IOWA DEPARTMENT OF PUBLIC HEALTH

Iowa Health *focus*

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Iowa kids' health indicators high, except for minorities

By Mike Crawford, Child and Family Policy Center of Iowa

Iowa is among the nation's top states in the healthiness of its children, according to the Iowa Kids Count Initiative – except when it comes to some minorities.

Although Iowa is annually one of the top states in the National Kids Count rankings, African Americans and Hispanics in Iowa fare worse than their national counterparts on three of four comparable indicators: infant mortality, births to 15-17 year olds and teen unmarried births as a percentage of all births.

Iowa's high national rankings are not the result of the state better addressing the needs of children of color, but rather the result of their relative small size in the overall child population.

The Iowa Kids Count Initiative is in its 12th year collecting and analyzing administrative and census data at the state, county, city and census tract levels. Iowa Kids Count, which is administered by the Child and Family Policy Center in Des Moines, and supported by the Annie E. Casey Foundation in Baltimore, provides data and analysis to interested individuals, organizations and policymakers.

Iowa Kids Count released its newest data book, *Diversity and Opportunity: Children Leading the Way*, last month. The data book is divided into three sections. *Cont. on page 2.*

Fighting the fat — Creators of the "Fight the Fat" program and authors of the "The Town That Lost a Ton" are from left Dianna Kirkwood, Bobbi Schell, and Jane Clemen. The three also work together at Mercy Medical Center in Dyersville. See related article on page 4. Photo provided.

Dr. Gleason's column will return next month.

Iowa receives B– on oral health

By Dr. Hayley Harvey, Director of Dental Health

The U.S. can hardly flash a toothy grin since earning an uninspiring C on a national report card released on January 16, 2001 by the advocacy group Oral Health America. The nation received its lowest grades in prevention and access to care, showing that basic oral health is still not a priority for policymakers. Iowa received an overall grade of B-, underscoring the need for increased awareness that oral health is essential to overall health. *Continued on page 3 .*

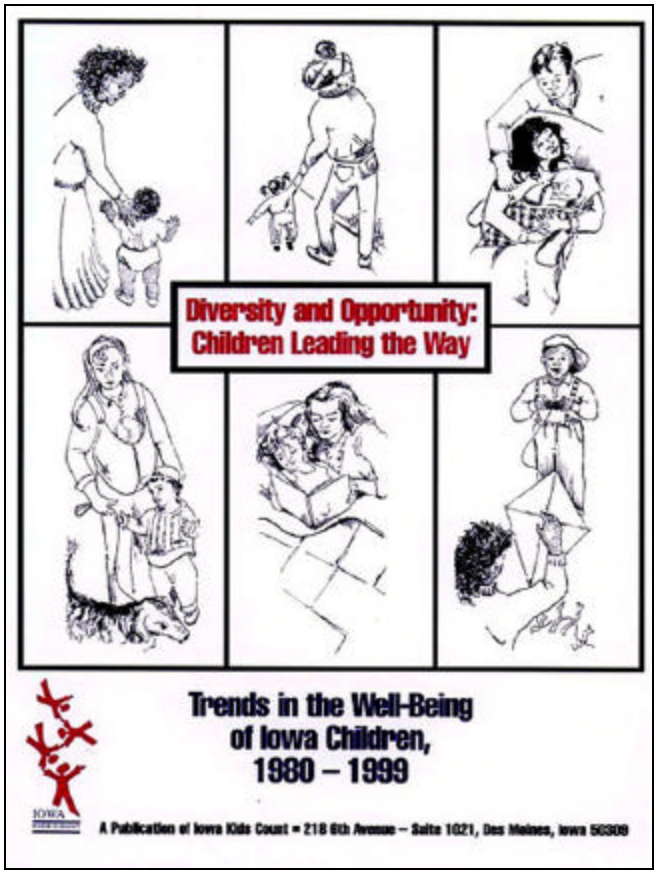
Inside this issue:

The first part is devoted to the issue of diversity, with a particular focus on children and child well-being.

One of the most significant changes in Iowa's population between 1970 and 2000 is its overall racial and ethnic composition, and this change is most evident in the child population. Children are more likely than any other age group in Iowa to be African American, Native American, Asian or Pacific Islander, or Hispanic, going from 1.9 percent of the child population in 1970 to 11.2 percent in 2000. That's nearly twice the percentage of the adult population, which, by contrast, moved from 1.4 percent in 1970 to 6.1 percent in 2000.

The second part of the data book presents administrative data from 1980 to 1999 and census data from 1980 to 2000 at the national, state and sub-state levels. It also presents racial and ethnic administrative data from 1990 to 1999 at the state level.

African American and Hispanic children fare significantly worse than white, non-Hispanic children on many measures of child well-being. In 1999, the latest year reported, the infant mortality rate (the rate of death of infants in their first year of life) was 19.9 deaths per 1,000 live births in Iowa for African Americans and 8.1 deaths for Hispanics, compared to 5.3 deaths for whites. In addition, the teen unmarried birth rate (the percentage of all births that are to unmarried teens) was 23.7 percent for African American teens and 13.2 percent for Hispanic teens, while the white teen rate was 8.2 percent.



The third part of the data book provides administrative data from 1980 to 1999 and census data from 1980 to 2000 for all 99 Iowa counties. The data are laid out in tables for easier viewing and analysis. The majority of counties do well on infant mortality and high school graduation, but continue to slip on low birth weight, births to 16-17 year olds, teen unmarried births, and child abuse and neglect.

Diversity and Opportunity: Children Leading the Way is available in hard copy from the Child and Family Policy Center (218 Sixth Avenue, Suite 1021, Des Moines, Iowa 50309; telephone: 515/280-9027; fax: 515/244-8997; e-mail: info@cfpciowa.org). In addition, all data and information presented in the data book are available on the Child and Family Policy Center's web site (www.cfpciowa.org). Click on "Iowa Projects" and then "Kids Count" to get to the menu of data and information from the data book.

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.

Iowa gets top grade of B- on Oral Health Report Card

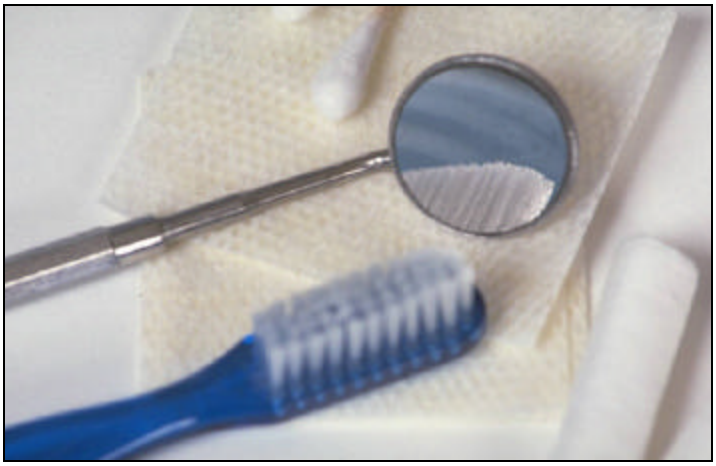
By Dr. Hayley Harvey, Director of Dental Health

Continued from page 1

Although Iowa enjoys high marks in the areas of fluoridation, oral health leadership, and oral health coalition, scores decline from C- to F in access to care, visits to dentists by those with incomes under $15, 000 and dental insurance for the elderly.

To further exacerbate the problems of access and care for the elderly, the Iowa Legislature recently passed a bill effective March 1, 2002 to limit dental coverage for adults on Medicaid. Among all the services considered for elimination in effort to decrease the $60 million Medicaid deficit, dental health services were the only services actually cut. Not only does this send a message that dental services are expendable, it further erodes the potential for the low income and those over the age of 21 to have access to dental services if they rely on Medicaid for dental coverage.

Iowa is not alone in floundering in the area of access to care. States across the country received some of their lowest grades in the areas of prevention and access to care. The report card showed large gaps in access to dental care. Income seemed to have a significant effect on services received. When graded on visits to the dentist for people with annual incomes under $15,000, nine states received Cs, 31 states scored Ds, and 11 states failed. As a result, regardless of income, most states have one-third or more people who failed to see a dentist at least once last year. Access to insurance is noted as an obvious problem for the elderly, with 39 states scoring Fs.



One area of progress has been awareness. Several states hired dental directors and others increased the position to full-time. This helped earn the nation a B average in the oral health leadership category. Oral Health America attributed this advance to awareness created by Surgeon General David Satcher's report in 2000.

Overall, Connecticut, Hawaii, Iowa, and Utah scored the highest grade of B-. Nineteen states scored C+s, 21 states scored Cs, and six states scored C-s.

The Surgeon General's report found several areas where the nation is lacking, including:

- More than 108 million U.S. adults and children are without dental insurance.
- Tooth decay is the most common chronic childhood disease, affecting 50 percent of first graders and 80 percent of 17-year-olds.
- Every year, over 30,000 people develop oral and pharyngeal (throat) cancer.
- Oral/pharyngeal cancer is the sixth most common cancer in U.S. males and the fourth most common cancer in Black men.
- Almost 2.5 million days of work are lost each year due to dental problems.

Oral Health America is the nation's premier, fully independent organization dedicated to improving oral health. The report card was funded in part by a grant from The Robert Wood Johnson Foundation. Full report card results are available at www.oralhealthamerica.org.

Iowa to receive bioterrorism funding

The Emergency Supplemental Act, 2002, and the Department of Labor, Health and Human Services and Related Agencies Appropriations Act, 2002, provide more than a billion dollars nationally to foster state and local preparedness. The funds are intended to upgrade infectious disease surveillance and investigation, to enhance the readiness of hospital systems to deal with large numbers of casualties, and to expand public health laboratory and communication systems capacities.

Iowa is slated to receive nearly $13 million in fiscal year 2002 for bio-terrorism preparedness available through IDPH. There are two components for this funding. The Health Resources and Services Administration (HRSA) is the sponsor for the new Bio-terrorism Hospital Preparedness Program.

This program provides $1,383,675 to improve the capacity of Iowa's hospitals, their emergency departments and associated health-care entities to respond to bio-terrorist attacks as well as outbreaks of infectious diseases and other public-health emergencies. The focus is on identification and implementation of bio-terrorism preparedness plans and protocols for hospitals and other participating health care agencies.

This cooperative agreement will be in two phases –
1) Needs assessment, planning and initial implementation and
2) Implementation.

The second component for $11,514,786 comes from the Centers for Disease Control and Prevention (CDC). This cooperative agreement is intended to upgrade state and local public health jurisdictions' preparedness for and response to bio-terrorism, other outbreaks of infectious disease and other public health emergencies. This program addresses "Healthy People 2010" priority areas and implements selected activities authorized under the Public Health Service Act.

Work plans are required in six focus areas:

- Preparedness Planning and Readiness Assessment,
- Surveillance and Epidemiology Capacity,
- Laboratory Capacity, Biologic Agents,
- Health Alert Network/ Communications and Information Technology,
- Risk Communication and Health Information Dissemination and
- Education and Training.

In each of the focus areas, the CDC has established 'critical capabilities that must be addressed. Once they have been met, other capabilities may be identified and addressed.

Another $200,000 will be provided to the Des Moines' Metropolitan Medical Response System (MMRS) through the Office of Emergency Preparedness.

Collaboration with these three funding sources, as well as others available, presents a tremendous opportunity to strengthen the infrastructure of our public health and health-care systems statewide.

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 will come out in April.

Fighting the Fat and winning

By Tim Lane, Bureau of Health Promotion

Is it me or is Dyersville, Iowa looking marvelous? That is one of my trick questions. It is me, and Dyersville *is* looking marvelous.

Five years ago, the city declared war on obesity and initiated a "Fight the Fat" program. In the initial skirmish, 383 participants lost 3,998 pounds. The media picked up on this and a brief story ran in newspapers from coast to coast.

Ladies' Home Journal saw it and sent a reporter to cover it the next year. They ran an article in July 1999. A New York literary agent saw that and decided it could be a great book. That book is now available and is called "The Town That Lost a Ton."

In four years, the Fight the Fat program has helped 1,300 participants lose more than 12,000 pounds. As it turns out the participants were born losers!

That is when they added the secret ingredient... togetherness. Having friends, buddies, family, and co-workers on the same page was the secret to their great loss. It was a crucial part of their losing plan!

Poisonings kill around 30 children annually

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

Each year, unintentional poisoning from medicines and household chemicals kill about 30 children and prompt more than 1 million calls to the nation's poison-control centers. National Poison Prevention Week, March 17-23, aims to help prevent those childhood poisonings by reminding people to check their homes now.

The three **most** important safety messages to prevent poisonings are: (1) Use child-resistant packaging because it saves lives; (2) keep medicines and household chemicals locked up out of reach and sight of young children. Child-resistant does not mean child-proof; and (3) keep the Iowa Statewide Poison Control Center Emergency number, 1-800-352-2222, next to your telephone and call immediately if a poisoning occurs. Below are basic poison-prevention tips that everyone should know:

1. Use child-resistant packaging properly by closing the container securely after each use.
2. Keep all chemicals and medicines locked up and out of sight.
3. Call the poison center immediately in case of poisoning. Keep on hand a bottle of ipecac syrup, but use it only if the poison center instructs you to induce vomiting.
4. When products are in use, never let young children out of your sight, even if you must take them along when answering the phone or doorbell.
5. Keep items in original containers.
6. Leave the original labels on all products, and read the label before using.
7. Do not put decorative lamps and candles that contain lamp oil where children can reach them. Lamp oil can be toxic if ingested by young children.

8. Always leave the light on when giving or taking medicine. Check the dosage every time.
9. Avoid taking medicine in front of children. Refer to medicine as "medicine," not "candy."

Clean out the medicine cabinet periodically and safely dispose of unneeded and outdated medicines.

Gambling a component of "March Madness"

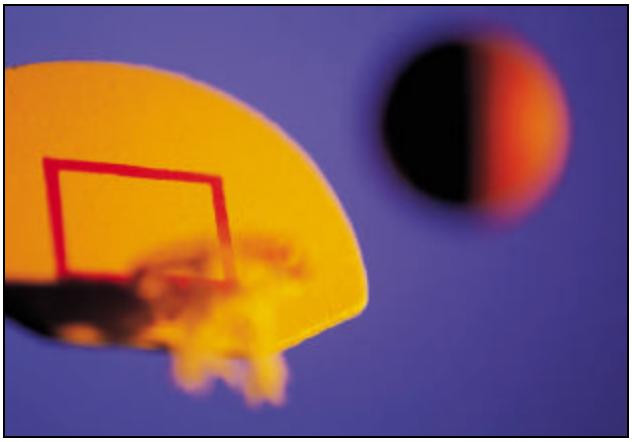
By Frank Biagioli, Iowa Gambling Treatment Program

The saying "expect the unexpected" applies well to the National Collegiate Athletic Association basketball tournament that rolls around each March. This NCAA tourney creates so much interest that its first day is one of the busiest sports betting days. Many gamblers using their "systems" bet heavily, lose more than expected, and catch their own strain of "March Madness."

Legally, Iowans are limited to friendly wagers set at a $50 win or loss during a 24-hour period. A maximum bet of $5 per person can be placed into a pool (at a licensed venue) for a $500 maximum payout on the outcome of an event. In reality, sports wagers involve much larger sums that can lead to disaster for some gamblers and their families. In Iowa, it is not legal to wager using a telephone or the Internet*.

Many people find fun in placing small, reasonable sports bets. Some get into fantasy sports betting activity that has risen over the years. Others take chances in office-sponsored pools. However, a small percentage of people, who are tantalized first by rather innocent betting, are hooked on serious sports gambling and move into problem gambling behavior.

A small percentage of Iowa Gambling Treatment Program clients identify their primary wagering to be sports. Gamblers experiencing excessive gambling behavior cover up their actions very smoothly. Many devote a good amount of their work time to gambling activities. Some set up a "Command Central" to monitor odds and obtain information from the Internet and other sources. They set up spreadsheets; they run office pools; they place bets by telephone or on the Internet.



Work time is lost while the telephone, computer, and other resources are used more like gambling paraphernalia than office equipment.

Needing to bet more and more money, these gamblers lie about how much they gamble. Some use their credit cards and those of relatives and friends. They hide their gambling activity from close associates and family members. To maintain their gambling and to obtain money to gamble, they borrow, steal, embezzle, or get involved with drugs and other illegal vices.

Family members and friends losing out to gambling may criticize gambling activities. As gambling becomes more important than family, social and community activities, gambling-related arguments occur and add to relationship problems. Domestic violence may be the result.

More than ever, young people are exposed to sports betting in junior high and high schools and on the Internet. They feel comfortable with gambling. They focus on its glamour. Some concentrate their time, efforts, and money to sports betting while they ignore the serious dangers involved with excessive gambling. Some live in fear of their bookies because they cannot pay debts. They are beaten or forced to resort to theft, drug dealing, or criminal activity that they never expected when they started gambling.

For more information on problem gambling and the Iowa Gambling Treatment Program, refer to www.1800betsoff.org or call the 1-800-BETS OFF Helpline.

* Federal prosecutors argue that online wagering, estimated to reach $4.5 billion worldwide in 2002, is currently illegal from within U.S. borders; an estimated 90 percent of all Internet bettors are in the U.S.

Transformation of Public Health – A Status Report

By Julie McMahon, Division Director of Community Health, and
Stephen Quirk, Division Director of Health Protection & Environmental Health

The only way to predict the future is to create it. This is the guiding principle of transforming public health in Iowa. Transformation of Public Health is an effort to "chart a course for the 21st century" and develop strategies to strengthen the delivery of public health services in Iowa.

What is Transformation of Public Health?
Several national reports released in recent years shed light on the current state of the nation's public health infrastructure. Agencies such as the Centers for Disease Control and Prevention, National Association of County and City Health Officials, and the Association of State Health Officials concluded that each local and state health agency must ensure the needed capacity and be fully prepared to serve communities, to increase the efficacy of the public health system.

The tragic events of September 11, 2001 significantly challenged public health and the question remains whether public health is prepared to respond to new threats. In Iowa, local and state public health professionals must collaborate to build upon the infrastructure already in place, and strengthen the overall public health system.

The Transformation of Public Health is not a result of state budget cuts. The concept, first proposed in February 2001, would have been a priority of the department regardless of budget cuts and redesign efforts. For some time, an in-depth review of our public health system has been sorely needed. Due to the involvement of local and state public health professionals, much of the review is completed and the process of transformation is underway.

How Far Has Transformation of Public Health Come?
Fifteen external community visits and three internal visits were held between October and December and collected insight from 500 public health professionals. The collected comments were categorized into six core areas:

- Marketing the relevance of public health;
- Maximizing available resources through increased flexibility and aggregation of resources;
- Having an adequate local public health infrastructure;
- Focusing needs on achievement of goals established in *Healthy Iowans 2010* through core public health programs;
- Encouraging regional linkages; and
- Establishing accountability and performance measures (formerly Technical Assistance).

On December 12, 2001, more than 45 local and state public health professionals attended a daylong Transformation of Public Health Summit. Its purpose was to engage in small group discussions, analyze the comments, and begin to develop strategies that build on our current strengths. It was also meant to improve public health's capacity to fulfill the Ten Essential Public Health Services and Core Public Health Functions.

Each work group identified themes within each of the core areas. Although many themes were identified within the six core areas, the proceedings list the work groups' top priorities. Action statements were developed to provide direction and to operationalize the themes. To provide further detail, work groups identified specific infrastructure, linkages and partnerships, workforce development and accountability elements for each action statement. *Transformation of Public Health Summit Proceedings* represents the progress made by the participants at the summit and can be found at http://www.idph.state.ia.us/fch/trans/focus.htm.

Where is Transformation of Public Health Going?

It's an ongoing process. Currently, internal transformation team members, with the assistance of summit participants, are refining the plans developed by the work groups and identifying areas of overlap. The department hopes to have much of the plan in place by summer of 2002. This deadline will allow us to factor in the results of the 2002 legislative session (budget cuts and improvement of state government). A second round of 12-15 community visits are being planned for May and June to share the results of the transformation project. Dates, times, and locations of the visits will be posted on the Iowa Department of Public Health web site by May 1, 2002. Please, plan to attend one of these visits.

Resources

The following resources describe the status of public health and strategies for building and strengthening public health services:

- Centers for Disease Control and Prevention. *Public Health's Infrastructure: A Status Report*. 2001. www.cdc.gov
- National Association of County and City Health Officials. *Local Public Health Agency Infrastructure: Chartbook*. 2001. www.naccho.org/GENERAL428.cfm
- United States Department of Health and Human Services. *Healthy People 2010, Chapter 23 – Public Health Infrastructure*. 2000. www.health.gov/healthypeople
- Iowa Department of Public Health. *Healthy Iowans 2010, Chapter 17 – Public Health Infrastructure*. 2000. www.idph.state.ia.us

Epidemiology Notes

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

Suspect TB in a High School Student : This past month, a suspect case of tuberculosis (TB) in a High School student was announced. Typically, when a person is diagnosed with TB, the infectiousness is determined by site of the infection (lungs vs. bone, for example), by a sputum smear test, and by symptoms such as coughing, etc. The patient is also interviewed to determine who might be exposed, and those at highest risk (usually family members, close friends, people with whom the patient has spent lots of time in close contact) are skin tested. If some of these people have positive skin tests, the "circle" is expanded and the next highest risk people are tested.

The circle continues to expand until all those tested are skin-test negative. (Actually, it's a bit more complicated, but this is basically the process.) Those with positive skin tests take antibiotics, usually INH, which will stop them from developing the disease. For more information, call the TB control program at (515) 281-8636.

Respiratory Syncytial Virus (RSV) season: During the last several weeks we have received numerous questions and concerns about Respiratory Syncytial Virus (RSV) infection. RSV is a common cause of respiratory-tract disease and the most common cause of bronchiolitis and pneumonia in infants and children under 2 years of age.

Illness typically begins with fever, runny nose, cough, and sometimes wheezing; bronchiolitis and pneumonia may develop, especially if this is the

child's first infection with this virus. Most children recover within two weeks, and only a small percentage of children require hospitalization.

The virus is spread by inhalation of airborne droplets containing infectious secretions or by contact with environmental surfaces that had been recently contaminated. Since RSV is most prevalent in winter, here are some timely recommendations for preventing and controlling the disease:

- Hand wash, hand wash, hand wash!
- Ensure correct disposal of tissues.
- Within day-care settings, ensure that proper procedures are followed for the cleaning and disinfection of toys. Additionally, should multiple cases occur, cohort the ill from well/recovered children to help reduce the spread.

Excluding children from day-care or school who are well enough to attend will not likely affect the spread of the virus, and therefore this practice is not recommended.

Hepatitis C Initiatives: The Iowa Department of Public Health has been awarded a grant from the CDC to improve the capacity to prevent and control viral hepatitis infection, primarily hepatitis C (HCV) in Iowa. As part of this, the IDPH has hired a HCV coordinator, Hal Chase, for this project. Hal is a registered nurse with experience in hospital and community-based direct patient care. He received his diploma in nursing from Mercy School of Nursing and his bachelors in nursing from Grand View College.

As this is a new opportunity for Iowans to identify, prevent, and control hepatitis C (HCV) within our state, Hal is asking for your assistance. Interested public health and medical personnel with expertise and experience in client services, education, research, and technical assistance in Hepatitis C are encouraged to be part of a strategic planning committee to formulate how we proceed with this process. For more information, contact Hal at 515-281-5027 or via e-mail at hchase@idph.state.ia.us.

Scabies: A Stealth Visitor to Long Term Care Facilities: We continue to consult with long-term care (LTC) facilities and other residential care homes that report continuing problems with scabies. It is wise to assume this "personal parasite" is approaching endemic status in Iowa and needs to be considered in any resident with red, raised, and pruritic papules; we rarely see the pathognomic "burrow." In institutions, scabies is most frequently introduced by transfer of an infested patient from one institution to another, after which there is secondary transmission to staff and other residents, and regrettably, tertiary transmission to staff's families. Skin scrapings are essential for diagnosis and proper management.

For skin testing, we suggest using a #10 or #20 sterile disposable scalpel and prepare wet mounts using Type B microscopic immersion oil on suspect lesions. Systematically view the slides using the 4X objective and look for mites, eggs or scybala (groups of inspissated fecal pellets that appear with a characteristic golden/orange color). Any hospitalized patient with LTC history with red, raised, pruritic skin lesions should be scraped to rule out presence of Sarcoptes scabiei and occasional Demodex folliculorum mites as part of a sound physical examination. LTC residents usually have heavy mite burdens and preparation of three slides is sufficient to demonstrate mites.

Influenza Update: More cases of influenza were confirmed this past month, some in counties that have already had confirmed cases, as well as in several new counties (Floyd, Van Buren, and Mills). We also saw the first (and only) confirmation of an influenza A(H1N1) from Iowa State University. All other cases continue to be influenza A(H3N2) - 104 cases confirmed so far. As always, you can get the most up-to-date information on influenza in Iowa from either the IDPH web site at http://www.idph.state.ia.us/pa/ic/ic.htm or from UHL's web site at http://www.uhl.

uiowa.edu/HealthIssues/Respiratory/index.html.

New Strain of Influenza Identified: On February 6, 2002, the World Health Organization (WHO) and the Public Health Laboratory Service (PHLS) in the United Kingdom reported the recent identification of a new influenza virus strain, influenza A(H1N2), isolated from humans in England, Israel, and Egypt. In addition to the viruses reported by PHLS, the Centers for Disease Control and Prevention (CDC) and the Wisconsin Division of Public Health have identified an influenza A (H1N2) virus from a patient specimen collected during December 2001 in Wisconsin. Influenza A(H1N2) viruses have been identified in the past. Between December 1988 and March 1989, 19 influenza A(H1N2) viruses were identified in six cities in China, but the virus did not spread further.

Influenza A viruses are divided into subtypes on the basis of two proteins, hemagglutinin (H) and neuraminidase (N), on the surface of the virus. Since 1977, two influenza A virus subtypes, A(H1N1) and A (H3N2), have circulated widely among humans. The new H1N2 strain appears to have resulted from the re-assortment of the genes of the currently circulating influenza A(H1N1) and A (H3N2) subtypes. The hemagglutinin protein of the A(H1N2) virus is similar to that of the currently circulating A(H1N1) viruses, and the neuraminidase protein is similar to that of the current A(H3N2) viruses. Because the current influenza vaccine contains strains with both H1 and N2 proteins similar to those in the new strain, the current vaccine should provide good protection against the new A(H1N2) virus. No unusual levels of disease have been associated with this virus and, at this time, it is uncertain if the A(H1N2) virus will persist and circulate widely.

In the United States, as of the end of January, 99 percent of the sub-typed influenza A viruses reported through the U.S. WHO and NREVSS collaborating laboratories have been H3 viruses and 1 percent have been H1 viruses. CDC has received 6 influenza A H1 viruses (2 collected in September and 4 collected in October) for further antigenic characterization. These isolates include the A (H1N2) virus from Wisconsin. The neuraminidase type of the other H1 viruses has not yet been determined, but testing is under way. International influenza surveillance conducted through WHO and U.S. surveillance conducted by CDC will continue to track the occurrence of A(H1N2) viruses.

Emergence of human drug-resistant Salmonella linked to pigs: A researcher in Taiwan reports that people are being infected with a strain of Salmonella - Salmonella enterica serotype choleraesuis - that is resistant to fluroquinolones. Researchers also report that this resistant strain likely emerged from pigs, as the DNA patterns (from the human and pig isolates) were similar. The researchers conclude that the use of fluoroquinolones in pig feed is the likely cause of this problem. To view the full abstract, please access the following web site: http://content.nejm.org/cgi/content/abstract/346/6/413

Upcoming Events:

Update on enteric disease surveillance in Iowa: UHL is sponsoring an ICN presentation on Thursday, March 14, to discuss enteric disease surveillance in Iowa. Specific information, including the agenda and committed ICN sites, can be found at http://www.uhl.uiowa.edu/UpcomingEvents/Current/AEDSWorkshop.html

Annual Iowa Infection Control Seminar: Information on this upcoming conference can be found at the following website. Please note that there will be a half-day dedicated to tuberculosis. The seminar is open to all health professsionals. http://www.uihc.uiowa.edu/corm/corm.htm

Side Notes

Soft Drinks in School - A panel discussion on *Soft Drinks in Iowa Public Schools: Emerging Epidemics and Possible Solutions* will be held from noon to 1:30 p.m. March 8 at Galagan Auditorium, College of Dentistry, University of Iowa. For more information contact jonathan-shenkin@uiowa.edu.

Worksafe Iowa - The *Fourth Annual Worksafe Iowa Occupational Health Symposium* will be held March 13 to 14 at the Iowa Memorial Union in Iowa City. For more information, contact kimberly-gordon@uiowa.edu.

2002 Conference for Public Health - The *2002 Conference for public Health: Putting Public Health in Action* will be held March 26 to 27 at Scheman Conference Center at Iowa State University. For more information contact www.ihea.net

ISAPDA Training Resources Substance Abuse Training Classes -
1) What Works When Addressing Alcohol, Tobacco, and Other Drug Problems: March 13, 8:30 a.m. to 4:30 p.m. at the State Historical Center, Des Moines. Scott Miller, Ph.D. will present the class. Deadline for sign-up is March 6. Cost is $45. Continuing education credits available.
3) Substance Abuse and ADD: After Diagnosis Now What? March 26, 8:30 a.m. to 4:30 p.m. at Foxboro Center, Johnston. Bruce Buchanan, ACSW, LISW, BDC will present the class. Deadline for sign-up is March 19. Cost is $45. Continuing education credits available.
4) 25th Annual Governor's Conference on Substance Abuse: April 10 to 11 at the Holiday Inn Airport, Des Moines. Details to come.
5) The Dynamics and Variables in Sustaining Recovery from Meth, Alcohol, and Marijuana: May 3, 8:30 a.m. to 4:30 p.m. at Foxboro Center, Johnston. Dennis Daley, Ph.D. will present the class. Deadline for sign-up is April 26. Cost is $45. Continuing education credits available.

For questions or to obtain a registration form call Training Resources at 319-363-2531 or e-mail at info@trainingresources.org or www.trainingresources.org.

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.

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.

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.

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