Iowa Health
FOCUS
June 2000 ■ Iowa Department of Public Health

From the director

-Dr. Stephen Gleason

The World Health Assembly may not exactly be the Iowa Legislature, but, believe it or not, the two bodies have a lot in common. (See Page 3)

In This Edition…

Environmental issues spark new health division

By Joshua Schoeberl
IDPH Intern

Concerns about the environment and Iowans' health has prompted the Iowa Department of Public Health to create the Division of Environmental Health. The new division, to be launched on Aug. 1, will assess environmental factors that may affect the public's health.

Stephen Quirk is the Division of Environmental Health's newly appointed director. Said Quirk, "With this new division, the Iowa Department of Public Health can focus on the impact and risk of human exposures."

Quirk has been director of the Siouxland District Health Department for the past three years. He is a past-president of the Iowa Environmental Health Association. He has a bachelor's degree in political science and a master's degree in public policy from the University of Northern Iowa.

Quirk will lead a team of experts in focusing on environmental issues that can lead to human health problems.

The division will consolidate existing state environmental programs and work with experts in epidemiology and toxicology.

“Many times we’ve had to say, `We don’t know,’” said Dr. Stephen Gleason, department director.“ This is an effort to improve the scientific segment of this whole area.”

The division will increase the availability of its staff to the public by unifying its efforts. This will allow the division to assist state and local agencies in creating more and better environmental health programs.

Consultants will assist communities in integrating environmental health specialists into their community planning. Other division tasks include testing the quality of indoor air and water. Samples will be taken of on-site waste systems.

Results will be used to calculate the health risks to humans. The data will then be recorded in an ongoing, comprehensive report.

The report will track areas of high risk. This information then can be provided to any community that may be affected.
Most of the plans presented by the division will be implemented throughout this year and will continue into the following year.

Environmental Health Director Stephen Quirk will lead a team of experts in focusing on environmental issues that can lead to human health problems.

Funding for the new division came from the tobacco settlement fund. The Iowa Legislature approved use of this money for the development of scientific and medical expertise in environmental epidemiology.

From the director

(From the director Page 1)

As in the Legislature, delegates to the Assembly – the legislative body for the World Health Organization (WHO) – are furiously lobbied on many sides of an issue. They engage in heated debates, and are inevitably forced to engage in the art of compromise.

I'm able to make these observations because I was among a dozen U.S. representatives to the Assembly last month, having been appointed by President Clinton to this, the first such assembly of the millenium. The assignment was interesting and enjoyable and – again, believe it or not – relevant to Iowa.

The delegation included Secretary of Health and Human Services Donna Shalala; Surgeon General David Satcher; Jeff Koplan, director of the Centers for Disease Control and Prevention; Nelba Chavez, director of the Substance Abuse and Mental Health Service Administration; Tom Novotny, Office of International Health; Mohammed Akhter, president of the American Public Health Association; Randy Smoak, president of the American Medical Association, FDA commissioner Jane Henney and various staff members.

There were lots of fascinating issues. Here are some key ones.

- The cost of AIDS drugs. Up to one in four residents of Sub-Sahara Africa may be infected, but mainly because of drug costs, there's little access to treatment. The Clinton administration and U.S. pharmaceutical companies together offered a total of $350 million in aid and discounts, but activists and African groups believe the U.S. should do more. At the same time, Americans are complaining about high drug costs, and there are concerns that concessions to Africa will result in cost-shifting that make drugs in the U.S. even more expensive.
- Tobacco control. A resolution for a treaty to ban tobacco advertising, which may be unconstitutional in the U.S., failed. But a majority of countries – including the U.S. – supported

various measures to control tobacco use. The vigorous support for such measures, including limiting nicotine additives and stopping gray marketing, could reduce worldwide tobacco sales to the extent that the money from tobacco settlements are threatened.

- Genetically modified foods. The subject provoked a lengthy debate, but a ban on genetically modified foods – which could have a serious effect on the U.S. Midwest – was forestalled for at least a year.
- Health system performance. The WHO will publish in June a comparison study of health systems in all member countries on adequacy of financing, efficiency, access, equity, quality of service and quality of outcomes. I believe that this international discussion, and the report's possible criticism of the U.S. system, may spark renewed interest in health reform in this country.
- Internet pharmaceutical sales. Many countries report that sales for many pharmaceuticals are made on the Internet without prescriptions, and often the pharmaceuticals are fake and sometimes even poisoned. The WHO intends to negotiate an international treaty to protect the public. FDA commissioner Henney and I represented the U.S. in the discussions. Jane said the FDA will propose to Congress a requirement that Internet pharmaceutical sellers follow state and federal laws.

Representing the U.S., and Iowa, at the Assembly was a great experience, professionally and personally. It brought home again the fact that the world is just a big village where we have to care for each other.

Seek cover this summer

By Lorrie Graaf
IDPH Bureau of Health Promotion

Summertime and the livin' is easy…. There's camping by the lake, browsing at farmers' markets, biking, gardening, or just relaxing in the hammock! After a cold Iowa winter, everyone wants to enjoy the sun.

The sun can provide enjoyment. But it can cause serious health problems, such as skin cancer.

Before starting the barbecues or packing a picnic lunch, consider your skin. Before herding the kids into the car and heading for the park, ask the following question. Are you ready to protect your skin and your family's skin from the dangers of the hot summer sun?

Skin cancer is an important public health problem in the United States. In fact, it is the most common form of cancer. The number of skin cancer cases has steadily increased over the past 20 years. It is estimated that 1.3 million new cases will be diagnosed this year.

The three major types of skin cancer are basal cell carcinoma, squamous cell carcinoma, and melanoma

- Basal cell and squamous cell carcinomas can cause serious illness. If left untreated, they can cause damage and disfigurement. If detected and treated early, however, they have a cure rate of more than 95%.

- Malignant melanoma causes more than 75% of all deaths from skin cancer. This disease can spread to other organs. Usually, it goes to the lungs and liver. Malignant melanoma can be cured. But only if it’s caught at an early stage. If it isn’t found until a later stage, the results are bleak. Most

likely, it will spread and cause death. Melanoma is the most common cancer among people 25 to 29 years old.

Exposure to the sun's ultraviolet (UV) rays is the major risk factor in developing skin cancer. UV radiation is also a factor in the development of lip cancer. And it is associated with various forms of eye damage, such as cataracts.

It isn't just the UV rays from the sun that cause damage. UV rays from artificial sources of light, such as tanning beds and sun lamps, cause damage too. In fact, they are just as dangerous as those from the sun.

UV rays are present on bright, sunny days. However, UV can penetrate through cloud and haze cover, too. That means it's also there on cloudy and overcast days. UV rays also reflect off water, cement, and sand.

The hours between 10 a.m. and 4 p.m. (daylight savings time) are the most dangerous. UV radiation is at its greatest during the late spring and early summer in North America.

Unprotected skin can be harmed by UV rays in as little as 15 minutes. Yet, it can take up to 12 hours for skin to show the full effects of the sun. Skin may only look a little pink at first, but may be burned badly. The real effects only are felt much later on.

It is estimated that 1.3 million new skin cancer cases will be diagnosed this year.

Most Americans are aware of the dangers of UV exposure. But the Centers for Disease Prevention and Control (CDC) report that only one third of people take measures to protect skin from the sun.

Anyone can get skin cancer. But individuals with certain physical traits, family history and lifestyle patterns are especially at risk. So are people with light skin and blond or red hair. The main risk factors for skin cancer include:

- light skin color
- chronic exposure to the sun
- family or personal history of skin cancer
- large number of moles or the presence of unusual moles
- skin that burns, freckles, gets red easily, or becomes painful in the sun
- history of severe sunburn, especially those that occurred in childhood and adolescence.

Simple steps can be taken to protect one's skin from the sun. These precautions can reduce the risk of developing skin cancer. Through its *Choose Your Cover* program, CDC suggests the following:

- Seek shade and avoid the midday sun when possible.
- Cover up with loose-fitting clothing made from a tightly woven fabric.
- Use sunscreen and lip balm with at least a Sun Protection Factor (SPF) of 15. It must protect from both UVA and UVB rays. Sunscreen needs to be generously applied 30 minutes before going outdoors. It should then be reapplied throughout the day. Do so especially after swimming or exercising.
- Wear a hat with a wide brim to protect the head and neck. These are common sites for skin cancer. A hat with a four-inch brim offers the most protection. Those wearing a baseball cap should protect ears and the back of the neck. Wearing clothing around the neck and using a sunscreen with at least SPF 15 will help.
- Wear sunglasses to protect the tender skin around the eyes. This will reduce the risk of developing cataracts. Use sunglasses that block both UVA and UVB rays. Wrap-around lenses are ideal. They keep UV rays from hitting the sides of the eyes.

As children, many were led to believe that a suntan was healthy. Years of skin cancer prove it isn't. So, be sure to choose the correct skin covering and protect yourself from the damaging rays of the sun.

Visit the special CDC web site for more information about skin cancer. CDC's web site is http://www.cdc.gov/ChooseYour Cover.

Caring for Iowa's Children

By Pat Hildebrand, Mid-Iowa Community Action, Inc.,
Dawn Gentsch, IDPH, and Angie Tagtow, IDPH

Results from a survey completed last fall by the Health Provider Service Capacity Project show that most responding health care providers could take on more children as patients. In addition, most providers would consider expanding their practices to do so.

The survey was mailed to 3,288 Iowa physicians in April 1999. It looked at such factors as:

- scope of practice;
- patient load (Title V and Title XIX patients);
- staffing;
- service hours;
- referrals;
- services currently provided;
- services to be implemented;
- barriers to providing services;
- subcontracting considerations.

Frequencies, percentages and cross-tabulations were computed for each item. Regional analyses also were conducted.

Surveys were received back from 1,193 health providers, for a response rate of 36.3 percent. Here are some results:

- 34.5 percent knew they were providing health services to Title V (Child Health) patients.
- 96.4 percent knew they were providing health services to Title XIX (Medicaid) patients.

- 83.7 percent could serve more children with current staffing. Not being able to serve more children is primarily due to inadequate medical and/or professional staff.
- 66 percent would consider expanding their practice to serve more children. However, 19.1 percent would increase budgets to meet this need.
- Services routinely provided for children included well-child checkups, immunizations, school physicals and lead screens.
- Services considered for subcontracting include speech, social and mental health, dental, and audiology and/or vision services.
- 62.1 percent of respondents made five or fewer referrals per week to public health agencies for child-health services.
- 616 reported making referrals to a WIC program.
- 420 reported making referrals for immunizations.

Recommendations:

- A stronger relationship is needed between private providers and public health programs to assure the provision of comprehensive health services to all Iowa children.
- Private providers could serve more children by hiring or subcontracting to health professionals who have previous experience in public health.
- Public health programs for children need to be promoted more to increase referrals from private providers for Women, Infants and Children, immunizations, lead screens, Early ACCESS, EPSDT, family planning and maternal health services.

This survey was designed to determine Iowa health providers' current and projected capacity to serve all children (ages 0-19) in Iowa.

Today, more children (ages 0-19) have access to health insurance. This is due to changes in existing programs and to the addition of new programs. This includes expanded Medicaid, HAWK-I, and Title V, and children changing from direct care services to coordinated care services.

In addition, pilot projects were undertaken in Boone and Story counties. The purpose was to determine if physicians in each of these

areas could handle the number of children currently served by the Child Health Clinics administered by Mid-Iowa Community Action, Inc. (MICA). Focus groups were held to discuss this issue and also for opinions and ideas related to the survey design.

Project support was provided by the Iowa Department of Public Health's Family Services Bureau, Bureau of Nutrition and WIC and by Mid-Iowa Community Action, Inc. For additional information, contact Dawn Gentsch at (515) 281-3079 or Angie Tagtow at (515) 281-7096.

The Iowa Department of Public Health and Mid-Iowa Community Action, Inc supplied principal investigation.

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

Volunteering their services

By Carol Barnhill
IDPH Bureau of Rural Health and Primary Care

The Volunteer Health Care Provider Program, established in 1993, allows eligible state-licensed health care providers to give free medical services to people at state-qualified clinics and programs.

The “volunteers” are considered employees of the state of Iowa. This means the state will cover them against lawsuits as long as certain guidelines are followed.

There have been 262 volunteer program applications as of April 28, 2000. Most of the applicants --252 -- were approved. They consist of 79 physicians, 151 registered nurses, five licensed practical nurses, four advanced nurse practitioners, nine physicians' assistants and two dentists.

Ninety-one two-year-cycle renewals now have been issued. Of these, 34 renewed for another two years and 30 chose not to renew. There are 27 applications pending.

Currently, 20 free clinics participate in the Health Care Provider Program. One is located in Western Iowa. The remaining are located throughout Central and Northern Iowa.

The Asian American Council of Iowa is opening a new clinic in Des Moines on Sept. 2. Efforts continue to open a dental clinic in the Genesis Medical Center in Davenport. A possibility also exists that Iowa City and Villisca will participate in the program in the future.

License plates help fund safety programs

By Kevin Teale
IDPH Communications Director

Governor Thomas Vilsack readily supports injury-prevention programs. Interested Iowa drivers may also offer their support. It's simple and easy. Just buy the "Love Our Kids" special Iowa license plates.

This summer marks the plate's third anniversary. It features a child's drawing of two people underneath a rainbow. Through the end of March, over 1,400 Iowans, including the governor, displayed them on their vehicles. The governor picked the "Love Our Kids" plates for the traditional #1 state license plate.

Why are these plates important to the Iowa Department of Public Health? And just what does the "Love Our Kids" theme mean?

First, the plates cost more than standard license plates. The increase applies at both the initial purchase and annual renewal. The fee ranges from $10 to $60, depending on whether a standard or personalized "vanity" plate is ordered. But the "Love Our Kids" plates can mean good news for children. Money raised from their sales may help prevent serious injury or death among Iowa's children.

The department's Bureau of Emergency Medical Services awards the money to organizations across the state. It is used for special injury prevention programs for kids.

In the past year, nearly $100,000 has been sent to Iowa groups. Here are some recently funded injury prevention programs for children:

- farm safety;
- child-car safety seat inspection and education;
- bike safety and bike rodeos;
- smoke detector education events; and

- school-based safe baseball.

The “Love Our Kids” plates are available at all local county treasurers’ offices.

What is Community Empowerment?

By Joane Hinrichs
IDPH Community Services Bureau

Community Empowerment, created by the Iowa Legislature in 1998, is meant to create partnerships between communities and state government. The initial focus is on improving the well being of children, aged 0-5 years, and their families.

Empowerment begins with community leaders forming a collaborative. This citizen-led group assesses the level of community support and commitment for young children and families. It then develops a community plan to build a system of services and support for children and families in the community.

Community empowerment grew rapidly in Iowa, especially after results were published on research done on early brain development in infants and children.

By the end of 2005, empowerment communities in Iowa plan to develop the capacity and commitment for achieving:

- healthy children (0-5);
- children ready to succeed in school;
- safe and supportive communities;
- secure and nurturing families;
- secure and nurturing child-care environments.

By the end of 2010, Community Empowerment will support a collaboration aimed at improving quality of life for all Iowans.

At the state and local level, human services, education, health and many other organizations worked at achieving collaboration among these various groups.

Community Empowerment represents a new way of doing business. The role of the Iowa Empowerment Board and of the state and local governments is to support and facilitate growth of individual and community responsibility. This contrasts with the directive role that the public has come to expect of government.

The initial focus of Community Empowerment is on improving the well being of children from 0-5 years of age and their families.

When a community reaches a designated level of collaboration, it may request funds. The community submits a local plan. It includes enhancing services, building capacity, reducing service gaps, supporting innovation, and building a "local support system" for families.

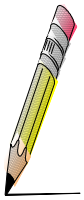
The process of Community Empowerment continues to evolve through greater collaboration among many groups in a local community. There are 58 Community Empowerment areas (including all 99 counties) that have "designation status."

They receive Early Childhood formula-based funds for their community plans. Of the 58 areas, 31 were also awarded additional School Ready grant funds to start their community plans.

Legislation from the year 2000 session increased total funding to $5.6 million in School Ready money and close to $6.3 million in Early Childhood funds. This money will help to support continued growth of the Community Empowerment concept in Iowa.

Epidemiology notes

By Patricia Quinlisk, MD
State Epidemiologist



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

- Tetanus Vaccination: Patients with unknown or uncertain vaccination histories against tetanus should be considered to have had no previous tetanus toxoid vaccine and therefore require the primary series in addition to the booster doses.

  The primary series utilizes the Td vaccine (tetanus and diptheria toxoid). Three doses constitute this primary series. The first two doses are separated by a minimum of 4 weeks, with the third dose given 6-12 months after the second. A booster should be given every 10 years thereafter.

  For wounds other than clean or minor ones, a booster is appropriate if the patient has not received tetanus toxoid within the preceding 5 years. For those who at any time in their lives received the primary series, but had not been kept up with the booster, only the booster dose is appropriate to maintain immunity.

- Parkland Flu Vaccine: The FDA stopped production of Fluogen Influenza Virus Vaccine due to their determination that they were not in compliance with good manufacturing practice regulations. FDA said that Parkdale may resume manufacturing by stopping distribution until specific action is taken and verified. No date has been released about when this might happen.

- Shigella: Central Iowa has seen an increase in Shigella cases, joining Scott County and Clinton Counties in having increased rates of Shigella. A variety of interventions are being taken. Shigella is increasing in other parts of the country also, and it is well known that cases of Shigella tend to peak every 5-10 years, and we are about due.

- E. coli 0157:H7 outbreak in Canada: As many of you may be aware, there is a large outbreak of E. coli 0157:H7 infection that has occurred in Canada. Described as the largest such outbreak in Canadian history, officials state that contaminated tap water is the likely cause of this outbreak. So far, hundreds of people have been affected, many hospitalized, and five are dead.

  In related news, a new study that will be published in an upcoming issue of the New England Journal of Medicine warns against the use of antibiotics in treating infection due to this organism, as the risk of hemolytic uremic syndrome (HUS) increases if antibiotics are used.

- Rabies: Calls on bat encounters within homes are increasing. There are three things to keep in mind regarding these encounters:

  1) Bats may encounter a person in a home and potentially transmit rabies even though that person reports no history of contact or bite from a bat (for example, bats can inflict bites while people are sleeping and the encounter can go unrecognized).

  In fact, over the past several years, the majority of human rabies cases in the U.S. have been due to bat-derived rabies and most of these people report no history of coming in direct contact with bats.

  2) Any bat involved in an incident should be captured and sent in for rabies testing. This is essential to minimize post-exposure treatment.

  3) The presence of bats in a home is good evidence that bats are colonized there and efforts should be made to remove them.

- Pertussis: Approximately 1-3 cases of pertussis (whooping cough) are reported weekly to the Iowa Department of Public Health. A couple things to keep in mind about this disease:

  1) Though commonly considered a childhood disease, adults are affected as well. It is especially important to consider pertussis in the differential

diagnosis of an unexplained, prolonged cough, as adults, if not treated appropriately, can transmit this disease to infants who may develop more serious complications.

2) Though a vaccine is available and part of the childhood immunization schedule, the immunity derived from the vaccine wanes as children grow, and about the time of adolescence or later, people are no longer considered protected.

Classifieds

Rural Health Grants

If you are looking for funding to help you in your rural health outreach or rural health network development activities, the federal Office of Rural Health Policy has two grant programs to help. Current applications and guidance for the grants will be available until August by calling toll-free 1-877-477-2123. For outreach, give ID# 93.912A and for network, give ID# 93.912B

Potential applicants can begin planning now by checking the information that can be found at http://www.nal.usda.gov/orhp/funding.htm. The guidance for 2001 will be similar to what it was for 2000!

The deadline is tentatively set for Nov. 1, 2000. Applicants will be notified March/April 2001with Notice of Grant Award in May 2001.

These are typically 3-year grants featuring a coalition of agencies with the applicant agency headquartered in a rural community (as defined by guidelines) and including at least 2 other agencies that are not owned by the applicant agency.

To quickly identify any federal rural health funding opportunities through the web check the RICHS site at www.nal.usda.gov/ric/richs/grants.htm or call toll-free 1-800-633-7701to reach the Rural Information Center Health Services, which is updated the 15th and 30th of each month.

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 Day Hospital Program is just one of many provided by the Mental Health Primary Care Clinic.

The Day Hospital Program is a mental health outpatient program for adults enrolled in Mental Health Primary Care. The four-hour treatment program meets three days a week. Treatments include group therapy and other theme-specific group presentations focusing on the development of healthier lifestyles, stress management, self-acceptance, and symptom recognition. The staff includes a coordinator and several providers from various disciplines.

Focus Editor: Kara Berg
Assistant Editor: IDPH Intern Joshua Schoeberl

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