

Iowa prepared for possible pandemic

By Don McCormick*

History has shown that, approximately every 30-35 years, something occurs called a pandemic – an outbreak of disease that covers an exceptionally wide geographic area. In the 20th century, the world experienced three pandemics; the Hong Kong Flu in 1968-69, the Asian Flu in 1957-58, and the Spanish Flu in 1918-1919.

Nobody knows when the next pandemic will occur. Nor is it known what kind of virus will cause the next pandemic. The point is to be prepared and have a plan in place should it become necessary, says Iowa Department of Public Health (IDPH) Director Dr. Mary Mincer Hansen, R.N., Ph.D. “If public health is to fulfill its mission of protecting Iowans, we must anticipate events rather than simply react to what’s happening.”



Long before the national discussion began regarding a possible pandemic stemming from an avian flu strain, state agencies in Iowa were working together to ensure the state is prepared to deal with a variety of emergencies.

State agencies collaborating to handle such a scenario include IDPH, Homeland Security and Emergency Management, the Department of Agriculture and Land Stewardship, the Department of Public Safety, and others. Local public health agencies, private health care providers and hospitals have also contributed to the

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IDPH launches public health redesign initiative

By Martha Gelhaus*

What should every Iowan reasonably expect from local and state public health? That was the challenge given to more than 100 local and state public health professionals by Iowa Department of Public Health (IDPH) Director Dr. Mary Mincer Hansen, R.N., Ph.D., at a recent meeting in Des Moines. The public health professionals had gathered to begin developing local public health standards.



draft ready to present at the spring public health conference in March 2006. As Dr. Hansen explained, developing standards is just one phase of the Redesigning Public Health in Iowa project.

IDPH launched the redesign initiative in response to regional public health visits conducted by the department’s executive team in 2003 and 2004. During the Dr. Hansen set an ambitious timeline for the committees working on the standards – have a



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Healthy Iowans 2010 gets mid-course revision

By Louise Lex*

Good plans shape good decisions. That's why good planning helps to make elusive dreams come true. — Lester R. Bittel, author of The Nine Master Keys of Management.

In 2000, Iowa was the first state to complete its state health plan, *Healthy Iowans 2010*, a companion to *Healthy People 2010*, the national plan that drives federal funding for public health. In 2005, Iowa also became the first state to update its plan, with revised goals and action steps for the next five years of the decade.

Now that Iowa's updated state health plan is on the department web site (www.idph.state.ia.us) and also available on CD-ROM upon request, implementation has begun. The 200 organizations that agreed to take action on the plan have been notified about reporting progress and the action steps for which they are responsible. There is also a tracking system in place to ensure accountability. Organizations and agencies committed to the plan will be asked to make an assessment of progress the year the action is scheduled to be taken. Some exciting developments for the 425 concerned Iowans who updated the plan are:

- The Vision Chapter Team writing the plan has evolved into a chapter implementation team.

- Since school health is such an important part of the plan, the school nurses have decided they want to produce a brochure about Iowa's plan.
- The Transportation Coordinating Council has met to implement the transportation action steps in Chapter 1: Access to Quality Health Care, Chapter 4: Disability, and Chapter 12: Mental Health and Mental Disorders.
- Requests for proposal (RFPs), issued by the department, tie the request to specific action steps or chapters in the plan.

New to the updated plan are chapters on vision and on emergency preparedness and response, a glossary of acronyms, and goal cross references at the end of each chapter. Each chapter is introduced with a progress report on which *Healthy Iowans 2010* steps have been taken and goals achieved during the first part of the decade. Some chapters, such as the one on heart disease and stroke, have been completely revised. Special attention in each chapter is paid

to the Olmstead decision, a U.S. Supreme Court decision requiring 1) government services to be delivered in a way that avoids discrimination against people with disabilities, and 2) states to administer programs, services and activities in the most integrated settings.

What continues is the idea that when stakeholders decide on disease prevention and health promotion strategies and agree to work together on them, all Iowans benefit. These strategies can improve the quality of life, eliminate health disparities and hold down health care costs.

To obtain a CD-ROM of the updated state health plan, send a request with your name and address to lex@idph.state.ia.us

**Louise Lex, R.N., Ph.D., is the coordinator of Healthy Iowans 2010.*



Best practices shared at Hospital Bioterrorism Preparedness Conference

By John Carter*

The Iowa Department of Public Health (IDPH) hosted the Region VII HRSA Hospital Bioterrorism Preparedness Conference on Oct. 12-14. Participants included state bioterrorism coordinators, planners, hospital association staff and local hospital representatives.

people attended the conference, which was held at the Christiani's Events Center in Clive.

The conference focused on sharing best practices from both state and local arenas. Each state presented an overview of their hospital bioterrorism preparedness program. Other presentations included guidance for setting up off-site medical facilities, patient-tracking

Participants from the states of Iowa, Kansas, Missouri and Nebraska were invited. Sixty-four



World Food Prize Symposium addresses hunger and obesity

By Angie Tagtow*

More than 700 attendees participated in the two-day World Food Prize Symposium held in Des Moines on Oct.13-14. The attendance list included former World Food Prize laureates, ambassadors, scientists, CEOs, policymakers, government agencies and other dignitaries representing more than 60 countries. Despite the diverse nature of this group, they all had one thing in common – an interest in alleviating hunger and chronic disease across the globe.

During the opening ceremony in downtown Des Moines, Dr. Mary Mincer Hansen, R.N., Ph.D., director of the Iowa Department of Public Health (IDPH), was introduced by Ambassador Kenneth Quinn, president of the World Food Prize Foundation. Dr. Hansen described the initiatives of the department and local public health agencies to establish healthy communities throughout Iowa. She then introduced Iowa Gov. Tom Vilsack who gave a heartfelt account of “feeding the masses with fish and a few loaves of bread.”



World Food Prize recipient Dr. Modadugu Vijay Gupta.

Dr. Patrick Webb, dean of Academic Affairs at the Friedman School of Nutrition, Science and Policy at Tufts University, and Isatou Jallow Semenga-Janneh, executive director of the National Nutrition Agency in Gambia, described the hunger initiatives spearheaded by the United Nations Standing Committee on Nutrition.

A charged dialogue followed the session in which Warren Staley, CEO of Cargill; Dr. Robert Fraley, executive vice president of Monsanto; Erik Fyrwald, vice president of Dupont Agriculture and Nutrition (Pioneer); and Dr. Chris Nelsen, president of Kemin Industries, described the role of agribusiness in providing international food aid and enhancing nutrition through biotechnology.

Turning to the domestic front, Arkansas Gov. Mike Huckabee shared with symposium attendees how he personally has overcome weight and health issues. He explained how this experience has encouraged him to pursue changes in social policies in order to avoid the high costs of obesity and related chronic diseases. Dr. William Dietz, CDC; Dr. David

Ludwig, Children’s Hospital in Boston; and Dr. Walter Willet, Harvard Medical Center joined forces and presented a multidimensional approach to the problem of overweight children and obesity in adults.

The highlight of the week was the World Food Prize Laureate Award Ceremony at the Iowa Capitol, in which Nobel Peace Prize Laureate Dr. Norman Borlaug presented the 2005 World Food Prize award to Dr. Modadugu Gupta of India. Dr. Gupta was recognized for his exceptional achievement of enriching the diets and lives of over a million of the world’s most impoverished families through freshwater aquaculture, the farming of fish. Televised on IPTV, Gov. Vilsack presented Dr. Gupta with a proclamation. Twelve-year old London-born singer, Alex Prior also sang a special tribute.

IDPH partnered with the World Food Prize Foundation by participating on a planning committee and suggesting speakers for the symposium. IDPH also placed a healthy communities message in the World Food Prize insert that appeared in the Sept. 25 *Des Moines Register*, as well as a fact sheet that was included in each attendee packet. To read more about the World Food Prize, visit www.worldfoodprize.org.

**Angie Tagtow M.S., R.D., L.D. is a nutrition consultant in the IDPH Bureau of Nutrition & Health Promotion.*



IDPH Director Dr. Mary Mincer Hansen, R.N., Ph.D. (left), meets with Karol Joenks of Peace Lutheran Church in Pella (right), and Severa Munisi (center), a public health nurse from Tanzania. Ms. Munisi, who was in Des Moines for the World Food Prize, helps reduce the transmission of HIV/AIDS through education programs for pregnant mothers, adolescents and commercial sea workers.



Comprehensive plan in place

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state plan for dealing with a possible pandemic. Hansen says that briefings on the plan have been given to groups such as the Iowa State Association of Counties, Iowa Hospital Association and Iowa League of Municipalities and talks continue with provider groups, businesses and others.

The plan is organized using the World Health Organization's (WHO) Pandemic Influenza Phases. This six-phase system approach will allow IDPH and other organizations to coordinate their activities according to each phase and in regard to nine focus areas. Those focus areas are: pre-vaccine preparedness; consideration of antivirals; prioritization of vaccine once available; distribution of vaccine and antivirals; surveillance; laboratory activities; personal protective equipment and infection control; travel related issues; and hospital surge capacity.

"It's our job to be prepared and keep the public informed of how Iowa will respond," says State Epidemiologist Dr. Patricia Quinlisk. "We must not lose sight, however, of the diseases that pose the most risk to Iowans today and on a regular basis, such as the regular flu."

Modeling studies have shown that in a "medium-level" case scenario (with no vaccines or drugs), a pandemic would likely mean 900 to 2,000 influenza deaths in Iowa. Approximately 1,000 Iowans die each year from regular influenza and its common complication of pneumonia, while more than 10,000 die of heart disease. An additional 6,000 die annually of cancer.

Dr. Hansen encourages Iowans concerned about personal preparedness to visit www.protectionowahealth.org where they can learn about individual steps that they and



IDPH Acute Disease Prevention and Emergency Response Director Mary Jones meets with Iowa Homeland Security Readiness and Response Bureau Chief Jerry Ostendorf after a briefing at the Joint Forces Headquarters in Johnston.

their loved ones can take. She also recommends all Iowans get the flu shot this year and make use of common sense ways to stop the spread of germs. This includes frequent hand washing, covering your mouth when coughing, and staying at home from work or school when ill with symptoms like coughing and fever.

"Throughout this upcoming flu season, Iowa's public health community, our fellow public and private state and local partners will keep Iowans informed to reduce their risk of illness," Hansen added.

New PRIMECARRE awards recently announced

By Patricia Kehoe*

A social worker in rural Iowa enjoys working close to home, but a higher paying position in a nearby urban clinic looks mighty appealing when her student loan payments are due. A physician compares the costs and benefits of urban salaries and stress against small town affordability and pace.

What tips the balance for a few health care providers each year? The Primary Care Recruitment and Retention Endeavor (PRIMECARRE) Loan Repayment Program offers a financial incentive to ensure health care access to counties and regions identified as health professional shortage areas (HPSA). In return for their dedication to underserved areas, Iowa's primary care, mental health and oral health practitioners can compete for



Redesign initiative launched

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regional visits, local representatives expressed their concerns. In addition to the enormous demands on public health such as new diseases, health disparities, the threat of bioterrorism, and an aging population, they noted that the public health system itself has some challenges to overcome.

Specifically, the IDPH executive team was told that the current system is fragmented, has some inconsistent funding streams, lacks benchmarks or standards, has inconsistent service delivery statewide and is suffering from workforce fatigue. The executive team's conclusion was that something needs to be done.

Dr. Hansen convened a work group of local and state public health professionals in the summer of 2004 to assess Iowa's public health system and make recommendations for redesigning public health in the state. The work group is limiting its preliminary efforts to governmental public health, i.e., local boards of health, local public health agencies, State Board of Health, and Department of Public Health.

The process for Redesigning Public Health in Iowa may include but is not limited to:

- defining the public health system;
- developing standards;
- developing a plan for implementation and funding;
- proposing legislative changes; and implementing credentialing and accreditation.

Watch for future articles in *FOCUS* about the progress of Redesigning Public Health in Iowa.

The work group has researched national and state initiatives, developed a framework for local public health and invited public health professionals to assist with developing local public health standards. Standards will define basic levels of service, provide consistency on the availability of services statewide, and create a system of accountability. After local standards are defined, state standards will follow. The work group will seek public input and comment on the standards.

Dr. Hansen noted that redesigning public health in the state seems a daunting task, and that it will take collaboration from all sectors to build an integrated sustainable public health system. She underscored the importance of such a large task by asking again, "What should every Iowan expect from local and state public health, no matter where they live?" Her answer, "The best that we in public health can give them and that's our challenge."

**Martha Gelhaus is an executive officer with the IDPH Office for Organizational Excellence.*

PRIMECARRE invests in healthy communities

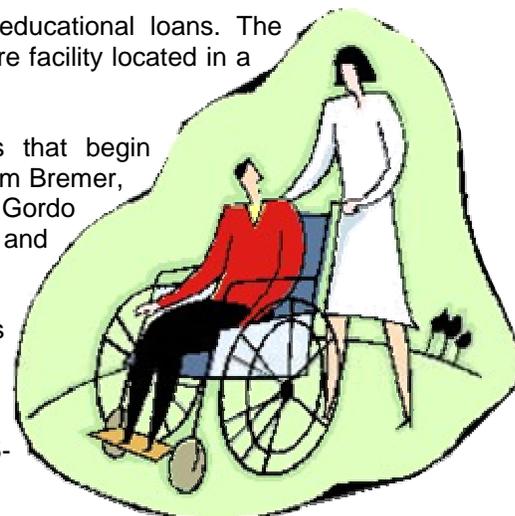
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grants ranging from \$15,000 to \$60,000 to assist in repayment of educational loans. The program requires full-time employment in a nonprofit or public health care facility located in a HPSA for a minimum of two years.

PRIMECARRE awards were recently announced for nine contracts that begin January 1, 2006. New recipients include three primary care providers from Bremer, Taylor and Wayne counties; two mental health professionals from Cerro Gordo and O'Brien counties; and four dentists representing Marshall, Polk (2), and Woodbury counties.

The program is supported by matching federal and state funds and is administered by the Bureau of Health Care Access at the Iowa Department of Public Health.

To learn more, visit www.idph.state.ia.us/hpcdp/primecarre.asp, call 515-281-5069, or write pkehoe@idph.state.ia.us.



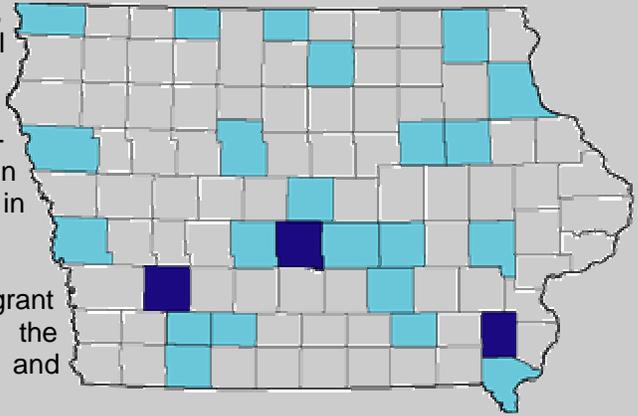
**Patricia Kehoe is the PRIMECARRE coordinator in the IDPH Bureau of Health Care Access.*



Harkin Wellness Grant Features

By Don McCormick*

As part of Senator Tom Harkin's (D-IA) continuing effort to promote healthy lifestyles in Iowa, he announced in September of this year that \$2.7 million had been awarded to 28 public and private organizations through the Harkin Wellness Grant (HWG) program with the Iowa Department of Public Health (IDPH). Recipients of the HWG 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. IDPH Director, Dr. Mary Mincer Hansen, R.N., Ph.D., is encouraging Iowans to express their appreciation to Sen. Harkin through his website at harkin.senate.gov for his role in providing this funding.



This issue of *FOCUS* features stories about three grant recipients, the lead agencies of which are located in the southwestern county of Cass, the central county of Polk, and the southeastern county of Henry.

Growing city invests in health of young residents, provides model

Thanks to a Harkin Wellness Grant received by the Ankeny Community School District, Ankeny, Iowa, will be able to implement several creative approaches to preventing chronic illness and promoting wellness among youth and young adults. The name of the project couldn't be more appropriate for this growing community of 36,000 located just north of Des Moines: the Healthy Ankeny Futures Network.

According to recent population estimates, there are approximately 13,250 people between the ages of 11 and 34 living in Ankeny. Roughly 10,300 of those are above 18 years old.

"That's a big population that we're trying to impact in regard to healthful lifestyles," said Dr. David Wright, a prevention specialist at the Ankeny Substance Abuse Project and coordinator of the Healthy Ankeny Futures Network.

The Network is a collaborative effort that involves the school district, faith communities, city government, health care providers, social service agencies, businesses and voluntary health organizations.

Wright looks at the work ahead as an opportunity to become a model community not just in Iowa, but also nationally. He was quick to stress the importance of this role saying, "When you want to be a model, you have to show measurable results of positive impact."

information on the individual's health status, personal and family medical history, and biometric data. In addition to providing users with personalized reports detailing their health risks and lifestyle behaviors, the company that produces the assessment, Protocol Driven Healthcare, Inc., will also aggregate the data for Ankeny residents who work through the assessment.

Wright noted that this will provide program developers with a baseline to discover health risks among young adults in the community and target them appropriately. It should also prove valuable for individuals entering wellness programs.

"People in this age group probably do not have time to talk to their physicians about their individual health risks," Wright says. "Having someone help them interpret this data is an important educational activity."

Wright also plans to target the 18-to 34-year-old demographic through employee wellness programs by encouraging participation in statewide efforts such as Lighten Up Iowa.



One of the tools Wright hopes to implement is an online health assessment that gathers

Henry County promotes health in individuals, communities

When Healthy Henry County Communities (HHCC) began thinking about how a Harkin Wellness Grant could help promote healthy lifestyles among their 20,000+ residents, they found the task a bit daunting. "It wasn't easy because we saw so much need," said HHCC Healthy Workplaces/School Nutrition Grant Coordinator Nancy Hahn. "We didn't want to leave anything out."

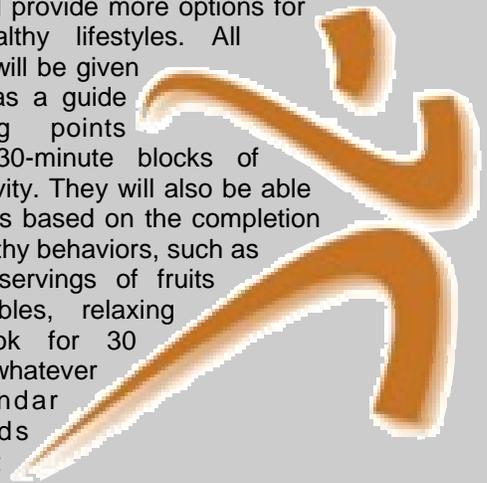
And by the looks of it, they haven't.

HHCC will use the funding to expand programs that promote good health in the workplace and provide opportunities for friendly competition among teams within the community. They also hope to develop recreational trail systems, initiate senior fitness programs, help deliver anti-smoking messages, and assist other communities through mentoring activities. All this, Hahn says, will be tied together by a social marketing campaign that links individual successes to improved community wellness.

Collectively, these projects are known as the Wellness Journey – a journey which, according to Community Health Partnership Manager at Henry County Health Center, Linda Albright, "will become a part of each individual's life, as well as our community fabric. Our plan will advance healthy living on a personal level, which will multiply to create a healthier community."

Hahn offered an example of how HHCC is making one of its initiatives work more effectively for both the individual and the community. Last year the Lifestyle Challenge encouraged teams to compete with one another to lose

This year the competition is designed to be more inclusive and provide more options for building healthy lifestyles. All participants will be given a calendar as a guide for logging points based on 30-minute blocks of physical activity. They will also be able to earn points based on the completion of other healthy behaviors, such as eating five servings of fruits and vegetables, relaxing with a book for 30 minutes, or whatever the calendar recommends for that particular day.



"This system allows everyone to participate and compete, no matter what their lifestyle is or current state of physical fitness," Hahn said. "You want programs to be workable and you want them to be fair."

Speaking of the things health program designers want, Hahn stressed the ability to share ideas with one another. Referring again to the Lifestyle Challenge, Hahn was quick to point out that she became interested in the program after hearing about its success in Emmet County, 240 miles away.

Having seen firsthand the effects of idea sharing, Hahn hopes to use the new funding to give something back. "If you can take a successful idea and share it with another community," she said, "how

Our plan will advance healthy living on a personal level, which will multiply to create a healthier community. — Linda Albright.

weight and log minutes of physical activity into a calendar. This would be fine, Hahn pointed out, if everyone had the same amount of free time and current level of physical fitness.

rewarding is that!"

For more information, please email hahnn@hchc.org or call 319-385-6595.

CAM Wellness Center to serve southwestern Iowa communities

According to Jim Mailander, an attorney in Anita, Iowa, and president of the Anita Foundation, it takes the efforts of several communities to build something to serve several communities. It also takes time.

"It didn't just happen after the grants were announced," Mailander said. "We've

had a core group looking into building a wellness center in this area for three years."

Along with the Anita Development Corporation, the Anita Foundation is a co-recipient of a Harkin Wellness Grant awarded for the construction of the new CAM Wellness Center. CAM is an acronym taken from the area

communities of Cumberland, Anita and Massena, but memberships are expected from people residing in Wiota and Adair as well.

Mailander says that although there is a YMCA in the neighboring city of Atlantic, survey results showed that few people in Anita and the surrounding areas actually use it. He also

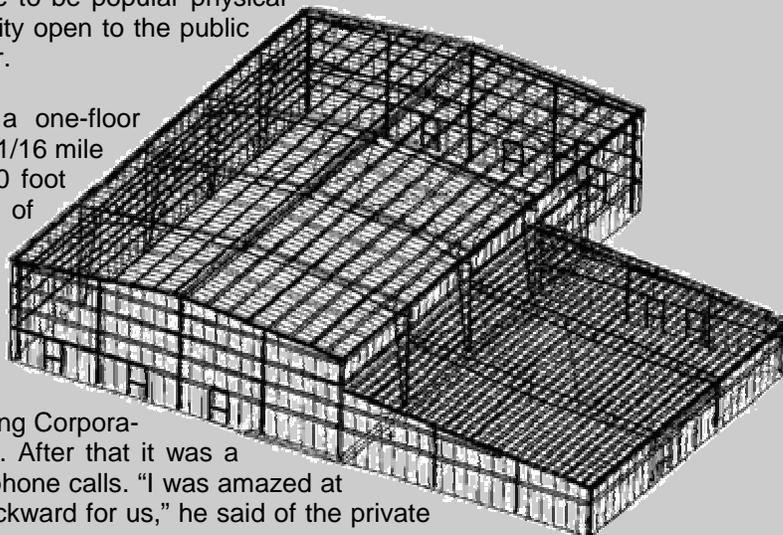
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noted that while walking and bicycling continue to be popular physical activities among local residents, an indoor facility open to the public is greatly needed when the weather turns cooler.

The new Wellness Center's main building, a one-floor structure measuring 120 by 60 feet, will have a 1/16 mile track and a gymnasium. An attached 80 by 60 foot multipurpose center will include a variety of equipment such as weights, stationary bikes, elliptical machines, and possibly ping pong and foosball tables for lighter workouts. The equipment in the multipurpose center is expected to change regularly.



A generous initial donation by the Marian Housing Corporation helped get the ball rolling, Mailander said. After that it was a matter of pounding the pavement and making phone calls. "I was amazed at how many people were willing to bend over backward for us," he said of the private donors and supporters.

Resolutions came in from all of the communities the Wellness Center would serve, as did a ringing endorsement from the Cass County Board of Supervisors. Cass County Memorial Hospital also supported the bid for a Wellness Center. Even the YMCA in Atlantic wrote a letter of support.

The land for the project, which will be owned by the nonprofit Anita Foundation, was donated by the Anita School Board. The Anita Development Corporation will cooperate regarding the Wellness Center's operations and programming activities.

Once the center is up and running, Milander hopes to rely on local resources. Not only are a number of hospitals and medical centers located in this region of the state, he pointed out, but a lot of people who staff these facilities actually live near Anita. "I look forward to partnering with them in regard to their expertise and programs available for improving health."

Milander expressed his gratitude to everyone for their hard work in obtaining the Harkin Wellness Grant. In particular, he personally wanted to thank Don Carnes of the Anita Economic Development Corp. for his fundraising efforts, and Dan Crozier, the superintendent of the CAM High School in Anita. He also wishes to recognize Dave Wahlert, of the Betts Beer Construction Co., who helped design the center and provided consultation regarding cost estimates.

**Don McCormick is the FOCUS editor.*

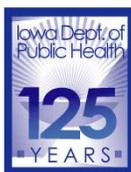
Pertussis cases widespread in Iowa

By Teresa Thornton*

You've seen it on the TV news and read about it in the newspaper. We are seeing more widespread reports of pertussis again in Iowa. Pertussis, or whooping cough as it is also known, actually never really went away after last fall's outbreak. Cases continued to be identified by the University Hygienic Lab throughout the year. Pertussis continues to be reported at increased levels statewide. By September of 2005, there were 473 lab-confirmed cases. This represents a 250 percent increase over this time last year.

Pertussis is a bacterial infection of the air passages leading to the lungs, plugging them with thick mucus. The classic symptom of pertussis is, as the name implies, a cough with 5 to 15 consecutive forceful coughs on a single breath followed by a high-pitched "whoop" as the person rapidly and deeply inhales.

Determining who has pertussis and who does not is often difficult, even during outbreaks. Whenever possible, all suspected cases of pertussis should have a nasopharyngeal swab or aspirate obtained for



Pertussis cases identified throughout year

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polymerase chain reaction (PCR). Persons who do not have symptoms consistent with pertussis should not be tested.

Pertussis control measures involve testing suspected cases, conducting close contact investigation, notifying

close contacts of exposure, and directing individuals to their physicians for antibiotics. Antibiotics are given to close contacts to prevent disease, and to symptomatic case patients to make them non-infectious to others. Symptomatic contacts/cases should be isolated to home during the infectious period (21 days after cough onset). Asymptomatic contacts are not contagious and do not require isolation but are recommended to receive prophylactic antibiotic therapy.

As for immunization measures, pertussis containing vaccine is 70-90% effective. Immunity wanes, however, 5-10 years after the last dose given, which is usually between 4-6 years of age. The good news is that two vaccines (Tdap) were licensed by the FDA in 2005 as a single booster dose for persons 11-18 years of age.

**Teresa Thornton, R.N., is a nurse consultant in the IDPH Bureau of Disease Prevention and Immunization.*



Hospital Bioterrorism Preparedness Conference hosted by IDPH

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systems, incident command systems for rural hospitals and preparing for burn disasters.

Tom Boeckmann, IDPH Health Alert Network chief, presented "Interoperable Communications – How to Include Public Health in the Network." Boeckmann outlined the forward-thinking approach that Iowa has taken in assuring that all response partners are included in communications planning and processes.

Dr. Ousmane Diallo, IDPH Mental Health fellow from the Association of Schools of Public Health, presented "Mental Health Competencies for Healthcare Providers," which summarized his fellowship project. Dr. Diallo's competencies were created with input from a variety of mental health partners. He reports that he has received numerous requests for further information from throughout the United States.

My own presentation, "Managing Partnerships with Key Stakeholders," focused on building relationships with local response partners and others who will be involved in the disaster planning process.

All participants welcomed the chance to collaborate with their border state partners. Comments from the conference evaluations included, "Speakers were well prepared, and I learned many, many useful things," and "excellent opportunities for networking and sharing of best practices."



**John Carter is the medical services officer for the Center for Disaster Operations and Response.*



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 Sara Strell, a community health consultant and the public information officer for the Scott County Health Department.

Mr. Public Health

"People say I should write a book," says Dr. John "Jack" Sunderbruch, Scott County's original public health leader and oldest doctor. And indeed he should. "Doc" Sunderbruch started practicing medicine before penicillin had been discovered, before anyone had ever heard of antibiotics, and when doctors still made regular house calls.

Doc is the perfect example of how the marriage between public health and medicine can cohabitate and prosper together. His first job as Davenport's city physician and health officer in 1938 opened his eyes to the importance of public health, looking beyond treating patients on an individual basis. He has also been a part of the Scott County Board of Health since its inception in 1969.

Some of Doc's greatest public health accomplishments in Scott County include the pasteurization of milk, fluoridating the water supply, and stopping the routine typhoid vaccinations every time the river flooded.

And as is the case with most pioneers in history, Doc faced what seemed like insurmountable opposition whether it was from the milk peddlers out on his front steps every morning at 5:00, or the area pediatricians raising concerns about lost income from the first public vaccination clinic that Doc orchestrated.

Immunizations continue to be very close to Dr. Sunderbruch's heart. He has lived and worked through epidemics that most Western medical doctors will only read about including smallpox, polio and diphtheria.

During the last 68 years that Dr. Sunderbruch has been committed to the health of the

public, he's noticed one significant change: "People are more cognizant of community health."

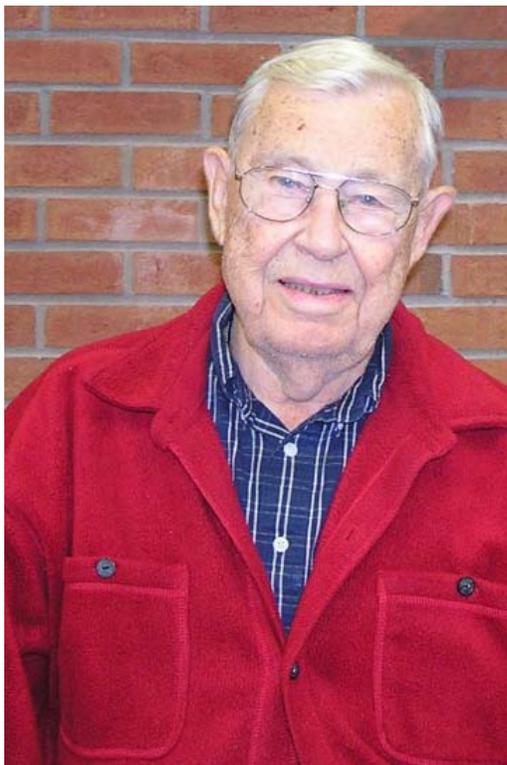
That being said, Doc would still like to see more doctors participate in community health efforts. He believes that public health involvement is not necessarily thought out or considered as much as it could be by physicians today.

What an individual does for himself dies with him. What he does for his community lives on forever. — Dr. John Sunderbruch.

"There is a fine line between public health and medicine. Public health is directing the medical care to that which protects the community. Everything an individual does that is health related, effects the community."

Dr. Sunderbruch is known for his extensive community involvement throughout his lifetime as well. Even now at age 95, he works as the community relations liaison for the Center for Active Seniors, Incorporated (CASI) five days a week. That is, when he's not active with Assumption High School, St. Ambrose University, Rotary Club, the Contemporary Club, or hosting the 20 to 30 relatives who come by every Sunday for dinner.

Dr. Sunderbruch says he always knew he wanted to be a doctor because he just loves to work with people. This sentiment is reflected in his personal motto: "What an individual does for himself dies with him. What he does for his community lives on forever."



Iowa WIC recognized for joint system procurement with N. Dakota

By Judy Solberg*

The Iowa Women, Infants and Children (WIC) program recently received the 2005 Laura Brown Award from the USDA Mountain Plains Regional Office. The certificate was awarded to the Iowa program for their initiation of a joint procurement of a multi-state ADP system. This led to a design and development effort that created cost savings for the region and expedited the implementation of an additional WIC system in the Mountain Plains Region.



Iowa and North Dakota will now share the same WIC computer system called the IWIN (Iowa WIC Information Network). This is the first time in the U.S. that states have initiated a joint procurement for a state WIC system. Iowa is the lead state. Because this joint state effort worked so well, three other states in the region (Colorado, Utah and Wyoming) have also started a joint procurement.

Judy Solberg, center, appears with the IDPH WIC team.

Iowa and North Dakota WIC staff worked together to come to a consensus on the health and nutrition questions that needed to be asked, while information management teams cooperated on system technology. The vendor coordinators in both states also had to reach a consensus on what the vendor management system would be.

What do you know about WIC?

- In August 2005 there were 68,294 pregnant and postpartum women, infants and children on WIC.
- In 2004, 43% of the infants born in Iowa (resident births) were on WIC.
- In the United States, 50% of the infants born are on the WIC program.
- WIC eligibility is 185% of the poverty level.
- The Iowa WIC Program has 644 grocery stores and pharmacies that accept WIC checks.
- Stores send in quarterly price lists for WIC eligible foods.
- Iowa WIC participants spend \$41 million at grocery stores annually.

Iowa will begin using IWIN on Dec. 1, while North Dakota will roll out the system on Jan 9 of next year.

Emily Roesch, in the Iowa Department of Public Health (IDPH) Bureau of Information Management, is the IWIN project manager. Emily has worked very closely with the project manager in North Dakota and has done an excellent job moving this project along with the expertise of other IDPH Information Management staff.

**Judy Solberg is the WIC director at IDPH.*

This little light of mine...

By Debbi Cooper*

People have safely enjoyed using candles for centuries. Candles are connected to many memorable events in our lives such as birthdays, holiday dinners, weddings and religious holidays.

Recently, candles have become part of our everyday life adding warmth, style and mood to every room in our home. They are a source of light and

enjoyment when used properly and according to manufacturer's directions.

Candles may be beautiful, but too often they are the cause of deadly home fires. The National Fire Protection Association shows that candle fires are up 300 percent since 1990. In 2001 alone, candles started an estimated 18,000 home fires, caused 1,450 injuries and 190 deaths.



American Lung Association holds 'Blow the Whistle on Asthma' walk

By Sara Colboth*

Iowa Department of Public Health (IDPH) Director Dr. Mary Mincer-Hansen, R.N., Ph.D., along with her grandson, Grant Joseph Hansen, joined numerous families at the "Blow the Whistle on Asthma" walk sponsored by the American Lung Association of Iowa (ALA).



The three-mile trek was held on the walking path around Jordan Creek Town Center on Saturday, Oct. 15. The purpose of the walk was to raise awareness and funding for programs sponsored by ALA. All participants in the walk were given a special whistle with the ALA logo on it to blow at the start of the walk.

More than \$17,000 was raised by the walk, which will support necessary programs and asthma research throughout Iowa. Some of these programs, such as Asthma 101, an education program for school nurses in Iowa, and Camp Super Kids, a weeklong summer camp for children with asthma, greatly improve the quality of life for children with asthma.

The "10 Lucas Leapers," a team named for their habit of entering stair-climbing contests, also participated in the walk and raised more than \$700 in donations. The Leapers, sponsored by IDPH, will be forming a team in late November to prepare for the 2006 ALA Powerclimb race. The contest will be held in downtown Des Moines on Feb. 25. For more information, contact Dave Ortega or Sara Colboth in the IDPH Bureau of Environmental Health.

**Sara Colboth is a health educator with the Hazardous Waste Site Health Assessment Program in the Division of Environmental Health.*

Shedding light on candle safety

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In Iowa from 2000-2003 there were 294 candle fires causing \$5,079,248 in damages and five deaths.

Many people don't realize how quickly something can go wrong and don't know the rules for safe candle use. Candles being left unattended, abandoned or inadequately controlled were responsible for one-third of the fires. One-quarter occurred when combustible material came too close to the flame.

Remember these tips for safe candle use:

- Never leave a burning candle unattended.
- Keep candles at least one foot away from anything that can burn, including curtains, wallpaper and books.
- Place candles on stable furniture and sturdy holders.
- Keep wicks trimmed to one-quarter inch.
- Extinguish taper and pillar candles when they get within two inches of the holder.
- Do not place lit candles in windows where they may ignite blinds or curtains.

- Avoid using candles during a power outage. Use flashlights instead.

Check the Consumer Product Safety Commission website (www.cpsc.gov) for recalls. Last year there were 16 recalls involving candles.

And always remember "When you go out, blow out."

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



University Hygienic Lab overcomes challenges of increased testing, tornado

By Mary Gilchrist*

Due to the destruction caused by Hurricane Katrina, the University Hygienic Laboratory (UHL) began on Sept. 8 to test all babies born in Louisiana. It took just one week to negotiate the agreement and accept receipt of specimens. The laboratory will be reimbursed through a federal Emergency Management Assistance Compact (EMAC) agreement. Iowa was chosen in preference to other states because the delivery of results to the follow up staff would be available electronically, and because Iowa had an expanded menu of tests available that would accommodate the standard set of tests required in Louisiana.

Expanding testing to nearly 250 percent the normal volume was not without its challenges. On the first day of specimen receipt, a tornado that struck in Ames knocked out power to the Ankeny lab for several hours. Although instruments were on emergency power, the computers were not, causing the lab staff to work overtime.

Many individuals pitched in to learn data entry. Arlena Pugliese learned her new follow-up job in the trenches, working nonstop for two weeks. Two former employees returned to work in

the lab, several employees in other sections moved into the lab and several new employees were hired. The work of training these staff members kept the long-term employees busy for several weeks. In the first month of testing, some 5,000 specimens were received and 35 presumptive positive results reported.

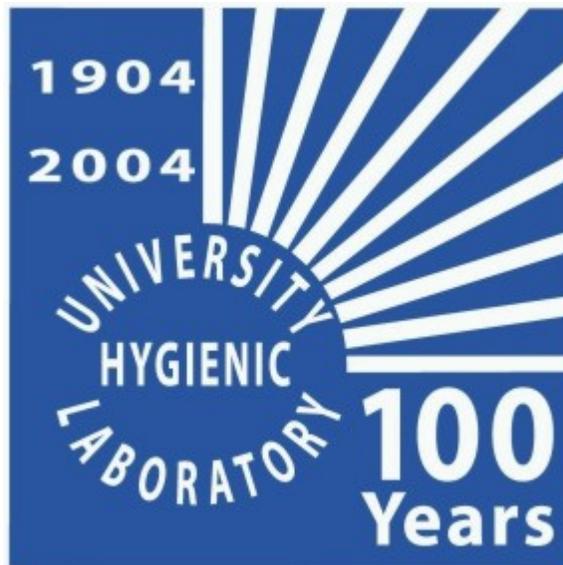
Several factors allowed us to effectively perform these functions.

- The Iowa Department of Public Health (IDPH) and the advisory committee for newborn screening have advanced the program to the point where it is exceptional and unique.
- The legislature and governor placed the lab in a new building, which allowed UHL to function in surge capacity mode. The addition of Louisiana testing would have been very difficult just six months ago when UHL was located in two buildings in Des Moines.
- The University of Iowa has a flexible hiring system that allowed UHL to expand its employee staffing

complement in a short period of time. This timeline would have been unusual if the laboratory had oversight in a state agency.

UHL wishes to thank IDPH, the state government and the University of Iowa for their facilitation of this unique opportunity to save babies' lives, health and mental capacities.

**Dr. Mary Gilchrist, Ph.D., is the director of the University of Iowa Hygienic Laboratory.*



Current local public health policies studied

By Brandi Halverson*

A growing trend in recent years has placed greater responsibility on local governments. For many county and city health agencies, this responsibility has taken the form of increased policy development, which includes efforts to improve physical, social and environmental conditions in the community. Policy in the area of public health often takes the form of ordinances, rules and regulations.

agencies have a significant responsibility because of their role in regulating, administering and delivering health services. Because the local government is most familiar with their community's immediate health needs, county and city public health agencies are in the best position to address these local health issues through the creation of policies.

While public policy makers are found at all levels of government, local public health The policy developing responsibility described above laid the foundation for a project that examined local public



Cold weather brings increased potential for carbon monoxide poisoning

By Sara Colboth*

As temperatures drop in Iowa, the use of combustion appliances increases. So does the potential for carbon monoxide poisoning.

For the most part, the appliances we use for warmth, cooking and decorative purposes are safe when used properly. However, under certain conditions, they can produce dangerous levels of carbon monoxide, which can cause sudden illness and even death.

Carbon monoxide, or CO, is an odorless, colorless gas found in fumes produced by vehicles and combustion appliances. Combustion appliances include space heaters, ranges, ovens, stoves, furnaces, fireplaces, water heaters and clothes dryers. CO from these sources can build up in enclosed or semi-enclosed spaces, putting people and animals in the area at risk.

The most common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain and confusion. Unfortunately, these are also the symptoms of several common illnesses, so CO poisoning often is not diagnosed quickly. Each year, more than 500 Americans die from unintentional carbon monoxide poisoning.

CO poisoning can be largely prevented by taking a few simple precautions.

- Ensure that all fuel-burning appliances are properly installed, maintained and operated.
- Have furnaces, water heaters and gas clothes dryers inspected annually by a qualified service technician.
- Check and clean fireplace chimneys and flues every year.
- Use only un-vented, fuel-burning space heaters as a temporary source of heat and only when someone is awake to monitor them. Doors or windows in the room must be open to provide fresh air.

- Use only water-clear ASTM 1-K kerosene for kerosene heaters.
- Have your automobile exhaust system routinely inspected for defects.
- Inspect automobile tailpipes for blockage by snow and ice during the winter months.
- Never run small engines in enclosed spaces, such as basements or garages.
- Use only seasoned hardwoods in wood-burning stoves and fireplaces.
- Purchase and install a carbon monoxide detector with a digital readout in your home.
- Never use a range, oven or dryer to heat your home.
- Never ignore a safety device when it shuts off an appliance. It means that something is wrong.

- Never use a charcoal grill, hibachi, lantern or portable camping stove inside a home, tent or camper.
- Never leave a motor vehicle running while parked in an enclosed or semi-enclosed space, such as a garage and carwash.

Awareness is the key to preventing carbon monoxide poisoning. In most cases of unintentional poisonings, victims do not realize that carbon monoxide is being produced or that it is building up in the air they are breathing.

Carbon monoxide can be easily and cheaply detected in the home. Several relatively inexpensive carbon monoxide alarms are available at hardware and home stores. Place a digital carbon monoxide alarm on each level of your home where people are located. It could save your life!

**Sara Colboth is a health educator with the Hazardous Waste Site Health Assessment Program in the Division of Environmental Health.*



Combustion appliances use fuels such as gas, (natural and liquefied petroleum), kerosene, oil, coal and wood.

Appointments made to new Direct Care Worker Task Force

By Eileen Gloor*

On Oct. 25 Gov. Tom Vilsack and Lt. Gov. Sally Pederson announced appointments to a new Direct Care Worker Task Force. House File 781 created the Task Force within the Iowa Department of Public Health (IDPH). The State Public Policy Group, Inc., of Des Moines was selected to convene, facilitate and report the findings of the Task Force through a competitive funding process provided by the Center for Health Workforce Planning.

The Task Force is charged with reviewing and recommending changes to the education and training requirements for direct care workers. It is also responsible for identifying direct care worker classifications; determining and outlining the corresponding educational and training requirements for those classifications; and recommending a process for streamlining the educational and training system for direct care workers to the Governor and General Assembly by Dec.15, 2006.

Direct care workers include certified nurse aides, home care aides, hospice aides, medication aides, rehabilitation aides, personal assistants, and others. "Clearly defined statewide standards will help direct care workers move between different care settings and between different levels of care without facing unnecessary obstacles to employment," said Thomas Laehn, policy analyst for the Iowa Care Givers Association.

In addition to the 12 public members listed below, the Task Force will include the IDPH director or director's designee, the Department of Human Services, the Department of Elder Affairs, and members of the General Assembly as ex officio, nonvoting members.

Anthony Brenneman of Kalona, physician assistant and assistant professor for the University of Iowa Physician Assistant Program

Robert Campbell of Newton, director of Quality Management and Risk Management, Skiff Medical Center

Diana Findley of Des Moines, founder and director of the Iowa CareGivers Association and former Nurse Aide

Diane Frerichs of Estherville, certified nursing assistant, restorative nursing assistant at Estherville Good Samaritan Center

Judy Haberman of Marathon, home care aide supervisor for Buena Vista County Health and Home Care

Larry Hertel of South Amana, registered nurse, president of Health Facility Consultants

Cynthia Kail of Farnhamville, registered nurse, advanced registered nurse practitioner, associate administrator and Public Health Director for Greene County Medical Center

Mary "Ginny" Kirschling of Cedar Rapids, registered nurse, program director of Health Education and Continuing Education Division, Kirkwood Community College

Ivan Lyddon of West Des Moines, former administrator with the Iowa Health Foundation

William Miller of Harlan, nurse practitioner and certified nurse anesthetist

Suzanne Russell of Burlington, registered nurse, executive director of Home Caring Services, Inc.

Anthony Wells of Hartley, certified nursing assistant, Community Memorial Health Center

For additional information, contact the IDPH Center for Health Workforce Planning at (515) 281-8309 or egloor@idph.state.ia.us.

**Eileen Gloor is an executive officer at the IDPH Center for Health Workforce Planning, Bureau of Health Care Access.*



Local public health focus of study

Continued from page 13

health policies. My project and its research, completed during the summer of this year, resulted in a report of local public health policies in the state of Iowa. The policies of interest included laws, ordinances and regulations for the enforcement of public health at the local level excluding state public health laws.

The information for this report was gathered in the following manner. First, an email requesting Board of Health and health department regulations and policies was sent to each public health agency in the 99 counties and two city public health agencies. For each of the agencies that responded, a general summary of their policies is provided in the report.

Summaries of the rules and regulations were organized into categories including the following topics: Abandoned and Junk Vehicles, Air Quality, Animal Control, Dangerous Buildings, Hazardous Substances, High-Risk Sexual Conduct, Lead Poisoning Prevention, Noise Control, Nuisances, Onsite Wastewater Management, Private Wells, Quarantine and Isolation, Solid Waste Disposal, Swimming Pools, Tanning Facilities, and Tattoo & Body Piercing. In addition to the summaries, a table and map of

the counties that responded or provided their policies was generated at the end of the report.

Overall, the report demonstrates that policies are developed in many different contexts. However, the examination of the policies of the health agencies that responded shows a large number of environmental policies, but often a lack of other types of policies such as a nuisance policy. The report reveals that many local public health agencies have not created policies addressing the wide array of public health issues.

One reason this is of concern is that the health of a community can be improved through local policy development. Policy development is not easy or quickly accomplished. I hope that this report will serve as a reference tool for those local public health agencies searching for a policy template as they work to develop their own policies.

** Brandi Halverson is a Master of Public Policy student at the University of Northern Iowa.*

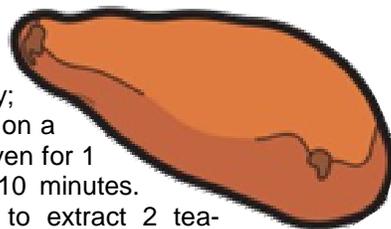
A Chef Charles Favorite

Twice Baked Garlic Sweet Potatoes

6 small unpeeled sweet potatoes (2 ¼ lbs.)
1 small whole head garlic
1/3 cup low-fat sour cream
1/4 teaspoon salt
1/8 teaspoon pepper
vegetable cooking spray



Remove outer covering from garlic; do not peel or separate cloves. Wrap garlic in aluminum foil coated with vegetable spray; place garlic and sweet potatoes on a baking sheet. Bake in 400° F oven for 1 hour and 15 minutes; let cool 10 minutes. Separate cloves and squeeze to extract 2 teaspoons pulp. Slice skin away from top of each potato; carefully scoop out pulp, leave shells intact. Mash pulp; stir in garlic pulp, sour cream, salt and pepper. Spoon into shells. Bake at 400° F for 15 minutes or until thoroughly heated. Makes 6 servings. Each Serving: Calories - 122 Sodium - 124.7mg Carbohydrates - 23.8g Fiber - 3.9g A good source of vitamins A & C.



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



...and then some

2005 Tobacco Control Conference, Dec. 13-14

The 2005 Tobacco Control Conference will be held on Dec. 13-14 at the West Des Moines Marriott Hotel. The theme for the conference will be "Celebrating Our Successes." The general public is invited to attend on the 13th, when there will be a presentation by a national anti-tobacco advocate, local tobacco community partnership updates, a presentation on using data resources, JEL/street marketing updates, a Quitline Iowa presentation, and a 2006 legislative preview. At the end of the day, Tobacco Control awards will be given with a partners reception to follow. The day will include something for everybody.

More information about the conference, including a registration form, is posted on the IDPH website. Click on www.idph.state.ia.us/conferences.asp, then scroll down to "First Annual Iowa Tobacco Control Conference & Annual Meeting."

Due to limited seating, pre-registration is required for activities held on the 13th. Please submit your registration form by Nov. 18 to Michaela Malloy-Rotert in the IDPH Tobacco Division at mrotert@idph.state.ia.us. If you have questions, please contact Bonnie Mapes at 515-281-8857.

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