

Iowa Health FOCUS

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Welcome!

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Welcome to the first edition of *Iowa Health Focus*, the Iowa Department of Public Health's monthly newsletter.

We are combining features of the former *Iowa Disease Bulletin* -- published for over 30 years by our epidemiological section -- with news, features and commentary on issues of health care in general and public health in particular.

For now, we're doing it in an electronic format only. That saves printing costs and frees us from space constraints. It also speeds up newsgathering, processing and layout.

We understand, however, that some people may not be enthusiasts of computers and e-mail, preferring what we've come to call "hard copy." So we'll be evaluating the *Iowa Health Focus* readership and determining the size of the audiences for both types of delivery.

Meanwhile, we hope you'll find the focus informative, interesting, and occasionally entertaining. Above all, we hope you see it as a way to communicate with others interested in health, both those inside and outside of the department. We encourage you to write to our letters section. We will also consider brief, guest editorials from our readers. Above all, we'll always take to heart any suggestions regarding the *Iowa Health Focus* or public health in general.

-Dr. Steve Gleason

New Director: He Brings a Human Touch

By Tom Carney, Director of External Affairs

When they heard in the spring of last year that Dr. Stephen Gleason, D.O. would become the Iowa Department of Public Health's new director, many IDPH staffers were apprehensive.

Christopher Atchison, who has become assistant dean for public health practice at the University of Iowa, was the IDPH director for eight years. He was well-liked and effective. It would be hard to fill his shoes.

But leaders bring diverse talents, education, styles and experiences to their positions, and it hasn't taken long for the IDPH staff to recognize Dr. Gleason's unique strengths.

"He's not the run-of-the-mill bureaucrat," says Louise Lex, management analyst and coordinator of Healthy Iowans 2010 and a 14-year veteran of the department. "He's really far-sighted."

That's not to say Lex lacks admiration for Atchison.

"Chris provided a solid organizational framework," she said, "and he imbued us with the spirit of public health."

But, says Lex, Gleason "has built on what Chris has developed," and brought gifts to the job that has made having a new director "exciting."

"He's really an innovator," she said, citing Gleason's "clinic in every home" as an example.

When she first heard of the idea -- using inexpensive, two-way audio and visual equipment to allow clinicians to do many common procedures remotely - it sounded pretty far out, she said. But

after returning from a national health-care meeting, she realizes it's "among the things that are going to happen."

Beyond his leadership abilities, says Lex, Gleason is "a nice guy."

"He really cares about the staff," she says. "He brings that human touch, and has made a remarkable attempt to make this a *human* organization."

Public health officials outside the IDPH are also upbeat about Gleason's leadership.

Larry Barker, director of the Scott County Health Department, says Gleason's experience in the federal government and his close relationship with Gov. Tom Vilsack are an asset for public health.

He says the new director, having come from the private health-care sector, is "on a learning curve" when it comes to public health. And it's the job of people like Barker, working at the local level, to help Dr. Gleason learn the ropes.

Dr. Gleason is no less excited about the possibilities. As leader of the state's Health Enterprise Planning Team -- one of six teams, composed of various departments of state government, to lay out the Vilsack agenda -- Gleason helped design the innovative health plan being promoted heavily by the Vilsack administration.

And if all or most of the money received by the state from the tobacco settlement is used for health, Dr. Gleason can take much of the credit.

But if IDPH staff and public health officials statewide are impressed with Gleason, the feeling is mutual.

"I've been so impressed with the dedication of public health staffers, in and out of the IDPH," he said. "Together, we're going to do great things for public health."

Stephen Gleason, D.O.

<u>Background:</u>	Born in Kellerton, Ia., raised there and in Des Moines.
<u>Education:</u>	Doctor of osteopathic medicine (valedictorian), Des Moines University; board-certified family medicine; board-certified addiction medicine; certificate, Executive Program, Harvard School of Public Health; PhD, management, Washington University of Pennsylvania.
<u>Career:</u>	Director, Iowa Department of Public Health; vice president for medical operations, Catholic Health Initiatives; assistant professor, Mayo Graduate School of Medicine; senior consultant to the assistant secretary for health, U.S. Department of Health and Human Services and U.S. Public Health Service; White House health advisor and chairman, Health Professions Review Group; chief executive officer, president, chief medical officer and attending physician, Mercy Clinics, Inc.; ensign, U.S. Public Health Service.
<u>Family:</u>	Wife, Lisa; four sons, one daughter.

'Healthy Iowans 2010' First in Nation

Surgeon General Congratulates Iowa

By Louise Lex, Healthy Iowans 2010 Coordinator

Ten years from now Americans should enjoy substantially better health. And guiding the way will be *Healthy People 2010*, the United States Department of Health and Human Services (HHS) national initiative. *Healthy Iowans 2010*, a state companion to the national plan, will help to advance the boundaries of healthy living and quality of life in Iowa. A conference edition of *Healthy People 2010* and Iowa's *Healthy Iowans 2010* plan were published in January 2000.

However, the *Healthy People 2010* initiative goes beyond the usual blend of charts and data for its 467 objectives. An interagency group within HHS selected 10 leading health indicators that were announced at a national conference. The indicators were chosen based on their ability to motivate people to action, on the availability of data to measure progress, and on their relevance to broad public health issues. "Like the leading economic indicators, we report on them every year," Surgeon General David Satcher said.

The 10 indicators are physical activity, obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injuries and violence, environmental quality, immunization, and access to health care.

A number of department staff members contributed to the January 2000 conference that launched *Healthy People 2010*. Dr. Ronald Eckoff represented Iowa on the conference planning committee. Roger Chapman served on the Disability and Secondary Conditions Panel. His presentation was titled, "The Healthy Iowans 2010 Experience on Disability." Louise Lex substituted for Dr. Stephen Gleason with a presentation, "The Second Time Around: Iowa's Approach to Partnerships." Larry Malmin and Kara Berg developed a display depicting Iowa's approach to partnerships for a poster display session. (This display is available for use at other conferences and meetings.)

In his comments about Iowa's plan, Surgeon General Satcher congratulated Iowa for being the first state in the nation to release its health improvement plan. He said, "Healthy Iowans 2010 is an excellent example of a participatory process that has translated the national health goals to a local level. Iowa is commended for setting goals with action steps that can engage all stakeholders from government to consumers to work together on health promotion."

Partners responsible for developing the plan and for its implementation included 238 organizations and 550 people who worked on 23 chapters. The Iowa Department of Public Health coordinated this unprecedented, collaborative effort.

For more information or to access the leading health indicators in *Healthy People 2010: Understanding and Improving Health* or other *Healthy People 2010* documents visit www.health.gov/healthypeople or call 1-800-367-4725. Send an e-mail to lllex@idph.state.ia.us for a hard copy of *Healthy Iowans 2010*. The Iowa Department of Public Health website: <http://www.idph.state.ia.us> also contains the entire *Healthy Iowans 2010* document.

New IDPH Science Council Formed

By Tom Carney

Director of External Affairs

How should scientific decisions be made? That's easy, you may say. They should be based on scientific evidence.

That doesn't always happen, however. Decisions about scientific matters are often based principally on economic or political factors.

Convinced that that approach doesn't best serve Iowans, Dr. Stephen Gleason, director of the Iowa Department of Public Health, recently formed the

statewide Director's Council of Scientific & Health Advisors.

He asked Sheila Riggs, executive director of the Wellmark Foundation, to be the group's chair. The council held its first meeting on Dec. 15 at the Wellmark Board Room in Des Moines, with Attorney General Tom Miller and Iowa Department of Human Services Director Jessie Rasmussen in attendance.

The council's mission, said Gleason, is to "critically analyze and render opinions on scientific controversies relating to state

public policy. It seeks only scientific excellence."

At the request of the governor, attorney general, the Iowa Department of Human Services, the IDPH or other state agency, the council will evaluate literature and research and develop opinions about an issue. It could develop a definitive opinion on a subject or resolve that the evidence currently doesn't warrant one.

The council's chair may appoint subcommittees to consider an issue. The subcommittees would include members with expertise on the subject and at least one member with no specific expertise. That member's responsibility is to monitor the subcommittee's scientific process and data.

At its first meeting in December, the council formed subcommittees on three issues. But the council pledged not to make issues public until decisions are made them. Then, decisions will be provided to the agencies that requested them, as well as to the public.

Besides Gleason, D.O., Ph.D., and Riggs, DDS, DMSc, council members include: David Alexander, M.D., Blank Children's Hospital, Des Moines; Tanya Brown Bartholomew, J.D., Drake University Law School, Des Moines;

Rand Conger, Ph.D., Iowa State University, Ames; Thomas Evans, M.D., Iowa Health System, Des Moines; Mary Hansen, Ph.D., Drake Center for Health Issues, Des Moines; Cheryl Hawk, D.C., Ph.D., Palmer Research Clinic, Davenport; David Johnsen, D.D.S., University of Iowa, Iowa City; and W. Roy Johnson, Ph.D., Iowa State University, Ames.

Also, Clark Lindgren, Ph.D., Grinnell College, Grinnell; Jeffrey Lobas, M.D., University of Iowa Hospitals and Clinics, Iowa City; James Merchant, M.D., University of Iowa College of Public Health, Iowa City; William Miller, Pharm.D, University of Iowa, Iowa City; Stephen Richards, D.O., Kossuth Regional Health Center, Algona; Richard Ryan, Jr., D.Sc., Des Moines University, Des Moines; Michael Sparacino, D.O., North Iowa Mercy Health Center, Mason City; Deborah Turner, M.D., Mason City Clinics, Mason City; and Rick Turner, M.D., Mercy Clinics Administration, Des Moines.

Several IDPH staff members, including Patricia Quinlisk, M.D. and Jude Igbokwe, Ph.D., will help the council in its work. IDPH staffer Mary Beth Langowski is the council's coordinator.

The group's next meeting is scheduled for March 8 at the Drake University Legal Clinic in Des Moines.

Food Irradiation Now Imminent: The 'Cold Pasteurization' Procedure

*By Russell Currier, DVM
State Environmental Epidemiologist*

The United States Department of Agriculture is allowing the use of irradiation technology on red meats. Approved in December, rules

were published a week later in the Federal Register and became effective on February 22, 2000.

After that date, meat packers and food processors will be permitted to process meats with this "cold pasteurization" technology. Just as pasteurization of milk by heating (named after Louis Pasteur for discovering that extreme heat can kill organisms) produced a safer drink, so cold pasteurization will provide people with safer meat products by destroying certain organisms.

There are three different kinds of rays used in this process. The first is gamma rays from a radioactive substance (most commonly cobalt 60). Second is electron beams produced by a device similar to a TV tube. And the third kind of ray makes use of x-rays produced by a more powerful version of a radiograph (x-ray) machine, such as those used in hospitals and dental offices. Any of these rays can transfer energy to the water and other molecules in the microbe. This, in turn, creates transient reactive chemicals that damage the DNA in the microbe or parasite or insect, resulting in death of these organisms.

Irradiation or cold pasteurization is not a new process. It has been used for several decades to disinfect temperature- and moisture-sensitive medical material. Also, certain spices have been irradiated for several years.

More recently, foods used in space missions were irradiated to prevent foodborne illness in astronauts. Additionally, Florida provides irradiated food to cancer patients who may be particularly susceptible to foodborne disease. Irradiation is most effective on bacteria, parasites, and insects. Lower "cold pasteurization" doses are ineffective against viruses and prions. Prions are complex proteins associated

with Creutzfeldt-Jacob disease, a form of dementia popularly known as mad cow disease.

For over 100 years the irradiation process was recognized to inactivate various microbes and has been actively researched by the Massachusetts Institute of Technology, the United States Army, the United States Department of Agriculture, and other groups for the past 50 years.

In spite of man's earlier understanding of irradiation, the U.S. Congress, responded to pressures from activist groups. In 1958, it mandated through the United States Food & Drug Cosmetic Act that irradiation would be a "food additive" rather than a "food process." This action delayed the development and acceptance of this technique for almost half a century.

In the early weeks of this century, the public is finally poised to reap the benefits of this technology. A few pioneering firms – including one in Sioux City – have prepared to irradiate ground beef as soon as rules permit. After widespread availability of product and widespread acceptance by food purveyors and consumers, the process should have a dramatic effect on food-borne disease in Iowa and the nation.

Cold pasteurization of food in Iowa will add value to food products, thus enhancing the economic impact on the state. Other benefits include the option to purchase food with extended shelf life while rendering a product safer for handling and consumption. Irradiation will not be used to reclaim inferior food but instead will be a final safeguard to

established professional safe food handling procedures.

Employment of this technology by food processors will recapture a lost public health opportunity. Dr James H. Steele, retired assistance surgeon general, U.S. Public Health Service observed: "An earlier Surgeon General--Luther Terry--

called chlorination, pasteurization, immunization, and fluoridation the 'big four of Public Health' in 1965."

And now irradiation can complete the hand. A High Five for Public Health. Food Irradiation - it works, it's safe...and it's time.

Decline in Gambling Treatment: An Encouraging Pay-off

By Frank Biagioli

Gambling Treatment Program Coordinator

The Iowa Gambling Treatment Program received 2,355 calls to its 1-800-BETS OFF Helpline from gamblers and concerned persons from July 1, 1998, through June 30, 1999. This is a significant decline from the 4,156 calls received in FY 1998. Hopefully, the decline results from widespread efforts to educate the public about problem gambling.

In the past five years, local providers have delivered over 12,000 hours of educational presentations to lessen the impact of problem gambling. Over that period, an average of \$945,000 yearly was dedicated to multi-media messages informing Iowans about problem gambling behavior, its effects, and where to get help. The Iowa Lottery and the Iowa Racing and Gaming Commission have also been instrumental in promoting awareness.

Part of the decrease in calls, however, may be the result of a 33 percent reduction in money available for media messages in 1999 versus 1998. Also, in 1999, procedures were streamlined to more quickly connect callers to local providers of gambling-treatment services. As a result, these providers increased crisis service hours to 1,002, up from 709 in 1998. Additionally, during 1999 clients were provided 14,519 counseling hours, including individual, group, family, and continuing care. This represents a decline from the 16,307 counseling hours provided in 1998.

Clients receiving counseling services totaled 923 (781 gamblers and 142 concerned persons), also down from the 1,016 clients (826 gamblers and 190 concerned persons) the previous year. These signs are also initial indications that educational and treatment efforts have been effective at slowing the escalating demand, which began in 1993, for gambling treatment services.

The Iowa Gambling Treatment Program, located in the Iowa Department of Public Health, receives funding from 0.3 percent of total lottery sales, 0.3 percent of the adjusted gross receipts from riverboat casinos, and 0.3 percent of the adjusted gross receipts from casino games at racetracks.

See the website <http://www.1800betsoff.org> for more information.

Iowa Influenza Peak Passed

*By Cort Lohff, MD, MPH
Assistant State Epidemiologist*

The peak of influenza for this season has probably passed.

The flu season typically occurs between November and the following March or April, but hit Iowa early this year. The first confirmed case occurred in mid-October.

Symptoms of influenza consist of fever, chills, sore throat, cough, muscle aches, fatigue, and headache. These usually last for several days. Besides making the patient miserable, the flu can lead to more serious complications. This is true especially among the elderly or in those who have chronic health problems.

Influenza is caused by infection with the influenza virus. This virus can undergo changes resulting in new virus strains. To account for this, a new vaccine containing three carefully chosen strains is developed each year. The Centers for Disease Control and Prevention selects the three strains it thinks will be most likely to take hold, based on influenza surveillance data from around the world. Fortunately, one of the three strains of virus included in this year's vaccine matches the virus strain that is affecting people in Iowa. Those who received this season's vaccine should have ample protection against infection and its possible complications.

Epidemiology Notes

By Patricia Quinlisk, M.D.
State Epidemiologist



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

- We have had a couple more cases of Hepatitis A in North Central Iowa this week. The group at highest risk in Iowa continues to be youngish adults (around 20 to 35) who may use drugs like Meth or associate with drug users.
- Flu has plummeted. All aspects of our surveillance system are showing that flu is down (this includes confirmed cases from our sentinel doctors, sentinel schools and the reports from long term care institutions). However, in several of the last 10 years we have seen a second strain of flu sweep through the state late in the season, so it may not be over yet.
- Early in the week there was concern about a second case of meningococcal meningitis in a school in central Iowa. However, the second case was not meningococcal meningitis, thus no intervention was indicated at the school. Close contacts and family members of the first confirmed case were given prophylaxis.
- A scientific council, composed of respected scientists from around the state, has been formed to look into a variety of health issues. The first issues to be addressed are body piercing, bidi cigarettes (small flavored cigarettes made in Asia that are targeted at teens), and medical errors.
- Last, but not least, I want to remind those of you who use the “Control of Communicable Diseases Manual” aka “the purple book”, that the new version (year 2000 issue) has been published. You can call (301)893-1894 to order. Cost is \$30.00 for APHA members, \$40.00 for non-members. By the way, it’s not purple so we will have to rename it!

Letters

February 07, 2000

Dear Editor:

Congratulations to Dr. Gleason on a very successful and productive beginning to his tenure as Director of the Iowa Department of Public Health. He has taken many steps towards improving the health of the citizens of the great State of Iowa. I am positive that

the relationships that he has forged with local level public health leaders will enhance and strengthen the agenda that he and Governor Vilsack have prepared.

In addition, thank you for initiating an Iowa Department of Public Health newsletter. This can be a valuable format for IDPH leadership and staff to get important information distributed throughout the state public health infrastructure. As you advance your policy agenda, I would request that you provide an interactive forum in which local public health professionals can provide you and your colleagues with issues and topics that we would like considered. Having made that recommendation, I would propose three items that are of high priority:

* **Funding for Public Health Nursing.** As you know, the state contribution to public health nursing has not increased much for a long time. Please encourage the governor to accept a larger allocation to counties through the Single County Contract for public health nursing programming.

* **Tobacco Settlement for Health Care.** The public health leaders in the state need to continue to lobby that these funds be delivered to public health for programs such as substance abuse treatment, [smoking] cessation programs, prevention, and intervention.

* **Healthy Iowans 2010.** This project represents a tremendous success for the participants. To make Healthy Iowans 2010 a complete victory, we all must work together and take the positive momentum to lead to quality programs and initiatives that improve the health of Iowans.

Best of luck with all of your projects.

Sincerely,
SIOUXLAND DISTRICT HEALTH DEPARTMENT

Stephen B. Quirk
Director

To communicate with Focus or add names to the mailing list, e-mail us at kberg@idph.state.ia.us