



Surgeon general visits Iowa

By Polly Carver-Kimm*

Bringing his childhood obesity prevention campaign to Iowa, Acting U.S. [Surgeon General Steven Galson](#), M.D., M.P.H., visited Des Moines Friday, September 5. The stop in Des Moines was part of Galson's nationwide tour to promote the U.S. Department of Health and Human Services' [Healthy Youth for a Healthy Future](#) initiative.



Lt. Governor Judge appears with Acting U.S. Surgeon General Steven Galson, the Pick a better snack mascot Power Panther, and children from Hubbell Elementary School.

The initiative targets prevention of childhood overweight and obesity and the promotion of fitness and healthy lifestyles for young people. "I'm honored to have the opportunity to visit Des Moines, and meet firsthand with people who are actively finding ways at the community level to prevent childhood overweight and obesity," Galson said. "Iowa has shown exemplary efforts in promoting the health of the residents of Iowa."

Galson's stop in Des Moines included a roundtable discussion with Iowa health leaders and advocates. The Surgeon General lauded Iowa's advances in promoting healthy eating and fitness. Iowa Department of Public Health Director Tom Newton, who chaired the roundtable discussion, said the obesity epidemic is one of the most important health challenges facing the state. "It's not easy to combat childhood obesity in this age of remote controls, computers and video games," Newton said. "A national or state initiative is useless without the support and involvement of businesses, schools and communities. We're lucky to have that kind of involvement in Iowa."

Iowa Lt. Governor Patty Judge joined Director Newton in welcoming the surgeon general to Iowa. "We're pleased the surgeon general has chosen to bring his message of child wellness to Iowa," Judge said. "Our administration is committed to several childhood health initiatives, including the battle against obesity."

While in Des Moines, Galson honored [Hubbell Elementary School](#) with a Champion Award for its commitment to fighting childhood obesity. Through innovative programs such as [KidStriders](#) and [Pick a better snack](#), Hubbell Elementary is actively working to encourage good eating habits and regular exercise among students. KidStriders helps students track their physical activity and rewards students for each five-mile increment they walk or run. Pick a **better** snack educates students about healthy snack options.

Hubbell Principal Tim Schott was joined by several Hubbell third-graders in accepting the Champion Award. The children gave a special presentation on fitness and healthy eating.

Nationally, 12.5 million children and adolescents (17 percent) are overweight. The [2007 Iowa Youth Risk Behavior Survey](#) indicates that among high school students, 11 percent were considered overweight and 81 percent ate fruits and vegetables less than the recommended five times per day.

The total annual health care cost attributed to adult obesity in Iowa is estimated at \$783 million. "Imagine how that cost will skyrocket if today's children continue on the path to obesity," Newton said.

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

18 communities receive community wellness grants

By Don McCormick*

Senator [Tom Harkin](#) and the [Iowa legislature](#) are helping promote healthy lifestyles in Iowa. Thanks to more than \$1.5 million in federal and \$900,000 in state funds, 18 local boards of health in Iowa are getting help in implementing some creative approaches in promoting disease prevention and wellness.

“From increasing physical activity to promoting workplace wellness and educating students about the dangers of tobacco, these Wellness Grants promote health throughout Iowa,” Harkin said. “Prevention and health promotion today are the keys to reducing health care costs tomorrow and for helping Iowans live a longer, happier life. I congratulate each one of these communities and I look forward to seeing their innovative approaches to developing healthier communities.”

Funds will be used to help communities support healthy lifestyles such as building trails, worksite wellness initiatives, and helping families improve their access to better nutrition. Applicants for the grants could apply for one of three levels of funding: Level 1 – up to \$35,000; Level 2 – up to \$75,000; and Level 3 – up to \$125,000.

“Based on the successes of Iowa communities that received federal funding for similar projects in 2005, we know how well community wellness initiatives work,” said Iowa Department of Public Health (IDPH) Director Tom Newton. “The addition of state funds this year demonstrates a strong investment by the governor and legislature to empower communities to improve health where it matters most—right there at home.”

Local boards of health are encouraged to apply for more than \$325,000 still available for community wellness projects. To learn more, visit the IDPH Grants and Bids and Proposals page. Applications are due by October 23.

Current local board of health grant recipients include:

- Adams County Board of Health
- Black Hawk County Board of Health
- Cass County Board of Health
- Clayton County Board of Health
- Dallas County Board of Health
- Dubuque County Board of Health
- Jefferson County Public Health
- Kossuth Regional Health Center
- Lee County Board of Health
- Linn County Public Health
- Osceola Community Health Services
- Polk County Board of Health
- Poweshiek County Board of Health
- Ringgold County Public Health
- Shelby County Board of Health
- Siouxland District Health Dept.
- Van Buren County Public Health
- Wayne County Public Health

* Don McCormick is a public information officer at IDPH.

Rebuild Iowa Advisory Commission develops priority areas

By Kevin Teale*

This summer, while many Iowans were still picking up storm debris and drying out, a dedicated group of over two dozen Iowa public health professionals was just getting down to work. Their job was to assist the [Rebuild Iowa](#) Advisory Commission (RIAC) in coming up with a list of immediate recovery needs to help policy makers around Iowa make decisions key to recovery.

The RIAC is a 15-member bipartisan commission appointed by Governor Chet Culver to develop both short-term and long-term recovery recommendations. The short-term (45-day) report was issued September 2. The report with recommendations for long-term recovery will be due around November 1.

The RIAC had nine separate task forces looking at key issues. One of those groups was given the task of looking at “Public Health and Health Care,” and was headed by Linn County Board of Supervisors Chair Linda Langston. That group included both IDPH Director Tom Newton and Iowa State Board of Health Chair Cheryll Jones, along with 24 others. Spinning out of that main task force was an 18-member Rebuild Iowa Public Health and Health Care Resource Group, with representation from health care groups around the state.

The task force developed four priority issues to ensure Iowa’s recovery. They are:

- Service Infrastructure and Capacity – Making sure Iowans have access statewide to health care, especially in the area of mental health, which is often a long-term aftereffect of a major disaster.
- Ongoing Monitoring and Surveillance – Ensuring the monitoring of short-term issues such as water and air quality and vector control transitions into monitoring long-term issues such as increased substance abuse and personal violence that often accompanies disasters.
- Communication and Coordination – This key area impacts all others because a lack of coordination will lead to duplication of efforts, wasted resources and a delay in helping Iowa recover.
- Meeting Individual Needs and Navigating the System – While resources may be available to help Iowans recover, if they don’t know where to go or how to access those services, the services will go unused.

The final report by RIAC, as well as reports issued by the nine task forces, is available on the Rebuild Iowa Office Web site, www.rio.iowa.gov.

** Kevin Teale is the former communications director of the Rebuild Iowa Office.*



Fit for Life Partnership receives funding to fight overweight, obesity

By Sarah Taylor*

The [Iowans Fit for Life Partnership](#) has been awarded \$842,721 from the Centers for Disease Control and Prevention (CDC). The money, which is expected to total more than \$4.2 million in the five-year grant term, will be used for nutrition, physical activity and obesity prevention.

“Obesity and overweight are killing Iowans and will continue to threaten the quality of our lives if we do not pull together and fight this epidemic head on,” said Tom Newton, director of the Iowa Department of Public Health (IDPH), who leads the Iowans Fit for Life Partnership. “The fact that the partnership obtained such a competitive grant is an indication of a strong commitment to making Iowa the healthiest state in the U.S.”

According to data from IDPH, 1.4 million Iowans (63 percent) are overweight or obese. In the last 10 years, overweight and obesity among Iowa adults has increased significantly, and more than 18 percent of elementary school children in the state are already overweight. Total annual health care costs in Iowa attributable to adult obesity are estimated at \$783 million, nearly one-half of which is paid by Medicare or Medicaid.

The partnership will use the funding for several major projects during the next year to target health-care providers, schools, communities and worksites. One of the innovative projects involves working with the Department of Natural Resources and the Iowa Association of Regional Councils to establish statewide regional nutrition and physical activity networks that will expand access to physical activity, fruit and vegetables. Eight of Iowa’s 18 local councils of government will begin planning regional forums that will be held this fall.

Iowans Fit for Life will also partner with Wellmark Blue Cross and Blue Shield, Iowa Farm Bureau Federation, Iowa State University Extension, and commodity groups on a worksite wellness pilot involving six small businesses across Iowa. The purpose of the 16-week program will be to provide employees with wellness assessments, education, individual goal setting strategies, and group discussions to modify individual health risks.

For more information about Iowans Fit for Life or to join the partnership, visit www.idph.state.ia.us/iowansfitforlife.

* Sarah Taylor is the physical activity coordinator for Iowans Fit for Life.

Redesign reps talk accreditation at national collaborative

By Don McCormick*

As part of a national movement for local and state public health departments to be accredited, representatives from the [Redesigning Public Health in Iowa](#) Work Group recently traveled to Minneapolis to share ideas with others from like-minded states. The event served as the kick-off to a multi-state learning collaborative grant from the [Robert Wood Johnson Foundation](#) entitled “Lead States in Public Health Accreditation.”

As one of 16 states to have received this grant, Iowa had the opportunity to send five representatives from the Redesigning Public Health in Iowa Work Group as participants. They included Larry Barker, Scott County
(Cont.)



Redesign reps talk accreditation at national collaborative

Public Health administrator; Pam Willard, local board of health member in Johnson County; Linda Drey, director of nursing, Siouxland District Health Department; Julie McMahon, director of the Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health (IDPH); and Joy Harris, coordinator of Redesigning Public Health in Iowa, IDPH.

(Cont. from page 4)

During the three-day meeting, Iowa participants had the opportunity to share with other states the progress Iowa has made in the past five years. "Representatives from other states commented about how impressive it is that so many individuals, from both local and state public health, authored our Iowa Public Health Standards," said Joy Harris. "They were also very complimentary of our unique organization of the standards." Iowa's standards are arranged in component areas in two categories—organizational capacity (of the public health infrastructure) and the delivery of public health services.

The work of Iowa through the multi-state learning collaborative will focus in two areas—accreditation and quality improvement. Activities in accreditation will include providing feedback to the national accreditation effort lead body, the [Public Health Accreditation Board](#) (PHAB). A representative of PHAB reported to the group that the board anticipates the initial draft of national standards for public health will be made available for public comment later this fall. Anyone interested in providing feedback on the proposed standards is welcome to do so. To receive monthly updates from PHAB, subscribe to its newsletter at www.phaboard.org/newsletters.html.

Activities in quality improvement will begin in small groups funded by the grant. The Redesigning Public Health in Iowa Work Group has designated two of the 10 areas given by Robert Wood Johnson Foundation for Iowa to consider. Iowa will first focus on workforce, followed by work in the area of community health assessments. Although the plan has not yet been formalized, Harris said the funding will probably be available to local health departments that wish to participate in quality improvement projects based in these areas. Initial participation may include a competitive RFP process. Quality improvement tools and education will also be shared with those initial participants and upon completion of the first projects, distributed statewide.

** Don McCormick is a public information officer at IDPH.*

Quitline Iowa ends record year

By Don McCormick*

According to a 2004 survey, only 7 percent of smokers had ever heard of [Quitline Iowa](#). Back then, fewer than 1 percent had ever called it.

Four years later, a lot has changed. In Fiscal Year 2008, Quitline Iowa had been contacted by 23,243 people wanting help quitting tobacco use. That would mean that more than 4 percent of all tobacco users in the state called for free information, coaching to help quit, or nicotine patches or gum.

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Quitline Iowa ends record year

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"We've seen a tremendous increase in call volume this year," said Jeremy Whitaker, tobacco cessation coordinator at the Iowa Department of Public Health (IDPH). "We've had more people call Quitline Iowa in the past 12 months than in the previous six years combined."

According to Whitaker, this jump can be traced to three events. The first increase in calls resulted from the tobacco tax increase in March 2007 that carried over into FY08. The second was offering free nicotine patches and gum to all Iowans who called the Quitline beginning January 1. (So far, over 10,000 units have been shipped to Iowans free of charge.) The third increase occurred after [Iowa Medicaid Enterprise](#) added varenacline (also known by its brand name, Chantix) as a benefit in the later part of February.

Medicaid clients are required to have counseling through Quitline Iowa to receive their medication benefit. "Combining cessation coaching with medication is the best way to quit, so we should see some great results from this program," Whitaker said. Since February 18, more than 2,600 people have accessed the Chantix benefit through their health-care provider.

Most studies show that quitting without help from either medication or counseling, also known as 'cold turkey,' works only about 5 percent of time. Quitline Iowa, on the other hand, has a six-month quit rate of 22 percent for callers who do not use medication. Using FDA-approved medication can bring that rate up even more.

With the [Smokefree Air Act](#) taking effect on July 1, the Tobacco Use Prevention and Control Division expects even more activity at Quitline Iowa. "The impact to call volume should be gradual," Whitaker added. "It won't be like the tobacco tax, where the price of a carton of cigarettes shot up \$10 overnight. But hopefully the fact that it is becoming increasingly difficult to smoke will nudge some people toward quitting."

** Don McCormick is a public information officer at IDPH.*

2007 disease report highlights significant changes in rates

*By Meghan Harris**

Despite the absence of a large-scale mumps epidemic, 2007 was a busy year for notifiable diseases in Iowa, according to a new [report](#). The 2007 Iowa Surveillance of Notifiable and Other Diseases shows that diseases like cryptosporidiosis increased significantly, while others that have been dominant for years, like pertussis or whooping cough, declined.

The Iowa Department of Public Health (IDPH) and specifically the Center for Acute Disease Epidemiology, Bureau of HIV, STD, and Hepatitis; and

(Cont.)



2007 disease report highlights significant changes in rates

(Cont. from page 6)

Bureau of Immunization and TB track infectious diseases affecting the lives of Iowans on a daily basis. IDPH staff conducts disease surveillance, summarizes trends in how disease impacts Iowans and designs and implements interventions to reduce the spread of disease. In addition, staff provides consultation to the public and health partners throughout the state.

In 2007, Iowa experienced the largest number of cryptosporidiosis cases ever reported—nearly 1,000 cases. “Crypto” is a disease people acquire from swimming in water containing the parasite or by having contact with an animal that carries the disease. Crypto is resistant to chlorine and can infect unknowing swimmers even in well-kept municipal pools. In response to the increase in cases, IDPH implemented many interventions in 2008; case counts have decreased by more than 15 percent.

Last year, the number of newly-diagnosed HIV cases and rates rose to the highest number since reporting began in 1998. The largest increase was among men who have sex with men. Rates of Chlamydia and gonorrhea continue to increase. A portion of the increase may be attributed to better screening availability at STD clinics and routine testing at annual gynecological exams. A disturbing trend both nationally and in Iowa is that most cases occur in young adults aged 15 to 24.

Certain diseases are expected to remain steady over time and that is reflected in this report. Cases of West Nile virus, Lyme disease, and hepatitis B are consistent with reports from past years. Since a peak of 147 cases in 2003, the number of human infections has remained steady at around 30, which is expected to continue for years to come.

Cases of mumps, meningitis, and pertussis (all vaccine-preventable diseases) declined by at least 20 percent in 2007, compared to the three years prior. As for outbreaks of disease originating in food, 10 were investigated by IDPH. In addition, there were 22 outbreaks that were either from exposure to contaminated water, an infected person, or that had an unknown source. These outbreaks are all reported to CDC through electronic reporting systems.

Since the first publication of the disease report in 2006, comments and feedback have been extremely positive. As a result of that feedback, IDPH plans to expand the report for 2008 to include statistics from sections of the Division of Environmental Health.

To access the full 2007 report, visit www.idph.state.ia.us/adper/cade.asp and look under “Reports.”

** Meghan Harris is an epidemiologist in the IDPH Center for Acute Disease Epidemiology*

What if we held a clinic and no one came?

By Rick Kozin*

The distribution of prophylactic medication to all of our communities' residents, through public clinics, is one of local public health's most important emergency response roles. Each year we spend countless hours, and thousands of dollars, reviewing and exercising our plans. But, what if we held a clinic and no one came?

Every year we encourage everyone to get a flu shot. Most years, however, fewer than one in three adults do so. Thousands of people in pre-Katrina New Orleans did not act on warnings to evacuate. Are we really that confident that if there were an anthrax attack or a pandemic influenza we would have more success with our messages?

To learn more about what it would take to develop successful messages, the [Polk County Health Department](#) hired the [Harvest Research Center](#) of Des Moines. We asked them to help us answer three questions: Are there some words which are more effective (in getting people to act) than others? Are we, local public health, the best messenger? (If we aren't, who is?) Are there preferred strategies for getting our message out?

The folks at Harvest Research conducted over 500 telephone interviews and held two focus group sessions. In brief, this is what we learned:

1. Words do matter. When people hear the words "contagious," "life threatening," and "mandatory," they are more likely to act on the message that accompanies them. On the other hand, words like "serious" and "preventable" are not likely to move people to act.
2. Public health officials (local, state, or national in that order) are more credible messengers than local elected officials or private physicians. Local public health is more credible than the state, and the state is more credible than the feds.
3. We must use all strategies to get the message out. For every respondent who said, "I get all my information via e-mail," someone else said, "I don't have a computer."

In addition to getting answers to these three questions, we also learned a valuable piece of information. Even when people recognize that anthrax or seasonal influenza poses a significant risk to them, they are more likely to take their chances than automatically follow our recommendations. It is our challenge to move them from this default position by making the risk and consequences very specific for them.

At the Polk County Health Department, we have begun applying these lessons. As I prepared for a recent TV interview about the heat, I retrieved the talking points I developed, and used last year. The first sentence said, "Hot weather is an inconvenience for many of us. But it poses "serious" and "preventable" health risks..." This time around, instead, I talked about how "dangerous" the heat could be and encouraged people to avoid taking any unnecessary risks.

For a copy of the research report, contact rkozin@co.polk.ia.us

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



IDPH delivers health messages at the Iowa State Fair

By Karla Dorman*

"The Iowa State Fair continues to be one of the best ways to meet Iowans face to face," said Iowa Department of Public Health (IDPH) State Fair booth Coordinator Sandy Briggs. "My estimate is that over 300,000 people came by our booth in 11 days." The IDPH booth was located in the Varied Industries Building.

IDPH's booth had a variety of information available on a wide range of health topics. The most popular take-away materials for fairgoers were the [hawk-i](#) Health Plan Coverage Program descriptions, [Smokefree Air Act](#) literature, [I-Smile](#) Oral Health Program brochures, a list of ideas on saving money when shopping for healthy food, and a frequently-asked-questions document about mold.

The [Protect Iowa Health](#) program sponsored the fair on August 13. In an effort to raise awareness about the state's personal preparedness program, fairgoers received free *Protect Iowa Health Guidebooks* and mini first-aid kits as they walked along the Grand Concourse.

The always-popular Walking the Fair scavenger hunt saw a big boost in participants. Briggs commented on the activity, which began four years ago. "We had three times as many participants as we did last year," Briggs said. "Many participants told us they had done it last year. It's good to have the return visitors." Walking for their health and to check out the fair, the first 150 participants to return their scavenger hunt maps won a prize. Prizes were donated from the department and from attractions such as pumpkin patches, and apple orchards across the state.

In expressing her appreciation to sponsors that donated prizes, Briggs said "This is our chance not only to thank the Iowa attractions that helped make the Walking the Fair successful but also for their contribution to making their communities a healthy place every day."



Karla Dorman talks with Walking the Fair participants at the IDPH booth.

Prizes were donated from the following attractions:

Birthplace of John Wayne	Ice Cream Capital of the World Visitor Center
Blank Park Zoo	Iowa Aviation Museum
Boone County Historical Center	Kathy's Pumpkin Patch
Buffalo Bill Museum/The Lone Star Steamer	Living History Farms
Burr Oak Farms	Loffredo Fresh Produce Co., Inc.
Cedar Rapids Museum of Art / Grant Wood Studio and Visitor Center	Madison County Historical Complex
Danish Windmill	National Mississippi River Museum and Aquarium
Des Moines Botanical Center	National Motorcycle Museum
Effigy Mounds National Museum	Pella Historical Village/Vermeer Mill & Scholte House
FFA Historical and Ag Museum	Reiman Gardens
Figge Art Museum	University of Iowa Athletics Hall of Fame
Historic General Dodge House	



Bureau of Nutrition and Health Promotion

Recently, Focus spoke with Judy Solberg, of the IDPH Bureau of Nutrition and Health Promotion.

What does your bureau do?

The Bureau of Nutrition and Health Promotion promotes healthy living primarily through good nutrition and physical activity. The bureau administers four programs: Women's Health, [Iowans Fit for Life](#), [Iowa Nutrition Network \(INN\)](#) and [The Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#). The bureau is part of a critical shift in public health from focusing on specific diseases to working upstream and focusing on prevention and healthy communities.

What is your bureau doing to promote the health of Iowans?

[Iowans Fit for Life](#) works with over 500 partners to implement [Iowa's Comprehensive Nutrition and Physical Activity plan](#). The [Iowans Fit for Life](#) partners use the plan to improve access to healthy eating and physical activity opportunities across the state. The [Iowa Nutrition Network](#) and [WIC](#) promote healthy behaviors and improve access to healthy foods among Iowans in need.



How do those programs address health disparities?

[INN](#) and [WIC](#) both target low-income Iowans who have the greatest challenges accessing good nutrition. [WIC](#) helps families by providing healthy foods, nutrition education, breastfeeding education and support, and referrals to other health care agencies. [INN](#) receives funding from the Food Assistance Program to provide educational programs to low-income children and their families as well as older adults.

WIC must serve a lot of Iowans.

That's right. The [Iowa WIC Program](#) contracts with 20 local agencies that provide services through more than 140 clinics throughout the state. In July 2008, the [Iowa WIC Program](#) reached an all-time participation record by providing services to 73,346 women, infants and children. Participants purchase their needed supplemental foods and formula from approximately 650 vendors across the state.

Where have I seen the Nutrition Network in action?

The Network's most well known program is [Pick a better snack & ACT](#). This social marketing campaign encourages fruit and vegetable choices for snacks. The "& ACT" portion of the name highlights the importance of daily physical activity. The [Pick a better snack & ACT](#) campaign has been so successful that many other states have adopted the campaign.

What is coming up for your bureau?

After over 30 years of service, [WIC](#) is entering a revolutionary phase of service. A new food package will be provided to [WIC](#) participants. Some of the new foods include fruits and vegetables, whole grains, and soy beverages. [Iowans Fit for Life](#) is entering its fifth year of operation and, thanks to the Iowa legislature and U.S. Senator Tom Harkin, it is in the process of distributing over \$2.4 million in [community wellness grants](#) to local boards of health across the state.

'Fingertip' access to Healthy People 2020 objectives in the works

By Louise Lex*

As a reader of this newsletter, no one has to tell you that public health and its partners get asked some very important questions. Does this sound familiar? "As a director of a worksite wellness program, what interventions will help us reduce cardiovascular disease?" Or how about this? "My community has a mortality rate higher than the state average. What kinds of policies should I advocate to my board of supervisors and board of health?" Sometimes the policymakers come to us. "I'm a state legislator interested in increasing physical activity for Iowans. What are my best policy options and what are the effects of adopting each of them?"



How can we answer questions like these? A novel, cross-cutting approach to organizing *Healthy People 2020's* national health objectives is currently being designed to help. Decision makers frequently lack the tools to determine these kinds of solutions. Now, they will have science-based intervention strategies at their fingertips.

The *Healthy People 2020* objectives will be housed in a Web-based format, organized by national, state, and local/community actions. This approach will allow program planners to select a realistic mix of health issues, determinants, and interventions or actions to produce appropriate health outcomes. It will also enable searches on determinants or on issues that span more than one determinant.

A single framework for the 2020 objectives will link two tiers—health determinants and outcomes. Health determinants may include such categories as social and societal resources (human, social, and financial); equity and social justice; physical environment (natural resources and the built environment); health systems and services (public health, medical care); and individuals, families and communities (characteristics, life stage, resources). Disease outcome measures can be classified among behavioral, wellness, disease-specific, health-related quality of life, and life and longevity categories.

The framework will also include actions or pathways leading to outcomes. Outcomes can be changed by changing the quality, quantity, and distribution of determinants, choosing different pathways, or changing the effects of determinants.

The vision of healthy people in healthy communities involves broad-based prevention efforts which are being integrated into neighborhoods, schools, workplaces, families and community health promotion programs. For instance, for a community with a substance abuse problem, possible determinants are the lack of educational opportunity (social and societal resources); violent, drug abusing neighborhoods (equity and social justice); lack of prevention services (health systems and services); and, large numbers of adolescents from low-income families (families and communities). A comprehensive substance abuse prevention program could block the pathways from these issues to their outcomes by blunting

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'Fingertip' access to Healthy People 2020 objectives in the works

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the effects of the determinants or by improving resistance to them. This change could lead to improved outcomes, such as lowered rates of drug/alcohol abuse and complications of abuse, as well as increased social competencies.

To make these concepts more understandable, a Healthy People Federal Interagency Workgroup is fitting the 28 Healthy People 2010 focus areas into the framework for Healthy People 2020. Look for a draft by early 2009.

To see what the 2020 framework may look like, visit www.idph.state.ia.us/adper/healthy_iowans_2010.asp and click on "Healthy People 2020 Framework."

* Louise Lex is coordinator of Healthy Iowans 2010.

Onawa Resident Recalls 1918 Pandemic

By June Delashmutt*

Ruth Weaver of Onawa celebrated her 100th birthday this summer. In her 100 years, Ruth said she's witnessed the arrival of many wonderful things into her community: indoor plumbing, electricity, the telephone, and the television. Ruth also witnessed the arrival of something terrible—the influenza pandemic of 1918. Also known as the Spanish Flu, this outbreak killed an estimated 50 million people worldwide.

"We quarantined ourselves and stayed away from big crowds of people," Ruth recalls. As we spoke, I was interested to learn that Ruth and her family protected themselves from the pandemic flu in much the same way folks would if it were happening today. Good cleanliness and hand washing, covering noses and mouths when sneezing or coughing, and staying home if you were sick were the most important things you could do to protect yourself then and now. "There was no vaccine like we have today," Ruth pointed out. Now, of course, Ruth says she gets a flu shot every year.

Both Ruth and her mother had the flu that year but recovered. If you were quarantined, Ruth recalls, sometimes neighbors would leave food and supplies on the porch for you. Living in Clarinda at the time, Ruth remembers neighbors she lost to the flu. Her home was not far from the Clarinda cemetery. "It seemed that every other day there was a funeral procession going by from Camp Dodge with the military band playing and a caisson draped with a flag," Ruth recalls.

Ruth has six children, ranging in age from 69 to 83, and multiple grandchildren, great grandchildren, and great-great grandchildren. She was a caregiver to her husband Vern during the last eight years of his life after he became blind. Her philosophy has been to "deal with the ups and



Ruth Weaver appears with Marge Erickson of Monona County Public Health Nursing Service.

Onawa Resident Recalls 1918 Pandemic

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downs because I have been blessed. Life doesn't have to throw you; you need to concentrate on each day, one problem at a time."

Twenty seven years ago, Ruth moved into senior housing. In 1993, [Monona County Public Health Nursing Service](#) began assisting Ruth in her home with some housekeeping. The goal was to assist her with her activities of daily living, begin a sustaining nutritional plan, and add a positive influence to her social support system. In 2002, Ruth began receiving services of the nurses due to increasing health issues and hospitalizations. Her goal was to remain in her apartment and be as healthy and independent for as long as possible. "I could not have stayed home these last 15 years without the nurses," Ruth said.

As the administrator of the Monona County Public Health Nursing Service, I would like to thank Ruth for her example and wisdom to all of us about living life to the fullest. As we ended our discussion of the 1918 pandemic, Ruth stressed some important life tips. "It is OK to ask for help when we need it," Ruth said. "Older people need to plan how they will remain independent and healthy in their advancing years." And perhaps, most important, considering our discussion, Ruth said simply, "And be sure to get a flu shot every year."

** June Delashmutt is administrator of the Monona County Public Health Nursing Service.*

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