



Director Newton reflects on 2009



IDPH Director Tom Newton, MPP, REHS

*By Tom Newton**

In the final weeks of 2009, I tried a little experiment. I searched the Google News archives for the phrase “public health” in articles published in the first 11 months of 2009. With approximately 92,400 results, it’s clear that public health has been getting quite a lot of attention lately. This is good news for the Iowa Department of Public Health (IDPH), as it likely means that people have a greater awareness of what we do to promote and protect the health of Iowans.

Pandemic Influenza

This year, Iowa and the world responded to the first pandemic since 1968. Cases of [2009 H1N1 influenza](#)—an entirely new influenza strain—were so numerous and widespread in Iowa this fall that student absences due to illness were more than three times higher than is typically reported for that time of year. As part of Iowa’s response, enhancing Iowa’s surveillance capacity ensured that we were able to accurately track and report disease spread and monitor the severity of illness. We have also developed an [H1N1 Web site](#)—complete with an interactive vaccination clinic locator map—and opened up two call centers for health care providers and the public. As of December 15, those call centers have received nearly 7,000 calls.

Flexible processes were developed across all levels of public health and among health care providers to allow the most at-risk Iowans to receive the critical H1N1 vaccine. As of this writing, more than 903,000 doses of vaccine have been distributed in our state. Also, nearly 77,000 courses of treatment medications (i.e., antiviral medicines such as Tamiflu and Relenza) and other critical medical supplies have been distributed to health care providers around the state.

Budget Challenges

I should point out that public health partners at the state and local levels exceeded my expectations this year in their ability to stay focused on Iowa’s H1N1 response—not to mention their day-to-day duties—despite greater-than-usual budget challenges. Due to a shortfall in state revenue, the department had to make some very tough decisions in carrying out a 10 percent budget cut. To say this could have been distracting is an understatement. After considering how this cut would affect our ability to promote and protect the health of Iowans, I am happy to say that Governor Culver decided to restore a portion of the department’s proposed \$6 million reduction. Without this restoration, many critical public health services would not have been available to Iowans who needed them.

Stimulus Funding

While budget cuts certainly had an impact, the [2009 American Recovery and Reinvestment Act](#) (ARRA) presented public health in Iowa with a number of unexpected funding opportunities. The Communities Putting Prevention to Work (CPPW) noncompetitive grant program will provide funding for several two-year initiatives that promote physical activity, improve nutrition, prevent tobacco

use and support tobacco cessation. Additional competitive CPPW grants will, if awarded, allow the department to provide incentives for schools to implement the Healthy Kids Act, support a policy requiring healthy choices in vending machines on state property, work with child care centers to promote physical activity, and carry out enforcement of FDA regulations to restrict tobacco marketing.

Also thanks to ARRA economic stimulus funding this year, the department is better prepared to meet some tough workforce challenges and enhance Iowa's existing health information technology project. Using a dollar-per-dollar match from partners across the state, IDPH will be able to offer approximately 50 percent more loan repayment scholarships to health professionals in areas of the state where they are needed most. ARRA funding also will allow IDPH to help modernize communication between providers and patients and the sharing of potentially life-saving medical information among providers. Additional resources will be necessary to make e-health in Iowa a reality, but the ARRA funding has gotten us off to a great start.

Health Reform

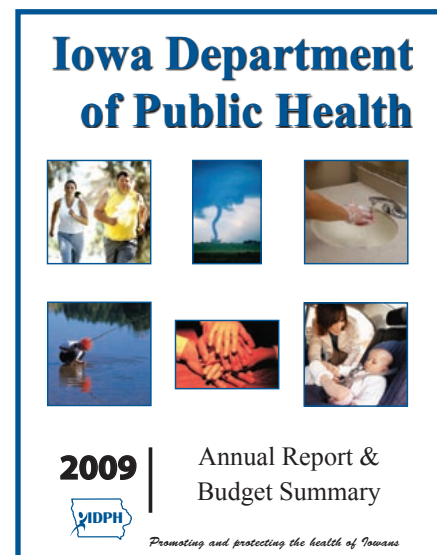
Speaking of health initiatives that drew attention both nationally and in Iowa in 2009, this year was also an exciting one in terms of health reform. Since 2007, the department has coordinated the activities of **several key advisory councils** that were established by the Iowa Legislature. The councils consist of private and public stakeholders and consumers who are dedicated to improving health care for Iowans. This year, the councils made important recommendations regarding a statewide patient-centered medical home system, prevention and chronic care management, electronic health information technology, health and long-term care access, a credentialing system for direct care workers, physical fitness and nutrition, and end-of-life care. To ensure that the work of Iowa's health reform councils aligns with any future developments at the national level, IDPH continues to pay close attention to proposals related to enhancing the delivery of primary care, prevention, and public health.

Public Health Modernization

Finally, 2009 was also the year Iowa took a giant step forward in an unprecedented initiative to implement a voluntary accreditation program for Iowa's governmental public health system. This year I had the honor of welcoming the members of two newly formed committees charged with implementing the **Public Health Modernization Act** passed by the Legislature in May. The first of these, the Public Health Advisory Council, will make recommendations on the implementation and administration of the Iowa Public Health Standards—which form the backbone of Iowa's Modernization efforts—to be applied to public health practice at both the state and local level. The second, the Public Health Evaluation Committee, will collect and report baseline information on the public health system, and the effect of the Iowa Public Health Standards on public health delivery.

Given the developments of the past year, 2010 is sure to provide public health in Iowa with a number of challenges and opportunities. As we move forward, I hope that you will find this **Annual Report and Budget Summary** a helpful resource in learning more about how IDPH's programs and services promote and protect the health of Iowans.

** Tom Newton is the director of the Iowa Department of Public Health. This text came from the 2009 Annual Report and Budget Summary, published in December 2009. To access the entire publication, visit www.idph.state.ia.us/adper/annual_reports.asp.*



IDSS, other enhancements bolster H1N1 surveillance

By Don McCormick*

A lot has changed in tracking disease in Iowa in the past 5 years... and not a moment too soon. The [2009 H1N1 influenza](#) has required public health partners in Iowa and around the world to pull together like never before in responding to this major public health event—the first influenza pandemic since 1968. When it comes to influenza surveillance, Iowa has made a number of advances in recent years that have made it a model for other states to follow.

In 2004, influenza surveillance in Iowa consisted of monitoring flu activity in 50 participating schools and outpatient health care settings. At that time, the total confirmatory lab tests done for influenza were fewer than 81 per year. By the 2007-2008 flu season, Iowa was confirming more than 700 cases.

“Influenza surveillance in Iowa has improved by leaps and bounds since I began as a state-level epidemiologist in 2005,” said [Iowa Influenza Surveillance Network](#) Coordinator Meg Harris. “For me, the exciting part has been to see how the steady expansion of the flu surveillance program, laboratory capacity, and staffing has enabled us to do such an exceptional job tracking the progression of H1N1.”

With at least 4,000 confirmatory lab tests for influenza performed since September 2009, Iowa now monitors influenza activity in more than 150 schools and 20 health care providers. In addition, a subset of 30 of Iowa’s 117 hospitals report detailed information on all patients hospitalized for influenza and on patients who die from influenza or flu-related illness.

One of the most significant developments in tracking diseases that has prepared Iowa to effectively respond to H1N1 was the creation of the [Iowa Disease Surveillance System](#) (IDSS). IDSS allows local public health partners, labs, and hospitals to accurately report diseases in real time—including H1N1 hospitalizations and deaths—on a secure IDPH Web site.

“IDSS allows us to quickly access reports to see both local and statewide disease activity at a glance,” said Lee County Community Health Director Michele Ross. “It’s also great to have lab results, nurse’s notes, and other details we need to conduct investigations without having to track it all down later. Bottom line, this means less paperwork for me and more time doing the things I entered public health to do.”

Conceived in 2004 and under development since the summer of 2006, IDSS has been operational for a full year. The system was rolled out in stages, beginning in October 2008, and became available to all 217 disease surveillance partners in February 2009, approximately 10 weeks before Iowa’s H1N1 response began.

For the epidemiologists at IDPH and at the national level, the success of IDSS lies in the consistent and congruent use of information variables collected over time. “If you’ve ever created a survey for long-term use—whether it’s to determine smoking rates, obesity prevalence, or the number of homes with lead paint—you know how important it is to choose your questions and stick to them,” Harris added. “That’s what IDSS does. The core data we collect doesn’t change much over time, and that allows us to get a very accurate picture of H1N1 and

H1N1 by the Numbers

As of December 31, 2009, IDPH has:

- Reviewed 2,205 laboratory reports of 2009 H1N1 influenza.
- Issued 41 press releases and advisories.
- Placed orders and tracked shipments of 1,037,400 doses of vaccine.
- Coordinated the delivery of 76,858 courses of antiviral medications.
- Answered 7,274 calls to the public and health care worker call centers.
- Held 13 conference calls with local public health partners.

seasonal influenza in our state, as well as the 48 other diseases tracked in IDSS.”

The final planned upgrade for IDSS is almost ready. The most significant component of the forthcoming changes will be a large reduction in the time it takes local public health agencies to be informed of confirmatory lab results released by the state’s public health lab, the [University Hygienic Laboratory \(UHL\)](#). Having a direct connection to UHL through IDSS also allows newly released results to flow directly into IDSS and automatically alert the appropriate public health staff, eliminating much of the time needed to manually process and refer newly received lab results to local agencies.

“Implementation of this upgrade will complete more than three years of intensive development,” said IDSS Coordinator John Satre. “It also ushers in a period where the state will begin to really take advantage of this new information system and the analysis opportunities it provides.”

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



Iowa moves up in health rankings

By Louise Lex*

Do you remember getting a report card that you didn’t want to take home to your parents? Or perhaps you remember one you could hardly wait to show off. In December, [America’s Health Rankings](#) placed Iowa’s health rankings in both categories.

Produced by the [United Health Foundation](#), the [American Public Health Association](#), and the [Partnership for Better Health](#), the report showed that Iowa’s overall rank is 15, up a notch from last year. Among the states, Iowa ranks third in high school graduation rates, fifth in the percent of the population lacking health insurance, and sixth in premature death.

The bad news is that Iowa continues to have a problem with binge drinking. Binge drinking is defined as having five or more drinks in one setting during the last 30 days. (For females, the threshold is four drinks.) As such, binge drinking is a proxy indicator for excessive drug and alcohol use in a population. America’s Health Rankings puts Iowa in 48th place in the nation. Only North Dakota and Wisconsin have higher rates.

“Making a difference in health outcomes, clinical care, economic status, policies, and personal behavior require long-term and state-wide efforts,” said Iowa Department of Public Health Director Tom Newton. “The comprehensive nature of this report demonstrates the importance of using all of the tools in our tool box, including the Iowa Public Health Standards. Now more than ever, public health partners in Iowa must be very deliberate about where we use our resources and focus our efforts.”

According to the report, another area that deserves our attention is public health funding. Even with the increase from \$45 to \$51 per person in the last year, Iowa still ranks very low (37th) among the 50 states. The report also pointed out that Iowa needs to improve its daily fruit and vegetable consumption; our state ranks 41st in this area.



America's Health Rankings places Iowa in a respectable fifth place in the categories of poor physical health days, infant mortality, and poor mental health days. The state ranks eighth in the unemployment rate and 10th in the percent reporting fair or poor health.

Significant changes include the decreased prevalence of smoking in the last five years and increased immunization coverage of children ages 19 to 35 months in the last 10 years. Also, since 1990, the prevalence of obesity has grown from 12.8 percent to 26.7 percent. More information on obesity—including projected prevalence, economic impact, and the cost of inaction—is available through a new feature of the America's Health Rankings Web site called the [Obesity Calculator](#).

The America's Health Rankings series of reports is the longest running assessment of the nation's health on a state-by-state basis. For more details on Iowa's current ranking, visit www.americashealthrankings.org and select Iowa from the pull down menu on the left. The same site can be used to make comparisons to other states and to Iowa's previous rankings back to 1990.

* Louise Lex is the coordinator of Healthy Iowans 2010 at IDPH.

H1N1 messaging efforts broad, varied in 2009

By Polly Carver-Kimm*

The fall 2009 H1N1 influenza outbreak presented the Iowa Department of Public Health (IDPH) with some unique public messaging challenges. First of all, the vaccine was not available until early October, when H1N1 activity was already rising. To complicate messaging matters, it wasn't until mid-December that vaccinations were expanded beyond certain targeted priority populations.

Given these complexities, those of us assigned to the 2009 H1N1 Influenza Incident Management Structure focused on what Iowans could do to protect themselves against the H1N1 virus in the absence of generally-available vaccinations. Called [Fight the Flu: Remember the Three Cs](#), the campaign targeted three personal actions Iowans could take to protect themselves and others against the flu: Cover your cough, Clean your hands, and Contain germs by staying home when sick.

Working with the IDPH [Bureau of Communication and Planning](#) and the [Center for Disaster Operations and Response](#), we created an illustration of these concepts, which was used in a variety of ways. An e-mail featuring the Three Cs message was delivered to all State of Iowa employees. In addition, we worked with Iowa College Aid officials to deliver this e-mail to college students across the state. Student health center directors at Iowa colleges and universities also received the e-mail and a Three Cs graphic for posting on their respective Web sites and in student health center lobbies.

By far the most extensive use of the Fight the Flu graphic was on a [post card](#) mailed to 1,404,845 residential addresses and P.O. boxes in Iowa. The postcard, which also included a message from Governor Chet Culver, was delivered between September 23 and 30, about 4 weeks before Fall 2009 H1N1 activity peaked.



We also placed billboards featuring the postcard graphic in Iowa's largest population centers. Posted around the same time the postcards were delivered, the outdoor messaging effort consisted of 167 billboards in eight cities.

In addition to 41 [press releases](#) and advisories, we employed several unique unpaid social marketing efforts. A series of [public service announcements](#), built around the Three Cs campaign, was developed and posted to the IDPH Web site and made available to local public health agencies on a CD. This CD also contained a series of sound bites with IDPH Medical Director, Dr. Patricia Quinlisk. Local partners said these sound bites were useful as they fielded media inquiries. Dr. Quinlisk was also featured in a DVD about H1N1, which was delivered to local public health agencies as another tool to use as they educated the public about the virus and how to combat it.

The goal of the Fight the Flu: Remember the Three Cs campaign was to permeate the state with prevention messages. Using the mail service, the Internet, billboards, public service announcements and the press, IDPH was able to blanket the state with important health information. The public health message of Covering coughs, Cleaning hands and Containing germs continues to be a critical component of not only fighting H1N1, but other public health threats that can be diminished by simply remembering the Three Cs.

** Polly Carver-Kimm is a public information officer at IDPH and coordinated the Fight the Flu: Remember the Three Cs campaign for the Communications Unit of the IMS Logistics Section.*

BRFSS starts gathering data from cell phone users

By Louise Lex*

The recently released [Behavioral Risk Factor Surveillance System \(BRFSS\) Report](#) marks the first time Iowa, along with 17 other states, began calling cell phones to conduct interviews for the annual survey of health-related behaviors. Published by the Iowa Department of Public Health in December, the [2008 BRFSS Report](#) includes the cell phone results in an appendix that shows what sort of difference could occur by adding in the cell phone interviews.

"As more people give up their landline telephone in favor of a cell phone, it has become necessary to ensure that the sample interviewed represents the population of the state," said Iowa BRFSS Coordinator Don Shepherd. "Since this method is new, however, there is still no way to properly combine results from the two methods."

People interviewed by cell phone were much younger, more likely to be male, more likely to be Hispanic, less likely to be married, and more likely to be poor. In terms of health, cell phone respondents were less likely to have health care coverage, less likely to have one health care provider, and more likely to not be able to afford health care. In addition, cell phone respondents were less likely to have diabetes, more likely to be a current smoker, but more likely to have tried to quit. They were also more likely to binge drink, less likely to be vaccinated against influenza or pneumonia, more likely to drink and drive, less likely to have a mammogram, and more likely to have been tested for HIV.



Data gathered from conventional landline users, which make up the bulk of the 2008 report, produced some interesting findings. Among them, a decline was seen in the percent of Iowans reporting no health care coverage. Shepherd says it is unclear why this occurred or whether it persists given the more recent decline in the economy.

Among landline users, the percent of Iowans who currently have asthma showed an increase in 2008, while current smoking in Iowa continued to decline. Furthermore, more smokers reported attempting to quit in the past year. The BRFSS report also shows that a higher percentage of people were tested for HIV than in previous years. Iowa held steady in 2008 in the prevalence of diabetes and obesity, while the rest of the nation continued to show an increase.

How are the findings for landline users affected when also considering cell phone users? Including the cell phone respondents increased the high level of binge drinking, the increase in smoking quit attempts, and an uptick in HIV testing. Shepherd added that including cell phone respondents may reduce the findings concerning the reduction in those without health care coverage and the reduction in current smoking.

To view the full report, including the appendix with respondents from cell phone users, visit www.idph.state.ia.us/brfss.

** Louise Lex is coordinator of Healthy Iowans 2010.*

Video helps communities fight underage drinking

By Debbie Synhorst*

According to the recently released [America's Health Rankings](#), Iowa places a dismal 48th place in the nation in binge drinking. (See page 4 of this issue of *Iowa Health Focus*.) Another shocking statistic comes from the 2008 Iowa Youth Survey: 36 percent of 11th graders in Iowa consumed alcohol in the last month.

But statistics alone aren't enough to bring about changes in underage drinking. It takes local partnerships with prevention coalitions, schools, law enforcement, and others to do things like connect with local policymakers, provide safe and sober activities for youth, organize town hall meetings and distribute prevention and treatment information.

The Iowa Department of Public Health has recently produced a new tool to empower communities to keep alcohol out of the hands of Iowa's youth and prevent future alcohol abuse. "[Time for Action: Preventing Underage Drinking in Iowa](#)" is a 12-minute DVD produced for parents and community stakeholders who can play a role in finding solutions. The video is accompanied by a guide, which includes a video outline, discussion materials, suggested uses for the DVD, and recommended venues.

"The Time for Action video tells a great story about Iowa's underage drinking prevention efforts," said Virginia Mackay-Smith, director of the Division of Systems Development at the [Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention](#) (SAMHSA/CSAP). "The DVD is especially effective in highlighting the use of key data and research findings, which is so important to the success of prevention programs. The video builds



IDPH Public Information Officer Polly Carver-Kimm interviews Central Iowa youth about the challenges they face regarding alcohol use for the "Time for Action" DVD.

on this with an engaging discussion among several Iowa youth, whose perspective on underage drinking and how to keep it from happening provides a strong framework for understanding the issue. Parents, prevention program staff, and public officials are also featured as partners whose involvement is critical to the success of addressing underage drinking.”

Iowa was one of 11 states and jurisdictions to receive funds from SAMHSA/CSAP for the production of videos like *Time for Action*. Produced by the Iowa Department of Public Health (IDPH) [Division of Behavioral Health](#) with help from the IDPH Bureau of Communication and Planning, *Time for Action* describes some of the many negative consequences of underage drinking that research is showing are more widespread and serious than previously known. Through interviews with parents and youth, state agencies, and community coalition leaders, the video and accompanying materials frame the issue and show some ways that Iowans are currently taking action.

“The take-away messages of *Time for Action* are some of the central factors of effective prevention work: use evidence-based programs, increase involvement in the state’s underage drinking prevention efforts in all sectors, and emphasize collaboration and consistent messages to Iowa’s young people,” Mackay-Smith added.

To learn more about the new tool, visit www.idph.state.ia.us/bh/sa_time_for_action.asp. To order the DVD and guide, call the Iowa Substance Abuse Information Center at 866-242-4111 or visit www.drugfreeinfo.org.

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

Report sheds light on Iowa physician workforce

By Bobbi Buckner Bentz*

A recent report by the [American Association of Medical Colleges](#) ranks Iowa 41st in the nation in active physicians. The [2009 State Physician Workforce Data Book](#) shows that Iowa has 204 doctors per 100,000 people. That compares with a national average of 254, and a range of 405 in Massachusetts to 174 in Mississippi.

Although many areas of the state remain underserved, the number of physicians in Iowa has actually grown at a rate 10 times greater than that of the state’s population since the 1980’s. That aggregate increase has helped Iowa address some of its physician workforce needs. However, there are still shortages in selected specialties and an uneven distribution of physicians across the state:

“This report offers health care consumers, policy makers, and legislators a glimpse of the physician workforce in Iowa,” said [Iowa Board of Medicine](#) Executive Director Mark Bowden. “An encouraging statistic in the report is the propensity of physicians to work in the states where they are educated and trained. With two strong medical schools (University of Iowa and Des Moines University), Iowa has the potential to reap even greater benefits from the presence of these schools, and from the strong physician residency programs in hospitals throughout the state.”



The data book examines physician supply, medical school enrollment, and graduate medical education across the United States. In addition to ranking states by number of physicians, the report includes a number of other interesting findings about Iowa's physicians.

- Nearly one-quarter of Iowa physicians are female. As a percent of the total Iowa physician population, the number of female physicians multiplied by a factor of 2.5 in the 20-year period from 1988 to 2008.
- Approximately 17 percent of Iowa physicians graduated from an international medical school, which is less than the national average of 24.2 percent. Many of these physicians came to Iowa to practice through the [State Conrad 30 Program](#), which supports the employment of international medical graduates in underserved areas of the state for a minimum of three years.
- Twenty-one percent of Iowa's physicians were age 60 or older in 2008. This compares with a national average of 24.7 percent, and a range of 29.2 percent in California and 19.3 percent in North Carolina.

Unfortunately, Iowa's rank in overall physicians per population does not tell us a lot about the need for specific types of physicians in certain areas of the state. The Health Resources and Services Administration (HRSA) provides state Primary Care Offices with guidelines to determine when a geographic area has a shortage of primary care physicians. These shortages are called Health Professional Shortage Areas (HPSAs) and are used to direct resources such as provider loan repayment and increased Medicare reimbursement to underserved areas.

Bowden added that the Iowa Board of Medicine is amending administrative rules to expedite the licensure process for out-of-state physicians who want to practice in Iowa. The process will be streamlined for physicians who have no disciplinary history or restrictions on their license, and who have been actively practicing in the five years leading up to their Iowa application. This should help in the physician recruitment process.

To view the 2009 State Physician Workforce Data Book, visit www.aamc.org/workforce.

** Bobbi Buckner Bentz is the director of the Primary Care Office in the IDPH Bureau of Health Care Access.*

NCHS releases Stats of the States

The Centers for Disease Control and Prevention's [National Center for Health Statistics](#) (NCHS) has a new tool on its Web site that brings together all the latest published state data from various NCHS statistical reports. With state-by-state reports accessible through an interactive map of the U.S., [Stats of the States](#) focuses primarily on birth and death statistics. Birth topics include teen birth rates, out-of-wedlock births, preterm births, cesarean deliveries, low birth-weight births, and prenatal care. Death topics include leading causes of death and infant mortality.

The new tool also includes data on other topics such as health insurance coverage (for 41 states) and wireless-only phone use. In addition to the state-by-state reports available through the clickable map, topic-specific fact sheets with state rankings are also available. To access Stats of the States, visit www.cdc.gov/nchs/pressroom/stats_states.htm.

Community members take advantage of health program

By Katie Miller*

“My mom drains the juice from our meat now.” It’s a simple sentence. It’s a simple concept. More important, it’s an indication of a simple behavior change.

The comment is one of many made by Iowa City residents participating in a successful local health education program. Supported by an IDPH-administered [Community Wellness Grant](#), “Family Night Out” brings together Grant Wood Elementary school children and their families for a series of six two-hour events where participants can enjoy a nutritious meal and educational programs designed to improve nutrition, physical activity levels, and health literacy.

“This program introduces simple meal and physical activity options for busy families,” said Douglas Beardsley, director of [Johnson County Public Health](#). “Giving kids and parents time to enjoy a meal together and providing them with positive health messages is truly public health at work.”

Partners in the effort have included [Iowa State University Extension](#), the [Iowa City Community School District](#), and 5 to 10 community volunteers per event. The first Family Night Out, held last February, featured whole wheat lentil goulash, a demonstration of fitness testing using a heart-shaped obstacle course, an introduction to health-related vocabulary, and ideas for increasing fruit and vegetable intake. The event drew 35 participants.

For the second event, participation nearly tripled. On that April night, more than 90 people showed up to learn about body mass index and easy ways to remove fat from cooked ground beef. By the third event in September, which included sub sandwiches and setting goals using pedometers, participation in Family Night Out was nearing 200 per event.

“The growth of the Family Night Out program has been a statement of the need for positive health program options in Johnson County,” Beardsley added. Twenty-five percent of the children in grades K through 6 at Grant Wood Elementary were overweight or obese in 2006.

With two more events scheduled in 2010, organizers are being very deliberate about measuring their successes. Following each Family Night Out, participants are asked to describe some of the behavior changes they have made because of these events. One family says they have switched to whole wheat bread after being taught which ingredients they should look for on the label. A number of families have noted that they are going outside more for physical activity. One gentleman even tried making a whole wheat pizza from scratch. “The kids loved it and it was heartier,” he noted.

The IDPH-administered Community Wellness Program uses funds from the Iowa Legislature and federal dollars secured by Senator Tom Harkin. To learn more about [all 24](#) projects, also known as the Iowa Healthy Communities Initiatives, visit www.idph.state.ia.us/hcr_committees/physical_fitness.asp and look under “Prevention and Wellness Initiatives.”

* Katie Miller is a health promotion coordinator at Johnson County Public Health.



Family Night Out participants play nutrition bingo with Jan Martin from the Iowa State University Extension Office. Photo courtesy of Johnson County Public Health.



IDPH Health Reform Team

Recently, Focus spoke with Abby McGill, a management analyst with the Health Reform Team at IDPH.

How was the IDPH Health Reform Team formed?

In 2007, Iowa's health reform effort began in earnest with the formation of the [Commission on Affordable Health Care Plans for Small Businesses and Families](#) by the Iowa Legislature. The Commission was charged to review, analyze, and make recommendations on a broad spectrum of issues relating to the affordability of health for Iowans and health information technology. The Iowa Legislature enacted the Commission's recommendations with House File 2539, which established advisory councils charged with making recommendations for health in Iowa. The Health Reform Team at IDPH consists of coordinators for each council, and was created to regularly communicate, coordinate and integrate among the advisory councils.

How does your team support these councils?

The team facilitates the work of the councils with the goal of driving rich discussions at their meetings, which leads to the formation of important recommendations to be included in their mandated reports to the legislature. We also help gather and distribute studies and reports related to the council's topic and form partnerships with key stakeholders throughout Iowa.

Who serves on the advisory councils?

The eight councils consist of about 150 private and public stakeholders and consumers who are dedicated to improving health for Iowans. For example, we have practicing physicians, members of local boards of health, wellness experts, school nurses and insurers.

What areas of health reform does your team work on?

Our team works on a variety of areas, each having its own council with a specific charge. The areas include a statewide patient-centered medical home system, prevention and chronic care management, electronic health information technology, health and long-term care access, a credentialing system for direct care workers, physical fitness and nutrition, and end-of-life care.

Many of these areas seem like they might have overlapping issues.

Indeed! There are a number of issues that relate to one another among the advisory councils. Our team at IDPH—which consists of eight employees from two divisions—meets regularly to provide each other with updates on emerging issues being discussed at the council meetings. This allows us to communicate frequently and follow-up on these issues effectively.

How do you keep Iowans informed about important developments?

We have a newsletter called [The Check-Up](#). This monthly publication keeps Iowans up to date on the progress of health reform initiatives assigned to IDPH. The Check-Up is archived on the main IDPH Health Reform Web site at www.idph.state.ia.us/hcr_committees.

How does the national health reform debate impact the work of the councils?

Nationally, health reform is one of President Obama's top priorities. His comprehensive health reform proposal focuses on offering affordable, comprehensive, and portable coverage; containing spiraling costs and improving quality of care; and promoting and strengthening prevention and public health. To ensure that the work of the councils are aligned with any future developments at the national level, the IDPH Health Reform Team pays close attention to related proposals, particularly those regarding enhancements in the delivery of primary care, prevention, and public health.



Team member Kala Shipley posts the results of a discussion at a Governor's Council on Physical Fitness and Nutrition meeting. Also pictured (left to right) are council members Andy Penziner from the University of Iowa and Jose Aguilar of the Iowa/Nebraska Primary Care Association.

CDC releases state report on fruits and vegetables

By Carol Voss*

A new resource is available from the Centers for Disease Control and Prevention (CDC) [Division of Nutrition, Physical Activity and Obesity](#). For the first time ever, the [State Indicator Report on Fruits and Vegetables](#) brings together information on fruit and vegetable (F&V) consumption and policy and environmental support for each state.

Fruits and vegetables are important for optimal child growth, weight management, and chronic disease prevention. Supporting increased F&V access, availability, and reduced price are key strategies toward the CDC's objective of improved F&V consumption and thus improved nutrition among all Americans.

Posted on the [Iowans Fit for Life](#) Web site, the new CDC resource includes national and state-specific information for behavioral indicators as well as policy and environmental indicators. The behavioral indicators are derived from objectives for F&V consumption outlined in [Healthy People 2010](#), a framework for the nation's health priorities, and data comes from CDC's health surveillance systems. The policy and environmental indicators are compiled from multiple data sources and measure several aspects of a state's ability to support the consumption of F&V.

Throughout states and communities, many groups play a role in supporting policy and environmental change to ensure that individuals and families can easily purchase and consume F&V. When state officials, health professionals, employers, retail owners, farmers, school staff, and community members work together their efforts can increase the number of Americans who live healthier lives by increasing the availability of affordable healthier food choices such as F&V.

To view the State Indicator Report on Fruits & Vegetables, visit www.idph.state.ia.us/iowansfitforlife/resources.asp and look under "Nutrition."

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



Partners invest in IDPH internships

By Don McCormick*

Representatives from [Des Moines University](#) (DMU), the [University of Iowa College of Public Health](#) and the Iowa Department of Public Health (IDPH) have created an online course for IDPH staff interested in mentoring the next generation of public health professionals. Available on the [Prepare Iowa Learning Management System](#), the IDPH Preceptor Training course was designed to provide consistent information for IDPH staff regarding the importance of internships both from the student and professional staff perspective, in addition to a review of department practices and procedures.

"Offering internships is an important and necessary part of building a strong, competent, and creative future public health workforce," said IDPH Education Coordinator Marilyn Alger. "Our partners in this effort realize this and have invested



a great deal of energy in creating this course, the larger goal of which is to ensure that students have a positive and meaningful experience with their preceptor and a completed project they can be proud of.”

The online course takes about 30 minutes to complete and is organized into seven short modules. These include an introduction, the roles and responsibilities of student and preceptor, how to become a preceptor, procedures, paperwork and a course evaluation. Seventeen short video clips are also included, with comments and advice from current and previous interns and preceptors. Each module includes a brief quiz to check understanding.

To access the training, visit <http://prepareiowa.com>. Create a log-in and password if necessary. The course is searchable with the word “preceptor.” For more information about the training or the IDPH internship process, contact Marilyn Alger at malger@idph.state.ia.us or 515-242-5096.

* Don McCormick is a Public Information Officer at IDPH.

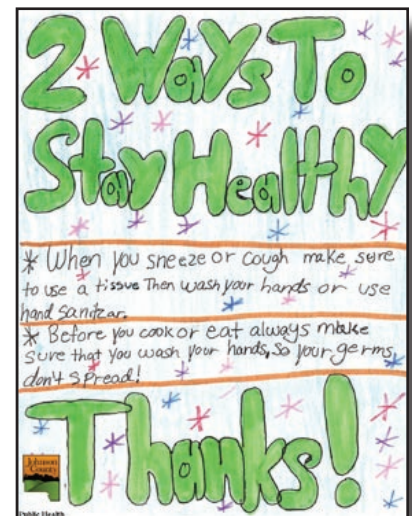
Local agency hosts flu prevention poster contest

Johnson County Public Health (JCPH) recently held a poster contest for students in grades 1 to 8 who live or go to school in Johnson County. The purpose of the contest was to engage students in a fun activity which also required them to become educated about ways to stop the spread of flu. Students were provided with prevention education and then were asked to portray that information in the form of a poster.

“I hope the children had as much fun making the posters as we did judging them,” said JCPH Director Douglas Beardsley. “I’m sure the lessons learned about good hand hygiene will stick with all of the students and their families for many years to come and become a lifestyle.”

The first place winners in two age groups received an emergency crank radio. First, second, and third place winners in grades 1 to 4 received a water bottle and a “Germ Stopper” backpack filled with germ-fighting tools such as hand sanitizer. Winners in grades 5 to 8 received a water bottle and a USB memory drive.

To learn more about the contest, including ideas for replicating this idea in your community, contact Trisha Schiltz at 319-356-6040, extension 5884. To view the winning posters, visit www.johnson-county.com/health, click on Novel Influenza (H1N1) Virus and then Germ Stopper Poster Contest under General Information.



Miss Iowa helps highlight looming workforce shortage

By Pat Blake*

The [University Hygienic Laboratory \(UHL\)](#) recently announced that [Miss Iowa 2009](#) Anne Michael Langguth will help draw attention to Iowa's predicted public health workforce shortage. Ms. Langguth, who will represent Iowa in the January 30, 2010 [Miss America pageant](#), will serve as UHL's Environmental and Public Health Laboratory Ambassador.

According to a [study](#) by the [Association of Schools of Public Health](#), more than 4,200 public health jobs are expected to be left vacant in Iowa in the next 11 years. The shortage is expected to include public health laboratory scientists, educators, nurses, epidemiologists and other skilled positions. Nationwide, 250,000 vacancies are expected.

"It is truly an honor to serve as an ambassador for the University Hygienic Laboratory," said Langguth. "With my Miss Iowa crown as a microphone, I look forward to the opportunity to promote both healthy lifestyles and engagement in the sciences with citizens of our state."

Langguth is a 2009 graduate of Harvard University with a degree in government. She is deferring her entry to the University of Iowa Carver College of Medicine until she completes her year of service to the state.

"Anne Michael's personal commitment to educating Iowans about ways to improve health and her choice of a career in health care perfectly complement the Hygienic Laboratory's mission to educate on and protect the health of Iowans," said Hygienic Laboratory Director Christopher Atchison. "This is a rare opportunity to bring attention to the importance of environmental and public health, and to the need for skilled workers in this field."

The University Hygienic Laboratory is the State of Iowa's environmental and public health laboratory, with facilities located at the University of Iowa's Oakdale Campus in Iowa City and at the Iowa Lab Facilities in Ankeny. The UHL performs analyses on samples from virtually all matrices, including human clinical specimens, air, drinking water, wastewater, soil, sediment, industrial effluents, oil and fish. For more information about UHL, visit www.uhl.uiowa.edu.

* Pat Blake is the public information officer at UHL.



Miss Iowa Anne Michael Langguth speaks with microbiologist Brian Madigan at the University Hygienic Laboratory in her new role as Environmental and Public Health Laboratory Ambassador for the laboratory.

Journal highlights QI and accreditation

Through support from the Robert Wood Johnson Foundation (RWJF), the January/February 2010 issue of the *Journal of Public Health Management and Practice*, is accessible free of charge. This [special issue](#) examines quality improvement in public health, and includes highlights of some of the innovative work conducted by participants of the [Multi-State Learning Collaborative: Lead States in Public Health Quality Improvement](#). Iowa is part of this collaborative. To access this important and free publication, visit www.jphmp.com.



Plumbing, heating, and air conditioning can affect health

By Cindy Houlson*

Even if you're not a history buff, you probably know that plumbing dates back thousands of years. It was a key component to the success of ancient peoples such as the Greek, Roman, and Chinese civilizations. While a lot has changed since then, the basic principles remain the same—in with the good, out with the bad.

These days, most people seem to take plumbing, heating, air conditioning, refrigeration, and hydronics (boiler-based heating) systems for granted. After all, most of us have grown up with these systems all of our lives. When something goes wrong, however, the results can be disastrous not only to personal property, but to our health as well.

By law, everyone who works on these systems in Iowa must be [licensed](#) by the [State Plumbing and Mechanical Systems Board](#). Part of the Iowa Department of Public Health, this board ensures that the people who work in your home or business meet basic qualifications to do this important work.

Failing to hire a licensed individual can have dire consequences for your health and that of your loved ones. Poorly installed or maintained furnaces, for example, can cause house or building fires—a truly dangerous outcome, especially when people are in the structure. Should waste water find its way into your drinking water, there's a good chance you and your family could get very sick. Special training is necessary for ventilation systems too. A system that allows you to breathe fresh, well-circulated air ensures there's a healthy amount of oxygen in the air and helps avoid poisoning from gases such as carbon monoxide.

Before you hire someone to work on any of these systems, ask to see a license issued by the State of Iowa. (Local licenses, such as those endorsed by city or county authorities, are no longer valid.) You can also visit www.licensediniowa.gov to make sure your contractor has the appropriate license. The easy-to-use online database makes it easy to search by first or last name, license type, license number or specific trade.

* Cindy Houlson works with the Iowa Plumbing and Mechanical Systems Board at IDPH.



Latest vital stats report now available

The Iowa Department of Public Health is pleased to announce the 127th publication of the [Vital Statistics of Iowa](#) for the 2008 data year. This is the full set of reportable data and trends expanding on the [Vital Statistics in Brief](#), published in the summer. The data represent the population and includes information from birth, death, marriage, and dissolutions recorded in Iowa for the 2008 calendar year. For example you will find data on single parent births, the leading causes of death, and the number and ages of brides and grooms. All are indicators of the health of Iowans and our communities. The information assists the Department and our partners around the state to monitor health status and to identify and solve community health problems. To access this and related reports, visit www.idph.state.ia.us/apl/health_statistics.asp.



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For more information, visit www.livehealthyiowa.org or call 888-777-8881 to speak with a Live Healthy Representative.

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