

GRANTEE Update

July 27, 2009

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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National Sudden and Unexpected Infant/Child & Pregnancy Loss Resource Center

The National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center, supported by the Health Resources and Services Administration's Maternal and Child Health Bureau, is pleased to announce the release of new Spanish-language materials that provide critical information on risk reduction, prevention, and bereavement for sudden unexpected infant/child death and pregnancy loss, stillbirth and miscarriage. New materials available include:

- Boca Arriba para Dormir, Boca Abajo para Jugar (Back to Sleep, Tummy to Play)
- Guía de Sueño Seguro para Padres (A Parents' Guide to Safe Sleep)
- Guía de Sueño Seguro para el Proveedor de Cuidado Infantil (A Child Care Provider's Guide to Safe Sleep)

The English-language versions of these publications were developed by Healthy Child Care America at the American Academy of Pediatrics, and are available online. The Spanish-language translations were supported by the Maternal and Child Health Bureau in its efforts to provide culturally competent education and outreach for families and professionals, including those in the child care settings.

Single or multiple print copies of these publications in Spanish are available free of charge from the HRSA Information Center at 1-888-ASK-HRSA (275-4772) or www.sidscenter.org. To view or download the English versions, go to www.sidscenter.org/publications.html.

Count the Kicks Campaign Ushers in Healthy Baby Boy

by Kim Piper, Coordinator for the Center for Congenital and Inherited Disorders, Bureau of Family Health, IDPH

“Tick.” Pregnant for 37 weeks, Jennifer McCune of the Sioux City area comes across a magazine article and a radio public service announcement (PSA) about late-term stillbirth and infant death. “Tock.” The expectant mother heeds the advice and starts counting the number of times her baby kicks. “Tick.” After noticing that her baby’s movements have decreased in frequency one evening, she calls her doctor. “Tock.” Within 3 hours of feeling only one kick, the baby is delivered a cesarean operation. “Tick.” It is discovered that the umbilical cord was wrapped around the baby’s neck four times. “Tock.” Baby Danny cries for the first time and enters the world as a healthy baby boy.

The scenario above is not the actual PSA, but a true story that could have had a very different outcome—so says Jennifer’s physician—had she not encountered the innovative educational campaign called Count the Kicks. With support from the Iowa Department of Public Health (IDPH), five Des Moines-area moms who each lost babies to late-term stillbirth or infant death, launched the campaign in early June to prevent late-term birth complications and stillbirths in Iowa.

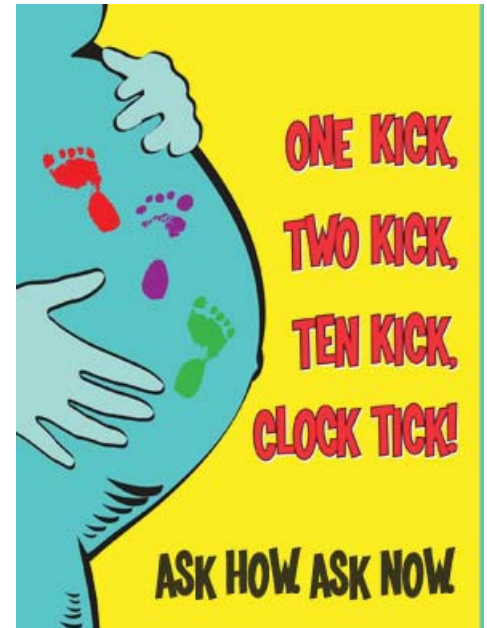
“This is public health social marketing at its best,” said Doris Montgomery of the IDPH Social Marketing Team. “By using traditional marketing strategies and other techniques to affect behavior change for a social good, this campaign is having a real and tangible effect on the health of Iowans.”

The campaign, which began with a radio PSA featuring First Lady Mari Culver and University of Iowa football coach Kirk Ferentz, includes whimsically-designed brochures, posters, and kick tracking cards. Count the Kicks teaches expectant parents how to track their baby’s movement patterns daily during the third trimester of pregnancy. The campaign urges parents to contact their health care providers immediately if they notice significant changes in their babies’ movements.

“Most expectant parents know that movement is an indicator of their baby’s wellbeing in utero, but the type of movement and how often the baby should move is often left open to interpretation,” said Kerry Biondi-Morlan, one of the moms responsible for the campaign. “Some think that movement should slow down as the due date approaches because the baby runs out of room, but that isn’t necessarily the case. Each baby is different and so are their movements.”

Studies indicate kick counting, a daily record of a baby’s movements (kicks, rolls, punches, jabs) during the third trimester, is an easy, free and reliable way to monitor a baby’s well-being in addition to regular prenatal visits. Counting kicks is recommended by the American College of Obstetrics and Gynecology.

For more information, including frequently asked questions and downloadable kick tracking cards, visit www.countthekicks.org.



Stillbirth Facts:

- On average, 200 babies are stillborn in Iowa every year.
- African-American women have more than twice the risk of stillbirth than that of white women. African-American women 35 years and older have a risk of stillbirth 4 to 5 times higher than the national average.
- Sixty percent of fetal deaths happen after 28 weeks gestation. The majority of stillbirths occur at or near full term.
- Many stillbirths at term happen in otherwise healthy, low-risk pregnancies, and there is no obvious cause.

Discovery of New Transmission Patterns May Help Prevent Rotavirus Epidemics

New Vaccines Shift the Course of Childhood Diarrhea-Causing Disease and Could Have Big Global Impact

New vaccines have the potential to prevent or temper epidemics of the childhood diarrhea-causing disease rotavirus, protect the unvaccinated and raise the age at which the infection first appears in children, federal researchers reported in a study today.

The findings were based on changing patterns of rotavirus transmission in the United States, where the disease is rarely fatal, and they have implications for combating epidemics in other countries where the death toll is much higher.

The research, published in the July 17 issue of the journal *Science*, is based on mathematical modeling that takes into account regional birth rates and predicted vaccination levels and effectiveness. The model suggests that when 80 percent or more of children in a given population are vaccinated, annual epidemics may occur on a less regular basis and more unvaccinated children will be protected. Data from 2007-2008, when vaccination first reached appreciable coverage levels in the United States, validate the model's predictions.

"Rotavirus vaccines have rapidly and dramatically reduced hospitalizations and emergency room visits for gastroenteritis in American children," said investigator Umesh D. Parashar, M.B.B.S., M.P.H., of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases. "This research not only explains the effects of the U.S. rotavirus vaccination program, but also lays the foundation for understanding the tremendous life-saving benefits of vaccination in the developing world, where more than half a million children die from rotavirus each year."

The study showed for the first time that the timing of rotavirus epidemics is dependent on the birth rate in the population because they are driven by infants who have never been infected before. In the United States, winter outbreaks would typically occur sooner in the higher birth rate states of the Southwest and later in the Northeast, where birth rates tend to be lower.

But with the introduction of two vaccines, the first in 2006, rotavirus outbreaks may become less frequent and less pronounced. They also may make their first appearance in children when they are older than the previous norm of less than 5 years of age, according to the research. In older children, later onset would likely mean fewer cases and less severity of diarrhea.

The modeling and analysis were done by a team of researchers from the Fogarty International Center of the National Institutes of Health, the CDC, the Agency for Healthcare Research and Quality, the Pennsylvania State University, Princeton University and the George Washington University.

"When you can observe the immediate effects of vaccination and compare them to what the model predicted, you have a head start on stopping this preventable disease in countries where rotavirus unnecessarily kills hundreds of thousands of children," said Roger I. Glass, M.D., Ph.D., one of the study authors and director of the Fogarty Center.

continued on next page

Discovery of New Transmission Patterns May Help Prevent Rotavirus Epidemics

continued

Lead author Virginia Pitzer, Sc.D., of Penn State and the Fogarty Center, said, “Each population is going to have a different demographic makeup, and there may be conditions we cannot predict with certainty, but we believe introducing vaccination in the developing world will decrease the terrible burden of rotavirus.”

The Fogarty International Center, the international component of the NIH, addresses global health challenges through innovative and collaborative research and training programs and supports and advances the NIH mission through international partnerships. For more information, visit www.fic.nih.gov.

The National Institutes of Health (NIH) – The Nation’s Medical Research Agency – includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

The CDC is the nation’s disease prevention and wellness promotion agency, protecting people’s health and safety, providing credible information to enhance health decisions, and improving health through strong partnerships. The agency includes 18 institutes, centers and offices, with approximately 14,000, full time, part-time and contract employees. CDC is headquartered in Atlanta and has experts located throughout the United States and in 54 countries. For more information, visit www.cdc.gov.

For more information about rotavirus, visit www.cdc.gov/rotavirus/about_rotavirus.htm.

ORHP Funding Opportunity: Network Planning Program

The grant guidance for the 2010 Network Planning Grants is now available at www.grants.gov, Announcement Number HRSA-10-020. HRSA’s Office of Rural Health Policy has been administering these grants for several years now, but there are important changes for this competition. The scope of the \$85,000 one-year grants has been broadened and HRSA is looking for applications for general community health planning purposes. Applicants could focus on a wide range of possible projects, such as: Strategic health planning at the community level, assessing the economic impact of health care in a rural community, promoting collaboration between providers, such as Critical Access Hospitals and Federally Qualified Health Centers, conducting a community needs assessment, conducting local health workforce planning or hiring a consultant to conduct HIT readiness.

The change in the program is recognition that what many rural communities need is general planning money to identify issues and bring together key partners to develop plans to address those challenges. The Office of Rural Health Policy plans on funding 20-25 new awards in 2010. The deadline for applications is September 14, 2009. Awards will be announced in February 2010 for a March 1, 2010 project start date.

Interested applicants should read the revised guidance to understand the new focus of the grants and see if it meets their needs. If you are interested in applying, you will need to register in grants.gov. There will be a TA Conference call for prospective grantees on August 18, 2009. Contact Mary Collier (mcollier@hrsa.gov) to register for the call. It is also recommended that interested applicants consult with their State Office of Rural Health when applying, as these entities can be an important partner and resource in this process. For a list of the State Office of Rural Health, go to www.nosorh.org/regions/directory.php. If you have programmatic questions, please contact Eileen Holloran at eholloran@hrsa.gov or (313) 443-7529.

Program Management

Revised Iowa Recommendations for Scheduling Care for Kids Screenings

Iowa's Recommendations for Scheduling Care for Kids Screenings (Periodicity Schedule) has recently been revised to closely align with *Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents*, American Academy of Pediatrics, 3rd Edition, 2008. You will find two sizes of the schedule on pages 9-10 of The Update, 8 1/2 x 11 (letter size) and 8 1/2 x 14 (legal size). Note that these documents are also posted on the EPSDT Web site at www.idph.state.ia.us/hpcdp/epsdt_providers.asp (scroll to bottom of "Providers' Web page).

Listed below are modifications to the previous Periodicity Schedule

- Measurements - Checking blood pressure 'based upon risk assessment' for children age 2-3 days through 2 years is included.
- Oral Health - Assessment includes 'dental history, recent concerns, pain or injury, visual inspection of hard and soft tissues of oral cavity, and dental referral based upon risk assessment'.
- Developmental and Behavioral Assessment – Guidelines are specified for the following categories: developmental screening, autism screening, developmental surveillance, psychosocial/behavioral assessment, and alcohol & drug use assessment.
- Immunizations – 'Perform an immunization review at each visit, administer immunizations at recommended ages or as needed' applies to all ages on the schedule.
- Metabolic Screening - The name of Iowa's program was updated to the 'Iowa Neonatal Metabolic Screening Program' and reference to the current screening panel was included with website.
- Sexually Transmitted Infections – Wording was changed from 'sexually transmitted diseases' to 'sexually transmitted infections'.

Updated Healthy Home Documents

The Centers for Disease Control and Prevention (CDC) have updated information about creating healthy homes. The information can be used to help child care businesses create safer environments for children. There are several internet links embedded (and active) in the document - so you will want to share this information electronically. Note that one document can be used as a checklist. Please share this information with your colleagues and constituency groups.

The updated documents can be download from pages 11-17 of **The Update**.

W O R T H N O T I N G

Iowa Collaborative Safety Net Provider Network - Information about a Pharmaceutical Program

The Iowa Attorney General's Office contacted the Iowa Collaborative Safety Net Provider Network (Safety Net Network) and the Iowa Prescription Drug Corporation (IPDC) to partner and provide a limited selection of generic medications to safety net patients (those at or below 200% of the Federal Poverty Level or under or uninsured) using funds from a Pharmacy Benefit Manager Settlement. The funding is limited and the medications through this program will be available as long as funding is available.

A network of Iowa pharmacies will be developed where patients can receive these pharmaceuticals for a \$3 co-pay for a 90-day supply. The pharmacy will be reimbursed \$7 from IPDC for filling the prescription, in addition to the \$3 co-pay from the patient. Vouchers for this program will be provided to patients by local boards of health, community health centers, rural health clinics, county relief offices, free clinics and other safety net clinics. The patient then must have the prescription filled at a participating pharmacy. IPDC is working on developing agreements with participating pharmacies.

The generic medications available are for the following diseases, states or conditions: diabetes, high blood pressure, elevated cholesterol, depression and multivitamins with folic acid for pre- and post-natal care.

A pilot for the program will begin on or near July 15, 2009 in Decatur, Greene and Calhoun counties with the statewide program beginning September 1, 2009. The program will be introduced through two Webinars using the statewide ICN system. The first Webinar will be held on August 13, 2009 for Rural Health Clinics and second will be held on August 14, 2009 for Local Boards of Health, County Relief Offices, and all other members of the Safety Net Network interested in the program. The Iowa Department of Public Health is also partnering with IPDC and helping to arrange the ICN Webinars.

Once we have a list of the ICN sites for the August 13 and 14 webinars, we will disseminate the information to all Safety Net Network members.

Please also keep in mind that funding from the Safety Net Network also supports the IPDC in offering a donated drug repository program and a drug discount card which are options to provide more pharmaceutical assistance to safety net patients. To learn more about these programs contact sdixongale@ianepca.com or david.fries@iowapriority.org.

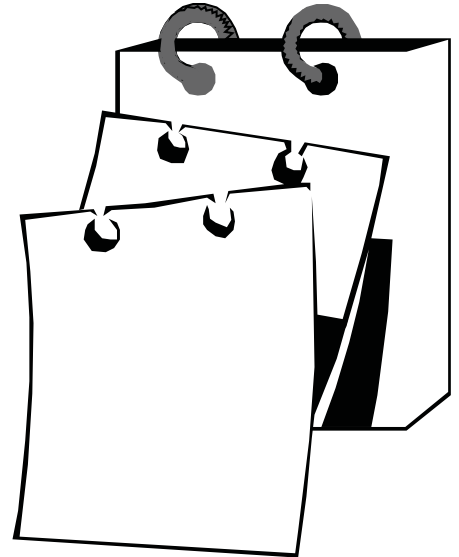
CALENDAR OF EVENTS

August 12, 2009

2010 MCH Cost Analysis Training

9 a.m. - 12 p.m., ICN

For more information, view a Save the Date on page 19 of **The Update**.



*September 15-16, 2009

Iowa Family Planning Update

Holiday Inn - Airport, Des Moines

For more information, contact Denise Wheeler at (515) 281-4907.

September 18, 2009

Lead-Based Paint Hazards ICN Workshop

1-3 p.m., ICN

Registration will be available on August 20, 2009 at www.iptv.org/iowa_database/event-detail.cfm?ID=9846. Registration deadline: September 15, 2009. For more information, go to www.iptv.org/iowa_database/event-detail.cfm?ID=9846

*October 5-6, 2009

BFH-CSCH Fall Seminar

Gateway Conference Center, Ames

October 15, 2009

Adolescent Health Conference

Cedar Rapids

GRANTEE Update

Phone Directory

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Healthy Families Line: 1-800-369-2229

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Wheeler, Denise	281-4907	dwheeler@idph.state.ia.us

Area code is 515

Iowa Recommendations for Scheduling Care for Kids Screenings

Revised 7/2009

KEY	
● To be performed	● To be performed at every visit
S Subjective, by history	⊕ Screen at least once during time period indicated
* High risk	○ Objective, by standard testing method

		AGE																				
		Infancy						Early Childhood				Late Childhood				Adolescence						
		2-3 ¹ days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr
History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical exam	As part of each screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Height/weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head circumference	●	●	●	●	●	●	●	●	●	●											
	Blood pressure	risk assessment											●	●	●	●	●	●	●	●	●	●
Nutrition	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Oral Health	Assessment - Dental history; recent concerns, pain or injury; visual inspection of hard and soft tissues of oral cavity; dental referral based on risk assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Development and behavioral assessment	Developmental screening ²						●		●		●											
	Autism screening ³								●	●												
	Developmental surveillance ²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Psychosocial/behavioral assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Alcohol and drug use assessment	risk assessment to be performed with appropriate action to follow if positive →																				
Sensory screening	Vision	S	S	S	S	S	S	S	S	S	S	S	○	○	○	○	S	○	○	S	○	○
	Hearing	○	S	S	S	S	S	S	S	S	S	S	○	○	S	S	S	○	S	S	○	S
Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anticipatory Guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES	Urinalysis													●					●			
	Hemoglobin/hematocrit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present																				
	Gynecologic testing	Pap tests for females who are sexually active or, if sexual history may be unreliable, at age 18 or older. Pregnancy testing done as indicated																				
	Hemoglobinopathy	●																				adolescents at risk
	Lead screening							●		*	●	*	*	*								
	Metabolic screening	The Iowa Neonatal Metabolic Screening Program tests every newborn for all disorders on the American College of Medical Genetics and March of Dimes screening panels. See www.idph.state.ia.us/genetics .																				
	Sexually transmitted infections	Screen as appropriate. People with a history of, or at risk for STIs should be tested for chlamydia and gonorrhea																				
	Tuberculin test	For high risk groups, annual testing is recommended. High risk groups include household members of persons with TB or others at risk for close contact with the disease; recent immigrants or refugees from countries where TB is common; migrant workers; residents of correctional institutions or homeless shelters; persons with certain underlying disorders																				
		annual testing for high risk groups																				

¹For newborns discharged within 24 hours or less after delivery. ²AAP Council on Children with Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*, 2006;118:405-420.

³Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics*. 2007;119:152-153.

**For additional information, call the Bureau of Lead Poisoning Prevention at 1-800-972-2026.

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History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical exam	As part of each screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Height/weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head circumference	●	●	●	●	●	●	●	●	●	●											
	Blood pressure	risk assessment											●	●	●	●	●	●	●	●	●	●
Nutrition	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Oral Health	Assessment - Dental history; recent concerns, pain or injury; visual inspection of hard and soft tissues of oral cavity; dental referral based on risk assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Development and behavioral assessment	Developmental screening ²						●		●		●											
	Autism screening ³								●	●												
	Developmental surveillance ²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Psychosocial/behavioral assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Alcohol and drug use assessment	risk assessment to be performed with appropriate action to follow if positive →																				
Sensory screening	Vision	S	S	S	S	S	S	S	S	S	S	S	○	○	○	○	S	○	○	S	○	○
	Hearing	○	S	S	S	S	S	S	S	S	S	S	○	○	S	S	S	○	S	S	○	S
Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anticipatory Guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES	Urinalysis													●					●			
	Hemoglobin/hematocrit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present							⊕	⊕									●			
	Gynecologic testing	Pap tests for females who are sexually active or, if sexual history may be unreliable, at age 18 or older. Pregnancy testing done as indicated																				●
	Hemoglobinopathy	Only once (newborn screen) and offered to adolescents at risk	⊕																			adolescents at risk
	Lead screening	Assess and test all children at 12 months and 2 years of age. In addition, assess and test high-risk children at 18 months, 3 years, 4 years and 5 years**						●		*	●	*	*	*								
	Metabolic screening	The Iowa Neonatal Metabolic Screening Program tests every newborn for all disorders on the American College of Medical Genetics and March of Dimes screening panels. See www.idph.state.ia.us/genetics .	⊕																			
	Sexually transmitted infections	Screen as appropriate. People with a history of, or at risk for STIs should be tested for chlamydia and gonorrhea																				as appropriate
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Healthy Homes: Tips by Room*

Attic Tips:

- Seal gaps around roofing, attic spaces, windows, and doors to [prevent rodents and insects from entering the house](#).
- [Clean up clutter](#) to prevent rodents and insects from finding places to nest.
- [Find out whether your insulation contains asbestos](#). If so, it is safest to leave the material alone. Consult an experienced contractor if it must be removed or disturbed.
- Ensure proper ventilation in the attic to [prevent excessive moisture](#) that can promote mold growth.

Basement/Utility Room Tips:

- [Test your home for radon gas](#). If levels are above the U.S. Environmental Protection Agency action level, install a radon mitigation system.
- Have gas appliances professionally installed, vented outside, and checked annually for [carbon monoxide leaks](#).
- [Install smoke alarms](#) on every floor, including basement.
- Store pesticides and chemicals out of reach of children, [prevent poisoning](#).
- [Control rodents and insects](#) by sealing holes and gaps in floors and walls to keep pests out, which also reduces pesticide use.
- Clean up clutter to [prevent rodents and insects](#) from finding places to nest.
- Keep water heater temperature set at 120°F to [prevent scalds](#).
- Prevent fall injuries by installing [stair rails](#).
- Keep [cleaning supplies](#) out of reach of children.

Bathroom Tips:

- [Keep medicines out of reach of children](#).
- [Dispose of expired medicines properly](#).
- [Use medicines only as directed](#).
- [Install grab bars](#) in showers and tubs and next to toilets.
- [Use nonslip mats](#) in bathtubs and showers and on floors.
- [Keep cleaning products out of reach of children](#).
- [Check water temperature](#) before putting young children into the bathtub.
- [Supervise young children in bathtubs](#).
- [Wash hands](#) to prevent the spread of many illnesses.
- Ventilate the room to [prevent mold and mildew](#).
- Know if your drinking water comes from a [private well](#). If so, [test it for contaminants](#).

Bedroom Tips:

- Place [smoke alarms](#) and [carbon monoxide detectors](#) near bedrooms. Place carbon monoxide detectors near bedrooms.
- [Adopt a smoke-free policy](#) in your home, especially if children are present.
- Get enough [sleep](#) to prevent illness.
- Practice positive [parenting skills](#) to ensure your child's physical and emotional needs are met.
- A [healthy pregnancy](#) and selecting a safe crib increases your chances for a healthy baby.
- Use mattress and pillow covers to help prevent [asthma attacks](#).
- Use [medicines](#) only as directed.
- Know both the benefits and the health-related risks of [owning and caring for animals](#).
- Vacuum carpets frequently to remove allergens that trigger [asthma attacks and allergic reactions](#).
- Protect your children from [lead poisoning](#) by painting before old paint chips and peels in older homes.

Family/Living Room Tips:

Improve air quality:

- [Do not allow smoking in your home](#), especially if children are present.
- Vacuum carpets frequently to [remove allergens](#) that trigger asthma attacks and allergic reactions.
- Talk with your children about healthy behaviors.
- Spend less time watching TV and more time [getting physically active](#).
- Know both the benefits and the health-related risks of [owning and caring for animals](#).
- Protect your children from [lead poisoning](#) by painting before old paint chips and peels in older homes.
- Protect your children from strangulation by moving blind cords out of reach.
- Pregnant women should not handle cat litter due to the risk of [toxoplasmosis](#).

Garage Tips:

- [Never run lawnmowers and other combustion devices inside the garage](#). Always operate a safe distance from windows and doors.
- Run cars and trucks **only** outside the garage and away from any openings into the house to [prevent carbon monoxide poisoning](#).
- [Store pesticides and other chemicals out of reach of children](#).

- [Control rodents and insects](#) by eliminating sources of food and water and sealing holes in walls to keep them out.

Kitchen Tips:

- [Prevent fires](#) by keeping flammable objects away from the stove.
- [Keep cleaning products out of reach of children.](#)
- [Keep medications out of reach of children.](#)
- Stock healthy foods, such as fresh fruits and vegetables, for meals and snacks.
- [Properly store and prepare foods](#).
- [Wash your hands.](#)
- Know if your drinking water comes from a [private well](#). If so, [test it for contaminants](#).
- Place [smoke alarms](#) in the kitchen.
- Help prevent [choking episodes](#) by watching children while they're eating.

Laundry Room Tips:

- Vent the clothes dryer outside the home to [prevent mold and mildew](#).
- [Keep cleaning supplies out of reach of children](#). (American Association of Poison Control Centers)
- Wash sheets and blankets in hot water weekly to [reduce asthma triggers](#).

Pool Tips:

- [Always watch young children](#) while they are swimming or playing in or around water.
- [Teach your children to swim.](#)
- Teach your children about [water and pool safety rules](#).
- [Put a high fence all the way around your pool](#) and use a self-closing or self-latching/locking gate.
- Keep [lifesaving equipment](#), including a life ring, pole, rope, and personal flotation devices (PFDs), by the pool.
- [Protect against sunburn](#) by using a sunscreen.
- Learn [cardiopulmonary resuscitation](#) (CPR).
- Protect your family against [recreational water illnesses](#) by keeping a new pool and pool area.

Stairs Tips:

Prevent fall injuries:

- [Install stair rails.](#)
- [Have good lighting.](#)
- [Keep stairs in good repair](#). (Home Safety Council)
- [Keep stairs free of clutter](#). (Home Safety Council)

- [Use safety gates](#) at the top and bottom of stairs if young children live in or visit your home.
- Make sure stair rails, treads, and risers are [built according to code](#). (Stairway Manufacturers' Association)

Yard Tips:

- Know if you have a [septic tank](#). If so, properly maintain it to prevent illness.
- Know if your [drinking water](#) comes from a private well. If so, test it for contaminants.
- Use [sunscreen](#) and [insect repellent](#).
- [Be physically active](#).
 - Prevent falls:
 - Keep porches, stairs, walks, and driveways in good repair and well lit.
 - Install handrails on both sides of stairs.
 - Keep stairs clear of clutter.
 - Prevent power tool injuries:
 - Keep children inside the house or well away when mowing or using power tools.
 - Remove sticks, stones, and objects from the lawn before mowing.
 - Make sure chain saws have an anti-kickback chain that is well sharpened.
 - Wear proper eye and ear protection when using any power tool.
- [Supervise children in play areas](#) at all times.
- Make sure the surfaces on your child's [playground](#) are safe.
- Remove litter, tall grass, and brush to [eliminate rodent and wild animal nesting sites](#) outside the home.
- Get rid of old tires and other containers that could collect water and allow [mosquitoes](#) to breed.
- Keep gutters clean so water does not collect and allow [mosquitoes](#) to breed.
- Make sure everyone uses the right protective equipment when [playing sports](#) or [riding bicycles](#).

*Retrieved July 10, 2009 from: Centers for Disease Control and Prevention website: <http://www.cdc.gov/healthyhomes/ByRoom/Index.html> .

Healthy Homes: Tips by Topic*

[Drinking Water Safety](#)

Many people don't think about the quality of the drinking water in their home, but not all residential drinking water is regulated and tested.

[Emergencies and Disasters: Preparedness and Response](#)

The best way to make your family and your home safer is to be prepared before disaster strikes.

[Food Safety](#)

Proper food preparation and storage in homes can prevent food-related illness.

[Indoor Air Quality](#)

Air quality in your home affects your health. Many common air contaminants in the home can be reduced.

[Infectious Disease Prevention](#)

You can take many actions in your home to prevent the spread of germs that can cause illness.

[Injury Prevention](#)

Many injuries occur at home and can be prevented by taking some simple actions.

[Nutrition and Physical Activity](#)

You can increase physical activity in and around the home in many ways. Adopting better eating habits is a good way to keep healthy.

[Poisoning Prevention](#)

People of all ages can be poisoned at home. For example, young children may drink household cleaning products; teens may abuse their parents' prescription drugs; and adults may misuse prescription drugs by mistake.

[Violence Prevention](#)

Violence within homes results in many health problems. These problems range from physical injuries to problems with child development, adult substance abuse, depression, and suicide.

*Retrieved on July 10, 2009 from: Centers for Disease Control and Prevention website: <http://www.cdc.gov/healthyhomes/ByTopic/index.html>

Healthy Homes



Good Health Begins at Home

Learn what you can do to help yourself and your family to have better health at home. This site offers health and safety tips about the home structure and land and things you can do at home to protect your health and lower your risk for the leading causes of death.

You can search for tips

- [by room](#),
- [by topic](#),
- [for a green home](#), or
- [for specific audiences](#) [Learn More »](#)

Tips by Room



[Attic](#) Fire hazards, Mold Rodents and other pests, More...



[Kitchen](#) Fires, Water, Food Preparation/Storage, More...



[Basement](#) Radon, Carbon Monoxide, Mold, Chemicals, More...



[Laundry Room](#) Electrical/ Chemical Hazards, Carbon Monoxide, More...



[Bathroom](#) Falls, Drowning, Medicines, Mold, More...



[Pool](#) Drowning, Chemicals, More...



[Bedroom](#) Fire hazards, Allergens, More...



[Stairs](#) Falls, More...



[Family/Living Room](#) Falls, Tobacco Smoke, Violence, More...



[Yard](#) Falls, Pesticides, More...



[Garage](#) Toxic Chemicals, Tools, Rodents, More...



[Summary](#)

Tips for a Green Home



A green home uses less energy, water, and natural resources and creates less waste than a standard home. It can also be healthier for the people living inside. [More](#)

Tips by Topic

- [Drinking Water](#)
- [Emergencies & Disasters](#)
- [Food Safety](#)
- [Indoor Air Quality](#)
- [Injury Prevention](#)
- [Nutrition and Physical Activity](#)
- [Poisoning](#)
- [Preventing Infectious Disease](#)
- [Violence Prevention](#)

Tips for Specific Audiences

- [Health and Housing Professionals](#)
- [Parents with Young Children](#)
- [People with Disabilities](#)
- [Older Adults](#)



[Health Begins at Home Video](#)



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