

IOWA HEALTH FOCUS

August 2001 ■ Iowa Department of Public Health

To stay well, help your body's coolants

By Gretchen Nissen
Center for Acute Disease Epidemiology

There are two things you can count on during the summer in Iowa—heat and humidity. It's important to take measures to help your body's cooling mechanisms and prevent heat-related illness.

People suffer heat-related illnesses, like heat exhaustion and heat stroke, when their bodies are unable to compensate and properly cool themselves. Typically, the body cools itself by sweating. But when the humidity is high, sweat does not evaporate as

quickly, decreasing the body's ability to stay cool.

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Hundreds of Iowa teens attended the JEL (Just Eliminate Lies) Boot Camp held in Ames at the end of July. In the above photo, students lead a rally against "Big Tobacco." IDPH's Division of Tobacco Use Prevention and Control sponsored the event.



From the director

By Dr. Stephen Gleason

For many people, public health does not include dental health. That's strange because of the obvious need to preserve teeth for the vital function of eating. Continued on page 3.

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Before spending time outdoors in the summer swelter, keep these tips in mind:

- Drink plenty of fluids, even more than your thirst indicates. During heavy exercise drink 2-4 glasses of cool fluids every hour. Try to stay away from drinks with caffeine or alcohol as they can actually dehydrate you.
- Replace salt and minerals lost through heavy sweating by drinking fruit juice or a sports drink.
- Wear lightweight, light-colored, loose-fitting clothing and bring a hat or umbrella to stay shaded.
- Apply a sunscreen (SPF 15 or higher) 30 minutes before going outside and re-apply after swimming.
- Stay indoors in air-conditioning. If you don't have an air conditioner, take a cool break at the mall or public library.
- Schedule outdoor activities for the morning or evening. Rest frequently and pace yourself.

Heat-related illnesses can easily be prevented by using common sense. Do not leave infants, children, or pets in a parked car. Dress children in cool clothing, keep them in the shade, and make sure they drink enough water. Avoid direct sun exposure during the mid-day hours. Also, provide your pet with plenty of water and a shady spot to rest.

Staying cool and making some simple changes in your fluid intake, clothing, and activities during hot weather can help you remain safe this summer. For more information, check out the CDC web site at www.cdc.gov/nceh/hsb/extremeheat/.

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.

Dental health is important to public health

*By Dr. Stephen Gleason
IDPH Director*

For many people, public health does not include dental health.

That's strange because of the obvious need to preserve teeth for the vital function of eating. Dental health and general health are intimately related, of course. The health of teeth and gums affects a population's general health and vice versa.

A good example is type II diabetes and periodontal disease. People with type II diabetes have a much higher risk for periodontal disease, and periodontal disease may make diabetes much worse.

That's why we're devoting much of this issue of FOCUS to the subject of dental health. It's also why the Iowa Department of Public Health has a Bureau of Dental Health, headed by a very able dentist, Dr. Hayley Harvey. One of her main charges is to help see that all Iowans have access to dental care. Given the disparities of geography and income in the state, that's not an easy task.

It's a great concern to me, and to Governor Vilsack, that many Iowans – including many Iowa children – lack access to dental care. Healthy Iowans 2010, our blueprint for public health for the next decade, clearly states the problem in its chapter on Oral Health.

“The primary oral health problem facing Iowans for the next 10 years is access, especially for certain populations. These include: persons with special health-care needs; people who lack access to oral prevention and routine care; those with lower income and less education; and persons in certain racial, cultural and ethnic groups. For these special populations, there is a higher level of unmet needs as well as an increased prevalence of oral disease.”

The plan for attacking these problems, in the form of goals, rationales and action steps, is also clearly laid out in Healthy Iowans 2010.

Besides the resources of the department and federal and other grants, Dr. Harvey now has the help of the Dental Advisory Council, formed earlier this year, to help achieve those goals. The council's main purpose is to advise Dr. Harvey and me on ways to improve dental-care access.



Pictured are members of the newly formed Dental Advisory Council. In front row from left are Stephen Gleason, Deborah Grandgenett, Andrea Cardenzana, Kathy Monahan, Patty Lynch-Simon, Mary Kelly, Dawn Grandia, Shelia Temple, Catherine Watkins. In back row from left are Larry Lang, John Maletta, Robert Jakoubek, Alex Brandtner, Tom Zisko, Peter Vidal, Peter Damiano, John Paschen, and Hayley Harvey. Two members not pictured are Michael Kanellis and Ray Sturdevant.

Specifically, it's to make evidence-based recommendations on the most cost-effective approaches to improving access in rural areas; develop plans to help bring down the barriers to dental care for vulnerable populations and promote dental public health and access for all Iowans. Also, to communicate with consumers, dental and medical professional associations, insurers, foundations, boards of education, the Iowa Department of Human Services and other institutions and agencies to reduce bureaucratic and other obstacles to dental care access.

The council has 21 individual, and 27 association, members. That includes 13 dentists, who are in private practice, research, serving special populations or in public health dentistry. It also includes five dental hygienists, two physicians – illustrating my point about the relationship between dental health and general health – and a dental assistant.

It's impossible for the department to fulfill its mission of promoting and protecting the health of lowans without paying attention to the population's dental health. The public may not associate dental health with public health, but no true public health practitioner can fail to do so.

Group finds gaps in dental programs

*By Hayley Harvey, DDS
IDPH Dental Health Bureau*

A national on-site review team has found “critical gaps in capacity of state and local oral health programs to perform core public health functions.”

The Association of State and Territorial Dental Directors (ASTDD) led an Iowa on-site review of the state oral health program on June 5-7 at the request of the Iowa Department of Public Health's Bureau of Dental Health. The Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) commissioned and funded the review.

A nine-member Onsite Review Team was formed and included representatives of the Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB) and Region VII Field Office, CDC/Division of Oral Health, state oral health program, local oral health program, state dental Medicaid program, the American Dental Association, and ASTDD.

The purpose of the onsite review was twofold: 1) to provide the state health agency with an external peer assessment of its oral health program including evaluation of current program components and activities as well as structures and processes; 2) to develop recommendations for maintaining excellence and identifying appropriate new strategies to build a more effective state oral health program.

Preparation included a self-assessment of the program. The Bureau of Dental Health prepared the report, describing its role, activities,

outcomes, strengths, weaknesses and quality improvement plans. The self-assessment also provided personnel and fiscal information on the state health agency and state oral health program as well as information on the state's demographics, oral health status, dental care systems, and access to care.

It included a review and analysis of the self-assessment report, and supplementary program documents. It also included interviews and group discussions with state health agency management and technical staff, representatives of the dental professional organizations, faculty of the dental school in Iowa, oral health service providers and consumers, community representatives, advocates of special needs populations, and other stakeholders.

The review team made recommendations to the state agency based on needs of the state and the ASTDD Guidelines for State and Territorial Oral Health Programs. These guidelines promote the essential dental public health services for the core public health functions of assessment, policy development and assurance.

Many of the themes presented by the state participants and the recommendations expressed by the Onsite Review Team are similar. Both echo concerns recently made by the Surgeon General in his report, *Oral Health in America: A Report of the Surgeon General*, and by ASTDD in their report, *Building Infrastructure and Capacity in State and Territorial Oral Health Programs*.

During the exit interview, team leader Kathy Mangskau said, “critical gaps in capacity of state and local oral health programs to perform core public health functions will need to be addressed if significant progress is to be made to meet the oral health needs of the state. Based on the ASTDD infrastructure report, the range of funds needed for adequate oral health program capacity for a state similar in size to Iowa would be approximately \$1 to \$1.5 million. A collaborative process will need to continue and an action plan developed with priorities that are achievable given the constraints, including plans to address resource needs in the long term.”

The review team hopes that its findings and recommendations will encourage the state to set priorities and seek resources to further strengthen the state oral health program. They will also be used to

enhance the performance of the state oral health program, and ultimately improve oral health as well as the general health of Iowans.

The Dental Health Bureau should receive copies of the final report by the end of August. Executive summaries will be available on the Internet and a copy maintained in the dental health bureau for interested persons.

Cerro Gordo empowers asthma patients

By Jaci Santee, MA

Cerro Gordo County Department of Public Health

The Cerro Gordo County Department of Public Health is taking an aggressive approach to lowering the use of hospital services and improving care of children with asthma through its Pediatric Asthma Case Management Program. With a grant from the Wellmark Foundation, the program has been in effect for two years and its success has been replicated in six surrounding rural counties.

Children who consume the greatest number of resources and frequented the emergency room became the initial target. The goal was to give identified patients and parents the resources to deal with acute asthma episodes. This was done by:

- assisting patients or their parents to prepare and follow their daily management plan and action plan for dealing with symptoms;
- increasing participants' competence in taking medication according to his or her prescribed regiment;
- expanding participants' competency in practicing a variety of intervention strategies, depending on the progression and severity of symptoms; and
- increasing parental use of environmental home management to reduce triggers.

Although educating the families is an integral part of the puzzle, it isn't the only piece. The program staff initiated an ongoing provider-education program to:

- increase use of patient management among providers; and
- increase health professionals' knowledge, attitudes, and skills of signs, symptoms, and management strategies for asthma.

Primary care providers identify and refer children to the program. During the program, contact is maintained with the child's primary care provider and at the end of the first six months, providers receive an update on the child's progress. Public health nurses make 10 home visits to each patient/family. Home visits are scheduled once a week for the first two weeks, every other week for the next four weeks, once a month for four months, then every other month until the program is completed. The visits are scheduled at times convenient to the family.

The program has decreased time in ER and hospital use, charges, and school days missed; resulted in medication changes; identified triggers or additional triggers; and decreased asthma episodes. It also resulted in parents smoking outside, removal of carpet from children's rooms, decreasing the number of stuffed animals in the room and changing furnace filters more frequently. Parents also say they and their children are sleeping through the night for the first time in years, their children are spending more than five minutes outside and they no longer feel helpless. And, parents have learned to properly care for their own asthma.

Providers are grateful to have found a missing treatment link and for education on the latest treatments and pharmaceuticals.

The program's success is largely due to the fact that the people involved in the project are also the ones providing the services, rather than the decision-makers in each organization. An important aspect is that the program includes home visits tailored to the needs of the parents and child.

On a larger scale, partnerships among health care providers, the health system, insurance companies, media, human services, public health and the community have improved the health status of pediatric asthmatics. The most important asset of the program is the partnership between public and private health-care providers.

DNR program promotes cleaner air

*By Brian Button
Iowa DNR Air Quality Bureau*

At the stop light, the car in front of you is emitting a thick pall of exhaust into your car. What can you do?

Until recently, nothing. But the DNR is beginning a voluntary program, used by several states for years, in which Iowans can report smoking vehicles.

The reporting motorist can call toll free, 1-866-TAILPIPE, and provide the location, Iowa license plate number and vehicle make and model and informative, educational materials will be sent to the vehicle owner. The materials explain the likely causes of excess emissions, given the color of the smoke, and potential remedies.

With growing recognition that vehicles play a role in summertime smog formation and toxic air emissions — providing over 40 percent of toxins — the DNR hopes Iowans will do their part to report and repair excessively emitting vehicles.

“One smoking car can emit as much exhaust as 10 to 30 properly operating vehicles,” said Sheri Walz, who conducts mobile source emission inventories for the air bureau.

“The program is purely informational and voluntary,” said Walz. “Data from programs in other states show that perhaps half of vehicle owners will voluntarily take steps to reduce emissions.” She said when they learn smoke can be unburned fuel or that it signals something is mechanically wrong, some people decide to repair sooner than later, especially if delaying can result in more costly repairs or engine damage.

“Some repairs can be inexpensive, even do-it-yourself jobs,” she said.

Walz said people can choose to ignore the letter, but hopes most will take action.

For details, call Sheri Walz at 515-281-4927. Call 1-866-TAILPIPE to make a report.

Iowa Second Nationally in Immunizations

By Kevin Teale

IDPH Communications Director

A new federal report has good news for Iowa parents. Their children are among the best protected in the nation from dangerous diseases such as polio, pertussis, and measles.

The numbers come from the latest report of immunization rates of children between one-and-a-half and three years old. Iowa's rate of 82.5 percent trails only North Carolina, which had the top rate of 82.8 percent. This report is based on a telephone survey of parents and medical offices nationwide and includes children served by both private doctors and public health clinics.

"Besides parents, credit for Iowa's high rate needs to go to the doctors, nurses and public health professionals in the state," said Dr. Stephen Gleason, director of the Department of Public Health.

"Those health care workers are truly the people on the front line in our battle against infectious diseases."

Gleason said Iowa's high rate shouldn't lead to complacency on the part of parents or health care workers. The numbers still indicate that there are thousands of Iowa children not appropriately immunized, meaning they are vulnerable to severe illness. Also, the population targeted in the survey changes every year as children get older and new Iowa infants reach the age when they should be fully immunized.

To help remind them about proper immunizations, the parents of each child born in Iowa receive an immunization schedule and card to track a child's progress when they leave the hospital. The cards are provided by Hallmark Cards and include an immunization reminder message from Governor Tom Vilsack and Lt. Governor Sally Pederson.

Healthy Child Care Iowa sets goals with new partnership

By Sally Clausen

IDPH Family Service Bureau

Improving health and safety in early education and child care is the goal of Healthy Child Care Iowa (HCCI), a relatively new partnership between the Iowa Departments of Human Services and Public Health.

Early education and care providers, facilities, and programs are primarily regulated by Iowa Department of Human Services (DHS). The programs operate under their own law, rules, regulations, and policy; it is its own industry with specialization.

Early education and care programs are organized according to DHS regions. Healthy Child Care Iowa is a population-based core public health program. It is supported through federal funds from the U.S. Department of Health and Human Services, Child Care Bureau and Maternal and Child Health Bureau.

DHS State Child Care Administrator, Julie Ingersoll, says, “Our partnership with public health brings health and safety experts directly to early education and child care providers. Public health has the expertise in disease prevention, child development and behavior, and environmental health. A child care health consultant can visit a child care provider and provide assistance about diapering, sanitation, SIDS, and using private-well water often during just one visit.”



Healthy Child Care Iowa has a 24-hour, 7-day-a-week toll-free talkline for providers at 800-369-2229. It is operated by Iowa State University Extension. Calls are answered by a registered nurse during business hours and after hours by the American Red Cross. The talkline

receives approximately 15 calls per month. Callers request information about finding quality child care; child development; illness; exclusion policies or request information about safe equipment and playgrounds.

Providers may also get information and learn about resources at www.idph.state.ia.us/hcci. The web site has a map locating regional child care health consultants, printed materials, and hotlinks to other child care health and safety web sites. Providers frequently access the internet at their public libraries, often during story hour for the children.

One of the objectives for Healthy Child Care Iowa is to train and support registered nurses as child care health consultants. Iowa has six full time child care health consultants. The consultants are financially supported through Child Care Development Funds; Empowerment; Head Start or Early Head Start; public health nursing; or Title V Maternal and Child Health.

Child care health consultants (CCHC) conduct training for early education and care providers or provide consultation. Frequent training topics include standard universal precautions; prevention of communicable disease; child nutrition; child behavior; playground safety; and injury prevention. Consultation is more refined to a specific need or issue within an early education or care environment.

The CCHC is available at no cost to licensed centers, registered homes or non-registered providers.

Sixteen nurses completed training in November 2000 and 14 in April 2001. They will continue this fall.

Iowa Child Care Health Consultants

Names	Employer
Mendy Abell, RN	MATURA Action Corporation, in Creston
Patricia Dellamuth, RN	Iowa County Health Department
Mary Jane Dimmer, RN	VNA of Clinton
Sharon Ferguson, RN	Ottumwa Regional Health Center
Twilla Folkers-Kruzic, RN	Monroe County Public Health
Shirley Garrett, RN	Davis County Hospital Home and Community

	Health
Kim Gonzales, RN	VNA of Dubuque
Kris Hallberg, RN	Virginia Gay Hosp. Home Health (Benton County Public Health)
Jackie Hanson, RN	Calhoun County Health Department
Kay Haring, RN	Des Moines County Head Start
Char Howard, RN	Upper Des Moines Opportunity, Inc., in Graettinger
Cheryl Johnson, RN	Hamilton County Public Health
Jodi Koop, RN	Hamilton County Public Health
Jan Kriener, RN	VNA of Waterloo
Joyce Legg, RN	Tama County Public Health and Home Care
Mary Lyons, RN	Wright County Public Health
Lisa Meeker, RN	Southeast Iowa Community Action Head Start, in Columbus Junction
Sherry Middlebrook, RN	Appanoose County Public Health Nurse Service
Susan Nielson, RN	Siouxland District Health Department
Kim Ott, RN	Iowa East Central TRAIN, office Iowa City
Brenda Poppens, RN	Butler County Public Health
Carolyn Reid, RN	Southeast Iowa Community Action Head Start, in Burlington
Kim Schroeder, RN	Mid-Sioux Opportunity, Inc., in Remsen
Patti Scieszinski, RN	Lucas County Public Health
Kim Stek, RN	Mahaska Health Partnership
Carol Stiffler, RN	Community Health Care of Jones County
Carol Timm, RN	Pottawattamie County Visiting Nurse Association
Kathy VanWinkle, RN	Southeast Iowa Community Action Head Start, in Farmington
Abby West, RN	Des Moines County Health Dept.
Diane Weliver, RN	Black Hawk County Health Dept.
Lynnette Winn, RN	Washington County Public Health

IDPHs Flater receives award

Don Flater, IDPHs Bureau Chief of Radiological Health, received the Conference of Radiation Control Program Directors' most prestigious award, the Gerald S. Parker Award of Merit at the 33rd Annual National Conference on Radiation Control.

Don was recognized for his efforts in ensuring the health and safety of Iowa's citizens from unnecessary radiation exposure through his

leadership and management of a comprehensive radiation control program. He has also developed Iowa's programs for credentialing and certifying facilities performing mammography, and for innovative state programs to reduce radon levels in homes and other buildings. These programs were among the first in the United States, and they served as a model for other states.

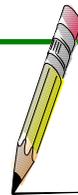
Come see us at the fair!

The Iowa Department of Public Health will have a booth along the middle south wall of the newly remodeled (and air-conditioned) Varied Industries Building at the Iowa State Fair Aug. 9-19.

There will be a wide variety of information on all kinds of health-related topics. Department programs will have fun items to hand out such as chip clips, letter openers, magnets, and pencils. Be sure to tell your patients, friends and co-workers.

Our booth will also feature a survey of interest for the Iowa Prescription Drug Corporation's senior drug discount program as well as a drawing for a bike helmet, pedometers, and a Nike backpack courtesy of Famous Footwear at Southridge Mall. So come see us!

Epidemiology notes



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

Happy Anniversary: July marked the 25th anniversary of the first case of Legionnaires' disease. The illness was discovered in 1976, when 34 people died and 221 became ill at an American Legion convention in Philadelphia.

Legionnaires' disease is a respiratory infection that generally spreads through inhalation of mist from contaminated water. It can be found in air conditioning cooling towers, hot water tanks, whirlpool spas,

humidifiers, faucets, shower heads, and moist soil.

According to CDC, as many as 90 percent of Legionnaires' cases go unreported, and only one in five U.S. hospitals routinely tests for the pneumonia-like illness.

FMD Exercise: Late July, the state of Iowa held a mock exercise to test the Foot and Mouth Disease (FMD) Response and Recovery Plan. The exercise involved various federal, state, and private agencies. Though FMD is not considered a threat to human health and though the emphasis was on the identification and containment of livestock (and thus the Department of Agriculture played the primary role), public health clearly played a role and will play a role should "the real deal" occur.

Potential involvement of public health includes educating the public on this disease; reassuring the public that it is not a threat to human health; reassuring the public that milk, if pasteurized, would be safe for consumption. Also, educating the public that humans could be "passive carriers" of the FMD virus and could potentially transfer the virus to susceptible livestock; and finally, explaining to the public that FMD, "mad-cow disease" and hand, foot and mouth disease are not the same.

Update on the sites for the Antibiotic Resistance Grand Rounds: Below are the sites that have been finalized for the grand rounds; other sites are still being processed. If you want a site to be

added, e-mail Dr. Quinlisk at pquinlis@idph.state.ia.us.

Also, "Interface A" is confirmed. This means that several sites within the Mercy Health Care System are connected and more can be added. If you want information about a Mercy site, contact Amy at (515) 323-1706.

Session Date: Thursday, Sept. 6, 2001, 11:30 to 1:00.

Calmar, CC1; Iowa City, U of I; Ames, ISU; Chariton, H.S.; Jefferson, Greene Co. Hospital; Fort Dodge, Trinity Hospital; Des Moines, Dept. of Public Health; Cedar Falls, UNI2; Chariton, Interface A; Ottumwa, Hospital; Des Moines, VA Hospital; Dubuque, AEA; Waterloo, Allen College; Glenwood, Hospital; Iowa City, VA Hospital; Creston, Hospital; Davenport, CC1; Orange City, Hospital; Waverly, Pub. Lib.; Oskaloosa, Pub. Lib.; Manchester, Pub. Lib.; Marshalltown, IA Vets Home; Newton, Corr. Facility2; Fort Dodge, Corr. Facility1; Sioux City, Pub. Lib.; Sac City, Loring Hospital; Des Moines, Univ.; Eldora, Pub. Lib.; Sioux Center, Pub. Lib.

Protecting Yourself from that "Stuff": With county fairs under way and the state fair quickly approaching, there are plenty of opportunities for kids to be kids-- run around, get dirty, eat junk food, and not necessarily care whether or not they're practicing proper hygiene.

Although most animals at fairs pose minimal risk (They have all been examined and approved by a

veterinarian to participate in the shows.), there is a chance that children and adults could come in contact with some zoonotic infectious agents. Animals, although wonderful additions to this earth, do not shower or bathe on a regular basis. Therefore, they often have dirt and fecal material within their immediate surroundings.

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

Pertussis alive and well: Although the numbers are down, pertussis remains alive and well in Iowa. Twenty-one cases have been reported this year. The age of people range from one month to 46 years. Seven of the reported cases are under 6 months of age.

Recently, three cases, all infants, were reported from one county. Family members and day care attendees and staff of one person are receiving post-exposure prophylaxis (Erythromycin for 14 days). Investigation is ongoing; so far no links have been found among

the three cases. Adults are the reservoir for pertussis. After the last dose of pertussis vaccine at approximately age 7, immunity begins to wane into the late teenage years. Adults with chronic coughs lasting greater than two weeks with no other cause should be screened.

PCR for pertussis can be done on a nasal pharyngeal (NP) swab by the University Hygienic Laboratory. CDC guidelines for control of pertussis can be found at <http://www.cdc.gov/nip/publications/pertussis/guide.htm>.

Tetanus vaccine shortage: A shortage of tetanus and diphtheria toxoids (Td) continues in the United States as a result of one manufacturer's discontinued production. The remaining manufacturer has increased production of Td to meet national needs; however, because 11 months are required for vaccine production, the shortage is expected to last for the remainder of 2001.

Meanwhile, the following protocols are recommended. Providers should only use Td for the following individuals: 1) persons requiring tetanus vaccination for prophylaxis in wound management; 2) persons who have received fewer than three doses of any vaccine containing Td; 3) pregnant women who have not been vaccinated with Td during the preceding 10 years, and 4) persons traveling to a country where the risk for diphtheria is high.

All wound patients should receive Td if they have received fewer than three tetanus-containing vaccines or

if vaccination history is uncertain. These patients also should receive tetanus immune globulin for wounds that are contaminated with dirt, feces, soil or saliva, puncture wounds, and avulsions and wounds resulting from crushing or burns. For

clean and minor wounds, Td should be given only if the patient has not received a tetanus-containing vaccine during the preceding 10 years.

Side notes

Iowa HIV/AIDS Conference - This year's conference will be Oct. 23 & 24 at the Marriott in downtown Des Moines. The conference is sponsored by IDPH, IDE and HIV Community Planning Group with the theme "Prevention, Care, Hope." Substance Abuse, Social Work, and Nursing ICU's will be available. For more information call Pat Young at 515-242-5838.

Substance Abuse Courses - Training Resources, a service of the Iowa Substance Abuse Program Directors' Association, is offering the following classes. For more information or to register call 319-363-2531.

- **Ethics for Substance Abuse Treatment** - Sept. 6 at Comfort Suites at Living History Farms in Urbandale. The presenter will be Joseph Kupfer, Ph.D., a professor in the Philosophy Dept. at ISU. Registration deadline is Sept. 6th with a cost of \$45.
- **Coalition Building** - Oct. 5 at Comfort Suites at Living History Farms in Urbandale. The presenter will be Margaret Lebak, Executive Director of Drug Free North Dakota. Registration deadline is Sept. 28 with a cost of \$45.
- **Fall Corrections Conference** - Oct. 17-19 at the Savery Hotel & Spa in downtown Des Moines. CEUs will be provided.
- **Bringing Theories to Life** - Nov. 14 at Wingate Inn in Des Moines. The presenters are Vickie Lewis and Jerry Owens. Lewis is the clinical supervisor at the Substance Abuse Treatment Unit of

Central Iowa in Marshalltown and Owens works in private practice with Wadle & Associates in Des Moines. Registration deadline is Nov. 7 with a cost of \$45.

- **2001 Prevention Symposium** - Dec. 3 & 4 at the Holiday Inn Airport in Des Moines. A brochure on this event will be sent out in Oct.

Focus Editor: Kara Berg

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