



Committees begin task of modernizing public health in Iowa

By Joy Harris*

On September 30, 2009 at 10:01 in the morning, Iowa Department of Public Health (IDPH) Director Tom Newton stood in front of 33 people selected to help move public health forward in our state through the landmark [Public Health Modernization Initiative](#). As he welcomed them to their new positions on the [Public Health Advisory Council](#) and [Public Health Evaluation Committee](#), excitement was in the air. After five years of preparation, these two groups stood ready to move forward with implementing an unprecedented initiative to improve Iowa's public health system based on a set of standards for both state and local public health governmental agencies.

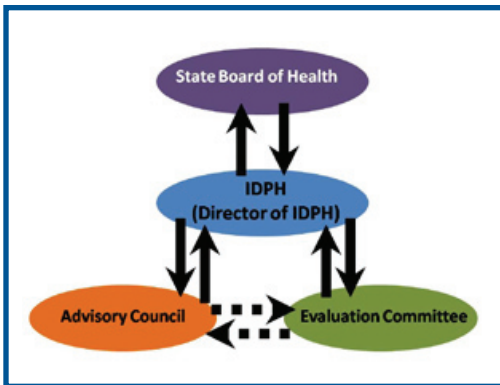
Established as part of the [Public Health Modernization Act](#), which was signed into law in May 2009, the two groups were appointed by Director Newton. As they go about their work, recommendations for the future of public health in Iowa will flow back to the IDPH director who will then present recommendations to the state board of health.

"After this first meeting, I couldn't have been more proud of the composition of these important committees," Newton said, "In that room, we had gathered together some of the strongest advocates for public health in our state. I am confident the committees will make the most appropriate recommendations given their commitment to public health, their appreciation of the challenges we face, and their understanding of the direction public health must take in the future."

Both the Advisory Council and the Evaluation Committee have representatives from all six public health service regions in Iowa as well as state lawmakers, academia and the University Hygienic Laboratory. The committees are also set up to include subject matter experts in the services areas of the Iowa Public Health Standards. Those areas are: [Prevent Epidemics and the Spread of Disease](#); [Protect Against Environmental Hazards](#); [Prevent Injuries](#); [Promote Healthy Behaviors](#); and [Prepare for, Respond to, and Recover from Public Health Emergencies](#). Local boards of health, boards of supervisors, and the state board of health are also represented. The Public Health Evaluation Committee will also include a research analyst and a health economist.

In addition to welcoming the members of these important advisory bodies, the gathering served as an orientation to the Public Health Modernization initiative and the roles and responsibilities of both committees as defined in the Act.

Dr. Ron Eckoff of the Dallas County Board of Health presented on the history of public health in Iowa and the origins of an initiative that became known as [Public Health Redesign](#). IDPH Communication and Planning Bureau Chief Martha Gelhaus provided an introduction to the Redesign project's primary objective—the development of the [Iowa Public Health Standards](#), which forms the backbone of the Modernization initiative.



The chart above shows how information and recommendations will flow among the various parties.

Ruth Schemmel of Palmer Lutheran Health Center in Fayette County spoke on the work of the five Modernization [implementation committees](#) from February 2008 to June 2009. Those committees include Accreditation, Change Iowa Code and Administrative Code, Funding, Increase Knowledge, and Metrics.

IDPH Deputy Director Mary Jones gave an overview of Iowa's Public Health Modernization Act. Director Newton provided a big picture view of the national movement toward accreditation of state and local public health agencies led by the [Public Health Accreditation Board](#). He also spoke on the organization of the Public Health Advisory Council and the Public Health Evaluation Committee.

Participants were very engaged throughout the presentations, as evidenced by their important and thoughtful questions. In addition to expressing interest in similar initiatives in other states, committee members asked how an accreditation system might be funded and how communication will flow between the Advisory Council and Evaluation Committee. A timeline for activities outlined in the Public Health Modernization Act was also discussed, as were details regarding the formal adoption of the Iowa Public Health Standards.

To prepare for their next meetings, participants were asked to review several materials. Those documents included the Iowa Public Health Standards, [two-page summaries](#) from each of the implementation committees, and [draft documents](#) from the accreditation and funding implementation committees.

The next meeting for the Public Health Advisory Council will be held on Nov. 12. The Public Health Evaluation Committee will meet next on Dec. 2. At these meetings, both groups will elect a chairperson and other officers deemed necessary by the committees.

Committees have a lot of work ahead of them as they begin to establish priorities, review information, and make recommendations. The Public Health Modernization Act does allow both committees to establish subcommittees as needed. Meeting agendas and minutes for both committees will be published on the Iowa Department of Public Health Web site. All meetings are open to the public.

To learn more about the Public Health Modernization Initiative, including information about the Public Health Advisory Council and Public Health Evaluation Committee and links to the documents they are currently reviewing, visit www.idph.state.ia.us/mphi.

** Joy Harris is the coordinator of the Public Health Modernization Initiative at IDPH.*

Governor's Council enhances Live Healthy Iowa Kids program

*By Carol Voss**

[Live Healthy Iowa Kids](#) has teamed up with the [Governor's Council on Physical Fitness and Nutrition](#) to bring an innovative nutrition component to this year's 100 Day Challenge. Accompanied by support materials, the nutrition component provides educators and other adult facilitators with a powerful tool for motivating kids to take part in the already popular program, which will begin on January 19, 2010.

Staff at the Iowa Department of Public Health (IDPH), which supports the Governor's Council, have already begun working with Live Healthy Iowa Kids to send invitations to physical education teachers in all of Iowa's approximately 1,700 elementary, middle, and high schools. Each introductory kit includes a description of the program,



instructions for downloading lesson plans, and a sample wall chart that teams will use to track physical activity and positive nutrition habits.

“Just like our annual challenge for adults, the Live Healthy Iowa Kids program is successful because it leverages healthy competition with healthy behaviors over a period of nearly 15 weeks,” said Live Healthy Iowa Health Initiatives Coordinator Traci Kepley. “The addition of a nutrition component is particularly important for kids in kindergarten through high school because they tend to prefer and have access to unhealthy foods such as soda, chips and other high-calorie snacks.”

Last year nearly 9,600 youth participated in Live Healthy Iowa Kids in more than 480 teams, and logged over 30 million minutes of activity. This year, partners hope that the new materials will help increase participation.

In addition to contacting physical education teachers, the Governor’s Council on Physical Fitness and Nutrition is also reaching out to other potential partners such as area education agencies, family and consumer science teachers, 4-H clubs, YMCA youth programs, faith-based youth organizations, and scout troops.

After the Live Healthy Iowa Kids/Governor’s Challenge program ends on April 28, teams that average 4200 minutes per team member and report their nutrition information in four recording periods will qualify for a chance to win gift cards to Subway restaurants, and monetary rewards of up to \$1,000 to benefit their school or organization. All students who participate will receive a medal with the Live Healthy Iowa Kids and the Governor’s Council on Physical Fitness and Nutrition logos.

Using the newly developed wall chart for tracking nutrition along with physical activity, adult facilitators will focus on fruit consumption for the first four weeks of the challenge, while the second set of four weeks will concentrate on eating more vegetables. Weeks 9 and 10 will encourage choosing water over soda and other beverages, followed by two weeks emphasizing low-fat milk. For the final three weeks, adult facilitators will use the tracking sheet to report screen time. The less time team members spend watching TV, playing video games or using a computer for recreation, the higher their collective score.

To [register](#) a team, view the [Team Captain’s Handbook](#), or request materials, including the new wall chart, visit www.iowasportsfoundation.org. Questions? Write to traci@livehealthyiowa.org or call 888-777-8881, ext. 111.

** Carol Voss is the Iowans Fit for Life nutrition coordinator at IDPH.*



Awards highlight health and wellness leadership

*By Amy Liechti**

Approximately 200 people gathered at the Hy-Vee Conference Center in West Des Moines in October to honor Iowa communities, schools and individuals for their pursuit of wellness and improved health at the inaugural Healthy Iowa Awards Ceremony. The awards recognized leaders from across the state for helping make Iowa the healthiest state in the nation.

The awards were presented by the Academy for a Healthy Iowa—a collaborative made up of the Iowa Department of Public Health, the [Governor’s Council on Physical Fitness and Nutrition](#), and the [Wellness Council of Iowa](#). Organizations were nominated for providing access to wellness programming, financial commitment,

measurability, and sustainability. Individuals or “visionaries” were nominated based on their personal commitment to wellness and service to others.

Wellness Council of Iowa Executive Director Jenny Weber says that the number of nominations for the visionary category was unexpectedly large. “There are so many people doing such good things in our state, but their good work often goes unnoticed,” Weber said. “By creating an additional award, we wanted to emphasize how inspiring leaders in health and wellness can be. It’s not about replicating ideas from one county to the next. Leadership—true leadership—inspires others toward making a difference in their own culture.”

Linn County won the award for Healthy Iowa Community. A healthy community is one that creates and supports physical and social environments that are conducive to good health. Healthy lifestyle behaviors are promoted and encouraged for both local government employees and the residents. Partnerships have been built and resources are available that advocate for the health and well-being of the citizens. A Healthy Iowa Community is one that is developed, designed and built to promote good health.

The award for Healthy Iowa College or University was presented to the University of Iowa. A Healthy Iowa College or University is a leader in wellness in higher education. These institutions offer formal health promotion programming for staff, faculty, and students. Data are collected and analyzed to show results or demonstrate impact of the programming. Wellness is a part of the culture.

Waverly Shell Rock Junior High was chosen as this year’s Healthy Iowa School. A Healthy Iowa School is one in which healthy lifestyles are modeled, not just taught. The staff and faculty in Iowa’s schools have great potential to serve as wellness ambassadors and role models for the students.

This year’s Healthy Iowa Visionaries were Trent Unde and Larry Raymon of Raymon-Donco Air Distribution of Albion. Visionary leaders are crucial in advancing the mission of making Iowa the healthiest state. A leader in health and wellness is an innovator, motivator, and a change agent. These individuals are the best of the best in promoting and practicing healthy lifestyle behaviors. They strive to be a role model and advocate and to bring out the best in others.

Devin DeWeerd of Hull, Iowa is a freshman at Iowa State University and this year’s Healthy Iowa Emerging Leader. Although not originally envisioned as a separate award category, the Emerging Leader recognition was created as distinct from that of Healthy Iowa Visionary, which implies a certain degree of experience and wisdom. Young leaders or those that are new to health and wellness leadership are important and worthy of recognition as vital components to creating a sustained culture of health and wellness in the state.

To learn more about the Healthy Iowa Awards, visit www.wellnessiowa.org and look under “Recognition.” To view photos of the event, go to www.fryguyimages.com and click on Galleries.

** Amy Liechti is the worksite wellness coordinator at IDPH.*

Federal funds ‘LAUNCH’ child wellness project

*By Gretchen Hageman**

Early childhood health advocates are spearheading efforts on creating an infrastructure to promote healthy mental development for children ages birth to 8 and their families. The Iowa Department of Public Health (IDPH) is leading the



Healthy Iowa Emerging Leader Devin DeWeerd accepts his award from Dr. Bill Appelgate, President of the Academy for a Healthy Iowa.

effort along with many state and local partners with up to \$850,000 per year for five years from the [Substance Abuse and Mental Health Services Administration](#). IDPH was chosen from among several dozen applications as one of only 12 states for the new funding.

Called [Project LAUNCH \(Linking Actions for Unmet Needs in Children's Health\)](#), the project will promote the wellness of young children living in low income areas of Des Moines by addressing the physical, emotional, social, cognitive, and behavioral aspects of their development. Project partners have created a detailed plan for developing the necessary infrastructure and system integration to assure that Iowa children are thriving in safe, supportive environments and entering school ready to learn and able to succeed.

"We know that children who grow up under adverse conditions tend to be at higher risk for a broad range of physical, social, mental and behavioral health problems as they mature," said IDPH Director Tom Newton. "Our being selected for Project LAUNCH demonstrates the foresight of public health partners in Iowa and their dedication toward improving health and reducing future social problems and health care costs in our state."

Through the project, IDPH will work closely with the [Polk County Health Department](#) and [Visiting Nurse Services of Iowa \(VNS\)](#). Other partners include early childhood health advocates, primary care providers, family support providers, child care providers, policy development experts, public schools and child mental health professionals. Iowa's Project LAUNCH targets children and their families in a seven-zip code area in inner city Des Moines with a focus on low-income and minority populations who are traditionally underserved. Previous public health efforts through VNS Healthy Start and the [Iowa Child and Family Household Health Survey](#) provided the data necessary for success in this highly competitive application.

"When it comes to reducing risk for mental health issues, a public health prevention and promotion approach is needed at the local level," said Project Director Jane Borst. "By building on the work already in progress by [Early Childhood Iowa](#), this new funding will go a long way in developing community-level, evidenced-based approaches to promote social and emotional health for young children in Des Moines."

Nearly half of the children ages 8 and under in the targeted areas live in a single-parent household. Fifty-six percent of students in these areas are eligible for free and reduced-cost lunches, while the average high school dropout rate is nearly nine times higher than the rate in other parts of Polk County. Also, child abuse rates among certain populations living in the target areas are up to three times higher than elsewhere in Polk County.

Evidence-based public health programs, such as the family support program of [Nurse Family Partnership](#), [Positive Behavior Supports](#), and standardized development screening will be integrated into existing settings. A comprehensive evaluation of interventions will be conducted by the University of Iowa, [College of Public Health](#). For more information or to become involved contact Jane Borst at jborst@idph.state.ia.us.

** Gretchen Hageman is a community health consultant in the IDPH Bureau of Family Health.*



The Lamoni story: from rails to trails

By Don McCormick*

Westward expansion owes much to the railroad. The day the Union Pacific tracks joined those of the Central Pacific Railroad at Promontory, Utah in 1869 is recognized as one of the most significant historical events in transportation on the North American continent. The connection of these two railroads bridged a 2,000 mile stretch of land, reducing a four- to six-month journey to a mere six days.

Since this time, America has seen rail systems explode, evolve, and in many cases fall into disuse. “While not necessarily related, our country’s collective waistline has also experienced an expansion of its own in recent years,” says Tim Lane, physical fitness consultant at the Iowa Department of Public Health (IDPH). “Interestingly enough, these two problems have come together—literally and figuratively—to form a solution in Lamoni, Iowa.”

It all began in 1987. The CB&Q railroad track had been abandoned leading in and out of town, and the right-of-way had reverted to the adjacent property owners. Northwest of town, the rail bed had already been plowed into fields. However, east of town, the way was more forested and hilly, and fortunately not worth the effort to clear it.

Fortunate, that is, for a small group of local residents who had become serious about walking as a form of physical activity—real groundbreaking public health stuff for Iowa in the 80’s! They worked with land owners and secured informal permission use the rail trail to the west as far as Interstate 35. With a grant from Iowa Trails and the cooperative effort of the City of Lamoni, Graceland University, and approximately 65 volunteers, a 2.2 mile strip of 10-foot wide concrete was laid in July 2002 with an additional one-mile loop around the Graceland campus. The second phase of the project focused on a two-mile trail that stretched from the high school around the north end of Home Pond ending at Liberty Hall. This work was completed in July 2005.

There was only one problem; like the Union Pacific and the Central Pacific Railroad prior to 1869, the two trails were not connected.

Enter an IDPH-administered [Community Wellness Grant](#). With funding from the Iowa legislature and federal dollars secured by Senator Tom Harkin, the town began connecting the two trails this year. Since mid-August, a volunteer crew has been building a 0.4-mile concrete bike trail through the middle of Lamoni.

Narrow grass-encrusted sidewalks have been fork-lifted out and carted off to make way for the new structure. Heavy equipment was donated by Graceland University and local owners for trail grading, after which the volunteers shoveled gravel, placed forms, pounded stakes, and finished the concrete to a professional surface. Now only a few yards from completion, the extension will complete a nearly six-mile continuous trail that begins at the Welcome Center at Interstate 35 Exit 4.

“It’s already working to improve community wellness,” said Project Director Bill Morain. “So far I’ve lost ten pounds doing the construction.”

Once completed, the Lamoni Recreational Trail system will be over five miles long. That’s a pretty good length for a town of 2,450 people. But excellence of this kind is (pardon the expression) par for the course for Lamoni, which has been named three times as one of America’s “100 Best Communities for Young People” by America’s Promise, a non-profit organization dedicated to youth issues.



Each segment of the trail has a distinct personality. From the trailhead at the Lamoni Welcome Center, the east trail passes through a leafy green tunnel of mature forest. After passing through town, it weaves around ponds, ending at Historic Liberty Hall. Because the railroad on which the trail was built has very little grade, this part of the trail is suitable for all ages and levels of physical activity. In spring, blossoming red bud trees turn the trail into a lavender wonderland. Throughout the summer, a great variety of wildflowers take turns in the spotlight.

The Graceland Loop circles the beautifully groomed college campus with its athletic fields, brick buildings, lake, and sculptures. The west part of the trail begins at the high school and follows the railroad route to the north edge of town. From there it curves across gentle hills and open fields creating an alluring appeal to bicyclists. Views of Home Pond can be seen as the trail winds over six earthen dams to highlight several smaller ponds. As the route turns south on the far west side, there is a well-kept path to picnic tables. The trail ends in the parking lot of Liberty Hall, a restored Victorian home and museum.

For more information about Lamoni and its trail system, visit www.lamoni-iowa.com. To learn more about all 24 Community Wellness Grants, also known as the Iowa Healthy Communities Initiative, visit www.idph.state.ia.us/hcr_committees/physical_fitness.asp and look under "Prevention and Wellness Initiatives."

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



Once completed, the Lamoni Recreational Trail system will be over five miles long.

National award recognizes advances in Iowa playground safety

By Sally Clausen*

Healthy Child Care Iowa has been named the recipient of a national award for their efforts to ensure the safety of playgrounds across the state. The 2009 John Preston Award from the National Program for Playground Safety (NPPS) recognized the Iowa Department of Public Health-coordinated program as an organization or association that has shown outstanding leadership in playground safety.

Having evaluated more than 2,200 playgrounds in the state since 2006, Healthy Child Care Iowa supports child care nurse consultants in all 99 Iowa counties. These important public health partners have conducted nearly 13,700 site visits to playgrounds across the state to look for potential injury hazards.

The NPPS recognized Healthy Child Care Iowa nurse consultants as well educated about playground safety through workshops, on-line trainings, and attending NPPS safety school. "(They) have in turn put their education into practice by providing information and consultations to childcare professionals throughout the state of Iowa," the NPPS noted in their award announcement. "As a result of their work, play environments for children in the state have significantly improved in the last five years. They epitomize what can happen when a group of individuals become educated and energized about the safety and well-being of children."

According to the National Safe Kids Campaign, unintentional injuries are the leading cause of death for children in America. Playground equipment-related injuries account for many of these injuries. The Centers for Disease Control and Prevention estimates that more than 200,000 children nationally are treated in emergency departments for playground-related injuries each year, while about 15 children ages 14 and under die from playground-related injuries.

Through Healthy Child Care Iowa, child care nurse consultants receive training in playground safety from an NPPS program at the University of Northern Iowa.

There they learn about an assessment model developed by NPPS called S.A.F.E. (assessing for Supervision, Age-appropriate design, Fall surfacing, and Equipment maintenance). Playgrounds included in their assessments are those used by child care businesses, preschools, and Head Start programs.

Iowa has approximately 1,500 child care centers licensed by the Iowa Department of Human Services (DHS), and more than 6,000 DHS-registered child development homes. Locations such as these, as well as school district preschool and child care programs, are eligible to have a child care nurse consultant conduct an on-site playground of safety assessment.

Children injured during play-time on supervised playgrounds can sustain a wide variety of injuries and related consequences. The injuries range from cuts and scrapes to brain injuries, internal bleeding and death. Childhood injuries may cause long-term disability; loss of time in learning activities; isolation due to bed rest or hospitalization; increased health care costs; time missed from work by family members or the cost of funeral expenses.

To learn more about playground safety and Healthy Child Care Iowa, visit www.idph.state.ia.us/hcci.

* Sally Clausen community health consultant at IDPH.

Cancer report features more than just stats

By Holly Smith*

“June 4, 2008, is the day that saved my life,” says Des Moines resident Tammy Lyle. Although just 38, this was the day Tammy had a colonoscopy. “I only got the screening to please my big sister, Angie,” says Tammy, with a laugh.

Because some family members have had colon cancer, Angie had just gotten the test herself and was having some polyps removed and tested for cancer, so Tammy scheduled her screening. Both sisters’ tests came back positive for colon cancer.

“I was diagnosed with stage 3, so it was a blessing that I had gone in for my screening. I hadn’t really shown any symptoms,” says Tammy.

Although she was scared, Tammy says that her doctors were very helpful. The referral process was “cut and dried,” and her doctors guided her throughout the whole journey.

Through six months of chemotherapy, surgery, and six weeks of radiation, Tammy and Angie faced and fought cancer together.

Tammy appreciates how supportive everyone has been. Her employer let her work from home, allowing her to recover fully. Now she is eager to get back into the swing of things. “Becoming involved with my community again will be part of my healing process,” Tammy adds.

This story is one of five that appear in a new [report](#) released by the [Iowa Cancer Consortium](#). “The Changing Face of Cancer in Iowa” also includes compelling stories about a Lyon County teen anti-smoking advocate who lost her mother to cancer, a Shelby County breast cancer survivor, a Scott County man whose insurance would not cover a cancer treatment drug, and a Polk County prostate cancer survivor who has made significant contributions to cancer control efforts in Iowa.

Introduced at the October [Iowa Cancer Summit](#), the new report reveals some



important facts about cancer in Iowa. Examples include: cancer now accounts for 1 of every 4 deaths in the state; there are now an estimated 117,000 cancer survivors in Iowa; and cancer is predicted to soon overtake heart disease as the #1 cause of death in Iowa.

The report also focuses on progress made in comprehensive cancer control since the 2002—the year the Iowa Department of Public Health released a cancer burden study called *The Face of Cancer in Iowa*. In particular, the new report highlights advancements such as:

- the increase in the cigarette excise tax;
- the implementation of the Smokefree Air Act;
- the success of the screening programs;
- significant decreases in breast cancer deaths over the past 10 years; and
- surpassing the Healthy Iowans 2010 goal for decreasing the number of deaths due to prostate cancer.

With more than 3,000 lives saved from cancer death in Iowa from 1997 to 2006, much of the progress Iowa has made is due to the many partners, organizations, and individuals who make up the Iowa Cancer Consortium (ICC), the statewide cancer partnership. Begun in 2002, the ICC has worked to: reduce the use of tobacco; promote early detection/screening tests; connect Iowans to a wide variety of resources available as they address cancer; and create programs to improve the quality of life for cancer survivors.

To read the report, visit www.canceriowa.org and click on [News and Publications](#).

** Holly Smith is the Comprehensive Cancer Control Program coordinator at IDPH. All the stories in the report, including the one reproduced in this article, were written and photographed by Kathy and Katrina Holdefer.*



Tammy Lyle originally got a colonoscopy just to please her big sister Angie. After both their tests came back positive, they fought cancer together.

Health literacy month includes six stories from Iowa

By Kim Piper*

Marguerite Avant says it's nearly impossible for her to remember the names of each of her prescription medications. The difficult-to-pronounce names on the medicine bottles tend to confuse the 83-year-old Des Moines resident. She also finds the print too small.

"It's easier for me to keep everything in this one bottle," Avant says as she rattles around a non-descript container filled with pills of various shapes, sizes and colors. She demonstrates for her sister's grandchild by shaking out four pills from the container until she has one of each type in her hand—today's dose.

Luckily for Marguerite, her great-nephew Jason is also a pretty great nephew. After an on-the-spot health literacy assessment one day (he asked her if she knew what the medications were for and how they should be taken), Jason knew his great-aunt needed some help.

Marguerite's story is one of six submitted by partners of the Iowa Department of Public Health's (IDPH) health literacy initiative to a national project promoting October as Health Literacy Month. Authored by physicians, patients, public health partners and others, stories include essays, podcasts, photo slideshows, and even songs. Throughout October, one or more new stories were added each day to the project's Web site, www.healthliteracymonth.org.

“Storytelling is one of the most effective tools for helping raise awareness of health literacy issues,” said IDPH’s [Plain & Simple](#) Project Coordinator Don McCormick. “The 40 stories posted to this Web site provide real and concrete examples of the importance of making sure health information is communicated clearly and effectively.”

McCormick, who regularly updates the Plain & Simple Web site with health literacy stories, added that limited health literacy is an equal opportunity condition. “Limitations can be long-term or temporary. They can stem from written or verbal language skills, conceptual health knowledge, cultural competence, age-related cognitive skills, and even emotional state. Sooner or later, we all have a health literacy story to tell.”

In the U.S., low health literacy is a stronger predictor of a person’s health than age, income, employment status, education level, or race. Also, the majority of adults (53 percent) have only “intermediate” health literacy skills, while about 36 percent have “basic” or “below basic” health literacy skills. Each year, low health literacy is estimated to cost the U.S. as much as \$238 billion, or 17 percent of all personal health care spending.

To find out what how Jason helped Marguerite develop a system for understanding and keeping track of her medications, visit www.healthliteracymonth.org and scroll down to October 29. The five other stories from other Iowa were posted on October 5, 12, 19, and 26. To learn what IDPH is doing to promote health literacy, visit www.idph.state.ia.us/health_literacy.

* *Kim Piper is an executive officer at IDPH.*

INAPIS report now available

Iowa Department on Aging has released a report many public health partners may find interesting. The [Iowa National Aging Program Information System \(INAPIS\) Activity Report](#) for fiscal year 2009 features data that illustrate the importance of the Iowa nutrition program’s role in maintaining older Iowans in their own homes and community.

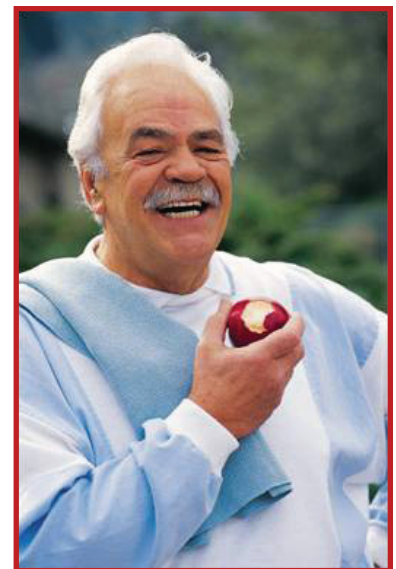
According to the report, the Iowa nutrition program served nearly 58,000 individuals over the age of 60 in state fiscal year 2009. The majority of these individuals are at high risk for poor nutrition and have three or more limitations in instrumental activities of daily living, which include preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

In fiscal year 2009, the nutrition program helped improve or maintain the nutritional status for 83 percent of congregate meal participants and 77 percent of home-delivered meal participants. Also in the report, Iowa provided congregate meals to 44,217 older Iowans this past year—a number which has declined 19 percent over the past three years. There were 13,419 home delivered meal participants this past year, which represents a decline of 8 percent over the same time frame last year.

To view the report, visit www.state.ia.us/elderaffairs and click on Publications/Press Releases.



Marguerite Avant shows off her new system for keeping her medications straight.





Lynh Patterson of the Legislative Liaising Team at IDPH

Recently, Focus spoke with Lynh Patterson of the Legislative Liaising Team at IDPH.

How does your team make a difference in the lives of Iowans?

Our role is to develop, advocate for, and implement public health policy through statutory changes and administrative rules. While that's sometimes easier said than done, our goal is to promote policies that strengthen public health. We also work hard to prevent policies that are counter-productive, such as those that are unfunded or unclear as to how they would protect the health of Iowans.

How do you integrate with other areas of the department?

We work with staff members who recognize a need to make changes to or implement new public health policy. Then we advise them on how to package their requests, show them how to submit them, and finally pursue the requests with the appropriate [policymakers](#). In that sense, you can think of us as a mailing store. We help package items and try to ensure that they arrive safely.

Tell me about some of your team's successes.

The department has had great success enacting its legislative priorities. Recently, those have included language authorizing public health disaster authority, retention of fees for the health licensing boards, dental screening requirements for children, and public health modernization. I'm also very proud of our successfully implementing the rules for the Smokefree Air Act on a very tight timeframe.

And the challenges?

There are many, to be sure. One of our biggest hurdles is educating the public and legislators about public health and its benefits. So often, public health works behind the scenes, and is overshadowed by other issues. We are getting better about tooting our own horn and sharing our successes, though. Budget is also always a challenge. There are so many good ideas and never enough funding.

Has the Iowa Legislature's understanding of public health changed in recent years?

Absolutely, and for the better, I think. With the rise of bioterrorism, new and re-emerging diseases, and the severe weather events of 2008, I think the [General Assembly](#) has a stronger appreciation for what we do. The legislature has also entrusted the department with a majority of the [health reform activities](#), as well as implementation of the [Smokefree Air Act](#). We have quite a few public health partners to thank for this deepened understanding of our field.

How do you keep people informed about the department's work with lawmakers?

The department provides the "IDPH Legislative Update," a weekly newsletter during the legislative session that provides current legislative activities that affect public health. To subscribe, just send a blank e-mail to join-IDPHLEGUPDATE@lists.ia.gov. You can also view issues, as well as a summary of the 2009 session, [online](#).

How does your work change when the legislature is not in session?

Our sanity returns, for one thing. During session, we have to be responsive to urgent requests from legislators, legislative staff, external groups and public health partners every day. The legislature's schedule becomes our schedule. I imagine it feels like working in an emergency



Left to right, Barb Nervig, Jim Goodrich, and Lynh Patterson.

room. Post-session brings a sense of normalcy; we have more time to respond to requests and can work standard hours. The post-session allows us time to research, catch up on work, and prepare to do it all again the next session.

What's coming up for the next session?

Managing the budget will be main issue next year. The legislature has even shortened the session to 80 days and moved up certain bill progression deadlines to ensure policy bills are acted on quickly to allow more time for budget discussions. As for our priorities for the 2010 legislative session, the department has seven bills—a large legislative package. The bills consist of updates and changes to code chapters that govern local boards of health, the State Board of Health, EMS providers, and changes to other IDPH programs. It will be a race to get any policy bills enacted on the accelerated session schedule, but we'll do our best.

Thanksgiving—a time to share family health information

By Kim Piper*

Family and health—what's the connection?

Learning about the diseases and conditions your ancestors have or had can help determine your chances of inheriting the same conditions. Once you know whether you are at risk for certain conditions, you can speak with your health care provider to plan ways to reduce your risk. It all starts with creating a [family health history](#).

What is a family health history?

Simply put, it's an examination of your ancestors' health for at least three generations to see what kinds of diseases or conditions might run in your family.

What kinds of conditions can I inherit?

There are many. Examples are heart disease, cancer, mental illness, bleeding or clotting disorders, cystic fibrosis, and diabetes. Some ethnic groups are at higher risk for certain conditions.

How do I get my family health history?

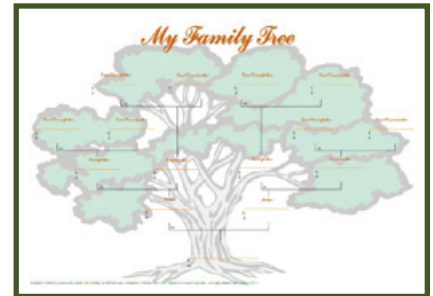
Start by asking about the health of your siblings, parents and grandparents. Below are some questions you might ask.

- Were they ever diagnosed with any medical conditions? What were they? How old were they when the health condition started or was diagnosed?
- If they have died, what was the cause of death, and how old were they when they died?
- Did they use tobacco, abuse alcohol, or were they exposed to toxic substances regularly (such as coal dust, pesticides, or radiation)?
- What is their ethnicity?
- What was their environment like? Was there violence in the home?
- Did they have any miscarriages or stillbirths?

If you don't find all the answers, look at birth and death certificates, family documents (e.g., letters and religious papers), genealogy organizations, or town census documents.

What do I do after I have the information?

Organize your information into a family tree. Start by putting your own health information and that of your siblings along the "root" level. Next, add your parents and aunts and



uncles and their health information as the “trunk.” After that, add grandparents for both sides of your family, and great aunts and uncles as “branches.” Look for any conditions or diseases that show up across generations or through siblings. That is, do any conditions appear more than once? Also look for “red flags.”

Red flags?

Red flags are pieces of information that may indicate an increased risk of a certain condition. Examples include:

- Several closely related individuals have the same or related condition – such as breast and ovarian cancer; colon and uterus cancer; or diabetes, heart disease and high blood pressure.
- A common disorder that appeared at an earlier age than typically seen.
- Sudden death in someone who seemed healthy.
- An individual or couple with more than three pregnancy losses.

How do I use my family health history?

First show it to your health care provider. He or she can help you understand whether you are at risk for certain conditions, and then develop a health plan if necessary. Make a commitment to keeping it updated. Also, share with other family members. If a condition seems to run in the family, consider meeting with a genetic professional.

For more information, visit the Iowa Department of Public Health’s genetics Web site at www.idph.state.ia.us/genetics. Under the Family Health History section, you can find tools to help you build your family health history. Also available on this Web site are links to resources that provide information on common disorders.

** Kimberly Noble Piper is the state genetics coordinator at the Iowa Department of Public Health’s Center for Congenital and Inherited Disorders.*

Wellness grant turns rug rats into lizards, other animals

By Michele Appelgate*

Mason City preschool teacher Ann Fisher watched as her students crept and crawled around on the school gym floor like lizards. They weren’t acting up. They were just acting.

Thanks to funding through the Cerro Gordo County Department of Public Health, Fisher is able to offer a new obesity-prevention program in her Madison Early Childhood Center classroom. Called [Animal Trackers](#), the curriculum consists of 10 units devoted entirely to motor skills development, each with a different animal theme. With the help of over 60 classroom activities, a music CD, and take-home materials, children ages 3 to 5 are able to learn and practice the motor skills basic to physical activity and sports activities, including running, hopping, skipping, galloping, rolling over, kicking, throwing, balancing and others.

“As young children become more confident and skilled at a variety of physical activities they will grow to love being physically active, which is one of the best ways to stay healthy in adulthood,” Fisher said. “It is important to start active, healthy habits early so children value and enjoy physical fitness as a lifelong habit.”

The Cerro Gordo County Department of Public Health was able to purchase the curriculum thanks to a [Growing up LEAN \(Living to be Energetic, Active & Nutritious\)](#) grant award from the Wellmark Foundation. The \$49,688 grant is being implemented in three Cerro Gordo County preschools, chosen as pilot preschools, for the next two



Students at Madison Early Childhood Learning Center in Mason City creep and crawl around the gym floor like Lenny the Lizard, a character in the Animal Trackers program. Photo courtesy of Cerro Gordo County Department of Public Health.

years. The goal is to increase structured, daily physical activity for preschool children in Cerro Gordo County.

Public Health Wellness Coordinator Kelli Huinker implements age-appropriate physical activities using the new program. "There's definitely an educational component with this, but the kids just see that it's a lot of fun," Huinker said. "We hope that all three participating preschools will continue this program and that other local preschools and child care centers will want to adopt it, or something similar, to increase each student's daily physical activity."

Animal Trackers is currently offered at Newman Catholic Childcare and Preschool and both Madison and Washington Early Childhood Centers in Mason City. Each school will complete the curriculum for six months. Three months of the program will be under Huinker's direction, followed by three months of instruction by the preschool teacher.

To learn more, contact Kelli Huinker at 641-421-9312 or visit www.cghealth.com and click on Wellness.

** Michele Appelgate is a public information officer at the Cerro Gordo County Dept. of Public Health.*

What do you know about overweight and obesity?

By Dennis Haney*

Overweight and obesity have tremendous consequences on our nation's health and economy. Both are linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes and some cancers. Most American communities are characterized by unhealthy options when it comes to diet and physical activity. We need public health approaches that make healthy options easy, affordable and available for all Americans.

The burden of the problem in Iowa

According to data from the [Behavioral Risk Factor Surveillance System](#), approximately 37 percent of adults in Iowa are considered overweight, while another 28 percent are obese. One in five Iowa adults reports no leisure time physical activity over the past month, and only one in five adults report eating fruits and vegetables five or more times a day.

The problem is not limited to adults. Approximately 11 percent of Iowa youth in grades 9 through 12 are considered obese. Another 13 percent are considered overweight. Furthermore, only half of Iowa youth are meeting current physical activity recommendation levels. Only 19 percent eat fruits and vegetables five or more times a day while a quarter of these youth spend three or more hours watching television a day. Almost one third drink at least one non-diet soda each day.

What is Iowa doing about it?

Using a combination of state and federal funds, the Iowa Department of Public Health (IDPH) has developed the [Iowa Healthy Communities Initiative: Community Wellness Grant Program](#). Twenty-eight communities were awarded grants 2006-07, while 24 counties received grants for 2009-10. Examples of community projects include creating wellness centers, holding lifestyle challenges for community residents to lose weight, and helping local grocers label healthy food choices. (In this issue of Iowa Health Focus, see "The Lamoni story: from rails to trails.")

The [Iowa Governor's Council on Physical Fitness and Nutrition](#) invited seven statewide organizations working with schools to provide input on a new tool to be



used with this year's [Live Healthy Iowa Kids](#) program. The result is an innovative wall chart for tracking each team's consumption of fruits, vegetables, water, and low-fat milk, as well as reductions in screen time. (See "Governor's Council enhances Live Healthy Iowa Kids program" in this issue of Iowa Health Focus.)

[Iowans Fit for Life](#) piloted an intervention project in 12 rural Iowa elementary schools. This project is testing and evaluating various combinations of interventions such as the [Pick a Better Snack and Act](#) program. This program has been implemented in multiple states and is now directly connected to U.S. Department of Agriculture's Free Fruit and Vegetable Program.

Iowa passed the [Healthy Kids Act](#), which is set to be implemented in 2010. This legislation requires that every student in kindergarten through grade 5 get 30 minutes of physical activity each day, while area education agencies must employ or contract with a licensed dietitian. Also, beginning July 1, 2010, schools must comply with nutrition content standards for foods sold or provided on school grounds.

To learn more about the burden of overweight and obesity in Iowa, visit www.idph.state.ia.us/iowansfitforlife/resources.asp and look under Iowa Health Data & Resources for "F as in Fat: An Iowa Portrait." For more information about Iowans Fit For Life, contact Dennis Haney at (515) 281-7501 or ghaney@idph.state.ia.us.

** Dennis Haney is a community health consultant at IDPH.*

Iowa Department of Public Health

Lucas State Office Building

321 E. 12th Street

Des Moines, IA 50319-0075

Phone: 515-281-7689

www.idph.state.ia.us

Questions or comments? Contact
focus.editor@idph.state.ia.us.

To subscribe to Iowa Health Focus, please send a blank e-mail to join-iahealthfocus@lists.ia.gov.