



Dec 07/Jan 08

\$9.4 million to support substance abuse recovery

By Don McCormick*

“Linda” is a single mother of a 4-year-old boy and a 9-year-old girl. To make ends meet, she works 55 hours a week between her two part-time jobs. Unable to drive since her conviction, Linda’s life seems to revolve around the bus schedule, paying the bills, and trying to be a good parent.

Sound tough? That’s not the half of it. Linda’s biggest challenge isn’t her demanding daily routine. It’s overcoming her addiction to methamphetamine.

That’s the really tough part.

Like many people getting treatment for substance abuse, Linda’s obligations and hectic schedule actually mean she’s walking a very fine line. For treatment to be successful, people like Linda need certain supports to enable them to continue treatment and ensure that the results of that treatment are

long-lasting. Without support, treatment providers know it’s often a matter of time before it all becomes too much for the client, and they relapse.

Thanks to a new \$9.4 million federal grant, the Iowa Department of Public Health (IDPH) will soon be able to help thousands of Iowans like Linda get the additional help they need to recover from substance abuse. The Iowa program is called Access to Choice and is funded by the Substance



Governor Culver’s Senior Policy Advisor John Hedgecoth (left) and IDPH Director Tom Newton listen to SAMSHA Administrator Dr. Terry Cline speak at the State Capitol in December.

Abuse and Mental Health Services Administration’s (SAMHSA) Access to Recovery grant program.

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Department rolls out new logo

In November, the Iowa Department of Public Health (IDPH) introduced a new logo.

“Working with the IDPH Executive Team, we designed the logo to include an active Iowan,” said Sandy Briggs, health promotions designer in the IDPH Bureau of Communication and Planning. “One of our most important messages in public health



is to encourage wellness through physical activity, and people seem to see the figure in the logo performing a variety of physical activities.”

Please look for this new logo on a variety of IDPH documents and publications in the coming months. If you wish to use the new logo, please contact Sandy Briggs at sbriggs@idph.state.ia.us.

“Five Steps” and Healthy Iowans 2010: Connecting the dots

By Tom Newton*

In a partnership with Lt. Governor Patty Judge and her Commission on [Wellness and Healthy Living](#), the Iowa Department of Public Health helped plan 10 town hall meetings across the state to discuss wellness and lifestyles this past summer. In November, Lt. Governor Judge announced her “[Five Steps Toward A Healthy Iowa](#),” a plan that grew out of recommendations by the commission.

“When people talk about health care, far too often discussion focuses on the high cost of patient care, prescription drugs, and hospital visits,” Lt. Governor Judge noted at a press conference announcing the five-step plan. “Little attention is focused on the simple things we can do as individuals to prevent these expenses.”

How true!

In working with the Lt. Governor, I have come to know that she understands the role public health plays in keeping the state healthy and well. We are lucky to have a such a champion in Lt. Governor Judge – who was herself a health care provider – to draw such attention to wellness and disease prevention.

In thinking about how the department, local public health officials, and the public might best implement Lt. Governor Judge’s plan, I encourage readers to revisit a document that you may have already used to champion health and wellness in your own communities – [Healthy Iowans \(HI\) 2010](#). Please consider how you might use Lt. Governor Judge’s “Five Steps” to bolster support for the work you do or would like to do in your community.



Lt. Governor Patty Judge speaks at a press conference announcing her five-step plan to improve health in Iowa.

Step One: Remove Unhealthy Food in Schools. This includes: creating a revolving school loan program to allow schools to purchase vending machines that carry only healthy foods; and providing more fruits, vegetables, and lean meats in school lunches. See HI2010 Chapter 13, which addresses school-based strategies to improve student health and promote healthier lifestyles.

Step Two: Improve the Health of Iowa’s Children. This includes: setting physical activity requirements for Iowa’s schools; and encouraging student wellness, through activities such as well-child screenings. See HI2010 Chapter 16, which focuses on school-based physical education and physical activity.

Step Three: Encourage Local Control to Ban Smoking. This includes giving communities the authority to pass local smoke-free ordinances. See HI2010 Chapter 21, which includes strong rationales and action steps for reducing exposure to secondhand smoke.

Step Four: Encourage Physical Activity for Seniors. This includes the expansion of physical activity programs for Iowa’s seniors by the Departments of Elder Affairs and Public Health. See HI2010 Chapter 16, which identifies seniors as a special population for engagement in active living.

Step Five: Promote Prevention Efforts Amongst Iowans. This includes: encouraging regular health screenings and other preventive steps and working with public health to connect people to those services; and creating a “Wellness Web site” to include information about successful wellness efforts in Iowa and tools for creating personal wellness plans. See HI2010 Chapters 2, 3, 9, and 15. Chapter 16 includes online wellness resources as a goal.

Lt. Governor Judge’s Five Steps Toward A Healthy Iowa are both a call to action and a recognition of the important role public health plays in improving the health of our state, step by step, community by community. For more information about the Lt. Governor’s Commission on Wellness and Healthy Living and her five-step plan, visit www.governor.iowa.gov/lt-governor/healthy-living.php.

* Tom Newton is director of IDPH.

Neonatal screening hits 1 million mark in Iowa

By Kim Piper*

Parents everywhere probably remember counting their newborn's fingers and toes during the first few anxious moments following birth. When the numbers add up to 20, you immediately consider yourself and your baby lucky.

However, not many parents may remember something else that happens shortly after a baby is born. In Iowa, a few drops of blood are taken from one of the baby's heels and sent to the [University Hygienic Laboratory's \(UHL\)](#) lab in Ankeny to be tested for more than 40 congenital and inherited disorders. If left untreated, many of these conditions can have serious and debilitating effects, including chronic infections, mental retardation, physical disabilities, and death.

In November, the 1 millionth Iowa-born baby was screened for these disorders through the Iowa Department of Public Health's (IDPH) [Neonatal Metabolic Screening Program](#). Since 1983, the program has saved the lives and enhanced the quality of life for thousands of Iowans.

That's a lot of lucky babies.

Lucky also because the Iowa program is unlike any other. "For example, we are the only state to offer around-the-clock testing," said IDPH Director Tom Newton. "And that's important when the outcomes of treatment may depend entirely on how quickly a diagnosis can be made. As many parents can tell you, the difference of a few hours can mean the difference be-

tween a healthy, productive life, one with severe complications, or death."

Newton's remarks were addressed to partners of the program at a ceremony marking the 1 millionth Iowa screening. Among the partners in attendance was UHL Director Chris Atchison.

"The Iowa newborn screening program has helped give Iowa's children the best possible start in life through an extraordinary partnership between state agencies and parent representatives," Atchison said. "Their collaborative, tireless work has advanced a program that is second to none."

Internationally recognized as a leader in the field of neonatal screening, Iowa was one of the first states to screen for all of the disorders recommended by the [March of Dimes](#) and the [American College of Medical Genetics](#). Some of the more commonly known disorders include sickle cell disease, cystic fibrosis, and hypothyroidism. Other disorders are much more rare, but completely treatable.

Should the lab identify an infant who may have a congenital



Within the first 24 hours of birth, all babies in Iowa are given a "heel prick" to draw blood. The blood is collected on an absorbent paper collection form, which is then sent to the University Hygienic Laboratory to test for more than 40 congenital and inherited disorders.

or inherited disorder, the baby's parents and health care provider are contacted. Designated physicians from the University of Iowa's Department of Pediatrics serve as medical consultants for the program, and assist providers by recommending treatment and follow-up care.

To learn more about the Iowa Neonatal Metabolic Screening Program, please visit www.idph.state.ia.us/genetics/neonatal_parent_page.asp.

** Kim Piper is the state genetics coordinator in the IDPH Center for Congenital and Inherited Disorders.*

Cancer program gets lift from fundraiser

The IDPH [Iowa Breast and Cervical Cancer Early Detection Program](#) is slated to receive a portion of \$500,000 in donations raised in November through a unique fund-raising event called "Bras for the Cause." Organized by Dr. Christy Taylor of the [Iowa Clinic](#) and Stacey Fox, owner of Stacey's Bra & Lingerie in West Des Moines, the event featured 110 bras decorated by local artists. Those bras were auctioned off to more than 500 attendees.

Funds raised will also go to the [Des Moines Affiliate](#) of the Susan G. Komen for the Cure foundation. The organizers of the Des Moines event plan to hold Bras for the Cause next year in October, during breast cancer awareness month, and hope other Iowa communities will hold similar events.

Brenda Kane, pictured here with Ann Short (left), professional development coordinator for the IDPH "Care for Yourself" breast and cervical cancer screening program, received first place for her piece, "La Bosom," at the artists' reception for Bras for the Cause. Kane is an art teacher from Dowling High School in Des Moines.



IDPH Director Tom Newton, peers into a microscope as Dr. Mike Pentella, associate director of infectious disease at the [University Hygienic Lab \(UHL\)](#), explains the functions of the state public health lab.

Director Newton recently toured UHL and visited with staff about collaborations between IDPH and UHL. Some of the areas discussed included interoperability of information technology systems, needs for indoor air quality programs, regular meetings between the two agencies and the public health work force.

As a state agency under the Iowa Board of Regents, within the Health Sciences Center of The University of Iowa, the UHL provides multidisciplinary analytical and diagnostic scientific services, leadership, and education to support environmental quality and public health. The Laboratory provides services for assessment, surveillance, research and development, and technology transfer in support of public policy and its development on a state, national, and international level.

Thousands to benefit from unique support program

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“The process of substance abuse and addiction recovery is an intensely personal one,” said IDPH Director, Tom Newton. “Clients and family members have told us, and treatment professionals have agreed, the road to recovery requires not only effective treatment strategies, but also everyday services and supports such as transportation, child care and spiritual counseling.”

During the last five years, fewer than 10 percent of Iowa’s substance abuse clients were able to access recovery support services specific to their needs, primarily because of a lack of funding. Through the new program, these recovery support services will now be available.

How will the program work?

By working with a care coordinator at her substance abuse treatment agency, the client in the example above can choose those support services she absolutely needs to be successful on her road to recovery. For example, the client and her care coordinator may identify the need for transportation to and from the treatment agency and a qualified child care provider to take care of the client’s children while she’s receiving treatment.

Next, the provider works with the IDPH [Division of Behavioral Health](#) to initiate a voucher process so that the department can pay the recovery support services provider. In this case, the providers would be the taxi company she uses to get to the treatment center,

and the child care facility that watches her kids during that time.

Iowa’s application a strong one

In mid-December, SAMHSA Administrator Dr. Terry Cline visited Iowa to present IDPH with the \$9.4 million check that will fund the Iowa program for the next three years. During his visit, Cline talked about the merits of the Iowa application.



Director Newton is surrounded by members of the IDPH Bureau of Substance Abuse Prevention and Treatment as Dr. Terry Cline (third from right) presents them with the check for Iowa’s Access to Choice project.

“Iowa’s proposal showed their ability to think beyond today,” Cline said. “For example, Iowa’s plan was very supportive of the parenting process. We know that substance use in the home increases the likelihood of substance abuse among children.”

Originally proposed as a presidential initiative in 2003, this year’s competitive Access to Recovery grants are funding 18 states, five Native American tribes and the District of Columbia.

Thousands of Iowans to benefit

During the first, start-up year, Iowa anticipates providing Access to

Choice services to 800 persons, with an estimated 1,700 enrolled in each of the following two years. While this doesn’t imply that more Iowans will receive treatment, it means a lot in terms of the quality of treatment provided.

“Treatment in and of itself works. We know that,” said Art Schut executive director of the Mid-Eastern Council on Chemical Abuse. “These kinds of supports mean not only more effective

results, but also contribute to the sustainability of treatment and the durability of treatment outcomes.”

In a state where 200,000 residents sought services through a licensed substance abuse program during the past five years, the benefits of long-lasting results cannot be underestimated, Director Newton stressed. “If you consider that each one of these clients touched the lives of three or four or five family members or friends, you can begin to

understand the impact addiction has on Iowa’s families and its communities. This enhanced approach to substance abuse and addiction recovery benefits not just individuals, but also their family members, friends and communities – and Iowa as a state.”

For more information about Iowa’s Access to Choice program, contact DeAnn Decker, chief of the IDPH Bureau of Substance Abuse Prevention and Treatment, at ddecker@idph.state.ia.us.

* Don McCormick is editor of Iowa Health Focus.

Iowa EMS System Standards approved for pilot testing

By Polly Carver-Kimm*

A June 2006 Institute of Medicine report, [Emergency Medical Services At the Crossroads](#), describes the nation's EMS system as "overburdened, under-funded and highly fragmented." According to Kirk Schmitt, [EMS Bureau](#) chief at the Iowa Department of Public Health, the report resonated with those working in EMS in Iowa as work began to examine the strengths, limitations and future challenges for the state's EMS system.

"EMS is a public health safety net," Schmitt said. "Human and fiscal resources are declining at all levels, so collaborative EMS system development is essential for the survival of EMS."

The vehicle for moving the state forward, Schmitt says, is the newly developed change initiative called the [Iowa EMS System Standards](#).

Similar to [Redesigning Public Health in Iowa](#), the EMS System Standards seek to provide a con-



An EMS team responds to a vehicle crash near Creston. The new Iowa EMS Systems Standards focus on developing a teamwork approach for EMS systems, utilizing all parts of the EMS system.

sistent and accountable approach to promoting and protecting the health of Iowans through EMS. Recently, the EMS Advisory Council (EMSAC) unanimously approved the IDPH Bureau of EMS moving forward with piloting draft Iowa EMS System Standards for the next 24 months.

Begun in January 2007, the draft standards are the result of work by a group of 30 EMS community stakeholders. The goal of the group was to define basic minimum services and infrastructure that every EMS system should have in place while ensuring that minimum standards are measurable and sustainable. Committee members traveled from all corners of the state for

the 8-hour monthly meetings for nearly a year.

Now that the standards have been approved for piloting, Schmitt says the next step is to identify and then implement four pilot partners to measure their current practices as to those proposed by the standards. The pilot partners will help the EMS community to understand current best practices, identify reachable barriers, develop methods for accomplishing standards and provide validated data as to costs to accomplish this throughout Iowa.

At a recent Iowa EMSAC meeting, Ray L. Rex, a paramedic specialist from Jefferson County reported that the standards workgroup had reviewed as many as 54 pages of public comments. Those comments were considered for the current draft of the system standards, available at www.idph.state.ia.us/ems.

"This shows us that providers are paying attention to this process and that Iowa EMS is ready for a change," Rex said. "This is just the beginning of a very long journey and we would like to move forward with pilot projects to test the standards and find out what works and what doesn't. We know there are improvements that can be made."

* Polly Carver-Kimm is a public information officer at IDPH.

Critical focus areas addressed in the draft standards include:

- System administration**
- Staffing and training**
- Communications**
- Response and transportation**
- Facilities and critical care**
- Data collection and system evaluation**
- Public information and education**
- Disaster medical response and planning**

New annual report focuses on disease activity in Iowa

By Don McCormick*

"In a way, 2006 was an epidemiologist's dream," remembers Meghan Harris, disease investigator in the [Center for Acute Disease Epidemiology](#) (CADE) at the Iowa Department of Public Health (IDPH). "To be on the front end of the largest mumps epidemic in 20 years and to now be part of a department that is considered the source of information on how to handle this sort of outbreak... What a year!"

Together with her co-author, IDPH Epidemiologist Sarah Brend, Harris has been busy recollecting the activities of 2006 for a recently released report called [Iowa Surveillance of Notifiable and Other Diseases, Annual Report 2006](#).

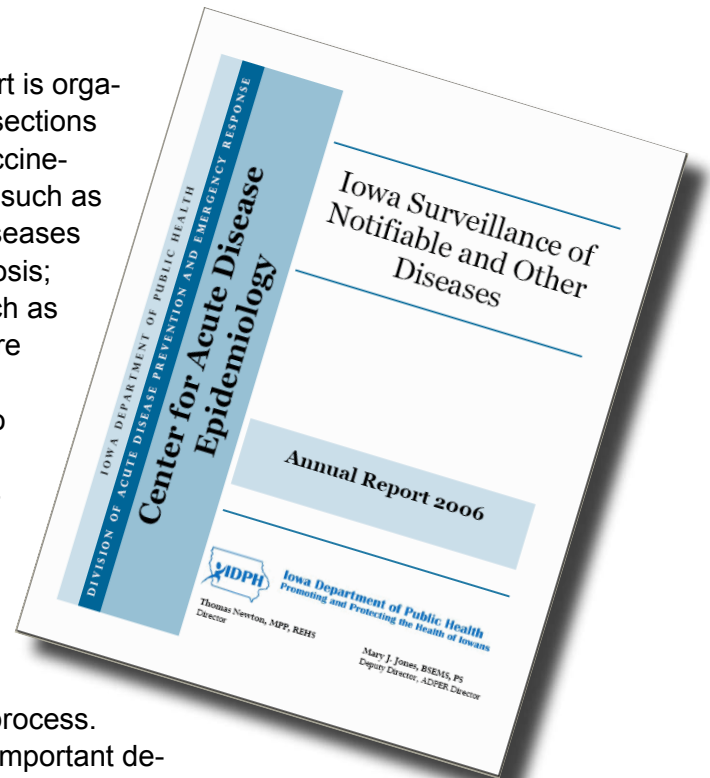
Brend, who was deeply involved in a major E. coli outbreak last year, says the report is important on a number of levels. "Epidemiology is not only about disease tracking, but it should also be about disease prevention," Brend says. "This report lets our partners and the public know exactly what kind of diseases exist in Iowa. Only then can public health and individuals focus on prevention and education, some of which can be simple things such as washing hands."

Since high-profile outbreaks usually tend to grab the most attention, Brend and Harris are excited that Iowa now has an annual report that highlights the everyday work of epidemiologists as well as the amount and types of diseases seen in Iowa.

The 31-page report is organized in four primary sections which summarize: vaccine-preventable diseases such as hepatitis B; enteric diseases such as cryptosporidiosis; zoonotic diseases such as Lyme disease; and rare and unusual diseases such as botulism. Also included in the report are summaries of outbreaks of foodborne illnesses, non-foodborne illnesses and those which are further analyzed through a DNA fingerprinting process.

"This report is an important development in our efforts to transition from simply capturing data on diseases to being able to characterize how diseases affect individuals and communities," said CADE Bureau Chief Pam Deichmann. "By characterizing and examining our cases, we are better able to design interventions to try to prevent disease. And that's what we're really all about anyway."

According to the report, 2006 was the busiest year for CADE since its inception in 1998. There were 5,517 cases of infectious disease reported to CADE in 2006, an increase of more than 1,700 from the previous year. Much of the increase can be attributed to a nationwide mumps epidemic which started and had its biggest impact in Iowa. Nearly 2,000 confirmed mumps cases were submitted to CADE in a six-month period.



Rare and unusual diseases seen in Iowa in 2006 included Hansen's disease, also known as leprosy, which was assumed to have been acquired out of the country. Another "imported" case of a disease that is rare to the U.S., Dengue fever, was also reported in Iowa in 2006.

To view the full report, please visit www.idph.state.ia.us/adper/cade.asp and look under "Reports."

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

Community leaders announce campaign for Suicide Prevention Lifeline

By Rick Kozin*

The Polk County Suicide Prevention Coalition kicked off a new suicide awareness campaign for Polk County in November. The campaign is designed to publicize the National Suicide Prevention Lifeline, 1-800-273-TALK.

Des Moines University President, Governor Terry Branstad commented on the importance of the campaign, especially among young people. "By making sure all of our students have programmed the Suicide Lifeline phone number into their cell phones, we can connect them to, literally, a life-saving resource," Branstad said.

The Suicide Prevention Lifeline (1-800-273-TALK) is a 24-hour national toll-free suicide prevention service available to anyone in suicidal crisis. Its mission is to provide immediate assistance to anyone seeking mental health services. The service is also available to families and friends who are often in the best position to help a loved one get assistance or ask experts ques-

tions about warning signs of suicide.

The Polk County Suicide Prevention Coalition expects to reach 250,000 people through the awareness campaign.

Dale Chell, youth suicide prevention coordinator at the Iowa Department of Public Health, believes that the Lifeline number is an important strategy to provide help to those in need. "This is a great example of how public health can activate its most important partner—the public," Chell said. "It takes only a minute to program your phone with this important number. By having it handy all the time, Iowans can help prevent a suicide whenever and wherever there's a need to speak to a mental health expert who will listen and be non-judgmental."

Suicide is the second leading cause of death among Iowa's young people from age 15 to 40. An average of 327 Iowans (nearly one every day) have died of suicide each year since 2001. In the United States, one person commits suicide every 17

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minutes. Most of those suicides are preventable.

"When someone dies by suicide, the tragedy echoes through the family, the workplace and the community," said Angela Connolly of the Polk County Board of Supervisors. "In the last 12 months in Polk County, 66 persons died by suicide—that is more than one death by suicide every week."

To learn more about the Polk County campaign, visit www.polkcountyiowa.gov/health/pages/suicidelifeline.aspx. For information about the National Suicide Prevention Lifeline or to get involved, visit www.suicidepreventionlifeline.org.

* Rick Kozin is a public information officer at the Polk County Health Department.

According to Mardi Barnes, suicide prevention coordinator at the [VA Central Iowa Health Care System](http://www.va.gov), 20 percent of all suicide deaths are veterans. Of the veterans who seek care from the VA, 70 percent who die by suicide have never seen a mental health provider. The VA is helping with the campaign by promoting 1-800-273-TALK.

“Ethical Framework for Use in a Pandemic” now available

The Iowa Department of Public Health is pleased to announce the release of the guidance document “[An Ethical Framework for Use during a Pandemic: Report of the Iowa Department of Public Health Ethics Committee](#).” Intended for use by local public health officials, this document provides an ethical framework for decision making when preparing for and responding to a pandemic influenza outbreak.

The report combines the Iowa Pandemic Influenza Ethics Committee’s framework for decision making and examples on how to make ethical decisions in public health disaster situations. The guidance covers the types of ethical issues that local public health officials may face during a public health disaster such as a pandemic influenza outbreak.

Included within the document are four ethical points that public health and health care workers may need to address during a public health disaster. They are:

- General Ethical Considerations
- Protection of Individual Rights
- Triage
- Duty to Care and Health Professional’s Protection



Statewide education and distribution of this document will begin soon. To access this important publication, please visit www.idph.state.ia.us/pandemic and look under “General Information.”

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