

Ready for the flu bug?

By Carol Voss, Iowa Adult Immunization Coalition

AARP volunteers this month will drive the **No Flu Bug** (a new lime-green Volkswagen Beetle decorated with buggish paraphernalia) around Central Iowa to raise awareness of the importance of flu vaccinations for seniors and people with chronic health conditions.

The **No Flu Bug** made its debut at a flu vaccination clinic at the Urbandale Senior Center

on Oct. 17. Dr. Todd Wiblin, associate clinical coordinator for the Iowa Foundation for Medical Care and associate epidemiologist for University of Iowa Hospitals and Clinics, and Linda Peacock, R.N., of Visiting Nurse Services were at the center to discuss the importance

of vaccinations for people at high risk for complications from the flu. Continued on page 2.



Don Korock (left) and Dave Mills, AARP volunteers showoff the *No Flu Bug*.



From the director

By Stephen Gleason, D.O.

Eight weeks have passed since the Sept. 11 events that changed everything, including public health. Among the changes is the attention given to us in public health, and the attention we in public health are giving to our work. See Page 3

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According to the Centers for Disease Control and Prevention the flu kills an average of 20,000 people in the U.S. every year.

"A simple and safe vaccination can prevent these deaths," says Dr. Cort Lohff, assistant state epidemiologist of the Iowa Department of Public Health (IDPH). "The IDPH is strongly encouraging people 65 or older, those of any age with chronic health conditions, and health care providers to get their vaccinations as soon as possible. The vaccine is available now."

The IDPH recommends that people not in the high-risk category wait until after Nov. 1 to get vaccinated. "There is plenty of vaccine for everyone," says Lohff. "We simply need to reach those at high risk first."

The **No Flu Bug** campaign is a collaboration of the Iowa Adult Immunization Coalition (IAIC), AARP and Jordan Motors of Des Moines. Other campaign initiatives include a radio promotion on WHO's Van and Bonnie radio show, statewide newspaper ads, and TV and radio spots featuring former Iowa Governor Robert Ray and his wife Billie. The mission of the coalition — a non-profit group of nearly 40 health care and community organizations in Iowa — is to raise awareness of the importance of adult vaccinations. IAIC department staff are Tina Patterson, coalition co-chair, Carol Voss, Judy Goddard, and Carolyn Jacobson.

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.

Why does it take terrorists to show the value of public health?

*By Dr. Stephen Gleason, D.O., Director
Continued from Page 1*

There's no question public health and public health officials are in the limelight. They've appeared at congressional hearings, on national talk shows and in articles in national newspapers and magazines. The attention hasn't stopped at Iowa's borders. We in the department have received hundreds of calls from the national and local media, mostly about bio-terrorism, since the attacks. Dr. Patricia Quinlisk, our state epidemiologist, and I have been especially busy with interviews by national and local media. Many of you in local public health have been involved in similar activities.

The terrorists deserve no thanks, of course, but it has taken their horrific act to make people aware of the importance of public health, and bring attention to the fact that public health has been under-appreciated and under-funded for decades. It may be a cliché that good can come from evil, but it's certainly a good thing that Americans appear to be awakening to the fact that the strength of the public health infrastructure is directly related to their own health and those of their families and friends.

There's been a similar effect on our work. The terrorists' use of biological agents, and the public reaction, have reminded us that our work is crucial to the commonweal. In fact, our work in the wake of the terrorist attacks has been an exercise in public health's essential services.

We have re-dedicated ourselves to “monitor the health status to identify and solve community health problems; diagnose and investigate health problems and health hazards in the community; inform, educate and empower people about health issues; mobilize community partnerships and action to identify and solve health problems; develop policies and plans that support individual and community health efforts; enforce laws and regulations that protect health and ensure safety; link people to needed personal health services and assure the provision of health care when otherwise unavailable; assure a competent public and personal health care workforce; evaluate effectiveness, accessibility, and quality of personal and population-based health services; and research for new insights and innovative solutions to health problems.”

Here in the department, we have been especially concerned about how all of us in the state have organized ourselves to do the work of public health, specifically how we communicate and coordinate our efforts. I have been coordinating with the Governor's office, Ellen Gordon, head of the state's Office of Home Security, and other state officials, and doing all I can to make sure public health is prepared for any eventuality. Mary Jones, whom I recently appointed to head our new Office of Medical and Public Health Disaster Preparedness, and Dr. Quinlisk and her colleagues in the Center for Acute Disease Epidemiology have taken the lead in holding educational sessions - live and through the Iowa Communications Network. A recent "train-the-trainer" session on bio-terrorism and related issues at Drake University drew 340 public health and other health-care professionals.

The train-the-trainer sessions emphasize again the inescapable fact that we're all in this together. We help each other at the national, state and local levels. Local public health officials and health-care practitioners in hospitals and clinics depend on us at the state level for information and organization. We at the state level depend on local public health and health-care practitioners to diagnose and report terrorist activity from biological, chemical or radiological agents, as well as the normal reportable diseases. And, of course, we depend on them to treat those affected.

In every potential health-care crisis, this "treatment" must include the "worried well." These may be the majority of patients seen during such a crisis, in fact. The challenge is to assuage their fears but not allow their numbers or anxieties to interfere with treatment of patients with diagnosable disorders. As for the phenomenon of good coming from evil, Americans appear to be united like never before. We're paying more attention to what matters in life - family, friendship, patriotism, religion, cooperation and tolerance - and less attention to the glitzy distractions that clutter our lives. The terrorists have challenged us morally as well as physically. It's a chance to show them what we're made of.

Finally, to answer the question I posed in this column's title, most Americans can't remember the epidemics of typhoid, smallpox, cholera and rampant tuberculosis that devastated past generations. It took the acts of terrorists to bring home the extent to which society depends upon practitioners of public health.

JEL ads take new approach

By Tammi Blackstone

Division of Tobacco Use Prevention & Control

The JEL (Just Eliminate Lies) campaign has a new wave of ads focusing on secondhand smoke, which was identified by the youth leading the campaign as one of the most important and pressing issues surrounding tobacco.

According to the most recent study by the American Cancer Society, secondhand smoke kills over 65,000 Americans each year. That makes it the third leading cause of preventable death in the nation.

This new campaign features television and radio ads, billboards, and mall kiosks. The ads are meant to educate people about the dangerous chemicals found in secondhand smoke.



“There are so many people who make the decision NOT to smoke,” said John Dieter, JEL Executive Council member, “and they are still exposed to many toxic chemicals that they aren’t even aware of. It’s an issue that we need to address.”

All of the new ads were presented to the JEL Executive Council for editing and approval before they went to focus groups. After testing the ad concepts with youth focus groups, the most effective messages were chosen, revised and produced. The JEL students are very pleased with the results.

“I think that these ads are very powerful,” said Matt Lynch, JEL President. “They hit people with a strong message, and will hopefully make people more aware of the dangers of secondhand smoke.”

The secondhand smoke campaign began running on cable television and radio on September 17. Ads began showing on network TV the following week. The JEL web site has also been updated and revised to support this latest campaign.

Iowans rated 8th healthiest in country

By Kevin Teale, Communications Director

The latest edition of a national survey of the "healthiness" of the nation has restored Iowa to the list of the healthiest states.

The ratings, released last month by the United Health Foundation, list Iowa eighth out of the 50 states based on 17 measures of health. Last year, Iowa ranked 12th, its lowest ranking in the 12-year history of the report. It has ranked as high as 7th in the 1993 and 1995 surveys.

Of the 17 areas, the report ranks Iowa high in high school graduation rates, low unemployment, good prenatal care and active lifestyles. Areas of concern were the number of deaths due to heart disease, cancer, and occupational injuries.

"This is good news for public health, and good news for Iowans," said Dr. Stephen Gleason, director of the Iowa Department of Public Health. "The areas where the report expressed concern - smoking cessation, healthy eating and care in the workplace - are lifestyle choices and Iowans who choose wisely can go a long way toward improving their health."

A copy of the report is available at www.unitedhealthfoundation.com.

WIC participants report greater food insecurity

By Tom Carney, Director of External Affairs

Respondents to a new survey of participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) reported a greater degree of "food insecurity" than respondents to a similar survey in 1997.

Food insecurity, according to the American Institute of Nutrition, is the limited or uncertain availability of nutritionally adequate and safe food, or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways. It differs from "hunger," which Webster's Dictionary defines as "the discomfort, pain or weakness caused by a need for food."

The survey, conducted late last year by the Iowa WIC - a state/federal program within the Iowa Department of Public Health - asks four questions about food security.

The survey revealed that 57 percent of respondents were *worried* about whether their food would run out before their money and 45 percent said food they bought didn't last and they had insufficient money to buy more. Also, 42 percent said they ran out of foods they needed to put together a meal and didn't have money to get more; and 36 percent said they eat the same thing for several days in a row because the family had only a few different kinds of foods on hand and insufficient money to buy food.

In the 1997 survey, 43 percent worried about food running out; 30 percent said food didn't last; 28 percent that they ran out of foods needed to put a meal together; and 22 percent said they ate the same thing for several days in a row.

The latest survey also shows that the portion of Spanish-reading respondents reporting household food insecurity was higher than that of English-reading respondents.

The release of this survey occurs at the same time other surveys show that overall, Iowa is a healthy state and the vast majority of Iowans are healthy and happy. Taken together, the surveys may show that gains in lifestyles and healthiness have not been shared by all segments of the Iowa population.

A total of 2,731 WIC recipients, including 146 who read Spanish, completed the survey. More than 98 percent were female, ranging in age from 14 to 64 years, with an average age of 27 years.

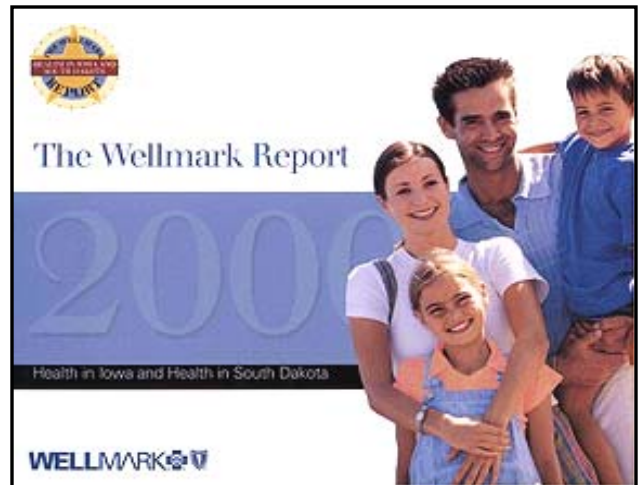
The WIC program provides supplemental food, nutrition education, breast-feeding support and health-care referrals to low-income families.

Wellmark Report highlights 94 Iowa communities

By Louise Lex, Healthy Iowans 2010 Coordinator

Wellmark has released *The Wellmark Report*, a rich source of community data on inpatient and outpatient care in Iowa and South Dakota. The Iowa 2000 segments cover 94 Iowa communities and are based on claims for 774,000 residents under age 65. Prevalence and utilization rates are reported for these diseases and conditions: asthma, low back pain, pneumonia, gallbladder disease, upper

respiratory infection (URI), sinusitis, otitis media (ear ache) and urinary tract infection (UTI).



The report also highlights several Iowa projects funded by the Wellmark Foundation including Lee County Health Department's Project Kids Who Care, a Particulate Matter Air Quality Study in Linn County, and an Iowa Department of Public Health lead poisoning prevention partnership in five rural counties.

Two projects rated honors. Led by William M. Jagiello, DO, a coalition of physicians, diabetic educators, public health nurses, and others, launched a large-scale project to screen 5,000 residents or 18 percent of the population in an area of Des Moines with a high prevalence of diabetes. For more information, contact Dr. Jagiello (515 271-6333). In Van Buren County, 80 percent of the work force participated in the men's work site health screening project. A coalition, key to the project's success, put together a "no excuses" health screening and education program that reached men on early and late shifts, screening them as early as 5 a.m. and as late as 10 p.m. The contact for the work site partnership is Lisa Schnedler (319 293-3171).

The full report is available at wellmark.com. For funding information, click Get Grant Money. Call 515 245-4706 to request a hard copy.

Return from “Ground Zero”

By Kara Berg, FOCUS Editor

As reported in the October issue of Iowa Health Focus, IDPH's Gayle Onnen an assistant in the state medical examiner's office, made a couple of trips to "Ground Zero," site of the terrorist attacks in New York City as part of the Disaster Mortuary Operational Response Team (DMORT).

Onnen still isn't able to reveal many details out of respect to the victim's families, but she said her most recent visit involved assisting the New York State medical examiner in identifying victims recovered from the site and working at the Family Assistance Center.

"Bringing dignity to the deceased is what I love about this line of work," she says, calling her experience in New York "life changing."

This was an experience she would never pass up and it has put things into perspective. "This is not about us, but the families. Helping the families to find peace if any can be found in all this."

On her first visit, she said, New York City was like a ghost town. On her return after two-weeks, however, Onnen says people are starting to get back into their routines, but there is still a lot of devastation.

She estimates that clean up and recovery will take another six months to a year.

Onnen resigned her position with the department on Oct. 26 to pursue other interests.

Party drugs: what you should know

Provided by National Youth Anti-Drug Media Campaign, Office of National Drug Control Policy

Raves, nightclubs, bars, dances and parties are places young people go for good times. But today's fun places often carry a dimension of danger and risk – the use of Ecstasy, Roofies, Georgia Home Boy and Special K – all street names for club drugs. Kids are using club drugs at raves and parties to get high and young women are sometimes given the drug with the intent of date rape.

Parents know they need to talk to their kids about drugs – marijuana, cocaine, heroin – but club drugs are a dangerous and growing problem that many parents don't know about. Because the physical effects are mild in the beginning, many kids think they are "fun drugs" and are harmless. One of the biggest dangers is that club drugs are created in illegal laboratories, and are often contaminated with life-threatening additives, so the user doesn't know what he or she is taking. Here's what parents should know and communicate with their kids about general risks of taking club drugs.

- **Ecstasy (MDMA).** *(Other slang names: XTC, Adam, Clarity, Hug Drug, Lover's Speed)*

Ecstasy, usually taken as a tablet or capsule, creates feelings of euphoria, alertness and energy and allows users to dance for extended periods. Using ecstasy may lead to dehydration, high blood pressure and heart and kidney failure. Frequent use can cause long-lasting damage to brain cells that may affect memory. After the high is over, users often feel depressed and take more drugs to extend the high.

- **GHB (Gamma-hydroxybutyrate).** *(Other slang names: Grievous Bodily Harm, G, Liquid Ecstasy, Georgia Home Boy)*

GHB sedates the central nervous system. At high doses it can slow breathing and heart rate to dangerous levels. Overdose of GHB can occur quickly and is characterized by drowsiness, nausea, loss of consciousness, loss of reflexes and impaired breathing.

- **Special K (Ketamine).** *(Other slang names: K, Vitamin K, Cat Valiums)*

Ketamine is an anesthetic that can be used safely only in medical settings. However, some young people abuse ketamine by taking dangerously high doses, which cause dream-like states and hallucinations. At high doses, ketamine can cause amnesia, high blood pressure, depression and potentially fatal respiratory problems.

- **Roofies (Rohypnol).®** *(Other slang names: Rophies, Roche, Forget-me Pill)*

Rohypnol® (flunitrazepam) is used in other countries as a sedative and a treatment for insomnia. It is tasteless and odorless and dissolves easily in carbonated beverages. It causes profound memory loss and has been used in sexual assaults. Other effects include decreased blood pressure, dizziness, confusion and drowsiness.

Remember, you don't have to know the answer to every question your kids ask. One of the most important things is to start an ongoing dialogue about alcohol and drug abuse. For more tips on talking to your child about alcohol and other drugs or for referral or crisis counseling, call the Drug and Alcohol Helpline at 1 866 242-4111 or go to www.drugfreeinfo.org. The National Youth Anti-Drug Media Campaign also offers a web site at www.theantidrug.com.

Newborns screened for more diseases

Tonya Norvell Diehn, M.S., State Coordinator for Genetic Services

Each day, newborns in Iowa are screened to detect hereditary and congenital disorders. Early detection allows for the prevention or reduction of symptoms and ultimately saves babies' lives.

The Iowa Neonatal Metabolic Screening Program within the Birth Defects Institute provides statewide newborn screening, follow-up, consultative and educational services. The program is a partnership among the Iowa Department of Public Health, University Hygienic Laboratory, and the University of Iowa Hospitals and Clinics.

Metabolic screening of all newborns for phenylketonuria, galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia, hemoglobinopathies, and medium chain acyl Co-A dehydrogenase deficiency (MCADD) is required in Iowa and testing is done by the University Hygienic Laboratory. MCADD was recently added to the newborn screening panel. It is an inherited disorder that inhibits the body's ability to break down fats to make energy, caused by an enzyme defect in the fatty acid metabolic pathway.

Tandem mass spectrometry (MS/MS) technology used to screen for MCADD is unique. It can potentially screen for up to 30 disorders simultaneously from a single blood spot specimen. The Iowa Neonatal Metabolic Screening Program began a pilot program to screen all newborns in Iowa for the additional disorders detectable by MS/MS on October 1, 2001.

The disorders screened by MS/MS fall into three categories: amino-acid disorders, fatty acid oxidation disorders, and organic acid disorders.

People with amino-acid disorders have a deficiency in one of several pathways or cycles involved in protein metabolism. For the amino-acid disorders detectable by MS/MS, early treatment helps prevent brain damage, mental retardation, coma, seizures, autistic-like disorders and even death.

People with fatty acid oxidation disorders are unable to break down fats into energy because of specific enzyme deficiencies essential in the fatty acid metabolic pathway. Normally, fat is broken down into energy by enzymes. This energy keeps the body running when it runs out of its main source energy, glucose. It is crucial that people with these disorders avoid prolonged fasting, which can lead to severe, life threatening hypoglycemia, vomiting, lethargy, coma, cardiopulmonary arrest or sudden unexplained death. It is estimated that one or two of 100 SIDS cases are the result of an undiagnosed fatty acid oxidation disorder.

The last group of disorders which can be screened by MS/MS are organic acid disorders. They occur because of alterations in pathways of intermediary metabolism for amino acids, carbohydrates, and fatty acids. Newborn detection of the disorders and early treatment allows for prevention of symptoms, which include neonatal hypotonia, respiratory acidosis, muscle atrophy, seizures, developmental delays, and death. It is estimated that MS/MS expanded newborn screening will detect three to eight newborns each year with one of the screenable disorders.

During the pilot program, MS/MS expanded newborn screening results will not be reported routinely. However, the infant's attending physician will be notified and consultation provided if further testing is indicated. The Iowa Neonatal Metabolic Program's metabolic consultants will assist the physician with follow-up. This process will occur exactly as it has in the past for other disorders. MS/MS expanded newborn screening will be added as a routine component of the screening program after evaluation of pilot data by medical consultants to the Birth Defects Institute.

Freedom from smoking

By Kara Berg, *FOCUS* Editor

To help IDPH and other state employees practice what they preach about smoking, a new class on smoking cessation is being offered by the IDPH Division of Tobacco Use Prevention and Control.

This past August the first "Freedom from Smoking Class" got underway with the aid of facilitator Aaron Swanson, a community health consultant in the tobacco division.

The class provided a group setting and involved employees from several state agencies. Approximately 12 people attended the seven-session program weekly for an hour.

Swanson says he was pleasantly surprised by the number of participants. "It's a big step for people to make the decision to quit and to attend meetings in a group setting, he said."

Although some didn't quit smoking, Swanson says they were courageous for stepping forward and left the classes equipped with the necessary information for when they decide to try again. "It takes seven to 10 attempts before a person will quit permanently, and for two of the participants this was their first attempt," he said.

"The class is based on the fact that smoking is a habit and it is a behavior that has triggers. One of the most important questions asked in the class is 'What causes you to smoke?' and to find alternatives."

Halfway through, everyone is asked to quit "cold turkey." The rest of the sessions are used for maintenance. All but one or two made it through the first week and by the end of the class four out of the 12 had remained "smoke-free."

"People were doing really well until the events of Sept. 11," says Swanson.

Anna McGhee of the Iowa Department of Inspections and Appeals says this is her fourth and final time quitting. While she admits to cheating a couple of times, she says, "One of the most valuable things I learned was if something happens don't think of it as a failure. I tell myself I can do it and keep trying."

She says her motivation for quitting is her health and her grandson. "I didn't want to smoke around him and wanted to be around longer to enjoy him."

McGhee says she liked the group format because it provided peer pressure and she also didn't want to disappoint Swanson. "It was helpful hearing other people's struggles and know that your not meeting an obstacle that someone else hasn't had to deal with."

"The hardest part about quitting," says McGhee, "was going home, since I live alone. That's when I had my best friend. This is still the hardest part, but I have to remain honest with myself. To really quit you have to be honest with yourself."

Paring down those pesky rules

By Mike Guely, Implementation Coordinator

As part of the administrative rules review project stipulated by Executive Order Number 8, state agencies were directed to assess and categorize each chapter of administrative rules for which they are responsible.

The five assessment categories are: Keep, Modify, Delete, New or Undecided.

To access the department's report, go to the IDPH web site at www.idph.state.ia.us. On the right hand side of the screen, click on "Administrative Rules." Then click on "Assessment Report" to open the file that lists each chapter by number, title, and assessment category. To view the actual assessment report for any particular chapter, click on the chapter number and title that you wish to view.

Note: You must have Acrobat Reader software/capability to view these files since they are in Portable Document Format (PDF). Chapters reserved for future use have been listed to make sure all chapters have been accounted for -- if you click on those chapters, they will not open.

Shown below, by category, is a summary of the Assessment Report results:

➤ Number of "Keep" chapters:	Sixty Four
➤ Number of "Modify" chapters:	Forty
➤ Number of "Delete" chapters:	Seven
➤ Number of "New" chapters:	One
➤ Number of "Undecided" chapters:	Zero

The rules-review project and the assessment report are not intended to circumvent the role of the State Board of Health in regard to rulemaking. The State Board of Health is still responsible for approving IDPH proposals to: 1) adopt new chapters, 2) adopt new rules within existing chapters, 3) adopt amendments (modifications) to existing chapters, or 4) adopt the deletion of any existing chapters.

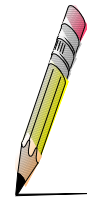
Remaining steps in the rules-review project are identified below:

- By April 1, 2002, the governor's office will advise each state agency as to which recommendations (i.e., Keep, Modify, Delete, New or Undecided) have been approved.
- By May 1, 2002, state agencies are to develop a rulemaking schedule for submission to the governor's office.
- By July 1, 2002, the governor's office will advise state agencies which schedules have been approved.
- By December 31, 2002, state agencies are to submit a final report to the governor's office.

Questions or comments regarding the department's Assessment Report should be directed to:

Mike Guely, Implementation Coordinator
Executive Order Number 8
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
Tel (515) 281-6567
Fax (515) 281-4529
Email mguely@idph.state.ia.us

Epidemiology notes



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

Bioterrorism issues: CDC has issued many articles through the MMWR on the recent anthrax cases. These articles can be found at www.cdc.gov. The CDC also has a web site dedicated to bioterrorism at www.bt.cdc.gov.

Use of nasal swabs: The IDPH discourages routine use of nasal swabs for assessing a patients' exposure to anthrax in the absence of a credible exposure. Data from studies performed in monkeys demonstrates nasal cultures are most likely to be positive in the first 48 hours after exposure to a contaminated powder, as was seen in the incident at Senator Daschle's office.

The use of nasal swabs in recent investigations in Florida and New York City has been for epidemiologic purposes, to help determine where suspicious letters were handled in the work area around a confirmed case. Results have been used to guide further investigation and to determine the source of exposure, and to make overall recommendations on prophylaxis for persons involved at the site regardless of individual test results.

Program on anthrax: On October 18, the CDC, American Hospital Association, American Medical Association, and the University of North Carolina School of Public Health presented a satellite broadcast: *Anthrax: What Every Clinician Should Know*.

The program presented clinical guidelines and procedures for the early recognition, diagnosis, treatment, and reporting of anthrax exposure.

Free single copies of the program are available on VHS videotape. To order call 877 252-1200, fax 301 843-0159, or e-mail at www.info@phf.org, or go on-line to www.bookstore.phf.org/prod172.htm. The archived version of the web cast is at www.sph.unc.edu/about/webcasts/bioter_10-18_stream1.htm on the University of North Carolina School of Public Health web site. Real Player Version 8 or higher is required.

CDC has published recommendations: Farm Animal Contact on reducing the risk for transmission of enteric pathogens at petting zoos, open farms, animal exhibits and other venues where the public has contact with farm animals. For the complete article see www.cdc.gov/ncidod/dbmd/outbreak/recom_m_farm_animal.htm.

New IDPH Web site devoted to terrorism: IDPH has established a web site devoted to terrorism. It may be accessed from our homepage by clicking on "terrorism" or directly using www.idph.state.ia.us/Terrorism/default.htm. The site contains fact sheets, current recommendations, training opportunities, and links to other informative web sites. Information on this site will continue to be updated with new and revised information as we get it.

Side notes

Free eye care - Vision USA is accepting applications now through January for eye care at no cost in 2002. The program is for working families who are uninsured and on limited incomes. It is administered by the American Optometric Association under a grant from VSP.

The eye exam program is free to children, teens, and adults who qualify. An application and information is available at www.aoanet.org/visionusa.html. During January only, people may apply by calling 800 766-4466, weekdays from 7 a.m. to 9 p.m.

What Works in Improving Physical Activity - Now advocates have solid evidence for developing specific physical fitness programs. After an extensive review of interventions, the Task Force on Community Preventive Services has issued its recommendations:

Informational Approaches

Strongly recommended -- community-wide campaigns

Recommended -- point of decision prompts to encourage use of stairs

Behavioral and Social Approaches

Strongly recommended -- school-based physical education

Strongly recommended -- social support interventions in community setting such as setting up a buddy system or contracting with another person to complete specific levels of physical activity

Strongly recommended -- individually adapted health behavior change programs

Environmental and Policy Approaches

Strongly recommended -- creation of or enhanced access to places for physical activity combined with informational outreach activities

For an explanation of these recommendations, see www.thecommunityguide.org

FOCUS Editor: Kara Berg

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.