

Protect your brain: Wear a helmet

By Debbi Cooper, Iowa Safe Kids Coalition & IDPH Environmental Specialist Senior

The day you buy your child's first bike. The day you remove the training wheels and watch him pedal away on his own. The day she heads to her friend's house without asking you for a ride. These are milestones in both of your lives. Much more than a toy, a bicycle represents independence for your children.

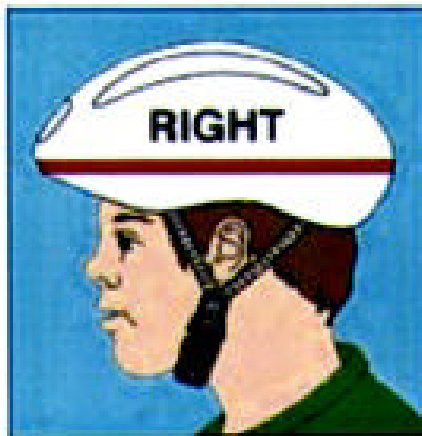
Unfortunately, bicycles are more than toys in another sense too. They are associated with more childhood injuries than any con-

sumer product except the car. In 2000, more than 373,000 children ages 14 and under were treated in hospital emergency rooms for bicycle-related injuries. Head injury is the leading cause of death in bicycle crashes.

In 2000, 687 bicyclists were killed in crashes

with motor vehicles. Seventy-one percent of these deaths were riders 16 years and older.

wearing helmets. The single most effective safety device available to reduce head injury



This illustration from the National Bicycle Safety Network shows the correct way to wear a bicycle helmet.

Ninety percent of bicyclists killed in 2000 reportedly were not

and death from bicycle crashes is a helmet. (Continued on page 2.)

A bellwether of Iowa's health

By Stephen Gleason, D.O., Director



Monitoring the health status of the population is one of the essential services of public health. It's also something that's best done at the state level — with the possible exception of large metro-

politan areas.

At the IDPH, we take seriously the charge to monitor health status, and the annual Behavioral Risk Factor Surveillance System (BRFSS). (Continued on page 2)

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Bike helmets have also been shown to offer substantial protection to the forehead and mid face.

Case in point. When my son Matt was four, he graduated from a tricycle to a “big kid” bike. He didn’t want training wheels and after falling a couple of times he took off like the wind. Those were the days before I became a safety nut and no one in our family owned a helmet. It was only a matter of days before I was confident he could keep his balance and we took off to the streets on our bicycles.

About two blocks from our home is a rather large hill. As usual, Matt was way ahead of me and couldn’t hear me when I called for him to stop and wait. He made it about half way down the hill on his bike before he lost control and proceeded the rest of the way down on his face. What a mess he was! While we were

waiting in the doctor’s office, Matt had his first chance to look in the mirror. His only comment was “Mommy, where did my face go?”

After being checked by the doctor, no concussion, no broken bones and no stitches. He was lucky enough to escape with a face that was one massive scab. We were extremely fortunate that day. Had he worn a helmet, he may not have been injured at all.

You, as well as your children, always need a helmet whenever you ride. Even a low-speed fall on a bicycle can cause a head injury.

When buying a helmet, look first for a Consumer Product Safety Commission sticker. Make sure the helmet has a smooth shell with a bright color. Make sure your helmet fits to get all the protection you are paying for. A good fit

means level on your head, touching all around, comfortably snug but not tight.

The helmet should not move more than about an inch in any direction, and must not pull off no matter how hard you try. Put it on, adjust the pads and straps, and then try hard to tear it off. Look for vents and sweat control.

Helmets sell in bike shops or by mail order from about \$30 and up, or in discount stores for less. A good shop helps with fitting, and fit is important for safety. A discount helmet can be equally protective if you take the time to fit it carefully.

Helmets are inexpensive now, so don’t wait for a sale. Many of us bought our helmets after a crash. You can be smarter than that. Be safe – wear the gear.

Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health Web site at:
www.idph.state.ia.us.

A bellwether of Iowa's health

By Dr. Stephen Gleason
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At the IDPH, we take seriously the charge to monitor health status, and the annual Behavioral Risk Factor Surveillance System (BRFSS), which states conduct in partnership with the Centers for Disease Control and Prevention, is especially important. It attempts to identify the risks associated with chronic disease, disability and death. Knowing those risks, and how they fluctuate from year to year, is important to reduce both the risks and their consequences.

The beauty of the BRFSS is that it's an ongoing study that shows trends over time. It's also conducted nationwide, so you can get comparisons from state to state. And, it has a lot of flexibility. It contains core questions that must be asked by all states that conduct the survey; it also has optional modules, which those states may or may not ask; and it includes state-added questions to cover issues that are of interest to a particular state.

The survey is conducted by telephone, which has advantages and disadvantages. Such surveys are less costly, results can be obtained

quickly, and the response rate is high compared to other methods. Also, supervision is easier. On the down side is that about 3 percent of Iowans, mostly lower income people, don't have telephones, which causes that group to be under-sampled. A disadvantage this phone survey shares with other types of surveys is that the data is self-reported.

Still, the survey yields valuable data, and the 2000 version reached about 3,600 respondents over age 18. Their telephone numbers were generated by the CDC. Data were weighted for age and gender to the state's population.

Overall, the data is encouraging. In last year's survey, 87.7 percent of respondents reported their health as "excellent," "very good," or "good." In this year's survey, that figure rose to 89.1. Only three states ranked higher than Iowa.

In health-insurance coverage, another standard bellwether of healthiness, the data shows a slight decline. This year, 8.9 percent of respondents re-

ported having no health insurance; last year, the figure was 8.8 percent.

When asked about tobacco use – the top preventable cause of illness and death – 23.2 percent reported being current smokers, down from 23.5 percent the year before.

These are only a few of the indicators in the survey. Also included are questions about heart disease, high blood pressure, cholesterol, physical activity, diet and overweight, diabetes, oral health, alcohol consumption and problem gambling. It also asks about the frequency of mammography and pap tests and about HIV/AIDS, quality of life and disability and asthma.

To access the data, go to our web site, www.idph.state.ia.us, and look for "Iowa 2000 Behavioral Risk Factor Surveillance System" under "Recent Additions." We hope you find the data useful, but we welcome your suggestions on making it more useful. Please send any such suggestions to FOCUS editor Kara Berg at the e-mail address listed on the last page of this issue.

Wellmark, IDPH team up to reach new lowans

By Carlos Macías, Division of Family & Community Health

In the Spring of 1999, a Rubella outbreak among immigrant workers in Wright County led local and state public health departments to organize a health fair of the community's new lowans. Following the success of this pilot health fair, the Wellmark Foundation funded *Project ¡Salud!* a venture to help more local health departments in Iowa to organize health fairs for their newcomer populations.

Through *Project ¡Salud!* the IDPH was able to help local partnerships organize health fairs in the communities of Alden, Lennox, Perry, Ackley, Sioux Center, Des Moines and Dubuque. These were great collaborations, often including representatives from local public health departments, school districts, migrant and community organizations, city governments, hospitals, private physicians, outreach workers, faith organizations, local advocates and many more. The screenings offered in Ackley



A group of girls perform folkloric dances native to Mexico during an Ackley health fair.

uncovered several conditions among participants such as elevated blood sugars, positive TB skin tests, high blood pressures, etc. But the real victory was the different cultures celebrating their health together.

The Ackley health fair was in full swing when the approximately 175 people who were in the building stopped what they were doing to see a local group of girls perform folkloric dances native to Mexico. "It was incredible... the girls were so proud to show off their culture," said Odilia Garza of El Cafecito in Ackley.

much the communities were able to do with limited resources.

Project ¡Salud! brought together different cultures and allowed them to communicate with each other, often through the use of language interpreters. In these communities, a lasting bond was created between the new lowans and the health community, often resulting in increased access to health services to immigrants who had now met people in health agencies, as well as interpreters, making it easier to bridge the communication barrier.

A revised version of the "How to organize a multilingual health fair" guide is available through the Bureau of Health Access at the Iowa Department of Public Health at 1-800-242-6383.



A woman receives assistance from a health-care professional and an interpreter.

In Lennox the health fair and fiesta ended with a Mariachi group from Sioux City serenading the crowd of providers, consumers and some curious stragglers at the American Legion. Food was prepared and served by local immigrants who spent the majority of the previous day and night preparing for the event. It was amazing how

CISM teams aid NY City emergency personnel

By Ellen McCardle Woods, Bureau of EMS

The State of Iowa Critical Incident Stress Management (CISM) Network is a not-for-profit organization that provides crisis counseling for emergency service personnel. CISM assists emergency service providers as they deal with the emotional and physical aftershock of a critical incident. A critical incident is any situation faced by emergency personnel that causes them unusually strong reactions, which have the potential to interfere with their ability to function either at the scene or later.

The Iowa CISM Network has 14 teams throughout Iowa. The teams provide education, emergency critical incident defusing and debriefing, referral for individual services, and family support programs. The CISM teams help emergency service providers come face-to-face with their reactions to the trauma they have wit-

nessed. In a safe, confidential atmosphere, participants explore their feelings at the time of the incident and beyond.

Any time an EMS, fire, law enforcement or hospital group experiences a critical incident, they can call a CISM team for assistance. The CISM team is comprised of emergency service support persons representing all areas of emergency care.

The Iowa CISM Network is affiliated with International Critical Incident Stress Foundation (ICISF) located in Baltimore, Md. Following the September 11 attacks, an organization in New York City called Police Organization Providing Peer Assistance (POPPA) contacted ICISF for CISM teams from around the world. ICISF then contacted each state to seek availability of CISM teams.

From December 2001 through May

2002, the Iowa CISM Network will have supplied 10 CISM teams to New York. A team consists of one mental health person and 3 police officers. Iowa CISM Network will continue to provide assistance as long as it is needed. Iowa is one of the leading states to have provided CISM assistance to New York. The IDPH has helped fund and has offered administrative help to the CISM teams.

Governor Thomas Vilsack, First Lady Christine Vilsack and Lt Governor Sally Pederson honored each CISM team that had volunteered in New York at a reception on April 13 at the Capitol in Des Moines. Over 750 people attended.

For more information about CISM or the Iowa CISM Network, contact Ellen McCardle Woods, LPN/PS, at 641-377-2237 or e-mail at emwoods@health.state.ia.us.

New requirement for mandatory reporters

By Kevin Teale, Communications Director

Iowans considered mandatory reporters for child or dependent abuse may be impacted by a new state requirement. As of May 1, 2002, the Iowa Department of Public Health must approve the training curricula for selected mandatory reporter training programs.

Persons covered by the new requirement include professionals such as certified nurse aides, X-ray technicians, home health aides, peace officers, child-care workers and licensed teachers. Other Iowans considered mandatory reporters of abuse might work in profes-

sions that require a state license. It is the responsibility of those licensing boards to approve the mandatory reporter training, and workers in those professions are not covered under the new requirement.

The initial requirement was passed by the 2001 session of the Iowa General Assembly. Since that time, a six-member panel has been meeting to develop the process and guidelines for approval of a training curricula.

According to Iowa law, six classes of professionals must report suspected abuse within 24 hours from the time

they notice the suspected abuse. Those professions are: health, mental health, education, law enforcement, child care and, social work. These people are required by Iowa law to complete a training course in mandatory reporting of abuse.

Complete information about the process and a complete listing of the approved training courses is available at the Abuse Education web site: www.idph.state.ia.us/dir_off/AbuseEducation/default.htm, or by contacting Mary Anderson at 515-242-6333.

IDPH to upgrade terrorism preparedness

By Jami Haberl, Office of Disease Epidemiology and Disaster Preparedness

In February, the Center for Disease Control and Prevention (CDC) announced availability of \$11.5 million to the Iowa Department of Public Health (IDPH) to provide a statewide, effective and sustainable program of public health disaster/terrorism.

In addition, the U.S. Dept. of Health and Human Services (HRSA) announced an award of \$1.3 million to provide a statewide, effective and sustainable program for hospitals and emergency medical services (EMS) disaster/terrorism services. Both systems would be fully integrated into Iowa's Homeland Security and Emergency Plan. To secure funds, the IDPH submitted a cooperative agreement outlining proposed activities for next year.

The purpose of the agreement is to upgrade local and state public health preparedness for and response to bioterrorism, disease outbreaks, and other public health threats and emergencies. Six focus areas require development of preparedness and response plans, and activity timelines for development of critical capacities and critical benchmarks.

Critical capacities must be implemented during the agreement period. Critical benchmarks must be completed prior to submission of the application. The agreement period ends August 30, 2003. The six focus areas are A) preparedness planning and readiness assessment; B) surveillance and epidemiology capacity; C) laboratory capacity – biological agents; E) health alert network/communication and information technology; F) risk communication and health-information dissemination and G) education and

training.

Focus area A establishes infrastructure support for strategic leadership, direction, inter-agency collaboration and coordination of the public health community. That ensures state and local preparedness and readiness to respond to bio-terrorism or other public health emergencies. Additionally, it provides support to conduct a comprehensive needs assessment of public health, hospital, and EMS preparedness and response capacity.

This focus area also provides support to develop and implement state and local emergency response plans and to develop, implement and exercise the National Pharmaceutical Stockpile (NPS) plan. Lastly, it provides the foundation to ensure all activities are integrated into Iowa's Homeland Security and Emergency Plan.

Focus area B establishes a reportable disease surveillance system to be used by health-care providers and laboratories to rapidly detect a terrorist incident. It develops and implements comprehensive epidemiologic response plans (state and local) that address surge capacity, including delivery of oral antibiotics and immunizations. It also provides the foundation to assure 24/7 reporting and alerting capabilities among state and local health departments, hospitals/clinics, and laboratories.

Focus area C develops and implements a jurisdiction-wide program of rapid and effective laboratory services to support response to bioterrorism or other public health emergencies. It enables purchase of equipment to rapidly detect and correctly identify biological agents likely to be used in a bio-terrorist incident.

This focus area also provides support for the development of plans that direct how laboratories are to respond to a bio-terrorist incident and operational procedures for safe packaging and transport of specimens. It also provides support for building partnerships with local HazMat teams, law enforcement and first responders.

Focus area E provides for effective communication (Health Alert Network) among public health departments, health-care organizations and law enforcement through high-speed Internet, use of e-mail, and development of a comprehensive directory of public health and clinical personnel covering all jurisdictions. This will allow for a flow of 24/7 critical health information and ensure that 90 percent of the population is covered by the network.

It also ensures the establishment of a 24/7 emergency notification system for emergency public health response. The notification systems will be redundant and include e-mail, blast fax, and paging systems. This focus area ensures protection of critical data and information that will be exchanged between clinical, laboratory, and public health officials.

Focus area F supports the development of a risk-communication plan and process to disseminate and educate the public on exposure risks and effective public response. It provides the foundation to build a team of public information officers across the state to respond to a bioterrorist incident with "Go Kits." A series of educational programs will be provided for local public health and emergency managers on risk communication. A series of town

meetings and educational activities for the public will also be developed and implemented. A variety of public information materials will be developed and disseminated.

Focus area G ensures delivery of education and training sessions to key public health, infectious disease specialists, emergency-department personnel, and other health-care providers. Partnerships will be formed with schools of public health, medical and other academic institutions to provide this education and training. This focus area also supports biological pre-

paredness and response exercises. Additionally, a bioterrorism speaker's bureau of local, state, and national experts will be established.

There are two phases of the cooperative agreement. Phase 1 focused on plans to complete a comprehensive needs assessment, planning and initial implementation. Phase 2 focuses on the development and implementation of regional hospital and EMS bioterrorism preparedness and response plans. Each phase requires activity timelines for development of critical capacities and critical benchmarks.

Due to the Sept. 11 attacks on the U. S., the Office of Disease Epidemiology and Disaster Preparedness has been established within the IDPH. It is responsible for coordinating the grants and working to enhance the existing public health infrastructure within the state.

NW Iowa program assists new families

By Nancy Dykstra, RN, MA, APRN, Director of Community Health-Sioux County

Ready to offer support and guidance, Healthy Families Northwest Iowa was created so parents would be better equipped to provide a safe and nurturing environment where they and their children can thrive. This voluntary and free program began serving families in Sioux, Plymouth, Lyon and Cherokee counties in February 2001 through Northwest Iowa Empowerment funding.

Healthy Families is a home visitation program based on the premises that the first three years of a child's life are the most important, and that parents are the best teachers. Healthy Families home visitors are trained to assist families through support, guidance, modeling, advocacy and empowerment. They are prepared to present age and developmentally appropriate informa-

tion to parents and children, but are also ready to set aside a planned curriculum to assist with the problems and crises that arise in every family.

Families are eligible for the program when they are expecting a child or within three months of the birth of a child. Families receive home visits by trained professionals at the families' convenience. Visits can occur weekly, or more or less frequently as the needs of the family change.

In Sioux County, monthly parent meetings provide an additional opportunity for teaching and interaction as families gather for food and programs on such sub-

jects as nutrition, age appropriate toys, music appreciation for children, and infant massage.



The Sioux County office employs a full-time bilingual social worker and two part-time nurses for a current case load of 40 families. Of these 40 families, almost half are Hispanic.

Institute promotes community health and well being

By Gail Hardinger - McCarthy, Coordinator, Iowa Community Health Leadership Institute, Center for Healthy Communities, Iowa Methodist, Lutheran, and Blank Children's Hospitals

For a community to stay healthy, a new understanding of health is required. The traditional definition of health was an absence or avoidance of health. A more global definition of health may have to do with quality of life and maintaining well being. The Iowa Community Health Leadership Institute uses these principles as a guide for its purpose.

The ICHLI, established in 1998, is a collaboration of the Iowa Health System, the Iowa Association of Local Public Health Agencies and the Iowa Department of Public Health. It provides training for people committed to improving the health of their communities.

Through specially designed leadership development sessions, the

institute develops partnerships between public and private health professionals and community members, enhances networking between rural and urban residents and encourages work on best practices for leadership development. Scholars have the opportunity to create a vision of a healthy community and the systems that support it, explore asset-based community development and learn how to integrate their own personal leadership style into implementing and sustaining community health initiatives.

The year-long process includes four on-site sessions in Des Moines and four on-line facilitated dialogues. Scholars work on a Community Improvement Project where they identify an issue or problem in their community and

work to propose and implement a solution.

Dates for the 2002-03 sessions are as follows:

- Session One – September 12-14, 2002
- Session Two – January 9-11, 2003
- Session Three – May 8-10, 2003
- Graduation – September 11, 2003

If you are interested in learning more about the Iowa Community Health Leadership Institute, contact the Center for Healthy Communities at 515-241-3265. Applications for the 2002-03 year are being accepted through June 1, 2002.

Iowa awarded State Incentive Grant

By Marilyn Wulff, & Debbie Synhorst Division of Health Promotion, Prevention & Addictive Behaviors

The Center for Substance Abuse Prevention (CSAP) of the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, awarded Iowa a State Incentive Grant (SIG) of \$2.9 million each of three years, 2002 to 2005.

Under the direction of the Governor, the Iowa Department of Public Health will award grants of up to \$90,000 per year for three years to 20 to 30 Iowa communities. Applicants will be community-based organizations/community coalitions (with 501c3 status) with substance

abuse prevention as a priority in their mission.

The purposes of the local grant are:

1. To reduce the use of alcohol, tobacco and marijuana among 12 to 17-year-olds through implementing and sustaining science-based and model substance abuse prevention programming. Specific attention will be given to cultural diversity in the target population.
2. To develop coalition capacity and effectiveness for community social norm change.
3. To provide community input in

the development of a comprehensive state prevention system.

The Request for Proposals (RFP) will be issued by a posting on the IDPH web page, <http://www.idph.state.ia.us>, around the middle of May. For more information, contact Debbie Synhorst, dsynhors@idph.state.ia.us or Marilyn Wulff, mwulff@idph.state.ia.us.

Program evaluation will be conducted by the Iowa Consortium for Substance Abuse Research and Evaluation at the University of Iowa.

Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health,
1 800 362-2736 (24-hour number)

Getting “Ticked-Off” May Be

Good: The spring weeks usher in opportunities to enjoy the great out-of-doors with youth field trips, hiking, mushroom hunting and the like. Citizens should be informed to be tick savvy as they take to the field. During 2001, a total of 576 ticks were submitted to Dr Wayne Rowley, Iowa State University for identification. The species profile was as follows: 350 *Dermacentor variabilis* (dog/wood tick), 132 *Amblyomma americanum* (lone star tick), and 94 *Ixodes scapularis* (deer ticks). Of the deer ticks collected, nine or 10 percent were positive for *Borellia burgdorferi* (the causative agent of Lyme disease). Protection against Lyme disease transmission may be assured by wearing light colored clothing, applying low content DEET-based repellent to clothing and exposed skin especially legs, and carefully examining one’s self after field exposure. As a rule of thumb, ticks attaching to humans will not imbed for 24 hours and usually not until 48 hrs and must feed for another 24 hours to transmit organisms. Prompt cleansing showers will quickly remove un-embedded ticks. Note that larger tick species may vector Rocky Mt spotted fever and occasionally tularemia. Last year, the University Hygienic Laboratory confirmed Iowa’s first case of ehrlichiosis incidental to turkey hunting in Van Buren County. The granulocytic form of this infection is also vec-

tored by deer ticks. Finally, we should not forget about the rare risk of “tick paralysis” following embedding of a tick in the head and neck area of the patient, usually a child. In this disorder, release of acetylcholine from axonal terminals (or depolarization) is blocked by a neurotoxin from the tick, always a dog or wood tick species. Treatment is removal of the tick; use forceps and grab the tick as close to the skin surface as possible. Recovery is usually within hours. Fact sheets on Lyme disease and DEET can be found on the IDPH web site at www.idph.state.ia.us/pa/ic/epifacts/epifactcontents.htm.

Pertussis: IDPH, CADE is conducting a contact investigation after a case of pertussis was identified in an adult home for physically and mentally handicapped persons. Staff and clients were assessed for cough illness. Those that met criteria coughing for at least 7 days (14 staff and one client) had nasal pharyngeal swabs done. The kits were sent to UHL for testing. Of the 15 specimens collected from residents and staff, four staff members have tested positive and are on treatment, provided their cough was less than 21 days old.

The kits were sent to UHL for testing. Of the 15 specimens collected from residents and staff, four staff members have tested

positive and are on treatment, provided their cough was less than 21 days old. One additional client in the facility is being tested. Pertussis is a cough illness that can affect all ages. Even though pertussis vaccine is part of the childhood vaccine series, the last dose is given at age 7. Protection is not lifelong. Five-ten years after the last dose of vaccine persons are again susceptible. Adults rarely have the severe symptoms of childhood. In adults often the only symptom is a prolonged cough. Cases who have coughed less than 21 days and their contacts should be given treatment or prophylaxis. The drug of choice is erythromycin for 14 days. The following web site will connect those interested with the CDC "Guidelines for the Control of Pertussis Outbreaks". <http://www.cdc.gov/nip/publications/pertussis/guide.htm>.

Educational Opportunities:

The Iowa Center for Public Health Preparedness and the Iowa Association of Local Public Health Agencies are co-sponsoring the Public Health Preparedness Grand Rounds series offered via the ICN (see website below for ICN sites), videotape, CD Rom and streaming video. Please share this information about the upcoming Grand Rounds Series with your coworkers, staff, and other contacts, including listservs.

The next three programs are on

May 9 - Decontamination: From Myths to Reality; May 23 - Preparing Family and Home for Unexpected Emergencies; June 6 - Mental Health/Stress Disorders.

Visit http://www.public-health.uiowa.edu/icphp/grand_rounds/gr_index.html for additional information.

New Disease Reporting

Forms: The peach-colored reporting card has been updated and the color changed to a bright salmon and is available through the Clearinghouse (888-398-9696). The changes are minor and include removing the request for the social security number, requesting information on specimen type and date collected, and requesting additional information on the healthcare provider. Please call the Clearinghouse to get the new forms.

New Variant CJD Investigation from Lisa Conti, Florida

Dept of Health: The Florida Department of Health and CDC are investigating a probable case of new variant Creutzfeldt Jakob disease (vCJD) in a 22-year-old citizen of the United Kingdom living in Florida. The clinical diagnosis was made at a hospital in the U.K. and the U.K. citizen has since returned to the U.S. Preliminary analysis of information provided by the U.K. indicates that the patient's clinical condition and history are consistent with vCJD acquired in the U.K. However, the only way to confirm a diagnosis of vCJD is through study of brain tissue obtained by a brain biopsy or at autopsy. If confirmed, this would be the first case of vCJD reported in a U.S. resident. However, the disease is thought to have a long incubation period and public health

investigators believe the patient acquired the disease while living in the U.K. Of the 125 vCJD patients worldwide, almost all had multiple-year exposures in the United Kingdom between 1980 and 1996 during the occurrence of a large UK outbreak of BSE among cattle. The risk of being exposed to BSE as a traveler in Europe is extremely small.

West Nile Virus Surveillance:

Extensive plans are underway to expand WNV surveillance this year including placement of new sentinel surveillance flocks and mosquito traps in four new locations, specifically Marshalltown, Mason City, Carroll, and Ottumwa. The milieu of mosquito species and bird fauna in the mid-west are different from the eastern seaboard and gulf coastal states and speak to the importance of field studies to better define risks. In Iowa, submission of crows and blue jays for PCR testing will remain a priority in this effort. This year specimens should be sent to the University Hygienic Laboratory instead of the Veterinary Diagnostic Laboratory. While a shipping kit with prepaid UPS labels will be distributed soon, the UHL welcomes any current crow/blue jay specimens in good condition, double-bagged and with a coolant pack. Mark your calendars -- There will be an ICN briefing on WNV surveillance on Thursday, May 16, from 2 p.m. to 4 p.m.

Rabies in Iowa - 2001: We have finally completed the 2001 rabies summary for Iowa, thanks to some great assistance from Valerie Bryson, second year ISU veterinary student. Overall figures are comparable to last year except for a great increase in rabies in bats. The summary can be found

in the rabies appendix of the Epi Manual at <http://www.idph.state.ia.us/pa/ic/EPIManual/Chp5.pdf>.

Respiratory Illness Outbreak in a Long-term Care Center:

In mid-April, CADE was informed of a possible outbreak of respiratory illness among residents and staff of a long term care center. This initial report indicated that approximately one-third of the residents had respiratory illness (cough, fever, congestion). Additionally, two of these residents had positive blood cultures for *Streptococcus pneumoniae* and a third had a positive rapid test for Influenza A. Further investigation yielded three more positive rapid tests for Influenza A and additional laboratory tests are pending to confirm these findings. To prevent further cases, in addition to ongoing infection control measures, recommendations were made to prophylax residents and non-vaccinated staff with antivirals, to encourage influenza vaccination of all staff and residents not previously vaccinated, and to ensure that all residents are up to date on the pneumococcal vaccination.

Salmonella enteritidis Outbreak:

CDC and the Texas Department of Health are investigating an outbreak of *Salmonella enteritidis*, associated with conferences held in Dallas, TX. Twenty-two Iowa residents have been identified as being at this convention. One Iowa resident has confirmed illness. Any Iowa resident that attended the software users conference, should go on line at <http://www.tdh.state.tx.us/ideas/outbreak>.

Upcoming Events: Emergency Management Division (EMD) An

nual Conference. EMD's annual conference, entitled "September 11 and Beyond," is scheduled for June 3-5 in Des Moines. The conference will include a variety of topics and speakers and should be of interest not only to emergency management officials, but to public health officials as well. More details can be found at www.idph.state.ia.us/terrorism/trainings.htm

New FAX Number: CADE has a new fax number - (515) 281-5698. Please note that this new fax applies only to the CADE office, all other fax numbers within IDPH, including those for the TB program - (515) 281-4570 - are unchanged.

Influenza Update: The 2001-2002 influenza season is slowly coming to an end, with just a handful of cases being identified in the month of April. Currently,

Iowa stands at 181 confirmed cases - 163 are influenza A (H3N2), one influenza A(H1N1), and 17 influenza B's. For updated information on the Iowa influenza season, go to either the IDPH web site at <http://www.idph.state.ia.us/pa/ic/ic.htm> or to the UHL web site at <http://www.uhl.uiowa.edu/HealthIssues/Respiratory/index.html>.

Nationally, during week 15 (April 7-13, 2002), 55 (8.3%) of 666 respiratory specimens tested by World Health Organization (WHO) and National Respiratory Virus Surveillance System (NREVSS) laboratories were positive for influenza. The overall proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was 0.8%, which is below the national baseline of 1.9%. The proportion of deaths attributed to pneumonia and in-

fluenza was 7.6%, which is below the epidemic threshold of 8.0% for week 15. One state and territorial health department reported widespread influenza activity, 3 reported regional activity, 37 reported sporadic activity, and 7 reported no influenza activity. You can get up-to-date national influenza updates from the CDC's web site at <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>.

Mark Your Calendars: Homeland Security will be the focus of the Iowa Emergency Management Division's (EMD) Annual Conference, June 3-5. More details on the conference, including location, proposed speakers, and topics, can be found in the attachment. For further information, please contact EMD at 515/281-3231.

Worth Noting

Public Radio Spot - Kathy Williams, coordinator of the State Office of Rural Health, in the Bureau of Health Care Access of the Iowa Department of Public Health, was a guest panelist on National Public Radio's "Talk of the Nation, Science Friday" on April 12, 2002. Throughout the show the panel responded to rural health-related questions from the live audience and telephone call-ins. Williams discussed health-care access problems faced by rural Iowans, including recruitment of health practitioners to rural areas, Iowa's low Medicare reimbursement level, lack of health insurance among farmers, and USDA's recent closure of their visa program for foreign doctors. Williams summarized federal programs available to increase reimbursements to rural facilities---the shortage designation process, Critical Access Hospital Program, and Rural Health Clinic program.

Health & Fitness Member of the Year - In March, the National Association for Health and Fitness named IDPH's Tim Lane, Bureau of Health Promotion, as the Member of the Year. Lane is recognized by his peers as an innovator, willing to share his ideas about health and fitness with his colleagues across the country.

Side Notes

Des Moines University Summer Term - The Public Health and Health Care Administration Programs Summer term begins May 6 and runs through the end of August. For a complete listing of available courses and registration information visit our web site at www.dmu.edu/dhm/calendar. For additional course information or information on our certificate and degree programs, contact Carla Stebbins at 515-271-1497 or 800-240-2767, ext. 1497 or by e-mail at carla.stebbins@dmu.edu.

Governor's Conference on Aging - Aging...a work in progress: The Governor's Conference on Aging will be held May 20 to 21 at the University Park Holiday Inn, West Des Moines. For more information call 515-225-1051 or 1-800-264-1084.

Wellmark Foundation's Grant Teleconference - The foundation's 2002 health improvement agenda focuses on community initiatives that will measurably improve health through preventive health services or health promotion. The second cycle grant teleconference in Iowa is scheduled for May 15 from 2 p.m. to 3:30 p.m. The grant teleconference in South Dakota is scheduled for May 22 from 10 a.m. to noon, CDT and 9 a.m. to 11 MDT. The first part of the teleconference is dedicated to explaining grant criteria and the application process. There will be time for you to ask questions of the presenters.

These grant teleconferences are broadcast over the Iowa Communications Network (ICN) and the Dakota Digital Network (DDN) in South Dakota. The sites are listed below. If it is more convenient for you to attend a site in the other state, you may attend that grant conference. It is not necessary to pre-register for either location. For more information go to www.wellmark.com and click on "Get Grant Money." For questions contact Shirley Jensen at 515 245-4572, or e-mail: jensensm@wellmark.com.

Iowa ICN Sites: Carroll – Kuemper High School, Room 175; Cedar Falls – University of Northern Iowa, Schindler 130A; Creston – Greater Community Hospital, DV Richardson Conference Room; Davenport – Eastern Iowa Community College, Kahl Education Center, Room 300; Des Moines – IA Department of Public Health, ICN Room, 6th floor; Des Moines – Univ. of Osteopathic Medicine, Tower Clinic, 3rd floor, Room 306; Fort Dodge – Trinity Regional Hospital, Room: POB 140; Hampton – Hampton-Dumont Comm. High School; Dubuque – Keystone Area Education; Emmetsburg – IA Lakes Comm. College, Arthur & Audrey Smith Wellness Center; Iowa City – Consolidated School District, Administration Office; Mason City – Northern Iowa Area Comm. College, Room 106, Activity Center; Ottumwa – Indian Hills Community College, Advanced Technology Center, Room 107; Pella – Central College, Media Center, Room 102; Red Oak – Red Oak High School, Room 304; Sioux City – Department of Human Services, Trospar-Hoyt County Services Building, 4th floor.

South Dakota DDN Sites: Aberdeen – Northern State University¹, Beulah Williams Library, Studio 1, Room 117; Mitchell – Mitchell Technical Institute, Main Building, Room 131; Pierre – State Capitol Building, Studio A; Rapid City – SD School of Mines and Technology Classroom Building, Room 109; Sioux Falls – Southeast Technical Institute, Mickelson Education Center, Room 205; Timber Lake – Timber Lake Public School; Vermillion – University of South Dakota, Old Main, Room 204; Watertown – Lake Area Technical Institute, Main Building, Room 125.

Grant Writers Workshop - *The ABC's and XYZ's of Successful Grant Writing* will be held May 30 and 31 at the West Des Moines Marriott Hotel. Sponsored by the Iowa Dept. of Public Health's Office of Rural Health and the Wellmark Foundation, this two-track workshop is designed for both novice and experienced grant writers. Track one, is designed for the new grant writer, while track two offers participants hands-on experience in grant development. Featured speakers include well-known Iowa grant writer Ron Mirr of The Higher Plain, Inc. and keynote speaker Edna Brown, senior associate of EDB Consulting Group, Inc. Registration fees - Track One, May 30, is \$60, Track Two, May 30 & 31 is \$85. CEU's are \$5 each. For more information call the Wellmark Foundation at 515 245-4572. Registration deadline is May 23.

Iowa Latino Heritage Festival - Sponsored by the Division of Latino Affairs, this May 25 festival in downtown Des Moines will highlight the contribution to Iowa of Latino and other minority cultures, and help make new Iowans feel welcome. It will feature games, food, sports demonstrations, exhibits, music and dance – all with a Latin flavor. Be sure and stop by the Iowa Dept. of Public Health booth for health information and some free giveaways.

Patient Safety Conference - This iMAPS event will be held June 12 from 8 a.m. to 5:30 p.m. at the Four Points Sheraton in Des Moines. Iowans Mobilizing Action For Patient Safety (iMAPS) is comprised of the Patient Safety Team at the Iowa Department of Public Health, the Patient Safety Advisory Committee which is composed of many provider groups and business leaders, and the University of Iowa-College of Public Health. This conference will present results and updates on completed and ongoing patient safety research. Also included will be an update by the CDC on new issues effecting patient safety in Iowa and the entire country. For a conference brochure see www.idph.state.ia.us/dir_off/CSHA/psconference.htm. For questions, contact Joe Kane at 319 363-2531.

I-CASH accepting entries - Iowa's Center for Agricultural Safety and Health (I-CASH) is accepting nominations for its new Agricultural Safety and Health Hall of Fame Award. The award is designed to recognize individuals and/or organizations in Iowa who have made substantial and long-term contributions to the health and safety of the state's agricultural community. The nomination deadline is July 1. Those nominated should have contributed in a leadership role to agricultural safety and health prevention through promotion or awareness activities for five or more years. The recipient will receive a \$100 cash award at a ceremony to be held during Farm Safety Week. Nomination forms are available at www.public-health.uiowa.edu/ICASH/Hall_of_Fame_Award.html, or contact Eileen Fisher, Ph.D., associate director of I-CASH, at 319 335-4224 or eileen-fisher@uiowa.edu.

U of I College of Public Health Summer Institute - The University of Iowa College of Public Health is offering the following graduate courses during their first summer institute.

- 1) **Intro to Public Health Practice**—Web-based class with ICN session July 8 through Aug. 16. Sites include Spencer, Council Bluffs, Sioux City, Mason City, Cedar Falls, Ames, Des Moines, Dubuque, Bettendorf, Ottumwa, Creston, and Iowa City.
- 2) **Environmental Health**—ICN class July 8 through August 2. Sites include Iowa City, Cedar Falls, and Ames.
- 3) **Intro to Biostatistics**—Main campus only, July 8 through August 16. M T W Th F, 1:30 to 3:00 p.m.
- 4) **Epidemiology I: Principles** - Main campus only, July 8 through August 16. M T W Th F, 3:30 to 5 p.m.
- 5) **Seminar in Patient-oriented Research, Lecture & Discussion** - Main campus only, July

8 through 16. M T W Th F, 8 to 10 a.m. Open to K30 participants and selected other clinicians training for careers in patient-oriented research. Courses are taught in seminar discussions. See <http://www.medicine.uiowa.edu/gtpci/>

6) **Seminar in Patient-Oriented Research Data Analysis**—Main campus only, July 8 through 16. M T W Th F, 10:15 to 11:45 a.m. Open to K30 participants and selected other clinicians training for careers in patient-oriented research. Courses are taught in seminar discussions. See <http://www.medicine.uiowa.edu/gtpci/>

For more information on the above classes see <Http://www.public-health.uiowa.edu/mphdegree.html> or e-mail barbara-brown@uiowa.edu.

2002 JEL Summit — The JEL (Just Eliminate Lies) Summit July 23-25 at Iowa State University will focus on anti-tobacco advocacy and education. For more information or an application go to www.jeliowa.org and click on JEL Summit 2002.

UI College of Public Health Offers New Certificate - Starting fall 2002, a 12-hour Certificate in Public Health will be offered by the college. Although intended for current members of the public health workforce, it also is available for qualified individuals considering a career in public health. Students have up to five years to successfully complete the certificate program.

Courses will be offered via ICN, Internet, or both. The college may allow nine of the 12 hours of certificate coursework to be applied toward post-baccalaureate academic credit. Also under development is allowing specific core courses included in the certificate program to be applied toward the Master of Public Health (MPH) degree if the student is admitted to the MPH program. More information on these potential options will be available later this year. For more information, contact Barbara Brown, Graduate Studies Coordinator, at 319 335-8992 or 1-800-553-4692, ext. 5-8992, or by e-mail at barbara-brown@uiowa.edu.

Required Courses (6 hours) 170:101 Introduction to Public Health Practice, 3 s.h.; 170:099 Evidence-based Public Health Methods, 3 s.h.

Additional Courses (6 hours required from the following) 172:101 Introduction to Health Promotion and Disease Prevention, 3 s.h.; 174:102 Introduction to the Health Care System, 3 s.h.; 175:197 Environmental Health, 3 s.h.

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**Check out our web site
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