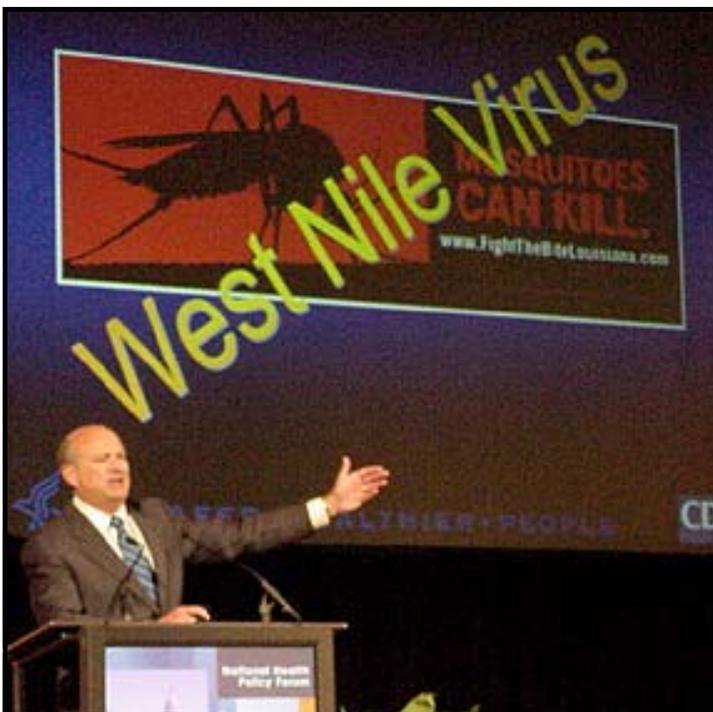


Iowa reports first West Nile death of 2003

By Kevin Teale, Communications Director



Conference attracts national speakers - CDC's Deputy Director F.E. Thompson, Jr., MD, speaks on emerging diseases including West Nile at the Governor's Conference on Public Health last month. More photos on page 5.

On August 20, the Iowa Department of Public Health announced the first death in the state this year from West Nile Virus. According to Dr. Mary Mincer Hansen, department director, an Eastern Iowa woman, in her 80's, became ill while in South Dakota.

As of August 27, 14 human cases including the one death have been reported in Iowa. Last year, Iowa had 54 human cases of West Nile Virus, two of whom died.

"The dry weather of the last few weeks may have given Iowans the impres-

sion the danger from West Nile has been reduced," said Dr. Patricia Quinlisk, Iowa state epidemiologist. "However, the peak season for West Nile is late summer, meaning the danger will exist for many more weeks."

West Nile is transmitted through the bite of a mosquito that has picked up the virus while feeding on an infected bird. The illness is not spread person-to-person, nor from bird-to-person.

"The best way to protect yourself from the disease is to protect yourself
(Continued on page 2)

Hancock Co. does what the experts preach

By Tom Carney, Director of Communications, Planning & personnel

Like most professions, public health has its fashionable clichés, the buzzwords and phrases that fill speeches and publications. Terms such as "partnering," "accountability," "technology-driven," and "best practices" are used frequently to express what experts view as necessary qualities of today's public

health. The terms often breed skepticism, however, especially among public health veterans, who may believe they've heard it all before in other terms and that the words are seldom practiced. What the skeptics need is a visit to Hancock County Public Health Services, whose 13 staff members and one contract employee actually

live these public health values day in and day out.

Staffers there, for instance, know that the days of the solitary public health agency, cut off from communications and collaboration with hospitals, home-aid agencies, EMS personnel and other public health agencies is a thing of the past. (Continued on page 3)

Inside this issue:

Media helps in search	3
Public health helps prevent farm injuries	4
FOCUS editor takes new job	4
Gov. Conference on Public Health	5
CDOR visits local health departments	6

from mosquito bites,” said Dr. Quinlisk. “Use insect repellent with DEET. Keep as covered as possible when outside and avoid being outside at dawn and dusk when mosquitoes are most active.”

The public should also eradicate the mosquitoes where they breed, such as old tires and flower pots. Mosquitoes can also breed in bird baths, so the water in them should be changed once or twice a week.

Nationally, the CDC is reporting 1,355 human cases and 19 deaths. West Nile activity is present in 43 states.

Hancock Co. does what the experts preach

Continued from page 1

Collaboration, or “partnering,” on the other hand, has made all the difference to Hancock County’s success.

The agency has a newly found relationship with local EMS services, for instance, that all agree should have happened long ago. The same is true, they say, for collaboration with local hospitals, the home-care aide service with which it shares offices, and recently – to a great extent because of tobacco grants – with the schools.

Two area schools are tobacco-free for all games, plays and other activities and one prohibits smoking anywhere on its grounds at any time.

Hancock County Public Health Services is well wired. All staff have laptops, hooked to a computer system that helps the agency comply with the requirements of the Health Insurance Portability and Accountability Act (HIPPA). The computer system also manages the network activities of Hancock County Home Care Aides, Winnebago-Hancock-Worth social services and the West Hancock Ambulance Service in Britt.

Prompted in part by the demands of federal bio-terrorism money,

Hancock is looking for other ways to collaborate with other regional public health agencies, too.

“We can’t just sit here by ourselves,” says Administrator Kathi Nelson.

The beefed-up computer system is among the changes that accompanied the addition of Van Davis to the service’s staff. Davis, who is director of Business Planning and Development, came from the private sector to help in the reorganization of the agency, or what Davis calls “re-engineering.”

Says Nelson: “We have to look at ourselves as a business.”

While Hancock County Public Health Services is innovative, looking for new ways of doing business, it shares many problems



Discussing - From left, Betty Mallen, Van Davis, Kathi Nelson and Julie McMahon discuss Hancock County Public Health Services successes at the services' offices in Garner recently. Mallen is a nurse, Davis is director of business planning and development, and Nelson is administrator for Hancock County's public health agency. McMahon is director of the Division of Community Health at the Iowa Department of Public Health.

and concerns about public health with other public health agencies, local, state and federal.

Like other such agencies, it has to contend with an ever-changing and complicated funding system. Receiving less than 10 percent of its funding from the county, the services depend on a dozen or so grants, from public and private sources, plus fees for service and compensation from Medicare and Medicaid.

The staff is also concerned about the looming nurse shortage and about making sure the public health workforce is competent.

“What does it mean to be competent in local public health?” asks Betty Mallen, public health nurse. She is leading a project to develop a manual on public health competencies.

Also as in other public health agencies, the staff does plenty of soul-searching about whether the services they provide are the ones that people need, not just the ones for which there is funding. And it uses the 10 essential services and three core functions of public health to guide it.

“We have to pick and choose” among possible programs, says Mallen, to

make sure the agency can do them well.

The Hancock staff is also keenly aware of its connection to other local public health agencies and public health on the state, national and global levels.

“We’re not just working in our own little building here,” says Nelson.



Organization is key - This storage closet provides a hint of the degree of organization at Hancock County Public Health Services.

Media helps in search for bat family

By Kevin Teale, Communications Director

The media is an important colleague for us in public health. When time is a serious consideration, there is no quicker way to get vital information to the public. Such was the case last month when Iowa media provided vital assistance as a county health department, the state health department and the state lab all tried to locate a family that may have been exposed to a rabid bat.

The incident began on Wednesday, August 6th, when the family from Washington County found a bat in their home and killed it. The next day, the family dropped off the dead bat at the University of Iowa Hygienic Lab in Oakdale to be tested for rabies. However, contact information was inadvertently

omitted. When the bat tested positive, there was no way for the county health department to contact the family and assess their possible exposure to rabies.

That’s where the partnership with the media comes in. The lab Monday morning notified the department of the positive test and lack of contact information. The public health community needed to make use of the limited information available to find the family and find out if the bat had bitten anyone before it was killed.

Department staff, Washington County, and the state lab quickly assembled a joint news release that was e-mailed and faxed to key Iowa media outlets,

focusing on Eastern Iowa, in time for their noon broadcasts. The media cooperated and broadcast the information, in some cases repeatedly.

Within an hour, the family came forward and contacted the office of their veterinarian. A phone interview with infectious disease experts at the department determined the family was not at risk. Since no one had been bitten, preventive rabies medication wasn’t needed.

This situation, which could have been serious, was quickly resolved because of the quick action of the department and its public health partners, along with exceptional cooperation from the media.

Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health web site at www.idph.state.ia.us. The link is under Quick Links on the right side of our home page under Publications & Data.

Public health works to prevent farm injury

By Kevin Teale, Communications Director

Iowa farmers have a partner in the Iowa Department of Public Health when it comes to their daily efforts to ensure the farmstead is safe. One of the most important roles the department can play in reducing the number of agricultural injuries is by serving as a data collection point. That data can help both the agricultural community and state policy makers spot trends and recommend corrective action to reduce that risk.

For example, data collected by the department Bureau of Emergency Medical Services (EMS) shows that last year over 800 farm injuries were severe enough to prompt a call to the local EMS crew. That works out to more than two rescue calls every day

all year round somewhere in Iowa.

A quarter of the injuries occurred in the barnyard or feedlot, but injuries were also reported in cropland, on the highway, in the barn, or even in manure pits.

Most of the injuries were superficial cuts and bruises, but also included fractures, amputations and serious internal injuries.

How can agricultural injuries be reduced? That plan can be found in the Healthy Iowans 2010. A new master plan is developed every ten years that sets specific health goals for the state to meet in a variety of categories. It is

adjusted yearly as goals are met and in many cases surpassed. The Healthy Iowans 2010 plan is available online at http://www.idph.state.ia.us/cpp/healthy_iowans_2010.asp.

The plan makes extensive use of partners in the fight against injury to develop ways to combat the problem. Groups such as Farm Safety 4 Just Kids, the Iowa Center for Agricultural Safety and Health (I-CASH), Iowa State University, and the Iowa Department of Agriculture and Land Stewardship have all contributed to the development of the plan that provides a road map to make Iowa farms safe places to live and work.

FOCUS editor Berg takes new job

Commentary by Tom Carney, Director of Communications, Planning & personnel

Kara Berg, editor of Iowa Health FOCUS since its inception, is leaving the department to take a more responsible but similar job at the Iowa Department of Homeland Security and Emergency Management. Her last day at the IDPH was Aug. 28. A new editor will be named before next month's issue.

The first few months after Kara came to the IDPH nearly four years ago weren't easy. She already had several years of media work under her belt, but must have felt like she was back in college.

That's because as editor of the newly established FOCUS newsletter, she had to make room for me beside the computer in her office and spend hours pouring over every word of every upcoming issue.

We went through headlines, word counts, active versus passive voice,

fine points of grammar, use of short sentences and paragraphs, spellings, layout, photo use and just about everything that has to do with putting out what we hoped would be an exciting, attractive, well-written publication that readers would look forward to.

Kara is a quick learner. After a few months (they probably seemed like years to her), the sessions stopped and she became fully responsible for the content and look of FOCUS. An indication of her success is the fact that the subscription list has grown to well over 2,000, and nearly every month brings expressions of appreciation from readers. Kara had lots of other duties at the department, but none for which she can be more proud than



Kara Berg, Iowa Health FOCUS editor

FOCUS.

Those of us who have had the pleasure of working with her will miss her enthusiasm, constant good cheer and willingness to help. We wish her success in her new job.

Governor's Conference on Public Health in photos

Over 850 people attended the Governor's Conference on Public Health/Barn Raising IV at Drake University last month to discuss health policy & health issues. Both political parties were represented including appearances by three Iowa Governor's and seven democratic presidential candidates. On day two 36 breakout sessions were held. Clockwise from left: IDPH Director Mary Mincer Hansen; Lt. Gov. Sally Pederson presents a gift to conference chair Louise Lex; attendees register; Gov. Tom Vilsack; Irwin Redlener, MD; Stephanie Perry, the Wellmark Foundation, programs a pedometer for Terri Thornton, IDPH; The State of Health in America panel: John Rother, AARP; John Roadman II, American Health Care Assoc.; and panel chair Richard Boxer, MD, National Health Policy Council; and, center, former Gov. Robert Ray, chair of the National Coalition on Health Care. For web cast & other information visit www.thehealthconference.org.



CDOR visits county health departments

By John Carter, Hospital Bioterrorism Coordinator

During the past month, staff members from the Iowa Department of Public Health's Center for Disaster Operations and Response (CDOR) have been visiting local public health agencies throughout the state. This was an opportunity for CDOR to foster relationships with local public health agencies, and learn 'first-hand' day-to-day operations and activities. It was also an opportunity for all to better understand the challenges that Iowa faces in building a statewide sustainable system of public health services.

Mary Jones, director of Epidemiology, EMS, and Disaster Operations, visited the Siouxland District Health Department in Sioux City. She says, "Siouxland should be very proud of the public health system that they have built for Woodbury County. Their laboratory resources are outstanding, and they are actively engaged in bio-emergency planning. They have also formed a best practice partnership with the community college to provide education in their region. Siouxland has served in a leadership capacity for Region 3".

Sharon Cook, strategic planning officer, spent a day with Crawford County Public Health in Denison. "Crawford County has the unique experience of operating a day-care facility within their agency. This creates a 'start-to-finish' program that ranges from infants to hospice care. They are also faced with the challenge of an increase of Spanish-speaking citizens, making translation services essential. The agency employs two interpreters for this purpose," says Cook.

Tom Bowe, chief of the Disaster Operations Bureau, was shown the internal workings of a public health agency by the Polk County Health Department. Bowe was impressed that Polk County seems to leverage a relatively small budget to operate a large number of programs to help as many people as possible. He was amazed by their range of programs including childhood immunizations, international travel shots, Green Card requirements, flu and pneumonia vaccinations, HIV testing and counseling, STD testing, treatment and counseling, and many other programs. Dr. Carolyn Beverly, Polk County Health Director, shared that her department works very well with the IDPH, and they feel that we are all of one mind when it comes to important public health issues.

John Stark, operations officer, spent two days in Dubuque to learn about public health from the county and city perspective. The Visiting Nurse Association (VNA) hosted John first, and provided an in-depth look at their operations and the many services they provide. John also had the opportunity to assist the City of Dubuque's Public Health Department in "swinging chickens" - that's how the sentinel chickens in Dubuque are lulled into a trance in order for blood samples to be taken. "I came away very impressed with the knowledge and motivation of the staff," says Stark. "This trip was a huge success for me as I saw first-hand what public health does every day. The "behind-the-scenes" is critical to the lives of Iowans."

Tom Boeckmann, HAN officer, spent a day with the Linn County Public Health Department. He advises that Director Keith Erickson compared medicine and public health this way,

"If a group of people is drowning, the medical community will triage and save those they can; public health will go upstream to determine why people are drowning." Boeckmann says, "I had a great day with environmental health (doing a food license inspection), air quality, public health nursing, lab, and the lead program. I was very impressed with the programs within LCPH and the folks that work there."

DeAnne Sesker, education coordinator, spent a day with Ron Osterholm and his staff at Cerro Gordo County Health Department. She was able to attend a county board of health meeting. Sesker says, "Ron and his staff are very lucky to have the leadership that they have at the local level from their Board of Health. Their members are very much engaged in the activities and issues at hand and have a genuine interest in the population that they serve as well as the employees of the health department. Most interesting is that it was the end of the quarter so all of the program reports were due. It was nice to learn more about what has been accomplished over time and staff recognition awards were given. I was very much impressed by this health department and I look forward to going back and learning more."

A tremendous thank-you is extended to the local public health agencies that took the time out of their hectic schedules to accommodate our visits. CDOR looks forward to ongoing partnerships with local public health agencies and the regions as we strive to build a top-notch public health system in Iowa.

Future visits include health departments in Greene, Des Moines, Black Hawk, Scott, and Union Counties.

U of I, IDPH to track nursing employment

By Kevin Teale, Communications Director

The Iowa Department of Public Health (IDPH) and the University of Iowa Office of Statewide Clinical Education Programs (OSCEP) will implement a project to track nurse supply and demand. OSCEP is using a \$227,017 federal grant in the effort, called the Regional RN Tracking Pilot Project.

The project, funded through Sept. 30, 2004, will gather information about registered nurses employed in a selected region of Iowa. It will collect data, including demographics, education and work effort, on actively licensed registered nurses, and the settings in which they provide direct patient care and other services. In addition to calculating the supply, the project will measure demand for additional nurses in the region.

If project funding is sustained, the tracking system will be expanded to include the entire state. The IDPH Center for Health Workforce Planning will use the data to describe the Iowa nurse workforce, identify immediate shortages and communicate findings to legislators, nursing leaders, educators and employers. Apart from the tracking project, the center will use focus groups to recommend strategies that assure the right number of registered nurses in the right settings at the right time.

The center was created in 2002 to assess and forecast health work-force supply and demand; address barriers to recruitment and retention; support local strategies that prevent shortages; and promote and assure a vi-

able, diverse work force in Iowa.

Federal funding for the center was provided through the efforts of Sen. Tom Harkin, Governor Tom Vilsack's Task Force on the Nursing Shortage, the Iowa Council of Nurses (ICON) Workforce Initiative, the Iowa CareGiver's Association and other concerned stakeholders.

Funding, through July 31, 2004, supports center activities, including nursing and nursing assistive grant programs, employer and retirement surveys, data collection and reporting, statewide forecasting groups and white papers that recommend action at the state and national levels. For more information, see: http://www.idph.state.ia.us/ch/health_care_access_content/rhpc/shortage.htm.



CISM Volunteers Honored - At left, Rep. Leonard Boswell congratulates Ellen McCardle Woods, IDPH EMS, CISM Coordinator for her efforts during a Smoke-Free Smorgasbord at the state library in conjunction with the Governor's Conference on Public Health. At right, some of the 60 Critical Incident Stress Management volunteers from across Iowa that made trips to New York & the Pentagon following the terrorist attacks in 2001. Iowa sent the most CISM teams.

Many of the restaurants participating the Smoke-Free Taste of Iowa Smorgasbord can be found in the Central Iowa Smoke-Free Dining Guide. Updated copies of the guide can be found on-line at <http://www.tobaccofreepartnership.com/dining.php>.

The struggles of living with Neurofibromatosis

By Sheila Drevyanko, National Neurofibromatosis Foundation, Iowa Chapter

Neurofibromatosis (NF) is among the most common of hereditary disorders, affecting 1 in 4,000 births for NF1 and 1 in 40,000 births for NF2. NF1 and NF2 are two separate genetic disorders caused by two different genes.

Although they share some general characteristics, such as spinal and brain tumors and some skin problems, they are distinct and separate conditions. NF1 is an extremely variable disorder. The severity ranges from mild cases in which the only signs may be multiple café-au-lait spots and a few dermal neurofibromas to more severe cases, which may cause a person to have hundreds of tumors or more serious complications such as optic glioma, cranial facial disfiguration or defects of the bone. The more serious manifestations; such as loss of hearing, amputations, blindness and cancerous tumors, though less common, do occur.

In addition, nearly 50% of all people with NF1 have learning disabilities. At the present time, there is no known cure for NF. However both forms of Neurofibromatosis are the subjects of intense research. Major advances have been made in studying the genetic basis for NF1 and NF2, resulting in the identification of both genes.

NF is more prevalent than Duchene's muscular dystrophy, cystic fibrosis, Huntington's disease and Tay-Sach's combined yet many physicians are unfamiliar with the signs. Contrary to what many health care providers have been taught, NF is not "Elephant Man's" disease. Joseph Merrick (called John in the movie version) led a noble life, but it is believed he actually had Proteus Syndrome, an extremely rare condition.

How does someone know if they have NF? The signs of NF1 usually appear in childhood or adolescence. In most cases, the signs for NF1 usually appear in the first decade of life. Although it is quite rare, it is possible for someone to show obvious signs of NF1 to appear until later in life. In NF2, signs usually appear in the 20's, but may occur earlier or later in life.

Cafe Au Lait Spots



NF1 – If two or more of the following signs are present, a diagnosis of NF1 is confirmed:

- Family History of NF1
- 6 or more light brown ("café-au-lait") spots on the skin
- Presence of pea sized bumps on the skin
- Larger areas on the skin that look enlarged (plexiform neurofibromas)
- Freckling under the arms or in the groin area
- Pigmented bumps on the eye's iris (Lisch nodules)
- Skeletal abnormalities such as bowing of the legs or arms, curvature of the spine (scoliosis), or

thinning of the shin bone

- Tumor on the optic nerve that rarely interferes with vision

NF2 – If one or more of the following signs are present, a diagnosis of NF2 is likely:

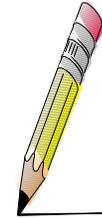
- Family history of NF2
- Tumors on both of the auditory nerves, which may cause deafness, ringing in the ears, or balance problems
- Tumors on the brain, spinal cord or meninges
- Pre-senile cataracts

The National Neurofibromatosis Foundation, Inc., Iowa Affiliate, strives to help families and individuals that are dealing with the everyday struggles living with NF can present. The foundation's purpose is to offer support, promote awareness and serve as an educational resource for anyone interested in learning more about NF.

The general public's reaction to disfigurement and the unfounded fear that NF is contagious can cause feelings of loneliness and social isolation. Individuals in our group have endured stares, unkind remarks and humiliating experiences – one was asked to leave a public swimming pool.

It is the foundation's hope that we can help individuals and families move on with both the internal and external symptoms of NF throughout their life. To contact the NNFF Iowa Chapter, write or call Sheila Drevyanko at 321 Glenview Drive, Des Moines, Iowa 50312 or 515 277-8494. The National Neurofibromatosis Foundation, Inc. can be contacted at 800 323-7938 or by visiting their web site at www.nf.org. Their address is 95 Pine Street, 16th floor, New York, NY 10005.

Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800
hour number)

362-2736 (24-

Bat Rabies - Fearing Fear Itself:

Each year, during August and September, state and local health departments are challenged with inquiries on the management of bat rabies. Cedar Rapids currently has upwards of 25 patients receiving post-exposure prophylaxis!

What can citizens do to reduce these exposures and address their consequences? Have homes inspected for bat colonies by a pest control firm, especially if it is a pre-World War II house. If bats are present, seal the home and bat proof with caulking and repairs. The best times to 'bat-proof' your home are fall and winter.

If a bat is present, contact animal control or other authorities for assistance in catching the animal. If professional help is unavailable, secure a pair of leather work gloves, a small box or coffee can, a piece of cardboard, and adhesive tape. When the bat lands, approach it slowly. While wearing the gloves, place the box or coffee can over the bat. Slide the cardboard under the container to trap the bat inside. Tape the cardboard to the container securely, and punch holes in the cardboard allowing the bat to breathe. Contact public health authorities to make arrangement for rabies testing, only if necessary, for known bites or for probable exposure during sleep or for unobserved children and so forth.

If you are sure no one was exposed to the bat close all doors except doors to the outside and open windows and doors to the outside and the bat will probably leave on its own accord. If not, capture by

means described above and release outside.

People cannot get rabies from seeing a bat in an attic, in a cave, or at a distance. In addition, people cannot get rabies from having contact with bat guano (feces), blood, urine, or from touching a bat on its fur (even though bats should never be handled!). Don't overlook vaccinating cats and dogs for rabies.

Diagnosis of West Nile Virus: Most people infected with the West Nile virus will not show any signs of illness. An estimated 20% of people who become infected will develop West Nile Fever: typically mild symptoms, including fever, headache, and body aches, occasionally with a skin rash on the trunk of the body and swollen lymph glands. Some WN Fever cases will become severe.

It is estimated that 1 in 150 persons infected with the West Nile virus will develop a more severe form of disease called West Nile Encephalitis and/or Meningitis. The symptoms of severe infection include headache, high fever, stiff neck, stupor, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis.

Symptoms of mild disease will generally last a few days. Symptoms of severe disease may last several weeks, although neurological effects may be permanent, and in rare cases lead to fatal outcome.

Laboratory Tests for WNV:

The symptoms of infection with WNV are similar to those observed for a variety of other diseases, such as

enterovirus or other arboviral infection. Laboratory testing is required for a confirmed diagnosis. The most common test for WNV infection is to measure antibodies in blood (serum) and/or cerebrospinal fluid (CSF, the fluid surrounding the brain and spinal cord).

What is the best way to test for WNV Infection?

1. Submit the best sample: Blood (serum) and/or CSF collected eight days from symptom onset. A second blood sample collected 21 days from the onset of illness is required in most cases to confirm infection.
2. Use the best test: The IgM test performed at UHL and the CDC is currently the most reliable test. Positive results from commercial laboratories need to be confirmed at UHL. Companies are working hard on the WNV diagnostic tests available at commercial laboratories and it is hoped that by next season, testing performed at these laboratories will not require confirmation by UHL.
3. Forms for sample submission to UHL can be found at http://www.uhl.uiowa.edu/wnv/serology_form.pdf <http://www.uhl.uiowa.edu/wnv/serology_form.pdf> .

WNV can also be detected by demonstration of specific viral antigen or genomic sequences using RT-PCR. These tests are typically used by UHL on mosquitoes and dead birds for surveillance. UHL performs RT-PCR on all CSF samples, but it is less sensitive than the IgM test due to a short viremic stage in humans. RT-PCR may also be a useful test in immunosuppressed patients.

Worth Noting

U.S. Preventive Services Task Force brochures - Do you and your audiences ever feel inundated about prevention and medical screening tests? From mammograms to prostate cancer screenings to cholesterol and blood pressure tests, it can be confusing to figure out which tests are needed and when. Two brand-new pamphlets from the AHRQ-sponsored U.S. Preventive Services Task Force, "Women: Stay Healthy at Any Age: Checklist for Your Next Checkup" and "Men: Stay Healthy at Any Age: Checklist for Your Next Checkup" specify what information is needed about the most important screening tests. As always, the recommendations from the Task Force are based on scientific evidence. The pamphlets also include information about how to stay healthy and allow patients to record which screening tests they've received, when, and when they should be tested again.

The women's checklist can be viewed and downloaded at <http://www.ahrq.gov/ppip/healthywom.htm> in English and at <http://www.ahrq.gov/ppip/healthywomsp.htm> in Spanish.

The men's checklist can be viewed and downloaded at <http://www.ahrq.gov/ppip/healthymen.htm> in English and at <http://www.ahrq.gov/ppip/healthymensp.htm> in Spanish.

Printed copies of the checklists can be mailed to you. Copies can be ordered from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an email to ahrqpubs@ahrq.gov.

The U.S. Preventive Services Task Force is the leading panel of private-sector experts in prevention and primary care. It conducts rigorous, impartial assessments of all of the scientific evidence for a broad range of preventive services, and its recommendations are considered the gold standard for clinical prevention. A complete listing of recommendations from the task force and the program that helps implement these recommendations, Put Prevention Into Practice, can be found at <http://www.ahrq.gov/clinic/prevenix.htm>.

Side Notes

HIV/AIDS Conference - The 6th Annual HIV/AIDS conference will be held Oct. 14-15 at the Holiday Inn Airport Conference Center in Des Moines. This conference is sponsored by the Department's of Public Health, Education and HIV Community Planning Group. For more information call 515-309-3315 or go to www.trainingresources.org.

Iowa Dept. of Public Health

Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075

Phone: 515 281-5787

**Check out our web site
at www.idph.state.ia.us**

FOCUS Editor: Kara Berg

What would you like to see in Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, and upcoming events or to add names to the mailing list by e-mailing us at kberg@idph.state.ia.us.