



Oct. 2005

Recipients of Harkin Wellness Grants Announced

By Joyce Allard*

As part of Senator Tom Harkin's (D-IA) continuing effort to promote healthy lifestyles in Iowa, he recently announced that \$2.7 million has been awarded to 28 public and private organizations through the Harkin Wellness Grant (HWG) program with the Iowa Department of Public Health.

"I believe that these grants will continue our joint efforts to transform Iowa into a healthy community," said Dr. Mary Mincer Hansen, R.N., Ph.D., director of the Iowa Department of Public Health. "The IDPH Harkin Wellness Grants provide a golden opportunity for community partners to

work together so that Iowans can live healthier lives and our state can become a leader in reducing the human and financial cost of preventable causes of poor health."

Recipients of the Harkin Wellness Grants include community organizations such as counties, townships or cities; educational agencies and school districts, public health organizations, health care providers and community-based nonprofit organizations.

Grantees were required to focus on one or more of four priorities in the HeLP America Act: nutrition, physical ac-

Continued on page 6

IDPH continues discussions with Chinese public health bureau

By Don McCormick*

The concept of a "shrinking world" means something different to everyone. For some, it refers to infrastructures that allow us to travel and share information with amazing speed. For others, it is more personal, such as the need to learn about how other cultures think and being introduced to new ways of doing things. For public health, it is a little of both.

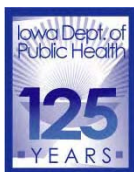
Last month, the Iowa Department of Public Health (IDPH) hosted five public health officials from the city of Tianjin, China. The visit followed a trip to China earlier this year by Governor Tom Vilsack and an Iowa delegation that included IDPH Director Dr. Mary Mincer Hansen, R.N., Ph.D.

"Globalization is a critical issue for public health," Dr. Hansen said. "Through the relationships that

IDPH is building with our counterparts in Tianjin, not only can we help improve the Chinese public health system, but we can also learn new ways to promote and protect the health of Iowans."



From left to right, Dr. Qun Xia, Dr. Fengshan Wang, Dr. Huiguang Tian, Dr. Mary Mincer Hansen, Dr. Jinhu Huang, and Dr. Wensheng Zhang.



Continued on page 4

Division releases Youth Tobacco Survey results

By Maggie O'Rourke*

The Division of Tobacco Use Prevention and Control has released the results of the 2004 Iowa Youth Tobacco Survey. Current smoking prevalence among Iowa high school students has dropped from 27 percent in 2002 to 20 percent in 2004. For middle school students the rate has remained at seven percent for 2002 and 2004. The survey also indicated widespread experimentation with tobacco products, with 55 percent of high school students and 31 percent of middle school students trying some product in their lifetime.

Youth smoking in Iowa remains well below the national average and the Just Eliminate Lies (JEL) youth-led prevention program has been critical to this success. The JEL program reaches every media market in Iowa with tobacco use prevention messages and provides opportunities for more than 4,000 youth members to help get the message out to their peers statewide. According to the survey, more than 85 percent of high school students are aware of the JEL program and believe it is doing a good job of getting the message across to youth.

Recognition of the JEL program by middle school students, however, has dropped to 54 percent. Combined with the stagnation in the decline of middle school smoking, these findings indicate that more could be done to reach this demographic with the tobacco use prevention message.

The 2004 Iowa Youth Tobacco Survey was conducted during the fall and winter of 2004 in 61 Iowa public middle and high schools. This survey is conducted every two years in Iowa with 4,254 students completing the 98-question paper and pencil survey. For a full report of the survey findings, go to www.idph.state.ia.us/tobacco/default.asp and click on the link for the Iowa 2004 Youth Tobacco Survey.

**Maggie O'Rourke is the epidemiology consultant for the Tobacco and Arthritis Programs at IDPH.*



JEL Coordinator Garin Buttermore speaks in front of the executive council during the 2005 Unfiltered Summit ending rally held at Iowa State University in Ames.

IDPH coordinates medical facility to receive Hurricane Katrina evacuees

By John Carter*

Hurricane Katrina displaced many residents from homes with no more than what they could carry. The task of meeting the immediate housing and medical needs of the evacuees quickly became a nationwide effort and Iowa immediately responded by offering a safe haven for evacuees.

The Iowa Department of Public Health (IDPH) was given the task of coordinating a process for meeting the immediate medical and healthcare needs of the evacuees. Dr. Mary Mincer Hansen R.N., Ph.D., contacted the leadership teams of major hospitals in Des Moines, as well as the University of Iowa Hospitals and Clinics.

Despite the fact that the need for these services fell on the Labor Day holiday weekend, Iowa Health Des Moines, Mercy Medical Center Des Moines and the University of Iowa Hospitals and Clinics pulled to-



Gov. Vilsack toured the evacuee medical facility with IDPH Director Hansen and staff."



State's public health response team returns from Gulf Region

By Nicole Peckumn*

Emotionally draining, yet rewarding, is how Iowa Public Health Response Team members describe their experiences assisting those in hurricane-damaged Louisiana. Sponsored by the Iowa Department of Public Health (IDPH), 30 Iowa medical and environmental health professionals returned to Des Moines on Sept. 18 after a two-week mission in the Gulf Coast region.

Upon arrival in Baton Rouge, the teams received immediate assignments. The medical team worked at a clinic in an abandoned discount store just outside the Baton Rouge city limits and provided medical care to nearly 500 patients over the course of 48 hours. For the remainder of the mission, the medical team relocated and provided care at a clinic on the Louisiana State University campus.

The environmental health team was stationed near Lake Pontchartrain in heavily damaged Slidell, Louisiana. For some rural Slidell residents, the environmental health specialists were the first people they encountered alive after the storm. While in Slidell and in surrounding communities, the

sanitarians assessed drinking water quality and performed restaurant inspections. During one assignment, the specialists traveled into New Orleans and passed by the abandoned Superdome where the scene and smell was still horrific.

IDPH's Clark Christensen and Cory Frank, team leaders for the medical and environmental health group, were awed by the gracious hospitality the teams received. Christensen said, "The people's strength was amazing. Despite it all, they still had their humor and goodwill and were constantly thanking us."

Members of this public health response team are also trained volunteers for the IA-Disaster Medical Assistance Teams (IA-DMAT) and the



The medical and environmental health team left friends and family in Iowa to work in hurricane-damaged Louisiana for two weeks.

Environmental Health Response Team (EHRT) coordinated through IDPH. Both teams train regularly to respond to public health emergencies that occur in Iowa.

**Nicole Peckumn is the risk communication officer for IDPH's Center for Disaster Operations and Response.*

IDPH coordinates evacuees medical facility

Continued from page 2

together to provide the staff, medical supplies and equipment necessary for a temporary medical facility.

During an initial briefing on Monday, Sept. 5, an incident command structure was established and the IDPH Center for Disaster Operations and Response worked through the details of setting up a medical facility. The facility, located near the evacuee housing center at the Iowa State Fairgrounds, was designed to provide immediate medical services and arrangements for obtaining prescription medications.

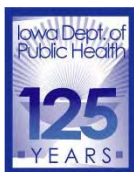
The clinic was assembled the next day, with Mercy Des Moines supplying the exam tables and medical equipment, along with staff to assist in the set-up. The clinic was ready to accept patients by 3:00 p.m. Arrangements for staffing the clinic for up

to three weeks were made cooperatively among the responding hospitals.

Iowa received 20 evacuees on Friday, Sept. 9, two of whom were sent directly to the hospital from the airport. Of the remaining 18, eight were seen in the medical facility with needs ranging from wound care to prescription needs.

The facility could not have been accomplished without the partnership of the participating hospitals, and proved to be a valuable experience for everyone involved.

**John Carter is the Medical Services officer for the Center for Disaster Operations and Response*



Iowa Department of Public Health

Advancing Health Through the Generations

Apply now for the 2005 Governor's Environmental Excellence Awards

Iowa businesses, organizations and public sector facilities are invited to apply for the 2005 Governor's Iowa Environmental Excellence Awards. This premier environmental awards program, sponsored by Governor Vilsack and the state of Iowa, recognizes leadership and innovation in the protection of Iowa's water, land and air.

Awards will be given for overall environmental excellence and special recognition in water quality, waste management, energy efficiency/renewable energy, air quality and habitat restoration/development. Categories include: community/local government, business and industry, agriculture, civic organizations, public sector facilities and more. The application deadline is Nov. 4, 2005. To obtain an application, go to <http://www.iowadnr.com/other/ee/index.html>, or contact Jill Cornell, Department of Natural Resources at (515) 281-0879 or Jill.Cornell@dnr.state.ia.us.



IDPH hosts Chinese public health delegation

continued from page 1

During their trip to Des Moines, the team of health officials met with a representative from Governor Vilsack's office, learned about the activities of each of the five divisions of IDPH and got a hands-on introduction to the equipment used by the state Disaster Medical Assistance Teams (DMAT). The delegation also visited Polk County Public Health, the House of Mercy and Des Moines University.



Dr. Huiguang Tian, deputy director general of the Tianjin Bureau of Public Health, who led the delegation from China, said that her team

was interested in learning more about a number of different aspects of public health in Iowa. They include infectious disease reporting activities, emergency management systems, local community health operations, health care for women and children, chronic disease prevention and tobacco use.

Comparing the Chinese 911 system to that of Iowa, Dr. Tian also noted, "We need to learn how to organize what we have to be more like the sys-

tem in Iowa. There is a need to improve the system we have in China. Learning more about Iowa's Trauma System and the Health Alert Network (HAN) is very valuable to us."

tem in Iowa. There is a need to improve the system we have in China. Learning more about Iowa's Trauma System and the Health Alert Network (HAN) is very valuable to us."

In between discussing opportunities for partnerships, the Chinese delegation was also provided an opportunity to meet with leaders from the state and local communities at a reception and dinner sponsored by Iowa Farm Bureau, Iowa Health System, Mercy Medical Center and the Principal Financial Group.

Referring to the positive comments she received from people who came in contact with members of the Chinese delegation, Dr. Hansen said, "It was clear that those who met our guests were very impressed with their desire to learn and collaborate with state and local health professionals."

Dr. Hansen says that IDPH will continue to discuss ways to work together with the Tianjin Bureau of Public Health.

**Don McCormick is the FOCUS editor.*



Iowa Department of Public Health

Advancing Health Through the Generations

New stamp delivers message for the future

By Don McCormick*

Rock and Roll. The Civil War. Marilyn Monroe. All have left their mark on America. All adorn U.S. postal stamps.

Stamps such as these remind us of how we have developed as a nation. In the case of the new 37-cent Child Health stamp, unveiled in a dedication ceremony at the United Way of Iowa on Sept. 8, commemorative stamps also serve to remind us of where we are headed.

"Children are Iowa's future," said Iowa Department of Public Health Director Dr. Mary Mincer Hansen, R.N., Ph.D., in a speech at the dedication ceremony. "This stamp is a reminder of the importance of children's health to their future, and to the future of our state."

Des Moines Postmaster Tom Goodrich, who presented Dr. Hansen with a poster-sized, framed version of the new stamp, stressed the importance of investing in the health of our youngest Americans. Referring to the stamp's silhouetted image of a physician placing a stethoscope on a child's chest, Goodrich remarked, "In es-



Dr. Mary Mincer Hansen (left) unveils the new Child Health stamp with United Way of Central Iowa President Shannon Cofield as Des Moines Postmaster Tom Goodrich looks on.

sence, the doctor is checking on the future and we need to do the same."

The Surgeon General of the United States, Richard Carmona, has declared 2005 the "Year of the Healthy Child," and shares tips that are reflected in the text on edge of each sheet of Child Health stamps: "Regular medical checkups," "Car seats each time," "Balanced diet and exercise" and "Caring for our future."

Dr. Hansen commented on each of these core values in her speech. She concluded by stressing that research has shown that healthy children have a better chance of becoming healthy adults, do better in school and generally enjoy a better quality of life.

In order to make that happen, Hansen said, "We must encourage healthy communities that involve collaboration, sustaining action and building relationships. How exciting it is for the Iowa Department of Public Health to see that our U.S. Postal Service is using this stamp to carry this message into every home in America."

**Don McCormick is the FOCUS editor.*

Key public health problems linked to childhood abuse

By Binnie LeHew*

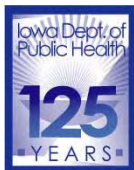
Public health addresses a wide range of issues. According to a recent study, a number of these issues – including tobacco use, alcoholism, obesity, promiscuity and drug use – often result from coping behaviors used by adults who experienced trauma in childhood.

In a study that started in the early 1990s, researchers Robert F. Anda, M.D., and Vincent J. Felitti, M.D., teamed up to identify the influence of stressful and

traumatic childhood experience on behaviors that underlie the leading causes of disability, health-related behaviors and causes of death in the United States. Their findings were startling. They discovered that two-thirds of participants reported having an "adverse childhood experience," which included such things as emotional, physical or sexual abuse; emotional or physical neglect; and growing up in a household where the mother was treated violently, or where a household member had been

imprisoned during the patient's childhood, or where there was a household member who was an alcoholic, a drug user, mentally ill or suicidal.

In the study, the researchers identified a strong relationship between the number of adverse experiences and self-reports of smoking, obesity, alcoholism, depression, suicide attempts and sexually transmitted disease. Further, those who reported higher numbers of adverse childhood experiences were much more likely to have



Harkin Grant recipients announced

Continued from page 1

tivity, mental health and smoking cessation. Funds will be used for creative community-based projects that support healthy lifestyles such as building bike paths, worksite wellness initiatives, or implementing innovative programs for children and adults to encourage healthy lifestyles.

Applicants for the HWG could apply for one of three levels of funding: Level 1 — up to \$75,000; Level 2 — up to \$150,000; and Level 3 — up to \$250,000. A total of 138 applications requesting \$18,473,573 were reviewed. This included 48 Level 1 applicants requesting \$2,861,135; 56 Level 2 applicants requesting \$7,785,684; and 34 Level 3 applicants requesting \$7,826,754.

The total amount awarded was \$2,698,420. This included \$764,171 among 14 applicants at Level 1; \$1,199,754 among 10 applicants at Level 2; and \$734,495 among four applicants at Level 3.

IDPH is currently creating a web page for the Office of Healthy Communities with information about the communities and their specific plans for the utilization of this funding. We will also report on their progress toward outcomes and lessons learned. Three lead agencies and their respective projects are featured on Pages 6 through 9 of this newsletter.

A list of all lead agencies that received the grants and their respective counties is given on the right.

Level 1

- Adams County — Adams
- Ankeny Community School District — Polk
- Baxter Community School District — Jasper
- C.A.F.E. Johnson County — Johnson
- Central Community Hospital Foundation — Clayton
- City of Aurora — Buchanan
- City of Dexter — Dallas
- City of George — Lyon
- Irving B. Weber Elementary School — Johnson
- Lee County Health Dept. — Lee
- Mahaska Health Partnership — Mahaska
- Northeast Iowa Mental Health Center — Winneshiek
- Taylor County Public Health — Taylor
- YMCA of Greater Des Moines — Polk

Level 2

- Anita Foundation, Inc. — Cass
- Avera Holy Family Health — Emmet
- City of Dunlap — Harrison
- Community Action Network — Webster
- Grinnell Regional Medical Center — Poweshiek
- Henry County Health Center — Henry
- Jasper County Public Health Nursing Services — Jasper
- Mid-Iowa Community Health/Story County Healthy Lifestyles — Story
- Ottumwa Community School District — Wapello
- Winnebago County Extension — Winnebago

Level 3

- Black Hawk County Health Dept. — Black Hawk
- Cerro Gordo County Dept. of Public Health — Cerro Gordo
- Siouxland District Health Dept. — Woodbury
- Union County Extension Agricultural District — Union

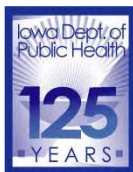
Community embraces “By George — Get Fit”

“This is such a boost to our community to see our dreams and goals come true,” said Bernie Weier, George City clerk and secretary/treasurer of the trails committee. “By George — Get Fit” is the motto adopted by the citizens of George for the project that involves the community with a recreational trail, sponsorship of activities to increase physical activity and improve nutrition.

Weier bubbles with enthusiasm as she talks about the 3.1 mile recreational trail that encircles the city of George. She noted the trail would be beneficial for all ages since the town only has use of the school gymnasium during school hours and the swimming pool in the summer. The community rallied around the trail project in March of this year when it began planning for the first phase of construction.

The first phase of the trail (1.4 miles) was completed in June of this year by the hard work of committed community members and the generosity of people from around the county. Weier said the original cost estimate to complete 3.1 miles of the trail was \$150,000. The first phase of the trail cost \$44,000 to complete. With

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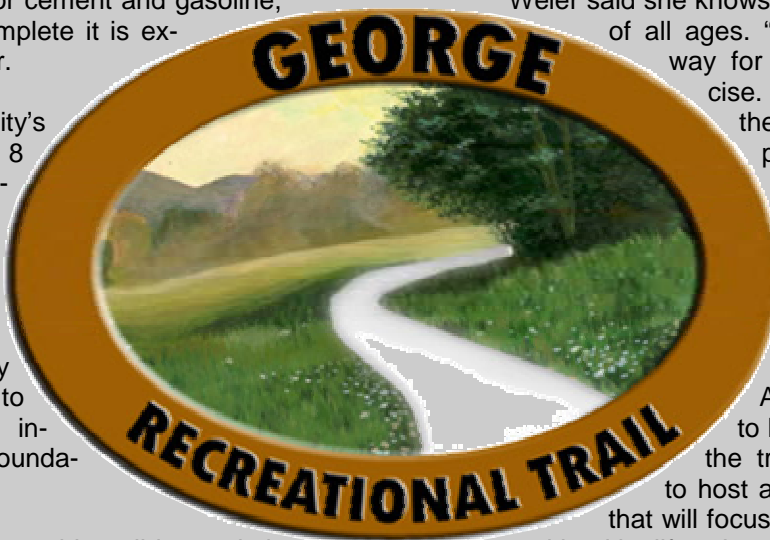
Harkin Grant recipients announced

Continued from page 6

increases in the prices for cement and gasoline, however, the cost to complete it is expected to be much higher.

As part of the community's fundraising efforts, 8 x 8 foot squares can be purchased with signage to recognize clubs and school classes or memorialize loved ones and pets. The squares cost \$200, and many people have paid more to have their messages inserted into the trail's foundation.

"The level of commitment to this trail is so obvious from the actions of our community members," Weir said. "One time we had 23 city crew staff volunteer their time at 7 a.m. on a Saturday to pour cement when they could have been be sleeping in. We also have volunteers who help take care of it by keeping it clean and pulling the weeds along the trail."



Weier said she knows the trail will benefit people of all ages. "It's a safe and affordable way for people to get their exercise. I've seen small children on their bikes riding with their parents, kids rollerblading, sweethearts holding hands as they walk together, and seniors who can just step outside the nursing home and take a short walk."

A committee will be formed to help plan annual events for the trail. The community plans to host a kick-off event next spring that will focus on using the trail, nutrition and healthy lifestyles. A fall activity will check the progress of trail users.

"We hope clubs and organizations will also use the trail for events such as the Memory Walk or Alzheimer's Walk," Weier said.

Projects promote healthy lifestyles for all ages



Avera Holy Family Health and Emmet County Healthier Communities Coalition have six key projects funded by the Harkin Wellness Grant. "This is such an exciting time and our partners are thrilled to be part of this," said Michelle Welch, registered dietician and Public Relations manager of Avera Holy Family Health in Estherville. "These projects incorporate the entire community and will have a positive impact on people of all ages,"

Welch's excitement was evident as she talked about each of the project components. "The Freshman 15 Challenge will help develop positive life skills and health promotion habits for 17- to 19-year-olds in the rural community college environment," she said. "This is so important in early adulthood, and will address food choices, physical activity and stress management."

Welch noted the Virtual Grocery Store Tours are something that no one else is doing right now. "These tours provide bilingual health promotion signage throughout local grocery stores and 'Ask the Expert' sessions that provide supportive health promotion in grocery stores and farmers' market venues."

The Happy Trails To You project provides innovative health marketing and promotion activities within the trail system. Welch said trail stops are planned and positive reinforcements, such as fruit or bottles of water will be given to the 750+ trail users as surprises when they are "caught" using the trail system.



Harkin Grant recipients announced

Continued from page 7

Other projects focus on decreasing tobacco use and reducing screen time. The latter involves 4-H youth and encourages positive lifestyle habits while increasing physical activity and decreasing daily screen time. The Screen Time Challenge will also provide information about choosing healthy snacks.

The Lifestyle Challenge focuses on successful weight loss and physical activity, and has been expanded to include mental health issues and support Kick Butts To-

bacco Challenge tobacco reduction. It will expand populations served to include factory workers and other neighboring communities in the region in year two.

Welch said the Lifestyle Challenge originated in Estherville and is already responsible for more than 17,460 pounds lost in four communities and three states (Iowa, Colorado and Indiana) in the past few years.

Healthy N.E.W.S. Community Initiative

The goal of the Healthy N.E.W.S. Community Initiative is to create a healthy Union County by coordinating, monitoring and evaluating designated individual and collective efforts of community partners in the area of **Nutrition, Exercise, Wellness and Safety.**

"Small communities have what it takes to work together, but we need the extra resources to get it going and this will help," said Jean Sheridan, coordinator of the Youth Plus program with Union County Extension. Union County Extension is the grant applicant.

Although focused on nutrition and activity, this effort also addresses the impact of physical activity and health nutrition on mental health and smoking cessation. It includes the "Food and Fitness Craze" program in community schools, health and wellness activities for special needs populations at Innovative Industries; playground renovation at Union Community Schools, additional collaborative activities with community partners including a YMCA cardio-fitness program, building of a skate park, and worksite wellness with the school employees.

The foundation for the Healthy N.E.W.S. Community Initiative was built 10 years ago with the Youth Plus program.

Sheridan said, "The Healthy N.E.W.S. Initiative in Union County will utilize youth trained in basic research methods by Iowa State University to collect data and maintain records of progress toward stated project goals."

Each of the nine individual projects will be assigned a youth evaluation assistant. Their monitoring will provide for required reporting and will allow for analyzing, assessing and reflecting on how the process can be improved and replicated.

"In addition, these assignments will provide a valuable research and data collection experience for our youth," said Sheridan. "The Youth Plus coordinator, Extension director and other Youth Development Extension staff will oversee, aid and provide additional instruction for youth workers."

As part of the coalition building process, the partners and youth assistants will meet at least quarterly to actively work on collaboration and team building. Training on the collaborative approach to community building will be part of the meeting agendas. These sessions will provide an opportunity for partners to both

report on the progress being made toward project goals and to create new partnerships and opportunities for further collaboration.

Additional funding and support for the community building process and the Healthy N.E.W.S. Initiative is being provided by local industry, Kraft Foods, The Dekko Foundation, Iowa State Savings Bank and other private contributors."

Reflecting on the positive impact of the grant to Union County residents Sheridan said, "There is a direct benefit through health plans, Youth Plus and individual institutions. With the continued collaboration, our county benefits in so many ways."

** Joyce Allard is the Community Education coordinator at IDPH.*



Now is the time to prepare for influenza

By Meghan Harris*

The best defense against influenza, the vaccine, is available in quantities large enough to vaccinate nearly one-third the population of the U.S. This is similar to the number of people who want to receive the vaccine.

Every person is encouraged to get the influenza vaccine. However, certain groups of people are at higher risk for complications due to influenza and are considered priority recipients for vaccine injections. These groups include:

- persons older than two years of age with chronic health conditions (e.g. asthma, diabetes, etc.);
- residents of long-term-care facilities;
- persons over 50, especially those over 65;
- children from 6- to 23-months of age;
- pregnant women;
- health care personnel who work directly with patients, and;
- household contacts and out-of-home caregivers of children aged less than six months.

To learn more about priority vaccine, contact your health care provider. Remember that live nasal spray vaccination is always an option for healthy persons aged 5 to 49 years, including most health care workers. In addition, nasal spray vaccinations are not subject to prioritization.

Other actions you can take to reduce your risk of getting and spreading influenza include washing your hands frequently and staying home when ill.



Over the years, people have prepared for the flu season in a number of ways. The message, however, is always the same: prevention.

quently and staying home when ill. For more information about influenza or the influenza vaccine, visit www.idph.state.ia.us/adper/flu.asp.

**Meghan Harris is an epidemiologist with the IDPH Center for Acute Disease Epidemiology.*

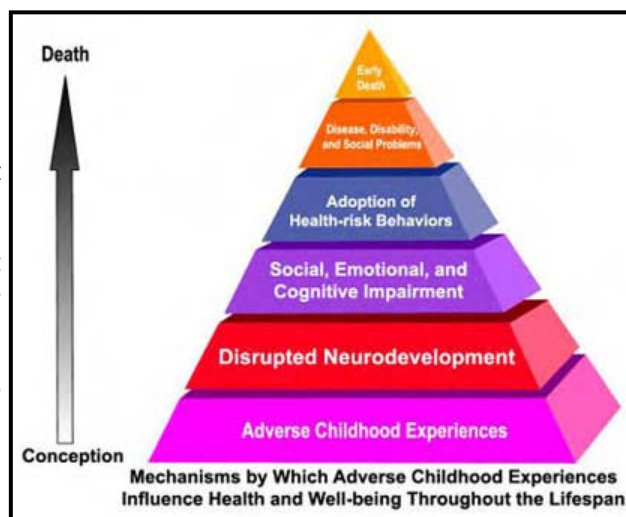
Study links abuse, health problems

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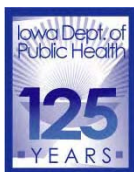
multiple health risk behaviors and problems with heart disease, cancer, stroke, diabetes, skeletal fractures, liver disease and poor self-rated health.

The implications of these results are profound for public health practitioners, because it provides compelling evidence that abuse can happen even in the “best of families,” that these experiences are surprisingly common and that they have long-term, damaging consequences. Public health interventions that address these findings include screening for abuse during routine health visits, educating providers about the impact of abuse on certain health conditions, increasing the public’s awareness about the health risks of exposure to these adverse experiences and supporting initiatives to prevent child abuse.

For more information about the study and its findings, visit the www.acestudy.org website.



**Binnie LeHew is the violence prevention coordinator within the IDPH Bureau of Disability and Violence Prevention.*



Iowa Department of Public Health

Advancing Health Through the Generations

Health in Iowa: a historical perspective

With this summer marking the beginning of the 125th year of organized public health in Iowa, during the coming year *FOCUS* is proud to highlight major historical events in public health. This issue's installment comes to us from Dr. Russell W. Currier, who served as the public health veterinarian at IDPH from 1975 to 2004. Prior to this position, Dr. Currier worked for six years at the Centers of Disease Control and Prevention (CDC) in Atlanta, GA.

1918 Influenza – How did it get here?

By Dr. Russell W. Currier

The influenza virus pandemic of 1918, which killed an estimated 40-50 million people worldwide, has long puzzled scientists trying to determine its origins. Curiously, the virus even infected pigs at the National Swine Breeders Show, which opened in Cedar Rapids, Iowa, on Sept. 30 of that year. The disease bewildered animal health officials and led to closing the show early. A Bureau of Animal Industry veterinarian from Fort Dodge, Dr. J.S. Koen, named the disease "swine influenza" because its clinical presentation was comparable to the human disease and its episodic appearance occurred at the same time as the human epidemic.

There is no evidence, however, that this strain originated in pigs. Conversely, in fact, we might have shared it with them. The first large explosive human outbreak occurred in March 1918, at the U.S. Army Camp Funston (now part of Fort Riley, KS). It then spread to other civilian and military communities, and finally with the movement of troops to Europe, appeared there and acquired the eponym "Spanish influenza."

Investigations of how the virus was seeded into Camp Funston in late February of 1918 revealed that both visitors and recruits from Haskell County in southwest Kansas were the initial source. During the first two months of that year, severe influenza was recognized by a community physician, Dr. Loring Miner, in the county seat of Sante Fe (now a ghost town). He could not, with limited laboratory capabilities, diagnose the disease or establish effective treatment, but he did report the outbreak to the U.S. Public Health Service. The agency offered neither assistance nor advice, but did publish a warning from Dr. Miner of "influenza of severe type" in *Public Health*

Reports [the precursor to today's *Morbidity & Mortality Weekly Report*]. This was the only reference to influenza in the publication during the first six months of 1918!

Scientists who have studied the 1918 pandemic have concluded that Haskell County, Kansas, is the most likely "birth place" of the virus. This prompts the observation that the evolution of flu virus strains can occur almost anywhere, and that virulence can also change. Dr. Miner's cases of influenza were much more severe than those of any he had seen in earlier years, but were mild compared to the virulence of the fall strain to come. Also, citizen and military personnel affected by the spring outbreak were naturally immunized and protected from the more severe fall outbreak that peaked in October 1918 in Iowa communities and Camp Dodge as well as most other states.



During World War I, France, Britain and other countries imposed censorship suppressing any unfavorable news. Spain was neutral and in the absence of media oversight, extensively detailed the influenza epidemic prompting the term "Spanish influenza."

Kids Count: Iowa behind in school readiness

By Michael Crawford*

While Iowa is a leader among states in the proportion of young families where both parents or the only parent work outside the home, it currently lags behind many other states in ensuring that children receive quality care while their parents are at work, according to the new Iowa Kids Count report.

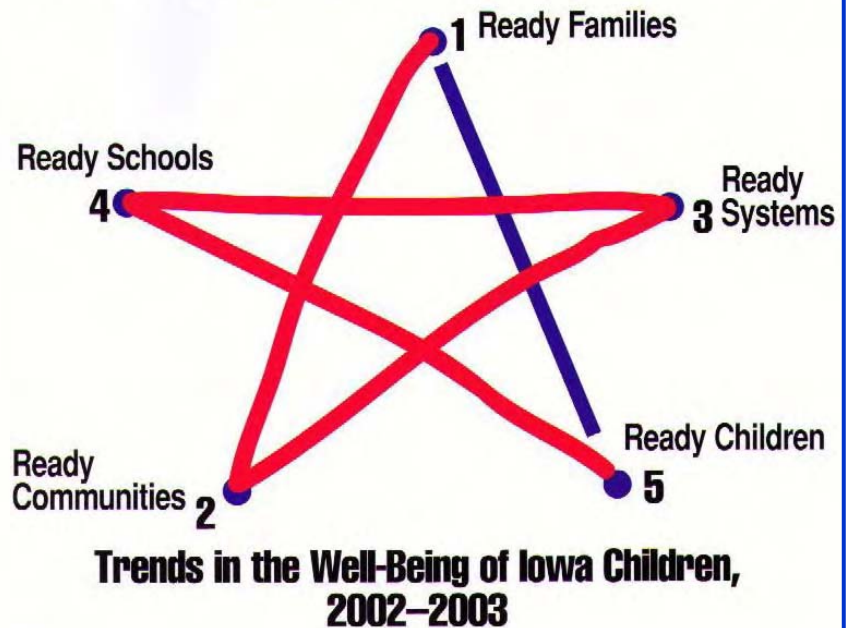
The report, *Connecting the Dots for School Readiness: Trends in the Well-Being of Iowa Children, 2002–2003*, is the Iowa Kids Count's annual data book publication. Findings from the report show that Iowa ranks low compared to other states with regard to child care subsidies, child care worker and pre-school teacher salaries, and the state's public investments in child care. Public investments in early learning for 0- to 5-year olds represent a fraction of the investments in education in the school- and college-aged years in Iowa.

Iowa's current income cut-off level for the child care subsidy is 145 percent of the poverty line, or \$22,068 for a family of three, ranking Iowa among the lowest in the nation in absolute dollars. The average state provides a subsidy to families with incomes up to 195 percent of the poverty line, or \$29,677 for a family of three. As a result of Iowa's low eligibility cut-off, when families who receive the child care subsidy earn salary increases and move above the cut-off level, they often face huge increases in their child care costs. Known as the "cliff effect," this increase in salary actually reduces their disposable income by as much as \$3,000 annually when they pick up the full cost of child care.

The hourly wages for child care workers and pre-school teachers in Iowa are among the lowest in the country. The average hourly wage of \$7.44 for a child care worker and \$9.45 for a pre-school teacher ranks Iowa 41st and 40th, respectively, among the 50 states. On average, both child care workers and pre-school teachers earn 10 percent more in other states than in Iowa.

Iowa's public investments in child care, on a per child basis, are only 65 percent of the national average, and state and federal investments combined are only 86 percent of the national average. Huge disparities exist between investments made in the early learning years and those later in life. For every dollar invested annually

Connecting the Dots for School Readiness



in learning in the school-aged years in Iowa, only 16 cents is invested in the pre-school years (age 3-5) and seven cents in the infant and toddler years (age 0-2).

The report concludes that there is both the need and the opportunity for Iowa to make additional investments in the early learning years. The Urban Education Network in Iowa has called for a \$90 million down payment on school readiness. The Iowa General Assembly approved an additional \$22 million in early childhood program investments this year.

Connecting the Dots for School Readiness is being disseminated to over 6,000 public officials, legislators, state agencies, libraries, media and interested individuals and organizations throughout the state. Iowa Kids Count is supported by a grant from the Annie E. Casey Foundation of Baltimore, Maryland, which currently supports Kids Count activities in all 50 states.

* Michael Crawford is the director of Iowa Kids Count.



Iowa Department of Public Health

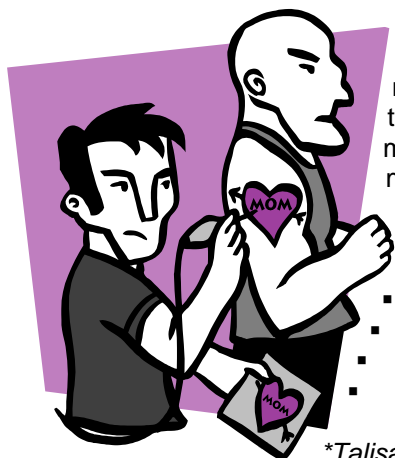
Advancing Health Through the Generations

Addressing public health issues related to tattooing

By Talisa Miller*

In Iowa the practice of tattooing, including permanent make-up, is regulated by the Iowa Department of Public Health (IDPH), with assistance from its partners in local public health agencies. IDPH issues permits to approximately 177 tattoo establishments and 350 artists. Local public health agencies contract with IDPH to perform regulatory inspections related to tattooing. An individual cannot tattoo anyone, other than him or herself, in the state of Iowa without a tattoo establishment or artist permit issued from IDPH.

Tattooing involves puncturing the skin with a needle and injecting ink or other types of pigment for permanent coloration of the skin. Bleeding is caused by the needle punctures creating potentially hazardous situations involving blood-borne pathogens. Cleaning and sanitizing tattoo equipment properly between uses significantly reduces the risk of disease to both patrons and the artists. Sterilization of needles is required between uses and artists are encouraged to use "single use" needles to prevent cross contamination.



Iowa law prohibits an artist from tattooing anyone under the age of 18; this includes those instances in which parental consent has been given. Since some of Iowa's neighboring states do not prohibit the tattooing of minors, it is not uncommon for Iowa teenagers to cross state lines in pursuit of a tattoo. Anyone convicted of tattooing a minor or tattooing without the proper permits in Iowa is guilty of a serious misdemeanor.

For those considering a tattoo, IDPH recommends the following:

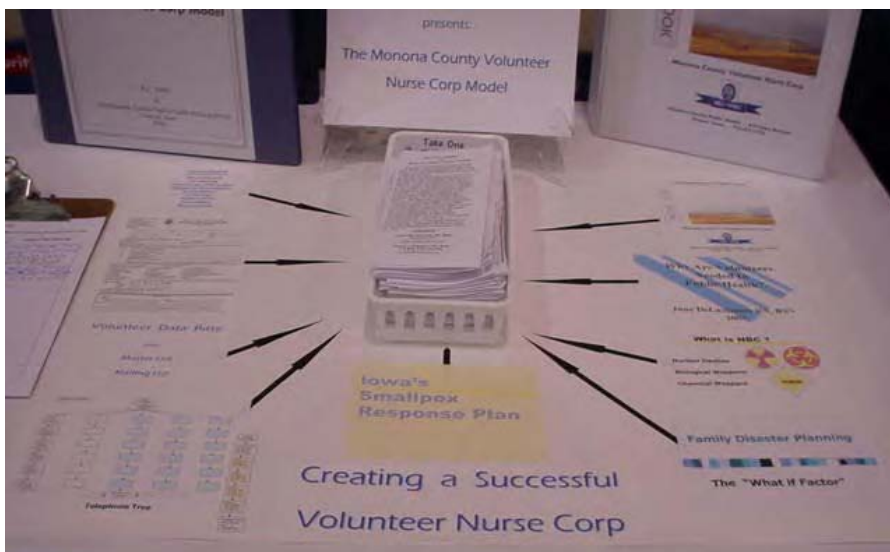
- Make sure the establishment and artists have IDPH permits;
- Talk with the artist about his/her sanitary practices;
- Consult with the local public health agency that performs the inspection, and;
- Remember that a tattoo is permanent.

**Talisa Miller is an administrative assistant in the IDPH Division of Environmental Health.*

Monona County Volunteer Nurse Corp shares methods, tools

By Paula H. Green*

The Monona County Public Health Nursing Service has announced the successful conclusion of activities funded by a Special Projects Grant awarded by the Iowa Department of Public Health (IDPH) and the Centers for Disease Control and Prevention (CDC). Originally, the goal was to provide methods and tools of the Monona County Volunteer Nurse Corp (MCVNC) model to 11 of the 15 other counties in Region 3. Eventually, the MCVNC model was shared not only with all counties in Region 3, but also 30 other counties across Iowa. A number of non-state entities also benefited from receiving the model.



The MCVNC model provides access to a wide range of volunteer needs such as volunteer recruitment and recognition, a vaccination/medication clinic, phone tree development, a newsletter, a volunteer database and mailing list and staff training. The training encompasses preparedness response for bioterrorism events, outbreaks of infectious diseases and other public health

Personal precautions still important to guard against WNV

Sarah Brend*

Although schools are back in session and summer vacations are over, the mosquito season is still upon us. It is important to continue to take personal precautions while outdoors to protect ourselves from disease.

By the time this issue of FOCUS was released, the Iowa Department of Public Health (IDPH) was still receiving reports of human West Nile virus (WNV) cases; positive WNV dead birds, sentinel chickens and mosquito pools; and positive WNV asymptomatic blood donors (not reported as cases) who have been identified through routine blood screening.

Mosquitoes will be around until the first hard frost. Until that happens, here are some steps to protect you from being bitten, not only by mosquitoes but also by other arthropods, such as ticks, that can carry disease:

Use an insect repellent containing DEET. Picaridin and oil of lemon eucalyptus have also been approved by the Centers for Disease Control and Prevention. Follow all label instructions for application use. Limit outdoor activities during the prime mosquito hours of dawn and dusk.

If possible, wear shoes, socks, long pants and a long-sleeved shirt when outdoors for long periods of time or when mosquitoes are most active. Clothing should be light colored and made of woven material. Shirts should be tucked in with the collar buttoned. Repair holes in

screens and make sure both screens and doors are tight fitting. This is the time of year that mosquitoes begin moving into homes and garages for the winter.

For more information on West Nile virus, call 1-866-WNV-IOWA (1-866-968-4692) or visit www.idph.state.ia.us. For more information on vector-borne disease, refer to the Vector-borne Newsletter that was put out this summer by the Center for Acute Disease Epidemiology at www.idph.state.ia.us/adper/common/pdf/wnv/vbd_newsletter.pdf.

**Sarah Brend is an epidemiologist at the IDPH Center for Acute Disease Epidemiology.*



Volunteer Nurse Corp model shared

Continued from page 12

threats and emergencies, including mass smallpox vaccinations.

MCVNC also offers training to the public. One session of particular interest is Family Disaster Planning. The Family Disaster Readiness campaign is currently a priority for IDPH and local public health agencies across Iowa. This 30-minute training session provides information on air, food, water and first aid kit needs. Attention is

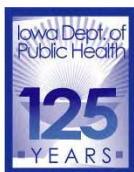
focused on the Family Communication Plan, which helps family members stay in contact with each other in times of emergencies.

The MCVNC model was developed by Monona County Public Health Disaster Response Coordinator June DeLashmutt, R.N., B.S.N., under the auspices of the Monona County Board of Health and Board of Supervisors. MCVNC Nurse Coordinator Sunne J. Preston R.N., M.S.N., pro-

vided MCVNC promotion and training for 16 northwest Iowa county agencies and the public.

For more information on Family Disaster Planning or information on the volunteer model, please call June or Sunne at Monona County Public Health at 712-433-1773.

**Paula H. Green R.N., M.S.N., is the administrator of the Monona County Public Health Nursing Service.*



Iowa Department of Public Health

Advancing Health Through the Generations

FOCUS announcement

Now that the Iowa Department of Public Health is posting and maintaining an archive of the weekly "Epi Updates" at www.idph.state.ia.us/adpter/epi_update.asp, *FOCUS* will no longer carry the "Epidemiology Notes" feature.

Beginning with this issue, *FOCUS* is happy to offer a new section called "A Chef Charles Favorite." Each month we will feature a recipe selected from another great IDPH resource, the *Chef Charles Says* newsletter. This publication is part of the Chef Charles Club nutrition education project for older adults. It is made possible by funding from the Iowa Nutrition Network, Iowa Department of Public Health and Food Stamp Nutrition Education of the United States Department of Agriculture. For more information about the Chef Charles Club, visit www.idph.state.ia.us/nutritionnetwork/chef_charles.asp.

A Chef Charles Favorite

Colorful Quesadillas

4 ounces fat-free cream cheese
1/4 teaspoon garlic powder
4 small flour tortillas
1 cup fresh spinach leaves
1/2 cup chopped sweet red pepper
1/2 cup shredded mozzarella cheese



Combine cream cheese and garlic powder. Spread 2 tablespoons cheese mixture on each tortilla. Sprinkle tablespoons red pepper and mozzarella cheese on one half of each tortilla. Add 1/4 cup spinach. Fold tortillas in half. Heat a large skillet over medium heat. Put 2 folded tortillas in skillet. Heat for 1-2 minutes on each side or until golden. Can also be heated in microwave for 30-45 seconds. Remove quesadillas from skillet or microwave, place on platter and cover with foil to keep warm while cooking the remainder.

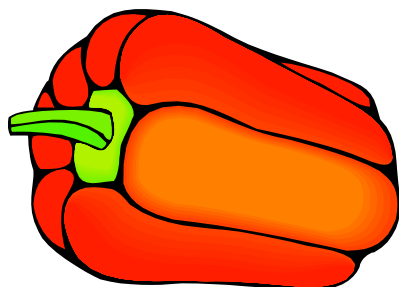
Cut each quesadilla into 4 wedges. Serve warm.

Makes 16 snacks.

Each snack = 74 Calories, 3.5g Protein, 11 g Carbohydrates, 2 mg Cholesterol, 2g Total Fat

Using whole wheat tortillas increases the dietary fiber from 1g to 9g.

For more great recipes, visit the *Chef Charles* archives at www.idph.state.ia.us/nutritionnetwork/chef_charles.asp.



...and then some

Public health employees heed call for help

By Gena Hodges*

Iowa Department of Public Health (IDPH) staff answered a request for help following Hurricane Katrina by gathering more than 150 book bags, shoulder bags, and suitcases in a 48-hour period. The request came from Conni Wells, Family Recovery Project coordinator for the families affected by Katrina. "Families are having a hard time finding a dry plastic bag or anything suitable for hauling belongings out of their homes," she said.

Wells directly contacted the Iowa Federation of Families for Children's Mental Health, an organization out of Anamosa, Iowa, that serves on the Healthy Iowans 2010 Mental Health and Mental Disabilities Chapter.

Lori Reynolds, executive director of the Federation, contacted IDPH Director Dr. Mary Mincer Hansen, R.N., Ph.D., to express her gratitude. "Items were delivered in time for individuals to use for personal items as they were preparing to be evacuated for the second time. Let your staff know they put smiles on many faces."

Reynolds added that the donated items were in very good shape, and more than half of them were, in fact, brand new.

**Gena Hodges is a program planner in the Division of Behavioral Health and Professional Licensure.*



PBS Television Series and Engagement Campaign, *Rx for Survival*

A six-part PBS television series on public health concerns will air Nov. 1-3, 2005. The series is the cornerstone of a pioneering multimedia project designed to create an understanding of the importance of global health issues in our lives and inspire Americans to get involved in addressing serious health issues.

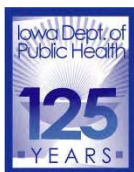
Co-produced by the WGBH/NOVA Science Unit in Boston and Vulcan Productions, Inc. of Seattle, this project is being sponsored by the Bill & Melinda Gates Foundation and The Merck Company Foundation.

For program listings and more information, visit the Rx for Survival website at www.pbs.org/wgbh/rxforsurvival/.

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