IOWA DEPARTMENT OF PUBLIC HEALTH

Iowa Health *focus*

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Get off the couch, turn off the TV, and get moving!

By Susan Pohl, Bureau of Nutrition & WIC

The Iowa Fit Kids Coalition is encouraging Iowans to join in the fun of TV Turnoff Week, April 22 to 28. Families who turn off their television sets enjoy more family time for reading, playing and talking to each other. The coalition would like to see families, especially children, use the extra time to be more physically active.

Television, while entertaining, cannot provide the opportunity to develop skills and abilities that children might find away from the set. Playing alone, they may explore music or crafts and develop skills that will ensure a lifetime of enjoyment. Playing with other children is more conducive to active play, which builds muscles, develops coordination and offers the opportunity to practice negotiation skills in cooperating with other children. The ability to rely on one's self for entertainment and satisfaction is important to growth.

TV viewing is one of many factors contributing to the recent increase in obesity, primarily due to how little energy is expended while watching TV. Weight increases can also be related to the numerous TV ads for high calorie, low nutrient foods. A child watching four hours of cartoons on Saturday morning is likely to view 202 ads for "junk food."

It is not surprising that children who watched 5 or more hours of TV in a day also consumed more calories and were more likely to be obese, according to a large scale national survey by the National Health and (Continued on page 2.)

New jobs, new faces at IDPH

By Stephen Gleason, D.O., Director

Change is not always easy, but as I said at a presentation at the Iowa Public Health Care Association annual meeting recently, the only difference between a rut and the grave is depth. Change is not only inevitable, it keeps people, and organizations, on their toes. It also makes life interesting, especially when the change is in the form of interesting new people. (Continued on page 3 .)

Inside this issue:

Nutrition Examination Survey, conducted between 1988 and 1994.

TV is more influential than school for the American teenager, who spends an average of 1,023 hours watching TV but just 900 hours a year in school. The American Academy of Pediatrics identifies other undesirable messages portrayed on television. Violence is glamorized while the perpetrators go unpunished; unrealistic standards for body image are portrayed, coupled with "eat-more" messages; cigarettes and alcohol are used liberally; and sexual imagery and innuendoes are prevalent in advertising as well as programming. Television has wide entertainment and educational value when used appropriately, but overexposure is consuming the bodies and minds of youth.

Television viewing is a mainstream lifestyle activity for Americans. Forty percent of Americans watch TV while eating dinner and 56 percent of children ages 8 to 16 have a TV in their bedroom. Research demonstrates that the quality of life improves when television time is reduced. Families in a Washington, D.C. study who viewed high amounts of television had lower quality diets than those who spent less time watching television. An increase in television time was associated with an increased chance of a failing grade in school in a Boston study. Children in California had less aggressive behavior when they reduced their time viewing television. Men watching more than 21 hours per week have an increased risk of Type 2 diabetes.

Can children be enticed away from the television set? That is the goal of the TV Turnoff Network, www.tvturnoff.org. The network offers a host of materials to assist in organizing a campaign. The week has been well publicized in the past and every year there are converts to a TV-free lifestyle.

What helps keep kids away from the TV? A survey of 1,200 sixth and seventh graders in Boston area middle schools found that students averaged approximately three hours and 20 minutes per day of viewing time. Time spent watching TV, playing computer or video games was significantly reduced when:

- Children did not have a television in their bedroom;
- Parents set limits on television time; and
- Children ate dinner with family on a regular basis.

Another way is the "if you can't beat 'em, join 'em" approach, in which television viewing is contingent upon physical activity. This was accomplished by hooking a television up to a bicycle, which had to be pedaled in order to operate the television. This innovative intervention increased pedaling time and decreased television viewing.

Obesity is also attributed to unlimited television viewing in the recent revision of the AAP Policy Statement on Children, Adolescents and Television. Among the committee's recommendations are:

- Limit children's total media time (TV, computers, etc.) to one or two hours per day.
- Remove television sets from children's bedrooms.
- Discourage television viewing for children younger than 2 years.
- Encourage alternative entertainment for children, including reading, athletics, hobbies, and creative play.

TV has much to offer, but should not be a replacement for life. Let's get off our couches, take the kids or grandkids for a walk, and see the world!

New Empowerment Newsletter

For those interested in early childhood issues, be sure and check out the new bi-monthly empowerment newsletter at www.empowerment.state.ia.us under general information. The next newsletter comes out this month.

New jobs, new faces at IDPH

Continued from page 1

As I mentioned in my last column, David Fries, who was director of the Division of Administration and Regulatory Affairs, recently retired. We subsequently reduced the number of divisions from six to five, making chief deputy director Mark Schoeberl director of the new Division of Operations, which included most of David's duties. Then Mark announced he had accepted a job with the American Heart Association in Texas.

Now, I'm pleased to announce that Jane Colacecchi, a policy adviser to Gov. Vilsack for information technology, commerce, personnel and inspections and appeals, will become the department's new chief deputy and director of the Division of Operations. She will begin her new job sometime around June 1, depending on when she can wrap up her current duties.

Jane, who has a degree in molecular biology, has experience in health research, environmental health, health education, information technology and program management. She also worked in the government re-design process, in which she will continue to be involved.

The Division of Operations, by the way, now includes information technology, health statistics, finance, professional licensure, medical examiner's office, patient-safety research, emergency medical services and vital records. Jane will also be in charge of the agency in my absence.

Current staff members have also taken on new responsibilities. We have created a new Office of Communications, Planning and Personnel under the direction of Tom Carney. He will continue to head communications and planning but will also take on personnel and education and become our ethics officer. He will report directly to the director.

Mary Jones, whom many of you knew as a staff member and interim bureau chief of our EMS Bureau, has been appointed executive director for the combined offices of the Center for Acute Disease Epidemiology (CADE) and the former Office of Medical and Public Health Disaster Preparedness, which is called the Office of Disease Epidemiology and Disaster Preparedness. She will coordinate all biological, epidemiological and emergency operations. Oversight of the new position will be provided by an advisory board consisting of Dr. Patricia Quinlisk, Dr. Cort Lohff and Dr. Tim Peterson.

Laura Cort, who has been an assistant to the agency director, has become executive staff coordinator. She'll be responsible for director support, consulting agreements, board of health and other councils and committees. She will coordinate activities for management, executive management and chief-of-staff meetings. She and the deputy director will be authorized to act as the director's signatory, and will continue to be the liaison to the federal government and the Governor's Office, representing the director or deputy director when necessary. She will also report directly to the director.

These appointments, all modified from existing positions, did not require creating new positions or changing a span of control that we have brought to the statewide goal of about one supervisor to 12 employees.

I'm looking forward to working with this team and our division directors. But the support and collaboration of our employees and partners is what will really make a difference to the department's future, as it has in the past, and for that I thank you all.

Weaning children from sugary soft drinks

By Tracy Rodgers, IDPH Dental Health Bureau

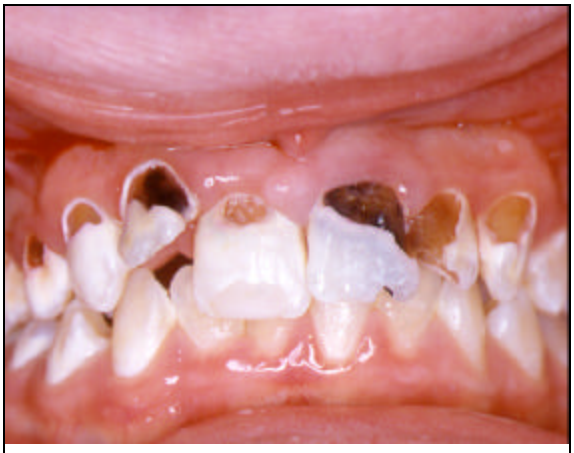
If offered a choice between milk or soft drinks, most children would choose soft drinks. Unfortunately, the implications that poor food and drink choices are having on the health of children in the United States are beginning to show dramatically through increased rates of diabetes, obesity, and rampant tooth decay. These new public health risks are the basis for a panel discussion on soft drinks in Iowa public schools that was held at the University of Iowa on Friday, March 8.

Panelists included Dr. Eva Tsalikian, director of Pediatric Endocrinology at the University of Iowa; Dr. Linda Snetselaar, chair of Preventive Nutrition Education at the University of Iowa College of Public Health; Dr. Michael Kanellis, chair of the Department of Pediatric Dentistry at the University of Iowa; Dr. William Jacobson, superintendent for the Marion Independent School District; and Senator Joe Bolkcom of Iowa City. Moderator for the panel was Dr. Jonathan Shenkin, a resident in pediatric dentistry at the University of Iowa.

Presentations by the panelists focused on studies which show escalating numbers of children facing health risks from poor dietary choices, particularly the increased consumption of soda pop.

Soft drink consumption in the United States has increased nearly 500 percent over the past 50 years. The average American drinks more than 53 gallons of carbonated soft drinks every year, more than one 16-oz. serving a day. Of adolescents, 65 percent of females and 74 percent of males consume soft drinks daily. From 1985 to 1996, school soft drink sales increased by 1,100 percent and milk sales decreased by 30 percent.

The number of obese children has doubled in the last two decades and tripled for adolescents. Twenty-four percent of children are above the 85th percentile of BMI (Body Mass Index) and 11 percent of children are above the 95th percentile of BMI. Health problems from obesity include Type 2 diabetes, asthma, cardiovascular disease, and low bone density.



Severe tooth decay in a 14-year-old Iowa male with a history of excessive soda pop consumption. Provided by Dr. Kanellis.

Dr. Tsalikian discussed the growing rates of type 2 diabetes in children, which are the result of obesity. Obesity, in turn, is the result of excessive caloric intake and decreased activity. The rise in soft drink consumption by youth is likely part of the increased caloric intake.

Dr. Snetselaar pointed out that soft drinks are the leading source of added sugar in the diet, 36.2 grams a day for adolescent girls and 57.7 grams a day for adolescent boys. School children who consume the average 265-ml of soft drinks a day consume 200 kcal more every day than those drinking no soft drinks. Dr. Snetselaar concluded that drinking large amounts of sugar-sweetened beverages increases calorie intake, replaces nutrient-rich beverage intake, and replaces water intake, and recommended that these sugar-sweetened drinks be limited to moderate use.

Dr.Kanellis provided graphic photos of rampant tooth decay, attributed to heavy soda pop consumption, in children who had been treated in the pediatric dentistry clinic. Many dentists liken the decay they are seeing due to soda pop consumption to those of “pre-fluoride” conditions. Dr. Kanellis explained that when sugar is consumed, the pH in the mouth becomes acidic. It then takes 40 minutes or more for the oral cavity to return to a more neutral pH. It is this acidity that causes tooth decay. When soda pop is consumed several times a day, the teeth can be exposed constantly to acid because the

pH never has time to recover to a more neutral level. The "double trouble," as he termed it, is the fact that all soda pop is also acidic, rendering even diet soft drinks dangerous although they contain no sugar.

As a school administrator, Dr. Jacobson provided a different perspective. Although he said that favors limiting soda pop in schools, the financial impact on schools would be huge. The revenue from sales of soda pop is enticing to schools and has helped fund programs and equipment that may not have otherwise been possible. Dr. Jacobson believes that most school administrators would be impressed by the information presented by the other panelists.

Senator Bolkcom proposed a bill this legislative session that would study soda pop sales in schools. The bill did not get out of committee; due in part to budgetary restraints this fiscal year. Senator Bolkcom confessed that he was surprised to learn about the link between soda pop, diabetes, obesity, and tooth decay. He plans to continue pursuing the issue.

Public health officials and other health-care providers have determined that one way to fight this growing problem is to limit soft drink consumption, despite the impact on school programs. Proposals to limit or eliminate soft drink sales in public schools have been introduced in several states. California schools will no longer sell soft drinks during lunch and morning and afternoon breaks beginning January 1, 2004. The school board in Oakland, California has banned all sugary drinks and candy in vending machines. Some states, such as Washington, West Virginia, and Arkansas, have soda pop taxes, with the revenues going to education or health programs such as Medicaid.

The Iowa School Administrators' Association has requested another panel discussion to be held during their annual meeting in Des Moines on August 8. Dr. Shenkin is hopeful that these forums will provide the impetus for change, requiring the efforts of not only public health officials, but also school administrators, teachers, parents, and legislators.

2002 IPHA Conference puts public health in action

The 2002 Iowa Public Health Association Conference: Public Health in Action was held recently in Ames. The conference drew a crowd of 425 public health professionals from across the state. The two-day event featured guest speakers, including First Lady Christie Vilsack and Richard P. Nelson Lecture Series Award winner Maxine Hayes, and break-out sessions on a variety of health topics.

IPHA Conference Highlights - At left, IPHA President Kay Leeper speaks. At right, Maxine Hayes, MD, MPH, FAAP (center) receives the Richard P. Nelson Lecture Series Award from Jeffrey Lobas, M.D. of U of I Child Health Specialty Clinics and Jane Borst, IDPH Bureau of Family Services.

Legislation protects victims in dating relationships

By Dena Brown, IDPH

Domestic Violence can happen in any relationship, whether people are married, living together, or simply dating. In Iowa, those who are dating and experiencing domestic violence now have the same rights as those who are married.

Gov. Tom Vilsack signed Senate file 2100 into law on Feb. 22 at the offices of the Iowa Coalition Against Domestic Violence. The Coalition has advocated for the legislation for almost ten years. The new law allows victims of domestic violence who are in a dating relationship to seek the same protections provided under the Iowa Domestic Abuse Act. Before this bill was passed, those who fell under the protection of the Iowa Domestic Abuse Act had to be married, living together, or have a child together.

"Many people in violent dating relationships don't report what is happening because they may not recognize it as abuse or they are simply afraid," said Binnie LeHew, IDPH violence prevention coordinator. During one year in Iowa, more than 6,000 cases of domestic violence were reported to law enforcement. During the same year, around 15,000 people sought services at shelters. Many more cases probably go unreported, based on a survey conducted by the department in 1999.

It is estimated that almost 25,000 people experience physical violence by an intimate partner annually in Iowa. Forty-six percent of those are people in current or former dating relationships. Nationally, it is estimated that 1 in 4 women experience some form of physical assault or rape by a partner. A survey of high school students found that 12 to 27 percent have experienced dating violence.

LeHew, who also staffs the Iowa Domestic Abuse Death Review Team, says that three people were killed by a current or former dating partner in the past four years. She encourages people to be alert to abusive behaviors and seek help if they believe they are in danger. “Since domestic abuse often starts with isolating and controlling behaviors and then escalates to more violent ones, young people should be especially alert to the signs of an abusive relationship,” LeHew said.

The signs of domestic violence can vary depending on whether you are the victim of abuse or a friend/family member of someone who is being abused. Here are a few questions that are often used to assess the possibility of violence:

- Have you ever been hit, slapped, pushed, kicked, or physically hurt by someone close to you?
- Has anyone ever forced you to do something sexual that you didn't want to do?
- Does anyone close to you keep track of your whereabouts or try to control when you see family or friends?

Some signs for family and friends to watch for:

- isolation from friends or family
- depression
- poor self image
- eating disorder
- suicide attempts

The Iowa Domestic Violence Hotline, 800-942-0333, is available to people 24 hours a day, seven days a week. Anyone can call and speak with a trained advocate who can provide counseling, information, education, and referral to other important resources in their area.

Exercise boosts employee job performance

By Kaye Halvorson, Principle Financial Group

Kay Halvorson

Regular exercisers at the Principal Financial Group's on-site fitness center in Des Moines were found to have higher performance ratings, stayed longer with the company, cost less in medical and prescription claims, and cost less in both dollars and time due to absenteeism.

Now if that doesn't make company execs want to install on-site fitness centers, what will?

Results of a rigorous study at this major corporation, known as an early adoptor of wellness in the 1970's, show the value of making regular exercise a part of the company's corporate culture.

As a researcher and the company's Wellness Department manager, I compared an exercise group of 312 employees with 5,553 employees in the non-exercise control group. Those selected in the exercise group participated an average of three times a week in on-site aerobic classes, Precision Cycling, used the wellness center facility, or took part in Lifetrek (the company incentive program).

Key findings:

- Job level, educational level, and gender of employees made no difference in performance ratings. Men and women in the exercise group came from all job and education levels. In other words, success was not limited to white-collar workers or to those with a college education.
- Regular exercisers tended to have worked at the company longer (10.94 years) than those in the non-exercise group (9.32 years).
- Higher performance ratings were measured in regular exercisers, through the company's performance management system in which employees are rated in a 1-4 scale for work performance.
- Medical claims for exercisers were up to $724 less than for non-exercisers. Prescription costs were $124 lower for exercisers who were in the PPO plan, yet slightly higher for those in the HMO plan.
- Losses from absenteeism were lower in dollars for exercisers, who lost an average of 20.9 hours compared with 36.6 hours for non-exercisers.

Improved worker health is being seen as a means to increase individual and group productivity, team performance, individual work capacity, worker resilience, quality of products, creativity, innovation, and intellectual agility.

More research is needed in the value of providing on-site wellness and work/life programs and services to link improved work performance, employee commitment, and ultimately corporate profitability.

But regular exercise is not the whole key to success. Other factors contribute to the success (measured by lower costs, higher performance, and tenure) of the employees in the exercise group.

Employee Paula Rasmussen uses equipment in Principal's Wellness Center.

What is it within people that makes them want to take a greater interest in their health? Does it make sense that some of these same qualities help people to do well in all aspects of their lives, such as parenting, career, and community service? That's a subject for further research.

IDPH assesses programs for health promotion

By Kim McKibben, IDPH

Kim McKibben

Timing is everything. Just as the Health Promotion Team decided to conduct an internal survey to assess what the Iowa Department of Public Health is doing to promote healthy lifestyles, I came along looking for an internship. And so it became my duty, along with that of my supervisor, Louise Lex, to complete the assignment.

We framed the survey around the 10 leading health indicators announced at the launching of *Healthy People 2010* by Surgeon General David Satcher. They will be used to spotlight achievements and challenges in the decade. They include physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injuries and violence, environmental quality, immunization, and access to health care. We wanted to know how each program we surveyed related to the 10 indicators by identifying the target audience, the percent of budget devoted to health promotion, and how success or impact was measured.

After several programs pilot-tested the survey, 33 participants, selected by their division directors, completed it. We defined health promotion as **educational and environmental supports plus skill building to enable people to gain greater control of their own health.**

This was the first time that IDPH has made an assessment within the department of what programs are involved in health promotion. We found that many programs are currently involved, or feel that their program should or could be involved, with these 10 aspects of health promotion. Of 36 programs surveyed, 29 said they *were* involved with health promotion either by providing resources, funding, educational opportunities, or other. Of the seven programs *not* involved, three said they *should or could be* involved. Furthermore, we discovered complementary activities among programs, such as providing resources or funding for overweight and obesity.

The survey was the easy part; taking action will be the hard part. The challenge now lies in providing suggestions and/or recommendations on how to further coordinate health promotion within the health department and to mount a campaign across the state that addresses the issue of physical activity and overweight/obesity.

IPTV to debut America's Walking

Next Sunday is World Health Day! The theme this year is "Move for Health." That makes the debut of America's Walking on Iowa Public Television April 6 at 8 a.m. not only great programming but also great timing. America's Walking is a new, 13-part fitness, travel, and lifestyle series that offers information and inspiration for those who want to start a daily walking habit and live a more active lifestyle. Mark Fenton, the country's foremost expert on walking and pedestrian issues, is the host. This is not an exercise show but a motivational lifestyle series that provides viewers with a blueprint for increasing daily activity and creating more walkable communities.

Those at a "sneak preview" hosted by the Iowa Department of Public Health last week had nothing but praise for the show. It is a "Four Star," "must see" hit! According to IDPH's Tim Lane, few shows have offered as much potential for the overall health of Iowans as "America's Walking." Lane encourages you to let IPTV know how much you appreciate their selection. He suspects they may receive some calls from fans of the show America's Walking replaced…Motor Week.

Sports and playground safety tips to remember

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

Participation by children in organized and informal sports and recreational activities continues to grow.

Nearly three-quarters of U.S. households with school-age children have at least one child who plays organized sports. Sports participation is beneficial to children in many ways. It can improve physical fitness, coordination, self-discipline and teamwork, as well as promote a sense of personal satisfaction and accomplishment.

However, growth in sports participation has contributed to an increase in sports and recreation injuries. Children are more susceptible to these injuries because they are still growing and are in the process of gaining motor and cognitive skills.

- Each year more than 775,000 children, ages 14 and under, are treated in hospital emergency rooms for sports-related injuries.
- Brain injury is the leading cause of sports and recreation deaths, although death of children during participation in sports activities is rare.
- In 2000, more than 117,000 children ages 5 to 14 were treated in hospital emergency rooms for baseball or softball injuries.
- In 2000, nearly 50,000 children ages 5 to 14 were treated in hospital emergency rooms for skateboard injuries.
- In 2000, nearly 82,000 children ages 14 and under were treated in hospital rooms for trampoline injuries.

Children should always wear appropriate safety gear when participating in sports and recreational activities.

Make sure proper physical and psychological conditions, use of appropriate safety equipment, a safe playing environment, adequate adult supervision, and enforced safety rules are included in any sports program. Provide children with proper training and skill building when they are learning a new sport. Match and group children according to skill level, weight and physical maturity.

Ensure that children drink an adequate amount of liquids while engaging in athletic activities.

Play is also an essential component of healthy development in children, and playgrounds provide an opportunity for children to develop motor, cognitive, perceptual and social skills. Unfortunately, playgrounds are often the sites of unintentional injuries. The leading cause of playground equipment fatalities is strangulation and the majority of these deaths occur on home playgrounds. Nonfatal playground equipment injuries, on the other hand, are most often due to falls. The majority of these nonfatal injuries take place on public playgrounds.

Since 1990, at least 146 children have died from playground equipment injuries. Nearly 70 percent of these deaths occurred on home playgrounds.

In 2000, more than 232,000 children ages 14 and under were treated in hospital emergency rooms for playground equipment injuries.

Avoid asphalt, concrete, grass and soil surfaces under playground equipment. Acceptable loose-fill materials include shredded rubber, hardwood fiber mulch or chips, and fine sand. Surfacing should be maintained at a depth of 12 inches and should extend a minimum of six feet in all directions around stationary (Continued on page 10)

equipment. Depending on the height of the equipment, surfacing may need to extend further than six feet. Rubber mats, synthetic turf and other artificial materials are also safe surfaces and require less maintenance.

Ensure that a comprehensive inspection of all playgrounds is conducted by qualified personnel. Abide by daily, monthly and annual playground maintenance schedules.

Ensure that schools and child-care centers have age-appropriate, well-maintained playground equipment, and that trained supervisors are present at all times when children are on the playground. Report any playground safety hazards to the organization (school, park authority, city council) responsible for the site.

Always supervise children using playground equipment. Prevent unsafe behaviors like pushing, shoving, crowding and inappropriate use of equipment.

Ensure that children use age-appropriate playground equipment. Maintain separate play areas for children under age 5.

Remove hood and neck drawstrings from all children's outerwear. Never allow children to wear necklaces, purses, scarves or clothing with drawstrings while on playgrounds.

Delta Dental encourages rural dental practices

By Dr. Ed Schooley, Vice President and Dental Director, Delta Dental Plan of Iowa

The migration of Iowa's population to urban areas and away from small, rural communities means many rural Iowans are being left with limited access to adequate health and dental care services. This trend has resulted in the Iowa Department of Public Health designating 72 of Iowa's 99 counties as dentist shortage areas.

To help encourage more young dentists to begin their careers in one of Iowa's rural communities, Delta Dental Plan of Iowa has established the Delta Dental Plan of Iowa Loan Repayment Program for recently graduated or graduating dentists. The program, a collaborative effort of Delta Dental Plan of Iowa, the Iowa Department of Public Health, the state public health dental director and the University of Iowa College of Dentistry, will provide $50,000 over a three-year period to be used for repayment of educational debt. The first recipient is scheduled to be announced in May 2002.

Access to dental care is a serious problem in rural Iowa. It is exacerbated by the fact that many rural dentists are nearing retirement, with no younger ones to take their places.

Approximately 1,430 dentists currently practice in Iowa. However, more than 970 are in only 27 counties. This leaves approximately 458 dentists scattered among the remaining 72 counties.

Each year, around 72 dentists graduate from the University of Iowa's College of Dentistry; however, only a handful will stay and begin dental practices in non-urban areas.

Many dentists today graduate with school debt of nearly $100,000, and beginning practice in a rural location may not make economic sense to them. The Delta Dental Plan of Iowa Loan Repayment Program is intended to provide financial support in the form of loan repayments to dentists agreeing to practice in underserved areas

and to facilitate the establishment of a long-term source of dental care. The recipient dentists may be beginning or associates in an existing practice and would commit a significant part of their appointment time to underserved populations.

Delta Dental Plan of Iowa is a not-for-profit organization dedicated to improving the oral health of Iowans. We aspire to continue to develop programs like the loan repayment program that have the potential to elevate the oral health care of all Iowans.

Delta Dental Plan of Iowa is the largest provider of dental insurance benefits in Iowa. It is a member of the Delta Dental Plans Association, a national organization made up of not-for-profit Delta Dental plans, providing groups with dental benefits coverage. The organization is the largest, most experienced dental benefits carrier in the nation. Nationwide, Delta Dental contracts with more than 106,000 dentists in 130,000 locations. Delta Dental provides dental coverage to more than 39 million people in more than 75,000 employer groups across the nation.

Public health association creates ethics code

By Dawn Gentsch, MPH, CHES, IDPH Training Officer, University of Iowa College of Public Health

Most health disciplines, especially medical or clinical, have a code of ethics by virtue of holding a specific professional license or certification. This has not been the case for the field of public health nor for those of us who make up the public health work force, until a few months ago.

A public health code of ethics is being presented to various organizations for adoption or endorsement. Opportunities still exist for you to get involved and provide your input. To learn more, access the American Public Health Association (APHA) web site at http://www.apha.org/codeofethics/ or call 202 777-2442.

“Public health professionals and institutions should respect the rights of individuals in a community, act in a timely manner and support diversity in their programs and policies," the code says. Created by a group of public health organizations, including the American Public Health Association (APHA), it is designed to guide the ethical conduct of public health professionals, institutions and organizations.

Approximately two years ago, a national dialogue formally began to develop a code of ethics for public health as a discipline and a profession. Several public health professionals in Iowa provided input to the process.

At the 2001 APHA Annual Meeting in October, different views were presented on the topic. The process of coming to a consensus may result in an increased understanding by the general public, and by those of us in public health, of what public health is all about.

A number of public health professionals, most associated with the Public Health Leadership Society (PHLS), came together to initiate the process of writing a code. Represented on the PHLS Public Health Code of Ethics Workgroup are public health professionals from local and state public health, public health academia, the Centers for Disease Control and Prevention (CDC) and the American Public Health Association (APHA).

The present code reflects the input and discussion from four different forums that occurred over the past two years. Tools for teaching about the code and ensuring its practical utility are in the making. According to APHA, “The mandate to assure and protect the health of the public is an inherently moral one. …Until recently, the ethical nature of public health has been implicitly assumed rather than explicitly stated. Increasingly, however, society is demanding explicit attention to ethics.

This demand arises from: technological advances that create new possibilities, and with them, new ethical dilemmas; new challenges to health such as the advent of human immunodeficiency virus; abuses of power, such as

(Continued on page 12)

the Tuskegee study of syphilis; and an increasingly pluralistic society in which we can no longer simply adopt the values from a single culture or religion, but we must work out our common values in the midst of diversity. …

The concerns of public health are not fully consonant with those of medicine, however. Thus, we cannot simply translate the principles of medical ethics to public health. For example, in contrast to medicine, public health is concerned more with populations than with individuals, and more with prevention than with cure. Thus, the purview of public health includes those who are not presently ill, and for whom the risks and benefits of medical care are not immediately relevant."

The code is intended principally for public and other institutions in the United States that have an explicit public health mission. Others may also find the code relevant and useful.

The Public Health Code of Ethics includes a preamble, 12 principles of the ethical practice of public health as listed below, a discussion of the nine values and beliefs underlying the code, and notes on individual ethical principles. Overall, this code is ambitious and a needed tool in which professionals should invest their consideration and reflection. It should join the ranks of other current doctrines, such as the IOM 1988 report on Medicine & Public Health's identification of the core functions of public health, the subsequent 10 essential public health services and more recently, the core competencies for public health professions as outlined by the Council on Linkages.

In the aftermath of the tragedy of 9/11, public health has an opportunity, unlike any in the recent past, to become visible, known and highly demanded.

Principles of the Ethical Practice of Public Health

1) Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

2) Public health should achieve community health in a way that respects the rights of individuals in the community.

3) Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

4) Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

5) Public health should seek the information needed to implement effective policies and programs that protect and promote health.

6) Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.

7) Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

8) Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

9) Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

10) Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

11) Public health institutions should ensure the professional competence of their employees.

12) Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Epidemiology Notes

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

Alert: Lyme Vaccine Withdrawn: GlaxoSmithKline has withdrawn Lyme disease vaccine due to insufficient sales. Acceptance and use of the vaccine was greatly reduced after allegations that it caused arthritis and neurological problems in patients although that was never corroborated. The vaccine was novel in that anti-OspA antibodies produced in the immunized host actually interdicted the B. burgdorferi organisms in the midgut of the tick.

Outbreak of Diarrhea and Vomiting at a School: This past month, a school district in northern Iowa called to report approximately 50 kids ill with vomiting and/or diarrhea. An investigation began immediately and included the following: a) an inspection of the kitchen, review of the food handling policies and procedures, and interviews with the kitchen staff; b) the state health department staff put together a questionnaire about signs and symptoms of illness and foods eaten; c) county health department staff, the local disease prevention specialist and the environmental health specialist conducted interviews resulting in 221 children and school staff being interviewed. Approximately 12 clinical specimens (stools) were sent to UHL for testing. Staff interviews discovered that several had similar illness (including diarrhea), with some illness having occurred earlier in the week. In the end, approximately 143 persons, out of 221 interviewed, were ill. Results indicated Norwalk-like Virus (NLV) - contaminated food (likely from an ill food handler) as the cause of the outbreak.

Summer influenza surveillance: As many of you are aware, flu surveillance every winter tracks community impact of flu, the seriousness of illness, and the strains circulating in Iowa. With the possibility of pandemic flu coming back, the recent outbreaks of animal influenza (for example, the chickens in Hong Kong), and concerns about terrorism, we are planning to start doing "flu-like illness" surveillance year-round. Any clinic or doctor's office interested in participating should contact Kim Brunette at kbrunett@idph.state.ia.us <mailto: kbrunett@idph.state.ia.us> . (For participating, you will receive free testing for your patients, free stuff like the CDC's weekly newsletter, etc, and our everlasting gratitude!)

Information on shortages of MMR and Varicella Vaccines: One of last month's issues of the MMWR has important information on this issue. Please view the article at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5109a6.htm.

Bioterrorism Preparedness: The Iowa Department of Public Health, in collaboration with a variety of state and local partners, is engaged in preparing applications for two cooperative agreements - one from the Health Services Resources Administration (HRSA) to strengthen the capacity of hospitals and other emergency medical systems, the other from the Centers for Disease Control (CDC) to strengthen the capacity of state and local public health systems. Though the focus is on strengthening these systems to prepare and respond to bio-terrorism, the reality is that there will be more far-reaching benefits, including strengthening state and local public health infrastructure. Stay tuned for more updates on this process.

Bats in the Belfry: We continue to receive calls on bats during the late winter weeks mostly as a function of the un-

seasonably warm weather this year. Normally, bats hibernate in other settings and are inactive. The warm weather this year has generated out-of-season exposures and phone calls to the department. Almost all bat incidents in Iowa are due to the colonial big brown bat (Eptesicus fuscus). These normally gentle creatures sometimes find their way into living quarters and result in some sort of "exposure."

If a person is conscious during this event, they may kill the bat or preferably capture and release it. However if the bat was around children or sleeping persons for a period of time and their earlier presence was unrecognized, it is wise to capture the bat for rabies testing. If positive for rabies, CDC guidelines state that post-exposure prophylaxis "can be considered" for person(s) exposed even in the absence of a known bite. This recommendation recognizes that bats may inflict unnoticed bites or mucous membrane exposure, not necessarily that the virus may be transmitted in aerosols, which excepting for bat caves, is for the most part a myth.

During the eleven-year period 1990-2000, there were 24 human cases of rabies in the U.S. from bats. Only two patients had a history of a bite. Noteworthy is the fact that 17 infections were from silver-haired/Pipistrelle species, five from Mexican freetail species, one from Western Myotis species, and one from the big brown species. Complicating the decision process, Iowa's big brown bat laboratory submissions generally run at 5 to 10 percent positive. In spite of this, the national data suggests that risk of transmission from big browns would appear to be very low. Call if you want assistance in the decision-making process.

Smallpox Vaccine Update: Two big announcements came last week regarding smallpox vaccine. First, results from a study conducted by the National Institute of Allergy and Infectious Diseases (NIAID) indicate that the existing supply of smallpox vaccine - 15.4 million doses - could be diluted up to five times and still retain it's potency. Second, an additional supply of some 75 million doses of 1970 -era vaccine has been discovered at a manufacturer (but these need to be tested for safety and potency). In addition, a manufacturer is presently under contract to produce an additional 200 million doses by the end of this summer. For additional information on smallpox vaccine, please refer to the April 25th edition of the New England Journal of Medicine or see an early preview of this information at http://nejm.org/earlyrelease/index.asp.

West Nile Virus Update: Last week, CDC hosted a national West Nile virus meeting for review of disease activity during the past few years. For 2001, WNV activity spread further south and west to include the Mississippi River valley. There were 66 cases of human WNV illness occurring in 39 counties (none in Iowa) from July 13, 2001 to December 7, 2001; no county had more than three cases. Within the 39 counties, 36 counties had birds positive with WNV from 1 - 118 days before human cases; 11 counties had horses positive, 3 - 85 days before human cases; and 22 counties had mosquitoes positive, 12 - 76 days before human cases (not all counties had ongoing mosquito trapping). It appears that human transmission occurs over an extended period of time and that bird mortality studies of crows and blue jays are the best early indicator of virus activity.

Overall, there were 700 cases of WNV infection in horses during 2001. At least 156 died or were euthanized providing a 25 to 30 percent case fatality ratio. Florida had more equine cases than all other states combined (n=492).

Conclusions:
1. Equine cases define area of activity but not risk of human disease.
2. Early WNV in birds may presage subsequent human illness.
3. WNV has spread further and faster than expected; dynamics for this are not well understood and will be actively researched in the upcoming season.
4. So far most WNV activity is

associated with Culex spp. which are not strong human biters (i.e. not "anthropophilic" if you will).
5. Scientific mosquito trapping studies hold the key for defining WNV activity and risk of human disease.

Risk Factors for Sporadic E. coli O157:H7 Infection in the US: A case-control study was done in FoodNet sites to determine if the risk factors for E. coli O157:H7 identified in a 1996/1997 study had changed. The 1996/1997 study identified exposure to cattle, pink hamburgers, table service restaurants serving undercooked hamburgers, and immune suppressive drugs as risk factors. A follow-up study conducted in 1999/2000 identified many of the same risk factors, including the following: Food - microwaving to thaw ground beef and eating pink hamburger, water - swimming in surface water near cattle and drinking surface water, and environmental - living on a farm or visiting a farm. The one noticeable change since 1996-1997 was that table service restaurants were no longer associated with infection.

From The Statewide Antibiotic Resistance Surveillance Program: Recently the state's public health laboratory, the University Hygienic Laboratory, received an isolate of Streptococcus pyogenes (Group A beta Strep) through the statewide Antibiotic Resistance Surveillance Program.

This bacterial isolate was tested for antibiotic susceptibility at the University of Iowa, Fastidious Organism Research Center (FORC), which reported high-level fluoroquinolone resistance. The isolate was susceptible to penicillin, vancomycin, clindamycin, the macrolides and tetracycline. With great help from the hospital's infection control practitioners, the following history was obtained.

The isolate came from an elderly woman's blood culture. She lived at home, and had a history of chronic pulmonary disease with many courses of antibiotics. About a month prior to hospitalization, she had been treated for bronchitis with amoxicillin and a steroid. After being hospitalized for a fall, she spiked a fever resulting in the blood culture being taken, and was place on fluroquinolone treatment. Group A beta Strep grew in the blood culture. Upon discovering this unexpected antibiotic resistance, the hospital laboratory was immediately notified, resulting in her treatment being changed to a more appropriate antibiotic. To our knowledge only one other isolate with this resistance to fluoroquinolones has been described in the literature.

Psittacosis: The Pet Bird Connection: Several inquiries were made last month concerning psittacine birds, exposure to birds with suspect psittacosis and proper methods of diagnosis and treatment. This complex disease can be latent in birds for extended periods of time. Incidence of psittacosis in birds can increase in winter. Some birds do die, and ideally should be autopsied to address health concerns of owners and other birds in the household. Birds may be treated by feeding a tetracycline analogue for 45 days. Typically, symptomatic illness in humans is characterized by abrupt onset of fever, chills, headache, malaise, and myalgia. It may progress to pneumonia with associated breathing difficulty, chest tightness, and interstitial infiltrates. Details of control and prevention for avian chlamydiosis in both humans and pet birds can be obtained from Dr. Russ Currier at rcurrier@idph.state.ia.us.

Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health Web site at: www.idph.state.ia.us.

Side Notes

Preparedness Conference - The Iowa Center for Public Health Preparedness and the Center for Health Policy Research invite you to attend the conference *New Models for a New Reality: Improving Iowa's Preparedness Capacity* on April 8 at the University of Iowa. Continuing education credit is available. For more details, visit www.public-health.uiowa.edu/icphp/, or contact Shari Heick at 319 335-6994. For registration information, contact the U of I Center for Conferences and Institutes at 800 551-9029 or 319 335-4141.

The Latino/a Conference - Strengthening and Valuing Latino/a Communities in Iowa Conference and the Latino/a Leadership Awards Brunch will be held April 27 at the Iowa Memorial Union, University of Iowa. There will be nationally known speakers, break-out sessions, entertainment, and more. Cost is $35 ($25 students). The School of Social Work is an Iowa Board of Social Work Examiners-approved provider #0034. This program is approved for 5 hours of continuing social work education. For more information, contact John-Paul Chaisson-Cardenas at 319-335-4935 or john-chaisson@uiowa.edu.

Iowa CareGivers Association Conference - The Iowa CareGivers Association Care Cruise will be held April 29 to 30 at the University Park Holiday Inn, West Des Moines. This is an annual educational conference for direct caregivers (Certified Nurse Aides, Home Care Aides, family caregivers, and others). For more information call 515-241-8697 or e-mail iowacga@aol.com.

Governor's Conference on Aging - Aging…a work in progress: The Governor's Conference on Aging will be held May 20 to 21 at the University Park Holiday Inn, West Des Moines. For more information call 515-225-1051 or 1-800-264-1084.

Grant Writers Workshop - *The ABC's and XYZ's of Successful Grant Writing* will be held May 30 and 31 at the West Des Moines Marriott Hotel. Sponsored by the Iowa Dept. of Public Health's Office of Rural Health and the Wellmark Foundation, this two-track workshop is designed for both novice and experienced grant writers. Day one, designed for the new grant writer, will be led by well-known Iowa grant writer Ron Mirr. Day two offers participants more of a hands-on experience in grant development with keynote speaker Edna Brown formerly with the Grantsmanship Center. For more information contact Kathy Williams at 515 281-7224.

Mark Your Calendars - iMAPS (Iowans Mobilizing Action for Patient Safety) will host an Iowa Patient Safety Conference June 12. More information will be in the next issue of *Iowa Health FOCUS*. For information call Dr. Mary Hansen at 515 281-3182.

New HHS web site - A new web site sponsored by HHS, "The Providers Guide to Quality and Culture," has extensive information on five cultural groups: African Americans, Asian Americans, Hispanic Latinos, Native Americans, and Pacific Islanders. In upcoming weeks, the site will expand to include Arab Americans, Muslims, and Central and South Asians, plus specific sections on Guatemalans, Mexicans, and Colombians. See http://erc.msh.org/quality&culture/.

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 fist summer institute.

1) **Intro to Public Health Practice**—Web-based class with ICN session July 8 through Aug. 16. Sites include Spencer, Council Bluffs, Sioux City, Mason City, Cedar Falls, Ames, Des Moines, Dubuque, Bettendorf, Ottumwa, Creston, and Iowa City. Students register through the Division of Continuing Education, Center for Credit Programs.
2) **Environmental Health—**ICN class July 8 through August 2. Sites include Iowa City, Cedar Falls, and Ames. Students register through the Division of Continuing Education, Center for Credit Programs.
3) **Intro to Biostatistics**—Main campus only, July 8 through August 16. M T W Th F, 1:30 to 3:00 p.m. Must have current standing with the U of I or must apply to the Graduate College as a Special Non-Degree Student to register.
4) **Epidemiolgy I: Principles** - Main campus only, July 8 through August 16. M T W Th F, 3:30 to 5 p.m. Must have current standing with the U of I or must apply to the Graduate College as a Special Non-Degree Student to register.
5) **Seminar in Patient-oriented Research, Lecture & Discussion** - Main campus only, July 8 through 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 only, July 8 through 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 or e-mail barbara-brown@uiowa.edu

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