and prevention or a simple \$80 tooth extraction resulted in over \$250,000 in costs, two major operations, six weeks of hospital care due to infection spreading to the child's brain, and the child's tragic death.

It has been said by some that a toothache will never kill you; however, this is unfortunately not always true.

Deamonte's story is not as unique as it seems. According to the [2005 Early and Periodic Screening, Diagnosis, and Treatment Dental Services](#)

[Report](#), only 44 percent of all Medicaid children ages 1-20 in Iowa received any dental service in 2005. [Iowa Medicaid](#) data show that of the 49,670 eligible children of Deamonte's age range (10-14 years old), only 50 percent received any dental services. Of that number, only 45 percent received preventive dental services with only 25 percent receiving dental treatment beyond preventive services. That leaves 24,800 Medicaid enrolled children ages 10-14 without any dental services in 2005.

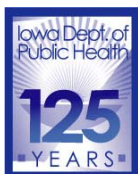
The Iowa Department of Public Health's [2006 Oral Health Survey](#) of more than 1,100 third grade children in more than 29 schools revealed that 13 percent of the children screened showed evidence of untreated dental decay. Twenty-five percent of the children were uninsured and 21 percent were en-

rolled in either Medicaid or *hawk-i*. The Medicaid children presented with over 19 percent untreated decay and the uninsured children presented with 15 percent. If these children fail to receive follow-up dental care, the potential for more situations like Deamonte's exists and could result in millions of dollars of unnecessary hospitalizations and even death.

Iowa has a unique opportunity to address this issue constructively in 2007 and assure that

such problems in the future are reduced. The time to protect the oral health of Iowa's underserved children has come.

** Dr. Bob Russell is the state dental director at IDPH.*



Report recommends something better for Iowa's children

By Lon Walker*

The following is [Iowa Child Death Review Team](#) Chairperson, Lon Walker's introduction to the team's recently released [Annual Report for 2005](#).

I sometimes wonder how a person will be remembered; when our life's work is done, will we be judged by our accomplishments, by our failures, or by our inactions? From a state Child Death Review Team perspective, that is an enormous concept. Have we done everything we could to make Iowa safer for our kids, our most important resource? Or have we failed to respond to the fact that 406 kids died in Iowa in 2005? Should we be concerned that while the birth rate climbed 2.4 percent, the death rate climbed 7 percent? Does it matter that every month last year one child committed suicide and another one was murdered? Does it matter that, on average, three children per month died and the cause could not be determined? Shouldn't our legacy be one of caring and pro-activity when it comes to saving children's lives?

We, as a state, must do a better job in helping young parents be better parents and helping them avoid identified risk factors to young children, reducing unexplained deaths. We have to improve health care for expectant mothers and teach them the dangers of drug, alcohol, and tobacco use while pregnant, thus reducing neonatal deaths.

Suicide is a permanent solution to what should be a temporary problem, yet every year a dozen or so children choose to end their own lives. Can't we find a way to reach out to these kids whose problems simply can't be that severe? We saw more than 90 accidental deaths in 2005; 46 of those were automobile crashes where children often were not properly restrained. Eight children died in house fires where smoke alarms often were non-operational and 11 kids drowned, often because of poor supervision and/or the absence of swimming pool alarms.

Now that the Child Death Review Team has provided over 10 years of data on the causes and manner of child deaths, perhaps it is the time to establish our state's legacy by making our state a safer place for our children. For those of us in a position to make a difference, let's work together to create a legacy of caring and compassion for our kids so that they can live and grow to become healthy, productive adults.

The numbers are telling us that many of our kids are dying because of us. We can and must do better. The recommendations contained in this report are here to help us, as a state, create the legacy that we all want: something better for Iowa's children.

To view the full report online, visit www.idph.state.ia.us/hpcdp/medical_examiner_cdrt.asp and click on "Iowa Child Death Review Report 2006 (Annual Report for 2005)." To obtain hard copies of the report, contact Stephanie Trusty at strusty@idph.state.ia.us or 515-281-4731.



More concurrent sessions scheduled for Barn Raising VI, Aug. 2-3

The [Governor's Conference on Public Health: Barn Raising VI, Celebrating Healthy Communities](#), scheduled for August 2 and 3, 2007 at Drake University, is expected to draw between 700-800 participants from nearly every county in Iowa. Started in 1997 and held every other year, these meetings are funded almost entirely by grants and contributions from 60 organizations in the state.

Governor Culver has been invited to open the conference with a presentation on the topic, "The Public Health Agenda." Following this presentation, Senator Tom Harkin has been asked to introduce Dr. Julie Gerberding, director of the [Centers for Disease Control and Prevention](#).

Although the audience is attended primarily by health professionals, other participants include teachers, political leaders, concerned citizens, and academicians. The conference reaches an even wider audience through its conference Web site, www.thehealthconference.org, where videotaped sessions are archived.

In keeping with the conference theme, *Celebrating Healthy Communities*, community representatives will highlight their successes so other communities can make use of them. New sessions include:

Eileen Daly from [Black Hawk County](#) and Carlene Russell from the [Department of Elder Affairs](#) will discuss three local Iowa projects implementing evidence-based programs.

Beth Waddle from [Adams County](#) and Cindy Peterson from the [Iowa Department of Cultural Affairs](#) will explain how to build community health improvement initiatives and seek grant programs to fund them.

Jane Schadle from IDPH and Tony Warren from [Henry County](#) will discuss elements of healthy communities and one local effort to build a healthier community.

[George City Clerk Berdette Weier](#), [Aurora Mayor Richard Roepke](#) and [Baxter Superintendent of](#)



Schools Neil K. Seales will provide information about built communities and community-based initiatives.

IDPH staff members Sarah Taylor, Laura Sands, and Carol Voss will report on the local impact of projects in Pocahontas, Colfax/Mingo, and Boone.

The Barn Raising agenda is as varied as the wide range of audience interests. Forty-one concurrent sessions are planned with 70 presenters speaking on topics such as diversity, the work place, environmental health, substance abuse, funding issues, technology, oral health, mental health, social marketing, and response to crisis. Special sessions focus on reinventing public health, health care of undocumented immigrants, and new legislation and administrative rules.

The registration fee of \$50 covers two continental breakfasts, two lunches, a reception, CEUs and all conference materials.

For more information about concurrent sessions or to download materials, visit www.idph.state.ia.us/bhpl/barn_raising.asp. Check back regularly as the agenda and information on presenters is updated.



Iowa Department of Public Health

Advancing Health Through the Generations

Mark your calendar: Governor's Conference on Aging, May 21-22

Aging is more than a physical process; it is a journey with moments of great triumph, periods of setback and experiences that intrigue us. Such is the theme for the [Governor's Conference on Aging](#), *Aging: The Journey of a Lifetime*, set for May 21-22, 2007.

Life's experiences lift us and carry us along the road, each day finding us a little further down the path. Life's journey does entail risk, but our perceptions are often based on emotion rather than fact. We think about the risk of getting on a plane, of being in a strange place, of not being able to communicate. The reality is that the journey will change us, will make us grow and cause us to discover that the world isn't as we imagined. Experienced travelers know when we take a journey we have stories to tell and no one knows that better than older Iowans.

Among the conference speakers will be nationally-acclaimed speaker, author, and plane hijacking survivor, [Jackie Pflug](#). Her presentation, *The Courage to Succeed*, has been delivered throughout North America, and her book *Miles to Go Before I Sleep* continues to influence peoples' attitudes, values, and behaviors long after the last page has been read.

For more information about the conference, visit www.state.ia.us/elderaffairs. To learn more about Jackie Pflug, visit www.jackiepflug.com.



Iowa Department of Public Health

Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-7689
www.idph.state.ia.us

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