



Event features frank exchange of ideas about health reform

By Don McCormick*



(l-r) South Dakota Governor Mike Rounds, White House Office of Health Reform Director Nancy-Ann DeParle, Iowa Governor Chet Culver, and Iowa Senator Tom Harkin.

More than 440 people attended a [Regional White House Forum on Health Reform](#) held in Des Moines on March 23. Hosted by Iowa Governor Chet Culver (D) and coordinated by the White House Office of Health Reform, the Governor's Office and the Iowa Department of Public Health, the event welcomed South Dakota Governor Mike Rounds (R), Iowa Senator Tom Harkin (D), and White House Office of Health Reform Director Nancy-Ann DeParle. Also in attendance was U.S. Congressman from Iowa Leonard Boswell (D).

The event followed regional forums held in Michigan and Vermont. It preceded others held in North Carolina and California.

"Health care reform cannot be achieved through ideas from Washington alone," said President Barack Obama in a video message that helped open the forum. "We are committed to continuing an open, inclusive and transparent process that allows people from across the country to have a voice and direct involvement in our country's health reform efforts."

Governor Culver took the lead in moderating the discussion to ensure that participants could express a wide variety of opinions, tell their stories, and offer suggestions. The majority of time during the event—which lasted more than two hours—was given to participants and their input.

Two microphones made their way around the Polk County Convention Center and were shared by a retired teacher, a small businessman, a medical school faculty member, a farmer, a nursing education advocate, a recently laid-off Iowan, a pharmacist, a mother of a special needs child, and many others. Several questions submitted electronically were also addressed.

As participants offered suggestions, Governors Culver and Rounds and Senator Harkin would follow up with comments of their own or introduce facts relevant to the topic at hand. For example, following a participant's call for a basic benefit for wellness and disease management services, Governor Culver talked about efforts currently being undertaken in Iowa.

"Director Newton at the Iowa Department of Public Health has really led a new initiative on chronic disease management," Culver said. "All of us are 20 times more likely to have a chronic disease verses getting into an accident of some kind. So that to me seems like a real opportunity—if we can manage these chronic diseases earlier the better."

"Seventy-five percent of all Medicare spending goes toward chronic disease," Senator Harkin added.

Governor Rounds followed up by introducing some successes South Dakota has experienced with their state employees' health care plan. "We were able to reduce [health care costs] by putting together a wellness plan and provided incentives. We would allow [employees] to set aside dollars and then we would allow them to access the money for other things—in terms of a YMCA membership and so forth. Our costs went up 4 percent last year. This year, though, we're looking at no increase in our costs for 26,000 people."

White House representative Nancy-Ann DeParle took copious notes throughout the forum, as evidenced in her closing remarks. "One thing in common I've heard from a lot of you is frustration about the cost of health care," DeParle said. "Whether

it's small business, whether it's labor union people, whether it's the farmers or nurses, everyone here I think is very concerned about how we're going to keep affording this. I've also heard the desire of clinicians to be at the table to get some help from all of us in breaking down the barriers that make it difficult to provide the care they know is needed. I've heard from advocates of both single-payer approaches [and other] business models. I'm going to take all that back and report to my colleagues."

DeParle concluded by recognizing the health care reform is not a new concept. She noted that discussions have often fallen apart, however, because proponents of various plans would fail to compromise and simply fall back on the status quo. "I think I heard something different in this room. That is, people are saying 'Let's figure a way to move forward here. It won't be perfect but we'll keep working together to make it better.' That's where President Obama is as well. I hope you will join together with us as you have by coming here today... to help us lower costs and insure all Americans. Because that's really where we want to be."

To learn more about the five Regional White House Forums on Health Reform and to offer recommendations, visit www.healthreform.gov. [Streaming video](#), [slide shows](#) and [event blogs](#) of each forum are also available. For more photos of the event, turn to page 16.

** Don McCormick is a Public Information Officer at IDPH.*

Newton: public health can emerge stronger from recession

*By Don McCormick**

During his opening remarks at the 2009 [Iowa Public Health Conference](#) in Ames on April 7, Iowa Department of Public Health (IDPH) Director Tom Newton encouraged public health partners to leverage the current economic challenges to improve the way they do business.

"Times like these necessitate that public health critically examine how we operate, deliver services and seek out partnerships to accomplish our mission," Newton told a full house in the 450-seat Benton Auditorium. "We cannot continue to do business as usual, and must identify ways to become more efficient and effective in doing the important work of public health."

Citing recent successes related to public health modernization efforts and last year's response to severe weather, Newton said the state of public health in Iowa is strong. But, he said, decreased budgets are certain to have an affect on the array of services public health currently provides.

Newton emphasized the importance of being "proactive and seeking out improved efficiencies, innovative ways of delivering services, and new partnerships" before one of two scenarios plays out. Failing to act now, Newton pointed out, may mean that decisions are made by people who may not entirely understand public health. The other consequence would be that an agency or program might simply be "left to wither and rot on a vine" and leave a gaping hole in the statewide public health system.

More importantly, Newton explained, this critical time in the nation's economy actually presents a unique opportunity for the development of public health in Iowa. "I believe it is exactly these tipping-point moments that will drive us toward innovation and force us think differently about how we do things," Newton said. "Major corporations and small businesses that figure out how to build a better mousetrap during times of recession tend to emerge from it in a much stronger position."

In addition to urging local public health partners to rely on the Iowa Public Health Standards to help them prioritize services, Newton issued two challenges. The first was to offer suggestions to IDPH about how to improve the department's services.

The second challenge was to remember what public health does best. "Set your



IDPH Director Tom Newton

priorities, look for new partnerships and critically evaluate how your agency operates and delivers services,” Newton said. “Don’t be afraid to be creative and question why things are done a certain way. If we all do this, then I am convinced public health can emerge from these tough economic times in an even stronger position.”

To submit your ideas for increased efficiencies, please contact your regional community health consultant or IDPH program administrator. You may also send an e-mail to Director Newton’s administrative assistant Ramona Cooper at Rcooper@idph.state.ia.us or use the Contact Us feature on the Director’s Office Web page at www.idph.state.ia.us/do.

* Don McCormick is a public information officer at IDPH.

NPHW in Iowa focuses on Modernization

By Jerilyn Quigley*

Public health partners across the state observed [National Public Health Week](#) (NPHW), April 6-12, by raising awareness about how public health promotes and protects the health of Iowans. In Iowa, the theme for this year’s observance was “Public Health Modernization as a Foundation for a Healthy Iowa.”

“People may not realize it, but public health is everywhere in our state,” said Iowa Department of Public Health (IDPH) Director Tom Newton. “It’s in the water we drink and on the sidewalks and bicycle paths we use every day. Public health is in our children’s vaccinations and it’s there for us when emergencies threaten our health.”

Director Newton’s comments reflected the strategy many local public health agencies used during NPHW to talk about Iowa’s efforts to modernize its public health system. “In order for people to participate in the discussion currently taking place regarding the [Public Health Modernization Initiative](#), it’s important for us to demonstrate how public health touches the lives of Iowans every day,” said NPHW 2009 Coordinator Don McCormick.

To help with local education efforts, a Web site was created with the help of the Public Health Modernization Increase Knowledge Committee—the group responsible for educating stakeholders and the public about Iowa’s efforts to modernize its public health system. Among the resources posted to this site was the “What is public health?” series of handouts. Designed as fun and informative multiple-choice quizzes, each pertains to one of the five service standards outlined in the Iowa Public Health Standards. The site also includes a proclamation signed by Governor Chet Culver, event ideas and tips, a sample media advisory, a news release template, a table tent featuring the top 10 public health advancements of the last century, and more.

“Thank you for the wonderful information that was only a click away and the pictures with the wording that tell the story concisely,” said Buchanan County Public Health Department Director Amy Marlow. “You really did make it very easy for us!”

Based on feedback he received at the April 7-8 Public Health Conference and in e-mails from a dozen or so partners, McCormick says one of the more popular and successful efforts staged by local agencies during NPHW was an open house. Winneshiek County Public Health Nursing Service held one such event. “We received many positive comments,” said Administrator Krista Vanden Brink. “They were all in disbelief over the number of programs and services our agency has to offer.”

The NPHW 2009 Web site will remain active throughout the year. Public health partners are welcome to use or modify the resources available to demonstrate how public health works every day to promote and protect the health of Iowans. For more information, visit www.idph.state.ia.us/adper/nphw.asp or call Don McCormick at 515-281-6692.

* Jerilyn Quigley is co-chair of the Public Health Modernization Increase Knowledge Committee.



Assistant Director of Greene County Medical Center Public Health Donna Sutton used NPHW Web site content to create a display highlighting the five service areas of the Iowa Public Health standards. Also visible in the picture are the informative and fun “What is public health?” quizzes.

Increase in federal tobacco tax spurs calls to Quitline

By Jeremy Whitaker*

On April 1, the federal tax on a pack of cigarettes increased by \$.62 cents to a total of \$1.01. Most cigarette companies had also raised their wholesale prices ahead of the increase. As a result, the cost of most cigarettes in Iowa reached well over \$5.00 a pack by the middle of March.

“We know that a 10 percent increase in the price of cigarettes causes a 4 percent decrease in smoking among adults and a 7 percent decrease among youth,” said Bonnie Mapes, director the [Division of Tobacco Use Prevention and Control](#) at the Iowa Department of Public Health (IDPH). “This latest tax increase will spur many more adults to quit or cut back on their smoking and will prevent thousands of youth from starting.”

If the volume of calls to [Quitline Iowa](#) (1-800-QUIT-NOW) is any indication, many Iowans are deciding that this latest tax increase is a good time to give quitting a shot. The number of people contacting the Quitline went up 20 percent after cigarette companies raised prices in mid-March. During the first week of April, right after the new tax went into effect, the number of calls shot up to 1,062—nearly a 300 percent increase over previous weeks.

“Now is the time for public health partners across Iowa to step up their tobacco cessation efforts,” Mapes added. “By recommending Quitline Iowa to those we serve, we can make a real difference in the morbidity and mortality caused by tobacco in our state.” Currently, Iowa spends about \$1 billion dollars in smoking-caused health care costs.

The [U.S. Public Health Service Clinical Guideline: Treating Tobacco Use and Dependence](#) recommends that every patient who wants to quit smoking should use FDA-approved medication and be referred to cessation counseling. Quitline Iowa provides free tobacco cessation coaching along with two weeks of free nicotine patches, gum, and lozenges for all adult Iowans.

Evaluation of Quitline Iowa services shows that the program is clearly working. One year after enrollment, about 20 percent of clients are tobacco-free (defined as no tobacco use during the previous 30 days). Quitting cold turkey works only 5 percent of the time. Not only does the Quitline work, people are very satisfied with the services they receive. Over 93 percent of Quitline Iowa participants would recommend the program to someone who was trying to quit smoking.

Public health partners wanting more information about Quitline Iowa or strategies for integrating tobacco cessation into their services can contact the IDPH Division of Tobacco Use Prevention and Control at 515-281-6225. More information on Quitline Iowa is available at www.quitlineiowa.org.

* *Jeremy Whitaker is the Tobacco Cessation coordinator at IDPH.*

Agricultural medicine course, June 8-12

Iowa's [Center for Agricultural Safety and Health](#) and the [Great Plains Center for Agricultural Health](#) will host a [training program](#) for health care professionals who treat and help prevent occupational illnesses and injuries on the farm. The event will take place June 8-12 at hotelVetro & Conference Center in Iowa City.

The course will address diagnosis, treatment and prevention of agricultural health conditions through a multidisciplinary approach. Nurses, physicians, mid-level practitioners, physical and occupational therapists, paramedics, veterinarians, and other health care providers are invited to participate. College and continuing credit hours are available. Topics to be discussed include agricultural health care delivery, respiratory diseases, acute agricultural injuries, behavioral health issues, noise-induced hearing loss, zoonotic diseases and many others.

For more information, visit www.public-health.uiowa.edu/ICASH and look under “Upcoming Trainings,” or contact Kay Mohling at 319-335-4219.



Law increases blood lead testing by nearly 27 percent

By Rossany Brugger*

“Are you telling me that the paint in my house is poisoning my child? I’ve lived here all my life and nothing’s happened to me. How can my child be lead poisoned? She looks okay and she’s a smart girl!”

This was the reaction of an anguished and surprised mother from a rural Iowa town when she discovered that her two-year-old daughter was lead poisoned. The mother had never heard of lead poisoning until the pediatrician ordered a blood lead test as part of the child’s routine checkup.

Although reactions like this do occur, a relatively new Iowa law has resulted in a large increase in opportunities for public health partners to provide needed education and testing services. According to data from the Iowa Department of Public Health (IDPH), the number of children tested per year has increased from about 51,600 children in 2006 to more than 82,000 in 2008. The percentage of children tested before age 6 has increased from 71 percent for children born in 2001 to 90 percent among children born in 2003.

Local public health partners across Iowa have assisted schools and parents in complying with the testing requirement. “We have always had a connection with local school nurses through immunization audits,” says Kari Prescott, director of Webster County Public Health. “When we contacted the school nurses and offered to assist them with blood lead testing, it was a natural extension of this connection.”

In 2007 the Iowa General Assembly passed legislation mandating that all children show proof of a blood lead test when entering kindergarten. This law was implemented for children entering kindergarten in the fall of 2008.

While some children are being tested for the first time when entering kindergarten, IDPH [Lead Poisoning Prevention Bureau](#) Chief Rita Gergely says the intent is for all children to be tested before age 3. “Intervention to reduce a child’s blood lead level and prevent severe learning disabilities is more successful when children are identified as lead-poisoned at a younger age,” Gergely says.

In Iowa, most children are lead-poisoned by lead-based paint in older homes. Iowa’s children are at high risk for lead poisoning because nearly 40 percent of Iowa’s housing was built before 1950 and is likely to contain lead-based paint.

Most children with lead poisoning do not look sick. Lead-poisoned children may be easily excited or have problems paying attention. They may complain of stomach aches and headaches or be more tired than usual. More importantly, lead-poisoned children may have learning problems when they start school. Children with very high lead levels may have severe brain damage or even die. The only way to tell if a child is lead-poisoned is to have their blood tested. For more information, visit www.idph.state.ia.us/eh/lead_poisoning_prevention.asp.

* Rossany Brugger is an environmental health specialist in the IDPH Bureau of Lead Poisoning Prevention.



Carrie Leflore holds her son Elijah as Mahaska Health Partnership Community Health Nurse Marcy Mabee takes a sample for a blood lead test.

Stimulus funds support activity-friendly environments

By Tim Lane*

Demonstrating that Iowa is not waiting to use federal recovery dollars, Governor Chet Culver announced in early March that the [Iowa Transportation Commission](#) has approved the use of \$30.9 million from the [American Recovery and Reinvestment Act](#) (ARRA) for transit and transportation enhancement programs. While all are designed to stimulate the economy, a number of these projects will stimulate the health of Iowans as well.

From paths around the capitol city to trails converted from old rural railroads, Iowa is fast becoming a healthier place to live thanks to more than \$5 million for projects that affect trails and walkways. These funds, secured from the ARRA, are in addition to \$7,122,500 in ARRA funds programmed by Iowa's nine metropolitan planning organizations and 18 regional planning affiliations for transportation enhancement projects.

In Des Moines, the Principal Riverwalk will receive funds that will assist in developing the lighted walkways, landscaped public spaces, world-class public art and unique pedestrian bridges and pathways that will soon connect 300 miles of Central Iowa trails. Also in central Iowa, the Raccoon River Valley Trail in Polk, Dallas, Guthrie and Greene counties will be resurfaced.

In Council Bluffs the trail to the new Bob Kerry Pedestrian Bridge will be upgraded. The Sauk Rail Trail will be expanded in Sac and Carroll counties, while parts of the Wabash Trace in Page, Fremont, Mills and Pottawattamie counties will be paved. In Dickinson County, the original Spine and Poyzer Trail will be resurfaced and renovated, while the Rathbun Lake Trail in Appanoose County will receive needed improvements.

"The federal stimulus dollars will have an impact to our economy, but more importantly they need to and can stimulate Iowans to move more," said [Friends of Central Iowa Trails](#) President Andrea Chase. "A lifestyle lived from the car or plugged into the wall has a terrible affect on our health and our community. The allocated dollars will fund trail additions that will make Iowa a healthier place to live and a better place to visit."

According to Craig Markley, transportation planner with the Iowa Department of Transportation, significant efforts on these projects and others announced in March will be under way by July. For information about trails in Iowa, visit the Iowa Natural Heritage Foundation at www.inhf.org/iowatrails.

* Tim Lane is a fitness consultant at IDPH.



American Recovery and Reinvestment Act funds will make this section of the Wabash Trace and many other trails across the state more attractive to walkers, joggers and bikers.

Cancer may surpass heart disease as leading cause of death in Iowa

By Don McCormick*

According to a report released in March, cancer could soon exceed heart disease as the leading cause of death in Iowa. Produced by the [Iowa Cancer Registry](#), the "2009 Cancer in Iowa" report also highlights the value of state and national cancer data sources, which help advance efforts to prevent, diagnose and treat cancer.

"When we look at age-adjusted death rates for heart disease and cancer through year 2005, the rates are getting closer in Iowa," said Dr. Charles Lynch, medical director of the registry and a professor of epidemiology at the University of Iowa [College of Public Health](#). "If these rates continue on the same path, cancer may be the number one cause of death in Iowa by the end of the decade."

Based on data from the Iowa Department of Public Health (IDPH) and the Iowa Cancer Registry, the report includes county-by-county statistics. In 2009, an estimated 6,300 Iowans will die from cancer and 16,000 new cancers will be diagnosed, the report stated.

"I encourage local partners to review the report and use the data sources available to them for developing plans and action steps that will reduce the burden of



cancer in their community,” said IDPH Comprehensive Cancer Control Program Coordinator Holly Smith.

According to the report, the “big four” cancers—breast, colorectal, lung and prostate—continue to account for more than half of all cancer deaths in Iowa. However, deaths from pancreatic cancer are being pushed higher up in the list of most common causes of cancer death, due largely to declining prostate cancer deaths.

Early cancer detection and improved treatments have helped reduce cancer mortality, and lifestyle changes can make a difference. “Cancer is strongly influenced by both genetic and environmental factors,” Lynch says. “Important preventive steps people can take to prevent cancer include smoking cessation, healthy eating, regular exercise and reduced alcohol use.”

To view the Cancer in Iowa report, visit www.public-health.uiowa.edu/shri and click on “Publications,” or call the State Health Registry of Iowa at 319-335-8609.

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

Regional response exercise uses RAGBRAI scenario

By RD Keep*

It was the best of days and the worst of days. Apologies to Charles Dickens, but that was the reaction by many public health administrators and emergency management coordinators in Southeast Iowa Region 5 after they completed a region-wide functional exercise in March.

“It was the best exercise we have participated in, but it also showed us some issues,” said Louisa County Public Health Administrator Alana Poage.

Called Cyclex09, the exercise was the culmination of a year’s worth of planning by the planning team, which included representatives from public health, community health centers and emergency management.

For four hours, health officials worked through the management of a RAGBRAI cycling event and the normal events that occur with that event. To move the agencies and their partners toward the possible opening of a point of dispensing, reports of two confirmed cases of pneumonic plague were introduced as the exercise opened.

The exercise was hatched from a regional meeting when grant funding became available. Highmark Associates, LLC from Ames was selected to assist the planning team. The Iowa-based company had worked with local agencies around central and southern Iowa in the past and came with good reviews. Base planning began before the contractor was selected and moved forward when the contract was awarded in late May.

“The exercise certainly challenged us,” said Des Moines County Emergency Management Coordinator Gina Hardin. “It gave us the chance to coordinate with our partners.”

The participants were able to test various communications avenues including the Health Alert Network, 800 MHz radio system, video conferencing equipment, phones and radios. One lesson learned came when during the exercise a public health repeater radio began to bleed over to another county who was dealing with a real-life mass casualty. RACOM was dispatched and by the end of the exercise, the problem was remedied. Marion County Public Health Administrator Kim Dorn and emergency management coordinator Jeff Anderson said it was much better it occurred before they ran in into trouble during an event.

This year’s cancer report highlighted how cancer data sources provide valuable information to researchers and the general public. Resources include:

IDPH Comprehensive Cancer Control Program www.idph.state.ia.us/hpcdp/comp_cancer_control.asp

Iowa Cancer Data, www.public-health.uiowa.edu/shri

State Cancer Profiles, <http://statecancerprofiles.cancer.gov>

National Cancer Institute, <http://seer.cancer.gov/data/access.html>

Cancer Control P.L.A.N.E.T., <http://cancercontrolplanet.cancer.gov>

Iowa Consortium for Comprehensive Cancer Control, www.canceriowa.org



Decatur County Public Health Administrator Shelly Bickel (center foreground) evaluated Davis County during the Region 5 Cyclex09 functional exercise. Appanoose, Davis, Lucas, Monroe and Wayne County met in Moravia to participate in the 17-county exercise on March 25, 2009. More than 600 participants across the region played in the exercise.

Agencies, community health centers, and hospitals were able to complete the exercise requirements from this year's preparedness grant while improving their coordination and testing of updated plans and procedures. The exercise also provided the organizations a chance to assess where they stood after six years of planning, training and exercises.

Planning was crucial to the success of the exercise. The route of the cycle ride was designed in June of 2008. However, when the Des Moines Register announced this year's route, it followed almost the same path of the one created by Highmark.

"The exercise was a great experience for us to communicate with our partners," said Appanoose County Administrator Sherry Middlebrook. "Having them across the table made coordination better."

The growth in the response capabilities of the community health centers and public health agencies has been immense. They have continued to work with their planning partners and used linkages to emergency management to assist in that growth. Residents of Southeast Iowa can rest assured that when disaster strikes, the health and emergency management community will be there to respond and recover from any calamity.

** RD Keep is the Region 5 Education & Exercise coordinator.*

Community Wellness Grants featured at State Capitol

*By Amy Liechti**

Representatives from six counties and the Health Promotion Team at the Iowa Department of Public Health recently hosted a [Community Wellness Grant](#) showcase at the Iowa State Capitol. Legislators were invited to visit with grant recipients about their initiatives which encourage healthier lifestyles and promote wellness in communities across Iowa.

Local boards of health in [24 counties](#) have received funding for community wellness efforts. These efforts include school-based programs, development of community wellness centers, construction of bike trails, worksite wellness efforts, and community-based education and outreach. Recipients attending the showcase were from Adams, Cass, Dallas, Polk, Shelby, and Van Buren counties.

"It was a great day to showcase what we had already done, what we are going to do and to see what other counties had done as well," said Gwen Larsen from Adams County. "We appreciate the opportunity to participate in the Community Wellness Grant showcase."

The showcase not only provided an opportunity for legislators to learn more about the projects, but for project staff to learn from each other, too. "I enjoyed meeting with other grantees and getting to learn about their projects," said Peggy Stecklein of Dallas County Public Health. "It was helpful to share and learn from other grant projects."

For more information about the Iowa Healthy Communities Initiative grant program, visit www.idph.state.ia.us/hcr_committees/physical_fitness.asp and look under "Iowa Healthy Communities Initiative."

** Amy Liechti is the worksite wellness coordinator for Iowans Fit for Life, a program within the Division of Health Promotion and Chronic Disease Prevention at IDPH.*



Senator Nancy Boettger (right) speaks with Cheryl Swearingen of Myrtue Memorial Hospital about the Community Wellness Grant project in Shelby County.

Cognitive impairment added to state health survey

By Don McCormick*

Iowa is among the first states to add cognitive impairment to the [Behavioral Risk Factor Surveillance System](#) (BRFSS). According to the [Family Caregiver Alliance](#), 16 million adults 18 years or older (16 percent of American households) are currently experiencing cognitive impairment. These statistics only begin to explain the total number, characteristics and needs of people with cognitive impairment. In an effort to learn more about cognitive impairment, the Alzheimer's Association is working with Iowa and four other states to lead the country in adding cognitive impairment questions to the BRFSS.



"Mental health and physical health are inseparable," said Iowa BRFSS Coordinator Don Shepard. "The BRFSS has looked at mental health from an emotional perspective, such as anxiety and depression, but has not looked at the cognitive aspect. The lack of cognitive functioning, or cognitive impairment, can have implications for a person's physical and emotional health as well as their ability to live independently."

Conducted by the Iowa Department of Public Health, BRFSS is a system of surveys that collects information on health risk behaviors, preventive health practices and health care access related to chronic disease and injury. This phone survey was established in 1984 by the Centers for Disease Control and Prevention (CDC) and is conducted by the state health departments. All states agree to ask core questions while optional modules cover additional health topics. Every year states select optional modules based on the needs and resources of their state.

Legislation passed in 2007 required the formation of an Alzheimer's Task Force. According to Carol Sipfle, executive director of the Alzheimer's Association Greater Iowa Chapter, the task force has recommended investigation into what and how big the Alzheimer's problem is in Iowa. Currently, all that is known is that 65,000 Iowans have Alzheimer's or another form of irreversible dementia.

Cognitive function is a combination of mental processes such as the ability to learn new things, intuition, judgment, language and memory. Lack of cognitive function, or cognitive impairment, can have profound implications on a person's physical and emotional health, including impacting their ability to live independently. In addition to having a direct effect on the person's loved ones, this also impacts their community and state due to the loss of productivity in the workforce and immense care costs.

As part of a larger [Healthy Brain Initiative](#), CDC's Healthy Aging Program and the [Alzheimer's Association](#) will use the information gained from the new questions to help establish cognitive impairment as a public health issue both within Iowa and nationally.

For more information about the Iowa BRFSS, visit www.idph.state.ia.us/brfss. To learn more about the addition of cognitive impairment to the BRFSS, contact Don Shepard at 515-281-7132. For more information about the Healthy Brain Initiative, go to www.cdc.gov/aging.

* Don McCormick is a public information officer at IDPH.

County health indicator maps clarify health data

By Louise Lex*

The old cliché, a picture is worth a thousand words, rings true when it comes to understanding data. [Maps](#), a new feature added to the 2008 [Community Health Status Indicator](#) (CHSI) reports, can assist in exploring and understanding 200 county health measures for each of the 3,141 counties in the United States. Indicators can be mapped and compared visually to other areas including peer or similar counties and neighboring counties.

Many people have difficulty fully understanding statistical information. The maps can enhance data, in contrast to numerical tables, and show patterns and relationships.

The maps were designed specifically for community groups and public health professionals to reflect the characteristics of the CHSI reports—simple and easy to use. Accompanying the maps are explanations of the data, limitations, and sources. In some cases, there also is an analytic function. The selection of indicators can be made from one of these nine indicator groups: demographics, summary measures of health, national leading causes of death, measures of birth and death, vulnerable populations, environmental health, preventive services use, risk factors for premature death, and access to care.

For most of the CHSI data, the indicator for the county is displayed as a map and classified into one of four categories according to its percentile rank out of all US counties: counties in the 10th percentile, counties between the 10th and 50th percentile, counties from the 59th to the 90th percentile, and counties from the 90th percentile. The percentile ranking shows the position of each county above or below the median, and whether it is in the top or bottom 10 percent.

The CHSI county reports can be downloaded at www.communityhealth.hhs.gov. The Web site also has data sources and definitions, instructions for printing and duplicating the report and ideas for using the report at the community level. To download maps directly, go to <http://gis.cdc.gov/chsi/>.

The report along with the maps can be used to share successes with the media, build community coalitions, identify areas in need of attention, and learn from other peer counties across the country. For a copy of a county's 2000 CHSI, the first report, write to llex@idph.state.ia.us.

* Louise Lex is coordinator of Healthy Iowans 2010 at IDPH.

Iowan who couldn't read now helps improve health literacy

You don't have to work in public health or health care to make a difference in health literacy. Just ask Doug Kapp. The 56-year-old Iowan is a volunteer member of the document review board at Finley Hospital in Dubuque, Iowa.

The only layperson on the board, Doug couldn't read until age 40. Now he makes sure Finley's written materials are readable for someone with limited literacy skills.

"It is important to have a layperson's perspective when it comes to documents," Doug says. "I think public health and the health care system are beginning to realize that."

Doug's struggle with reading is not uncommon. About 30 million adults in the U.S. are functionally illiterate. What makes Doug's [story](#) different is that he's willing to share it to help others.

To read the rest of Doug's story, visit www.idph.state.ia.us/health_literacy and click on the "Stories" tab.



Doug Kapp



Bureau of Health Care Access

Recently Focus spoke with Doreen Chamberlin, chief of the [Bureau of Health Care Access](#).

What is the mission of your bureau?

The Bureau of Health Care Access (BHCA) provides leadership and resources to assure that community health, primary health care, and rural health care needs will be met. We advocate for quality health care delivery systems for all Iowans and provide information, referrals, education, grant opportunities, technical assistance, and planning for Iowa communities.

How do you improve access?

One way we are able to impact access to health care is by assisting communities to recruit and retain health care providers. Beyond that, we improve access by providing education and training such as conferences, workgroup meetings to inform the hospitals, community health centers, clinics and other health care providers about legislative/policy updates, best practices, patient safety, and health information technology.

How do you know if a community has a shortage of health care providers?

Our Primary Care Office engages in the assessment of geographic areas in the state for designation as Health Professional Shortage Areas (HPSAs) using federal guidelines. The federal government allows states to designate areas with shortages of primary care physicians, dentists, and mental health providers. Once designated, communities and facilities can tap into federal and state opportunities for recruitment and retention of providers in addition to other funding related to reimbursement under Medicare and Medicaid.

What is the status of the health workforce in Iowa?

Most all states are experiencing health workforce shortages of one fashion or another; however, Iowa is experiencing some unique problems. For example, Iowa has 84 counties that reside in a mental health HPSA. It is also becoming more and more difficult to recruit primary care providers in rural areas; Iowa has 51 primary care HPSAs. According to the Iowa Medical Society, Iowa ranks 44th in the nation in physicians per population. Iowa's shortfall of nurses is projected to increase from 8 percent in 2005 to 27 percent in 2020. In addition, our long-term care facilities face a high turnover of direct care workers, which is particularly scary, as our population is growing older. Dental health providers are another area of concern for us. We have 49 Dental HPSA's in the state and almost half of Iowa's dentists are over the age of 50. Oral health access for children, especially those on Medicaid, is a concern as many dentists limit or refuse Medicaid patients and there is limited access to pediatric dentists in some areas of the state.

It sounds like you've got some challenges ahead of you.

Yes, but our legislature has been aware of Iowa's unique situation and has been establishing a number of new programs over the past three years to ameliorate the problems. In 2006, legislation was enacted to address mental health shortages. In addition, funding has been made available to improve the state's health care safety net services through the establishment of a Statewide Iowa Collaborative Safety Net Provider Network Initiative and a Federally Qualified Health Center Incubator program that enables communities to start up new community health centers and be in a better position to receive federal funding. In more recent legislation, a Health and Long-Term Care Workforce Advisory Council was established to develop and submit a strategic plan to the legislature that will guide policy making for future health care access efforts.



ISU, Story County partner on youth activity initiative

By Mike Ferlazzo*

Children can have boundless energy. Yet the sedentary nature of today's technological conveniences has made it hard for some of them to get the recommended amounts of daily physical activity. That's why two [Iowa State University](#) professors are teaming up with the [Story County Health Department](#) on an initiative that will help schools and communities create more opportunities for youth to be active.

Greg Welk and Chris Seeger—ISU kinesiology and landscape architecture professors respectively—are using a [Community Wellness Grant](#) from the Iowa Department of Public Health (IDPH) to create an initiative which will build upon a previous Story County program called Active Schools in Active Communities. Thanks to funding received from the 2008 Iowa legislature, and Senator Tom Harkin, who helped secure the federal portion of the funding, [24 local boards of health](#) across the state have received funding administered by IDPH to begin implementing innovative strategies to promote wellness and prevent disease.

“The unique aspect of the planned programming is that they each tend to build momentum and local support over time,” said Welk, the project leader. Welk is also directing ISU researchers on a four-year project, funded by the [National Institutes of Health](#), to provide a more precise way to determine physical activity levels. Welk says the initiative will provide mutual benefits to communities and their students, particularly the VERB Summer Scorecard.

The original Active Schools in Active Communities project piloted a number of activity programs, including a summer activity program (VERB Summer Scorecard), a recess-based activity program (Mileage Club), and an innovative walk-to-school program called the Walking School Bus. While disseminating these three youth activity programs, the current initiative's goal is to build capacity for long-term sustainability within communities.

Youth participating in the [VERB Summer Scorecard](#) program receive stickers which they place on a scorecard to document participation in VERB-sponsored events and track involvement in physical activity over the summer. When youth turn in completed scorecards they earn incentives and qualify for prizes provided by local vendors and sponsors.

In the [Mileage Club](#) program, children can earn punches on individual cards during recess or lunch breaks for each mile they run on an outdoor running loop set up at their school. Children are rewarded with tokens documenting their overall mileage and can earn prizes for achieving a designated goal distance. The program has been highly successful in Ames and Story County, so the focus of the project is to help other schools learn how to build their own Mileage Club.

The goal of the Walking School Bus program is to help schools encourage more kids to walk to school. The team will provide schools with a Web tool to create maps showing the designated “Safe Routes to School.” They will also assist schools in creating promotions around the International Walk to School Day held every October.

The new project will extend programming into more Story County communities and help local community coalitions carry out programming on their own. “Local leadership and coordination is the key to successful community health initiatives since it helps to ensure that the programming fits the needs of the individual community,” said Eileen Mullan from the Story County Health Department.

For more information about the Iowa Healthy Communities Initiative grant program, visit www.idph.state.ia.us/hcr_committees/physical_fitness.asp and look under “Iowa Healthy Communities Initiative.” Schools and communities interested in trying out the new Story County program may contact Welk at gwelk@iastate.edu.



VERB team members Maura McDermott and Rachel Neenan review possible t-shirt designs. The t-shirts are both an incentive for kids to sign up online and a marketing tool for sponsors.

* Mike Ferlazzo is a communications specialist at Iowa State University.

IDPH employees share a connection to anatomical gift giving

Below is a story told by two Iowa Department of Public Health employees. Both IDPH employees since 1989, they recently realized they had one more thing in common.

Rita Gergely, Bureau of Lead Poisoning Prevention:

At age 19, I was diagnosed with Fuchs' corneal dystrophy. My doctor described it as 'bumps' on my corneas but didn't know if it would ever affect my vision. Well, over the years, it did. The cells that pump water out of my corneas died, making them waterlogged and cloudy. I saw huge halos around lights at night and was frequently blinded by glare.

By age 46, it seemed that I was viewing the world through a layer of waxed paper. I could drive only under perfect conditions during daylight hours. It also affected my hobbies such as gardening and photography. The only cure was cornea transplants.

On what was probably the worst day of their lives, two families who had just lost a loved one decided to donate that person's corneas. Though it's unlikely we will ever meet, I owe my spectacular vision to the generosity of those families when I got my cornea transplants in 2006 and 2009.

Now I am happy to say that my vision—especially the bright colors—hasn't been this good in more than 20 years. I can drive again, both in the daylight and at night. I can read a computer screen much more easily now, and take better care of my elderly mother.

After my first cornea transplant, I became a spokesperson for the [Iowa Lions Eye Bank](#) in Iowa City. They used my story in a brochure and in movie trailers that were played in eastern Iowa. Imagine my surprise when I found out that the funding for the movie trailers came from the IDPH [Anatomical Gift Public Awareness and Transplantation Fund!](#)

Sherry Frizell, Bureau of Finance:

As administrator of this fund, I was pleased not only to hear of Rita's successful cornea transplants but also that she's become an advocate for anatomical gift donations. Stories like hers really demonstrate the value of organ and tissue donation in Iowa.

Here's how the fund works. County treasurers seek contributions to the fund when Iowans register or renew registration on their motor vehicles. Iowans can also get a special license plate, the proceeds of which go to the awareness fund. With help from an advisory committee, IDPH provides grants to hospitals, state agencies and nonprofit organizations interested in conducting public awareness projects.

In fiscal year 2008, nearly \$81,400 was donated to the Anatomical Gift Public Awareness and Transplantation Fund. While building awareness is certainly one of our activities, the majority of these funds actually go to transplant recipients and donors to offset expenses not covered by insurance, Medicare, or Medicaid.

This is where we can really make a difference. For example, the medications following the transplant are numerous and expensive. We also help offset traveling and lodging expense for the recipient, a care giver, and the donor and their care giver. Transplants are miracles of modern medical science and they're taken very seriously. Potential recipients must even receive a clean bill of health from a dentist prior to a transplant in order to reduce the chances of certain bacteria causing the body to reject the donated organ. The fund can even help with this expense.

So far this year, IDPH has been able to reimburse four individuals a total of approximately \$6,000 and we expect to serve several more. Since Rita has insurance, she didn't have to apply for assistance of this type. But she did benefit from the fact that two families made the decision to donate their loved ones' corneas. Did they do so thanks to awareness activities we helped fund? I'd like to think so, especially when I walk past Rita's office and see all the beautiful photos of flowers and birds she's taken. Thanks to those anatomical gifts, Rita's gifts for photography, gardening and all she does for public health can continue for many years to come.



Before Rita's first cornea transplant, the world and everything in it—including her mother—appeared cloudy.



With both corneas replaced (one in 2006 and one in 2009) Rita's vision is better than it has been in 20 years.

Promoting teen worker safety protects your community and kids

By Don McCormick*

Iowa Department of Public Health (IDPH) Regional Community Health Consultant Berdette Ogden works hard to prevent injuries, but that doesn't make her kids immune to the risk of sustaining injuries, especially at work.

"As a parent of teens, one of the most frustrating things is that sometimes employers forget they have hired teens," Ogden says. "Employers can't take for granted that teens know how to do a job and run equipment."

As teens gear up for summer jobs, local safety advocates can find information for teens, parents, employers and educators from the U.S. Department of Labor's [Youth Rules](#) Web site and the newly updated Occupational Safety and Health Administration's [Teen Workers](#) Web page. Both sites provide a variety of resources, including common hazards teens encounter, training tools, video clips demonstrating safe work practices, checklists, and links to the rules for teen workers. Iowa-specific information can be found at the [Iowa Safe Youth @ Work](#) Web site.

Ogden recalls a job her 17-year-old son Logan had where his boss told him to cut boards on a table saw. "I asked him if the boss showed him how to run the saw, and he said 'No. I was expected to know how, so I just had to figure it out on my own.' Luckily, Logan remembered some of his safety training from shop class."

"I recommend every parent, teen, and employer check out these Web sites to learn more about safety at work," says Kathy Leinenkugel, coordinator for the IDPH [Occupational Injury, Illness, & Death Surveillance](#) program. "When I see teen workers in my statistics for work-related fatalities and injuries, I also think of the dreams that are lost, often because no one took the time to think about safety."

For local public health partners, IDPH [Bureau of Local Public Health Services](#) Coordinator Judy Naber echoes Leinenkugel's advice. "I think these Web sites can be used by anyone working in public health as a resource to provide information to employers in their area, for schools to include in mailings to parents and teens, for newsletters or Web sites, and to distribute in public places such as health fairs, medical offices, hospitals, grocery stores, or community offices."

Learn more by visiting Youth Rules Web site at www.youthrules.dol.gov, the Teen Workers Web page at www.osha.gov/SLTC/teenworkers, and the Iowa Safe Youth @ Work Web site at www.iowaworkforce.org/files/safety. You can also contact Kathy Leinenkugel at 515-281-4930.

* Don McCormick is a public information officer at IDPH.



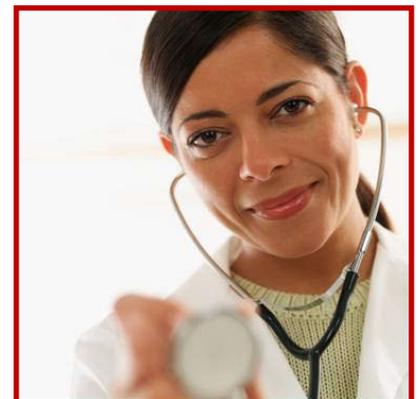
UI receives \$1.2 million for training underrepresented students

By Daniel McMillan*

The University of Iowa has been awarded a five-year, \$1.2 million grant from the [National Center on Minority Health and Health Disparities](#) to continue its international training program for students from health disparities populations who are pursuing research careers in the health sciences.

Students eligible for the UI's Minority Health and Health Disparities International Research and Training program come from underrepresented minority groups, as well as from medically underserved areas, including the 11 rural counties in Iowa classified as medically underserved.

"Because of the significant differences in the health status of various segments of the U.S. population, there is a national need to increase the number of well-trained scientists from underrepresented populations in the fields of biomedical, clinical, behavioral and health services research," said Thomas Cook, UI professor of occupational and environmental health and director of the training program. "We see the training opportunities provided by this grant as an important component of a comprehensive program for nurturing and developing individuals from



underrepresented populations to become productive biomedical and behavioral health researchers,” Cook added.

Offered through the combined resources of the Iowa Biosciences Advantage program and the UI [College of Public Health's](#) Center for International Rural and Environmental Health, the program provides opportunities for 10 students each year to broaden their training in international health issues and learn about innovative approaches to closing health disparities gaps.

The students complete 10- to 12-week-long international research training opportunities during the summer at a variety of foreign institutions where the UI has collaborative research relationships. Past participants have researched malaria control, HIV/AIDS, indoor air quality, women's health and malnutrition, among many other topics. In summer 2009, students will train in Brazil, China, The Gambia, Honduras, Romania, Switzerland and Qatar.

** Daniel McMillan is Director of Communications and External Relations at the University of Iowa College of Public Health.*

Health marketing report available from CDC

Dear Colleague:

It is my pleasure to share our recently published report, [Health Marketing for a Healthier Nation and a Healthier World](#). This report highlights selected activities performed by the [National Center for Health Marketing](#) (NCHM) at the Centers for Disease Control and Prevention (CDC) in Fiscal Year 2008. As a leader, supporter, and innovator, we are certain you will appreciate these accomplishments and NCHM's unique role in extending the reach and impact of CDC's work far beyond its traditional boundaries and borders.

NCHM's mission is to protect and promote the public's health through collaborative and innovative health communication and marketing programs, products, and services that are customer-centered, science-based, and high-impact. As you will see in this report, virtually every activity that NCHM engages in involves innovation and strong collaboration with another CDC Center, Division, Branch, or Office. For example, last year NCHM worked with programs across CDC to create and launch CDC-TV, an online series of direct-to-consumer health videos on timely issues, such as dating violence prevention and early childhood development (page 11). NCHM-led teams created new, interactive Health-e-Cards on numerous health issues, created original podcasts with Centers throughout CDC, and greatly expanded CDC's outreach with web-based and mobile technologies (pages 9-10). NCHM also strengthened its research, evaluation, and collaboration and made contributions to advance CDC's communication science (pages 1-5). Because of these efforts, professionals and the public can now access CDC's science-based health information and interventions in ways that are more customer-centered than ever before - through print, on the air, interactively on the web, on their mobile devices, and through social media.

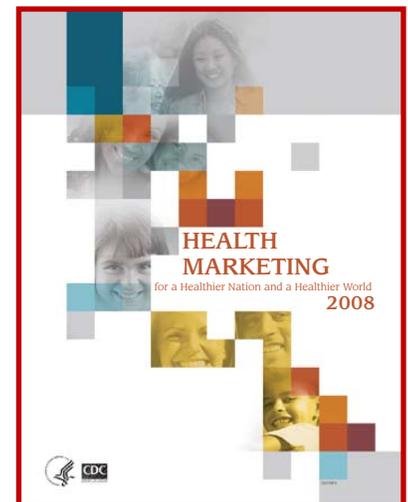
We are proud of NCHM's many accomplishments from 2008 and we recognize that they would not be possible without strong support from our external partners and advocates. Although budget reductions from Congress will make our work in Fiscal Year 2009 more challenging, NCHM remains committed to providing the best possible science, service, and strategy to support all of CDC's activities and programs. We welcome your suggestions and feedback on ways to build upon our successes and expand our collaborations in the future.

Please let us know if you would like additional copies of this report to share with others in your organization.

Sincerely,

Jay M. Bernhardt, PhD, MPH
Director, National Center for Health Marketing

To view the report, visit www.cdc.gov/healthmarketing.



White House Regional Forum on Health Reform



ICA forum highlights challenges facing direct care workers

By Michelle Holst*

Nearly 100 people recently attended a forum hosted by the [Iowa CareGivers Association \(ICA\)](#) at the Direct Care Worker Resource and Outreach Center in West Des Moines. Titled "Lights, Camera, Action," the gathering was designed to heighten awareness about issues surrounding the shortage and high turnover rate of direct care workers in Iowa.

Iowa Department of Public Health Director Tom Newton attended the event and participated in a panel with other state department heads, legislators, stakeholders and others. In his comments, Director Newton expressed his concern about the public safety aspect of the workforce shortage.

"The broad representation on the panel that included Director Newton is indicative of the urgency that is now attached to direct care workforce issues," said ICA Director Di Findley. "The care gap we face can't be filled without this vitally important, but too often ignored and undervalued sector of the health and long-term care workforce."

The Iowa CareGivers Association is an independent nonprofit organization founded in 1992 in response to the growing concerns about the shortage and high turnover rates of direct care workers. ICA's sole purpose is to enhance the quality of care in Iowa by providing education, recognition, advocacy and research in support of direct care workers.

* Michelle Holst is the Workforce Programs manager at IDPH.



Anthony Wells, certified nurse aide; Dean Lerner, Iowa Department of Inspections and Appeals; Gene Gessow, Iowa Department of Human Services; Senator Jack Hatch; Tom Newton, Iowa Department of Public Health; John McCalley, Iowa Department of Elder Affairs; Jim Pender, parent of child with special needs. Front row: Julianne Carson, Warren County Health Services; Molly Cooney, KCCI Television and moderator; Bruce Koeppel, Iowa AARP.

Iowa Department of Public Health

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

Questions or comments? Contact
focus.editor@idph.state.ia.us.