



IDPH Responds to flooding across Iowa

By Alex Carfrae*



A restaurant is devastated by the Cedar Rapids flood.

Spring and early summer in Iowa this year have been characterized by relentless severe weather. In addition to two deadly tornadoes that struck Butler and Monona Counties, flooding during most of June resulted in 86 counties receiving disaster proclamations by [Governor Chet Culver](#). Among them, 70 have received a presidential declaration. Nearly 39,000 people had to be evacuated in 18 counties, and damage estimates are already in the billions of dollars.

Throughout the flooding, Gov. Culver regularly highlighted the ability of Iowans to pull together to make it through tough times like these. "Iowans statewide... have locked arms to find a calm within the storm," Culver said. "I have been privileged and honored to have the opportunity to travel the state, and I have seen amazing things happening all over Iowa. There is story after story about that kind of community strength."

In helping communities respond to and recover from the disaster, the Iowa Department of Public Health (IDPH) spent much of June providing and coordinating resources for areas hardest hit by the flooding. "In responding to towns and cities along the Cedar and Iowa River valleys, including Cedar Rapids, Iowa City, Mason City, Waterloo, and many others, the health of Iowans has been our top priority," said IDPH Director Tom Newton.

Shelters and responders deployed

On June 11, IDPH deployed the State's [Mobile Health Care Facility](#) (MHCF) to Waterloo and staged it at an area hospital. The MHCF, a system of interconnected shelters with a capacity of 40-60 beds, was staffed by the [Disaster Medical Assistance Team](#) (DMAT) from Sioux City.

In addition to the Waterloo deployment, the Sioux City DMAT and other state DMATs from Des Moines and Dubuque deployed to Cedar Rapids to help people displaced from their homes and in need of intermittent medical care. "At one point, the DMATs were caring for approximately 235 people in two shelters in Cedar Rapids," said Public Health Response Team Coordinator, Clark Christensen. "The need was so great, we augmented the teams with a number of registered nurses from IDPH."

All together, more than 50 DMAT members participated in the responses. The team included volunteer health care providers, such as physicians, physician assistants, nurse practitioners, nurses, paramedics, pharmacists, and respiratory therapists.

Environmental concerns addressed

In addition to providing medical care and sheltering, IDPH also deployed the state's Environmental Health Emergency Response Team (EHRT)—the same team that was deployed to Louisiana following Hurricane Katrina. Comprised of environmental health specialists from IDPH and local public health agencies, the team's job was to ensure safe water, food, housing and general sanitation.

During their mission, EHRT team members looked at general sanitation and air quality, and took the time to deliver messages on carbon monoxide poisoning

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awareness and power generator safety. “The teams taught homeowners how to clean up mold, and how to ensure their septic tanks were working properly,” said EHRT Coordinator Cory Frank. “In some cases, we also provided onsite technical assistance to shock-chlorinate private wells.”

Public health assessment teams hit the ground

In the hardest hit areas—Butler, Floyd, Cedar, Johnson and Linn Counties—IDPH worked with local public health agencies to determine that assistance was needed to assess actual local public health needs. IDPH soon learned, however, that doing this quickly would be a task beyond what the department and its local partners could accomplish on their own. In addition, the work of the EHRT team helped determine the need for outside aid in helping local public health departments with environmental health concerns, such as well water quality and general sanitation. So, through an Emergency Management Assistance Compact request, IDPH requested help from Florida and North Carolina.

The [Florida Department of Health](#) was chosen because of their extensive experience in disaster response and recovery. Sixteen environmental health professionals and ten public health needs assessment staff were deployed from the Sunshine State to address public health needs, including doing door-to-door assessments. [North Carolina’s Division of Public Health](#) was selected because of their rapid assessment capability using handheld computers with GPS location technology. The strike team of six public health professionals used the devices to randomly select and pinpoint households within affected neighborhoods. Homeowner responses were then entered into the handheld and uploaded to a main computer at the end of the day, thereby quickly tabulating the needs of the community.

“In their first day on the ground, the assessment teams were able to make contact with 214 households in Linn County,” said IDPH Healthcare Coordinator David Keenan. “Although they weren’t able to visit with every homeowner on each block, the random sampling made their findings statistically applicable to that specific urban population.”

** Alex Carfrae is the risk communication officer at IDPH.*

Smokefree Air Act goes into effect

By Don McCormick*

Beginning July 1, Iowa joined the ranks of 23 other states that had made the choice to prohibit smoking in public places. The Smokefree Air Act, [2008 Iowa Acts House File 2212](#), protects the health of Iowans by ensuring that nearly all enclosed workplaces, including restaurants and bars, are free of cigarette smoke. States that have enacted smokefree air laws have documented improvements in personal health, a decrease in smoking among children, and an increase in the number of people who stop smoking.

“The General Assembly voted to take a giant step forward for public health in our state this year,” said Iowa Department of Public Health (IDPH) Director Tom Newton. “Since Governor Culver signed the Smokefree Air Act into law (on April 15), IDPH staff, the Attorney General’s Office and other partners have been working diligently to ensure that the legislative intent of this historic law is carried out through the accompanying administrative rules.”

Approved by the [Iowa State Board of Health](#) just in time for the July 1 implementation date, the Administrative Rules clarify language in the legislation and outline how implementation and enforcement of the new law will take place. The next step, (Cont.)



Smokefree Air Act goes into effect

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according to staff in the IDPH Division of Tobacco Use Prevention and Control, is to make sure business owners and the public know enough about the law to comply. To this end, the Division has set up a dedicated Web site, www.IowaSmokefreeAir.gov, complete with the the Act, it's accompanying Administrative Rules, a Frequently Asked Questions document, and business-specific fact sheets. The Web site also contains sample "no smoking" signage as well as an online tool for leaving feedback on the Administrative Rules, the public comment period of which will end August 22.

Despite the number of resources and the amount of work going into the Smokefree Air Act education campaign, local public health agencies and other partners may get a few questions from their constituents regarding the new law. Below are some of the more commonly asked questions.

Where is smoking prohibited?

Smoking is not allowed in enclosed areas in places of employment. Examples include: restaurants, bars, educational facilities, factories, warehouses, health care facilities, office buildings and shopping malls. The law defines an enclosed area as any space that is contained on all sides by walls or windows. In your workplace, these may include: work areas, private offices, meeting rooms, classrooms, auditoriums, employee lounges and cafeterias, hallways, restrooms, stairwells, and vehicles owned, leased, or provided by the employer.

Are any outdoor areas covered?

Yes. The Smokefree Air Act also covers certain outdoor areas, such as football stadiums and the designated seating areas at festivals or concerts. Smoking is not allowed in outdoor seating or serving areas of restaurants, on the grounds of government buildings, or anywhere on school, college, and university property.

Is smoking allowed in apartment buildings?

Yes, but only within a private apartment. Smoking is not allowed in the common indoor areas of apartment buildings, such as hallways, stairwells, laundries and lobbies.

How will I know I'm in a non-smoking place?

Businesses are required to post "no smoking" signs to inform persons that they are entering a non-smoking area. You should see the signs on every public or employee entrance, and common points of entry to outdoor areas. The universal no smoking symbol or the words "no smoking" will stand out on the sign.

What happens if people smoke in non-smoking places?

Smoking in an area covered by the Smokefree Air Act is a violation of law, punishable by a \$50 civil fine.

Can a business be fined?

Yes. To comply with the new law, businesses need to do several things. They must: post "no smoking" signs at entrances to no smoking areas and in vehicles considered places of employment; inform all employees about the provisions of the Smokefree Air Act; and remove all ashtrays from areas where smoking is prohibited. They should also ask people who are smoking in a non-smoking area of their business to stop smoking or to leave the area. Failure to comply with the law may result in a civil fine of

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\$100, \$200, or \$500 depending on the number of violations. The business could also lose their business license or liquor license.

How do I report a complaint after witnessing a violation?

Call the Smokefree Air Act Helpline at 1-888-944-2247, or visit www.IowaSmokefreeAir.gov.

Is implementation or enforcement of the law likely to change?

This law was signed less than 11 weeks before it was to go into effect. The Administrative Rules were recently approved by the Board of Health. However, these rules may be amended to reflect comments from the public. The public comment period lasts until Aug. 6. To comment on the rules, visit www.IowaSmokefreeAir.gov and use the online form.

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

Iowa ranked top in children's health care

By Angie Doyle Scar*

Hat's off to all of those who make Iowa's child health system a national success! A new report conducted by the [Commonwealth Fund](#), ranks Iowa top in the nation overall in health care for children, as well as children's access to care, family insurance premiums, equity, and the potential to lead long healthy, productive lives.

The report, [U.S. Variations In Child Health System Performance: A State Scorecard](#), ranked states on 13 indicators for children that include access, quality, costs, equity, and healthy outcomes. The scorecard is the first report to assess how the health system is performing for children across these five dimensions on a state-by-state basis. Iowa was the only state to finish in the top quartile in all five of the primary measures used in the first study.

"I have made it a priority that every child be covered by health insurance by the year 2010," said Governor Chet Culver. "I'm proud that our hard work here in Iowa is paying off for Iowa's children."

The Commonwealth Fund is a private foundation that supports independent research on health policy reform and high performance health systems. The new study credits Iowa for creating a children's health care system that is accessible, is equitable and delivers quality care to its residents, while also controlling costs and levels of spending.

"Healthy children means an increased likelihood for healthy adults," Iowa Department of Public Health Director Tom Newton said. "Also, the manner in which we serve our children's health directly impacts how we will serve our future adult population and enhance their ability to lead long and healthy lives."

The study cites Iowa's longstanding commitment to children. According to the report, the state shows this commitment through: its continuing support

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Iowa ranked top in children's health care

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to fund local empowerment areas; the creation of the Governor's Children's Cabinet in 2000; Iowa's Medicaid program for mental health services; the state's promotion of the [Early and Periodic Screening Diagnosis and Treatment](#) program; and Iowa's commitment to the [hawk-i](#) program. The outcome to this commitment is reflected in Iowa's ranking as number 2 for the percentage of children insured in the state.

The report includes an [interactive map](#) and is available at www.commonwealthfund.org/publications.

* *Angie Doyle Scar is the hawk-i outreach coordinator at IDPH.*

Newton: Local communities 'shine'

By Polly Carver-Kimm*

Public health faces many challenges—declining budgets, a shrinking workforce, and emerging health concerns regularly make headlines. At the same time, many positive and exciting things are happening in public health in Iowa. Since his appointment as Director of the Iowa Department of Public Health (IDPH) in April 2007, Tom Newton has made a commitment to emphasizing the positive work being done by local public health and highlighting that work as a role model for other communities.

So far this year, Director Newton's community visits have included stops in several counties including Story, Woodbury, Wapello, Mahaska, Shelby, Cass, Black Hawk, Hardin, and Palo Alto. During each visit, Newton has seen the difference public health can make in a community's life. "When local partners come together, it's amazing what can be accomplished," Newton said. "Local collaboration is what makes wellness more than just a catchphrase. It's the way communities become healthier, stronger, and more connected through a culture of wellness."

Wapello County's innovative programs in Ottumwa are one such example of success through local collaboration. In an effort to reduce obesity among students, Ottumwa schools have used Harkin Wellness Grant funding to purchase pedometers and heart monitors to be used during physical education classes. A community hiking trail has just been completed, and local businesses are working together to encourage wellness among employees.

Cass County has also seen success through the collaboration of local partners. The "Buy Fresh, Buy Local" promotion encourages residents to purchase healthy, locally-grown foods, and local grocery stores highlight those food selections. Tobacco cessation is a community effort, beginning in grade school and continuing through adulthood. Senior issues are addressed through senior health care initiatives and an Alzheimer's support group.

In Story County, Director Newton visited a special program for inmates with co-occurring mental health and substance abuse problems. The initiative provides substance abuse treatment and mental health counseling simultaneously, thereby reducing the likelihood of repeated criminal behavior. Statewide data on jail-based substance abuse treatment indicate that more than 69 percent of individuals interviewed 12 months after admission were abstinent from drugs and alcohol. About 59 percent were working full time, and nearly 84 percent had not been rearrested in the previous six months.



From left to right, Tom Newton, Cindi Bossard, Madelene Schertz (in green), Cheryl Jones (in white), and Julie McMahon (behind Cheryl Jones).

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Newton: Local communities 'shine'

"These visits are important to communities because they give local partners a chance to shine," said Newton. "But they're equally, or even more important to me and IDPH because they re-invigorate our commitment to public health by seeing such great local success stories."

Director Newton's community visits are scheduled through December and include stops in Lee, Dubuque, Calhoun, Des Moines, Jones and Grinnell counties.

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

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IDPH begins state assessment

By Joy Harris*

The Iowa Department of Public Health (IDPH) has begun an assessment of its ability to meet the state criteria of the [Iowa Public Health Standards](#). Currently underway until December of this year, the undertaking will complement work previously completed in 89 of Iowa's 99 counties which completed a [self-assessment](#) of their ability to meet the local criteria of the Standards.

During the six-month assessment period, a department "core team," made up of two staff members from each of IDPH's six divisions, will be collecting evidence that demonstrates the department's ability to meet the criteria. The Department will also engage the Iowa State Board of Health in the state assessment for a review of the criteria specifically addressing the board's role found in the Governance and Administration component areas of the Iowa Public Health Standards.

"This is an important undertaking," said IDPH Director Tom Newton. "I believe we will find that there are criteria we meet, as well as criteria we don't meet. Both findings are important as we work toward the implementation of the Iowa Public Health Standards in 2011."

In January of next year, a site review team, made up of national experts and Iowa local public health practitioners, will conduct another assessment of how well the state public health department is meeting the criteria. A final report will be provided to the department by the site review team in February 2009.

So far, Iowa has been working with representatives from the [North Carolina Division of Public Health](#) who conducted the first such state assessment in the U.S. The Division has been very helpful and was happy to provide Iowa with many of their lessons learned. Additional assistance will come soon in a visit to Iowa by a consultant from North Carolina. Special attention will be paid to collecting evidence that represents the breadth of IDPH's programs and workforce.

Stay tuned for more information on the state assessment in *Iowa Health Focus* and Director Newton's [Quick Reads](#) newsletter. To see the results of previously completed county assessments, visit www.idph.state.ia.us/rphi and look under the June 9, 2008 update. For more information about the Redesigning Public Health in Iowa project or the state assessment, contact Joy Harris at jharris@idph.state.ia.us.

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



The logo for the state assessment "core team."

Atlantic teen receives award, starts advocacy on national level

By Don McCormick*

Iowa's own Clinton Joe (CJ) Petersen was recognized in May at a ceremony in Washington, DC as the 2008 [National Youth Advocate of the Year](#) by the [Campaign for Tobacco-Free Kids](#). (Click [here](#) for a video.) The 18-year-old Atlantic native was recently elected president of Just Eliminate Lies ([JEL](#)), Iowa's youth-led anti-tobacco campaign, and serves as a voting member of the Iowa Tobacco Use Prevention and Control Commission.

In his short career as an anti-tobacco advocate, CJ's accomplishments have included: successfully lobbying for passage of tobacco-free campus policies in three school districts; serving as president of his local JEL chapter in Atlantic; founding two JEL chapters in Des Moines; appearing as a featured speaker during Youth Advocacy Day at the State Capitol; demonstrating against smokeless tobacco at the Iowa State Fair; organizing his peers to picket local tobacco outlets; and representing Iowa at the 2007 National Conference on Tobacco or Health in Minneapolis

Iowa Department of Public Health Director Tom Newton met CJ prior to his trip to Washington and presented him with a certificate of recognition on behalf of Governor Chet Culver. "CJ is much more than a leader among his peers," Newton said. "He's an inspiration to health advocates everywhere, especially those working in public health."

CJ's accomplishments in Iowa have prepared him well for his new role as a national leader in fighting tobacco use – our nation's number one cause of preventable death. As the 2008 Youth Advocate, CJ's new responsibilities will include: working on the Campaign's policy priorities at the local, state, tribal, national and international levels; serving as spokesperson to the media; representing the Campaign at various workshops and conferences; helping plan for the 2009 national [Kick Butts Day](#); and provide leadership as a member of the national youth-led anti-tobacco lobby, *Ignite*.

"My experience in JEL has really influenced what I want to do in life," CJ said. "I've come to realize that it's important for people to speak out and that's what I'll continue to do." CJ plans to attend Wartburg College next year to study public health, political science and Spanish.

CJ's award is accompanied by a \$5,000 college scholarship and a \$500 grant that he may use for local anti-tobacco advocacy. Past Youth Advocates of the Year have been interviewed by Oprah Winfrey, appeared on *Peter Jennings Reporting*, been featured in *People* magazine, met with members of Congress, and participated in events at the White House.

To learn more about CJ, including a YouTube video produced by the Campaign, visit www.tobaccofreekids.org and click on 2008 Youth Advocates of the Year Awards under "Highlights."

* Don McCormick is a public information officer at IDPH.



IDPH Director Tom Newton presents CJ Petersen with a certificate of recognition from Governor Culver.

IDPH



Bureau of Professional Licensure

Recently, Focus spoke with Eileen Gloor, chief of the IDPH [Bureau of Professional Licensure](#).

Q: Why license health professionals?

A: *The single driving force behind professional licensure is protecting the public. It is the reason experts in their field willingly pay licensure fees, take continuing education courses, serve as mandatory reporters, and promote laws and rules that are effective and fair.*

Q: What do the boards do to protect the public?

A: *A lot. Basically, though, public protection entails licensure, policy making and compliance. The Iowa Code requires licensed professionals to graduate from a formal program of study, pass a national or state examination, and complete continuing education. The boards ensure that this happens. Grounds for discipline and sanctions of a licensee must sometimes be applied. They are always done so with care, conform to laws and rules that are subject to regular review, and are clearly linked to client protection.*

Q: So to be licensed by one of the state boards is a big deal.

Indeed, and necessary to practice. A license is a source of pride and evidence of considerable responsibility. While a license card appears small when posted on a health professional's wall, it represents tremendous accomplishment and accountability. One client summed it up nicely when she told us, "I always look at the license on the wall—it makes me feel safe." To verify and print the licensure status of professionals and establishments before you visit one of the professionals we license, visit www.licensediniowa.gov.

Q: How long has professional licensure been a part of public health?

A: *In the United States, licensure of health professionals has protected the public from incompetent and unethical practitioners for more than 100 years. The first licensed professions demanded standards to assure that care givers in communities across the country were trained and tested to provide safe care. The number and categories of licensees has expanded but the purpose of licensure has never changed.*

Q: How many licensure boards are there?

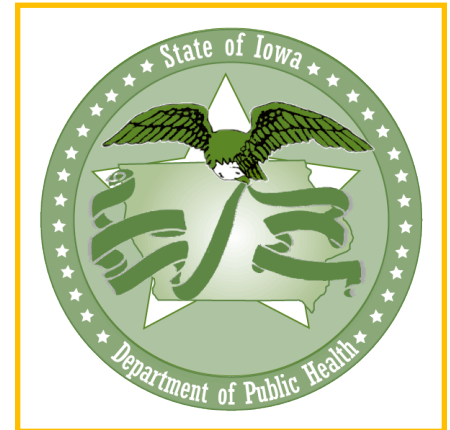
The professional licensure boards in the Bureau of Professional Licensure support 19 licensure boards regulating 39 professions and more than 45,000 actively licensed individuals and establishments. These do not include licenses regulated by the Boards of Pharmacy, Medicine or Nursing or the Iowa Dental Board.

Q: How are the boards organized?

Licensure boards are appointed by the governor of Iowa. They include members of the profession and consumers of care. Board powers are conferred by the Iowa Legislature. Licensure boards exercise only authority conferred by statute, including Iowa Code chapter 147, 272C, and each board's enabling chapter.

Q: Is this different from professional associations?

Many licensed professionals are also members of their professional organization. There is an important difference between the purpose of licensure and advocacy, however. Professional organizations promote the rights and interests of the profession. Licensure, on the other hand, promotes the health and safety of the public.



IDPH official seal used on professional licences

IDPH receives grant for youth BMI study

A \$64,428 two-year grant from [The Wellmark Foundation](#) will allow the Iowa Department of Public Health (IDPH) to develop a new body mass index (BMI) surveillance system designed to track childhood obesity. The BMI surveillance system will be piloted with a sample of 1,200 third grade students in 26 elementary schools across the state, which will align with Iowa's Title V Child Health Center regions. Implementation of the system for all Iowa elementary students is the long-term goal of the project.

"The surveillance of body mass index among Iowa third grade students will create and pilot a sustainable statewide system to monitor BMI among Iowa youth," says Catherine Lillehoj, program evaluator and epidemiologist at IDPH. "The Bureau of Nutrition and Health Promotion and the Oral Health Bureau will collaborate to measure the height and weight of Iowa's elementary school children during required oral health screenings."

Lillehoj added that dental hygienists conducting oral health screenings will receive training on how to measure and calculate body mass index. This collaboration will allow the two IDPH bureaus to share resources and work together to support oral health and obesity surveillance in youth.

Additional collaborating agencies include the [Iowa Department of Education](#) and [Title V Maternal and Child Health](#) agencies across Iowa. For more information on the project, contact Catherine Lillehoj at clilleho@idph.state.ia.us or 515-242-5913.

Since 1997, the Wellmark Foundation has provided nearly \$14.7 million to fund 406 health-related grants in Iowa and South Dakota, including \$1,739,233 this cycle. The Foundation is a private, non-profit foundation created by Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa. Visit The Wellmark Foundation's Web site at www.wellmark.com/foundation for a list of grant recipients and grant application instructions.

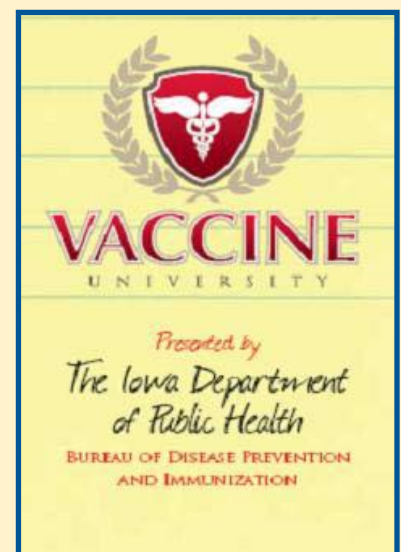


Vaccine University starts up again

Beginning July 8, the IDPH Immunization Program will be presenting 18 regional [Vaccine University](#) classes. This time, three types of classes are being provided.

- Vaccine 101— a basic course in the immunization schedule, including application of the immunization schedule using real-life scenarios;
- Vaccine Storage & Handling— this class will be a repeat of the class offered in November focusing on how to protect your vaccine supply, ensure proper temperatures, execute proper storage and handling, and utilizing a vaccine emergency response plan;
- IRIS Training— a basic introduction to the IRIS program, including hands-on work within the program to learn about vaccine accountability, vaccine ordering, inventory, and user/preference lists.

There is no fee for the classes and continuing education units will be offered for nurses and certified medical assistants. Space is limited, so sign up early. For additional information on classes, locations, or to register, visit www.idph.state.ia.us/adper/immunization.asp.



2008 legislation helps achieve Healthy Iowans 2010 goals

By Louise Lex*

If 2007 was a banner year for public health, 2008 deserves a marching band to celebrate! Several bills stand out as milestones for achieving goals in [Healthy Iowans \(HI\) 2010](#), the state's road map for improving the health of Iowans.



HF 2539

The legislature took a major step to achieve Goal 1-1, which is reducing to zero the number of children and adults under 65 without health care. House File (HF) 2539 will have a profound impact on 53,000 children who lack access to affordable insurance. Lawmakers also mandated a plan to ensure coverage for uninsured adults by January 1, 2010. Sections related to goals in HI 2010 include: ensuring a competent and diverse workforce (Goal 1-4); rebalancing long-term care (Goals 1-7 and 1-8); and establishing a medical home system (Goal 1-11). Of special interest in HF 2539 is a \$900,000 appropriation for wellness grants to communities (Goal 16-1).

HF 2212

Following the \$1.00 increase in cigarette tax in 2007 (Goal 21-1), the legislature passed a sweeping, statewide smoke-free bill. (See article in this issue of *Iowa Health Focus*.)

SF 2279

Recommendations from Lt. Governor Patty Judge's community meetings became part of Senate File (SF) 2279, the Healthy Kids Act. Included were: rules establishing nutritional content standards for food and beverages sold or provided on school grounds; a nutrition panel to review research on pediatric nutrition and make recommendations on school food to the State Board of Education; and requiring students in kindergarten through fifth grade to participate in 30 minutes of physical activity a day and students in grades 6 to 12, 120 minutes a week. The law can help stem a further rise in weight gain for young Iowans (Goal 13-4).

SF2251

SF 2251 relates to Goal 24-5 by providing that children, upon enrollment in pre-school or kindergarten, receive a vision card to encourage eye examinations.

HF 2612

HF 2612, requiring children who are 12 years old or younger to wear life jackets while boating, can contribute to reducing the number of water-related injuries (Goal 22-14).

SF 2417

SF 2417 repealed the tobacco settlement trust fund, the earnings of which supported the Healthy Iowans 2010 plan. However, the legislature continued the appropriations for FY 2009. The trust fund was established in 2000 through the efforts of Iowans United for a Healthy Future, a coalition of 66 organizations that believed funding should follow the plan. Iowa became one of a very small number of states to use the tobacco settlement for health and health-related programs.

To read an entire enrolled bill, visit www.legis.state.ia.us/Legislation.html and click on Bill Book at the top of the page. On the next screen, type the bill number in the "Quick Find" box.

* Louise Lex is coordinator of Healthy Iowans 2010.

Iowa's first Area Health Education Center now open

By Kendall Reed*

After years of planning, Iowa has its first Area Health Education Center (AHEC). Until now, Iowa was one of only four U.S. states without an AHEC, the goal of which is to help clinics and hospitals recruit and retain health care workers in rural areas, address workforce shortages, and educate students about career options in health care. Located in [Allen Hospital](#) in Waterloo, this first AHEC was made possible by a \$1.9 million grant [Des Moines University](#) (DMU) received from the U.S. Department of Health and Human Services, [Health Resources and Services Administration](#).

The federal funding matches money DMU will put toward the school's \$3.8 million three-year project to create four AHECs in Iowa. Over the next several years, DMU plans to open three more AHECs, focusing on 63 counties north of Interstate 80.

Dr. David Plundo, associate dean for clinical affairs at DMU and the AHEC project director, believes having AHECs in Iowa will give practitioners more support and help streamline the process of educating and employing Iowans in the health care field. "We are excited about this opportunity and look forward to improving the state of health care in Iowa," Dr. Plundo said.

Although programmatic emphasis will vary by region, each AHEC will target three population groups: kindergarten through undergraduate students; health care students; and practicing primary care providers. For the first group, an AHEC may offer school presentations, shadowing opportunities, mentorship and health care facility tours. For students studying toward a health care career, an AHEC may offer temporary housing during short-term training, interdisciplinary training opportunities and increased rural training sites. For current providers, an AHEC will address issues of professional isolation, enhancement of practice environments and information-sharing regarding research and best practices.

The Iowa Department of Public Health supports DMU in their efforts to establish AHECs in Iowa and collaborates with them through the Bureau of Health Care Access. "We are only beginning to see the tip of the iceberg with health workforce shortages," said Bureau Chief Doreen Chamberlin. "The AHEC is a critical part of a long-term strategy to address these shortages and will help Iowa 'grow our own' to provide health services for Iowans."

A long-term initiative, each AHEC will use DMU resources to enhance local community efforts in addressing specific needs. By establishing a partnership with the local community, hospitals and clinics, the AHEC will augment current activities in each area. The University will provide oversight for the centers but each will be governed by a local board of advisors.

Currently there are 54 AHEC programs in the United States with more than 200 centers, partnered with 120 medical schools and 600 nursing or allied health schools. In Iowa, the second DMU-run AHEC will be housed at [Broadlawn's Medical Center](#) in Des Moines and ideally be in operation this fall. The last two will likely be in Carroll and Mason City. To learn more about DMU's AHEC program, visit www.iowaahec.org or contact Dr. Plundo at david.plundo@dmu.edu.

* Kendall Reed is dean of the College of Osteopathic Medicine at DMU.



Hepatitis C awareness campaign adopted by Minnesota

By Shane Scharer*

In 2006, the Iowa Department of Public Health [HIV/AIDS/Hepatitis Program](#) and the University of Iowa, [College of Public Health](#) developed a [hepatitis C](#) (HVC) awareness campaign titled “Knowledge is Freedom: Know Your Hepatitis C Status.” Created to increase hepatitis C awareness, testing, and treatment among Iowa veterans, the campaign was recently adopted by the [Minnesota Department of Health](#) (MDH).

“The materials were very well done and the messaging was one of the best we have seen,” said MDH hepatitis program coordinator Cheri Booth. “HCV impacts veterans more than the general public, and making sure that we assist these folks who have served our country is a project that needs to be done.”

Central to the campaign is a [DVD](#) that features [Iowa veterans](#) sharing their experience about discovering their hepatitis C status and living with the blood-borne disease. Booth says she and her partners in Minnesota thought the impact of the veterans’ own stories—plus the impact of the core message, “Knowledge is Freedom”—would increase awareness in [Minnesota veterans](#) who don’t access the Veterans Affairs (VA) hospital system.

Booth reports that the DVD has been presented to County Veterans Service Officers in Minnesota and has been very well-received. “All were very interested in getting the message to their veterans,” Booth added. “We hope that we can reach out to all veterans, but especially the ones who don’t access the VA for medical attention. The ultimate goal is to make sure that veterans know their status and receive proper medical care for this disease.”

For more information about hepatitis C and the “Knowledge is Freedom” campaign, visit www.idph.state.ia.us/adper/hepatitis_c_virus.asp.

* *Shane Scharer is the Adult Viral Hepatitis Program coordinator at IDPH.*



Kiosks to help educate families about lead poisoning

By Michele Appelgate*

The [Cerro Gordo County Department of Public Health](#) is taking its lead poisoning prevention message on the road. And with a new law on the books requiring blood lead testing for all kids before entering kindergarten, the timing couldn’t be better.

Cerro Gordo health officials have purchased two electronic kiosks that will be taken to various locations around Cerro Gordo County over the next several months. The kiosks are tall, dark purple machines that look similar to an ATM and include the Cerro Gordo County Department of Public Health logo on the front. Purchased with a \$66,000 grant obtained in August 2007 from the U.S. Environmental Protection Agency, the kiosks have an easy-to-use touch screen for accessing helpful information about lead poisoning prevention and testing sites.

“This really is an excellent tool for the residents of Cerro Gordo County,” said Healthy Homes Coordinator Teresa Symens. “It’s so user-friendly. All you have to do is touch the screen to find everything you need to know about the dangers of childhood lead poisoning.”

Users can select different pages to view and print the ones they need at no cost. There are fact sheets, photos, information and printable brochures. “Having these touch screen

(Cont.)



Kiosks to help educate families about lead poisoning

(Cont. from page 12)

machines now is great timing since a new Iowa law requires children to have at least one blood lead test before entering kindergarten,” Symens added. “We are trying to reach out to all families that have children under 6 years who are affected by the new law.”

Another unique feature of the kiosk is the geographic information mapping system (GIS), which is used to interpret high risk neighborhoods based on the age of the housing. The mapping tool also assists staff at the Cerro Gordo County Department of Public Health to target areas for education and potential venues for the kiosk placement.

“It’s important for Iowans to know that older homes are more likely to contain lead paint,” said Rita Gergely, chief of the [Bureau of Lead Poisoning Prevention at the Iowa Department of Public Health](#). “These kiosks are an innovative approach to educating the community while providing valuable data regarding areas that present the most risk for lead poisoning.”

** Michele Appelgate is the Public Information Officer at the Cerro Gordo County Department of Public Health.*

Participants flood diabetes education program

By Don McCormick*

In the fall of 2007, the [North Iowa Community Action Organization](#) (NICA) received a three-year, \$700,000 grant from the U.S. Department of Health and Human Services to diagnose, manage, and prevent diabetes in women in Butler, Cerro Gordo, Hancock, Palo Alto, Winnebago, and Worth Counties. Now that the program is off and running, the grant recipients—a group of health care professionals, business representatives, non-profit organizations, and school personnel—report that the response to the program has been overwhelming.

“In the first six months of the grant, we’ve had 250 women participate in the program—that’s more than we had hoped for in the first two years!” said Betty Mallen, director of Planning at [Hancock County Public Health Services](#). “The women are really interested in learning about how to be healthier and are finding support with their peers to live healthier.”

The funding allows NICA to provide women in the six counties with free blood sugar checks, pre-diabetes instruction, and other health-related educational programming. The most effective—and most expensive—part of the program, however, is the personal coaching and counseling provided to women to help them meet their personal health goals. These sessions are held twice a month in each county, in addition to two orientation sessions held each quarter in each county. “In serving six counties, that means a whole lot of personal contact and a whole lot of opportunity for us to have a positive impact on these women’s lives,” Mallen added.

Mallen says the next steps of the program are to sustain it locally, encourage participants to stick to their commitment to lifestyle changes, and get more women into the program to reduce their risk of diabetes. Considering the way the program has taken off, that last goal shouldn’t be too difficult. “Our best advertisement has been word of mouth from the women who are participating... and they won’t seem to stop talking about it!”

For more information about this successful program, including ideas for replicating it in your community, contact Betty Mallen at 641-923-3676.



Local Board of Health Toolkit now available

A great resource for anyone wanting to know more about local boards of health is now available through the [Upper Midwest Public Health Training Center](http://www.umphtc.org) (UMPHTC) Web site. Designed for newly appointed board of health members, county supervisors, local public health agency administrators, and even veteran board of health members, the new [Local Board of Health Toolkit](http://www.public-health.uiowa.edu/umphtc/education/boh) is available at www.public-health.uiowa.edu/umphtc/education/boh. Here you will find a variety of tools included to facilitate a better understanding of the role and responsibility of the local board of health in supporting the mission of public health. Thanks to IDPH Regional Community Health Consultant Laurie Page for compiling these valuable resources over the last two years and to UMPHTC for creating such a user-friendly and organized Web site.



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