

# Combating obesity with fruits and veggies

By Carol Voss, Bureau of Nutrition

In addition to the ubiquitous candy bars, pop and chips in schools, nearly 14,000 students in Iowa now have fruits and vegetables as snacks — at no cost.

As part of the 2002 Farm Bill, students in 25 Iowa elementary, middle and high schools are now taking advantage of a nationwide \$6 million United States Department of Agriculture (USDA) Fruit and Vegetable Pilot Program. The 2002 Farm Bill provided funding for the pilot

program to study how increased consumption of fruits and vegetables

affect other eating behaviors such as snack choices and participation

in school meal programs.

USDA's Food and Nutrition Service and Economic Research Service worked in partnership with the National Cancer Institute's 5 A Day program, the Produce for Better Health Foundation, the American School Food Service Association and the participating states of the pilot to develop the project. The program is part of the federal government's overall effort to improve Americans' eating habits and help combat the epidemic (Continued on page 2.)



**A Sweet Treat** - Students at King Elementary in Des Moines enjoy a nutritious snack. The school is one of 25 in Iowa taking advantage of a nationwide USDA pilot program.

# Teen smoking data gives hope

By Stephen Gleason, D.O., Director



What would be the single most important public health success of this decade?

A really dramatic drop in smoking — especially among kids — would have to be near the top of the list.

There was a notable drop in the number of smokers in the last several decades, at least in the United States, and we're now down to the hardcore smokers — the people who need a lot of help to quit. In fact, between 1990 and 2000 the rate of smoking among Iowa adults climbed a bit, from 21.7 percent to 23.2 percent. (Continued on page 4.)

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of childhood obesity and overweight. It was designed as a national and local partnership to offer a creative, practical solution to children's low fruit and vegetable consumption.

Students at these schools find fruits and vegetables throughout the day, outside of the cafeteria — in freestanding snack kiosks, vending machines, classrooms, after school programs, or “grab and go” displays before or after school.

The fruit and vegetable pilot project is one of the Iowa Department of Public Health's Health Summit action plans addressing the problem of obesity in Iowa. Organizations supporting the project at the state level include the 5 A Day Coalition of Iowa, Iowa Dietetic Association, Iowa School Food Service Association, Iowa State University Extension and Iowa Nutrition Education Network. Three of the schools participating in the pilot project also receive funding through the department's Food Stamp Nutrition Education Program.

More than 800 schools (220 from Iowa) applied to participate in the program and 100 were selected. Indiana, Ohio and Michigan are also participating, as well as six schools on the Zuni Pueblo reservation in New Mexico.

The USDA is evaluating the pilot to decide whether it can be expanded across the country, and will report to Congress in May.

Following are all Iowa schools participating in the Fruit and Vegetable Pilot Program.

<i>School</i>	<i>Location</i>	<i>Enrollment*</i>
Muscatine High School	Muscatine	1733
North High School	Des Moines	1203
Indianola High School	Indianola	988
Johnston Middle School	Johnston	984
Harding Middle School	Des Moines	847
Williams Intermediate School	Davenport	781
Hoover Middle School	Waterloo	679
McKinstry Elementary School	Waterloo	553
Anson Middle School	Marshalltown	548
Hiawatha Elementary School	Hiawatha	524
North Scott Junior High School	Eldridge	494
Walnut Grove Elementary School	Council Bluffs	436
Emerson Elementary School	Indianola	419
Central Middle School	DeWitt	388
Jefferson Elementary School	Muscatine	384
Urbana-Center Point Middle School	Center Point	370
King Elementary School	Des Moines	337
Van Buren Junior-Senior High School	Keosauqua	335
Neil Armstrong Elementary School	Eldridge	286
Camanche High School	Camanche	285
East Elementary School	Independence	269
McKinley Elementary School	Sioux City	245
West Bend-Mallard High School	West Bend	239
West Elementary School	Storm Lake	229
St. Michael School	Sioux City	210
<i>Total Iowa Students in the Program</i>		13,766

\*Enrollment figures courtesy of the USDA.

**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](http://www.idph.state.ia.us).

# Healthy Schools Summit:

## *Healthy Schools Produce Healthy Students*

By Carol Voss, Bureau of Nutrition

The nation's children are facing a health crisis. Few are meeting the Dietary Guidelines for Americans and many are physically inactive. Childhood overweight issues are recognized as a national epidemic, resulting in earlier onset and increased prevalence of chronic illness like diabetes and cardiovascular disease.

A partnership of more than 30 national education, fitness, nutrition and health organizations and representatives from 49 states held a summit in Washington, D.C. last month to address the school's role in responding to the child health crisis. The purpose of the event was to inform participants about the issues; provide solutions, resources and tools; and motivate stakeholders to work together for positive change in their communities and schools. The Healthy Schools Summit focused on concrete solutions to the serious health crisis and related performance crisis our kids are facing. Education and health professionals met at the summit and worked together to develop solutions for local schools and communities nationwide.

Iowa had three presenters at the summit. Carol Voss, Bureau of Nutrition, IDPH, and Jonathan Shenkin, DDS, University of Iowa Department of Pediatric Dentistry served as panelists discussing "Change Agents Who Made a Difference – National, State and Lo-

cal Perspective." Jo Mecham, school nurse at Bettendorf Middle School, shared the results of a milk vending machine pilot project on a panel discussing "Making Nutrition Education a Priority Schools."

Summit participants formed state teams to start the planning process toward creating healthier school environments. About 30 partner organizations were invited to participate in Iowa's first work group meeting on October 31. The supports efforts to improve the health of Iowa's children through Team Nutrition and the Healthy Schools Initiative.

The Department of Education, Bureau of Food and Nutrition, was awarded a grant this past summer to expand Team Nutrition activities to a minimum of 100 schools across Iowa. Team Nutrition, the implementation tool for USDA's School Meals Initiative for Healthy Children, promotes food choices for a healthful diet through schools, families, the community and the media.

Concurrently, the Midwest Dairy Council is coordinating the Iowa Healthy Schools Initiative under

the auspices of the National Dairy Council and national health, fitness and education organizations. The Team Nutrition Coalition/Healthy Schools Initiative work group will meet in Des Moines over the next two years to allow opportunities for members to assist with either or both the Team Nutrition project and Healthy Schools Initiative.



Healthy schools, those that support good nutrition and physical activity as part of a total learning environment, produce healthy students. Healthy students are better able to develop and learn. Healthy communities build a healthy America.

For more information on the summit and leading children's health and education organizations collaborating on this initiative, please visit [www.ActionForHealthyKids.org](http://www.ActionForHealthyKids.org).

# Teen smoking data gives hope

By Dr. Stephen Gleason

**Continued from page 1**

But during that period, the rate was like a yo-yo, up and down, showing that the number of adult smokers probably isn't going to change much without extraordinary efforts.

An argument could be made that the real battle on the tobacco front is for the kids, and here there's reason for optimism. The Iowa Youth Tobacco Survey was conducted between April and May of 2000 and 2002. The 2000 survey found that 20,000 middle school students used tobacco products; that number dropped to 13,600 this year, a decline of 32 percent.

The decline wasn't as sensational among high school students, but still impressive. In 2000, 64,000 reported using tobacco products. This year, that number was 54,500, a drop of 15 percent.

The survey included 25 Iowa middle schools, 27 high schools and 3,372 total students, by the way.

It would appear that the IDPH Division of Tobacco Use and Control, including the JEL (Just Eliminate Lies) campaign – which has faced more than its share of criticism – can take a lot of the credit for the decreases. As you know, JEL is a kids-inspired, kids-led anti-smoking campaign that has used

the media in creative ways to take on the propaganda machine of big tobacco. The 2002 survey indicated that 79 percent of middle school students, and 85 percent of high school students, indicated they had heard or seen something about JEL.



About three-fourths of middle and high school students thought the JEL campaign was believable and did well, or at least OK, in getting its anti-tobacco message across to people of their age.

That parallels the success of similar youth anti-tobacco efforts in other parts of the country – at least in regards to television ads. According to an American Legacy Foundation study, smoking prevalence among high school students who have had “high exposure” to the television commercials in the kind of “truth campaign” JEL pro-

vides, has declined 29 percent since 2000. Smoking rates among high school students with medium exposure to the “truth” commercials fell 21 percent, while those with low exposure to the ads showed a 12 percent decline. A smaller drop was noted among middle school students.

Meanwhile, study after study confirms the lethal effects of tobacco. We are familiar with the large volume of research showing tobacco's effects on the rates of diseases such as lung cancer and heart disease. A recent study shows that cigarette smoking more than doubles the risk of developing a large brain aneurysm among people who are already at risk for the condition. And the cost of smoking is untold.

One study shows that each pack of cigarettes sold in the United States costs the nation \$7 in medical care and lost productivity. Another way of looking at that is \$3,391 a year for every smoker for a total of \$157.7 billion.

There's hope for a dramatic decline in smoking this decade, especially among the youth, but we in public health have our work cut out for us. We need to make sure our anti-smoking message is getting across to our colleagues, health-care practitioners and the public.

# New Study Supports Quit-Smoking Hotlines

By Kevin Teale, Director of Communications

**S** smokers who get help from telephone counseling services such as Quitline Iowa double their chances of staying quit, according to an article in the October 3 issue of the *New England Journal of Medicine*.

Researchers in California included a randomized control trial in the services of the California Smoker's Helpline. They found that those who received telephone counseling were twice as likely to quit smoking and stay quit as those who refused it. This is not the first test of the effectiveness of phone counseling for smoking cessation, but it is the first time a test was conducted in the real-world setting of a hotline serving the general public.

"This new study confirms that telephone counseling is an effective way to help smokers quit," said John Lowe, director of the Iowa Tobacco Research Center based in the University of Iowa College of Public Health. "Iowans who want to quit smoking can access free state-of-the-art telephone counseling by calling Quitline Iowa."

Quitline Iowa is a toll-free, state-wide hotline for smoking cessation counseling funded by the Division of Tobacco Use Prevention and Control at the Iowa Department of Public Health.

Trained counselors at Quitline Iowa have helped Iowans quit smoking since May 2001. Callers choose between a small number of sessions or a longer-term program providing one-on-one counseling for smoking cessation. Counselors discuss how to quit smoking, send tailored information on how to overcome the barriers to quitting, and refer callers to local smoking cessation services if available.



Staffed from 8 a.m. to midnight, seven days a week at the toll-free number, 1-866-U-CAN-TRY (1-866-822-6879), Quitline Iowa received nearly 2,200 calls from 93 of the state's 99 counties from September 2001 through June 2002.

"The Quitline is a great resource for smokers in a rural state like Iowa, where many communities lack the resources to support their own smoking cessation programs," said David Bullwinkle, program coordinator at the Iowa Tobacco Research Center. "One woman who

smoked two packs a day for nearly 30 years recently called a counselor to say, "I talked to you when I first started to quit smoking. It's been three months and I just wanted to call and say I'm doing great! Thanks for your help!"

The researchers in California note that their study supports the U.S. Public Health Service's call to make quitlines more available.

Currently, 29 states support quitlines with tobacco excise tax revenues or payments from tobacco companies mandated by the Master Settlement Agreement of 1998.

"Our division is pleased with the success of Quitline Iowa," said Janet Zwick, interim director of the IDPH Division of Tobacco Use Prevention and Control.

"Their counselors not only do a great job of counseling, they provide smokers with information about cessation services available throughout the state."

Additional information on tobacco cessation can be obtained at: Quitline Iowa

[www.quitlineiowa.org](http://www.quitlineiowa.org), Iowa Tobacco Research Center  
[www.public-health.uiowa.edu/itrc](http://www.public-health.uiowa.edu/itrc), UI College of Public Health  
[www.public-health.uiowa.edu](http://www.public-health.uiowa.edu), IDPH - Tobacco Use Prevention and Control  
[www.idph.state.ia.us/sa/Tobacco/default.htm](http://www.idph.state.ia.us/sa/Tobacco/default.htm).

# NPS Program to be tested this month

By Jenise Dahlin, Center for Disaster Operations and Response

Have you ever asked “What if we really do have a biological or chemical incident in Iowa, or more likely, what if a tornado ravishes our state? Are we prepared, and do we have resources available for mass treatment and prevention of disease in such an event?” The answer to these questions is the National Pharmaceutical Stockpile Program (NPS). Sponsored by the Centers for Disease Control and Prevention (CDC), this program was initiated to ensure the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies, and equipment to state and local agencies during an emergency. Development of the program began in 1999 and was unfortunately tested with the events of 9/11. The first shipment of the NPS arrived in New York City seven hours after the federal decision to deploy. Following the events of 9/11, Congress substantially increased funding to expand the range and quantities of medical items available through the NPS.

The NPS supports local first response efforts when local and state agencies determine they are quickly running out of essential drugs and medical supplies. It is guaranteed to arrive at the destination within 12 hours of deployment. Iowa is

currently developing plans to receive, store, stage, distribute, and dispense these drugs and supplies to Iowans – a colossal task! Agreements must be made with agencies for the provision of space and facilities for temporary storage and staging of the products, as well as for transportation and security. Massive amounts of volunteers have to be brought on-board to assist with the unloading, repackaging, and distribution of the products. At the local level, more volunteers are necessary to actually dispense these items to the general public.

As these plans and operating procedures are developed, the most important component of the development is to “test” the plans and procedures. Until tested, there is no way to determine the effectiveness or to identify problems and subsequent solutions. This month, we will be testing our plans and procedures by performing a Tabletop Exercise. This exercise will help to assess the inter/intra-agency coordination of all participating agencies during such an event and will be a tell-tale sign of our level of preparedness to receive and stage the NPS. It is to provide lessons-learned and will aid in identifying necessary plan revisions. Revisions will be made following the tabletop and a “live” full-scale exercise will take place in April 2003, which

will include receiving, staging, distributing, and dispensing the NPS.

A recent IDPH Volunteer Orientation was one of the state’s efforts to educate those involved in the receiving and distribution of the NPS assets. This orientation was held in October at the Botanical Center and provided an overview of the NPS, the different roles and responsibilities of the CDC and the state, and those of local public health agencies. The bulk of the orientation provided attendees with details regarding their role in staging the NPS. IDPH volunteers will be used primarily in the unloading, staging, and repackaging of the supplies.

An educational packet is also being developed to assist local agencies in the development of their plans to set-up dispensing sites. These will be distributed to Public Health Agencies, County Emergency Management Coordinators, hospitals, and community health centers upon completion.

If you would like more information on the NPS or would like to know how you can become involved as a volunteer, contact Mary Rexroat at 515-281-5046 ([mrexroat@idph.state.ia.us](mailto:mrexroat@idph.state.ia.us)), or Jenise Dahlin at 515-242-6023 ([jdahlin@idph.state.ia.us](mailto:jdahlin@idph.state.ia.us)).

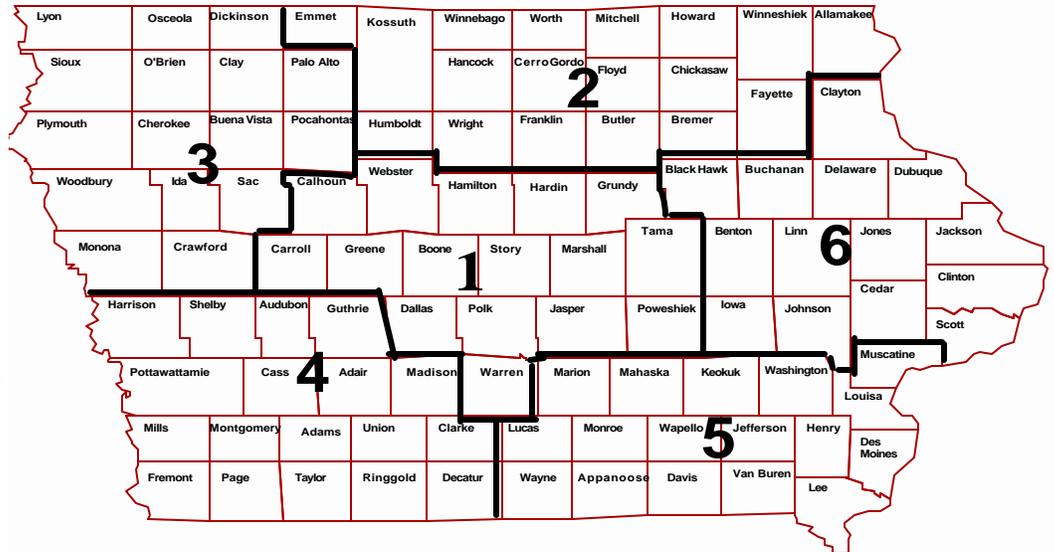
# Six regions receive disaster/terrorism briefing

By Jami Haberl, Center for Disaster Operations and Response

This month, staff from the Center for Disaster Operations and Response held a series of regional public health and hospital and emergency medical services (EMS) preparedness workshops. The Iowa Health Disaster Council and the four sub-committees (HRSA, CDC, NPS and IA -DMAT) adopted a uniform six-region approach to assess public health and medical service system capacities/capabilities related to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. The regions selected are the Iowa Emergency Management Association (IEMA) districts supporting the state's current emergency response infrastructure for the state Homeland Security and Emergency Plan led by the Iowa Department of Public Defense, Emergency Management Division.

The workshops were held in six regions throughout the state. Workshops were held in the following cities by region: 1) Ankeny, 2) Mason City, 3) Cherokee, 4) Atlantic, 5) Ottumwa, and 6) Cedar Rapids. Workshops were held on the same day for both, HRSA (hospital/EMS) in the morning and CDC

## CDC/HRSA Planning Regions



(public health) in the afternoon. Representatives from local public health, hospitals, EMS/fire, community health centers, Indian health services (region 1), and emergency management were invited to participate.

From each of the regional workshops, regional steering committees were formed. Each regional committee identified a committee chair, regional coordinator, fiscal agent and regional steering committee meeting schedules. The workshops provided the steering committees in each region with information on preparing the state for a disaster, distribution of regional funds, and how to begin work at the local level in planning for a public health dis-

aster.

The workshops provided an excellent opportunity for public health, hospitals, emergency management, EMS, community health centers and Indian health services to gain a greater appreciation for each others' expertise, roles and responsibilities in disaster/terrorism preparedness and planning. The regional steering committees are charged with identifying the regional resources, capabilities and capacities for public health disasters. Each of the regional steering committees are scheduled to begin meeting this month.

# Iowa sees 48 WNV cases and 2 deaths in 2002

By Kim Brunette, Center for Acute Disease Epidemiology

With the coming of winter, we are hopeful that the mosquitoes are no longer active and that the 2002 West Nile epidemic can be put to rest. Iowa saw a great deal of West Nile Virus (WNV) activity in 2002. Currently, the state total for human cases is 48, with two fatalities. While we don't anticipate any new illness,

there are still some human cases under investigation.

Nationally, as of Thursday, October 31, 43 states and the District of Columbia have reported some form of WNV activity this year. This includes California, where only one human case has been identified (despite no evidence of the virus in mosquitoes, birds,

horses, or other humans) and Washington, where two birds have tested positive in the western part of the state. The CDC has also reported that WNV has been identified in 135 captive and wild bird species and 35 mosquito species from throughout the U.S. Additionally, a total of 3,439 human cases and 198 fatalities have been reported this year.

## EMS Bureau announces new bureau chief

By Barb Christiansen, Bureau of EMS

Ray Jones has been named Bureau Chief for the state's EMS Bureau. Jones has been with the Iowa Department of Public Health for over 15 years, serving as a state coordinator for the southeast region.



Ray Jones

training officer for the Washington County Ambulance Service, as well as the director of the Johnson County Ambulance Service. He was a founding and charter member of the Iowa EMS Association.

Though a native of southeast Iowa, Ray is known statewide for his diverse background from grocery retail to funeral directing. He received his Bachelor's degree from the University of Northern Iowa, Funeral Director from the Worsham College of Mortuary Science and Paramedic from the EMSLRC of the University of Iowa Hospital.

"I very much look forward to

the opportunities and challenges that face EMS and hope to continue the long history that the bureau has of keeping Iowa's EMS system on the cutting edge of development and advancement," says Jones. He hopes that the spirit of Iowa's volunteer EMS providers will gain recognition that the industry needs to support their unselfish efforts. He adds, "the Bureau of EMS has a responsibility not only to the patient consumer, but our provider consumers. We need to do all we can to assist these individuals to enable them to carry on their community commitment."

# 'Tis the Season to Be Safe

By Debbi Cooper, Iowa Safe Kids Coalition & IDPH Environmental Specialist

It's that time of year when most bicycles, baseballs, skateboards, swimming pools and fireworks have been put to rest for the upcoming winter months. Even though these items may be resting through the winter, the safety tips that go along with them should always be remembered. With a new season in our midst that includes furnaces, Thanksgiving and Christmas, here are a few tips to help keep you and your family safe until next spring.

## The "Senseless" Killer – Can You Tell What It Is?

Carbon monoxide (CO) kills nearly 300 people in their homes each year. The poisonous gas has no smell, no taste and no color.

Burning any fuel produces carbon monoxide. Therefore, any fuel-burning appliance (such as kerosene space heaters, cars, lawn mowers, charcoal grills, fireplaces, stoves and furnaces) in your home or garage is a potential CO source. When appliances are kept in good working condition, they produce little CO. Improperly operating appliances can produce fatal CO concentrations in your home. Likewise, using charcoal indoors or running a car in a garage can cause CO poisoning.

The initial symptoms of CO poisoning are similar to the flu, but without fever. They include, headache, fatigue, shortness of breath, nausea and dizziness. If you have any of these symptoms and if you feel better when you go outside your home and the symptoms re-appear once you're back inside,

you may have CO poisoning.

What can be done to prevent CO poisoning?

- Make sure appliances are installed according to manufacturer's instructions and local building codes. Professionals should install most appliances. Have the heating system (including chimneys and vents) inspected and serviced annually.



Keep your family safe with the help of a carbon monoxide detector and by having your heating system serviced annually.

- Never burn charcoal inside a home, garage, vehicle, or tent.
- Never use portable fuel-burning camping equipment inside a home, garage, vehicle, or tent.
- Never leave a car running in an attached garage, even with the garage door open.
- Never service fuel-burning appliances without proper knowledge, skills, and tools.
- Never use gas appliances such as ranges, ovens, or clothes dryers for heating your

home.

- Never operate unvented fuel-burning appliances in any room with closed doors or windows or in any room where people are sleeping.
- Do not use gasoline-powered tools and engines indoors.
- Install a CO detector with an audible alarm. Choose one that meets Underwriter's Laboratories (UL) safety standards. Detectors with digital readouts and peak value indicators are recommended. Install one detector on each level of the home where people sleep. Never substitute a CO detector for proper use of your fuel burning appliances.

## Caution on Turkey Fryers

In the past month, two articles have come out regarding the dangers of turkey fryers. Many of these deep fryers are potentially so dangerous that Underwriters Laboratories (UL), the testing and certification organization, have taken the unusual step of refusing to certify any of them as safe.

Among the findings of UL were:

- Many units tipped over easily, a potential spill of 5 gallons of scalding oil.
- If the pot was overfilled, oil spilled on the burner when the turkey was immersed, resulting in a fire that engulfed the unit.

Frying a partially frozen turkey caused oil to spatter, also resulting in a fire.

## Toy Safety

- Everyone loves toys – even the maturest adults - and toys

are an important part of holiday gift giving. The following tips will help consumers choose appropriate toys this holiday season and all year round:

- Select toys to suit the age, abilities, skills, and interest level of the intended child. Toys too advanced may pose safety hazards to younger children. No matter how much you may want that electric train set, it may not be an appropriate toy for your infant or toddler.

- For infants, toddlers, and all children who still put objects in their mouth, avoid toys with small parts that could pose a fatal choking hazard.
- Look for sturdy construction, such as tightly secured eyes, noses, and other potential small parts. When shopping for stuffed toys, don't be afraid to pull arms, legs, eyes and noses.
- For all children under age 8, avoid toys that have sharp edges and points.

- Be a label reader. Look for labels that give age recommendations and use that information as a guide.
- Immediately discard plastic wrappings on toys that can cause suffocation.

By using common sense and these safety suggestions, holiday shoppers can make informed decisions when purchasing toys for children.

## Don't let bad food ruin your holidays

*By Kim Brunette, Center for Acute Disease Epidemiology*

**G**etting sick at any time is not fun, but the holidays are an especially bad time. Don't let your holidays be spoiled by improper food handling. By following some general safe food-handling tips, everyone should be able to enjoy the holiday food festivities.

- Never allow ill persons or persons with skin infections to handle food.
- Wash hands with warm water and soap for at least 15 seconds before handling food and after using the bathroom or changing diapers.
- Clean, rinse, and sanitize equipment (cutting boards, knives, etc.) between working with raw and cooked food.
- Keep hot foods hot, at an internal temperature of 140° F or higher.
- Keep cold foods cold, at an internal temperature of 45° F or less.
- Check all temperatures with a thermometer. Do not rely on

built-in gauges.

- Do not let cooked food sit out for longer than two hours before being refrigerated or reheated.

Tips for a safe turkey:

- When thawing, do not leave the turkey out on the kitchen counter or in warm water. Instead, thaw the turkey in the refrigerator, in cold water (be sure to change the water every 30 minutes), or in the microwave (if the turkey is not too large).
- Cook stuffing for turkey separately, instead of in the cavity of the bird. If you use stuffing, be sure to stuff loosely – about  $\frac{3}{4}$  cup of stuffing per pound of turkey.
- Turkey should be cooked until the internal temperature reaches 180° F as measured by a meat thermometer inserted into the thickest portion of the bird. The stuffing should reach 165° F regardless of how it is cooked.

- Refrigerate leftover turkey, stuffing, and gravy separately in shallow containers (no deeper than 4") within two hours of cooking. Use leftover turkey and stuffing within 3-4 days; gravy within 1-2 days; or freeze these foods.
- Reheat thoroughly to a temperature of 165° F or until hot and steaming.

Although most of the holiday feast may be centered on the turkey, don't neglect other foods. Items such as salads (especially those containing eggs or sauces), custard/cream pies and puddings, or any item made with milk or eggs need special attention to prevent problems.

Check out the Food Safety and Inspection Service web site at [www.fsis.usda.gov](http://www.fsis.usda.gov) for more information. The Food Safety and Inspection Service also has a Meat and Poultry Hotline that can be reached at 1-800-535-4555.

# IDPH communication/marketing efforts recognized

By Kevin Teale, Communications Director

The Iowa Department of Public Health (IDPH) was recently cited 12 times for excellence at the National Public Health Information Coalition (NPHIC) meeting in Charleston, South Carolina.

The NPHIC competition recognizes excellence in public health communications throughout the United States and allows the opportunity for professionals across the country to share their best marketing, public relations and public information efforts in all divisions within Public Health. After Ohio and California, Iowa received more citations than any state.

Nine of the 12 awards went for materials created to support JEL's tobacco counter-marketing program.

JEL (Just Eliminate Lies) is a youth initiative, which is at the forefront of Iowa's tobacco control movement, and is part of the IDPH Division of Tobacco Use Prevention and Control.

The nine JEL winners were created with the assistance of Zimmerman, Laurent & Richardson, a Des Moines advertising firm, which worked with IDPH to develop the award-winning pieces. They were judged based on the use of research, planning, creativity, results and use of resources in the following categories, Brochures (gold), Information Campaigns (two golds), Internet Home Pages (one silver and one bronze), Newsletters (gold) and Television PSA's/Special Videos (one gold, two silver and one

bronze).

"These type of accolades serve as an excellent measuring stick," said Janet Zwick, director of the division that includes tobacco control. "Seeing that all of our division's hard work is not going unnoticed is very gratifying."

JEL is funded with a portion of the state's tobacco settlement fund and is administered by the department as one component of the state's initiative to reduce tobacco use.

Apart from the awards in the tobacco-control area, silver and bronze went to Communications Director Kevin Teale in the news release category and a silver went to Information Specialist Kara Berg in the newsletters category for the monthly department newsletter, *Iowa Health Focus*.

# IDPH bureau hosts first wellness conference

By Arlene Johnson & Laurene Hendricks, Bureau of Health Promotion & Disability

The Bureau of Health Promotion and Disability hosted its first Wellness Conference in September. *Reducing the Impact of Arthritis and Stroke through Partnership* partnered the Arthritis Program with the Cardiovascular Risk Reduction Program. The primary audience included county health department representatives, community wellness planners and physical therapists.

This conference addressed the similarities of services needed by physically inactive people with arthritis and stroke survivors and the need for maintaining their cardiovascular

health. Panelists from Mills, Johnson, Webster and Cerro Gordo County Health Departments discussed blending multiple funding sources, engaging community partners, and targeting and engaging disparate populations with physical limitations in community wellness programming. Thomas Brown, Jr., MD, Mercy West Iowa Heart Center; Roger Chapman, IDPH; Lynn Pantan, Ph.D., FACSM, Florida State University; Sherry May, Advisory Council on Brain Injuries; and Susan Bravard, PT, MS, H/FI, Des Moines University – Osteopathic Medical Center presented different aspects of comprehensive cardio-

vascular physical activities for individuals with multiple risk factors and physical limitations that could be implemented in the community or work-site setting.

Directives from Healthy Iowans 2010 are to improve the health of Iowans with disease prevention and health promotion, to empower, eliminate health disparities, collaborate, and provide dynamic change. The wellness conference was a first step to implement Healthy Iowans 2010 and reduce the impact of arthritis and stroke through partnership.

# Nursing grant program to boost IA health care

By Ron Parker, Office of the Governor

U.S. Senator Tom Harkin (D-IA) and Governor Tom Vilsack recently announced the awardees of a new nursing grant program designed to bring a boost to health care in Iowa.

The grants target nursing shortage areas in Iowa and provide a boost to recruiting and retaining nurses



RN, Jane Riggins from the Polk County Health Department gives a flu shot .

through incentive and mentoring programs. The grants will also aid in the improvement of working conditions in health care facilities through a nurse and nurse aide advisory and mentoring program.

"In a time when our nurses and direct caregivers are in critical condition, when they are increasingly being asked to do more with less, I am confident that these grants will make a difference. With busloads of nurses being shipped to work outside of Iowa, we can no longer sit back and study the issue. We must act and support these men and women to the best of our ability. That is what this funding was designed to do," Senator Harkin said.

"Iowa has a national reputation for the high quality of care provided to people in our health-care system. We need to do everything we can to recruit and retain quality nurses and caregivers, and give them the support they need to help maintain the health security and quality of life enjoyed by all Iowans," said Governor Vilsack.

In May 2001, Governor Vilsack created the Governor's Task Force on

Nursing Shortage to study the challenges and obstacles facing Iowa, and to develop strategies to better recruit, retain, and support nursing professionals in Iowa. As chairman of the Senate panel that funds federal health initiatives, Senator Harkin secured \$1.1 million to create the Office of Healthcare Personnel at the Iowa Department of Health to support Governor Vilsack's efforts and stem Iowa's nursing shortage. Of that investment, \$800,000 will be awarded through three initiatives to individuals and health care providers across the state.

This announcement marks the award of funds made available to establish mentoring programs for new nursing professionals, to provide stimulus and incentive packages for nurse recruitment and retention, and to start demonstration projects statewide for how best to recruit and retain nurses and nurse assistive personnel in Iowa. To see a full list of grant recipients, visit the Iowa Department of Public Health's web site: [www.idph.state.ia.us/fch/rhpc/shortage.htm](http://www.idph.state.ia.us/fch/rhpc/shortage.htm)

## State gives grants to fight substance abuse

Iowans in 28 Iowa entities will soon benefit from a series of grants designed to support substance-abuse programs that target prevention among Iowa's youth. The announcement of the first Iowa recipients of the federal State Incentive Grant (SIG) was made by Governor Tom Vilsack and the Iowa Department of Public Health.

"We want every child in Iowa to suc-

ceed in life," said Governor Vilsack. "One way to help guarantee that is to keep our children free of the dangers that accompany substance abuse."

The 27 counties and one school district were awarded the grants after detailing innovative coalition efforts and science-based programs they plan to use to prevent substance abuse among Iowa youth.

The total amount awarded is just under \$7.5 million dollars. The grant awards are for three years and vary in size from \$50,000 to \$100,000 per year.

The goal of the SIG program is to encourage Iowa counties to implement model programs with proven effectiveness to combat the abuse of alcohol, marijuana, and tobacco by youth. Also, the money will allow

coalitions that take into account local needs and populations.

The grantees include: Alcohol & Drug Dependency Services, Burlington; Area Substance Abuse Council, Cedar Rapids; Lutheran Children's Home Society, Breewood Lutheran Services, Charles City; Buena Vista County Public Health & Home Care, Storm Lake; Center for Alcohol & Drug Services, Inc., Davenport; City of Mason City - Youth Task Force, Mason City; Clinton Substance Abuse Council, Clinton; and Community & Family Resources (Calhoun County), Fort Dodge.

Also, Community & Family Resources (Hamilton County), Fort Dodge; Community & Family Resources (Webster County), Fort Dodge; Helping Services for NE Iowa, Inc., (Dubuque County), Decorah; Helping Services for NE Iowa, Inc. (Valley of Elgin), Decorah; Henry County Extension, Mt. Pleasant; Jackson Recovery Center, Inc., Sioux City; Johnston Partnership for a Healthy Community Coalition, Johnston; Lamoni Community Schools, Lamoni; Lee County Health Department, Fort Madison; Loess Hills AEA 13, Council Bluffs; Mid-Eastern Council on Chemical Abuse (Johnson County), and Iowa City;

Mid-Eastern Council on Chemical Abuse (Washington County), Iowa City.

Also, NW Iowa Alcoholism & Drug Treatment Unit, Inc., Spencer; Palo Alto Community Health Services, Emmetsburg; Pathways Behavioral Services (Black Hawk County), Waterloo; Prairie Ridge, Mason City; Prevention Concepts, Inc., Indianola; Unity Health Care/New Horizons, Muscatine; Van Buren Community School, Keosauqua; Youth & Shelter Services, Inc., Ames.

## Iowa Covering Kids receives \$48,834 grant

*By Angela Feig, Media Relations Coordinator, Wellmark Blue Cross and Blue Shield*

**T**he statewide Iowa Covering Kids project has received \$48,834 in funding from The Wellmark Foundation to help increase families' awareness of the availability of Iowa publicly funded health insurance programs for children.

The Iowa Covering Kids project wants to engage health care professionals and the school community in promoting access to health insurance for children. The project will pilot a consumer education packet on children's health coverage for use by pediatricians, family practitioners, social workers, and nurses to inform and educate families about children's health insurance. In-service training for school personnel also will be conducted.

For more information on the project, contact Project Director M. Jane Borst of the Iowa Depart-

ment of Public Health at (515) 281-4911.

The Wellmark Foundation has provided more than \$5.6 million to fund 120 health-related grants in Iowa and South Dakota since 1997, including \$540,000 this year. In addition, the Foundation provided more than \$1.1 million to United Way organizations in both states since 1997.

"We are excited to be partners with the Iowa Department of Public Health and applaud its efforts to improve the health of the community," said Dr. Sheila Riggs, executive director of The Wellmark Foundation. "This grant truly gets to the core of our mission, which is to measurably improve the health of Iowans, South Dakotans and their communities."

"The local projects we have funded, such as this one, are

showing that they are the stepping stones to making improvements in a community's health. Their community collaborative efforts are improving peoples' lives throughout Iowa and South Dakota."

The Wellmark Foundation is a private, non-profit foundation created by Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa. Formerly named the IASD Foundation, it has provided grant funds to health-related projects and other charitable programs in Iowa and South Dakota since 1992. Wellmark Blue Cross and Blue Shield and The Wellmark Foundation are independent licensees of the Blue Cross and Blue Shield Association. For more information regarding Wellmark Blue Cross and Blue Shield, please visit [www.wellmark.com](http://www.wellmark.com) on the web.

# Story Co. receives grant for dental access

By Debra Sellers, Director of HOMEWARD & HOMEWARD Hospice, Mary Greeley Medical Center, Ames

Access to dental care is an issue many struggle with, in Iowa and nationwide. In their Community Health Needs Assessments and Health Improvement Plans, a number of counties identified dental access as a priority for their populations – children, adults and seniors. Title XIX reimbursement, lack of dental insurance and access in long-term care were many of the barriers counties identified with this priority. Story County was no different.

Story County is rich in medical providers, but is under-served by dentists. Through the Mid-Iowa Health Care Committee (M-IHCC), sponsored by Mary Greeley Medical Center, individuals and organizations meet to address needs of Story County and Central Iowa. The M-IHCC commissioned a task force to look at dental issues and access. Dental Task Force I identified need, but had no success in planning for access. Dental Task Force II (DTF II), commissioned in 2000, took a different approach.

Mid-Iowa Community Action (MICA) was successful in securing a Well-mark grant to provide dental sealants to children through the Ames Free Medical Clinic. From that success, an ABC Dental Grant (Access for Babies and Children) was awarded to MICA. This grant expanded the sealants and also funded restorative interventions for children. Through the combined activities of WIC and Well Child staff, children were able to have cavities filled, and have a dental screening.

The chair of DTF II, Kathy Melsa, was also associated with the Melsa Foundation, a philanthropic private foundation. Robert Wood Johnson Foundation sent the Melsa Foundation information announcing their Local Initiative Funding Partners (LIFP) program early in 2001 seeking applications for partnership projects that addressed the goals of The Robert Wood Johnson Foundation (RWJF). One goal included access to care for under-served populations. The task force accepted the challenge and

such a project, but, a local nursing home agreed to use what was available to establish a clinic in its facility. The uniqueness of this facility, is that it also houses a Head Start and Head Start-modeled day care. One of the dentists in Story City (where this facility is located) agreed to staff the clinic and see both children and residents.

As the project gathered momentum, the only missing piece was support from the dental community. Taking



a customer service approach, representatives of DTF II met with the Story County Dental Society to ask their assistance and what could be done to help them meet the need. A collaborative approach was the key to engaging the dental provider community. Their requests were simple and direct – a place to provide services, an assurance of liability coverage, and equipment that works.

planned to apply for a grant through the LIFP to open a community dental clinic in Ames.

As the project moved forward, DTF II faced identifying the target population for the clinic. Using the goals of *Healthy Iowans 2010* as well as the Story County Community Health Needs Assessment, the group identified the target population. Members identified the Medicaid population, the under and uninsured, the working poor and long-term care residents. Shortly before DTF II convened, a local dentist retired and donated his equipment with the intent that it be used for a community clinic. The equipment was not appropriate for

A concept paper of our project was sent to RWJF in July 2001. To prepare the concept paper, representatives of DTF II traveled to Iowa City and met with faculty in the College of Dentistry to identify best practices. We also sought the participation of IDPH Dental Director Dr. Haley Harvey. The concept paper outlined a two-fold approach to our identified need – establishment of a fixed community clinic and a traveling clinic to serve long-term care residents. Local dentists agreed to provide staffing for the fixed clinic, and a dental hygienist, also serving as project director, would do

outreach. In September, our local funding partner (Melsa Foundation) received a letter announcing our project's selection to proceed to full proposal status. RWJF had received 275 concept papers of which 80 were invited to submit a full proposal. The work of DTF II had been rewarded, but the real work was just beginning.

Through collaboration with the dental community, and county representatives, a full proposal was submitted in December 2001. Of the 80 proposals invited to submit, site visits were planned for 30 or so finalists. "Miles of Smiles" was selected for a site visit in April 2002. Representatives from RWJF met with project members, the dental community, the county, and potential users of the clinic. An advisory committee was established to oversee the project. Dental Task Force II had fulfilled its charge. The Story County Board of Supervisors approved the plan to locate the clinic in the lower

level of their new Human Services Building, including installation of sewer and water. Mary Greeley Medical Center agreed to allow use of their van to transport equipment and staff for the outreach component. The vision was becoming reality!

RWJF representatives challenged us to broaden our vision and look beyond the three to four years of the project. With their guidance and support, our project grew from a \$100,000 project to one of \$300,000. Wellmark Foundation pledged \$50,000 to help with the match. RWJF staff told us what made our project stand out from other community dental projects was our elder outreach component. No one had included seniors in the targeted population.

The awarding of our grant was announced by RWJF in August 2002. Through donated equipment from local dentists and orthodontists, as-

sistance from Patterson Dental Supply in Boone, 3M Corporation's donation of supplies and the support of the advisory committee and the Story County Dental Society, as well as the time and effort provided by MICA's Pat Hildebrand and Carla Beneke, our clinic will open late this fall. Plans are for the clinic to operate as a free clinic for its first year of operation. The second year will be a transition year to billing Medicaid and other funders for services. Elder outreach is scheduled for the second year; we are working toward sustainability after the third year.

Our project is to serve as a demonstration project to other areas wishing to address dental access issues. We are proud of what we have done in Story County and would like to challenge other counties to emulate our efforts.

# Epidemiology Notes



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

**Influenza Update:** Iowa still has yet to see its first case of confirmed influenza. Based on sentinel surveillance activities to date, less than 0.5% of patient visits to sentinel physicians have been for influenza-like illness (ILI - defined as fever of 100 or greater AND a cough and/or sore throat). Nationally, during week 42 (October 13-19, 2002), none of the specimens tested by World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories were positive for influenza. The proportion of patient visits to senti-

nel providers for ILI overall was 1.1%, which is less than the national baseline of 1.9%. The proportion of deaths attributed to pneumonia and influenza was 6.0%. Ten state and territorial health departments reported sporadic influenza activity and 39 reported no influenza activity. Further information on influenza and influenza activity can be found at [www.cdc.gov](http://www.cdc.gov).

**Lighten Up Iowa Returns:** Lighten Up Iowa is a five-month competition (January 6, 2003-June 6, 2003) that encourages Iowans to adopt healthy behaviors and eating

habits with the ultimate goal of achieving an appropriate weight. Iowans are encouraged to form teams of up to 10 people and then go the distance! (hospital vs. hospital, county health department vs. county health department, etc). Team competition will recognize achievement in two areas - weight loss due to healthy, appropriate diet and exercise and accumulated activity in the form of miles (miles can be achieved by walking, gardening, or basically any activity other than sitting on a couch). Certificates will be awarded for levels of achievement

with the top teams officially recognized at the 2003 Summer Iowa Games. More information is available at: [www.lightenupiowa.org](http://www.lightenupiowa.org). In the 2002 pilot study, participating lowans lost nearly THREE TONS of weight. Not only did participants lose weight, but even more important, they increased their regular physical activity and improved their nutrition!

**Wild and Exotic Pets - A Note of Caution:** Recently, a Des Moines infant was severely attacked and bitten on the face by a pet raccoon maintained in the household. This incident calls to mind the health risks associated with wild and exotic animals. As with domestic animal pets, acute trauma usually from bites is the most serious risk to handlers and family members (especially small children). In this incident, the raccoon was euthanized and determined to be FA negative for rabies. Attacks of a similar nature involving small children have been associated with European ferrets. We realize that these are popular pets and in one sense are "domesticated." Nevertheless their propensity, albeit infrequent, to suddenly go into a biting frenzy can not be ignored. Veterinarians should counsel new owners of this tendency; pediatricians may elect to inventory household pets in routine health history and issue caveats when appropriate.

**New Adult Immunization Schedule:** The Centers for Disease Control and Prevention (CDC) has announced the release of the first adult immunization schedule. Similar to the long-standing childhood immunization schedule, the adult schedule provides a compre-

hensive summary of recommendations for vaccine-preventable diseases for all adults over the age of 19, irrespective of health status. This schedule can be accessed at [www.cdc.gov/nip/recs/adult-schedule.htm#pdf-format](http://www.cdc.gov/nip/recs/adult-schedule.htm#pdf-format). Also, don't forget that your Iowa Adult Immunization Card can be obtained free of charge by calling 888-398-9696 (clinics, offices, etc. can bulk order these cards for patients. Great to hand out at flu shot clinics!) This card folds to credit card size for the wallet, and can be used to record immunizations, mammograms, and other preventive medical services.

**Hepatitis C Transmission Associated with Health Care Facilities:** Health officials in Nebraska and Oklahoma are investigating outbreaks of hepatitis C associated with health care facilities in their respective states. In Oklahoma, more than 50 people at one hospital have been infected with hepatitis C after a nurse-anesthesiologist repeatedly used the same needle and syringe to administer sedative drugs to patients through IV lines. Such a procedure can lead to contamination of blood-borne pathogens, as the patient's blood can easily back up into the IV line ports. In a separate incident, officials in Nebraska are investigating a cluster of hepatitis C virus infections at an oncology clinic. The investigation has, thus far, not identified a common risk factor.

**Update on Post Exposure Prophylaxis Associated with Human Rabies Case:** Some 49 family or community members and 51 hospital staff have started rabies post-exposure prophylaxis

secondary to contact with the Cedar Rapids man who died in September from rabies. Complicating this situation is a poor understanding of when rabies virus begins to shed in humans saliva (likely only within a few days of illness onset, but this has not been fully researched), as well as the difficulty in being able to adequately define exposure risk among hospital personnel who cared for this patient. A more detailed summary of this investigation will be forthcoming.

**Another Hoax:** It appears that the hoax about getting hantavirus infection from drinking from a dusty soda can has reared its ugly head again! Please tell people not to send this on as it is NOT TRUE! If you receive e-mails or calls about health events that you would like to check for accuracy, please go to [www.cdc.gov](http://www.cdc.gov), the CDC homepage, where there is a button to click for rumors and hoaxes. There they try to post (and debunk) these hoaxes.

**Upcoming Events:** Two upcoming conferences are being held to educate health-care professionals and others on hepatitis C. The first is being held November 16 in Cedar Rapids and the second on January 16 in Des Moines. Both conferences will feature presentations by Thelma King Thiel, Chairperson and CEO of Hepatitis Foundation International. For more information or questions, please contact Hal Chase at 515 281-5027 or via e-mail at [hchase@idph.state.ia.us](mailto:hchase@idph.state.ia.us).

# Worth Noting

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**Fight the Fat makes prime time** - In his presentation at the National Press Club, HHS Secretary Tommy Thompson used the Dyersville Fight the Fat program as a national model for what communities can do to increase physical activity and reduce the epidemic of overweight. Once again, the Mercy Health program in Dubuque County is reaching a national audience. According to Dianna Kirkwood, CBS will feature Fight the Fat on its network program, *48 Hours*, tentatively scheduled for November 29, at 7 p.m.

**Center for Genetics** - The Center for Genetics in the Division of Community Health at IDPH has two new staff members. **Dawn Mouw** joined the center as a Program Planner 2 and **Laurie Loftus** as a Secretary I.

**IDPH Dental Director goes to Broadlawns** - **Dr. Hayley Harvey**, IDPH Dental Director, has accepted the position of section chief for the dental department at Broadlawns Medical Clinic. Dr. Harvey has agreed to maintain a consultative role with the department while recruitment for a new dental director moves forward.

**The Bureau of Health Care Access** - Health Care Access (formerly Rural Health and Primary Care) is pleased to announce the creation of a new Center for Healthcare Workforce Shortage and the addition of two new staff. **Eileen Gloor**, formerly of the Iowa Board of Nursing has accepted the executive officer 2 position within the center and **Jeneane Moody**, formerly of the tobacco division has accepted the community health consultant position. This center was established through a federal appropriation to the IDPH as a result of efforts by Senator Tom Harkin. The Bureau of Health Care Access received \$1.1 million to run the project. The center had three grant opportunities that yielded 70 grant applications in September. Over \$840,000 was awarded to 45 recipients in October. Visit our new web page at [www.idph.state.ia.us/fch/rhpc/shortage.htm](http://www.idph.state.ia.us/fch/rhpc/shortage.htm) to view more information about the center and the award recipients in Iowa.

**IDPH Exceeds Goal in the One Gift Campaign** - State employees voluntarily donate to this campaign that funds 400 programs (including United Way programs) on an annual basis. This year, IDPH employees donated \$16, 037 far exceeding their goal of \$10,000. Thanks goes out to all who donated!

# Side Notes

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**Des Moines University Career Night** - On November 12 from 5:30 to 6:30 p.m., learn how you can advance your career in public health at Des Moines University without sacrificing your career and family! Listen to distinguished speakers, learn more about career opportunities, meet with faculty members, and receive information on DMU's Master of Public Health (MPH) degree and certificate programs. Light refreshments will be served. This event will be held in Education Centers A & B, Iowa Hospital Association, 100 E. Grand Avenue, Suite 100, Des Moines. Call and reserve your seat today at 515 271-1364 or e-mail [hmadmit@dmu.edu](mailto:hmadmit@dmu.edu).

**DMU offers course info. on-line** - Des Moines University Public Health Program course schedule and on-line registration form are available at [www.dmu.edu/dhm/calendar](http://www.dmu.edu/dhm/calendar). Courses scheduled to begin in January 2003 include: Designing Health Education, Introduction to Outcomes Research and Advanced Research Methods.

**U of I offers Certificate in Public Health** - The University of Iowa College of Public Health is now offering a Certificate in Public Health. The certificate program is designed primarily for individuals in public health practice who would like to strengthen their knowledge and skills in basic public health competencies. The 12-semester-hour program focuses on the core areas of public health and can be completed via the Iowa Communications Network, the Internet, or a combination of both, in addition to courses already offered on the University of Iowa campus and in the College of Public Health/College of Medicine Summer Institute.

For admission into the certificate program, a minimum cumulative grade point average of 2.5 on a 4.0 scale and 60 semester hours of undergraduate education are required. As an additional option, nine of the 12 hours of certificate coursework can be applied towards the Master of Public Health degree at the UI College of Public Health if the student has an undergraduate degree, is accepted into the MPH program, and registers for graduate credit for certificate program course work.

For more information, visit [www.public-health.uiowa.edu/cert\\_ph.html](http://www.public-health.uiowa.edu/cert_ph.html) or contact Jörg Westermann, Ph.D., Director, Public Health Certificate Program, 5202 WL, Iowa City, Iowa 52242; tel: 319-384-4294; e-mail: [jorg-westermann@uiowa.edu](mailto:jorg-westermann@uiowa.edu)

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**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](mailto:kberg@idph.state.ia.us).**