



Signed Modernization Act paves way for next steps

By Don McCormick*



Modernization Implementation Committee representatives listen to IDPH Director Tom Newton during their final meeting on June 17.

On May 26, 2009, Governor Chet Culver signed the [Public Health Modernization Act](#) as part of [House File 811](#), the Health and Human Services Appropriations Bill. The law establishes a voluntary accreditation system for Iowa's local and state public health departments that will enhance organizational capacity and assure a basic level of public health service delivery in each of Iowa's counties.

"This is an historic step forward for public health in Iowa," said Iowa Department of Public Health Director Tom Newton. "For the last several years, we have known that Iowa needs clearly defined public health standards to help us achieve our mission and support quality improvement that leads to an enhanced statewide public health system. Thanks to the tireless efforts of hundreds of local and state public health professionals over the past five years, we are finally on our way to providing equitable public health service delivery in every corner of our state."

Two governing bodies, one mission

With the Modernization Act signed, attention now turns to installing two important bodies charged with coordinating implementation of the new law. The first of these, the Governmental Public Health Advisory Council, will set policies and procedures on the implementation and administration of the [Iowa Public Health Standards](#)—which form the backbone of Iowa's Modernization efforts—to be applied to public health practice at both the state and local level. The second group, the Governmental Public Health Evaluation Committee, will collect and report baseline information on the public health system, service delivery needs and effectiveness.

To facilitate the initial activities of these two important bodies, representatives from the five [Implementation Committees](#) met with the Modernizing Public Health in Iowa [Work Group](#) on June 17 to report their achievements, lessons learned, and recommendations collected during the past 15 months. These committees were responsible for developing work products and priorities in the areas of accreditation, changing Iowa code and administrative code, increasing knowledge about modernization, funding, and metrics.

Committee Highlights

In addition to producing a draft document called the "[Iowa Public Health Accreditation System](#)," the [Accreditation](#) committee noted that it was important to look at the activities of other states involved in similar activities and draw the best ideas from them. Recommendations include: clarifying details regarding the confidentiality of information in reports used for the accreditation processes at the state and local level; holding a formal comment period from stakeholders on the accreditation system before it is implemented; and strongly considering the use of technology to simplify aspects of the accreditation process such as the electronic submission of applications and evidence for meeting the standards.

Noting that the Public Health Modernization Act itself was a great achievement, the [Code](#) committee stressed the importance of updating Iowa Code and Iowa Administrative Code in such a way that facilitates the voluntary nature of meeting the standards. Recommendations from this committee include: seeking formal comment from local public health partners when draft rules and revisions of Chapter 137 become available; providing guidance to local boards of health regarding effective use of agreements under Chapters 28E and 28D; and conducting additional research into other legal language that will need to be updated as a result of the Modernization Act, changes to Chapter 137, and the standards.

The bulk of the work done by the [Funding](#) committee was to determine how governmental public health agencies fund their activities. A major achievement was increasing awareness and acceptance of different perspectives that exist among state and local public health agencies. Recognizing that consistent interpretation of public health expenditures is difficult, the Funding committee recommends creating a tracking system or crosswalk using a standardized chart of accounts at the county level to compare public health costs. They also advocated for outside-the-box thinking to develop new and revised funding resources and options, and recommended that public health promote and market itself using comprehensive and uniform messages.

The [Increase Knowledge](#) committee highlighted their successes in educating boards of health and other stakeholders about modernization efforts, but recognized that this should be an ongoing activity, as the work of modernization is ongoing. Recommendations include: providing examples of how to meet specific standards and integrate standards within agencies; creating a crosswalk showing the relationship between the ten essential services of public health and the standards; and providing education on how meeting the standards will be tied to funding while drawing on similarities with other certification bodies.

In developing metrics for eight of the 11 component areas of the Iowa Public Health Standards, the [Metrics](#) group incorporated findings of the [Iowa State Self Assessment](#) and the [draft voluntary national accreditation standards](#) from the national Public Health Accreditation Board. Future work will include: completing the initial draft of metrics for the standards; developing the tools and templates required to measure the standards and criteria; and determining which standards or criteria should be in place for quality improvement measures in the Iowa Public Health Standards.

A formal report combining the full recommendations from each Implementation Committee will be placed on the Modernizing Public Health in Iowa Web site (www.idph.state.ia.us/mphi) in July. The [committee summaries](#) delivered at the June 17 gathering are already available, along with information about the nomination process for participating on the Advisory Council or Evaluation Committee.

** Don McCormick is a public information officer at the Iowa Department of Public Health.*

Lt. Governor Judge issues new health challenge

By Troy Price*

Iowa Lt. Governor Patty Judge recently launched a personal wellness challenge called [Your Heart is in Your Hands](#). The free 12-week, web-based program encourages Iowans to increase physical activity, eat healthier foods, and promote better living.

“As a former nurse, I know the importance that healthier living plays in a person’s success,” said Lt. Governor Judge. “That is why I am asking Iowans to join with me in this challenge. By taking this simple step, Iowans will be able to lose weight, feel better, and live a long and healthy life.”

Heart disease and stroke remain the first leading cause of death in the United States and in Iowa. In 2007, of the 27,126 total deaths in Iowa, 9,200 deaths (33.9 percent) were due to major cardiovascular disease. In addition, there were over 40,000 hospitalizations for heart disease and 7,100 for stroke, which accounted for nearly \$1.3 billion in associated charges.

Sponsored by the [National Lt. Governors Association](#), the Your Heart is in Your Hands program is incentive-based and allows Iowans to create personal physical activity and nutrition goals and track them online in a system similar to that of Live Healthy Iowa. The new challenge rewards individuals with a Gold, Silver, or Bronze Lt. Governor’s Medal of Wellness for reaching their goal.



Signing up for the challenge is free and easy.

1. Go to www.itgovernorschallenge.us, and click on "Register."
2. Enter your personal information on the secure server.
3. Set your personal wellness goals.
4. Start working out, eating better, and after 12 weeks, you will be on your way to a healthier you.

"Once again, Lt. Governor Judge has shown her deep passion for improving personal health in our state," said Iowa Department of Public Health Director Tom Newton. "Thanks to her leadership in this initiative, as well as many others, Iowa is on its way to becoming the healthiest state in the nation."

Lt. Governor Judge has been a long-time advocate for better living. Through her [Commission on Wellness and Healthy Living](#), the Lt. Governor held a conversation with Iowans on how to make our state a healthier place which helped result in legislation that has removed junk food from our schools and increased physical activity for our students. In addition, each year for the last two years, she has challenged Iowans to join with her in the [Live Healthy Iowa](#) challenge, which has resulted in more than 250,000 pounds lost over the last two years, including losing 30 pounds herself.

"Despite declining death rates, cardiovascular disease remains the single biggest cause of death in this state. The only way we can overcome these challenges is by taking our health into our hands," said the Lt. Governor. "I hope Iowans will take up the challenge and commit themselves to a summer of wellness. Together, I know we can give Iowans a new lease on life, and create a brighter, healthier future for our state."

To learn more, visit www.itgovernorschallenge.us.

** Troy Price is deputy press secretary in the Office of the Governor.*

Health departments invited to partner with PHAB

Local health departments (LHDs) have a critical role to play in the development of the voluntary national accreditation program before its launch in 2011. With this in mind, the [National Association of County and City Health Officials](#) encourages LHDs to apply to participate in the Public Health Accreditation Board's (PHAB) [Beta Test](#).

To ensure the Beta Test gathers comprehensive, robust information for improvement of the national accreditation program, PHAB will select health departments from across the country that capture the variation in our nation's public health system in terms of size, structure, governance, and degree of preparedness for accreditation. The Beta Test is an exciting opportunity for LHDs to inform national accreditation as they work toward improving the health of the communities they serve.

Benefits of Beta Test participation include:

- Funding to support the LHD time and effort associated with providing feedback to PHAB on the standards, measures, accreditation process, and quality improvement activities;
- Priority status in the queue when applying for accreditation and expedited review during the accreditation process;
- Resources and technical assistance on the accreditation process and meeting standards, as well as for implementation of quality improvement activities; and
- Travel costs to attend trainings on the accreditation program and quality improvement, and a closing meeting to share lessons learned and promising practices.

Learn more about the Beta Test and how to apply by viewing the full [Letter of Invitation](#) from PHAB at www.phaboard.org/betatest. Applications are being accepted now through August 14, 2009.



Director chairs ASTHO climate change work group

By Don McCormick*

As the issue of climate change draws more attention, the [Association of State and Territorial Health Officials](#) (ASTHO) has formed a working group to provide guidance to the organization and its membership. Chaired by Iowa Department of Public Health (IDPH) Director Tom Newton, the Climate Change Collaborative (CCC) has been conducting monthly conference calls and recently attended a two-day meeting at ASTHO headquarters in Arlington, Virginia.

“Climate-related challenges have already demonstrated the need to improve public health’s ability to identify, prevent, and respond to climate related threats,” said Newton, whose background is in environmental health. “As we look toward the future, the science tells us that health effects related to climate change could include death and illness from heat waves, injuries due to severe weather, increased air pollution, and increases in vector- and water-borne diseases.”

As outlined in ASTHO’s [position statement](#), the organization advocates strong coordination and collaboration within governmental public health to improve understanding of climate change. The organization also urges governmental bodies to address health impacts related to climate change by providing leadership in the development and coordination of public health policy and reform of existing policies. More specific recommendations are listed in the statement under sections titled Understanding and Preparedness, and Education and Outreach.

The cross-cutting issue of climate change means that public health partners of all types are represented on the CCC. Participating on behalf of the National Public Health Information Coalition, South Carolina Department of Health and Environmental Control Media Relations Director, Thom Berry commented, “As public health communicators, we should be prepared to speak with knowledge and authority on this issue. As part of this workgroup, we will help shape the discussion and messages about climate change to the ASTHO membership and the public we serve.”

The 20-member ASTHO climate change working group includes representation from chronic disease, health promotion and education, epidemiology, preparedness, injury prevention, vector control, and other public health disciplines. To learn more about ASTHO’s stance on climate change, visit www.astho.org and click on “Policy Statements.”

* Don McCormick is a public information officer at IDPH.



IDPH Director, Tom Newton

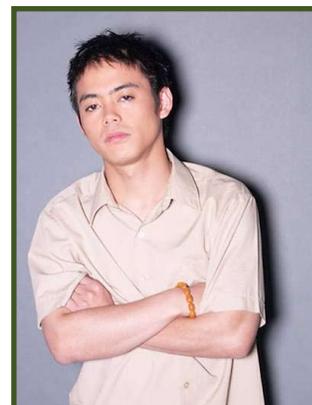
Youth survey provides valuable data to public health partners

By Linda McGinnis*

How easy is it for Iowa youth to obtain alcohol or marijuana? What age group reports the most bullying in school? Do Iowa youth feel supported by their community, school, and parents? How much are they gambling or abusing prescription medications?

Answers to these and nearly 190 other questions can be found in the recently released 2008 [Iowa Youth Survey](#) (IYS). For partners in public health, this important report is the most frequently cited source of data regarding Iowa’s youth.

Among the most interesting findings, the IYS indicates that fewer Iowa teenagers report alcohol and marijuana use. Conducted in October 2008, the IYS found that 81 percent of students reported consuming no alcohol within the past 30 days. Students were also asked about binge drinking, defined as five or more alcoholic drinks within a couple of hours; 87 percent of all students surveyed reported no binge drinking. Both figures are an improvement over the 2005 survey results. Additionally, 94 percent of these students reported no marijuana use.



“These figures show us that prevention messages do work,” said Iowa Department of Public Health (IDPH) Behavioral Health Division Director Kathy Stone. “When parents, schools and the community work together to address problems like teenage alcohol and drug use, positive things can happen.”

Administered to students in grades 6, 8, and 11 in all of Iowa’s 99 counties, more than 97,700 students from both public and non-public schools participated in the survey. For the first time, students took the survey online, saving in printing, shipping, and labor costs.

Used by communities, school districts, coalitions, legislators, and grant writers, the information gathered by the IYS is vital to Iowans seeking information about the health and welfare of Iowa youth. The IDPH Division of Behavioral Health coordinates the collaborative effort that includes the Departments of Education and Human Rights, and the Office of Drug Control Policy. Analysis for the 2008 IYS is being prepared by the Consortium for Substance Abuse Research and Evaluation at the University of Iowa.

New to the survey this year is a question about “cyber bullying.” According to the report, 16 percent of 8th grade girls and 6 percent of 8th grade boys reported that they had received a threatening or hurtful message from another student in an email, on a Web site, cell phone, text message, Internet chat room, or instant message. Among all grades surveyed, cyber bullying was reported by 13 percent of female students and 6 percent of male students.

The IYS began in 1975 and is conducted every three years. The next step, planners say, is to move the survey to a two-year timeframe, which will result in more current data.

State and county level reports are currently posted to the Web site with other group and trend reports to follow. School district reports are available only through the local school district superintendents and are not posted online.

To view the Iowa Youth Survey, visit www.iowayouthsurvey.org. For questions, contact Linda McGinnis at 515-281-5444 or lmcginni@idph.state.ia.us.

** Linda McGinnis is a substance abuse prevention consultant at IDPH.*

Extreme Makeover: WIC Food Package Edition

*By Jill Lange**

Every once in a while, you have to step back and evaluate a situation and decide if it is time for a change. Do I need a new haircut? Is my kitchen looking outdated? Are the WIC foods actually meeting participant nutrition needs?

After 30 years, it is probably time to re-evaluate and update, especially when we are talking about the health and nutrition of Iowa’s families, right? Well, mark your calendars! WIC’s “extreme makeover” will be complete and in full swing effective October 1, 2009.

“The new food package that will be provided to WIC participants is very exciting,” said Judy Solberg, director of the [Iowa Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#) program. “It involves new foods, new alternatives and new quantities.”

Created in 1972, WIC has provided healthy foods, nutrition education, and referrals to health and social services to millions of pregnant, breastfeeding, and postpartum women, infants, and children. In recent years, there has been growing evidence for the need to improve the food benefits provided to these individuals.

In 2003 the Institute of Medicine developed recommendations for changes to the food options provided by WIC. Based on these recommendations, new food guidelines were released in 2007. These improvements now follow the [2005 Dietary Guidelines for Americans](#) and guidelines from the American Academy of Pediatrics. The new foods also strengthen WIC’s promotion and support for breastfeeding.



Some of the new foods include fresh fruits and vegetables, whole wheat bread, and baby foods. Alternatives to the foods in the old package have also been introduced. Instead of just dried beans, for example, WIC participants can now choose canned beans. The quantity of certain foods in the package has also been modified. For instance, juices have been reduced since they are being replaced by more nutritious fresh fruits and vegetables. Another important change is that women will be rewarded for exclusively breastfeeding.

Carole Hahn, registered dietitian and breastfeeding coordinator from Edgerton Women's Health Center in Scott County is one of many local partners who are looking forward to the new package. "I'm excited that our new WIC foods line up better with the Dietary Guidelines for Americans," Hahn said. "More importantly, WIC clients' response to the planned addition of fruits and vegetables has been very positive."

The state WIC office at the Iowa Department of Public Health has been busily preparing for the big changes since 2007. Steps taken include food selection using approved criteria, policy changes, data system updates, local agency and grocery vendor training, and the development of new education materials.

True, the extreme makeovers you see on TV don't take nearly as long; the really important ones, though, take some time. To learn more about the Iowa WIC program, visit www.idph.state.ia.us/wic. For questions about the forthcoming changes, call 1-800-532-1579.

* Jill Lange is a nutrition consultant for the Iowa WIC program at IDPH.

CDC.gov launches eHealth Metrics Dashboard

In May, [CDC.gov](http://www.cdc.gov) launched the first phase of an online [eHealth metrics](#) dashboard available to the public to provide easy access to key performance indicators for CDC's Web site, social media, and Web 2.0 products. In the first phase of the project, updated metrics will be posted quarterly. Later versions of this tool will provide more frequently updated data for selected metrics through the use of automated feeds.

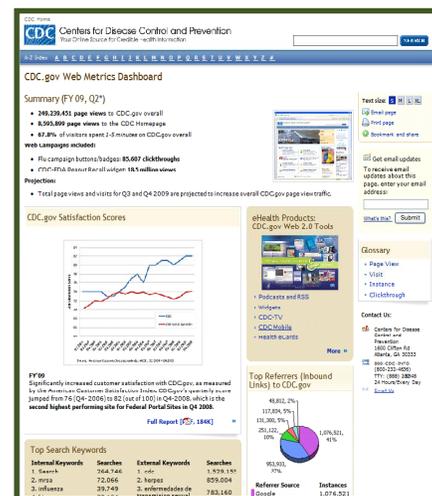
The National Center for Health Marketing's [Division of eHealth Marketing](#) is using this tool to track and monitor usage and support ongoing research of Web, mobile, e-mail and social media efforts. CDC is sharing these data as part of the agency's commitment to transparent government.

Online at www.cdc.gov/metrics, this phase of the eHealth Metrics Dashboard includes the following metrics and top-line analyses for the first two quarters of Fiscal Year 2009:

- CDC.gov overall page views, page visits, time spent, and Web campaigns
- CDC.gov customer satisfaction scores (ACSI)
- eHealth products: CDC.gov Web 2.0 tools (podcasts, Widgets, eCards, and CDC-TV)
- Top search keywords (internal and external)
- Top referrers (inbound links) to CDC.gov
- Most popular pages on CDC.gov

The next CDC.gov dashboard update will include: metrics for H1N1 Influenza and Peanut Butter Containing Products Recall eHealth Products usage; CDC's Twitter sites; CDC MySpace; and CDC-INFO National Contact Center (1-800-CDC-INFO) phone and e-mail inquiries.

For more information about this new metrics resource, please contact Wies Rafi, CDC Division of eHealth Marketing at WRafi@cdc.gov.



Tobacco control partnerships and JEL unite in Grinnell

By Aaron Swanson*

More than 270 adult and youth tobacco use prevention advocates attended the [2009 Iowa Tobacco Control Conference](#) June 16 to 18. But why? After all, hasn't tobacco control in Iowa come far enough in recent years? From passage of the \$1.00 cigarette tax increase in 2007 to implementation of the Smokefree Air Act in 2008 to a 22 percent decrease in adult smoking, one would think public health partners would welcome the opportunity to rest on their laurels a while.

Not so, conference organizers and participants agreed. In fact, that was the theme of the conference—After the Smoke Clears: Facing the Next Challenges in Tobacco Control.

“The work in tobacco use prevention and control accomplished over the past two years has made Iowa a model for other states to follow,” said Iowa Department of Public Health Director Tom Newton during his remarks that opened the event. “But we still face many challenges to achieving our goal of a tobacco-free Iowa.”

Brick Lancaster, Chief of the Program Services Branch of the [Office on Smoking and Health](#) at the Centers for Disease Control and Prevention, echoed many of Newton's recommendations for moving tobacco control forward in Iowa. In particular, Lancaster referred to the need to advocate for tobacco-free policies (as opposed to smoke-free policies) at the local level and demonstrate a need for covering cessation services by speaking to employers and insurers.

“The tobacco use epidemic can be stopped,” Lancaster emphasized. “If states sustained their recommended level of funding for five years, there would be an estimated 5 million fewer smokers. Hundreds of thousands of premature deaths would be prevented, and longer-term investments would have even greater effects.”

Another highlight to the event was that it was the first time the Tobacco Control Conference was held in conjunction with the annual [JEL \(Just Eliminate Lies\) Summit](#). On July 16, youth and adult advocates conducted their activities in separate buildings on the Grinnell Campus. The following day they came together for a keynote presentation by former tobacco industry insider Dr. Victor DeNoble and as many as 10 breakout sessions.

“Combining the adult and youth components of the tobacco control community in Iowa was an eye-opening experience,” said exiting JEL President CJ Petersen. “I hope this leads to more collaboration between these two important partners in our fight against Big Tobacco.”

After holding 18 seminars on topics which included street marketing, subliminal messaging, industry manipulation, and new products, as well as a leadership workshop presented by incoming JEL President Aaron Swailes, JEL members extended their activities by one more day. As with previous years on this final day of the Summit, JEL members took their message to the streets. This year, the youth advocates held street marketing events in Des Moines and Iowa City that made the most of the [What Town is Next?](#) campaign. During the noon hour, an adult playing the role of a big tobacco executive walked through a crowd of JEL members and sounded a “death alarm,” causing participants to drop to the ground “dead,” representing the 50 people who die from tobacco products each hour.

* Aaron Swanson is an executive officer in the IDPH Division of Tobacco Use Prevention and Control.



Casey Gaul of Dyersville was one of more than 20 JEL members who spoke during the conference and summit. This was the first year adults were invited to presentations that had traditionally been structured as youth-to-youth sessions.

GBT summit helps shape future HIV prevention needs

By Pat Young*

More than 50 HIV prevention advocates gathered in Des Moines in June to develop a strategic plan that prioritizes the HIV prevention needs of gay, bisexual, and transgendered (GBT) men in Iowa. Sponsored by the Iowa Department of Public Health (IDPH), the two-day event was called Take A Stand: A Summit to Stop HIV in Iowa's Gay/Bi/Trans Communities.

A first-of-its-kind event for Iowa, the gathering was held in response to increases in HIV infections in gay and bisexual men in Iowa and across the nation. During the two-day event, national and local experts and participants examined the increases in HIV diagnoses among gay and bisexual men in Iowa, assessed current activities in the state, and heard from experts on possible strategies and interventions. Participants also identified additional activities or enhancements to current activities that could be implemented to prevent HIV infections among men in Iowa.

"The format of the summit really spawned some creative thinking and allowed us to capture some great ideas," said Randy Mayer, chief of the IDPH [Bureau of HIV, STD, and Hepatitis](#). "Each of the presenters provided a unique perspective that served as food for thought for the local participants."

An innovative approach was used to kick off the summit; each panel of national and local experts was asked to give provocative nuggets of information in 10-minute mini-presentations about why GBT men are continuing to get HIV despite our best prevention efforts. Topics included homophobia, biphobia, transphobia, alcohol use, stigma, self-esteem, policy, culture, and social structures. "The fact that their conclusions didn't always agree with one another demonstrated that there is still much we have to discuss," Mayer added.

From 2003 to 2007, HIV diagnoses in Iowa increased 41 percent. All of the increase occurred among males, particularly among "men who have sex with men" (MSM). Nationally, MSM is the only population that is currently experiencing an increase in new HIV infections. According to the most recent data from the Centers for Disease Control and Prevention, 53 percent of all new infections occurred among MSM. These data contributed to CDC's release of supplemental funding last year to encourage states to develop new strategic plans to address the epidemic among MSM.

In drafting a strategic HIV prevention plan for Iowa, much of the discussion focused on moving toward more holistic approaches, particularly in light of the recent Iowa Supreme Court ruling that allows same-sex marriage. Dr. Simon Rosser, professor of epidemiology and community health at the University of Minnesota, asked the group to think critically about how this ruling will change the landscape of HIV prevention for men in Iowa.

"Iowa has the chance to be on the leading edge of HIV prevention for gay men," Rosser said. "This is a unique opportunity for the state to demonstrate what HIV prevention in the 21st century is."

An initial plan was drafted at the summit, but the conversation is continuing online. Following the summit, the participants developed an online social networking site to exchange more ideas and fine tune the plan. The new Web site, <http://iowamenshealth.ning.com>, features notes from the summit, which are available for live, collaborative editing from the community. Also on the Web site, a forum allows for conversations on specific topics, while a blog section gives individuals a chance to provide longer, personal commentary on a topic.

* Pat Young is the HIV Prevention program coordinator in the IDPH Bureau of HIV, STD, and Hepatitis.



(L-R) Mike Flaherty, Darren Whitfield, and Dustin Wagner take questions from other participants following their brief overview of current prevention strategies in Iowa. The presentation was of a dozen given during the two-day conference.

“What Town is Next?” earns gold in world’s largest advertising competition

By Don McCormick*

An anti-tobacco campaign by JEL (Just Eliminate Lies) and the Iowa Department of Public Health (IDPH) won a Gold “ADDY” Award in June for excellence in advertising from the American Advertising Federation. The innovative “What Town is Next?” campaign won the top honor in the Mixed Media for Public Service category.

Focusing on the fact that 1,200 people die in the U.S. every day from smoking—a number equal to the population of many Iowa towns—the campaign included a YouTube video, billboards, TV commercials, print ads, radio spots, and Internet banners. Each ad depicted what it would be like to lose an entire Iowa town in one day.

“Public service campaigns are an important part of our mission to promote and protect the health of Iowans,” said IDPH Director Tom Newton. “This award is another example of Iowa’s continued leadership among youth-led tobacco control movements across the nation.”

The “What Town is Next?” campaign featured 22 towns in Iowa with populations of around 1,200 people. IDPH staff and JEL leadership worked with advertising firm ZLR Ignition to develop the campaign, which drew not only the attention of Iowans, but also national media outlets such as CNN and MSNBC.

Another unique feature of the campaign is interactive [Kill-Culator](#). Available at [www.whattownisnext.com](#), the Kill-Culator allows users to type in the name of any town in Iowa to see how many hours or days it would take for Big Tobacco’s products to wipe out the equivalent of that town’s population.

Since 2000, JEL has won more than 130 local, regional and national awards for its effective public service campaigns. In its short nine-year history, three of JEL’s members have been recognized as Youth Advocates of the Year from the Campaign for Tobacco Free Kids.

After winning local and regional ADDY Awards in February and April, the “What Town is Next?” campaign advanced to the finals, where it competed with nearly 1,600 campaigns. This year, there were 100 gold awards and 175 silver awards.

With more than 60,000 entries annually, the ADDY Awards are the world’s largest and arguably toughest advertising competition. The American Advertising Federation, a not-for-profit industry association, conducts the ADDY Awards through its 200-member advertising clubs and 15 districts.

To see the award-winning campaign, visit [www.whattownisnext.com](#). To learn more about JEL, go to [www.jeliowa.org](#).

* Don McCormick is a public information officer at IDPH.



Iowa helps examine radiation messages for public health workers

By Ken August*

Iowans were among more than 2,700 public health employees who participated in a recent survey that examined messages aimed at public health workers in the event of a radiological incident such as a “dirty bomb” attack. While most public health employees surveyed feel confident they could take action needed to protect the public, they also wanted clear, detailed information to help them do so.

The survey, which included qualitative and quantitative data gathering methods, was coordinated by the [National Public Health Information Coalition](#) (NPHIC) and funded by the Centers for Disease Control and Prevention’s (CDC) [National Center for Environmental Health](#) (NCEH) Radiation Studies Program. Messages were tested on public health workers to determine if the information would improve



their ability to respond immediately following a radiological incident. Public health workers from other states participating in the survey included those in California, Kansas, Michigan, North Carolina and South Carolina.

"If a radiological incident were to occur, public health workers would be on the front lines of the response," said NPHIC President Tom Slater. "The survey shows that they will want information that is clear and credible."

In addition to the thousands of public health employees who participated in the quantitative survey in January and February of this year, 69 employees in the participating states also took part in qualitative focus groups in 2008. In Iowa, 12 Iowa Department of Public Health employees with a wide variety of backgrounds and lengths of employment participated in the focus group.

Suggestions gathered during the study include:

- Identify CDC as the originator of the information in each message.
- Include a Web site or phone number to call for more information in each message.
- Examine each sentence for clarity.
- Give as many details as possible.
- Give instructions on what actions to take in each message.
- Make instructions sequential and specific.
- Use general terminology that is understandable to all employees.
- Explain any technical terms that must be utilized.
- Cite the geographic area for which the instructions are viable.

The survey showed that key factors affecting public health workers' trust in informational messages included:

- Authority and trustworthiness of the source.
- Perceived accuracy.
- Level of detail.
- Use of commonly understood terminology.

Job classification, state department, rural or urban location, length of service and proximity to a nuclear power plant had little to no impact on answers about the messages. Survey participants living in an urban or mixed urban and rural area had a tendency to be more skeptical of the messages than rural employees.

"Our next step will be to utilize what we've learned from the study in fine tuning messages for our Web site and for other communication tools that will help public health workers deliver more usable messages to our citizens during radiation emergencies," said Carol McCurley of the NCEH Radiation Studies Branch.

For a copy of the executive summary and full survey results, call 515-281-6692. To learn more about NPHIC, visit <http://www.nphic.org>.

* *Ken August is the NPHIC development director.*

IDPH



Iowa Plumbing and Mechanical Systems Board

Recently, Focus spoke with Cindy Houlson, executive officer working with the [Iowa Plumbing and Mechanical Systems Board](#) at IDPH.

What do plumbing and mechanical systems have to do with public health?

As you probably know, Iowa licenses professionals whose work impacts the health of Iowans. If you have running water in your home, for example, chances are you've placed a great deal of trust in professional plumbers to ensure that drinking water finds its way into your home and that waste water is carried away safely. By ensuring that these professionals are adequately trained to do this important work, we're helping protect the health of Iowans.

It sounds like we have been taking some things for granted.

That might be true. Plumbing dates back thousands of years to ancient peoples such as the Greek, Roman, and Chinese civilizations, but the basic principles are the same—in with the good, out with the bad. Many of your readers may be familiar with a significant advancement in the field of public health that occurred in 1854 when a water supply was found to be the source of cholera. Indeed, water that enters or leaves our environment is serious business! The same goes for HVAC (heating, ventilating, and air conditioning), refrigeration, and hydronics (using water to transfer heat). Licensing those who are responsible for all of these systems is definitely a matter of public health.

What does the Iowa Plumber and Mechanical Professional Licensing Act do?

It assures that individuals who work in these trades are current in the applicable codes, standardizes competencies, and protects consumers from less-than-satisfactory installations. It also eliminates the need for an individual to obtain multiple licenses to work in neighboring jurisdictions, streamlining the licensing process for the entire state.

Who is responsible for implementing the licensing program?

Iowa Code 105 established a licensing board under the Iowa Department of Public Health (IDPH). The Plumbing and Mechanical Systems Board has eleven members, nine of whom are directly involved in the trades. Two members represent the Iowa Department of Public Safety and IDPH.

You've been pretty busy recently then, haven't you?

My goodness, yes! As of July 1, all licensing responsibilities have been transferred from city and local jurisdictions to the board, and state licenses are now required for anyone working at the master, journey, or apprentice levels in the plumbing, HVAC, hydronics or refrigeration trades. To prepare, the board has met monthly since early July 2008. In addition to the regular board meetings, board members and IDPH staff have spent hundreds of hours in meetings developing the rules that provide the guidelines for the licensing program. All the while, three IDPH staff members have been responding to inquiries from those who need licenses and the public. Each day we've been getting about 200 calls, 10 to 20 inquiries via the Web site, and numerous e-mails. And, we've already issued nearly 14,600 licenses. For more information, visit www.idph.state.ia.us/eh/plumbing.asp.



Count the Kicks campaign ushers in healthy baby boy

By Kim Piper*

“Tick.” Pregnant for 37 weeks, Jennifer McCune of the Sioux City area comes across a magazine article and a radio public service announcement (PSA) about late-term stillbirth and infant death. “Tock.” The expectant mother heeds the advice and starts counting the number of times her baby kicks. “Tick.” After noticing that her baby’s movements have decreased in frequency one evening, she calls her doctor. “Tock.” Within 3 hours of feeling only one kick, the baby is delivered a cesarean operation. “Tick.” It is discovered that the umbilical cord was wrapped around the baby’s neck four times. “Tock.” Baby Danny cries for the first time and enters the world as a healthy baby boy.

The scenario above is not the actual PSA, but a true story that could have had a very different outcome—so says Jennifer’s physician—had she not encountered the innovative educational campaign called [Count the Kicks](#). With support from the Iowa Department of Public Health (IDPH), five Des Moines-area moms who each lost babies to late-term stillbirth or infant death, launched the campaign in early June to prevent late-term birth complications and stillbirths in Iowa.

“This is public health social marketing at its best,” said Doris Montgomery of the IDPH Social Marketing Team. “By using traditional marketing strategies and other techniques to affect behavior change for a social good, this campaign is having a real and tangible effect on the health of Iowans.”

The campaign, which began with a radio PSA featuring First Lady Mari Culver and University of Iowa football coach Kirk Ferentz, includes whimsically-designed brochures, posters, and kick tracking cards. Count the Kicks teaches expectant parents how to track their baby’s movement patterns daily during the third trimester of pregnancy. The campaign urges parents to contact their health care providers immediately if they notice significant changes in their babies’ movements.

“Most expectant parents know that movement is an indicator of their baby’s well-being in utero, but the type of movement and how often the baby should move is often left open to interpretation,” said Kerry Biondi-Morlan, one of the moms responsible for the campaign. “Some think that movement should slow down as the due date approaches because the baby runs out of room, but that isn’t necessarily the case. Each baby is different and so are their movements.”

Studies indicate kick counting, a daily record of a baby’s movements (kicks, rolls, punches, jabs) during the third trimester, is an easy, free and reliable way to monitor a baby’s well-being in addition to regular prenatal visits. Counting kicks is recommended by the [American College of Obstetrics and Gynecology](#).

For more information, including frequently asked questions and downloadable kick tracking cards, visit www.countthekicks.org.

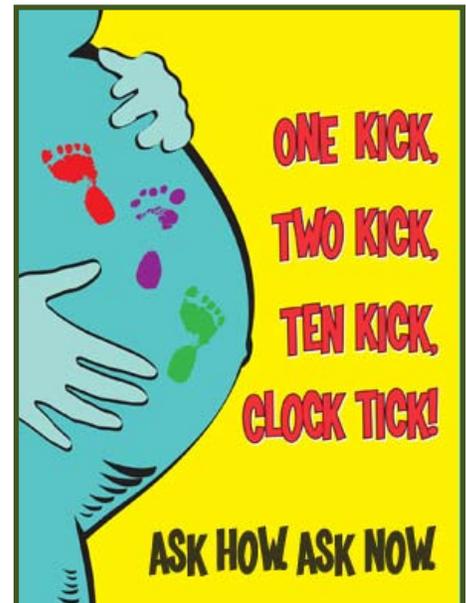
* Kim Piper is coordinator of the IDPH Center for Congenital and Inherited Disorders.

Combining reading and physical activity produces “Dantastic” results

By Jennifer Glover Konfrst*

In April and May, [Iowa Public Television](#) (IPTV) embarked on an ambitious effort to reach students in each of Iowa’s 99 counties to encourage them to find a balance between exercising their bodies and their minds. The result was the 2009 Healthy Hike program, through which thousands of kids in all 99 counties in Iowa logged more than 16,500,000 minutes of reading and moving.

Supported by federal funding administered through the Iowa Department of Public Health, IPTV leveraged the popularity and credibility of Dan Wardell, popular host of the IPTV’s [KIDS Clubhouse](#). Wardell has a long-standing reputation for encouraging kids to make healthy eating choices, as exemplified by his Healthy Minutes messages that air between children’s programming daily. For the Healthy Hikes initiative, IPTV ran spots encouraging kids to get active and read this spring. Spots also aired featuring the success of the initiative while it was ongoing, with photos from schools and students exercising and reading in communities across the state.



Stillbirth Facts:

- On average, 200 babies are stillborn in Iowa every year.
- African-American women have more than twice the risk of stillbirth than that of white women. African-American women 35 years and older have a risk of stillbirth 4 to 5 times higher than the national average.
- Sixty percent of fetal deaths happen after 28 weeks gestation. The majority of stillbirths occur at or near full term.
- Many stillbirths at term happen in otherwise healthy, low-risk pregnancies, and there is no obvious cause.

"I had a great time traveling the state to congratulate Healthy Hikers," Wardell said. "It's been fun to see kids celebrating moving their bodies and exercising their minds, and to witness the participation from the kids, teachers, schools, libraries, and communities!"

The key component of the initiative was engaging classroom students and libraries in every county to participate in a Healthy Hike competition. One elementary school classroom and one library per county was selected to participate in the competition, with students working to log minutes exercising and minutes reading throughout the month of April. Wardell worked with each teacher and librarian to get them excited about the project, created customized materials, and sent a video message to each classroom encouraging the kids to get ready.

Libraries and schools participating in the effort each received books about exercise and a certificate for each student. The ten schools logging the most moving/reading minutes were treated to a visit from Wardell when they took their celebratory Healthy Hikes to their local libraries. They also received IPTV Healthy Hike jump ropes to remind them to exercise and read.

The coverage received to date demonstrates the local impact of the effort. So far, the Healthy Hike has garnered 121 newspaper articles, reaching a combined circulation of 416,790.

Teachers and librarians tracked their progress through an online form obtained at www.iptv.org/dantastic. This was a critical tool as it brought educators from across the state to the Web site, where they could see Dan's photos and video, submit their own video, and watch IPTV's Healthy Minutes spots to encourage them as well.

** Jennifer Glover Konfrst is the communications manager for IPTV.*

Family mealtime is "reinvented" in Dubuque County

By Nan Colin*

What do you get when you cross fast-food related obesity rates and a declining economy? A good reason to cook more often at home! Such was one of the observations used by planners of a unique health promotion intervention in Dubuque County.

"With fewer and fewer people cooking at home these days, it's becoming even easier to get meals at fast food restaurants," said Pat Fisher, a Hy-Vee dietitian and partner in the [Dubuque County Board of Health's](#) Community Wellness initiative. "It's also important that we address the health benefits of eating meals as a family—another aspect of American life that seems to have gone by the wayside."

Organizers cited county-level data in their grant application that show a clear trend toward adult and child obesity in Dubuque County residents. Moreover, with studies showing that kids who do not eat dinner with their families are 61 percent more likely to use alcohol, tobacco, or illegal drugs, their [Reinventing the Family Meal](#) educational program makes a lot of sense.

Held since January 2009, each course includes three classes held in three consecutive weeks. Using recipes from the Iowa State University Extension cookbook "[Healthy Meals in a Hurry](#)," participants get together to cook a new meal each week. After each class, participants receive a replication kit—complete with ingredients—so they can go home and fix the meal for their family. At the end of the course, each participant receives a copy of the Extension cookbook.

Funded by the Iowa Legislature and federal dollars secured by Senator Tom Harkin, the spring 2009 courses concluded in June. Twelve courses were held for residents in the communities of Cascade, Dyersville, Dubuque, and Epworth.

"This is the most successful grant that we have ever had," said Dubuque County Health Department Administrative Assistant Bonnie Brimeyer. "People can't wait to get into a class." The county has already started a waiting list for people who would like to take the course in the fall.



Students from Southeast Webster-Grand in Dayton take a Healthy Hike to their local library to celebrate their second place finish in IPTV's 2009 Healthy Hike. The students in this class read and moved an average of 4,150 minutes per student.



Daniel Ibarra, foreground, clowns for the camera while Barbara Weber, her daughter Jenny, and Dave Blake try out a new recipe in the Reinventing the Family Meal class at the Hillcrest Wellness Center in Dubuque.

Deann Gaul, Dubuque County Extension staff member and Reinventing the Family Meal instructor, recalls a story of a 16-year-old who had been dropped off by her father at the Epworth class with the instructions “learn how to cook.” Having learned some basics in the cooking classes, she is now looking up recipes on her own that she can use to cook for the rest of the family. According to the girl’s mother, “she’s cooking up a storm.”

For more information about Community Wellness Grants, also known as the Iowa Healthy Communities Initiative, visit www.idph.state.ia.us/hcr_committees/physical_fitness.asp and look under “Prevention and Wellness Initiatives.” For more information on Reinventing the Family Meal, contact the Dubuque County Health Department at 563-557-7396.

* Nan Colin is the administrative director for Dubuque VNA.

New funding sustains the best of the best, adds new components

By Nancy Hahn*

Drawing on the success of their [Team Lunchroom](#) program from 2004 to 2007, [Healthy Henry County Communities](#) (HHCC) and [Henry County Health Center](#) (HCHC) have been keeping themselves busy with a \$135,500 grant from the [Wellmark Foundation](#). The two-year grant builds upon on-going wellness initiatives to improve childhood weight issues in Henry County.

Called “Wellness Journey: on the Road to Good Health,” the initiative is educating students, parents and families about nutrition, exercise, and the benefits of living a healthy lifestyle. The multi-faceted program has also included targeted outreach to young at-risk parents as well as the Hispanic population.

“Our past health fairs have educated students about sugar in soda, portion control and serving sizes, whole grains, calcium in your bones, reading nutrition labels, and the benefits of an active lifestyle,” said Wellness Coordinator Tessa Yakle at HCHC. “This time around, utilizing a train-the-trainer concept, we have added a huge focus on decreasing screen time.”

Thanks to interest from schools during the initial grant period, the Team Lunchroom mini health fairs and [Pick-A-Better-Snack bingo cards](#) have found their way back into classrooms with the new funding. (Students who complete a bingo are rewarded by their teacher with a healthy snack for incorporating healthy lifestyle choices into their daily lives.) A Spanish version of the card is now available, while fruit and vegetable consumption has also been allowed to continue. This time, though, organizers have added fun physical activities that are age appropriate for elementary students.

A brand new component made possible by the new funding is community education. Four-week educational sessions are being offered twice a year through the HHCC Family Connection, an education program for young parents in Henry County. Topics include cooking healthy meals on a budget, the benefits of breastfeeding, proper use of fitness equipment, and monitoring screen time.

“In an effort to learn more about the effects of TV viewing and to raise awareness on the number of hours children spend in front of the screen, we set aside one week in April where families were asked to limit their screen time to no more than two hours per day,” Yakle explained. “During ‘Turn Off the TV Week,’ ideas were given on activities that families can implement in place of watching television, playing video games, or sitting in front of a computer.”

Also new is a mentoring program for middle and high school youth. Working with local exercise facilities, students met weekly to learn how to achieve the benefits of a healthy lifestyle.

For more information on Wellness Journey programming, topics or events, contact Tessa Yakle at 319-385-6595 or yaklet@hchc.org.

* Nancy Hahn is the coordinator of Healthy Henry County Communities at Henry County Health Center.



Instructor Pat Heusmann gets assistance from Luis Rosell (left) and Tony Warren to demonstrate the high sugar content of soda. Although the maximum recommended daily allowance of sugar is 8 teaspoons, a 20 oz bottle of Coke contains twice that amount.

Visit the IDPH booth at the Iowa State Fair!

We're located in the Varied Industries Building.
The Iowa State Fair is from August 13- 23.



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