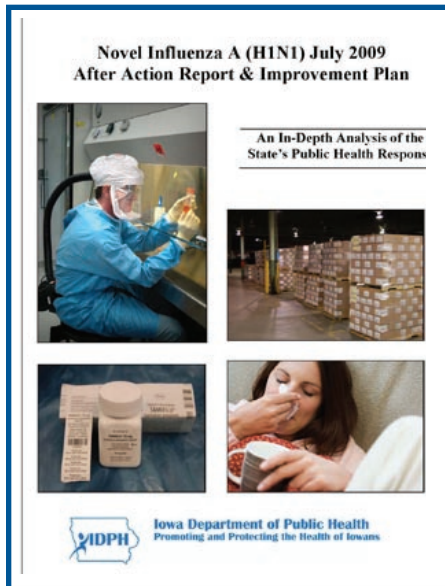


## H1N1 after action report highlights successes, areas for improvement



By Alex Carfrae\*

In August, the Iowa Department of Public Health (IDPH) published the [Novel Influenza A \(H1N1\) July 2009 After Action Report and Improvement Plan](#). Released to the public and all partners who assisted with the response, the report is an in-depth analysis of IDPH's response to an outbreak of novel influenza A (H1N1) in Iowa earlier this year.

"After any event, whether it's a planned functional exercise or an unexpected event such as the H1N1 outbreak, we want to know what we did well and what we need to improve upon," said Rebecca Curtiss, chief of the IDPH [Center for Disaster Operations and Response](#). "It's through a detailed review of our processes that we find the strengths and weaknesses in our response."

One of those strengths mentioned in the report is the utilization of Iowa's [Health Alert Network \(HAN\)](#). According to the report, more than 90 percent of respondents reported the HAN to be an effective communication tool for guidance materials, situation updates, and notification of conference calls related to the H1N1 response. IDPH also used the HAN to post fact sheets, recommendations, and other documents that were shared with response partners. This repository provided each response partner with the information needed to provide prevention and response actions. IDPH's ability to provide clear and concise information enabled hospitals and local public health agencies to access consistent information during the entire response.

Although the core response was very successful, the report identified areas for improvement. Those areas include the refinement of response plans and the development of a comprehensive incident management system training program. Using existing response plans during a real-world event provides perspective that is difficult to gain during exercises. Development and refinement of standard operating procedures associated with the department's response plan will assist in ensuring a consistent and efficient response.

Information for the report was obtained chiefly through on-line surveys of IDPH's response partners. Face-to-face interviews and debriefings were also conducted with key response partners.

The surveys focused on communication, support provided by IDPH, and the IDPH incident management system. The data collected were analyzed by subject matter experts in public health response. Smart practices were identified for continuation and expansion along with recommendations for improvement to fill identified gaps in response capabilities.

"This is a very detailed and comprehensive report with information gathered from a variety of sources," Curtiss added. "IDPH wanted this report to paint an authentic picture of the department's H1N1 response in Iowa, so the surveys and

briefings were designed to capture each individual's and agency's experience as accurately as possible."

IDPH demonstrated the ability to coordinate H1N1 prevention and response efforts through solid connections to local public health agencies, hospitals, state agencies, and other response partners. Ground work for these connections has been occurring through years of multi-disciplinary planning on local, regional and state levels and between public and private agencies. These connections create strength in Iowa's response capabilities and capacities for public health emergencies.

To view the report, visit [www.idph.state.ia.us/h1n1](http://www.idph.state.ia.us/h1n1) and look under Action Report and Improvement Plan. The report is also available on the HAN in the document library under Spring 2009 Novel Influenza A.

*\* Alex Carfrae is the risk communication officer in the IDPH Center for Disaster Operations and Response.*

## Ads introduce disaster-related substance abuse treatment services

*By Julie Hibben\**

Recently, public health partners may have come across TV commercials, radio ads, or billboards that focus on the problems surrounding the use of alcohol or drugs to cope with stresses caused by natural disasters. Sponsored by the Iowa Department of Public Health (IDPH), one of the ads shows beer spilling out across a table, suggesting a flood. The tag line reads, "Don't replace one disaster with another. Get help at 1-800-447-1985."

"Research tells us that disaster-related substance abuse problems may not surface until six to eighteen months after the event," said IDPH [Division of Behavioral Health](#) Director Kathy Stone. "That's the reason for this campaign. That's the reason we want Iowans to practice healthy ways to relieve stress or seek help if they need it."

Funded by \$2.7 million in Social Services Block Grant funding from the U.S. Department of Health and Human Services through the [Iowa Department of Human Services](#), the ads are designed to build awareness of [unique services](#) available through [IDPH-funded substance abuse prevention and treatment providers](#).

From now until September 2010, IDPH will use the funding to help providers implement local activities related to a statewide prevention campaign to decrease substance use due to severe weather events and on-going stress. Providers will also conduct outreach to clients who left treatment or who may have relapsed during or since last year's natural disasters.

Funds will also be used to facilitate a unique approach called "disaster-informed enhanced treatment services." Going beyond traditional outpatient and residential treatment services, disaster-informed services require providers to understand what the research says about how individuals and families are impacted over time by disaster and stress, thereby enabling them to better serve disaster relief clients.

For more information contact Kathy Stone at [KStone@idph.state.ia.us](mailto:KStone@idph.state.ia.us).

*\* Julie Hibben is a prevention consultant in the IDPH Bureau of Substance Abuse Prevention and Treatment.*



## UHL and IDPH team up to prepare for fall influenza surge

By Pat Blake\*

The [University Hygienic Laboratory](#) (UHL) and IDPH helped Iowans prepare for a potential resurgence of novel H1N1 this fall with a teleconference on Aug. 26 that focused on this new strain of influenza.

More than 400 locations throughout the state participated in the teleconference. Individual sessions were held for laboratory staff, for health professionals, and for educators, child care providers and others who work directly with children.

"Each fall, we conduct influenza training to give an update on any changes in testing, surveillance or other guidelines," said Dr. Michael Pentella, UHL associate director of the Disease Control Division. "This year we held the training a bit earlier than usual and added a component about novel H1N1 because we want to be prepared in case we see a resurgence now that school is under way."

The first two probable cases of novel influenza A (H1N1) were reported in Iowa on April 29. By the end of May, 108 cases were confirmed. The Hygienic Laboratory continued to confirm novel H1N1 cases throughout the summer months. Unlike seasonal influenza, this novel strain did not completely go away.

IDPH recently announced that beginning Sept. 1, all novel influenza A H1N1-associated hospitalizations and deaths are to be reported to public health. The recommendation is that these reports be entered into the Iowa Disease Surveillance System.

The Laboratory Testing Algorithm and a corresponding document of explanation are posted on the Hygienic Laboratory Web site ([www.uhl.uiowa.edu](http://www.uhl.uiowa.edu)).

"We also use the Iowa Laboratory Response Network to communicate testing updates to laboratory staff," Dr. Pentella said. "Of course we continue our partnership with IDPH in providing influenza surveillance, and we're applying what we learned during the initial surge in the spring to help us prepare for the fall."

\* Pat Blake is a public information officer at UHL.



*UHL's Gina Kline assists with sample receiving during the spring surge in testing for the novel strain of H1N1.*

### Mark your calendar!



6th Annual  
**Governor's Homeland  
Security Conference**  
Oct. 6-7, 2009

Plus **FREE** training session on Oct. 5:  
• Incident Response to Terrorist Bombings  
• Prevention of and Response to Suicide Bombing Incidents

Effective Results for a Changing Iowa

To register for the conference online, visit [www.iowahomelandsecurity.org](http://www.iowahomelandsecurity.org). The conference registration fee is \$125 before or on Sept. 21 and \$150 after Sept. 21. A link to the Sheraton's special registration page for this event is available on the conference Web site. Questions? Call 515-725-3231 or write to [governors.conference@iowa.gov](mailto:governors.conference@iowa.gov).

## Report highlights racial and ethnic disparities

By Lucia Dhooge\*

In late June, the Iowa Department of Public Health (IDPH) released the fifth and final [report](#) on the [2005 Iowa Child and Family Household Health Survey](#). Conducted in collaboration with the [University of Iowa Public Policy Center](#), the report focused on the racial and ethnic disparities in the health and well-being of Iowa children.

“Recent evaluations of children’s health care in Iowa have been positive; however, our local communities are aware that there are pockets of children who need their attention,” said IDPH [Family Health Bureau](#) Chief Jane Borst. “This report is valuable to local public health agencies in characterizing the disparity issues that might exist in their communities.”

In 2005, the Iowa Child and Family Household Health Survey was conducted to provide policymakers and health planners with information about children in Iowa from a social health perspective. Previous analysis of the survey provided a wealth of information in four reports covering statewide results (2006); early childhood (2007); health insurance (2007); and physical activity, weight, and eating habits (2008).

For the survey, researchers conducted telephone interviews with more than 3,600 families with children in Iowa, including a special sampling of Hispanic and African-American families. The telephone interviews were conducted by the University of Northern Iowa’s [Center for Social and Behavioral Research](#).

According to the survey, children whose parents chose to complete the interview in Spanish had the lowest overall health and oral health status, and were less likely to be insured. These parents were also less likely to believe their children needed medical care.

“We found that the parents who did the interview in Spanish weren’t as familiar with the health care systems in Iowa or in the United States,” said Pete Damiano, director of the Public Policy Center. “The language differences appear to have created barriers to children receiving insurance coverage and health care in Iowa.”

On the other hand, children with Spanish-speaking parents were more likely to have healthier habits, such as being more physically active and spending less time watching TV or being on the computer. They were also more likely to have had counseling in preventive health care and were less likely to have behavioral problems.

African-American children were most likely to have public insurance coverage and also most likely to have dental insurance. They had the highest rates of asthma and were least likely to weigh the ‘right amount’ in the parent’s opinion. These children were also most likely to live in a household with higher parenting stress or live in a single parent household.

Damiano explained that these survey results should be interpreted carefully, however, as other factors could also be affecting children’s health care in Iowa. “Children in this study were grouped by race/ethnicity,” Damiano said. “Other factors that could influence the results were not included, such as poverty, geographic region or available health care resources.”



Damiano and Borst cited several areas for further research, such as language choice, implications of the findings for the health care workers, and how cultural differences impact decisions on when to seek care, as well as several other social and environmental factors.

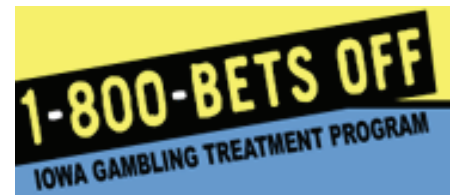
For more information on the 2005 survey, visit [www.ppc.uiowa.edu](http://www.ppc.uiowa.edu) and click on "Health Policy Research."

*\* Lucia Dhooge is a nurse clinician in the IDPH Bureau of Family Health.*

## Problem gambling study highlights effectiveness of treatment

*By Polly Carver-Kimm\**

According to a new report, 95 percent of problem gamblers who receive publicly funded treatment services say they had reduced or quit problem gambling behaviors six months after completing treatment. Recently released by the Iowa Department of Public Health (IDPH), in partnership with the University of Northern Iowa's [Center for Social and Behavioral Research](#), the Iowa [Gambling Treatment Outcomes Year 4 Report](#) is an important one in a state that has legal gambling establishments.



"Problem gambling is gaining attention as a public health issue because of its broad impact on not just the individual, but also the family and community," said IDPH [Gambling Treatment Program](#) coordinator Mark Vander Linden. "Research has found that problem gamblers are at increased risk for a number of associated problems. Those include job loss, bankruptcy, mental health issues, substance addiction and suicide. Positive treatment outcomes raise hope that the ripple effect of problems that arise can be stopped."

The study also found that Iowans who participate in treatment experience other important improvements in their lives. For example, while 41 percent of people entering treatment said they had been late paying their bills, that number dropped to 21 percent by the time they left treatment. Also, six months after leaving treatment, 99 percent of respondents rated treatment as "good" or "excellent," and 93 percent said they would recommend treatment to a friend or family member with a gambling problem.

"The new information from this study provides clear evidence that treatment is effective at helping problem gamblers," Mark Vander Linden added. "Treatment has been a great resource for thousands of Iowans and should give hope to Iowans currently struggling with gambling problems."

In Iowa, problem gambling education and treatment are offered through a statewide network of providers funded by IDPH. Iowans seeking help for gambling problems, regardless of their ability to pay, can call 1-800-BETS-OFF to receive immediate assistance. To learn more, visit [www.1800betsoff.org](http://www.1800betsoff.org). The report is available on the Reports and Studies link.

*\* Polly Carver-Kimm is a public information officer at IDPH.*

## Iowa Health Fact Book captures Iowans' health data

By Hannah Fletcher\*

The 2009 Iowa Health Fact Book, a broad-ranging report covering the health and health-related behaviors of Iowans, was released in August by the University of Iowa (UI) College of Public Health and the Iowa Department of Public Health (IDPH).

The fact book, available in both printed and electronic formats, assembles health data on areas such as prenatal and infant health, infectious diseases, cancer and other chronic diseases, injury, and childhood lead poisoning. Health and social behaviors, population totals and age distributions are also presented. Additionally, the book provides a geographic distribution of health care providers and health care facilities throughout the state. Most of the data sets are presented by county.

New to the Iowa Health Fact Book this year is a section called "The Social Determinants of Health," which focuses on behavioral conditions that affect health and coincide with the upcoming release of Healthy People 2020.

"The Iowa Health Fact Book serves health practitioners, policymakers, providers and researchers across the state. Researchers use the numbers to look for trends and anomalies within the population," said Jacob Oleson, UI assistant professor of biostatistics. "We hope this latest fact book will again aid public health practitioners in grant proposals, presentations and summaries for their local areas to compare and contrast with their neighbors."

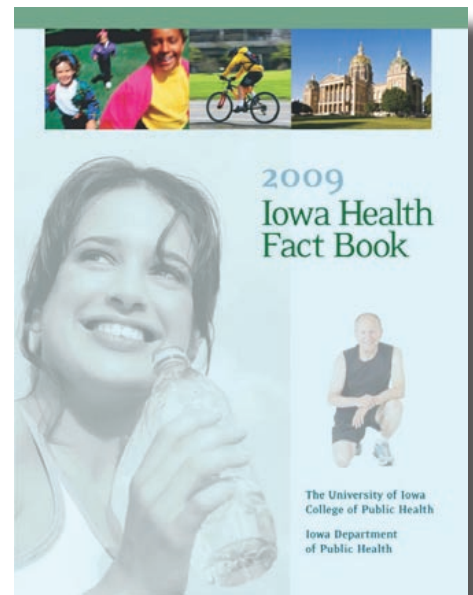
The 2009 edition is the seventh in a series of Iowa Health Fact Book publications. Much of the data are tracked longitudinally so that readers can follow how Iowans' health and behaviors have changed over time.

Oleson and Jane Pendergast, UI professor of biostatistics, led development of the publication on behalf of the UI Center for Public Health Statistics. Jill France, chief of the IDPH Bureau of Health Statistics, and Donna Johnson, the bureau's project manager, led development on behalf of IDPH.

Data were collected from a variety of state and national sources. They include IDPH, the Iowa Department of Inspections and Appeals, the Iowa Consortium for Substance Abuse Research and Evaluation, the Centers for Disease Control and Prevention, and the U.S. Census Bureau. The UI-based State Health Registry of Iowa, the Iowa Registry for Congenital and Inherited Disorders, and the Office of Statewide Clinical Education Programs also provided data and analyses.

To view the 2009 Iowa Health Fact Book online, visit [www.public-health.uiowa.edu/factbook](http://www.public-health.uiowa.edu/factbook). A limited number of free hard copies are available. Call 319-335-7005 or write to [cph-cphs@uiowa.edu](mailto:cph-cphs@uiowa.edu).

\* Hannah Fletcher is an associate editor at the University of Iowa College of Public Health.



## Year 1 Smokefree Air Act Report released

By Don McCormick\*

In August, the Iowa Department of Public Health (IDPH) released the first full [Iowa Smokefree Air Act](#) Annual Report. Capturing data from July 1, 2008 to June 30, 2009, the [publication](#) bears out preliminary findings released by the department at the end of June—compliance is high among the more than 82,000 Iowa businesses subject to the Act.

“With only about 1 percent of Iowa’s businesses receiving Notices of Potential Violation in the first year, the success of the Smokefree Air Act is something we can all celebrate,” said IDPH Director Tom Newton. “The most important part of the legislation, however, is that it is helping to protect the health of Iowa citizens and employees.”

Following an executive summary, the report presents data collected during the Act’s first year in easy-to-read graphs, charts and maps. For example, users are able to see which types of businesses have received the most complaints, and which types of complaints have been most common. Maps allow users to easily compare county-by-county the number of complaints received and the number of Notices of Potential Violation sent by the department during the Smokefree Air Act’s first year.

Prior to the Iowa Smokefree Air Act, non-smokers who were exposed to secondhand smoke at work increased their risk of heart disease by 25 to 30 percent. Their risk of developing lung cancer was 20 to 30 percent higher before the law went into effect. The Smokefree Air Act protects employees in more than 99 percent of Iowa’s businesses, making it one of the most comprehensive in the nation.

Available online, the report also contains a summary of the process IDPH uses when following up on complaints of possible violations, as well as a timeline of events related to the development of the legislation and administrative rules. To view the report and learn more about Iowa’s Smokefree Air Act, visit [www.iowasmokefreeair.gov](http://www.iowasmokefreeair.gov) and look under “Important Updates.”

\* Don McCormick is a public information officer at IDPH.

## Study shows impact of obesity on increased medical spending

By Louise Lex\*

When counties submitted reports on their [Community Health Needs Assessment and Health Improvement Plans](#) in 2007, about two-thirds of them put nutrition and overweight at the top of their priority list for action. In 1991, however, fewer than 10 counties were concerned with promoting healthy eating and increased physical activity.

Clearly, Iowa communities have recognized that the increased prevalence of overweight and obesity requires concerted action. Unlike a prescription for a short-term illness, however, transforming communities that support healthy lifestyles can take years of working toward environmental and policy changes. Indeed, prevention is not for the faint of heart.

A new [study](#) published in the journal “[Health Affairs](#)” adds another dimension to the transformation. After examining data from 1998-2006, Eric A Finkelstein and



his co-authors concluded that, “There is an undeniable link between rising rates of obesity and rising medical spending.”

According to the study, nearly \$1 of every \$10 in medical spending can be attributed to the burden of obesity during the 8 years in which obesity prevalence in the U.S. increased by 37 percent. Medical spending for an obese person is \$1,429 a year—about 42 percent higher than for someone of normal weight. When compared with normal-weight Medicare beneficiaries, obese beneficiaries require medical costs of \$600 more a year. The increased costs, the report says, are the result of treating diseases that obesity promotes.

Finkelstein and his co-authors acknowledge that health reform may be necessary to restore equity in our health system and rein in rising health costs. However, “...real savings are more likely to be achieved through reforms that reduce the prevalence of obesity and related risk factors, including poor diet and inactivity.” Reforms in policy and environmental changes will have a greater impact than what can be achieved through changes in health care financing and delivery.

This conclusion is a further incentive for Iowa communities to continue taking such steps as paving sidewalks, improving the availability of locally grown food, and increasing support for breastfeeding. Prevention advocates, take heart!

To access the report, click [here](#) or visit <http://content.healthaffairs.org> and search for “Annual Medical Spending Attributable To Obesity.” The report was released as Web Exclusive on July 27, 2009.

\* Louise Lex is coordinator of Healthy Iowans at IDPH.

## Nutrition program has healthy effects beyond classroom

By Nancy Clark\*

Hankering for a healthy snack? The third grade students at Bryant Elementary School in Algona could recommend one for you. How about kiwi fruit or a mango? And don't forget the jicama!

Mrs. Karie Young's class was recently named the winners in a healthy competition with other Bryant third graders and a class in neighboring Titonka. Students participated in the “[Pick a Better Snack](#)” program, through which they tried new fruits and vegetables at school. They earned incentives each month for eating fruits and vegetables and participating in physical activities at home. The class with the greatest level of participation won the traveling trophy, donated by community partners Wiltgen Jewelers and Gift World of Algona.

Thanks to funding through the [Iowa Healthy Communities Initiative Grant](#) administered by the Iowa Department of Public Health, students in Kossuth County are motivated to increase their consumption of fruits and vegetables and to be more physically active. The program is also trickling down to parents. One mom commented that she had never bought a jicama, but her child requested it at the grocery store. They bought one, prepared it and ate the jicama at home. Kids are getting parents to try new fruits and vegetables as well.

For more information, contact KRHC Community Health at 515-295-4430 or visit [www.krhc.com](http://www.krhc.com). To learn more about Pick a Better Snack, visit [www.idph.state.ia.us/pickabettersnack](http://www.idph.state.ia.us/pickabettersnack).

\* Nancy Clark is a member of the Kossuth County Board of Health.



Photo courtesy of Bryant Elementary School.



## Plan now to partner on Walk to School Day, Oct. 7

By Kathy Ridnour\*

The Iowa Department of Transportation encourages local public health partners to be a “walk star” in their communities by participating in International Walk to School Day on Wednesday, Oct. 7. This fun, healthy, no-cost event encourages everyone—students, parents, teachers, community members and organizations—to get out on trails and sidewalks.

“This observance emphasizes the importance of increasing physical activity, teaching pedestrian safety, and building the kind of connections between families, schools and other partners that contribute to a healthy community,” said Iowa Department of Public Health Physical Activity Coordinator Sarah Taylor. “International Walk to School Day is also a great way to show concern for the environment and reduce traffic congestion.”

This year’s International Walk to School Day is expected to draw participation from 5,000 schools in all 50 states. Approximately 40 countries are also expected to take part.

For children who typically ride a school bus, Walk to School Day provides an opportunity for them to try walking or bicycling to school in areas where safe pathways make it possible. If students still need to ride a bus, many schools participate by arranging for school buses to drop off students at a nearby park or other safe location to finish the trip on foot. The drop-off option can also be used for students who are usually driven to school in private cars.

International Walk to School Day also encourages parents and community members to help schools conduct a walkability assessment for their neighborhoods. (See page 11 of this issue of *Iowa Health Focus*.) The Iowa Department of Public Health, through its [Iowans Fit for Life](#) program, has developed a walkability checklist to help walkers assess what makes the walking environment inviting and safe, as well as identifying existing barriers. After the assessment, school staff can help students become advocates for a more walkable community.

To encourage participation in Walk to School Day, the Iowa Department of Transportation has free materials available, including “I’m a walk star” stickers, erasers and zipper pulls, and bike safety magnets, spoke sliders and stickers with the slogan, “Bike helmets—don’t hit the road without one.” To order any of these items, please contact Kathy Ridnour at [kathy.ridnour@dot.iowa.gov](mailto:kathy.ridnour@dot.iowa.gov) or 515-239-1713. For more information about International Walk to School Day, including event registration details, visit [www.walktoschool.org](http://www.walktoschool.org).

\* *Kathy Ridnour is the Safe Routes to School coordinator at the Iowa Department of Transportation.*



## 2008 disease report now available

IDPH has recently released the [2008 Iowa Surveillance of Notifiable and Other Diseases Report](#). Organized by disease type, the report provides data through a variety of tables and in several maps. Highlights from the report include a significant increase in the number of hepatitis A cases and two multi-state clusters/outbreaks of salmonella. The report is a reminder of how much the department relies on local partners who completed many of the disease investigations that took place last year. To access the publication, visit [www.idph.state.ia.us/adper/cade.asp](http://www.idph.state.ia.us/adper/cade.asp) and look under “Reports.”

## Substance abuse prevention saves costs too

By Debbie Synhorst\*

As a health advocate, how many times have you reached out to local stakeholders about the importance of prevention in not only improving the quality of life, but also reducing costs? Thanks to our hard work, Iowans and the nation now know that the obesity epidemic is costing us more and more every day. (See p. 7 in this issue of *Iowa Health Focus*.) We've also done a fantastic job telling people about the economic burden caused by tobacco use. And one can hardly scan the Google Health News headlines without seeing an article about the economic benefits of addressing chronic diseases such as diabetes.

But how often do you talk about the cost-savings associated with substance abuse prevention? If you think you could do more, now there's a great resource to help you.

[Substance Abuse Prevention Dollars and Cents: A Cost Benefits Analysis](#) is designed to help policy makers and other stakeholders use the results of cost benefit analysis as tool for selecting effective interventions for their communities. Recently released by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the new report can help you and your community select the substance abuse prevention programs that are most suitable to your needs.

"Whether you're a parent, policy maker, policeman, or pastor, you know the health benefits of preventing substance abuse in your community," said DeAnn Decker, chief of the [Bureau of Substance Abuse Prevention and Treatment](#) at the Iowa Department of Public Health. "But so much more needs to be done. Especially in these tough economic times, this resource can help you take it to the next level by focusing on the cost savings inherent in substance abuse prevention."

According to the report, one of the most costly health problems in the U.S. is substance abuse. Among national estimates of the costs of illness for 33 diseases and conditions, alcohol ranked second and drug disorders ranked seventh.

Currently, the cost of substance abuse to the nation is estimated at \$510.8 billion. Of that amount, alcohol abuse accounts for \$191.6 billion, while drug abuse costs the U.S. \$151.4 billion. With the addition of tobacco use prevention programs, the report notes that the return on investment in school-based prevention services can be as high as \$36 for every dollar invested. On average, \$18 per student would be saved over his or her lifetime for every dollar spent on these programs.

Although 80 percent of American youth reported participation in school-based prevention programs, the report discovered that only 20 percent were exposed to initiatives that were truly effective. School-based programs that offer a particularly large return on investment include: All Stars; Keepin' it REAL; Lifeskills Training; and Project Northland.

The report also noted that while family-centered interventions with a school component may be more costly, some may actually offer more benefits per youth involved. These include: Adolescent Transitions; Strengthening Families; Guiding Good Choices; Project Northland;



**ALL STARS**  
*building bright futures*

 Botvin  
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■ PROJECT N O R T H L A N D ■

*Three of the four educational programs rated highest for cost benefits are currently being used in Iowa.*

and SOAR. As for public policy development, the largest gain of \$84 for every dollar spent was for passing and enforcing laws against serving patrons who are intoxicated.

To view the report, visit [www.samhsa.gov/shin](http://www.samhsa.gov/shin) and search for “Substance Abuse Prevention Dollars and Cents.” Additional information is available in English or Spanish by calling 1-877-SAMHSA-7 (1-877-726-4727).

*\* Debbie Synhorst is a prevention coordinator in the IDPH Bureau of Substance Abuse Prevention and Treatment.*

## Iowans Fit For Life tool aids walkability assessments

*By Sarah Taylor\**

As Iowans' waistlines continue to grow, so do the number of miles driven in cars. For years, we've turned our neighborhoods from pedestrian-based environments into those in which the car is king. In order for more people to be physically active, though, it's important that the neighborhoods people live in support more than just cars. They need to be “walkable.”

But what makes a neighborhood walkable?

“Walkability is a measurement of how friendly an area is to walking,” said [Iowans Fit For Life Partnership](#) Coordinator Dennis Haney. “Some neighborhoods can be more walkable than others. The point is to recognize what features of a neighborhood allow or encourage its residents to use their feet or a bicycle to get places. This all starts with a walkability assessment.”

Features that affect the walkability of a given environment include the presence and quality of sidewalks or other pedestrian right-of-ways, traffic and road conditions, land use patterns, building accessibility, and safety, among others.

At the most recent Iowans Fit for Life Partnership meeting, approximately 40 participants took part in a walkability assessment of a Westside Des Moines neighborhood. Using a tool created by the Iowans Fit for Life Community Work Group called “[Walking With a Purpose](#),” they split up into four teams and toured a one square-mile area that had a contrast of residential and retail buildings. The route also featured quiet neighborhood streets as well as busy thoroughfares, and included the streets near a school.

Developed this spring specifically to help schools and children identify ways that their route to school could be more walkable, the six-page [Walking With a Purpose](#) resource gives ideas on where to complete the assessment, community members to invite to the assessment, and a walkability checklist. It also includes discussion questions, what to do after the walk, potential class projects to consider, and links to additional resources. To access the toolkit, visit [www.idph.state.ia.us/iowansfitforlife/resources.asp](http://www.idph.state.ia.us/iowansfitforlife/resources.asp) and click on “Walkability Audit” under the Physical Activity section.

The tour proved a good mix of areas that were excellent in terms of walkability as well as areas that could use some improvement. The experience was a huge success for the group, drawing comments such as, “I'll never look at a sidewalk the same way again.” Many of the participants have plans to use the new resource in their own communities and share the results with local policy makers.

*\* Sarah Taylor is the physical activity coordinator at IDPH.*



## Grant to help expand diabetes screening in Black Hawk

By Eileen Daley\*

The [Black Hawk County Health Department](#) (BHCHD) recently received a competitive award of \$2,500 to be used for increasing awareness of the benefits for screening for diabetes and pre-diabetes offered by Medicare. The department was one of only 13 community-based organizations across the U.S. chosen from more than 260 applications to receive an award from the [Medicare Diabetes Screening Project](#) (MDSP), a national coalition of government agency, nonprofit organization, and corporate partners that is leading the way in encouraging seniors to improve their health by getting checked for diabetes.

“We are pleased to receive this award from the MDSP because it allows us to increase our outreach to seniors throughout Black Hawk County,” said Sue Gardner, Health Promotion program manager at BHCHD. “Increasing awareness of diabetes and the need for preventive health screening complements other disease prevention and health promotion activities already underway.”

In March, the department’s partner agency, the [Peoples Community Health Clinic](#), was awarded a one-year \$45,000 grant from the Avon Foundation to increase awareness of breast cancer education, outreach, and navigation of services available to older adult women through Medicare. Gardner says that activities are already underway to incorporate diabetes screening information into peer training with older adults who can assist with education and messaging with the public.

“We were delighted to recognize the outstanding proposal submitted by the Black Hawk County Health Department,” said Jay Hedlund, national director of the MDSP. “We look forward to the successful implementation of their activities and most importantly, to a positive impact for seniors on awareness and use of the diabetes screening benefits that Medicare offers.”

Beginning in 2005, the [Centers for Medicare and Medicaid Services](#) (CMS) began offering coverage under Medicare for screening for diabetes and pre-diabetes. The government’s goal was twofold: to encourage diabetes prevention among those found to have pre-diabetes, and to identify people who were unaware they already had diabetes so that they could begin treatment and potentially stave off the serious complications of the disease.

The Medicare Diabetes Screening Project is designed to help improve the lives of seniors ages 65 and older by educating them about the diabetes screening benefits offered by Medicare and encouraging them to ask their health care providers about getting screened during their next office visit. Founded in 2006, the MDSP is comprised of a coalition of more than 20 government agency, nonprofit organization, and corporate partners, co-led by the American Diabetes Association, the Healthcare Leadership Council, and Novo Nordisk. For more information, visit [www.screenfordiabetes.org](http://www.screenfordiabetes.org).

\* Eileen Daley is the division manager for Health Promotion, Planning and Development at the Black Hawk County Health Department.



IDPH



## Bureau of Vital Records

Recently Jill France, chief of the *Bureau of Health Statistics*, spoke to Focus about the Office of Vital Records (VR) and its role within the Iowa Department of Public Health and the state.

### What is VR's mission and how do you achieve it?

Our mission is to record complete and accurate data while providing quality service to our customers. What this means on a daily basis is registering all births, deaths and marriages in the state. This amounts to about 100,000 records a year. We also issue about 100,000 certified copies of records each year.

### How long has your work been a part of public health?

We've been here since the beginning, really. Following the creation of the Iowa State Board of Health in 1880, the board got right to work on establishing a birth and death reporting system. In fact, this was the very first activity reported by the board in its annual report, published the following year.

### What makes VR so important?

Public health practice is based on data to make decisions. The Vital Records data file is the population set of information used by most, if not all programs, in public health, both at the state and local levels. It is the basis of the core public health function of assessment.

### How has VR made a positive difference in the lives of Iowans?

In two basic ways. We provide Iowans with the information that allows them to obtain any number of services. Take birth certificates, for example. Since the attacks on Sept. 11, 2001 the need to prove your citizenship and identity have become more crucial. Certified copies of birth certificates have become increasingly important to individuals in obtaining a driver's license, a passport, or other benefits. The other way we make a difference is in the collection of health data. For example, if many Iowans were dying of a particular disease, we would provide public health officials with the relevant data to allow them to create programs to address these public health issues.

### Tell me about some of your notable successes.

One of the most significant changes in the past 125 years has been the development and implementation of electronic birth certificates. In 1995 we deployed the first electronic birth certificate program. It was a client-server type system that allowed each hospital to enter birth certificate data into a computer program and then transmit that data via phone line to our office. In 2007 we implemented a nationally standardized birth certificate and rolled out a new electronic birth registration system. In the new system, authorized hospital staff log onto a department server and enter the birth certificate data. Following review and approval by our staff, the certificate is incorporated into the official file.

### What's coming up for VR?

Our next major project will be the development and implementation of an electronic death registration process. Electronically registering deaths is inherently more complex because of the number of possible sources of data reported on a death certificate. For example, demographic data is typically provided by a surviving family member and collected by the funeral director. The medical cause of death, however, comes to us from the physician or medical examiner. The challenge will lie in training all of the correct data providers and then making a record available electronically only to the appropriate parties.



Information support worker Janet Collins takes a microfilm cartridge from one of four carousels in the Office of Vital Records. Each cartridge contains up to 5,000 birth, death or marriage records.

## Iowa State Fair provides, gathers information

By Karla Dorman\*

Remember the Rodgers and Hammerstein song “Our State Fair?” The lyrics, “Our state fair is a great state fair. Don’t miss it, don’t even be late,” are as true today as when the song was written.

“Everyone has their favorite thing to do at the Iowa State Fair and we’re making visiting the Iowa Department of Public Health (IDPH) booth worth the visit,” said IDPH Fair Booth Event Coordinator Sandy Briggs. “It’s the one place at the fair that has information and messages that pertain to everyone.”

This year the IDPH booth incorporated a few new ideas. It was the first year the department used Twitter messages to encourage people to visit, held unofficial surveys on health topics, and encouraged people in different ways to participate in the Walk the Fair scavenger hunt.

Capitalizing on the fact that visitors to the IDPH booth represent a good cross section of Iowans, organizers decided to conduct some unofficial health surveys. The idea was to determine how well people are receiving public health messages. For example, booth staff asked fairgoers over the age of 65 if they planned to get flu shots this year. Most said they planned to get their shots.

Another question on the survey related to emergency preparedness in the home. “We’re very interested in how effective our public health preparedness messages are in getting people to take action,” said Alex Carfrae, coordinator of [Protect Iowa Health](#). “This impromptu survey, in which only 30 percent of visitors indicated that they have a home emergency kit, tells us that we still have work to do in telling Iowans to prepare for emergencies.”

As for the Walk the Fair scavenger hunt, an increase in downloaded maps from the IDPH Web site indicated that the annual event was as popular as ever. In marketing the activity, this was the first year that IDPH provided Walk the Fair maps and information in packets for registered camper owners.

Overall, Briggs said she thought the booth was quite effective this year. “Although the 2009 event saw a decline in attendance of about 10 percent from last year, we estimate a drop of only 5 percent to our booth,” Briggs said. “About 266,000 people visited. That’s more than the population of the city of Des Moines!”

\* Karla Dorman is a state fair booth associate from the IDPH Communication and Planning Bureau.



IDPH Oral Health Bureau Community Health Consultant Sara Schlievert applies a tattoo to a young fairgoer in the IDPH booth in the Varied Industries Building.

### This year, 27 organizations and businesses donated prizes to the Walk the Fair scavenger hunt.

Andy Williams Birthplace  
Birthplace of John Wayne  
Blank Park Zoo  
Buffalo Bill Museum/The Lone Star Steamer  
Carroll’s Pumpkin Farm  
Cedar Rapids Museum of Art / Grant Wood  
Studio and Visitor Center  
Des Moines Botanical Center  
Effigy Mounds National Museum  
Hausbarn/Heritage Park

Heartland Museum  
Historic General Dodge House  
Historic Sod House, Schoolhouse, Post  
Office, Museum  
Hobo Museum  
Ice Cream Capital of the World Visitor Center  
Iowa Aviation Museum  
Kathy’s Pumpkin Patch  
King’s Pointe Waterpark Resort  
Loffredo Fresh Produce Co., Inc.

Madison County Historical Complex  
National Farm Toy Museum  
National Motorcycle Museum  
Putnam Museum of History & Natural  
Science/IMAX Theatre  
Reiman Gardens  
The Iowa Children’s Museum  
University of Iowa Athletics Hall of Fame  
Wapello County Historical Museum  
Wilder Memorial Museum

## New DVD-based UHL game now available

By Pat Blake\*

How do you attract students to the field of laboratory science? The University Hygienic Laboratory (UHL) answered that question by creating a DVD-based game that highlights the many professions in a public health laboratory and the associated academic and training requirements.

The new game, “Did You See That?: Pathways to a Career in the Public Health Laboratory,” combines video footage of UHL staff discussing their jobs, and a series of related science trivia questions. Players answer the questions to advance on a game board that leads to a wide variety of careers in the public health laboratory. The game is intended for students in middle school, high school and college.

The Association of Schools of Public Health estimates that by 2020 there will be 250,000 job vacancies in the public health sector of the United States.

“Playing the game is a fun way for people to learn about science and possible careers in public health,” said UHL Director Christopher Atchison. “It is one step toward ensuring that the future needs of the public health workforce are met.”

Created in conjunction with Iowa’s Upper Midwest Public Health Training Center, “Did You See That?” was funded through a grant from the [Centers for Disease Control and Prevention](#) and the [Association of Public Health Laboratories](#).

“Most students know about science generally, but they don’t know about public health laboratories,” said Beth Hochstedler, UHL education and outreach coordinator. “We wanted to show them specific pathways for a career in public health laboratories.”

“Did You See That?” can be downloaded from the education section of the UHL Web site, [www.uhl.uiowa.edu](http://www.uhl.uiowa.edu). Hard copies of the game will be distributed to the [National Association of Biology Teachers](#), and through other national and state organizations. Local schools and teachers interested in this game may contact Beth Hochstedler at 319-335-4303 or [beth-hochstedler@uiowa.edu](mailto:beth-hochstedler@uiowa.edu). Free copies will be available for teachers, guidance counselors and college advisors.

The contents of the game are solely the responsibility of the authors and do not necessary represent the official views of the CDC.

\* Pat Blake is a public information officer at the UHL.



## State fairgoers “scavenge” for tobacco facts

By Don McCormick\*

What does a rat costume say about tobacco? Not much, unless you were one of hundreds of Iowa State Fairgoers who spoke to the rodent or one of his handlers. Those who did learned that arsenic is used not only in rat poison, but it is also found in cigarettes.

The awareness building effort was conducted by more than 30 members of JEL (Just Eliminate Lies) who roamed the fairgrounds on August 22 (just before the start of the Kelly Clarkson concert) as part of a scavenger hunt designed to reveal the facts Big Tobacco would rather hide. During the event, five teams delivered their own shocking fact about tobacco, accompanied by a costumed friend representing that fact.

“The tobacco industry relentlessly targets youth, trying to addict us to their deadly products,” said JEL President Aaron Swailes. “By focusing on the facts and providing a visual representation that youth will remember, we are exposing Big Tobacco and the deadly nature of their products.”

JEL, Iowa’s youth-led anti-tobacco movement, is funded by the Iowa Department of Public Health’s [Division of Tobacco Use Prevention and Control](#). Since 2000, JEL has won more than 130 local, regional, and national awards for its public service campaigns, which include street marketing efforts such as the one conducted at the Iowa State Fairgrounds.

Facts used during the scavenger hunt ranged from toxins found in cigarettes to efforts by Big Tobacco to hide the truth about their products from the public. Fairgoers participating in the scavenger hunt won prizes by talking to JEL teams, memorizing the tobacco fact, and taking a picture with the group using their cell phone or digital camera. Evidence of completing one or more scavenger hunt items was validated at the KISS 107FM booth on the midway, which JEL had used as their home base.

“It was great to have some support from KISS 107FM,” said JEL Coordinator Garin Buttermore. “They do a good job of interacting with JEL and the youth we are trying to reach.”

\* Don McCormick is a public information officer at IDPH.



**During the street marketing event, fairgoers were encouraged to track down five facts about tobacco, each of which was available by talking to a costumed JEL member or one of his/her handlers.**

- A JEL member made to look like a giant toilet was used to help deliver the message that **urea**, found in urine, is also found in cigarettes.
- In the past, Big Tobacco has compared the **addictiveness** of cigarettes to M&M’s. A JEL member dressed as an M&M candy replied simply, “That’s nuts!”
- A JEL member in a rat costume helped fairgoers remember that **arsenic** is used not only in rat poison, but is also found in cigarettes.
- The fact that smoking during pregnancy results in the **deaths** of about 900 infants every year was driven home by a JEL member dressed as a baby.
- Dressed in a cow costume, a JEL member informed the public that she’s not the only one who releases **methane** into the atmosphere. The gas is also found in cigarette smoke.



## Laughter—it's good for what ails you

By *Debbi Cooper\**

If you suffer from coulrophobia (the fear of clowns) you may want to be cautious when entering the confines of the 5th floor of the Lucas Building. I may be clomping down the hallway in my size 20 purple shoes and pushing my bright green curls away from my face.

My name is Clickette (a.k.a. Debbi Cooper) and I work for the Iowa Department of Public Health (IDPH). Six years ago I began my hobby as a professional clown and enjoyed it so much I knew I had to incorporate this newfound occupation into my full time work life. I did a limited amount of injury prevention education for children and what a great way to start! That's how I was christened with the name Clickette; when talking to kids about bike helmets, for example, I began to tell them to "Click it!" The same goes for kneepads and elbow pads. They "click" too!

Whether you're a kid learning about playing safely or an adult slogging away at a 9 to 5 job, humor and laughter can have a profound impact on your health, both physically and mentally. When you laugh, and perhaps even when you smile, your brain chemistry changes, having a healthy effect on virtually every system of the body.

You get a cardiovascular workout when you laugh. Also, since muscular tension and hearty laughter are incompatible, you get muscular relaxation. Taking in and pushing out air from your lungs when you laugh provides a respiratory workout too. Research has shown that the levels of cortisol (a stress hormone) are reduced when you laugh. Laughter can also improve sleep by reducing pain and anxiety. And in the workplace, laughter has shown to improve team building, assist with conflict management, improve morale, and increase creativity and productivity. I could go on and on.

Here's how my interest in this subject began. One day I went to a lunch and learn session presented by then IDPH employee Dave Ortega on the topic of psycho immunotherapy, which essentially refers to the connection between one's mind and body. I was hooked! I spent a great deal of time studying this phenomenon and in May of 2007 I gave my first presentation as Clickette on the Healing Power of Humor at the Governor's Conference on Aging.

Since that first presentation, I've given 22 presentations to groups ranging from the Iowa Retired School Teachers Association to the Iowa Association for the Education of Young Children. I have also attended training to become and certified "laugh leader." In that role, I offer a session called Therapeutic Laughter and Laughter Clubs.

If you would like more information on the benefits of laughter, developing your own presentations or beginning a Laughter Club in your area, please contact me at (515) 242-6337 or [dcooper@idph.state.ia.us](mailto:dcooper@idph.state.ia.us).

*\* Debbi Cooper is an environmental specialist in the IDPH Division of Environmental Health.*



*As Clickette the Clown, IDPH Senior Environmental Health Specialist Debbi Cooper appeared at five community events last year to highlight the importance of "clicking" your seatbelt, bike helmet, kneepads and elbow pads. Last year she also gave 12 presentations to public health partners across the state on "The Healing Power of Humor."*

## Flu education gets attention in parades

For the past three years, the [Polk County Health Department](#) has reported great success in delivering public health messages through local parades. This year has been no different, says Program Manager Rick Kozin.

“Parades have many advantages over health fairs, where people’s attention tends to be divided,” Kozin commented. “Marching in a parade is a great way to get large numbers of community members to focus exclusively on us and our message.”

In July, the department participated in the “Summerfest” Parade in Pleasant Hill, and in September they plan to march in the “Beaverdale Fall Fest” parade in Beaverdale.

In the photo below, Kozin is wearing giant inflatable hands with pictures of germs on them. The banner held by staff reads “Get a flu shot. Stay home when you’re sick. Wash your hands.” Participants also attract attention with music and choreographed dance steps. Giveaways during the parades have included educational materials, such as flu shot clinic information, as well as pocket-sized tissue packets.



*Photo courtesy of Polk County Health Department.*

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