

Iowa flu season arrives with a vengeance

By Sarah Brend, MPH, Epidemiologist, Center for Acute Disease Epidemiology

The flu season arrived in Iowa and the United States this year earlier and with much more severity than expected. Iowa reported its first confirmed case of influenza for the season on November 17. Since then, influenza has swept across the state affecting people of all ages. Iowa, along with 41 other states, is reporting widespread influenza activity.

Since October 1, the University Hygienic Laboratory (UHL) in Iowa City has confirmed 188 influenza cases through culture tests. All have been Influenza A viruses, and 39 were sub-typed as Influenza A (H3N2) viruses. These are confirmed cases by UHL only and is an underestimate of the number of cases in Iowa. Most cases are identified through rapid



Telling Iowans about the flu

From left, Dr. Ray Webster, Principal Financial Group, Dr. Mary Davis, Wellmark Blue Cross and Blue Shield of Iowa, Tim Gibson, John Deere Health Care, Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health, Dr. Tom Boo, Iowa Department of Public Health/Centers for Disease Control and Prevention, and Sally Cunningham, Iowa Department of Human Services talk to the press last month on the flu in Iowa.

influenza tests in physicians' offices and are never reported to the state health department because influenza is not a reportable disease in Iowa.

Like every year, this year's influenza vaccine protects against three types of influenza. Some media reports mention

that one of the strains of influenza in the vaccine (A/Panama[H3N2]) does not exactly match the strain circulating in the United States (A/Fujian[H3N2]). Health officials do expect that the current influenza vaccine will offer some cross-protective immunity against the A/Fujian

Domestic violence movie trailer big success

By Binnie LeHew, Violence Prevention Coordinator

The Domestic Violence movie trailer campaign

(highlighted in the October 2003 FOCUS) was a big success, reports project manager Lynn Laws.

"Surveys of movie patrons, theater managers,



and domestic violence program staff were overwhelmingly positive about the impact of the trailer," said Laws. The movie trailer was a powerful public service announcement that ran throughout October in 48 participating movie theaters

around the state. In Davenport, domestic violence prevention advocates conducted a patron survey as moviegoers exited a theater where the trailer was showing. The vast majority of patrons reported it got their attention and they would use the information to help someone

around the state.

In Davenport, domestic violence prevention advocates conducted a patron survey as moviegoers exited a theater where the trailer was showing. The vast majority of patrons reported it got their attention and they would use the information to help someone

Continued on Page 2

Inside this issue:

JEL observes	3
Great American Smokeout	
Report highlights nursing trends in Iowa	4
Public health pulls together to stop measles	6
Hepatitis A declining but still dangerous	7

Iowa flu season arrives with a vengeance

By Sarah Brend, MPH, Epidemiologist, Center for Acute Disease Epidemiology

Continued from page 1

strain, as well as providing good protection for the other two strains of flu (A[H1N1] and B) found in this year's vaccine and circulating in the United States. It is not yet known, which influenza A (H3N2) is circulating in Iowa.

Since the first influenza case was identified, IDPH has received numerous reports from schools across the state reporting an absenteeism rate greater than 10 percent

due to illness. We have also been informed of several influenza outbreaks in long-term care facilities. In December alone, there were over 250 reports from schools with absentee rates greater than 10 percent due to illness. Some schools have even closed because of illness.

The Center for Acute Disease Epidemiology has developed recommendations to help stop transmission of influenza in several different settings, including at home, at busi-

nesses, long-term care facilities, day-care centers, health-care and EMS settings, and schools. These recommendations, along with maps and reports of Iowa's current influenza activity, can be found at <http://www.idph.state.ia.us/eedo/flu.asp>. For additional information visit the CDC's website at <http://www.cdc.gov/flu/>. For flu information in Spanish, go to the CDC's web site en Español: <http://www.cdc.gov/spanish/default.htm>.

Domestic violence movie trailer big success

By Binnie LeHew, Violence Prevention Coordinator

Continued from page 1

they knew who might be in an abusive relationship.

In some theaters, domestic violence program staff overheard positive comments from audience

members, including one person who clapped at the end of the trailer. A majority of the anecdotal comments received were positive, and several indicated that the movie trailer had a direct impact on their own lives.

In one case, a young woman who had seen the trailer was later able to recognize "controlling" behaviors in her boyfriend, like the ones highlighted in the announcement. Another person wrote IDPH saying,



"If this type of support had been available [years ago], maybe my mother would still be alive...Family and a 'close' friend turned my mother down, [telling her] 'you need to work it out....' I am glad to see now there is help for victims of this kind of abuse."

While the majority of comments were positive, there were a few negative comments about the "bias" that men are the primary perpetrators of domestic abuse. As explained in the movie trailer brochure, the majority of perpetrators are male.

The domestic violence movie trailer project was a partnership among IDPH, Verizon Wireless, and the Iowa Coalition Against Domestic Violence. Iowa bought the rights to

use the trailer from the Wisconsin Women's Foundation, which originally developed it. If additional funds are available, another run of the announcement may be scheduled this spring or summer.

If you have concerns or questions about domestic abuse, please contact the Iowa Domestic Violence Hotline at 1 (800) 942-0333. For more information about the movie trailer project, contact IDPH at (515) 281-5032 or blehew@idph.state.ia.us.



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.

JEL observes Great American Smokeout

By Randi Huffman, JEL Coordinator

Each year, the American Cancer Society holds its nationwide Great American Smokeout. The event promotes quitting among current tobacco users as well as cessation services locally and statewide, and the importance of maintaining smoke free establishments.

On November 20, many Des Moines area residents woke up to tobacco control messages at busy traffic areas and pedestrian walkways. Over 60 members of Just Eliminate Lies (JEL) marched to Nolan Plaza during a Thursday lunch hour. They handed out flyers with hard candies attached, which pro-

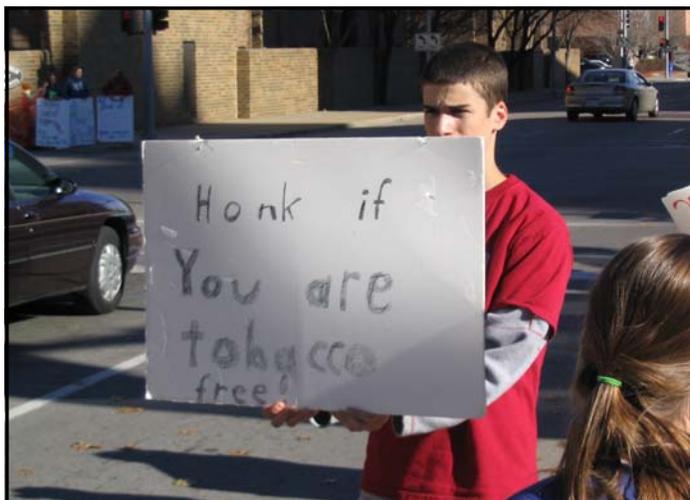
moted Quitline Iowa, Iowa's toll-free tobacco cessation hotline.

"Many Iowa teens encounter nicotine addiction and don't know where to find help," said Kassie Hobbs, JEL executive council member. "JEL youth from all over Iowa can promote the Quitline Iowa, not only at the state level but through JEL, which is at the local level."

Youth engagement is important to reduce tobacco use within the state and nationwide. Data show that tobacco use among youth decreases when there is a

strong tobacco control youth group along with a comprehensive tobacco control program such as Iowa's.

The Quitline Iowa is free and available seven days a week. All calls are confidential. You may reach Quitline Iowa at 1-866-U-CAN-TRY (1-866-822-6879).



Report highlights nursing trends in Iowa

By Eileen Gloor, Center for Health Workforce Planning, Bureau of Health Care Access

The number, age and education of nurses in Iowa have changed over the past 20 years. Trends provide important information about the work force required to meet the health needs of Iowans. The Center for Health Workforce Planning has posted on the IDPH web site a report that describes the changing registered nurse (RN) and licensed practical nurse (LPN) work force.

In a series of 17 charts and graphs, the report provides a visual history of nursing. The information is being used to compare Iowa RN and LPN data with national projections and develop recommendations for policy change. The report is available to the public at

http://www.idph.state.ia.us/ch/PDF/workforce/nursing_trends.pdf

The number of RNs increased from 29,649 in 1986 to 38,137 in 2002. The trend reflected steady growth until 2000. Between 2000 and 2002, there was a net loss of 702 RNs. The number of LPNs decreased from 10,435 in 1986 to 9,622 in 2002, a net loss of 813. Included in these numbers are over 600 people who hold both RN and LPN licensure.

The number of Advanced Registered Nurse Practitioners (ARNP) in Iowa increased in all categories between 1986 and 2002. The greatest increase occurred among nurse

practitioners.

Reflecting national trends, it is likely that the need for nurses in Iowa will peak between 2008 and 2010 when many experienced nurses will retire.

The largest percentage of both RNs and LPNs in Iowa are between 43 and 52 years of age. Sixty percent of licensed RNs who are active are 43 years of age or older. Fifty-six percent of licensed LPNs who are active are 43 years of age or older.

Between 1986 and 2002, an increasing number of RNs received associate or baccalaureate degrees prior to licensure. While the greatest increase was found among those who earned an associate degree in nursing, Iowa nurses continue to progress steadily in receiving baccalaureate, masters and doctoral degrees.

The number of graduates from nursing programs in Iowa declined in the late 1980s. An increase in the early 1990s peaked for both RNs and LPNs in 1995 and 1996. After another decline, the number grew again in 2001. During the last year, 1,835 students were admitted to Iowa RN programs, a 27 percent increase over the previous year. During the same time, 1,426 students were admitted to LPN programs, an increase of 12 percent over the previous year.

This growth has given rise to an

unprecedented need to recruit and retain qualified faculty members to accommodate increasing enrollments in Iowa's 77 programs. They include: 1 doctoral, 4 post-master's/academic master's, 1 professional master's, 13 baccalaureate, 26 associate degree and 28 practical nursing.

In 2003, the nursing programs reported over 70 faculty vacancies in the areas of medical, surgical, pediatric, obstetric, mental health, geriatric, community health and critical care nursing. Because eight students are generally assigned to a single faculty member, vacant faculty positions may exclude as many as 560 students from clinical courses.

Important recommendations for policy change and legislative action have come from the trend report. They address loan repayment programs, faculty preparation, recruitment of under-represented racial and ethnic minorities into the nursing field and opportunities to impact economic development in Iowa. The recommendations are available in white papers and issue briefs posted on the center web site at http://www.idph.state.ia.us/ch/health_care_access_content/workforceshortage/reports.htm For more information, contact Eileen Gloor at (515) 281-8309 or egloor@idph.state.ia.us.



Hochstedler wins excellence award

Beth Hochstedler was awarded the Board of Regents Staff Excellence Award at the University of Iowa.

Beth has worked with the Iowa Department of Public Health on Bioterrorism and the Governor's Conference on Public Health, Barn Raising III and IV.

At left is Mary Gilchrist, director of the University of Iowa Hygienic Laboratory, Beth, and David Skorton, president of the University of Iowa.

Prepare Iowa offers innovative online training

By Debra Venzke, Office of Communications, The University of Iowa College of Public Health

To respond to emerging health threats ranging from SARS to bio-terrorism, public health workers require ongoing training. But finding the time, and the budget, to attend courses can be a challenge.

For many, distance learning offers a convenient and economical way to fulfill continuing education needs. A new tool, the Prepare Iowa Learning Management System, now offers Iowa's public health work force an online training and education resource for professional development.

Located at www.prepareiowa.com, the Prepare Iowa Learning Management System allows users to assess their competency in various areas of public health, enroll in online courses, access a calendar of training events,

and track courses completed and training programs attended. The system is a joint effort of the Iowa Department of Public Health and the Iowa Center for Public Health Preparedness at the University of Iowa College of Public Health.

to-face trainings to strengthen skills.

The system can be accessed 24 hours a day, and students are able to work at their own pace, taking up to six months to complete a class. Current course topics focus on bio-terrorism/emergency preparedness

and core public health competencies. Other competency areas will be added as the system expands.

Prepare Iowa invites you to explore this innovative system designed to enhance professional skills and knowledge in public

health readiness.

For more information, contact Tim Beachy, Iowa Center for Public Health Preparedness, at (319) 353-5955 or tim-beachy@uiowa.edu; or Dena Fife, Iowa Department of Public Health, at (515) 242-5165 or dfife@idph.state.ia.us.



Once registered with the Prepare Iowa web site, users fill out a self-assessment on selected public health competencies. Based on that assessment, the system generates a list of recommended courses from the course catalog. Users can enroll in these online courses or find face-

Comprehensive cancer control working to fight obesity

By Heidi Petersen, Mercy Cancer Center-Des Moines

Obesity increases the risk of some cancers in both men and women. Increasing evidence particularly links obesity to the risk of post-menopausal breast cancer, and also supports increased risk of cancers of the colon, prostate, endometrium, kidney and esophagus (AICR, 2001).

Compared to other states, obesity is a significant problem in Iowa. There are only 11 states with higher obesity rates than Iowa. Data from the 2001 BRFSS show that almost 23 percent of Iowans are obese, higher than the national median of 21 percent. An additional 37 percent of Iowans are overweight.

The percentage of Iowans who are overweight and obese has steadily increased over the past 10 years.

The Obesity Prevention Implementation Group of the Iowa Consortium for Comprehensive Cancer Control is working to address this problem. The group is composed of 33 people representing cancer centers from across the state, the Iowa Department of Public Health, Iowa State University Extension, Iowa Parish Nurse Association, Ecumenical Ministries of Iowa, and others.

The goal is to support Lighten Up Iowa, a statewide campaign to reduce the prevalence of overweight and obesity among Iowans by increasing physical activity and improving food choices. Registered dietitians from cancer centers across Iowa will be promoting the Lighten Up Iowa program within their institutions.

An informational sheet linking

obesity and cancer risk along with healthful lifestyle hints will be developed by the workgroup. The sheets will be distributed to the team captains for Lighten Up Iowa.

Another project that the Obesity Prevention Implementation Group is working on is a packet of information to be provided to family-care physicians. The group is partnering with the Iowa Dietetic Association on this project.

For more information on the Obesity Prevention Implementation Group of the Iowa Consortium for Comprehensive Cancer Control, please contact Heidi Petersen at 515-643-8206 or hpetersen@mercydesmoines.org.

Public health pulls together to stop measles

By Patricia Quinlisk, State Epidemiologist and Terri Thornton, Nurse Consultant for Immunization

At 1:30 pm on December 24, the Chicago Department of Public Health (CDPH) contacted the Iowa Department of Public Health regarding a measles investigation.

A 6-month-old female adoptee arrived at Chicago O'Hare airport from Frankfurt, Germany on December 21 and was confirmed with measles (with a positive IgM test) on December 23. She had been experiencing rash since December 17, with cough and runny nose. On examination on December 22, the Koplik spots were not seen, and temperature was only 99.6 F, but the clinician felt fairly certain this was measles.

The child's final destination was Milwaukee. The investigation started with locating all persons aboard the international flight with the child. Three Iowa parties, from Perry, Sioux City and Waterloo, were noted on the air carrier manifest.

County health departments responded quickly to locate these groups. That was important since it was still in the 72-hour window when prophylactic measles vaccination would be effective in stopping the contacts from coming down with measles (if they were not already immune - i.e., either had two doses of measles vaccine already or had already had measles.) This was not

an easy task because the people from these groups were either not at home, were out shopping, or had already traveled to another state to celebrate Christmas with relatives.

Meticulous work by local public health also found that another person from Iowa was on the plane, not listed on the plane roster. (This is a good reminder of why it is so important to fill out those personal information cards that the airlines give you when you board for an international flight!)

Since we were not sure that all the people in these groups would be located before the 72-hour window of opportunity for vaccination closed, immunoglobulin (which can be used for prophylaxis for up to 6 days after exposure to measles) was hand-delivered to two local health departments, Perry and Waterloo. Finding people on Christmas Eve to drive the IG to the health departments was "interesting," but we had an amazing number of volunteers.

Local public health personnel were also asked to determine whether all family members who developed measles had either two documented doses of MMR or a good history of measles, and determine who might be exposed to the members of the groups on the planes. If needed, they were asked

to vaccinate them also. They were also asked to educate everyone on the signs and symptoms of measles.

In all, six doses of MMR were given. IG was ready but not needed due to the quick investigations at the local level. Incubation period for measles is about 7-18 days, usually 14 days. We will continue to be on heightened surveillance for two incubation cycles.

Measles should be suspected if anyone has the three "C"s (cough, coryza - a runny nose - and conjunctivitis) and a rash. If suspected, a measles IgM test should be done quickly via the University Hygienic Lab. It is free of charge to the patient, and the patient should be told to stay home until results are available. It usually takes a couple of hours once the blood arrives at UHL.

All suspected cases should be immediately reported to your health department. IDPH can be reached 24 hours a day, 7 days a week at 1-800-362-2736.

IDPH thanks all the local health department personnel and the disease prevention specialists who worked so hard on Christmas Eve to ensure the health of these Iowans during this public health emergency.

Buena Vista County department gets big award

By Cheryl Lyon, Buena Vista Cancer Awareness and Screening Project Coordinator

The Buena Vista Cancer and Awareness Screening Project coordinated by the Buena Vista County Public Health Department was awarded a \$47,083 Wellmark Foundation grant in December 2003.

This project is designed to provide free pap smear and mammography screening to 100 underinsured and uninsured women between the ages of 40 and 55 years, in addition to educational opportunities throughout the county. The grant will also

link women with a primary medical provider for continued care.

Research shows that minority-status, low income, and low education levels are factors in failure to seek routine cancer screening. Approximately 1,200 Hispanic women and 850 Asian women live in Buena Vista county, and nearly 35 percent of households report an annual income below \$25,000 (Census 2000).

Almost 20 percent of the population of Buena Vista county has less

than a 12th grade education. In addition, the incidence of breast cancer in the county is reported to be 107.8, well above the state rate of 86.5 (rate of 1 per 100,000 population, Facits 2000). A significant number of women in the county fall into these categories that are factors in failure to seek routine cancer screening.

The partner organizations in this grant will be working to link the participants with a primary care provider, a key to assuring continued health care.

Hepatitis A declining but still dangerous

By Judy Goddard, Center for Acute Disease Epidemiology

After a spike in cases between 1996 and 2000, the incidence of hepatitis A in Iowa has remained steady. However, it remains a common infectious disease that can often be avoided by simple, practical steps.

Hepatitis A is a liver disease caused by the hepatitis A virus. The virus is spread from person to person by fecal-oral transmission, placing something in the mouth that is contaminated with the stool of a person with hepatitis A. A person with hepatitis A virus infection can cause infection in others from the latter half of their incubation period to a few days after yellowing of the skin and eyes has developed.

Most infections result from contact with a household member or sex partner who has the hepatitis A virus infection. The average time from acquiring the virus to symptoms of disease (incubation period) is 28 days. This ranges from 15-50 days.

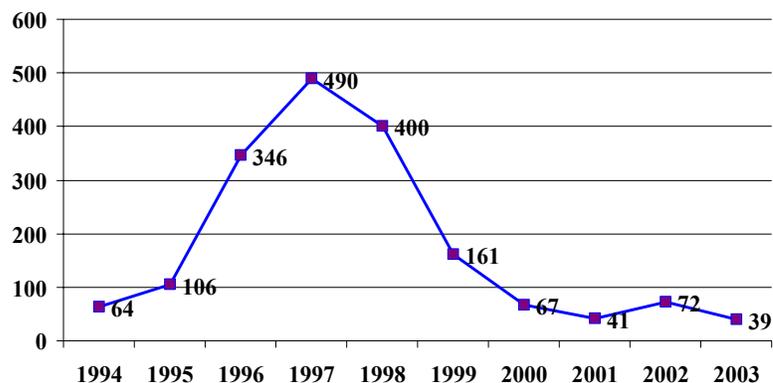
Because of the long incubation period, many individual cases cannot be traced back to a definitive exposure. Large outbreaks are usually due to a food that is not cooked and has been contaminated with the stool of an infected food preparer, thus potentially putting large numbers of people at risk.

Persons with hepatitis A virus infection may not have any signs or symptoms of disease. As long as asymptomatic person practices good hand hygiene it would be unlikely they would spread the disease to others.

If symptoms are present they usually come on quickly and may include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine and yellowing of the skin and eyes (jaundice). A blood test for hepatitis A antibodies is necessary to know if symptoms are being caused by the hepatitis A virus.

Hepatitis A is a reportable disease in Iowa. Once the disease is

Reported Cases of Hepatitis A, Iowa 1994-2003



Source: IDPH

reported, the person is interviewed by a local public health agency. Family members and other at-risk contacts are offered immune globulin to decrease their risk of developing disease.

To be effective this must be done within 14 days of their exposure. If a reported person is a food-service worker, health or day-care provider, more information is gathered to decide if additional contacts need to receive immune globulin.

To prevent hepatitis A, always wash your hands after using the bathroom, changing a diaper, or before preparing or eating food.

Two products can be used to prevent hepatitis A virus infection. Immune globulin can be given within 14 days of a person's exposure to hepatitis A to decrease their risk of developing disease. Hepatitis A vaccine can be given to people 2 years of age or older who wish to lower their risk of getting disease. It is recommended for:

- People traveling or working in

countries with high rates of hepatitis A, such as those located in Central or South America, the Caribbean, Mexico, Asia (except Japan), Africa, and southern or eastern Europe. The vaccine series should be started at least one month before traveling. People who live in communities that have prolonged outbreaks of hepatitis A should get hepatitis A vaccine.

- People who live in communities with high rates of hepatitis A: for example, American Indian, Alaska Native, and Pacific Islander communities and some religious communities.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.
- People who receive clotting factor concentrates.

Two doses of the vaccine, given at least six months apart, are needed for lasting protection. Hepatitis A vaccine may be given at the same time as other vaccines.

Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

A Big “Thank You” from the Staff of CADE:

CADE would like to formally thank all health-care workers in Iowa, including physicians, nurses, clinics, local health department, hospitals, schools and laboratorians, for reporting diseases and assisting in public health responses. It goes without saying that nothing much can happen here on our end without your help.

Don't hesitate to call with suggestions if we can be of additional service. The toll free telephone number is 800- 362-2736.

Seasonal Hazards from the Iowa Statewide Poison Control Center “Top Ten” List:

The Iowa Statewide Poison Control Center has compiled a “Top Ten” list of hazards that are most frequently involved in poisonings during the winter months. Some of the hazards included are:

- Ice melting salt, which may produce poisoning especially in young children. Store out of reach of children and use appropriately.
- Plants including Holly, Mistletoe, Jerusalem cherry, and Rhododendron can be toxic and if ingested, warrant a call to the poison control center (1-800-222-1222). Display these plants out of reach of children and pets. Poinsettias, contrary to popular belief, are not toxic.
- Carbon monoxide poisoning may mimic the flu with symptoms of vomiting, headache, malaise, and fatigue. Sources are many and include faulty heating systems, fireplace with faulty flue, and charcoal and wood burning stoves. Every home should have a CO detector and alarm; remember most smoke detectors do not

detect or provide alert for CO.

- Tree decorations pose multiple hazards including bubble lights (filled with alcohol or other solvents), ornaments (can cause choking and/or intestinal blockage), and snow sprays (contain chemicals that are harmful when inhaled). To prevent children and pets from these hazards, place small ornaments higher on the tree and store snow sprays out of reach of children and use in well-ventilated areas. If small children are in the house, consider not using bubble lights.
- Antifreeze / deicers contain the highly toxic chemicals methanol and ethylene glycol. Ingestion of very small amount may be life threatening and require rapid diagnosis and treatment. Store out of reach of children and use appropriately.

If you need information about any product or suspect a poisoning has occurred, contact the Iowa Statewide Poison Control Center at 800-222-1222.

Clinical Resource on Managing Obesity:

The AMA has announced the release of a new comprehensive guide to help physicians identify and treat obesity in their adult patients. The **Assessment and Management of Adult Obesity Primer for Physicians** is now available online at www.ama-assn.org/go roadmaps.

The primer, funded by a grant from The Robert Wood Johnson Foundation, was developed in partnership with the US Department of Health and Human Services.

Michael McGinnis, MD, MPP, senior vice president of The Robert Wood Foundation, said, ‘This primer is an important tool in helping physicians

halt the epidemic of obesity in this country.’ He noted that nearly two out of three adults are overweight and that parental obesity is a strong predictor of childhood obesity. Dr. McGinnis also noted that it is critical for doctors to be skilled in obesity prevention, screening, and treatment.

As part of a major campaign in Iowa, the Iowa Department of Public Health is urging physicians to recommend their patients join a Lighten Up Iowa team to increase their physical activity and improve their diet. The program is a partnership between the Iowa Department of Public Health, the Iowa Games, and Iowa State University Extension. The web site for Lighten Up Iowa is www.lightenupiowa.org.

BSE or “Mad Cow Disease” web sites:

Here are web sites to access information on the BSE investigation:

DOH www.doh.wa.gov

USDA www.usda.gov

FDA

www.fda.gov/oc/opacom/hottopics/bse.html

CDC

www.cdc.gov/ncidod/diseases/cjd/cjd.htm

WSDA

www.agr.wa.gov/FoodAnimal/AnimalFeed/BSE.htm

Health Canada www.hc-sc.gc.ca/english/diseases/bse/index.html

WHO

www.who.int/health_topics/encephalopathy_bovine_spongiform/en

Office International des Epizooties www.oie.int/eng/info/en_esb.htm

Des Moines Register features IDPH lead program

On December 14, the Des Moines Register had a multi-page special report on lead poisoning among Latino children in Iowa. The report included quotes by Rita Gergely, chief of the Bureau of Lead Poisoning Prevention, Connie Montover, director of the Lead Poisoning Prevention Program in Marshalltown, Sara Pauley, director of the Lead Poisoning Prevention Program in Crawford County, and Julie Curry of the Iowa Department of Education.

The report discussed sources of lead that have made the state's rate of lead poisoning in children four times the national average. IDPH estimates that Latino children living in Iowa are twice as likely to have

lead poisoning as other children in the state.

The report highlighted sources of lead, where to get help, effects of lead poisoning, housing factors, and prevention of lead poisoning.

Sources of lead include:

- Folk remedies, including one called Azarcon or Greta, which is commonly used to relieve stomachaches.
- Spices, fruits or chilies dried using motors that run on leaded gasoline.
- Candies and snacks that sometimes contain powdered chilies.
- Lead-glazed ceramic pots used for food.

- Ink used on wrappers for candy or food.
- Any house built before 1978, which can have lead-based paint. Houses built before 1960 have more layers of lead-based paint than newer houses.
- Lead based paint. Children can be exposed when they put paint chips in their mouth, chew on surfaces painted with lead-based paint, or put dusty dirty hands, toys, bottles or pacifiers in their mouths.

For more information about lead poisoning, call the Iowa Department of Public Health Lead Prevention Program at (800) 972-2026. Bilingual representatives are available to answer questions.

Worth Noting

Advancing Public Health: Meeting the Challenge

The 2004 Public Health Conference will be held March 30 and 31, 2004 at the Scheman Center in Ames. This conference is jointly sponsored by the Iowa Public Health Association (IPHA), the Iowa Environmental Health Association (IEHA), University of Iowa College of Public Health, Child Health Specialty Clinics, and the Iowa Department of Public Health, Bureau of Family Health, Oral Health Bureau, Bureau of Nutrition, Bureau of Health Care Access, and Center for Local Public Health Services and Health Improvement.

For more information, please visit www.ieha.net or www.iowapha.org.

Board of Health January 14

The Iowa State Board of Health will be meeting January 14 at 10 a.m. in the Lucas State Office Building, Des Moines.

New grants.gov web site offers one stop when applying for federal grants

HHS Secretary Tommy G. Thompson has unveiled a single, comprehensive web site that will contain information about finding and applying for all federal grant programs. The web site, grants.gov, makes it easier for organizations to learn about and apply for federal grants. For more information visit www.grants.gov.

Food and fitness craze

A Food and Fitness Craze bulletin was developed by ISU Extension to help promote the 'Go the Distance' Youth portion of Lighten Up Iowa. The bulletin is full of ideas for youth groups to use when they are thinking about nutrition and physical activity. The bulletin has a full year (one per month) of suggestions as a resource for leaders. If you are interested in accessing a copy of this colorful bulletin you can contact your local ISU Extension office (to find the closest location go to www.extension.iastate.edu/Counties/state.html) or you can order online at www.extension.iastate.edu/pubs/Order.html. The order number is PM 1944.

Wellmark Foundation announces new priority areas for 2004 grants

The Wellmark Foundation is changing its focus of giving to the following areas in 2004: asthma, diabetes, heart failure and cardiovascular risk factors, major depression, and end-of-life care (with an emphasis on pain control). For those interested in applying, the first cycle grant teleconference in Iowa is scheduled for Wednesday, January 28, 10:00 a.m. to 11:30 a.m. For more information visit www.wellmark.com.

Worth Noting

Des Moines University to offer medical school courses to the public

Many adults wish they had chosen a medical career or wish they had paid a little more attention in science classes when they were in school.

For those who barely survived high school biology, and feel lost in today's terminology and technology, and the science buffs who want a refresher course or more information about what is happening in the field of medicine, Des Moines University is now enrolling for its spring mini medical school course.

The six-week course will feature classes on several topics, including: explanations of procedures during a doctor's office visit, explanations of medical terminology, obesity, infectious diseases, cardiovascular health, diabetes, and women's health. Classes will be taught by local experts in their fields and will be explained on a level that common people can understand. Each class will include an hour on the evening's topic, followed by a question-and-answer period with local providers.

Classes will start on Tuesday, Feb. 3 and will go through Tuesday, March 9, and will meet from 6:30 to 8:30 p.m. The cost for the six-week course is \$25 and includes all materials for the class. Please visit www.dmu.edu/minimedicalschool or contact Nancy Thompson at 515-271-1374 or nancy.thompson@dmu.edu for more information.

Second round of communication workshops under way

Two new communication workshops have been scheduled by the Iowa Department of Public Health, Office of Communications and Public Health Education. They are scheduled for January 16 in Mt Pleasant and January 27 in Creston from 9 a.m. to 3 p.m. The workshops are designed to help public information officers or those charged with managing, planning and implementing risk communication make the best possible decision during a crisis situation. They also provide information that allows an individual, stakeholder or an entire community to make such decisions. Participants receive a crisis, emergency, and risk communication resource binder and a copy of the CDCynergy CD-ROM, which addresses topics critical to successful communication during an emergency. It includes a practical what-to-do and how-to-do guide.

For more information on the workshops, contact Dena Fife at dfife@idph.state.ia.us or Kevin Teale at Kteale@idph.state.ia.us.

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: Sarah Taylor

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