

Iowans move to combat obesity, inactivity

By Louise Lex, Ph.D., Healthy Iowans 2010 Coordinator

The Public Health Summit, scheduled just before the Memorial Day weekend on May 24, featured a group of diverse and motivated Iowans who answered Governor Vilsack's call to do something about Iowa's epidemic of overweight and physical inactivity. They understood the problem threatening our health, resources, and quality of life.

In opening the meeting, state epidemiologist Dr. Patricia Quinlisk acknowledged Iowa's ranking among the states as fifth from the bottom in overweight

and next to the bottom in eating five fruits and vegetables a day. She went on to say, "Unless we begin doing something right now, there will not be enough time or money to deal with the increasing number of Iowans with diabetes, cardiovascular disease, arthritis, high blood pressure, and cancer – just some of the diseases related to overweight and sedentary lifestyles." She noted that we need to become more focused if we are to achieve the nutrition and physical fitness goals in *Healthy Iowans 2010*. (Continued on page 2.)

Public Health Summit

Overweight: Iowa ranks the 5th worst
Fruit and Vegetable Consumption: Iowa ranks 49th
 Together we can make a change.

Illustration by Larry Malmin, IDPH Graphic Artist

Distributing federal resources – democratically

By Stephen Gleason, D.O., Director



It will soon be nine months since that terrible day in September when terrorists attacked our citizens, our buildings and our sense of security.

It's hard to put a positive spin on those attacks, but

they helped us, at least, shed a naïve sense of invulnerability. We now realize that no one – in New York, Washington or Iowa – is immune from attack. (Continued on page 3.)

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The Iowa leaders drawn together for the meeting represented groups that will make a major dent in changing the shape of Iowa. Before the day was over, the group had crafted a strategy with the assistance of Dr. Elizabeth Schafer and Dr. Gregory Welk, Iowa State University; Dr. Karin Van Meter, Des Moines University; and Dr. John Lowe, University of Iowa. As Susie Roberts from Holmes Murphy & Associates, described the process, "... It was helpful to have all the different people gathered in one place and to actually come out with a work plan, with ideas of things that we can start working on today – not 10 years from now!"

The strategy was developed around three themes: community coalitions, lifestyles, and media promotion and the following vision: Iowans promote and support healthy lifestyles through community-based systems. More work is to be done in refining the summit strategy. Before leaving the meeting, participants committed themselves to the work ahead.

Participants completed "please call on me" forms, indicating their willingness to help with various as-

pects of the effort. Here is a sampling of responses:

- Help organize an ICN conference to educate health professionals on obesity, exercise, and healthy food choices. (Physician)
- Increase physically active experiences at schools. (University Professor and Athletic Coach)
- Assist with work site initiatives (Industry Wellness Coordinator)
- Make the networking connections needed for insurance companies (Insurance Representative)
- Work with 107 departments across the state on programs and information (Iowa Parks and Recreation Association)
- Serve as a resource for children and disability issues (Center for Disabilities and Development)
- Serve as a resource on developing community-based wellness programs (Mercy Medical

Center, Dubuque and Dyersville)

- Develop tools and guides from which local boards of health can choose to meet the State Board of Health challenge for community projects (Calhoun County Department of Health)
- Act as an advocate for funding and promotion of the summit ideas (Iowa Association of Health, Physical Education, Recreation, and Dance)
- Provide information related to trail systems and future trails (Iowa Department of Transportation)
- Advocate to the legislature for appropriate policies (Iowa Environmental Council)

The summit demonstrated, once more, that Iowans can come together to solve big problems. The meeting certainly epitomized Margaret Mead's often-quoted comment, "Never doubt that a small group of thoughtful, committed citizens can change the world: Indeed, it's the only thing that ever has."

Keep this statewide effort moving!

Send your ideas and suggestions to Susan Pohl: spohl@idph.state.ia.us or Tim Lane: tlane@idph.state.ia.us.

To follow up on strategies, send your name and e-mail address to Kim Brunette at kbrunette@idph.state.ia.us. You can expect a weekly progress report from Susan or Tim.

Public Health Summit materials are available at www.idph.state.ia.us/dir_off.htm

Distributing federal resources – democratically

By Dr. Stephen Gleason

Continued from page 1

Our elected officials, along with most Americans, are keenly aware of the possibility of other attacks and are trying to overcome the inertia resulting from a sense of security developed over decades of life without war.

If, or when, another attack occurs, our preparations will undoubtedly seem inadequate, but we can't let the perfect be the enemy of the good. We have to do everything we can to be prepared, knowing we may still not be when the time comes.

To help us with that effort, the Centers for Disease Control and Prevention (CDC) will provide the state with an \$11.5 million grant, nearly half of which – \$5,556,460 to be precise – is allocated to local public health. This brings up the question, how should the local public health money be distributed and managed?

We hope some of you will help answer this question at the Public Health Congress, planned for June 18-19 at the STARC Armory in Johnston. The congress, so called because it will use parliamentary procedure, is an attempt to answer the above questions in the best American tradition – democratically. Boards of health of all 99 counties have been asked to send one delegate to the congress.

Each delegate will have one seat and one vote, and the votes will be binding. The department will follow

the directions of the congress as long as it meets the CDC guidelines and all other regulations and doesn't jeopardize the funding of any other party to the grant.

Each delegate will have the opportunity to be part of a single focus-area work group, and part of his or her respective congressional district work group. The focus areas are Preparedness Planning and Readiness Assessment; Surveillance and Epidemiology Capacity; Health Alert Network/Communications/Information Technology; Risk Communication and Health Information Dissemination; and Education and Training. The districts are based on Iowa's old congressional districts.

The meetings will be conducted according to a condensed version of Roberts Rules of Order, with parliamentarians and other technical advisers helping but not voting. IDPH employees will be among the advisers, but they, too, will not vote. Each focus-area work group will discuss ways to assure that the CDC guidelines are met while determining how the money will be allocated, either on a local, regional, consortia or state basis. The groups will then present their ideas to the plenary session in the form of motions for voting.

The congressional district work groups will elect two members each to the CDC Cooperative Agreement Subcommittee. This group will determine, by majority vote, methods for building consortia

or regions and management of the funds. They, too, will present their decisions, in the form of motions, to the plenary session for voting.

Representatives from the DPHAC, the Iowa Public Health Association (IPHA), Iowa Environmental Health Association, and Iowa Association of Local Public Health Agencies (IALPHA) will all be members of the CDC's Iowa Health Advisory Committee. Those representatives are required to hold regular meetings with, or provide regular updates to, their constituents to get feedback on the process.

An ad-hoc rules committee is helping the IDPH staff prepare for the Congress. The committee includes Fran Sadden (IALPHA); Cindy Kail (DPHAC); Mary Rose Corrigan (DPHAC); Denise Schrader (District 1); Ron Garceau (District 2); Debbie Green (District 3); Lorilyn Schultes (District 4); Elaine Boes (District 5); and Gary Bargstadt, representing the Des Moines area.

Though some of you will be delegates to the Congress, most of you will not be, and should make your ideas known to whoever is chosen to represent your county. Delegates have been chosen by local boards of health. Contact them to find out who your delegates are.

Finally, now that we're over our pre-September 11 naiveté, we can all get down to the business of preparedness. As we've discovered, it's a critical part of public health.

3R Net: A health care resource for rural Iowa

By Patricia Kehoe, Bureau of Health Care Access

Some busy urban medical professionals are curious about practice opportunities in rural settings. And some administrators struggle to attract talented practitioners to their small town hospitals.

3R Net (Rural Recruitment and Retention Network) is a job-search web site focused exclusively on rural medical opportunities in Iowa and over 40 other states. The site offers a forum for communication between job seekers and hiring officials without cost to either party.

According to Fred Moskol, executive director of 3R Net, "Despite predictions of the Graduate Medical Education National Advisory Committee published in 1980, which expected a surplus of 3,100 family physicians by 1990, rural areas have not seen the benefits of this predicted surplus. A further theory promoted by the Rand Corporation suggested that the surplus of physicians in urban areas would result in a migration to rural and shortage areas."

More than two decades later, the physician shortage continues in rural communities

throughout the nation. In response to this shortage, the Bureau of Health Care Access at the Iowa Department of Public Health recently opened the 3R Net web site to public and non-profit health facilities across the state. More than 70 opportunities in 30 communities appear on the Iowa network pages, with new positions



added weekly. Each listing provides a brief job description and contact information to speed the opportunity for a successful "match."

The bureau is frequently contacted by health-care professionals who want to return to Iowa, or relocate within Iowa, and request a list of available openings in rural or health-care shortage areas. Prior to joining 3R Net, we had no resource to recommend. Now the bureau can direct callers to the Iowa pages of 3R Net. If you would like to view available openings,

or have a position to advertise, please visit www.3rnet.org

Health-care practice categories on 3R Net include physicians, physician assistants, nurse practitioners, registered nurses, certified nurse midwives, and dentists. Physician opportunities include primary care specialties in family practice, geriatrics, internal medicine, obstetrics/gynecology, orthopedics, pediatrics, psychiatry, surgery and women's health. An "other" category offers opportunities for certified nurse anesthetists, cytotechnologists, medical laboratory technicians, physical therapists, radiology technicians, and speech pathologists.

The 3R Net web site was developed at the Wisconsin Office of Rural Health in 1995, and today the network operates as a not-for-profit corporation providing technical assistance to member states. Iowa site membership is supported by a federal grant through the Iowa Primary Care Office, and Iowa web pages are administered by bureau staff. For more information, please visit the web site or contact Patricia Kehoe at 515-281-5069 or e-mail pkehoe@idph.state.ia.us.

Rape victims: How health care professionals can help

By Jaime Tokheim, IDPH Intern

Rape is a serious health issue around the nation, including Iowa. During 2000, 675 forcible rapes were reported in Iowa. Most incidents go unreported because these crimes are highly personal and traumatic and leave many victims feeling responsible for the assault.

Only about 20 percent of sexual assault victims seek services. Anonymous surveys suggest that many victims never seek assistance.

According to the 1992 National Women's Study, one in eight women will be forcibly raped in her lifetime. The following are factors that put people at increased risk for sexual assault:

- 1) female
- 2) between 16 and 19 years of age
- 3) unmarried
- 4) physically or developmentally disabled
- 5) history of sexual violence in the family
- 6) acquaintance of victim to attacker

Because most sexual assault victims never seek help, several long-term consequences are common among adults abused as children. Many have depression and chronic gastrointestinal problems, and are at increased risk for re-

victimization. Health professionals should be alert to these symptoms. Victims who have experienced abuse over time will not usually discuss a history of sexual violence unless asked or unless they are experiencing symptoms directly related to the abuse. Therefore, it is the responsibility of health-service providers to inquire about a possible history of abuse as a matter of routine.

Victims of sexual abuse may also seek health care following a sexual assault to receive emergency contraception or testing/treatment for STD's. They may or may not inform the practitioner that a sexual assault is the cause of their concerns. Health-care providers should be prepared to assist in the following ways:

- 1) If the patient discloses a recent sexual assault (within the past 72 hours), encourage her to obtain a sexual assault evidentiary examination by a sexual assault nurse examiner or at an emergency department.
- 2) If the person discloses a history of sexual abuse (recent or past), briefly assess the impact of the abuse on her current physical and mental health. Refer her to a local sexual assault service program or other mental health provider who has expertise

working with sexual abuse. Contact the statewide hotline, 1-800-284-7821, to find out about services in your area.

- 3) If the patient is a minor and was or is currently being sexually abused by a caretaker (parent or other adult responsible for their care), report the abuse to the Department of Human Services (1-800-362-2178) and explain that you legally must report.
- 4) Keep brochures about sexual assault and the statewide hotline, especially if you serve young women in their teens and early adulthood.

Binnie LeHew, IDPH violence prevention coordinator, is a resource for health-care providers helping victims of sexual violence. "The department offers training to health-care providers and local prevention programming through the federal Rape Prevention Education grant," says LeHew. "We would like health-care providers to recognize their unique role in identifying victims and supporting them in seeking assistance." For more information, contact LeHew at (515) 281-5032 or blehew@idph.state.ia.us.

Enjoy the sun but break out the sun block

Comprehensive Cancer Control Program

Being outdoors in these warm, sunny days can be fun, but remember that the sun's ultraviolet (UV) rays can damage skin in as little as 15 minutes.

Although some sun exposure can yield a few positive benefits, some doctors consider the skin's tanning a response to injury as the sun's UV rays kills some cells and damages others. Excessive and unprotected sun exposure can also lead to premature aging and changes in skin texture. In addition, UV radiation is a risk factor for lip cancer and has been associated with forms of eye damage, such as cataracts.

Of major concern is the fact that exposure to the sun's UV rays appears to be the most important environmental risk factor in the development of skin cancer. That includes melanoma, one of the most serious and deadly forms of the disease. In Iowa, rates of new cases of skin melanoma are relatively low, compared to other types of cancer, but new case rates have increased over

the last five years. Also disturbing is that fact that even though the new cases rate is low, the death rate for skin melanoma is relatively high. This means that skin melanoma is a relatively aggressive form of cancer and places a significant health burden on the state.



Make sure you break out the sun block this summer, or you and your loved ones could get burned.

Although we tend to focus on the need for protection from sun exposure during the spring and summer months, it's important all year round. Any time the sun's UV rays are able to reach the earth — regardless of the season or temperature — people are at risk for skin damage. UV rays can penetrate cloud and haze and can reflect off of any surface, like water, cement, sand, or snow. UV radiation is greatest during

late spring and early summer in North America. Relatively speaking, the hours between 10 a.m. and 4 p.m. (daylight savings time) are the most hazardous for UV exposure.

Unprotected skin can be harmed by UV rays in as little as a quarter of an hour, yet it

can take up to 12 hours for skin to show the effects of sun exposure. Even if skin only looks a little pink at first, it may actually be burned and the effects will be felt later.

Blistering sunburns, especially before age 20, is a significant risk factor for skin cancer. Data from the 1999 Behavioral Risk Factor Survey

indicate that 45 percent of Iowans reported having sunburn in the previous 12 months. Over 71 percent of survey respondents between ages 18 and 24 reported a sunburn.

Although anyone can get skin cancer, people with the following characteristics are particularly at risk:

- Fair to light complexion
- Chronic exposure to the sun

- History of sunburns early in life
- A large number of moles or atypical moles
- Freckles (an indicator of sun sensitivity and sun damage)
- Personal history of skin cancer
- Family history of skin cancer

Simple steps can be taken to protect skin from sun exposure and sunburn and reduce the risk for skin cancer. Through its *Choose Your Cover* program, the Centers for Disease Control and Prevention (CDC) suggests the following steps to protect skin:

- Rub It On – Use a sunscreen with a sun protection factor (SPF) of at least 15, generously apply it 30 minutes before going outdoors, and re-apply it frequently throughout the day, especially after swimming or exercise. Also, be sure to check the expiration date. Sunscreen without an expiration date has a shelf life of no more than three years.
- Seek Shade - Whenever possible, avoid the midday sun when UV rays are the strongest and cause the most damage. When outdoors, find shade under trees or by using a beach umbrella. If you

can't avoid midday sun or find shade, try to take a break from the sun during the day.

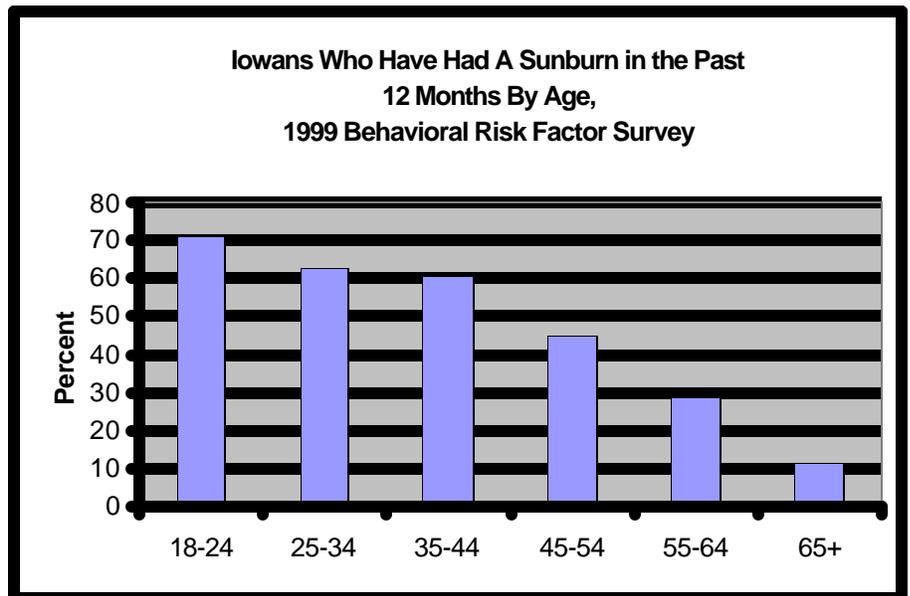
- Use Your Head – Up to 80 percent of skin cancers occur on the head and neck so using a hat, preferably with a four-inch brim, is a great way to shade the face, ears, scalp and neck. If wearing a baseball cap use a sunscreen to protect the ears and neck.
- Shield Your Skin – Loose-fitting, long-sleeved shirts and long pants made from tightly woven fabric offer the best protection. Keep in mind that a typical t-shirt has an SPF rating substantially lower than the recommended SPF 15. Double up on protection by

using sunscreen.

- Grab Your Shades – Sunglasses that block both UVA and UVB rays offer the greatest protection for the tender skin around the eyes. Wrap around sunglasses work best because they block UV rays from sneaking in from the sides.

Despite what many of us were led to believe when were young, a suntan is not an indicator of good health. So, *choose your cover* and protect your skin.

For more information about skin cancer or CDC's *Choose Your Cover* skin cancer prevention campaign, go to <http://www.cdc.gov/chooseyourcover>.



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.

Safe and fun ideas for the 4th of July

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

Celebrating our nation's birth should be fun and safe. Unfortunately, consumer fireworks are not only dangerous enough to spoil the fun, they are dangerous enough to take lives.

In July of 2000 a 15-year-old Des Moines girl was killed and five others seriously injured when a stash of fireworks exploded in the sport utility vehicle in which they were riding. Except for caps, sparklers and charcoal snakes, all fireworks are illegal in Iowa, other than in supervised displays.

Even though sparklers, snakes and caps are legal, they are still dangerous. Sparklers, which can burn at 1,800 degrees Fahrenheit, nearly hot enough to melt gold, cause many problems.

To help keep your celebrations safe try these suggestions.

Safe Sounds

Part of fireworks' attraction for children is the big noise that accompanies them. Kids love

making noise and there are lots of safe ways for them to do it.

- Step or sit on inflated balloons until they pop (because of suffocation haz-

ard, children under age 8 should be closely supervised).

- Use horns, whistles, bells and cymbals.
- Inflate small lunch bags. Popping the bags makes a nice loud 'BANG.'
- Buy noisemakers from a party store.
- Bring out your old pots, pans

Safe Sparklers

The other component of fireworks is the glitter. Here are some safe, fire-free suggestions.

- Use glo-sticks, glo-ropes and glo-jewelry.
- Give your kids flashlights, plain or with filters made by wrapping the flashlight in colored cellophane.
- Try neon and glow-in-the-dark paint. Kids enjoy watching their art take on a special glow as the sky darkens.
- A jar of fireflies or lightening bugs can provide lots of fun. Nature's little sparklers provide a fun challenge to your insect hunters; just remember to release the bugs before bedtime.

Buy a novelty flashlight You can buy them with mirrors to bounce the light and changeable colored filters or optic fibers that look like sparklers but are much safer.



Farm Bill Promotes Healthy Iowans 2010 Objectives

By Louise Lex, Ph.D., Healthy Iowans 2010 Coordinator

Ten percent of America's households, and almost 9 percent of Iowans, face hunger. They include the working poor, single working mothers with children, seniors forced to choose between paying for food and paying for their prescription medications, and families forced each winter to choose between heating and eating.

With this in mind, a nutrition package worth \$6.4 billion is included in a new farm bill passed by Congress and signed into law by the president. The package aims to strengthen the nutrition and food assistance safety net for rural and urban Americans. Various provisions of the farm bill's nutrition title are consistent with the aim of both *Healthy Iowans and Healthy People 2010*, to promote health and prevent disease.

The Food Stamp Program is one of the most effective and efficient programs for low-income families, the elderly and disabled. It is a critical work support program, one that boosts low-income families' wages and helps poor families make ends meet and put food on the table each month.

To begin restoring cuts made in welfare reform legislation in 1996, reduce food insecurity around the country, and meet the *Healthy Iowans 2010* goal of reducing the incidence of food insecurity to 5 percent by the year 2010, significant changes were made to the Food Stamp Program.

For example, this legislation restored food stamp benefits to legal immigrants. A legal immigrant who has lived in the United States for at least five years and has low income may now receive food stamps just like other Americans. In addition, legal immigrant children and disabled persons are not subject to the five-year waiting period.

The Food Stamp Program is an important work-support program. People who are in the process of leaving welfare will now be able to receive transitional food-stamp benefits without having to reapply. They can now concentrate on work, rather than on food-stamp rules and regulations. Also, benefits in the Food Stamp Program have eroded over time. The bill will adjust them for inflation and increase benefits to adjust for family size. Food Stamp Program rules are simplified and better harmonized with other public-assistance programs.

Increased funding is also provided for The Emergency Food Assistance Program --- the government program that distributes commodities to facilities that provide food for those who need it. In addition, other food assistance programs, like the Commodity Supplemental Food Program, the Food Distribution Program on Indian Reservations, and the Community Food Projects, have been reauthorized and, in some cases,

had their funding increased. All of these programs are aimed at reducing food insecurity.

Healthy Iowans 2010 also includes a goal to increase the proportion of people who consume at least five fruits and vegetables per day and goals to reduce overweight and obesity among children and adults.



Some provisions in the farm bill will promote good nutrition and a healthy weight by funding programs to increase fruit and vegetable consumption.

Through a new pilot program in four states, including Iowa, children will receive free fresh fruits and vegetables throughout the school day. Hopefully, this project will show that children will eat more fruits and vegetables when they are easily available and that there is an interest in reaching more children.

The bill also provides additional funding for fruits and vegetables

for school meals, including a doubling of funds for a joint USDA/Department of Defense effort that delivers fruits and vegetables to schools across the nation. This should enable Iowa to participate in this popular program. Finally, the bill provides funding for the both the Women, Infants, and Children (WIC) and the Seniors Farmers' Market Nutrition Programs, to help low-

income women, children and seniors buy fresh fruits and vegetables.

The overarching objective of Healthy Iowans 2010 — “To Advance the Boundaries of Healthy Living and the Quality of Life in the New Decade” — can only be achieved if the public health community comes together to provide guidance and direction. In turn, it

is essential that legislators, researchers, and program designers and directors use this guidance as a framework for progress. It is rewarding that in the case of the farm bill's nutrition title, legislators worked with the nutrition and health community to craft policies that will help improve America's — and specifically Iowa's — health and reduce hunger.

New office to fill several positions

By Jami Haberl, Office of Disease Epidemiology and Disaster Preparedness

In October 2001, the director of the IDPH, in consultation with the governor, established an Office of Disease Epidemiology and Disaster Preparedness (ODEDP) and appointed Mary Jones as executive director.

Jones provides the organizational oversight and operational responsibility of the complete scope of disaster/terrorism activities within the context of the state's overall public health system. It is meant to ensure statewide preparedness for, and response to, disaster/terrorism incidents. An advisory medical group consisting of Dr. Stephen Gleason, Dr. Patricia Quinlisk, Dr. Cort Lohff, and Dr. Tim Peterson, and the hospital disaster/terrorism preparedness medical director, will provide oversight for this new position.

Two centers are within the ODEDP, the Center for Acute Disease Epidemiology (CADE) and Center for Disaster Operations and Response (CDOR). CADE consists of two medical epidemiologists, one veterinary epidemiologist, three nurse epidemiologists, one masters-level epidemiologist, and a surveillance officer.

In addition to current staff within CADE, a public health veterinarian will be hired to train and educate veterinarians on bio-terrorism. The veterinarian will also improve communication between the agriculture industry and animal health communities and public health, and coordinate the development and testing of bio-terrorism response plans with those in the agriculture industry.

To meet local needs, regional epidemiologists will be hired to provide training, education and resources to health-care providers. They will provide the same to local public health personnel, law enforcement, and first responders on disease surveillance and disease/outbreak investigations. They will coordinate bio-terrorism preparedness and response planning at the local level and lead routine outbreak investigations. The CDC Cooperative Agreement for Public Health Preparedness and Response for Bio-terrorism will fund these positions.

The CDOR currently consists of a program planner and administrative assistant. Funding from the Center for Disease Control and

Prevention (CDC) and Health Resources and Services Administration (HRSA) cooperative agreements will fund a number of new positions for the CDOR. A Hospital Bio-terrorism Medical Director will be hired to provide medical direction for hospital, emergency medical services (EMS), and public health bio-terrorism preparedness. A strategic planner will be responsible for developing comprehensive strategic work plans, monitoring plan progress and reporting to CDC on activities.

A chief of operations will provide oversight for all state public health emergency response operations, activation and deployment. This person will also be responsible for Iowa's Disaster Medical Assistance Team (IA-DMAT) program. A logistics coordinator will assist with the state National Pharmaceutical Stockpile (NPS), and serve as the logistics and equipment coordinator for all state public health response and planning activities. The Health Alert Network (HAN) coordinator will be the state public health communication and health-alert network coordinator.

To increase the technology and communication capabilities across the state, four new positions will be funded within the information technology department. A programmer will be hired to improve the surveillance infrastructure that will allow for timely, complete and accurate reporting of diseases. This position will be responsible for the development and implementation of the proposed National Electronic Disease Surveillance System (NEDSS).

A business analyst will be hired to be the technical analyst and project manager for disaster preparedness development efforts. This person will also monitor implementation progress and milestone achievements. An information technology connectivity specialist

will be support technician for local public health and other partner sites across the state. In addition this person will provide knowledge on protecting data and information systems. An administrative assistant will assist on the helpdesk and take on related duties to complement work throughout the information technology infrastructure.

A public health risk communication coordinator will also be funded to be a liaison between the IDPH and the firm responsible for producing risk communication and health information materials. Additionally, this person will coordinate the state training sessions to educate local public health/emergency management professionals and coordinate town hall meetings in conjunction with the Governor's

Office.

Three staff members will be hired to facilitate education and training across the state. Two education coordinators will be responsible for planning, coordinating, and delivering educational programs to local, county, state public health agencies, health-care practitioners and local and county first responder agencies/organizations. An education assistant will assist the education coordinators.

Together these two centers will work on developing plans to respond to bio-terrorism, other infectious disease outbreaks and other public health threats and emergencies.

Epidemiology Notes



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

Update on Hepatitis C Activities: The first meeting of a strategic planning committee to develop a response to hepatitis C was held on May 1, 2002. The meeting was well attended with participants from state & local public health, private citizens, physicians, educators, and school nurses. A presentation on hepatitis C and treatment regimens was given, a personal account of experiences dealing with hepatitis C was heard, and a staff person from the University Hygienic Laboratory gave an overview of the facility and the laboratory tests required

for hepatitis C. Developing goals and objectives to integrate hepatitis C activities within all levels of public health was discussed.

Educating physicians, mid-level practitioners, health-care personnel, the general public, developing prevention programs that reduce new infections, and developing programs to identify and provide medical evaluation and treatment of people with chronic hepatitis were also discussed. The committee's next meeting will be held on July 2, 2002. If you, or someone you know, may be interested in being part of this process, contact

Hal Chase, Hepatitis C Coordinator with the Iowa Department of Public Health, at 515-281-5027 or hchase@idph.state.ia.us

Reptile-associated Salmonellosis: In the last several weeks we have received at least three reports of salmonellosis in infants. Though the cases do not appear to be related, all of them share the same risk factor - contact with some type of a reptile. According to CDC estimates, approximately 7% of cases of salmonellosis may be due to contact with pet reptiles or amphibians. Many reptiles are

colonized with *Salmonella* spp. and intermittently shed the organism in their feces.

People become infected by ingesting *Salmonella* after handling a reptile or objects contaminated by a reptile and then failing to wash their hands properly. More information on this subject, as well as recommendations for preventing transmission of *Salmonella* from reptiles to humans can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4844a1.htm>

Smallpox on "ER": The May 16th season finale of the NBC TV program, "ER," featured a storyline about a possible smallpox outbreak. It was quite dramatic - with grotesque facial pox on children who recently returned from a foreign country, people trying to break out of quarantine, medical staff becoming ill, etc. In anticipation of the show generating a lot of public concern, public health officials stressed the following few facts about smallpox:

1) Smallpox does not occur naturally. Smallpox disease has been eradicated from the earth. Therefore, a person cannot get smallpox by traveling to a foreign country, nor can they get it from people visiting this country.

2) Other than through a criminal act, the risk of exposure to smallpox is 0%. While the chance of such an act occurring is very low, federal, state, and local governments are seriously working to ensure that if such an act occurs we are prepared to deal with it quickly and effectively.

3) In the unlikely event of a criminal act resulting in exposure, vaccine would be made available to

anyone who was potentially exposed. Vaccine given within 4 days after exposure can prevent the disease or lessen symptoms. The vaccine does not contain smallpox virus.

Further information on smallpox can be found by accessing the following links: <http://www.idph.state.ia.us/pa/ic/epifacts/smallpox.pdf> , <http://www.astho.org/about/media.html> or <http://www.cdc.gov/nip/smallpox/>

West Nile Virus Identified in a Dead Crow in Illinois: A dead crow collected in northwestern Kane County (Illinois) has been confirmed as the first bird in the Midwest to test positive this year for West Nile virus (WNV). In anticipation of further WNV activity in the midwest (and Iowa) this year, IDPH and its state and local partners are planning to enhance surveillance and educational efforts.

Rabies Vaccines Misperceptions: Had a caller with concerns about the rabies vaccine. The caller was under the impression that the shots were given into the abdomen and were extremely painful. This is a common misperception (enhanced by old movies about rabies). The fact is that the rabies vaccine is given in a series of five (yes- only five) shots into the upper arm. These shots are no more painful than a flu shot. In addition, rabies immune globulin (RIG) is given - one shot, with up to half infiltrated around the bite (if possible) and the other given in a large muscle, usually the upper thigh in small children. More information on rabies can be found at <http://www.idph.state.ia.us/pa/ic/epimanual/Chp5.pdf>

Preparing for Fun in the Sum-

mer Sun: Since Memorial Day marked the unofficial beginning of summer, we'd thought we'd provide some interesting and important information to help everyone have a safe and healthy summer.

Protecting Yourself from that "Stuff": With county fairs soon under way and the state fair quickly approaching, there are plenty of opportunities for kids to be kids--run around, get dirty, eat junk food, and not necessarily care whether or not they're practicing proper hygiene. Although most animals at fairs pose minimal risk (they have all been examined and approved by a veterinarian to participate in the shows), there is a chance that children (and adults as well) could come in contact with some zoonotic infectious agents. Since animals do not shower or bathe on a regular basis, they often have dirt and fecal material within their immediate surroundings.

While this is generally not a problem, it is possible for people to pick up this "stuff" while petting an animal or by grabbing the animal enclosure itself. Washing your hands with soap and clean water is the best way to prevent contaminating yourself or others. Hand-washing stations should be provided in the petting zoo/barn areas for easy accessibility. So, while one should ALWAYS wash their hands after handling animals, remember to do so before sitting down to enjoy a corn dog or funnel cake at your local fair.

Get out the fly swatters, cause summer's here: With the start of mosquito season, comes the risk of mosquito borne illnesses such as La Crosse Encephalitis and West Nile Virus. To reduce your

risk of mosquito exposure, get rid of standing water around your home, use insect repellents that contain DEET (see attached fact sheet), dress properly to minimize exposed areas of skin, and avoid being outside during the times mosquitoes are most active (dawn and dusk).

Summer Food Safety: With summer here, people are turning their attention to cookouts and picnics. While these are great summertime activities, they can also invite foodborne illness if not careful. The main areas of concern for summer food preparation are the length of time and the temperature foods are allowed to sit at, the temperature they are cooked at, and the availability of hand washing facilities.

It's Time to Get "Ticked Off": According to Dr. Wayne Rowley, medical entomology professor at ISU, "The chance of a person living in central Iowa being bitten by an infected deer tick (with Lyme Disease) is remote." What are the best protective measures? Dr. Rowley offers, "In my opinion, hikers, campers, people who fish, golf or enjoy the outdoors in any way should not be fearful of contracting Lyme disease. A good idea is to take a hot shower in the evening after being out in the woods and check yourself for ticks. Another preventive measure is to apply a DEET-based mosquito repellent to shoes, socks and lower legs before going into the woods. However, Lyme disease infected ticks are not common in this state and there are no scientific data to substantiate the idea that they are a "threat" to most Iowans."

Swimming safety: Swimming is of

course a popular summertime activity, but according to CDC estimates, some 15,000 people became ill during the past decade from swimming. In order to prevent such illness, the CDC has several resources available. These can be found at <http://www.cdc.gov/healthyswimming/>

Another Great Lice Paper:

The New England Journal of Medicine (NEJM) has published a terrific paper on head lice in the May 23rd issue. The author, Richard Roberts, from North Wales, U.K., reviewed treatment management available to patients in the U.S. and rates malathion "good," permethrin/pyrethrin as intermediate," and wet combing as "poor." Not to worry, we have been advocating a combination of pyrethrins and wet combing for the past five years.

Of interest, Roberts, expresses obvious displeasure with "no-nit" policies in the U.S. His last paragraph reads, "In 1998, half the school nurses in the United States would not allow a child with nits back in school. Excluding children from school because of head lice results in anxiety, fear, social stigma, overtreatment, loss of education, and economic loss if parents miss work - a classic case of the cure being worse than the disease. Management should not harm the patient more than the pest." This paper is required reading for anyone who deals with this pediatric problem.

Epidemic of Obese and Unfit Iowans:

Did you know that 60% of adults in Iowa are overweight, 88% of Iowans do no regular and sustained exercise, 82% of Iowans consume less than 5 fruits and vegetables a day (the recom-

mended minimum), and it's estimated that 1 out of every 3 Iowa children are overweight.

Overweight and unfit people are more likely to have health problems including high blood pressure, diabetes, heart disease, stroke, arthritis and some cancers. In Iowa the cost of sedentary lifestyles exceeds \$1 billion dollars per year. If this trend continues, this epidemic of overweight and unfit people will soon overtake smoking as the leading cause of death. At a summit, attended by medical, industry, health, community and government leaders, the Governor proclaimed "Move for Health Day."

To those attending the summit, he stated, "I am keenly aware of the emerging epidemic of overweight and obesity that is consuming our state, and the challenge it presents to Iowans' health and well-being. As leaders in your organizations and communities, you can raise awareness and motivate change on a number of fronts. Therefore, I am charging this Public Health Summit with developing a strategy to address the issue and change the shape of our future. Your efforts can result, not only in reducing health-care costs, but also in helping Iowans live more fulfilling lives."

Addressing this epidemic will take multiple strategies, many people and resources. Thus, the Iowa Department of Public Health is looking for ideas, community efforts, and some good people to help. If anyone is interested in becoming involved (or just wants to find out more), contact Tim Lane at tlane@idph.state.ia.us.

Worth Noting

Home Care Aide of the Year - **Jo Ellen Howard** of Boone County Hospital Home Health in Boone recently received the national 2002 Home Care Aide of the Year Award on behalf of the National Association for Home Care and the Home Care Aid Association of America.

Howard has been a home care aide for 20 years. She was nominated for the award by her peers and customers for her dedication and leadership. Aids from about 30 other states were nominated for the award.



Jo Ellen Howard

IDPH Doctor Named to National Committee - **Dr. Tim Peterson**, chief and medical director of the Bureau of Emergency Medical Services at the Iowa Department of Public Health, has been named a representative to the federal Health Resources and Services Administration's new National Trauma Advisory Committee.



The committee will advise the federal government on policies for trauma-system development throughout the nation. It will also provide a locus for coordination of the work of federal agencies and professional organizations with injury-related programs. Iowa is among the first in the nation to develop an all-inclusive trauma system and is a model for the nation.

Dr. Peterson was principal investigator for the Iowa Trauma System Development project from 1991 to 1995, and since then has been chairman of the Trauma System Advisory Council (TSAC) and medical director of the Iowa EMS/trauma system. The Health Resources and Services Administration is part of the federal Department of Health and Human Services.

Governor's Golden Dome Award Winners - IDPH's **Julie McMahan**, Division Director of Family and Community Health, received the Leader of the Year Award for her 32 years of revolutionizing public health services in both local and state government.



Pat Young

IDPH's **Pat Young**, HIV/AIDS program, received the Employee of the Year Award for her efforts in helping create a state-wide plan for HIV prevention, which is used by the CDC as a model for other states to follow.



Julie McMahan

Side Notes

Patient Safety Conference - This iMAPS event is June 12 from 8 a.m. to 5:30 p.m. at the Four Points Sheraton in Des Moines. Iowans Mobilizing Action For Patient Safety (iMAPS) is comprised of the Patient Safety Team at the Iowa Department of Public Health, the Patient Safety Advisory Committee which is composed of many provider groups and business leaders, and the University of Iowa-College of Public Health. This conference will present results and updates on completed and ongoing patient safety research. Also included will be an update by the CDC on new issues effecting patient safety in Iowa and the entire country. For a conference brochure see www.idph.state.ia.us/dir_off/CSHA/psconference.htm. For questions, contact Joe Kane at 319 363-2531.

I-CASH accepting entries - Iowa's Center for Agricultural Safety and Health (I-CASH) is accepting nominations for its new Agricultural Safety and Health Hall of Fame Award. The award recognizes individuals and/or organizations in Iowa who have made substantial and long-term contributions to the health and safety of the state's agricultural community. Nomination deadline is July 1. Those nominated should have contributed in a leadership role to agricultural safety and health prevention through promotion or awareness activities for five or more years. The recipient will receive a \$100 cash award at a ceremony during Farm Safety Week. Nomination forms are available at www.public-health.uiowa.edu/ICASH/Hall_of_Fame_Award.html, or contact Eileen Fisher, Ph.D., associate director of I-CASH, at 319 335-4224 or eileen-fisher@uiowa.edu.

U of I College of Public Health Summer Institute - The University of Iowa College of Public Health is offering the following graduate courses during their first summer institute.

- 1) **Intro to Public Health Practice**—Web-based class with ICN session July 8 to Aug. 16. Sites include Spencer, Council Bluffs, Sioux City, Mason City, Cedar Falls, Ames, Des Moines, Dubuque, Bettendorf, Ottumwa, Creston, and Iowa City.
- 2) **Environmental Health**—ICN class July 8 through August 2. Sites include Iowa City, Cedar Falls, and Ames.
- 3) **Intro to Biostatistics**—Main campus, July 8 to August 16. M T W Th F, 1:30 to 3 p.m.
- 4) **Epidemiology I: Principles** - Main campus, July 8 to August 16. M T W Th F, 3:30 to 5 p.m.
- 5) **Seminar in Patient-oriented Research, Lecture & Discussion** - Main campus, July 8 to 16. M T W Th F, 8 to 10 a.m. Open to K30 participants and selected other clinicians training for careers in patient-oriented research. Courses are taught in seminar discussions. See <http://www.medicine.uiowa.edu/gtpci/>
- 6) **Seminar in Patient-Oriented Research Data Analysis**—Main campus, July 8 to 16. M T W Th F, 10:15 to 11:45 a.m. Open to K30 participants and selected other clinicians training for careers in patient-oriented research. Courses are taught in seminar discussions. See <http://www.medicine.uiowa.edu/gtpci/>

For more information on the above classes see [Http://www.public-health.uiowa.edu/mphdegree.html](http://www.public-health.uiowa.edu/mphdegree.html) or e-mail barbara-brown@uiowa.edu.

2002 JEL Summit - The JEL (Just Eliminate Lies) Summit July 23-25 at Iowa State University will focus on anti-tobacco advocacy and education. For more information or an application go to www.jeliowa.org and click on JEL Summit 2002.

UI College of Public Health Offers New Certificate - Starting fall 2002, a 12-hour Certificate in Public Health will be offered by the college. Although intended for current members of the public health workforce, it also is available for qualified individuals considering a career in public health. Students have up to five years to successfully complete the certificate program. Courses will be offered via ICN, Internet, or both. For more information, contact Barbara Brown, Graduate Studies Coordinator, at 319 335-8992 or 1-800-553-4692, ext. 5-8992, or at barbara-brown@uiowa.edu.

Required Courses (6 hours) 170:101 Introduction to Public Health Practice, 3 s.h.; 170:099 Evidence-based Public Health Methods, 3 s.h.

Additional Courses (6 hours required from the following) 172:101 Introduction to Health Promotion and Disease Prevention, 3 s.h.; 174:102 Introduction to the Health Care System, 3 s.h.; 175:197 Environmental Health, 3 s.h.

Summer School for Helping Professionals - The 23rd Annual Summer School for Helping Professionals at the University of Iowa Aug. 5 to 8. There are two day workshops, two two-day workshops, and a four day workshop. For more information on classes and registration costs call 319-335-4141, 1 800-551-9029, or go to <http://www.uiowa.edu/~asshp/>. Cost of registration changes after June 15. Co-sponsors include: The University of Iowa College of Education, Counseling, Rehabilitation, and Student Development; Juvenile Justice Advisory Council, Division of Criminal and Juvenile Justice Planning; Iowa Department of Public Health, Division of Health Promotion, Prevention, and Addictive Behaviors, Iowa Substance Abuse Program Director's Association.

Iowa HIV Conference 2002 - *Successes, Challenges and Renewed Commitment*, October 8 and 9 at the Holiday Inn Airport in Des Moines. The conference will include information on HIV prevention interventions, care and treatment updates, turning theory into practice, reaching at-risk populations, and networking with peers. Substance abuse, social work, and nursing CEUs available. Sponsored by the Iowa Departments of Public Health and Education, and HIV Community Planning Group. For more information, call 319-363-2531 or go to www.trainingresources.org. For hotel information call 1 800-248-4013.

Changes at ISAIC - The Iowa Substance Abuse Information Center will no longer have a printed quarterly newsletter, instead they are going online. To find the newsletter, go to www.drugfreeinfo.org, or to have the next issue e-mailed to you send your e-mail address to isaicmail@mail.crlibrary.org.

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