Iowa Health FOCUS

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From the director -Dr. Stephen Gleason

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Adenovirus outbreak claims 4

By Patricia Quinlisk, MD State Epidemiologist

he Children's Habilitation Center in Johnston is involved in what appears to be an outbreak of adenovirus. The children residing at this center are typically severely mentally and physically challenged. While adenovirus usually causes only mild illness in healthy children (for example, a cold or sore throat), the virus can cause serious illness in vulnerable populations like this one.

Four children have died and three others are hospitalized. Several have had what appears to be secondary bacterial pneumonias. Though many adenovirus tests are positive we do not yet know which type of adenovirus we are dealing with. We hope to have more information by the weekend.

We are working closely with the center to contain the virus. The unit is closed to new admissions, the children in the

unit will not be going out into the community (including school) until two incubation periods after the last case. Staff only will be allowed in this unit.

For more information on adenoviruses, see the fact sheet in our Epimanual and on our website at <u>www.idph.state.ia.us</u>. Click "publications and data" then look for reportable diseases. There is also a brief chapter in the 2000 Red Book *American Academy of Pediatrics*. According to the Centers for Disease Control and Prevention, outbreaks of adenovirus in pediatric long-term care facilities have occurred with some regularity, usually one to two events per year worldwide.

From the director

(From the director Page 1)

When you work and live in Des Moines, it's easy to forget that we're the IOWA Department of Public Health; that is, our customers are lowans in all parts of the state.

So in this first year of my tenure as director, we've been making community visits around Iowa. So far, we've been to the Quad Cities, Council Bluffs, Dubuque, Cedar Rapids, Waterloo/Cedar Falls, Mason City, Ottumwa, Sioux City and Storm Lake. This coming month we'll have meetings in Ames, Osceola and Des Moines.

The purpose of the meetings is twofold. We want to meet our colleagues in public health and in other health care fields, and get their views on what the state health department should be doing and what we should be doing better. We also want to explain our programs and gain support for the public health agenda of the Vilsack-Pederson administration.

Currently, the most urgent public health item on this agenda is insurance coverage parity for mental health and substance abuse treatment. I've written about parity in previous FOCUS columns, but it's so important, it's worth mentioning again. Parity, as you know, means equality. And right now, the system is decidedly unequal. As any of you who work with people in treatment know, most private insurers do not cover substance abuse and mental health treatment as they do other conditions. Either they fail to cover one or the other or both, or they cover one or the other or both inadequately.

One of the reasons for that, of course, is that a stigma is still attached to both conditions. Public opinion hasn't caught up with the science. Research is showing that virtually all mental illness has a biological base. And it's showing that biology has a big part in at least some addictions.

Insurers are not "the public" and should be well aware of the science, as well as the costs to patients and society, of no treatment or inadequate treatment.

The average premium increase for full mental health and/or substance abuse parity in states that have mandated it is only 3.6 percent. For some managed care plans, it was less than one percent. The largest insurance plan in Maryland, which implemented parity in 1995, showed a small increase in the first year with a return to preparity costs the second year.

Now consider the costs of no treatment – apart from the terrible human suffering involved. Sixty percent of employee absences are due to mental health problems.

There's a \$4 return, in fact, for every dollar invested in substance abuse treatment. The net savings to employers for each dollar spent on depression treatment alone is estimated to be \$9.

Clinical depression alone costs an estimated \$23 billion in lost workdays each year. The world over, mental disorders and drug abuse account for the second highest disease burden, higher than cancer and respiratory conditions.

The costs in domestic abuse, crime and incarceration are the most obvious. There's a \$4 return, in fact, for every dollar invested in substance abuse treatment. The net savings to employers for each dollar spent on depression treatment alone is estimated to be \$9. We've been talking about parity a lot on recent community visits because we're trying to marshal public support for it for the upcoming legislative session. If we haven't met you on one of our visits, I hope we will in future visits. In any case, I hope we can count on your support for substance abuse and mental health parity.

Governor Vilsack and Lt. Governor Sally Pederson will continue to take the state's budget hearings on the road. Following is a list of locations for the hearings. These are open to the public and all but the first one are from 7 p.m. to 8:30 p.m.	

Harvey heads dental bureau

By Kara Berg IDPH FOCUS Editor

> hough born and raised in Detroit, MI, State Public Health Dental Director and Bureau Chief, Hayley L. Harvey, DDS, MS, has many attachments to rural areas, which makes her feel right at home in Iowa. Dr. Harvey credits her affection to rural lifestyles

to her close relationship with her grandparents who were from the farmlands of Louisiana and Kentucky.

Harvey joined the department in July. Her goal is to raise awareness among all health care providers and policy makers that dental health is an integral part of a person's overall health. Another priority is to address the issue of access to oral health care for all lowans.

"One-third of the state has dentists in private practice who are 60 years old or older, and the number of Iowa dental school graduates committing to beginning practices in rural areas are fewer," says Harvey. "This could have a profound effect in the area of access to oral health care for all citizens in the rural areas of the state."

Harvey also says that accessing dental care for children aged 0-3 years, low-income populations, those without dental insurance, the disabled, minority groups, migrant workers and immigrant populations who may also have language barriers continues to be a public health concern. "If 'access' is a problem for the general population, its impact is tenfold for vulnerable populations."

Harvey received her B.S. in biology from Michigan State University and graduated from the University of lowa School of Dentistry in 1994. During her junior year in dental school she became interested in studying the effects of disease on populations, which led her to the University of Iowa's Dental Public Health Graduate program. She received a Masters in Dental Public Health ('96). "I've always been interested in teeth. Ever since I was a child, I knew I wanted to be a dentist."



Dr. Hayley Harvey

While attending classes for her master's degree, she lived in Mount Pleasant - a 45-minute commute one-way. Mount Pleasant was a halfway point for her schooling and her husband's place of work. During this time, she also saw patients at the Dental Health Center of East Central Iowa at St. Luke's Children's Hospital in Cedar Rapids.

After receiving her master's degree, Harvey returned to Michigan where she worked in a private practice for two years until she saw her chance to return to public health. She was filling in for a county dentist when she learned of a position for a general dentist in Baldwin, MI, a rural community two hours north of Detroit. She practiced there for eight months until she was asked to become dental director for the Baldwin Family Health Care Dental Center. Harvey learned of the department's dental position while attending an alumni meeting at the University of Iowa. The rest, as they say, is history.

Harvey has been married 12 years to husband, Matthew. She is a member of the American Dental Association, American Association of Public Health Dentistry, the Association of State and Territorial Dental Directors, and is an officer in the Army National Guard.

Winter brings CO poisoning danger

By Rick Welke IDPH Environmental Specialist

his fall has been an unusual one for Iowa. Our weather has been surprisingly mild. However, since this is Iowa, we know that at any moment winter will hit, bringing cold temperatures and negative wind chills. Now is the time to have those furnaces checked!

Every year there are cases of carbon monoxide exposure due mainly to faulty furnaces. To prevent this, inspect all your heating equipment. Beware of anything that is powered by combustion indoors and is not vented to the outside. Even a low level of carbon monoxide indoors can be hazardous. For added safety, buy a carbon monoxide alarm. They save many lives. They work. If possible, buy an alarm with a digital readout and a peak level button.

If a carbon monoxide alarm sounds, get out of the house! Call 911 after leaving.

There are approximately 60 or more symptoms of exposure. The most common are: headache, dizziness, weakness, nausea, vomiting, tiredness, trouble thinking, and moodiness. Carbon monoxide poisoning mimics the flu.

If more than one person experiences these symptoms, or if symptoms persist in a single person for more than a few days, carbon monoxide may be the cause. If symptoms diminish, or exposed people feel better after leaving a home or building, carbon monoxide may be the culprit. If you think you are being exposed, get medical help.

Don't let bad food ruin your holidays

By Kim Brunette IDPH epidemiologist

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

- Never allow ill persons or persons with skin infections to handle food.
- Wash hands with warm water and soap for at least 15 seconds before handling food and after using the bathroom or changing diapers.
- Clean, rinse, and sanitize equipment (cutting boards, knives, etc.) between working with raw and cooked foods.
- Keep hot foods hot, at an internal temperature of 140° F or higher.

- Keep cold foods cold, at an internal temperature of 45° F or less.
- Check all temperatures with a thermometer. Do not rely on built-in gauges.
- Do not let cooked food sit out for any longer than two hours before being refrigerated or reheated.

Tips for a safe turkey:

- When thawing, do not leave the turkey out on the kitchen counter or in warm water. Instead, thaw the turkey in the refrigerator, in cold water (be sure to change the water every 30 minutes), or in the microwave (if the turkey is not too large).
- Cook stuffing for turkey separately, instead of in the cavity of the bird. If you use stuffing, be sure to stuff loosely – about ³/₄ cup of stuffing per pound of turkey.
- Turkey should be cooked until the internal temperature reaches 180° F as measured by a meat thermometer inserted into the thickest portion of the bird. The stuffing should reach 165° F regardless of how it is cooked.
- Refrigerate leftover turkey, stuffing, and gravy separately in shallow containers (no deeper than 4") within two hours of cooking. Use leftover turkey and stuffing within 3-4 days; gravy within 1-2 days; or freeze these foods.
- Reheat thoroughly to a temperature of 165°F or until hot and steaming.

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

Check out the Food Safety and Inspection Service website at <u>www.fsis.usda.gov</u> for more information. The Food Safety and Inspection Service also has a Meat and Poultry Hotline that can be reached at 1-800-535-4555.

"Waist" not, Want not

By Carol Voss IDPH Dietary Consultant

ith the holidays fast approaching, strive to maintain your waist and weight by balancing holiday treats with meals and physical activity.

This is the time of year to celebrate, and food is one of the pleasures of the holiday festivities. Just because you're trying to eat healthfully doesn't mean you need to avoid celebrations or accept a few extra holiday pounds. All foods – even traditional holiday treats – can fit into a healthful eating plan. The secret to holiday weight control is moderation and balance.

The American Dietetic Association offers these tips for eating well and enjoying foods this holiday season:

- **Be realistic.** Don't try to lose weight during the holidays. Eat small, lower-calorie meals during the day so you can enjoy celebration foods without overdoing your calorie intake for the day.
- Take the edge off your hunger before a holiday celebration. Eat a small, low-fat snack, such as fruit or a bagel, before you head out the door. Try sparkling water or ice water with lemon as a no-calorie-refreshing beverage before you sample the holiday foods.
- Make just one trip to the holiday treat table. And be selective! Choose only the foods you really want to eat and keep portions small. Many times just a taste satisfies a craving or curiosity.
- Choose lower-calorie party foods. Raw vegetables with a small amount of dip just enough to coat the end of the vegetable is a good choice. Go easy on fried appetizers and cheese cubes. To make sure there will be healthful treats to choose from, bring a dish to the celebration filled with raw vegetables with a yogurt or cottage cheese dip, or bring a platter of fresh fruit.

The most important thing about holiday eating is to forget the all-ornothing mindset. Depriving yourself of special holiday foods, or feeling guilty when you do enjoy them, isn't part of a healthy eating strategy, and its certainly not part of the holiday spirit!

Anytime snack ideas:

- Grab a banana, apple, orange or pear! These are the "prepackaged convenience foods." Just wash, peel and eat. How easy is that?
- Munch a bunch of grapes fresh or frozen in serving size portions.
- Kabob-it! Arrange cut up fruit or vegetables on a stick for a festive snack.
- Keep individually wrapped or serving-size packages of raisins or other dried fruits in your purse or the glove compartment of your car for those "snack attacks".
- Blend low-fat yogurt, fruit juice and fresh/canned/frozen fruit for a quick fruit smoothie.

Remember to have a great holiday season and Pick a Better Snack!

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.

Thank you, Woodward State Hospital

By Carolyn Jacobson IDPH Bureau Chief of Immunization

his past year, Governor Tom Vilsack participated in the Hallmark Immunization Greeting Card Program. Cards, donated by Hallmark, contain a congratulatory message from Governor Vilsack and Lt. Governor Sally Pedersen. Along with a short message encouraging parents to immunize their new baby, the card has a complimentary immunization record for the parents' use. The cards are distributed to new lowa parents when discharged from the hospital. Iowa is one of 34 states involved in the project.

The lowa Department of Public Health, Bureau of Immunization, is responsible for overseeing the project, which involves inserting the card in an envelope and attaching a return address label. This process was very time-consuming for the immunization staff until our friends at the Woodward State Hospital took over this job. The immunization program is extremely grateful for their assistance. Thanks to their efforts in 2000, over 30,000 cards were prepared for distribution to birthing hospitals in Iowa.

Bowersox receives IDPH award

owa Department of Public Health Director Dr. Stephen Gleason recently presented the Director's Award of Merit to Nancy Bowersox, vice president of Quality Assessment Services for the Iowa Pharmacy Association. The award was given in recognition and gratitude for her service and personal dedication to the citizens of Iowa.

State epidemiologist Dr. Patricia Quinlisk nominated Bowersox for her work with the Antibiotic Resistance Task Force of Iowa. The task force, composed of representatives from several organizations and professional associations, convened in 1998 to monitor prevalence of resistance in Iowa and to develop strategies to diminish risk to Iowans.

Bowersox coordinated and edited the report of the task force, A Public Health Guide, which was released as part of a public health campaign at a news conference in September 1999. Bowersox acted as the spokesperson for the task force at this media event and has spoken to several state and national groups regarding efforts in Iowa. Bowersox was also instrumental in convincing private sector insurers to join in the task force's efforts.

Past recipients of the Director's Award include IDPH Environmental Epidemiologist Russell Currier; IDPH Healthy Iowans 2010 Coordinator Louise Lex; Iowa State University Extension Engineer and Associate Professor Tom Greiner, and former IDPH Dental Bureau Chief Bill Maurer.

21st century project underway

By Jenny Terrill IDPH Community Health Consultant

he American Public Health Association, Public Health Nursing, Section 6, defined public health nursing as the "practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences"-(1996). In a rapidly changing health care environment, it is crucial that public health nurses update their knowledge and skills.

The U.S. Department of health and Human Services - Division of Public Health Nursing, provides funds for programs which "improve nursing practice through projects that increase the knowledge and skills of nursing personnel." In July 1998, the Minnesota Department of Health nursing division received funding for a three-year project which focused on public health nurses and faculty practicing in medically under-served areas in five mid-western states: Minnesota, Iowa, Wisconsin, North Dakota and South Dakota. This project is titled, "Public Health Nursing Practice for the 21st Century."

According to the project's principles, the practice of public health nursing is population-based; holistic; focused on health promotion and prevention; meets the health needs of the community; provides independent nursing practice as well as delegated medical functions; and has a commitment and passion to serve all populations. The Public Health Nursing Practice for the 21st Century project goal is to develop continuing education for nurses practicing in medically under-served areas. As a result of evaluation and from input and recommendations from all project participants, a national satellite conference has been developed and will be broadcast. Remaining dates are Nov. 2 and Dec. 7.

For more information, contact the Abby web site: www.health.state.mn.us/abby or the Community Services Bureau of the Iowa Department of Public Health at 515-281-3932.

Epidemiology notes By Patricia Quinlisk, MD State Epidemiologist

From the Center for Acute Disease Epidemiology, Iowa Department of Public Health

- The 2000 2001 influenza season has begun with CDC reporting 2 confirmed cases in the U.S., both Influenza A (H1N1). So far, we have not seen any confirmed cases in lowa.
- From International Immunization News: The World Health Organization plans to declare the western Pacific free of polio, the second region in the world to be so declared. Eradication of measles is near for the Western Hemisphere, once Bolivia, Brazil, Haiti, and the Dominican Republic complete their vaccination programs and stop their outbreaks. The Pan American Health Organization expects measles to be eradicated in this hemisphere by the end of the year.
- Recent Human Rabies: It has been said that rare events tend to cluster in time. Until very recently, the last human case of rabies was in a Virginia inmate in December 1998. During this September and October, and in quick succession, bat-related rabies was diagnosed in four male patients: one in northern California, one in Georgia, one in Minnesota, and one in Ontario. A fifth patient with rabies died in October in New York. He was a visiting athletic coach from Kenva and was infected by his own dog at his home in Kenya.

This pattern is representative of human rabies for the past 20 years and speaks to the seriousness of any bat encounter. These exposures should be evaluated very carefully; post-exposure prophylaxis is indicated when circumstances preclude good assessment of contact and the bat is unavailable for laboratory examination.

Shigellosis continues to wreck havoc in some lowa communities. Another county in east central lowa is beginning to see unusually high numbers of cases; nine culture-confirmed cases and some 15 epi-linked cases have been reported in the last several weeks. Preliminary investigation is revealing clustering of cases in families and day-care centers, typical of what occurred in outbreaks in other Iowa counties. The local health department is providing education to families and day-care centers to halt its spread. Best way to stop this disease: WASH YOUR HANDS. (We never get tired of saying this!)

Classifieds

Young Women's Health Fest - The Young Women's Health Fest, a one-day conference whose theme is self-image, will be held on Nov. 11 at the Olmsted Center at Drake University. Brochure and registration information is available online at <u>www.iowahealthonline.com</u>

We've moved - The Bureaus of Radiological Health and EMS have moved out of the Lucas Building. They are now located at 401 SW 7th Street in Des Moines. The new phone numbers for these bureaus are as follows: 515-281-3478 for Radiological Health and 515-725-0326 for EMS.

VA Hospital Services - The Mental Health Primary Care Clinic at the VA Hospital in Des Moines offers services to adult patients 18 and over who have some form of mental health and/or substance-use problem. Although the primary focus is outpatient treatment, those who need a higher level of treatment are cared for in the least restrictive environment possible.

The Vocational Services program works with adult mentally and physically challenged patients, ages 18-70. The program provides a wide range of vocational services to address the development of independent living skills. These services include counseling, job placement, educational planning, and maintenance programming.

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