

Sixty percent of Iowans overweight

By Carol Voss, IDPH Community Health Consultant

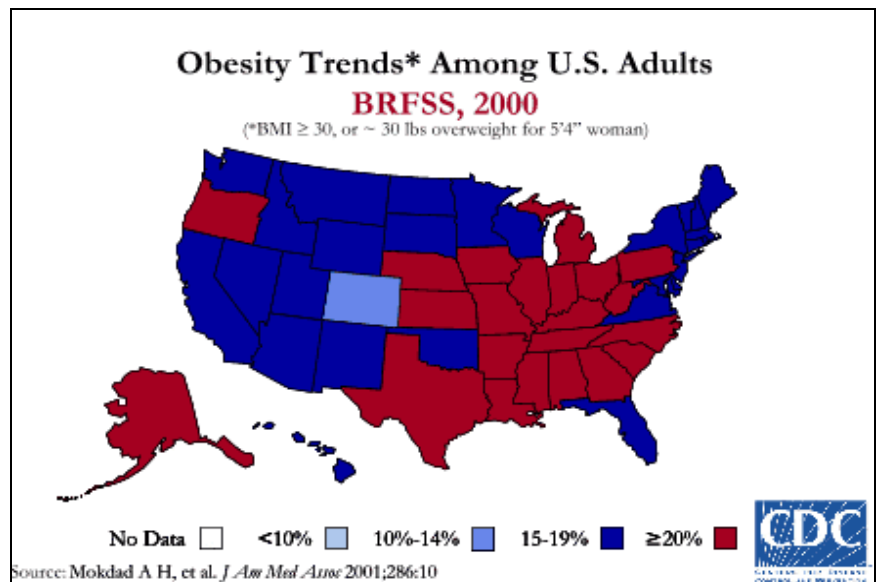
During the past 20 years there has been a dramatic increase in obesity in the United States and Iowa is no exception. Data from the 2000 Behavioral Risk Factor Surveillance System (BRFSS) indicates that 60 percent of Iowans are overweight, having a Body Mass Index (BMI) of greater than 25. Iowa is one of 22 states having a population rate of 20 percent obesity or more (Body Mass Index >30), which translates to 30 or more pounds of excess weight. The higher a person's BMI is above 25, the greater their weight-related health risks. The increases in

overweight and obesity cut across all ages, racial and ethnic groups, and both genders. The prevalence of overweight has nearly tripled for adolescents in the past two decades.

Overweight and obesity carry with them health and financial burdens. Over 300,000 deaths each year are associated with obesity. Excess weight is associated with heart disease, certain types of cancer, type 2

diabetes, stroke, arthritis, breathing problems, and psychological disorders, such as depression. Total direct and indirect costs attributed to overweight and obesity was about \$117 billion in 2000.

What is the cause of this major health problem? Weight gain is a result of caloric imbalance - too many calories taken in and not enough calories going out. Continued on page 2.



We're losing some good people, and we'll miss them



Dr. Stephen Gleason

By Stephen Gleason, D.O.

At this writing, at least 11 of our colleagues at the IDPH have chosen to take early retirement or otherwise depart.

Strictly from the viewpoint of an administrator of a

state agency that, along with other departments, had to trim 4.3 percent from its budget on top of an earlier 10 percent, I might be expected to be happy about their departure. Indeed, their leaving will allow others to keep their jobs. Continued on page 4.

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The solution sounds simple enough - eat less and be more physically active. The 2000 BRFSS data show that we have some work ahead of us to accomplish a calorie balance. A mere 18 percent of lowans consume the five or more servings of fruits and vegetables recommended daily and more than one-fourth of lowans indicate that they have no leisure-time physical activity.

The statistics and health ramifications associated with this problem are grim, but what is being done in this country, and more specifically in this state, to ward off this problem? Surgeon General David Satcher has issued a

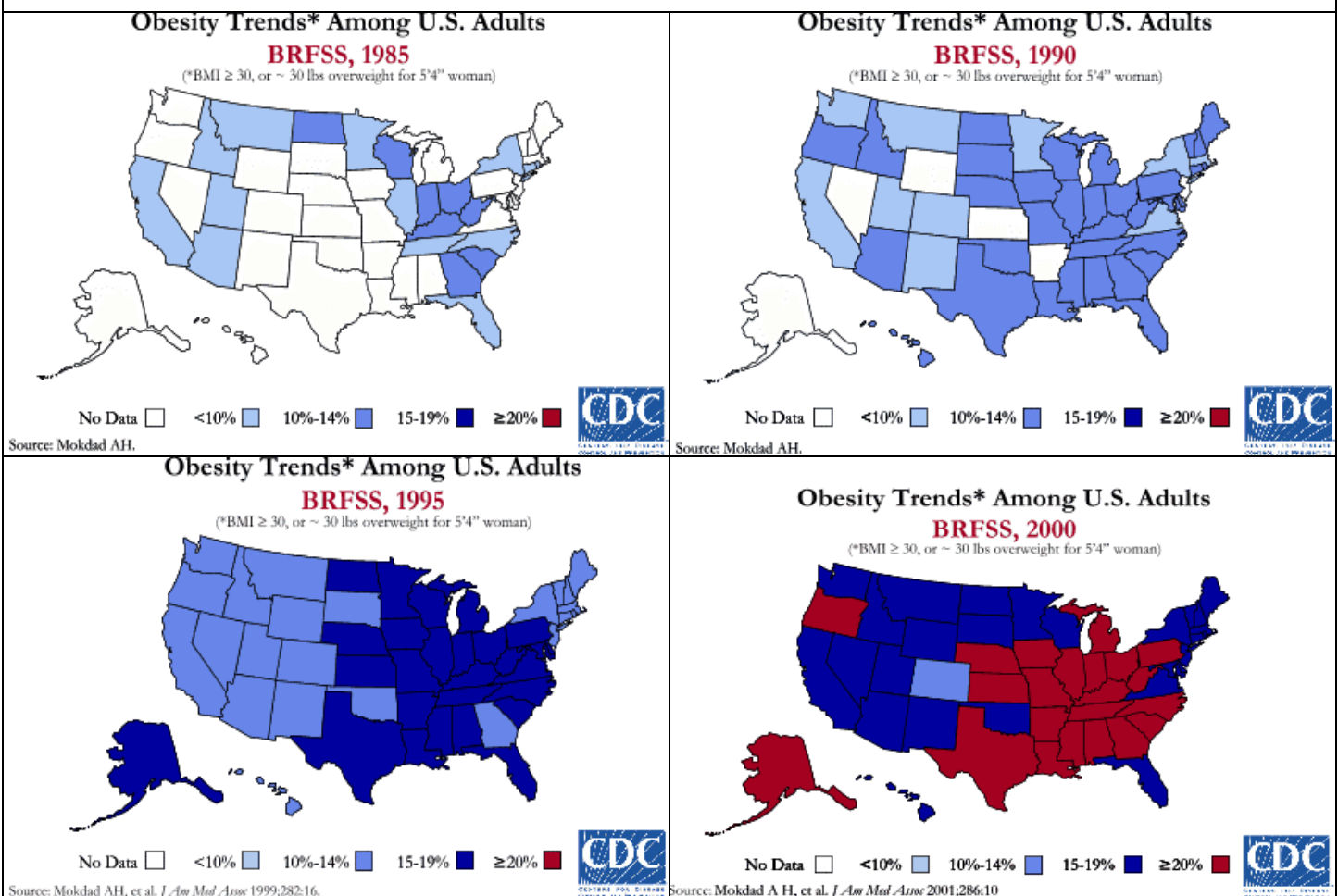
“call to action.” A report outlining strategies that communities can use in helping to address the problems of overweight and obesity was released in December 2001. Suggested options include requiring physical education in all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages. Information for the report was gathered from a listening session and a public comment period from clinicians, researchers, consumers and advocates. The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity is available at <http://www.surgeongeneral.gov/topic/obesity>.

gov/topic/obesity.

A health promotion survey is being conducted to assess what the Iowa Department of Public Health is doing to promote healthy lifestyles. The survey is framed around 10 leading health indicators announced at the launching of Healthy People 2010 by Surgeon General David Satcher. The survey will determine where our current promotion efforts are and where potential nutrition and physical activity initiatives could be integrated into existing program efforts.

A sample of efforts within IDPH that address obesity and related diseases include the following:

The graphs below, provided by the CDC, show the alarming rate at which obesity has taken over the U.S.



- The Iowa Fit Kids Coalition, initiated by the Iowa Department of Public Health, took on the task in 1997 of addressing the rising prevalence of obesity in children.
- A position paper released by the coalition describes how healthy lifestyles can be promoted in five settings: the home, child care, schools, the community and health care. The coalition provided training on child obesity at conferences throughout Iowa and has provided discussion guides and videos developed by the University of California Extension Service to all WIC agencies. The Iowa Fit Kids Coalition has no funding. Projects thus far have been targeted at children less than five years of age and have been supported by the Iowa WIC Program. Substantial work with school-aged children would need funding from other sources.
- The IDPH Cardiovascular Risk Reduction (CVRR) Program established competitive grants to reduce the prevalence of the overweight/obesity health risk through improving dietary habits and increasing physical activity. Eleven nonprofit or governmental agencies received up to \$7,500 for a contract period from August 1, 2001 through June 30, 2002. Community-wide programming focuses on nutrition education and increasing physical activity in enjoyable, non-threatening formats suitable for both children and adults. Targeted populations include children ages two through five, youth in public and parochial schools, women ages 45 to 64, low-income high-risk adults, minority populations, and working adults.
- Nine non-profit or governmental agencies received competitive grants through the CVRR Program to reduce the prevalence of heart disease and stroke among Iowans through changes in community policies and environment and individual lifestyle behaviors. Contractees will receive up to \$10,000 for January through December 2002. Projects use community assessments of environmental and political barriers to disease prevention programming. A supportive community environment promotes sustained behavioral change. Targeted populations include seniors, blue-collar workers, college students, women, and work-site employees.
- The Iowa Nutrition Education Network (INEN) is committed to improving Iowans' health by creating innovative public and private partnerships to promote food choices for a healthful diet and lifelong physical activity habits. The Network is coordinated by the Iowa Department of Public Health as part of the Food Stamp Nutrition Education Program (FSNEP). Community nutrition grants funded by FSNEP were launched in 1998. The grant program has expanded to 32 communities in 2001-2002. The goal of nutrition education in the Food Stamp Program is to increase, within a limited budget, the likelihood of all food stamp recipients making healthy food choices.

The money available for community initiatives to reduce obesity and its consequences is a beginning, but not enough to make an impact on this growing epidemic. It is time to make obesity a health priority, programmatically and financially.

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.

We're losing some good people, and we'll miss them

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However, the cliché about not fully appreciating people until you lose their company is certainly true, and we already appreciate these employees immensely. In this case, it's not just the company of valued colleagues we're losing. Collectively, the nine people who have decided to take early retirement represent 246 years of experience in the department. That represents knowledge, skills and relationships that are irreplaceable.

One of the interesting things about people who retire these days is that they seem so young. (I know, for somebody my age, EVERYBODY seems young.) It used to be that by the time employees of any enterprise were able to retire, they had few quality years left. Now, they can start other careers and new lives.

Although many of our retirees have been IDPH employees for many years – one as long as 39 – many plan to continue working somewhere else. Their future employers, colleagues and customers will be lucky to get them.

The employees who have taken early retirement, in order of years of service, are: Sandy Jesse, 39; Dr. Ron Eckoff, 35; Mike Guely and David Fries, both 30; Ken Choquette, 29; Joan Ward, 22; Beverly Sorensen, 20; Irene Wagaman, 12; and Sandy Crandell, nine. Here's a little bit about them.

(The length of these vignettes is no reflection of the subjects' relative importance to the department. All of them were asked to contribute a paragraph or two about themselves. Some contributed more, some less, and some chose not to do so.)

- **Sandy Jesse**, who became a department employee the day after Christmas in 1963, beats all the retirees in longevity. She started as a data-entry person in information management and went to Vital Records in 1993 where she remained, continuing to input data and graciously serving our customers at the service window.
- **Dr. Eckoff** came to Iowa in 1965 on what was supposed to be a two-year assignment from the U.S. Public Health Service. Luckily for the department, and for Iowa, he stayed. He's held lots of jobs here, including that of acting department director. Most recently he was medical director for the Division of Health Promotion, Prevention and Addictive Behaviors. He did exemplary work on Healthy



Happy Retirement! The following IDPH staffers have taken early retirement. From left, starting with the top row: Ken Choquette, Environmental Health; Sandy Crandell, Diabetes; Dr. Ron Eckoff, Medical Director, Division of Health Promotion, Prevention, & Addictive Behaviors; David Fries, director, Division of Administration & Regulatory Affairs; Mike Guely, Environmental Health; Sandra Jesse, Vital records; Beverly Sorensen, Board of Nursing; Irene Wagaman, Substance Abuse Licensure & Support; Joann Ward, Finance.



lowans 2000 and 2010, and helped establish the first Iowa Communications Network room on the capitol campus, a development that became an integral part of our programs and services. A low point in his career was working in the morgue for four days following the crash of Flight 232 in Sioux City.

- **Mike Guely**, who came to the department in 1972 and most recently guided the department through a grueling revamp of administrative rules, has also had lots of department jobs, including bureau chief.
- **David Fries**, deputy director and director of the Division of Administration and Regulatory Affairs, has helped keep the day-to-day operation of the department running smoothly. He came to the department in 1972 after being introduced to health care in the U.S. Navy as a hospital corpsman and getting degrees in health and physical education. At the IDPH, David has been especially good at keeping our spending in line and reminding us about relevant state rules and regulations. Fortunately for whomever are his future colleagues, he is among the retirees who intends to keep working, perhaps as a consultant in health care or public health.
- **Ken Choquette** joined the department in 1973, a time when the nation seemed to be awakening to environmental issues, to head a new sanitation engineering department. His last position was that of health engineer-

ing bureau chief. He has been in the thick of the struggle for environmental advances, from the establishment of drinking-water well standards to childhood lead-poison prevention. Among other things, Ken plans to do consulting work.

- **Joan Ward** has helped keep the department's financial house in order. She started her IDPH career in Vital Records. After a year, she transferred to the finance bureau and had several jobs before becoming an accountant II.
- **Beverly Sorensen** started at the Iowa Board of Nursing in 1982. She worked on continuing education for nurses and in 1990 switched to processing license renewals, a job she's had ever since. She is also among those who intend to seek another job.
- Incredibly, **Irene Wagaman** started a new career with the State of Iowa at age 74, first with the Department of Criminal Investigation, then the IDPH. As I mentioned, she's been with the health department for 12 years. Do the math!
- **Sandy Crandell's** start at the IDPH was truly a baptism of water. She began in the summer of 1993, the year of the flood. Fortunately, the day she started was the day the water was turned back on and restrooms opened in the Lucas Building – at least on every other floor. Most recently, Sandy has been coordinator of the Diabetes Control Program and says she plans to continue working with the Iowa Diabetes Network on her own.

Mark Schoeberl and Dr. Ed Schor are not retiring, but leaving the department to take advantage of wonderful opportunities elsewhere.

Mark, who most recently was chief deputy director and director of our executive staff division, contributed so much to the department in so many ways, especially through his legislative and political expertise. At the IDPH, he has been chief of the Bureau of Public Affairs, legislative liaison and trauma project manager/emergency medical services coordinator. He will become vice president for state advocacy and health initiatives at the American Heart Association in Dallas, Tx.

Dr. Schor, who came to the IDPH in 1995, has most recently been medical director for the Division of Family and Community Health and the department's associate medical director. He has also been director of the department's Center for Health Policy. He will now direct the program for child development and pediatric care at the Commonwealth Fund in New York City.

As hard as it is to see people move to positions outside the department, it's gratifying to know that they are advancing their careers, that they have done such a good job at our department they've been offered positions with even more responsibility.

It's been a privilege to call all these people colleagues. I offer them my congratulations and the gratitude of those of us with whom they worked, and that of the people of Iowa.

Iowans attempt to Lighten Up

By Tim Lane, Bureau of Health Promotion

What weighs 171,905 pounds has 1,872 legs and is working to change the shape of Iowa's future?

That would be *Lighten Up Iowa*, a campaign to encourage good nutrition and regular physical activity co-sponsored by the Iowa Games and the Iowa Department of Public Health (IDPH).

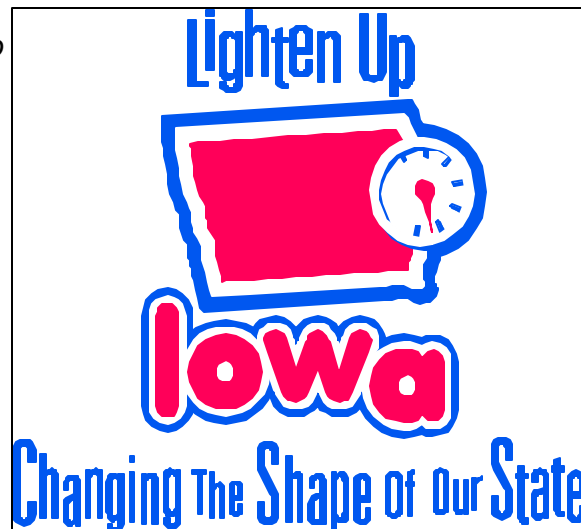
In its first year, the *Lighten Up Iowa* challenge encourages participants to band together in teams of 10 and support each other in their annual effort to be more active, lose weight, and eat healthier. Lighten Up Iowa is a six-month challenge among employees from over 40 Iowa companies from various communities and several State of Iowa agencies.

Participants are not only walking and eating for themselves, they are doing it for the team. According to Jim Hallihan, Director of the Iowa Games, the primary idea is to encourage environmental changes that will support individual efforts to be healthier.

"Our board was struck by the rapid increase in obesity in America and Iowa," Hallihan says, "and knew we needed to address this issue in a manner that would help reduce the impact of poor nutrition and sedentary lifestyles."

Obesity and lifestyles are serious issues, but that does not mean that teams can't have fun with their efforts. This is highly evident in the competition.

The program is a response to the troubling trend of obesity and inactivity that has contributed to Iowa having the nation's 2nd highest percentage of death due to chronic disease.



IDPH Director Dr. Stephen Gleason is a starter on the "Scale Dropper" team and State Epidemiologist Dr. Patricia Quinlisk starts for Team Shoeleather.

"One of the biggest, if not the biggest health threat facing us Iowans today, is the combination of poor diet and lack of exercise," says Dr. Quinlisk.

A recent report by the U.S. Surgeon General estimated that death from obesity, or illnesses caused or worsened by obesity, may soon overtake tobacco as the chief cause of preventable

deaths in the United States. Currently, 300,000 Americans die from obesity or illnesses related to obesity.

Lighten Up Iowa teams will compete in the six-month program that started with a team weigh-in last month. The scale used allowed team members to be weighed as a group. Each month, teams will receive health and activity tips to motivate and educate them during the competition. In June, another team weigh-in will be held to determine the winners. Weight loss will be calculated in percentages rather than pounds.

Some of the companies competing in *Lighten Up Iowa* include Pella Corporation, Hy-Vee, Winnebago and Firststar Bank. Within state government, the IDPH is joined by the Department of Human Services, the Attorney General's Office, the State Library, and officers at the Newton correctional facility.

"We hope to impact and educate people to lead a more healthy and vibrant life by eating nutritiously and exercising regularly," says Hallihan. "This program is at the heart of the Iowa Games. Not everyone has to play basketball or do aerobics. We want all Iowans to be healthy and active."

Iowa joins Influenza Vaccine Consortium

By Tina Patterson, Bureau of Immunization

During the fall of 2000, there was a delay in the production of influenza vaccine. Two manufacturers discontinued making influenza vaccine and one manufacturer was delayed because of FDA protocols. That left one manufacturer, Aventis, to provide the influenza vaccine for the United States during the early months of the flu season.

In 2001, influenza vaccine distribution was again delayed although there was no shortage of vaccine and the cost was increased. The Iowa Adult Immunization Coalition proposed a vaccine-purchasing consortium and the Iowa Public Health Association (IPHA) agreed to investigate the possibility of establishing it.

To determine interest, IPHA conducted a survey of all members of the Immunization Coalition. After receiving numerous responses, the interest was established. It would allow IPHA to increase its membership and be able to buy vaccine at a lower cost and ensure prompt delivery.

IPHA is partnering with the Illinois Public Health Association, which already has a purchasing consortium. Illinois plans to negotiate vaccine prices by March 2002. At that time, notices and application forms will be sent to interested parties to apply for IPHA membership and to place an order for influenza vaccine for fall 2002.

Orders are anticipated to be due by May 2002. Agencies will be billed directly by the vendor. Dues must be paid to IPHA for fiscal year 2003 before an order can be processed. IPHA membership process and dues structure will be changing to reflect the addition of the service.

It is anticipated that the influenza vaccine will be shipped directly to the facility that ordered vaccine. If an association joins and orders for its members, the vaccine would be shipped to the association, not to individual facilities.

Approximately 50 agencies must sign on to meet expenses. This information should be shared with any health agency that pro-



vides influenza vaccine.

Through collective participation in this consortium, the vaccine will hopefully be purchased at a lower cost and in a timely manner.

To avoid duplication of vaccine ordered, health care providers should develop a community plan detailing who is providing vaccine to which population.

If you have any questions regarding this consortium, please contact Kay Leeper by e-mail at kleeper@cfu.net.

2001 IDPH Annual Report

The 2001 Iowa Department of Public Health Annual Report is now available. To save money the department is providing it in electronic form only. To view or print a hard copy, go to www.idph.state.ia.us and click on the link at the bottom of the page. The annual report is a great resource for information on IDPH programs and their contacts.

Sioux County reaches out with health fair

By Nancy Dykstra, Community Health Nurse, Community Health Partners of Sioux County

Between 200-250 people were screened, obtained health information, enjoyed wonderful Mexican food and music, and registered for door prizes during a Sioux County health fair. In October, Community Health Partners of Sioux County sponsored its first ever Festival de la Salud. The response was overwhelming.

The health fair, held in Sioux Center, was planned with the needs of the growing Hispanic population in mind. The "new" Sioux Countians fit the profile of most immigrant populations in that the majority don't have a medical home and don't practice preventive care. A task force composed of community members (both Anglo and Hispanic), health care professionals, educators, a pastor, immigrant advocacy group members, and Carlos Macias from the Iowa Department of Public Health, spent months planning the event.

Businesses donated food and other items for the event, including money to provide \$25 vouchers to

people needing follow-up medical, dental and vision care. Follow-up care was also provided to those with positive Mantoux (tuberculosis) tests through a state medical education agreement.

Community members and local college students volunteered as interpreters. Booths at the fair included: diabetes, tuberculosis, ears/nose/throat, blood pressure, height and weight, hearing, vision and dental screening; lead, tobacco, and nutrition information; child development, women's health, immigration law and safety. Professionals staffing the booths included a nurse practitioner, a physician, an attorney, a diabetic nurse educator, two optometrists, a dentist, an audiologist, a registered dietician, an AEA child development specialist, police and ambulance personnel, social workers, and numerous community health nurses.

As a result of Festival de la Salud:

- Three people are on preventive Isoniazid (INH) therapy;
- Four children have eye-

glasses;

- Three adults have eyeglasses;
- One adult is receiving diabetes education and follow-up;
- Four families are at various stages of follow-up for dental health needs; and
- Two adults received medical services for upper respiratory and sinus problems.

Less specific, but of great importance from a community health perspective, were the links established between health-care providers and the Hispanic community. Members of the Hispanic community and the health-care community met together in a relaxed, non-threatening atmosphere which communicated the message, "You and your health are important to us." The success of this first health fair was encouraging and a similar event is being planned for this spring in Hawarden.

The event was co-chaired by: Kim Westerholm and Nancy Dykstra - both Community Health Nurses with Community Health Partners of Sioux County.

Healthy Workforce 2010 makes case for health

By Louise Lex, Ph.D., Healthy Iowans 2010 Coordinator

Free copies of *Healthy Workforce 2010* are now available to organizations or individuals who Join Partnerships for a Healthy Workforce by completing an easy on-line member application at www.prevent.org/PHW_membership.htm. There is no cost for joining. A companion to *Healthy People 2010*, this publi-

cation can be viewed on www.prevent.org/Winword/Healthy_Workforce_2010_pdf.

Whether you work in business, government, or non-profit sectors, *Healthy Workforce 2010* shows you how to make the dollars-and-cents case for health promotion. Besides summarizing objectives relevant to employers and the

Leading Health Indicators, there is an easy-to-understand guide for planning a work site program and a catalog of free or inexpensive resources.

This publication has been made possible through a grant from The Robert Wood Johnson Foundation.

Comprehensive Cancer Plan goes online

About 14,600 Iowans this year will hear the words, "You have cancer." They will join 97,000 people in the state already living with the disease, and by the end of the year, 6,300 Iowans will have lost their fight with cancer.

In 2001, the Iowa Legislature commissioned a study to assess new cancer cases and the prevalence of cancer in the state, and evaluate the effectiveness of current efforts in prevention, early detection, treatment, rehabilitation, and quality of life. They also wanted to encourage screening guidelines and tests and evaluate the availability and effectiveness of current resources.

The report says creation of a comprehensive cancer prevention and control plan is vitally important for the state, given its increasing older population. More than 65 percent of all new cancer cases occur in those 65 years and older. Currently, Iowa ranks fourth in the nation in its proportion of residents over age 65 and second in its proportion of people over age 85. The number of Iowans 65 and older are projected to grow from 436,000 in 2000 to 686,000 in 2025 – a 57 percent increase.

The committee suggests that the plan have four goals: 1) prevent cancer from occurring whenever possible, 2) detect cancer in its earliest stages; 3) treat any cancer with the most appropriate therapy; and 4) assure that cancer patients have the highest possible quality of life.

Using existing cancer data and re-

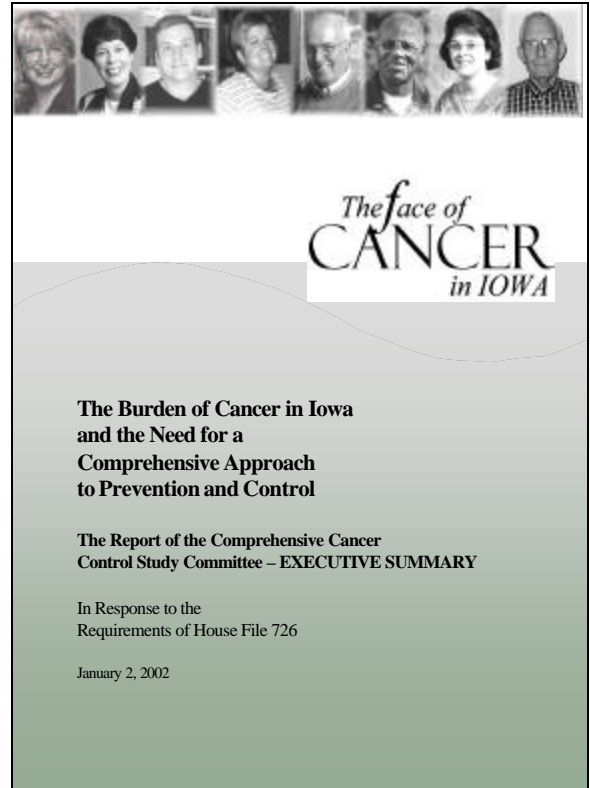
searching cancer programs, services, and resources available within the state, the Comprehensive Cancer Control (CCC) Study committee has focused on cancers of the bladder, female breast, cervix, colon and rectum, lung, prostate, oral cavity and pharynx, and skin melanoma.

The committee provided its final report and recommendations to the Governor and Legislature last month. In addition, the CCC Study Committee has made formal presentations to the House and Senate Human Resources Committees.

The report includes recommendations for developing statewide, comprehensive cancer prevention and control that will increase cooperation among public, private, and voluntary agencies in the state.

Cancer is the second leading cause of death in Iowa. More than 160,000 Iowans have died from the disease since 1973, when Iowa began collecting cancer data through the State Health Registry of Iowa. Iowans are most affected by breast, colorectal, lung, and prostate cancers.

Several public, private, and voluntary organizations are on the study committee. They include Wellmark Health Plan of Iowa Inc. and Wellmark Blue Cross/Blue Shield of Iowa; Iowa Pharmacy Association; Iowa Department of Public Health; Calhoun County Department of



Health; American Cancer Society; Siouxland Community Health Center, Sioux City; The University of Iowa Hospitals and Clinics; State Health Registry of Iowa; Medical Oncology and Hematology, Des Moines; Iowa Foundation for Medical Care; Mercy Medical Center, North Iowa; Cancer Information Service; Iowa Hospice Organization; Wilks Broadcasting, LLC; Family Planning Council of Iowa; Susan G. Komen Foundation; and Iowa Academy of Family Physicians.

To view the full report, go to www.idph.state.ia.us/news_rel/2002/cancerplan.htm.

New Preparedness Center Serves as Resource

By Debra Venzke, University of Iowa College of Public Health

Ensuring that Iowa's public health work force has the skills to prepare for, promptly identify, and respond to current and emerging health threats is the mission of the Iowa Center for Public Health Preparedness (ICPHP), a new center based in the University of Iowa College of Public Health. Funded through a grant from the Centers for Disease Control and Prevention's Bioterrorism Preparedness Initiative, the ICPHP is one of seven academic Centers for Public Health Preparedness in the United States.

"The center will serve as an important resource for upgrading the training and education of the state's health and emergency providers," said ICPHP director Christopher Atchison, UI College of Public Health associate dean for public health practice and associate professor of health management and policy. "Our goal is to enhance the skills of frontline public health workers to deal effectively with challenges such as infectious diseases and other public health emergencies."

The center's program partners include the Iowa Association of Local Public Health Agencies, Iowa Department of Public Health, Iowa Emergency Management Division, Iowa Hospital Association, Iowa Medical Society, Iowa Nurses' Association, Iowa Pharmacy Association, Iowa State University College of Veterinary Medicine, Iowa State

University Extension, and the University of Iowa Hygienic Laboratory.

The center, established in May 2001, has a number of initiatives underway, including an eight-month train-the-trainer program that will culminate in a certificate of public health preparedness. Approximately 60 individuals from a variety of public health professions will be recruited from five regions in the state to participate in the training program. Once the participants have completed the program, they will return to their own communities to assist with continuing training efforts.

Beginning February 7, 2002, the center will conduct a series of Grand Rounds sessions on public health preparedness via the Iowa Communications Network. Among the planned topics are infectious diseases, immunization and control, chemical exposures, health and risk communication, mental health, and protecting America's food and water supply. Each session will be recorded and made available by videotape, CD-ROM, and streaming video.

Another new resource available through the center is the videotape *Anthrax: Iowa's Homeland Security*. This video focuses on responses to anthrax and the correct use of personnel protective equipment. In early 2002, the Iowa Emergency Manage-

ment Division will disseminate the tape to law enforcement, fire, emergency medical services, and emergency management personnel across the state. Others interested in obtaining a copy of the tape can contact Laurie Walkner, ICPHP project coordinator, at 319 335-6836.

ICPHP also is sponsoring the conference *New Models for a New Reality: Aligning Iowa's Systems to Improve Preparedness Capabilities*. The conference will be held April 8, 2002, in the Iowa Memorial Union, Iowa City. This statewide meeting will examine how health care, legal, financial, and business systems can connect to improve preparedness capabilities. For additional details, contact Laurie Walkner at the number above.

For more information about the Iowa Center for Public Health Preparedness, as well as links to a wide variety of preparedness resources and a calendar of upcoming events and educational opportunities for the public health community, visit the center's web site at <http://www.public-health.uiowa.edu/icphp/cphp/>.

IDPHs Bureau of External Affairs takes to the road

By Kevin Teale, IDPH Communications Director

In today's results-oriented world, it's not enough to simply do a good job. You need to let others know about the good job you're doing.

With that goal in mind, the Iowa Department of Public Health's Bureau of External Affairs is halfway through a plan to help public health partners increase awareness of public health across the state.

Since summer, bureau staffers have traveled to regional public health meetings to guide public

health administrators in the best ways to increase public awareness of public health.

More than simply media training, the presentation is designed to help local public health partners use the media and other forms of external communications to help the public better understand the work of public health.

While the seminars began last summer, the need for them was reinforced during a mid-December meeting of local

public health officials in Des Moines. Participants at that meeting listed public health marketing (including a theme that could be adopted state-wide) and communications as one of the major needs of public health in Iowa.

If you are a public health administrator and would be interested in offering your employees media training, call Tom Carney at the IDPH at 515 281-7174.

Take a step in the right direction

By Kim Mechem, IDPH intern

As mentioned earlier in this issue, it's time that Iowans get up and get moving to help curb obesity. Part of the problem these days seems to be people's busy schedules. Often the excuse is, "Who has time to exercise?"

However, there is a simple solution that only requires a good pair of tennis shoes. It can lower your risk of life-threatening diseases, and fit into your daily schedule. Walking.

The Iowa Department of Public Health put the idea of walking into action by selling pedometers at the Governor's Conference on Public Health: Barn Raising III last June. A pedometer is a small device that counts the number of steps and/or miles you have

taken. The IDPH sold talking pedometers that could serve everybody, including people with disabilities. A total of 1,500 pedometers were sold. The conference offered pedometer challenges to motivate people and prizes were given at the end of the conference. Pedometers are an example of a motivating tool to get people walking.

When buying a pedometer remember:

- There are many varieties on the market. Some offer more or fewer features, including calorie counters, music, clocks, alarms, belt loop hooks and armbands.
- If you don't want to make a major investment, pedometers can cost as little as \$5.
- If you plan to make a bigger

investment, consider what features are important to you. Are you focusing on calories burned, miles walked, or steps taken? Do you need a clock or an alarm?

- If you like it and use it often, then invest in a high quality pedometer. Prices range from \$20 to \$50 depending on features.

A follow-up, web based survey indicated that 70 percent of users would recommend a pedometer to others. Over half felt the pedometer was user-friendly and great for tracking steps or miles walked.

Epidemiology Notes



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

Enteric Disease Follow-up:

Beginning the first of this year, CADE staff has begun follow-up on cases of aeromonas, yersinia, enterohemorrhagic E. coli (non-O157:H7), Norwalk-like virus, and cryptosporidium in an attempt to better understand the epidemiology of these enteric diseases in Iowa. Only cases reported through the University Hygienic Laboratory will be included and only CADE staff will be involved in follow-up investigations; those who routinely do follow-up are not being asked to do follow-up with these particular diseases.

Year 2002 Planning: As we go into the new year, we are looking for new ideas for inclusion in the Friday EPI Update, as well as new ideas that you would like us to address. If you have suggestions, comments, or thoughts, please share them with Kim Brunette at kbrunnett@idph.state.ia.us.

More Top Ten Lists: Last issue, CADE published the Top 10 EPI Events in Iowa for the year 2001. As a companion, here's the list of the Top 10 Infectious Disease News Stories, as compiled by the editors of "Infectious Disease News" and presented in no particular order:

- Vaccine-associated polio outbreak in Haiti;
- Keeping out BSE and vCJD;
- Ebola virus outbreak in Uganda brought under control;
- IOM committee finds no link between MMR vaccine and autism;
- Evidence against a relationship between hepatitis B vaccine and MS;
- Developing linezolid resistance;
- Spreading viruses: dengue, hantavirus, West Nile;
- Bioterrorism
- Hepatitis G may improve HIV survival rates;
- EIS is 50 years old.

Singing the Crows Blues:

We continue to receive calls concerning nuisance birds even in the middle of winter. Crows are wintering in large flocks and often roost in unwanted places. As a general rule they present a nuisance and not much of a serious health risk.

CADE visits the 71st Civil

Support Team (CST): In late January, three CADE members attended a demonstration of Iowa's CST. A mock field exercise, it included entry into a 'hot zone,' collection and transport of specimens, laboratory identification of the suspect agent

(chemical and biological), use of various communication and detection equipment, and demonstration of the decontamination process. CST is made up of 22 full-time Army and Air National Guard members.

There are six sections - command, operations, communications, administration/logistics, medical and survey. Their mission is to assess a suspect weapon of mass destruction (WMD) event in support of the local incident commander, to advise civilian responders on appropriate actions and to facilitate the arrival of additional military forces as needed. The CST is deployed by the Governor.

Outbreaks: Just a reminder to report any suspected disease outbreaks to CADE immediately. It is important that we investigate all outbreaks to determine the cause, identify those affected, and limit the potential for further cases (or other such outbreaks). Determining the cause of an outbreak can help calm fears and keep rumors from flying.

Respiratory Syncytial Virus

(RSV) season: Respiratory Syncytial Virus (RSV) is a common cause of respiratory tract

disease and the most common cause of bronchiolitis and pneumonia in infants and children under age 2. Illness typically begins with fever, runny nose, cough, and sometimes wheezing; bronchiolitis and pneumonia may develop, especially if this is the child's first infection with this virus. Most children recover within 2 weeks, and only a small percentage of children require hospitalization. The virus is spread by inhalation of airborne droplets containing infectious secretions or by contact with environmental surfaces that had been recently contaminated. Since RSV is most prevalent in winter, here are some timely recommendations for preventing and controlling disease:

- Handwashing, handwashing, handwashing!
- Ensure correct disposal of tissues.
- Within daycares, ensure that proper procedures are followed for the cleaning and disinfection of toys.

Additionally, should multiple cases occur, cohorting of ill from well/recovered children may help reduce the spread. Excluding children from daycare or school who are well enough to attend will not likely affect the spread of the virus, and therefore this practice is not recommended.

EPI Manual Now Available

On-line: The Epidemiologic Follow-up of Communicable Diseases in Iowa, "The EPI Manual" is now available online at <http://www.idph.state.ia.us/pa/ic/EPIManual/default.htm>

us/pa/ic/EPIManual/default.htm For those of you who do not know about the "EPI" manual, it is a reference manual for persons who report diseases to public health, as well as a useful aid for public health providers who do infectious disease follow-up. The "EPI" Manual was developed to assist public health agencies, infection control practitioners and other health care providers when managing diseases that are of public health importance. The introduction gives the listing of diseases reportable by law and telephone contact numbers for several areas within public health.

Appendix K includes a link to fact sheets for over 70 diseases that are available on the IDPH web site. Appendix L, includes a link to the laws that govern disease reporting in Iowa. E-mail any comments and suggestions for other topics to jgoddard@idph.state.ia.us.

CDC Unveils New and Improved Web Site:

Though the link hasn't changed (still at www.bt.cdc.gov), the site has taken on a new look. Changes were made due to increased demand (the site experienced more than a 100 percent increase in traffic last October in reaction to the anthrax scares) and to requests by key audiences to make the site more navigable.

Influenza Update: The last week of January saw an increase in the number of confirmed influenza cases in Iowa.

The University of Iowa Hygienic Laboratory (UHL) has confirmed 33 cases in the state, all of which were influenza A (H3N2). Cases have been confirmed in the following counties: Woodbury, Story, Johnson, Carroll, Howard, Dubuque, Cedar, Scott and Clinton. Please note that our surveillance only includes data on culture-confirmed cases (we do not count rapid tests). School absenteeism has risen slightly and we have received reports of a few schools that had an absenteeism rate above 10 percent on one school day. As always, you can get the most up-to-date information on influenza in Iowa from either the IDPH web site at www.idph.state.ia.us/pa/ic/ic.htm or from UHL's web site at www.uhl.uiowa.edu/HealthIssues/Respiratory/index.html.

Nationally, during week 4 (January 20-26, 2002), 392 (17.6%) of 2,224 respiratory specimens tested by WHO and NREVSS laboratories were positive for influenza. The overall proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 1.9%. The proportion of deaths attributed to pneumonia and influenza was 7.8%, which is below the epidemic threshold of 8.2% for week 4. Eight state and territorial health departments reported widespread influenza activity, 15 reported regional activity, and 25 reported sporadic activity.

You can get the most current information on national influenza activity from the CDC web site, www.cdc.gov/ncidod/diseases/flu/weekly.htm. On January 31st, CDC announced that the flu season is peaking later than usual this

year and would probably peak in the coming weeks. The CDC is urging health-care providers to continue offering influenza vaccines throughout the month of February.

Reminder: Any school that has

more than 10 percent of their students absent in one day needs to report to CADE. Call 800 362-2736, choose option 2 and leave a message.

Side Notes

Award Nominations - Each year, the Association of State and Territorial Directors of Health Promotion and Public Health Education and the Centers for Disease Control and Prevention (CDC) provide seven awards recognizing outstanding health education and health promotion programs. The awards are presented at the National Conference on Health Education and Health Promotion. The 2002 conference will be June 5-7 in New Orleans.

Award nominations for 2002 are being solicited now. There are specific criteria for each award. Visit the association's web site at www.astdhppe.org/ for more information. The deadline is Feb. 15, 2002. For questions, contact Mary Gothard, awards committee chair, at gothaml@dhfs.state.wi.us.

ISAPDA Training Resources Substance Abuse Training Classes -

- 1) Non-Verbal Communication for Substance Abuse Professionals:** February 27, 8:30 a.m. to 11:45 a.m. at various sites over the ICN. Denise Vrchota, Ph.D. will present the class. Deadline for sign-up is Feb. 20. Cost is \$30. Continuing education credits available.
- 2) What Works When Addressing Alcohol, Tobacco, and Other Drug Problems:** March 13, 8:30 a.m. to 4:30 p.m. at the State Historical Center, Des Moines. Scott Miller, Ph.D. will present the class. Deadline for sign-up is March 6. Cost is \$45. Continuing education credits available.
- 3) Substance Abuse and ADD: After Diagnosis Now What?** March 26, 8:30 a.m. to 4:30 p.m. at Foxboro Center, Johnston. Bruce Buchanan, ACSW, LISW, BDC will present the class. Deadline for sign-up is March 19. Cost is \$45. Continuing education credits available.
- 4) 25th Annual Governor's Conference on Substance Abuse:** April 10 to 11 at the Holiday Inn Airport, Des Moines. Details to come.
- 5) The Dynamics and Variables in Sustaining Recovery from Meth, Alcohol, and Marijuana:** May 3, 8:30 a.m. to 4:30 p.m. at Foxboro Center, Johnston. Dennis Daley, Ph.D. will present the class. Deadline for sign-up is April 26. Cost is \$45. Continuing education credits available.

For questions or to obtain a registration form call Training Resources at 319-363-2531 or e-mail at info@trainingresources.org. They also have a web site at www.trainingresources.org.

Three new health reference publications - The National Health Information Center has released the 2002 editions of three very helpful health-reference publications. They are available online at www.health.gov/nhic/pubs/default.htm.

1. **National Health Observances** - An annual planning guide for health promotion and disease-prevention activities.
2. **Federal Health Information Centers and Clearinghouses** - lists web sites and telephone numbers for federal health information and referral services by topic.
3. **Toll-Free Numbers** - For health information including both federal and nonprofit organizations, by topic.

Healthy People 2010-related research is just a click away! - Partners in Information Access for Public Health Professionals, <http://nnlm.gov/partners/hp>, makes it easy to search PubMed for scientific journal articles related to achieving selected Healthy People 2010 objectives. A single click retrieves articles geared to 32 objectives in the following topics: Access to Quality Health Services, Disability and Secondary Conditions, Food Safety, Public Health Infrastructure, Respiratory Diseases, and Environmental Health (see list of searchable objectives below). The site also includes links to relevant community and clinical preventive service guidelines and MEDLINE plus topics. PubMed is a National Library of Medicine database that provides access to over 11 million citations from MEDLINE and other life science journals. Expansion of the pilot site is planned.

Information on other topics: Healthfinder® - Healthy People 2010 Topics, www.health.gov/healthypeople/healthfinder/. A Healthy People 2010 interface for the U.S. government gateway to reliable consumer health information and other resources. Searchable Healthfinder® topics are organized by Healthy People 2010 focus area. Find links, descriptions, and contact information for government agencies, national clearinghouses, non-profit organizations, universities, and others that provide relevant resources.

For more information, send an e-mail to the Public Health Foundation, www.phf.org, or call 202 898-5600. The foundation wants your feedback.

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What would you like to see in Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, and upcoming events or to add names to the mailing list by e-mailing us at kberg@idph.state.ia.us.