

Iowa Health

FOCUS

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From the director

-Dr. Stephen Gleason

An increase in immigration presents transitory challenges to Iowans. Many immigrants haven't received the vaccinations, screenings and health care that other Americans have. That presents risks for the immigrants and for the population as a whole. (See Page 3)

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Flu vaccine delayed

By Kevin Teale

IDPH Communications Director

Since early summer, rumors have been flying about the 2000-2001 flu season, especially about the availability of flu vaccine. As the traditional flu vaccination season gets underway this month, there is a mixed bag of news about the influenza vaccine.

The good news is that it appears the amount of vaccine available for public clinics will be comparable to that of past years. The problem is that due to production problems, shipments of the vaccine are being delayed and will not be available for the traditional public clinics that usually start this month. That vaccine is expected by late this year, later than normal, but still earlier than the usual peaks of flu cases in January.

There are two main reasons for the delay.

Each year, the flu vaccine is manufactured to protect against the three types of influenza health experts predict will be most common. This year's vaccine consists of the A/Panama, A/New Caledonia and B/Yamanashi strains.

After two years of remaining relatively the same, one of the three components changed this year. Vaccine companies have had difficulty producing the new component because of difficulties getting the initial supplies of the vaccine to grow in laboratories. That has led to some difficulty on the part of the four major influenza vaccine companies in producing the vaccine on time this year. Additionally, two of the four were cited earlier this summer by the Food and Drug Administration (FDA) for quality control issues, which slowed production while those issues were being addressed.

In order to provide coverage to individuals where flu is literally a life-threatening illness, both the Department of Public Health and CDC have issued recommendations regarding distribution of the flu vaccine this year.

General public vaccination clinics should be delayed while the first available dose of the

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vaccine goes to "high risk" individuals. That group includes lowans aged 65 and older, those with chronic health conditions such as heart or respiratory disease, residents of nursing homes or long-term care facilities, health care workers at those facilities, and family members of those with the chronic illnesses.

After high-risk individuals are covered, then the general public vaccination campaign can get underway, which is expected to occur in December.

IDPH Director Dr. Stephen Gleason issued a letter this fall to Iowa health care professionals asking them to adhere to the recommended guidelines for flu vaccine distribution.

“If all health professionals follow the guidelines, we will fare well,” says Gleason. “ The potential problem is in large commercial vaccination operations and the timing of those efforts. This approach is necessary to save people’s lives.”

From the director

(From the director Page 1)

It's no secret that the face of Iowa is changing. Although it's still overwhelmingly white, the state has become home to a growing number of immigrants who don't look like "traditional" Iowans, who often speak a language other than English and sometimes eat food and wear clothes from their homelands.

They are hard working and family-oriented. Their coming has enriched the state. And many Iowans – mindful of their own status as descendents of immigrants, and of the state's tradition of hospitality – have welcomed them.

Indeed, Gov. Tom Vilsack has received worldwide attention for his efforts to bring more immigrants here. His invitation results from compassion seldom seen by a governor on the world stage. For Iowa, it's a chance for the state to find skilled workers. For the immigrants, it can be a chance to save their childrens' lives.

But an increase in immigration presents transitory challenges to Iowans, in and out of government. Health departments recognize that many immigrants haven't received the vaccinations, screenings and health care that other Americans have. That presents risks for the immigrants and for the population as a whole.

The counties' health needs assessments – accessible on the IDPH web site under "resources, publications, data" – show a great demand for bilingual staff members, culturally-sensitive programs and ways to meet the public health challenges brought by the newcomers.

Our department recently received a grant from the Wellmark Foundation to help organize "Hispanic Health Fairs" in counties with the highest concentrations of Hispanic newcomers -- with the

understanding that, if successful, the idea will be extended to other parts of the state and to other immigrant groups. And we're looking for other ways to meet the public health challenges of continued immigration.

Awareness is an important first step. As public health practitioners, we have to recognize the public health needs of newcomers and the risks for the whole population if we fail to properly handle those needs. And we have to help public officials, at the local and state levels – as well as the public – to recognize those needs and risks.

Then we have to stir our creative energies and come up with solutions that serve immigrants and the rest of the population. We'll let you know about any ideas we have, and welcome any of your suggestions. Direct them to FOCUS Editor Kara Berg, whose e-mail address is listed at the end of this FOCUS issue.

Meanwhile, we should remember our roots and the impact the arrival of our ancestors had on public health officials of their era. We owe it to them to meet today's challenges.

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.

One in three Iowa high school students are regular smokers

By Joshua Schoeberl
IDPH Intern

A survey conducted by the Iowa Department of Public Health has concluded that nearly one third of Iowa's high school students are regular smokers.

The survey, conducted this past spring, found that 33 percent of high school students are regular smokers. The Centers for Disease Control and Prevention defines a regular smoker as anyone who has smoked a cigarette in the past 30 days. Iowa's teenage smoking rates are slightly higher than the national rate of 28 percent.

"This is a very worrisome result," said Dr. Steven Gleason, director of the Iowa Department of Public Health, "and lends force to the charge we have been given by the Legislature and governor to reduce youth smoking."

The department's newly established Tobacco Use Prevention and Control Division will be working together with the Alcoholic Beverages Division under the Department of Commerce, to ensure current laws on tobacco sales are being enforced.

The tobacco division will monitor retailers to make sure they aren't selling tobacco to teens and that current underage tobacco possession laws are more strictly enforced by local law enforcement agencies.

Cathy Callaway, director of the new tobacco division, said the figures were about what she had expected. She said that while the numbers were high, she wasn't too alarmed because the division had not yet launched its anti-smoking campaign when the survey was taken.

Callaway said that no one individual approach will work in curbing youth tobacco use. She said an important aspect of the division's

plans is its counter-marketing strategy, which hopes to change the social acceptance of tobacco use. The counter-marketing campaign is to be led and created by teenagers themselves. This campaign is a direct result of the Iowa Youth Summit, held July 28-29, at Simpson College this past summer.

The summit ultimately produced the youth-led anti-tobacco use campaign JEL – Just Eliminate Lies. The young people will assist state officials in the marketing campaign as well as by helping to further develop community partnerships.

Callaway said she thinks it is crucial that young people are involved in the decision-making process. Results from the survey show that about 90 percent of teens say smoking is not cool, yet two thirds have tried smoking. A key need is to get the youth perspective on why teens use tobacco and what sort of messages appeal to teens.

Callaway said it is hard to target the teen genre. She said, “This is where having young people will be affective because so much changes so fast.”

The results also show a high use of smokeless tobacco use, especially among males. Callaway said the anti-tobacco use campaign needs to target all forms of tobacco use. She said the campaign must “make sure this is a *tobacco* message, not just a cigarette message.”

Callaway also went on to explain that a universal, anti-tobacco message should be sent to youth from a variety of different sources to help curb the spread of tobacco use. Parents, teachers, community leaders, and law enforcement need to unify their message to help change the acceptance of tobacco use in society, she said.

To help launch the campaign JEL created at the Youth Summit, the division will sponsor a youth-led tour around the state in November. The tour will have five stops across Iowa, with events to draw middle- and high-school-aged crowds to the rallies. Students will be able to sign up for events and give input to aid in the production of the marketing campaign.

Awareness and support are the keys to a breast-feeding mother's success

By Kara Berg
IDPH FOCUS Editor

The benefits from breast feeding for both mother and child are well-known. They range from pride and bonding to infant protection against infection due to increased immunities contained in breast milk and reductions in allergies.

Awareness of these benefits is why the number of mothers choosing to breast-feed is on the rise. However, the number of women who continue after the first few weeks declines dramatically. Most cite physical difficulties or lack of support as reasons for stopping.

The number of Iowa women who breast-fed in 1999 was up to 65.3 percent. However, the number of women continuing to breast-feed six months later had dropped to 24.8 percent, according to a Ross Mother's Survey by Ross Products Division of Abbot Laboratories.

Holly Szcodronski, a breast-feeding promotion coordinator for the Iowa Department of Public Health, thinks awareness and support on the part of doctors and employers would greatly improve a mother's decision to continue breast-feeding.

Says Szcodronski, "Some medical schools are starting to incorporate breast feeding into their training to get interns and residents experience and gain familiarity. Doctors don't usually get education in this area. One way they could gain understanding is by hooking up with a lactation consultant."

Szcodronski says there seems to be two drop-off points in the continuation of breast feeding. The first is after the first few days and the second is after the first month to six weeks. Some reasons cited for quitting early in a 1997 survey among WIC participants in Iowa

were that they felt they didn't produce enough milk and that they had returned to work or school.

Szcodronski says, "While there is no specific data there seems to be a big problem with women continuing when they return to work or school. If you didn't have a place to express your milk would you continue?" Szcodronski has heard that some employed women are forced to choose between breast feeding and their jobs. "Some are given a 10-minute break when they need 15."

She boils it all down to a lack of understanding and remarks, "Employers don't know enough about it and co-workers feel these mothers are receiving

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special treatment." Employers need to know that breast feeding can benefit them as breast-fed babies are less sick which means mom misses less work."

Szcodronski says, "One of our (IDPH) goals in Healthy Iowans 2010 is to send a survey to employers to help get breast feeding needs in place, like setting up a lactation room. The State of Iowa is leading by example by having three different lactation rooms available to employees, with two more locations on the way."

Another plan for a woman returning to work or school would be to recommend supplementing with formula rather than quitting altogether. "Some women think it's all or nothing, when they do have a choice of supplementing," says Szcodronski.

Szcodronski comments, "A lot of women feel like they are the only ones breast-feeding or that it's a lot different than they thought it would be. Most just need an extra pat on the back or someone to say, 'I remember that'. These women need to know that there is help for them. They can call a lactation consultant, a La Leche League group or speak with family and friends who have successfully breast-fed. A woman shouldn't stop due to lack of information or misinformation."

Toxicology: It's about "practically everything"

By Martha Perry
IDPH FOCUS Copy Editor

Chuck Barton, the new state toxicologist, believes his scientific discipline encompasses just about everything.

Taber's Cylcopedic Medical Dictionary describes toxicology as a "division of medical and biological science concerned with toxic substances, detecting them, studying their chemistry and pharmacological actions, and establishing antidotes and treatment of toxic manifestations, prevention of poisoning, and methods for controlling exposure to harmful substances."

Barton simply describes it as, "the study of the adverse affects of chemicals on living biological systems.

"Everything is made of chemicals," he says. "Thus, it is the study of practically everything."

As the statewide resource person on toxicological issues, Barton serves a diverse clientele. Contacts include people in government, business and industry, and the general public. He receives frequent calls from across the state and travels often.

Barton developed an early interest in toxicology growing up near Baton Rouge, La.

"I grew up near highly contaminated areas designated as Superfund sites by the federal government," he said. "I saw public health officials around the community just about every day, and the field interested me."

That interest eventually led to B.S., M.S. and Ph.D. degrees in toxicology from the University of Louisiana in Monroe, not far from Baton Rouge. He was named one of the Outstanding College Students of America in 1988.

Barton was on the other side of the desk, too. As a master's student, he taught several human physiology courses at the Louisiana. While a Ph.D. candidate, he also taught toxicology courses there. Later, at Michigan State University in East Lansing, he taught a food-safety honor's program. After receiving his Ph.D. in June of 1998, he conducted research at the Food and Drug Administration's National Food Safety and Toxicology Center in East Lansing for two years.

In 1996 and 1997, Barton conducted research at the National Center for Toxicological Research (FDA) in Jefferson, Ark. This resulted from receiving the

"I grew up near highly contaminated areas designated as Superfund sites by the federal government. The field interested me."

Young Investigator Award of the Year by the Society of Toxicology. It is one of 12 national and international awards he's received, and another is on the horizon. In November, he will be recognized as Outstanding Toxicologist of the Americas by the University of Cartagena in Cartagena, Colombia.

Barton more than satisfied academic "publish or perish" requirements with at least 16 peer-reviewed articles on toxicology as first author and many more as second author. So far this year, five articles have been published. Barton's work includes co-authoring the "bible" of the toxicology world – the Encyclopedia of Toxicology – published by the Academic Press in 1998. He has also been a reviewer for several scientific journals.

Barton learned of the department position through an Internet announcement by the Society of Toxicology. His outstanding background in toxicology, along with an abiding interest and dedication in the field, made Barton a natural for filling the department's position as state toxicologist. According to the department's three-member selection committee, Barton is also an excellent choice to fulfill the second component of this position's responsibilities – directing the department's Hazardous Waste Site Health Assessment Program.

This program, supported with funding from the federal Agency for Toxic Substances and Disease Registry, assesses hazardous waste

sites in Iowa for potential health risks to workers and/or community members living nearby.

Barton is married to Eva, a native of Shanghai, China. They met in 1988 while both were science students at the University of Louisiana, and married in 1989. They are parents of a son – 6-year-old Chris – and are awaiting the arrival of a daughter in November.

Healthy Iowans 2010 a model for advancing public health

By Louise Lex Ph.D.

IDPH Healthy Iowans 2010 Coordinator

Many a great plan of action has been launched, only to be lost in the execution. Whether caused by a failure of nerve, a lack of conviction, or a fault of will, the inability to follow through with tenacity and sympathy has spelled doom for many.

--1997, Jennings, Miller, and Materna

Funding

- A coalition of over 60 organizations was formed to secure tobacco settlement funds for health, following completion of *Healthy Iowans 2010*. Iowa became one of the first three states to use the entire settlement money for health.
- Money in the amount of \$2.8 million was set aside for the Healthy Iowans 2010 initiatives; \$9.35 million to achieve goals and action steps in the tobacco chapter; and \$11.9 million for substance abuse treatment and prevention – part of the \$55 million allocation for health.
- *Healthy Iowans 2010* was integrated into *Iowa 2010*, the state's overall strategic plan for Iowa. In the draft report, the Governor's Strategic Planning Council endorsed *Healthy Iowans 2010* "implementation as part of Iowa's future."

- Iowa Department of Public Health grant applicants will discuss how their applications relate to *Healthy Iowans 2010*—a requirement in the request for proposals.

Implementation and Monitoring Groups

- Coalitions are set up. An osteoporosis coalition, asthma coalition, oral health action committee, and a cardiovascular health council are among the groups organized as implementation teams.
- The Mental Health Planning Council will monitor progress in the mental health and mental disorders chapter; the Maternal and Child Health Advisory Committee, progress in the maternal, infant, and child health chapter; and the Iowa Diabetes Network, progress in the diabetes chapter.
- Several chapter teams will continue following progress and planning for corrective action.
- A new Tobacco Commission will use the goals in the tobacco chapter in its plan of action.
- An Iowa Department of Public Health team is revising the Iowa Health Indicator Tracking System (IHITS) to meet monitoring needs. A system to assess progress is underway.

Community Action

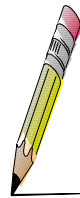
- Communities across the state are using *Healthy Iowans 2010* as a template for their healthy communities 2010 plans.
- The Iowa Department of Public Health, in cooperation with the Wellmark Foundation, Drake University Center for Health Issues, Des Moines University Osteopathic Medical Center, and the University of Iowa College of Public Health, will provide technical assistance by holding nine regional train-the-trainer seminars. These are scheduled for September and November, and follow-up support will be provided.

Marketing the Plan

- Distribution of more than 3,500 copies of *Healthy Iowans 2010* is done, with copies being given to citizens, organizations, students, and libraries. The plan also is available on the IDPH web site at www.idph.state.ia.us.
- Promotion and discussion of the plan occurred at a press conference and at national and state meetings.

Epidemiology notes

By Patricia Quinlisk, MD
State Epidemiologist



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health

■ We would like to introduce you to our new epidemiologist, Kim Brunette. She recently graduated with a master's degree in epidemiology, and will be helping to develop new surveillance activities for enteric, respiratory and antibiotic resistance organisms.

■ The Iowa Department of Public Health is planning to coordinate a limited effort to search for West Nile Virus activity in Iowa during the final warm weather weeks of this year.

A short-term collection and processing of freshly dead crows and blue jays i.e. species in the corvid group that are most sensitive and specific for deleterious effects of WNV is planned. Birds will be processed at the Veterinary Diagnostic Laboratory in Ames and tissue

testing will be conducted at the University Hygienic Laboratory in Iowa City.

Although the disease continues to spread from its epicenter, presently no state in the upper mid-west including Iowa, reports any confirmed WNV activity in any species.

■ The Influenza Surveillance Program is ready to go for the 2000-2001 season. Twelve physicians from throughout the state will be participating by both reporting numbers of influenza-like illnesses (temperature $\geq 100.0^{\circ}\text{F}$ AND cough and/or sore throat) to the Centers for Disease Control and Prevention, and by submission of samples to the University of Iowa Hygienic Laboratory for confirmation and subtyping.

Physicians will begin to report the numbers of influenza-like illness to the CDC the week ending October 7th, 2000. Sample submission to UHL will begin at the physicians discretion. In addition to the physician participation, seventeen schools have consented to participate by reporting the number of student absentees through the flu season.

Each of the twelve counties where a physician is reporting has a school that will be reporting absenteeism. The school reporting will begin the week ending November 3rd, 2000.

- The Iowa Emergency Management Division is offering an ICN presentation on October 4th, followed by a series of “roll-out” sessions the following days, to provide information to local communities on how to complete the Dept. of Justice Terrorism Assessment Survey.

The Iowa Emergency Management Division has sent information out to all local health departments. We are

encouraging local health departments participation in completing this survey, as there are numerous questions that assess local health’s ability to prepare and respond to the threat of terrorism.

If you have not yet received information on the ICN presentation or the rollout sessions please contact the Iowa Emergency Management Division at (515) 281-3231 and ask for someone from the Domestic Preparedness Team. The Iowa Department of Public Health will also be available during these training sessions to answer questions.

- During the last few months we have received reports of three cases of tularemia, an unusual zoonotic bacterial disease most commonly associated with exposure to rabbits. We will be doing further investigation of these cases to determine their mode of exposure. In the meantime, any cases that you know about please report to us at 800-362-2736.

Correction

An article in the last issue of FOCUS reported that there were 55,000 children still eligible for HAWK-I, when actually that number encompasses not just the HAWK-I program, but also Medicaid Expansion for pregnant women and children. Additionally, since that article was written, more children have signed up. As of July 2000, 34,089 children are still eligible but not enrolled in HAWK-I, and 7,315 are still eligible but not enrolled in the Medicaid Expansion program. A combined total of 41,404 children are still eligible and not enrolled in HAWK-I and Medicaid Expansion.

Classifieds

We've moved - The Bureau's of Radiological Health and EMS have moved out of the Lucas Building. They are now located at 401 SW 7th Street in Des Moines. The new phone numbers for these bureaus are as follows: 515-281-3478 for Radiological Health and 515-725-0326 for EMS.

Iowa's HIV/AIDS Odyssey 2001 - The 2001 Iowa HIV/AIDS Odyssey (Realize, Utilize, Revitalize, Analyze, Look to the Future) will be held October 25 and 26, 2000 at the Savery Hotel and Spa in Des Moines. This event is sponsored by the Iowa Department of Public Health and the HIV Prevention Community Planning Group. For more information call 319-351-0114.

VA Hospital Services - The Mental Health Primary Care Clinic at the VA Hospital in Des Moines offers services to adult patients 18 and over who have some form of mental health and/or substance-use problem. Although the primary focus is outpatient treatment, those who need a higher level of treatment are cared for in the least restrictive environment possible.

Psychology services are available to the full range of patients who seek services at the VA Hospital. The professional staff of the Psychology Program is assigned to a variety of inpatient and outpatient treatment teams, delivering services to medically and/or mentally ill veterans. They provide services to patients who need help with psychophysiological, cognitive, affective, behavioral, social, and existential problems.

Focus Editor: Kara Berg

Assistant Editor: IDPH Intern Joshua Schoeberl

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