



Lighten Up Iowa attracts thousands



Lt. Governor Patty Judge, far right, shares a laugh with members of her team during the group weigh-in event held at the State Capitol. A modified automobile scale was used to determine each team's collective weight.

*By Don McCormick **

More than 30,000 Iowans are taking part in the 2008 version of Lighten Up Iowa (LUI). Now in its seventh year, the effort addresses two of Iowa's largest health risk factors, inactivity and poor nutrition – two behaviors connected to many chronic diseases, injuries, and mental health issues.

Over the years, Lighten Up Iowa has recorded over 400,000 pounds lost and 17.8 million miles of activity logged. Since the 2008 competition began on January 16, Lighten Up Iowa has been helping Iowans shed about one ton of weight each day. Also, 44 Iowa communities have initiated community-based programs this year, while 130 businesses have incorporated Lighten Up Iowa as part of their workforce wellness programs.

Although Lighten Up Iowa is a winter/spring event, Tim Lane, IDPH liaison to the program, said the healthy habits the program advocates generally extend well into the year. "Participant research has indicated that increased levels of activity and healthy food choices are still evident up to six months after the end of the program," Lane said. "This is one of the reasons the department is so pleased with the effort."

Governor's office motivates state employees

In the past, LUI has impacted the bottom line of some major Iowa corporations. This year, state government is also taking a stand for better health for its employees.

The Culver/Judge 100 Day Challenge is using the LUI platform to recruit teams and promote healthy lifestyle behaviors. Nearly 2,000 state employees on more than 250 teams are participating in the challenge this year.

The Governor's Office is leading by example with 100 percent of its staff participating to lose weight or reach physical activity goals. After the program finishes, the Culver/Judge 100 Day Challenge will host a reception for top performing teams from state government.

New this year

The 2008 version has some new features, including shortening the contest by adopting a "100 Day Challenge" theme. Also, by teaming up with Iowa-based companies, Spindustry Systems and Meredith, Lighten Up Iowa created an easy-to-navigate on-line system for recording pounds lost and activity logged. Participants also benefit from weekly e-mails with tips for choosing healthier foods and ideas for becoming more physically active.

Participants this year have received a T-shirt, an access card that allows them free or reduced memberships at certain health clubs across the state, and the opportunity to win monthly incentives.

Initiative spreads to other states, goes international

The success of Lighten Up Iowa has benefited more than just Iowans. Live Healthy America, the national version based on Lighten Up Iowa, has assisted the cities of

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Lighten Up Iowa attracts thousands (Cont. from page 1)

Minneapolis/St. Paul, Kansas City, and Dallas in starting community Live Healthy programs for their residents.

The Live Healthy America group, which is based in Iowa, even has an international program, Live Healthy Bermuda. In cooperation with the Bermuda Ministry of Health and the Bermuda Diabetes Association, Live Healthy Bermuda has drawn 2,000 participants in this year's inaugural program.

* Don McCormick is a public information officer at IDPH

Quit aids introduced to help Iowa smokers

By Jeremy Whitaker*

Knowing that many Iowans would make New Year's resolutions to quit smoking, on January 1 of this year, the Iowa Department of Public Health (IDPH) began offering free nicotine patches and gum through Quitline Iowa, the state hotline for helping Iowans overcome their addiction to tobacco.

Within a week, calls and fax referrals from providers reached 2,560 – more than 50 percent of the total number of calls received during the entire fiscal year 2007 (through June 30, 2007). A more recent milestone was reached in early March when the total number of calls surpassed 8,760, the total number of calls received in the entire 2007 calendar year.

"We were prepared for a surge in calls once we started offering free nicotine replacement therapy products," said IDPH Division of Tobacco Use Prevention and Control Director Bonnie Mapes. "And we are very pleased so many Iowans are taking advantage of this opportunity to get the help they need to be successful."

Mapes emphasized that breaking last year's total is especially significant, since 2007 was itself a record year for calls to the Quitline. That year, the Quitline saw a larger than two-fold increase in call volume, primarily due to the \$1 increase in the tobacco tax. "It's like shattering several major records in a row," Mapes added.

By calling Quitline Iowa (1-800-QUIT-NOW), any Iowan age 18 or older is eligible to receive a two-week supply of nicotine patches or gum following a brief health screening. "There is no requirement that people must enroll in counseling to receive their patches or gum, but more than half of the callers are choosing to do so." Mapes said. "This is significant, because we know that choosing counseling along with quit aids can double the likelihood that smokers will quit for good."

Another IDPH initiative this year has been making nicotine patches and gum, as well as FDA-approved prescription medications, available to low-income patients not covered by Medicaid. To receive an 8-week course of the free quit aids, clients must be registered patients at one of the 12 community health centers that are members of the Iowa/Nebraska Primary Care Association (IA/NEPCA). They must enroll in tobacco cessation counseling sessions, which are also free. IDPH expects to continue these free cessation services to Iowans for three more years (through June 2011).

"According to the most recent Iowa Adult Tobacco Survey, we know that 74 percent of Iowans who use tobacco want to quit," Mapes said. "The fact that so many of them are taking advantage of the free nicotine patches or gum and working with trained Quitline Iowa and IA/NEPCA counselors to develop their own individualized quit plans, translates to literally thousands of success stories taking place right now all across the state."

* Jeremy Whitaker is a community health consultant in the IDPH Division of Tobacco Use Prevention and Control.

For more information, visit www.lightenupiowa.org

For more information about Live Healthy America, visit www.livehealthyamerica.org

or contact Troy W. Vincent at troy@livehealthyamerica.org.



Iowa Medicaid Enterprise, which operates under the auspices of the Iowa Department of Human Services, is also working hard in 2008 to reduce the burden of tobacco use in Iowa. While non-prescription nicotine patches and gum and prescription bupropion (generic Zyban) have been available to Medicaid members for more than a year, Iowa Medicaid recently allowed providers to prescribe Chantix for their patients who need help quitting tobacco use.

Since the quit aid benefit requires the patient to participate in counseling through Quitline Iowa, the call center has experienced an additional increase in calls and fax referrals. In fact, during the third week following the introduction of Chantix, fax referrals from Medicaid providers accounted for nearly 50 percent of the weekly calls to Quitline Iowa.

IDPH medical director chairs national bio-terrorism board

By Polly Carver-Kimm*

Iowa Department of Public Health (IDPH) Medical Director, Dr. Patricia Quinlisk, has been named chair of the National Biodefense Science Board (NBSB). The NBSB was created by the U.S. Department of Health and Human Services (DHHS) to provide expert guidance and advice regarding activities to prevent, prepare for and respond to chemical, biological, nuclear and radiological health emergencies.

"This board will play an important role in ensuring that our nation is well-prepared to prevent and respond to public health emergencies," said Dr. Quinlisk. "Also, the experience I gain working with this national board will be valuable as Iowa continues to plan for possible emergencies."

The first NBSB meeting over which Quinlisk presided as chair was held December 17-18, 2007 in Washington D.C. An underlying theme of presentations made during the two-day gathering was the need to align thinking to address policy and tactical needs to meet the requirements of biodefense.

Topics discussed included evaluating research and development components of the DHHS influenza preparedness strategy; supporting medical countermeasure development through innovation; addressing gaps in the medical countermeasures marketplace; modeling and metrics to inform medical consequence assessment; and special and at-risk populations.

The NBSB has 13 voting members with a broad range of expertise in science, medicine, and public health. Additionally, there are non-voting, ex-officio members, as determined appropriate by the Secretary of DHHS.

Dr. Quinlisk joined IDPH in 1994 where she serves as both the state epidemiologist and the medical director. She has testified before two congressional subcommittees on public health aspects of terrorism and trained as an epidemic intelligence service officer at the Centers for Disease Control and Prevention.

* Polly Carver-Kimm is a public information officer at IDPH.



Dr. Patricia Quinlisk

Dr. Quinlisk has served on a number of national policymaking committees and boards, including:

- Council of State and Territorial Epidemiologists (lead consultant on bioterrorism)
- Advisory Committee of the U.S. Marine Corps Chemical/Biological Incident Response Force
- U.S. Department of Defense's Panel to Assess the Capabilities for Domestic Response to Terrorist Attacks Involving Weapons of Mass Destruction (The Gilmore Commission)
- Institute of Medicine's Committees on Microbial Threats to Health in the 21st Century

Iowa Office of the State Medical Examiner achieves accreditation

By Polly Carver-Kimm*

After months of meticulous scrutiny, the Iowa Office of the State Medical Examiner (IOSME) has achieved accreditation from the National Association of Medical Examiners (NAME). The accreditation is a high honor and mark of integrity that is a voluntary process not every medical examiner's office chooses to undergo. In order to obtain accreditation, the IOSME underwent a rigorous on-site inspection of the facility and a review of office practices, policies and procedures by a medical examiner peer chosen by NAME.

The accreditation standards are used to maintain and improve the quality of medico-legal (medical and legal) death investigation across the country. Offices that seek accreditation must be inspected and approved by impartial experts in the field.



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Iowa Office of the State Medical Examiner achieves accreditation

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"It has been a personal and departmental goal for Iowa to have a death investigation system that meets national standards and is accredited by NAME," said State Medical Examiner, Dr. Julia Goodin. "The accreditation process was a team effort. It required an extensive commitment by all the office personnel, and we are extremely proud of the excellence the recognition represents."

IDPH Director Tom Newton shared Dr. Goodin's pride in the accreditation. He said the accreditation of the Iowa State Medical Examiner office means Iowans can be assured that death investigations are performed properly and thoroughly. "Families, courts, law enforcement and other governmental agencies that depend on high quality death investigation will benefit from the credibility that comes with this distinction," said Newton.

The Iowa Office of the State Medical Examiner (IOSME) joined IDPH in 1999. Since that time, the number of autopsies performed at the office has grown from 189 in 2000 to 618 in 2007. Through the years, though technology and tools have changed, the primary focus of the IOSME has remained a search for a truthful, logical and scientifically unbiased statement of the cause and manner of death of an individual.

The office also provides guidance and support to county medical examiners who must investigate all violent, suspicious, and unexpected natural deaths within their jurisdictions. The IOSME offers support, education, consultation and training to each of the county medical examiners and their investigators to assist them in the investigation of deaths throughout the state. IOSME also provides forensic autopsy, investigative and consultation services to county medical examiner offices and law enforcement agencies.

The office is located at the Iowa Laboratories Facility on the Des Moines Area Community College Ankeny campus.

* Polly Carver-Kimm is a public information officer at IDPH.

Redesign project enters implementation planning stage

By Joy Harris*

Last month, the Redesigning Public Health in Iowa project entered a new and exciting stage – planning for accreditation of the state health department and at least one local agency by July 1, 2011. This goal is aligned with a movement toward the development of a national accreditation system for local and state health departments to be introduced in 2011.

Five committees met for the first time in February to begin the important task of implementing the Iowa Public Health Standards, which were finalized last December.

"Local and state public health representatives worked very hard for more than two years to create the Standards that will help Iowa move toward accreditation," said Iowa Department of Public Health Director Tom Newton. "Now we transition into the implementation phase and once again we will be relying upon local and state professionals in partnership to help us meet the accreditation target date."

With the project entering this next stage, the Redesigning Public Health in Iowa Web site has been enhanced. A new Implementation tab has been added, with information about each of the five Implementation Committees. Also, the recently

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Redesign project enters implementation planning stage

finalized Iowa Public Health Standards are now available in a user-friendly format under the Standards tab. Standards and criteria may now be downloaded by section or in their entirety.

“It is critical that Iowa stay in pace with the national movement toward accreditation,” said Denise Coder, community health coordinator at Cass County Memorial Hospital and co-chair of the committee charged with increasing knowledge and understanding of the standards. “All Iowans deserve a strong, responsive public health system. While the Iowa Public Health Standards are a good first step in that direction, state and local accreditation will ensure reliability and accountability.”

Other committees will provide planning and visioning in the areas of funding, metrics, updating Iowa code, and Iowa administrative code; and alignment with the national movement for accreditation. Each committee is expected to meet regularly between now and July 1, 2011 to complete its charges.

* Joy Harris is coordinator of the Redesigning Public Health in Iowa project.

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For more information on the Implementation Committees, Work Group for Redesigning Public Health in Iowa, or the Iowa Public Health Standards, please visit www.idph.state.ia.us/rphi.

Iowa gets \$9.9 million for better Internet access in rural hospitals

By Marvin Firch*

A 10-year-old-boy wakes up one night with a pounding headache. His mother gives him some aspirin. Two hours later, however, the pain returns and has gotten worse, causing double vision. The boy is rushed to the nearest hospital and a CAT scan is taken. Because the doctor in charge lacks the expertise necessary to make a diagnosis, the scan is sent electronically to specialists 100 miles away.

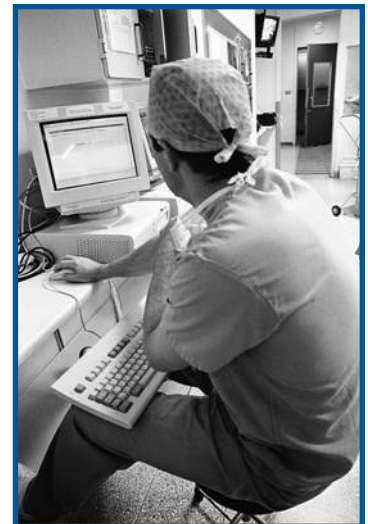
Minutes pass, then an hour. After an hour and 45 minutes, local doctors have their diagnosis – one they could have acted upon much, much earlier, had it not been for a delay during the original transmission due to limited connectivity at the hospital.

Thanks to \$9.9 million recently received by the Iowa Rural Health Telecommunications Program (IRHTP), problems like this should soon be a thing of the past for patients in rural Iowa. The IRHTP is a consortium of public and private hospitals and state government departments solving the problem of isolation, travel, and limited resources that constrain health care delivery in rural Iowa. The Iowa Department of Public Health is a member of the consortium that created the IRHTP.

The new funding, which comes to Iowa from the Federal Communications Commission (FCC), will enable participating hospitals to install a fiber optic connection to the state communications network that will increase their capacity to send large medical records, increase the speed with which the records are transmitted, and decrease the amount of time for a patient to receive treatment.

Most local non-hospital providers in Iowa must use dial-up or limited high speed connections. “[Health care facility connectivity] is especially important in rural areas of the nation that may lack the breadth of medical expertise available in urban areas,” said FCC Chairman Kevin J. Martin. “To make such connectivity a reality, we need to continue to encourage the deployment of broadband facilities that connect networks of rural and non-rural public and not-for-profit healthcare providers within a state or region.”

During the next three years, the money will be used to cover 85 percent of the cost of connecting hospitals to the state communications network. The remaining 15 percent will either be covered by the hospitals or other funding sources.



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Iowa gets \$9.9 million for better Internet access in rural hospitals

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The strength of this project lies in it using the existing statewide communications network to connect hospitals to the Internet without creating an entirely new infrastructure of fiber optic cables. Also, hospitals will be able to increase their current bandwidth while keeping their monthly fees near current levels.

* Marvin Firch is coordinator of the Iowa Medicare Rural Hospital Flexibility program.

Local agency already preparing for Healthy People 2020

By Louise Lex*

Healthy People 2020 is critically important to Iowans because it will set an agenda for funding, focus, and state and local planning efforts in the next decade. Plans now are underway at the federal level to develop 10-year national objectives to promote health and prevent disease. Drawing upon the expertise of the 13-member Department of Health and Human Services (DHHS) Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, Healthy People will establish the framework to address risk factors, determinants of health, and the diseases and disorders that are affecting our communities. A number of options are being considered.

At the local level, the Polk County Health Department has already begun laying plans for Healthy Polk 2020 with a series of community meetings. Polk County Program Manager, Rick Kozin, stressed the importance of mobilizing the entire community.

"For the community to be engaged in implementing the plan, it must be engaged in creating the plan and setting the goals," Kozin said. "Most of us are willing to get engaged around the issues that impact us – the issues that touch us directly. Rather than guess what those issues might be, we are committed to creating opportunities where people can tell us what they care about."

Kozin said that it is important for local agencies to create ways for people to talk about the health issues that concern them through community conversations. "Talking, out loud, about issues is a necessary prerequisite to taking action on those issues," Kozin added.

On the federal level, the framework for Healthy People 2020 (the vision, mission, goals, focus areas, and criteria for selecting and prioritizing objectives) will be released in late 2008 or early 2009. This release will allow public health agencies to use the national framework as a planning template. Beginning in March, the Secretary's Advisory Committee will hold six regional meetings to seek input and comment from communities and stakeholders.

The committee also will invite comments on the Healthy People Web site. The committee will use the public hearings and the Web site responses to make recommendations to DHHS Secretary Michael Leavitt. In January 2010, the Healthy People objectives will be released along with guidance for achieving the new 10-year target.

* Louise Lex is coordinator of Healthy Iowans at IDPH.



2008 Meetings of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention for 2020

Spring 2008

Six regional meeting across the nation

Late 2008/Early 2009

Release of Healthy People 2020 framework

January 2010

Launch of HealthyPeople 2020 (goals, objectives, and action plans)

For the latest information, subscribe to the listserv at www.healthypeople.gov/Contact.

Shortage of public health workers projected by 2020

By Pat Blake*

Iowa and other states face a looming public health workforce shortage unless immediate steps are taken to recruit and train the next generation of public health professionals, according to a new report by the Association of Schools of Public Health (ASPH).

Based on population projections and workforce estimates, the ASPH report has projected that Iowa will be short more than 4,250 public health workers by 2020. Nationwide, more than 250,000 additional public health workers will be needed by that time, according to the study.

“With more than 25 percent of our staff between the ages of 55 and 64, the state health department is headed toward a real loss of public health expertise over the next 10 years,” said IDPH Director, Tom Newton. “Unless there is a significant increase in the number of trained public health workers in Iowa, this shortfall could seriously impact our ability to promote and protect the health of Iowans.”

The crisis is a culmination of already documented and forecasted shortages of public health physicians, public health nurses, epidemiologists, health care educators and administrators, and other contributing factors such as an expected spike in retirement. In fact, 23 percent of the current workforce – almost 110,000 workers – will become eligible to retire by 2012.

To address these significant shortages, ASPH is calling for an increased federal investment in public health education and training. “In recent months, we have seen significant reductions in federal support for the recruitment and development of the public health workforce that began after 9/11,” said University Hygienic Lab Director Christopher Atchison. “We face a critical shortage of professionals who protect the health of Iowans through disease detection, newborn screening and environmental health programs.”

The ASPH report also notes that increased recruitment, training and fellowship programs, financial aid assistance, and expanded graduate-level opportunities are among the most urgent needs for averting a workforce shortage. According to the analysis, schools of public health will have to graduate three times as many public health workers over the next 12 years to meet the health care needs of the world in 2020.

“This first-of-its-kind assessment highlights an emerging crisis for Iowa and the nation,” said University of Iowa College of Public Health Dean, James Merchant. “As society tries to confront the immediate health challenges of tobacco use, heart disease, obesity and physical inactivity and prepares for an array of threats such as global infectious diseases, a well-trained public health workforce is critical for an effective response.”

* Pat Blake is public information officer for the University Hygienic Lab.



A complete copy of the assessment is available online at www.asph.org.

Lt. Governor Patty Judge (center) and IDPH Director Tom Newton (far left) appear with representatives from the March of Dimes Iowa Chapter and child health advocates. In February, the March of Dimes recognized Iowa's as one of only 13 states to screen newborns for 29 preventable conditions recommended by the March of Dimes. Iowa goes well beyond that call of duty and actually screens for as many as 40 life-threatening and debilitating disorders.





Bureau of Information Management

Recently, *Focus* spoke with Dale Anthony, chief of the Bureau of Information Management

What does your bureau do?

A lot, but if you want to look at our three basic functions, we collect data, store it and disseminate it. Now, a lot goes into facilitating those activities, everything from maintaining a strong and secure infrastructure, to creating applications that vary in complexity, to responding to our customer's requests for technical assistance.

Who are your customers?

We service over 420 users in house, around 32 staff outside the Lucas Building, and around 10,000 local users of our applications. An example of the largest group would be anyone using the new Iowa Vital Records System (IVRS). Users all have to be trained, and provided with accounts and security hardware, etc. Right now this system is only used in hospitals for birth registration, but as it expands, the bureau will be working with an even broader range of customers, including local medical examiners, county recorders, and funeral home directors.

How about local public health partners?

They're among our most important customers, even though we may not work directly with them in some cases. For example, any time we create an application, there's always a business analysis stage. Say we're putting together a disease application for the Center for Acute Disease Epidemiology (CADE) for disease investigation and follow up. As we gather business requirements for that new application, we make sure the program staff – CADE in this example – involves people at the grassroots level who are going to be using that application. Sure IDPH staff is going to use it to aggregate information, etc., but it's the people on the ground locally who will be doing a large portion of the work, in addition to generating their own reports. That's why we make it a point to ensure that the application is user friendly and has lots of utility from their perspective.

Tell me about one of your larger projects.

How about the Immunization Registry Information System or IRIS? We created this system in February 2001 to enable public and private providers to consolidate and maintain a computerized immunization record for each person who receives vaccinations in Iowa. IRIS is our largest active database and has over 1 million Iowans enrolled and over 10 million vaccine records. It's currently in its second version and we're working on upgrading it to version 3. Eventually, this will mean integration with other applications, such as the IVRS program I mentioned earlier.

Sounds like an efficient system.

Well, it is. In fact, the whole vital records project is being built as the start of a population based system needed for good public health practice. A person's life begins with birth, obviously, and ends with death. And many things that happen in between are related in one way or another to something we do in the department. Not only can this information be used to populate the immunization registry, but other systems as well. By the way data will be cross referenced, we will be able to improve the accuracy, especially as we continue to partner with other agencies such as Social Security or the Department of Human Services.



AJ Wineski and Shanna Wylie bind color-coded network cables in the IDPH Data Center in the Lucas Building.

Veteran advocate reflects on changes in public health

By Don McCormick*

Dr. Louise Lex, Healthy Iowans 2010 coordinator at the Iowa Department of Public Health (IDPH) was recently honored for her dedication to advocacy by the Partnership for Better Health. An Iowa public health worker since 1984, Lex was specifically honored for her work at raising awareness of the cost of chronic disease.

“One of the most rewarding parts of my job is when I see one or a combination of our efforts bear fruit after several years,” Lex said. “One result is reducing cancer. By promoting healthy lifestyles, educating the public about the importance of regular screenings, and forming valuable partnerships, we’ve seen a dramatic decline in a number of different types of cancers. This took years to accomplish, of course, but I’m glad that I was here to see it.”

Lex, who at 78 still finds the time and energy to coordinate a class for masters of public health students at Des Moines University, is a well-known figure among public health professionals in Iowa. She added that one of her great joys is mentoring interns, many of whom are now her co-workers at IDPH or working in local public health agencies.

In her acceptance of the award from the Partnership for Better Health, Dr. Lex quoted another Iowan activist, Carrie Chapman Catt, suffrage movement leader and founder of the League of Women Voters. “More powerful than kings and armies is an idea whose time has come to move,” Lex quoted.

Lex said she chose the quote because she is now seeing an idea emerge that has been a long time in coming – chronic disease prevention. “Unless we keep this idea alive as public health professionals, we are going to see a tremendous increase in health care costs,” Lex said.

During her 24 years with IDPH, Lex’s accomplishments include coordinating the Healthy Iowans project since 1993 and “Barn Raising,” the Governor’s Conference on Public Health, since it began in 1997. She’s also been a key player in the emergence and development of county health planning.

“In 1988, we went around to local agencies over a 13-week period and literally handed out notebooks with state health data and showed people how to use them and to add their own community health data,” Lex remembers. “Local partners have the ability to access state data and enter their own information online, but now that system is becoming outdated. This is why I’m so excited about the prospect of having a so-called data warehouse by which local public health partners will be able to access a variety of up-to-date health data that pertain to the entire state, regions within Iowa, and their own communities.”

* Don McCormick is a public information officer at IDPH.



Dr. Louise Lex

Falling economic indicators overshadow child and family well-being gains

By Louise Lex*

A deterioration in certain economic indicators of child and family well-being has overshadowed gains made in other non-economic areas according to the new Iowa Kids Count report.

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Falling economic indicators overshadow child and family well-being gains

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The report, *Iowa Kids Count 2006: Trends in the Well-Being of Iowa Children*, produced and updated each year by the Child and Family Policy Center, shows that the percentage of people receiving food assistance, formerly known as food stamps, increased 81 percent from 2000-2006 while the percentage of people who were unemployed rose 43 percent.

In addition, the percentages of children living in poverty and students eligible for free or reduced-price lunches both increased more than 21 percent since the beginning of the decade.

"It is interesting that the economic indicators we analyzed, for the most part, showed a deterioration taking place since 2000, while many of the non-economic indicators improved," noted Mike Crawford, senior associate at the Child and Family Policy Center and director of Iowa Kids Count. "Currently, one in seven children in Iowa lives in poverty and one in three is eligible for free or reduced-price lunches. The economic conditions for many families have stagnated or worsened in the past six years."

Several non-economic well-being indicators reviewed in the report have experienced an improvement since the beginning of the decade. The child death rate and the infant mortality rate showed significant decreases during the past six years with child deaths decreasing 29 percent and infant deaths dropping 19 percent. Also, child immunization rates increased 10 percent and teen birth rates decreased around 8 to 9 percent.

"While the majority of non-economic indicators analyzed did show an improvement from 2000 to 2006, we still have indicators such as child abuse and neglect and babies being born at low birth weight that are continuing to worsen with no signs that such trends will begin to reverse," added Crawford.

Iowa Kids Count 2006 provides health, education, welfare and economic data on 19 indicators of child and family well-being, and 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, which supports Kids Count activities in all 50 states.

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

Farmers account for one third of Iowa worker deaths in 2007

By Kate Gleeson*

Seventy-nine workers suffered a traumatic death while working in Iowa during 2007. The findings are from the Iowa Fatality Assessment and Control Evaluation (IA FACE) program based in the University of Iowa College of Public Health. That figure is close to the average number of worker deaths for the past 10 years.

"Of the fatalities, 22 farmers lost their lives, 23 truckers died in fatal crashes, and over a dozen workers died at their industrial or commercial place of employment," said Murray Madsen, chief investigator of the IA FACE program. "Farmers accounted for approximately one-third of all traumatic work deaths in Iowa last year. This figure is similar to that of 2006."

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To obtain a copy of the new report, call (515) 280-9027 or write to mcrawford@cfpciowa.org.

Farmers account for one third of Iowa worker deaths in 2007

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IA FACE is conducted by the University of Iowa Injury Prevention Research Center in collaboration with IDPH and the Office of the State Medical Examiner. It is funded by the National Institute for Occupational Safety and Health (NIOSH) and is part of a national network of state programs that collect information on worker fatalities. In Iowa, the program has a special focus on agricultural fatalities and works closely with teaching, research, and outreach programs in agricultural safety and health in the College of Public Health.

According to Madsen, the most common event leading to farm worker fatalities (one in three) was the overturn of an older tractor not equipped with a rollover protective structure. The next most common event occurred when 1.) either equipment operators or co-workers were run over by equipment that moved unexpectedly or 2.) when individuals were crushed under machines or parts of machines that shifted or fell.

According to IDPH, the administrator of the NIOSH funding for the IA FACE program, the 2007 data indicate a doubling of fatalities in the 35- to 44-year-old age range from nine deaths in 2006 to 19 deaths in 2007. This represents a jump in the rate of 2.67 per 100,000 workers in 2006 to 5.64 in 2007.

“Studies like this are important in determining how to best coordinate interventions to make Iowa a safer place to work,” said Kathy Leinenkugel, occupational safety and health surveillance program coordinator at IDPH. “The next step is to determine which deaths were preventable and focus on education measures to reduce future work-related deaths.

* Kate Gleeson is an associate editor at the University of Iowa College of Public Health.

2008 I-CASH Agricultural Occupational Health Training, June 9-13

Iowa's Center for Agricultural Safety and Health (I-CASH) will host a training program for health care professionals who treat and help prevent occupational illnesses and injuries on the farm. The Agricultural Occupational Health Training will be offered June 9-13, 2008. Nurses, nurse practitioners, physicians, physician assistants, physical therapists and other health care providers are invited to participate. The training program may be taken for three graduate credit hours from the University of Iowa College of Public Health, and continuing education credit for physicians and nurses is available.

Topics will include agricultural health care delivery, respiratory diseases, acute agricultural injuries, agricultural skin diseases, behavioral health issues, physical factors affecting health in agriculture, musculoskeletal diseases and ergonomics in agriculture, health effects of agricultural pesticides, veterinary biological and therapeutic occupational hazards, zoonotic diseases, and other topics. All of the training sessions will be led by recognized experts in the various topic areas.

This training and certification is also designed to enable health professionals to join the AgriSafe Network as a provider member, receive related membership benefits, and use the trademarked name, AgriSafe, in promoting their specialized agricultural health services.



For more information or to register, contact
Kay Mohling at 319-335-4219,
or visit the I-CASH Web site at
www.public-health.uiowa.edu/icash.

2008 Governor's Conference on Aging, May 19 & 20

In a single generation, the view of life after 60 has changed dramatically. Today's society enjoys unprecedented growth in the number of older people, shifting patterns of work and leisure, and advances in health care that offer the promise of longer, more active lives. Today's older adults can paint their own pictures of later life, each using their own palette of experience, wisdom and creativity.

The 2008 Governor's Conference on Aging, titled "The Art of Dynamic Aging – Paint Your Own Picture," will provide the tools people need to paint their own life canvasses. Held at the Sheraton Hotel in West Des Moines, the conference will also include the topics formerly offered at the elder rights conference. By combining these two conferences, a wider array of interesting workshops to a larger audience will be on the agenda. Also new in 2008 is a full day of pre-conference intensives on Sunday, May 18.

To register, visit www.iowa.gov/elderaffairs and click on "Conferences and Workshops."



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