

Iowa Health

FOCUS

August 2000 ■ Iowa Department of Public Health



From the director

-Dr. Stephen Gleason

People with addictions and mental illness are often out in the cold when it comes to insurance coverage. The effect can be tragic. (See Page 3)

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Callaway to head new tobacco division

By Kevin Teale
IDPH Communications Director

Iowa Department of Public Health Director Dr. Stephen Gleason has announced the appointment of Cathy Callaway of Des Moines as director of the department's newly formed Division of Tobacco Use Prevention and Control.

The new division resulted from action during the past legislative session. Its mission is to assist the state in the enforcement of underage tobacco laws, including assisting local law enforcement as they perform compliance checks on retail outlets. It will also develop a marketing campaign to demonstrate to Iowa youth the risks associated with tobacco use. Themes for that youth campaign were among the issues discussed at a statewide youth summit on tobacco held in Indianola last weekend.

"Cathy Callaway has exactly the kind of experience and enthusiasm needed to make

a real dent in the rate of tobacco use among Iowa's youth," said Gleason. "Reducing that rate will make a big difference in the health of Iowans."

Callaway, 30, has been employed by the American Lung Association of Iowa the past five years, as well as serving the last two years as President of Tobacco Free Iowa, a coalition of groups devoted to tobacco-use reduction. She has a bachelor's degree in community health education from Iowa State University.

"Iowa has a wonderful opportunity to significantly reduce the deadly toll tobacco takes on our state," Callaway said. "I'm very excited to be involved in this effort."

The new unit devoted to tobacco use is the second new division being formed by the department this summer. Gleason has previously announced the new division of environmental health, to be headed by Siouxland District Health Department Director Steven Quirk.

From the director

(From the director Page 1)

One of the most heart-wrenching cases I've ever had to deal with as a physician was that of a 15-year-old girl who was brought to me with an acute drug addiction. I recognized her need for immediate inpatient care. But while we were struggling to get that approved by a payer, she hanged herself.

Had the girl been injured or had acute appendicitis, we could have gotten immediate approval to admit her to a hospital. But because there are so many restrictions on the admission and payment for addiction treatment, there was nothing to do but urgently seek a way to bypass the rules. We were too late.

Though suicide is the second leading cause of death among young people aged 15-24, few cases end in such a tragic death. Still, this girl's case is hardly unique. People with addictions and mental illness are often out in the cold when it comes to insurance coverage.

This instance helps explain why – in the case of mental illness – only a third of the estimated 7.5 million children and adolescents who need treatment actually get it. It also helps explain why two-thirds of all people with mental illness never seek treatment.

It's no secret to those of us who are advocates that untreated mental and substance-abuse disorders can lead to lost productivity, failed marriages, suicide, child abuse, domestic violence and lost taxes.

That's why for the coming year one of my priorities -- as well as one of the governor's -- is parity for substance-abuse and mental health treatment. This simply means that payers should allow care for mental disorders in the same way they do for "physical illnesses."

(By the way, evidence is in that mental and addictive disorders have a brain component – making them "physical" problems as well.)

Opponents say parity is too expensive and that insurance premiums will rise to unacceptable levels. But 31 states have some form of parity law, and the average premium increase

Only a third of the estimated 7.5 million children and adolescents who need treatment actually get it.

is 3.6 percent. It's less than one percent for managed care plans. Additionally, many states found that the initial cost increase caused by parity was followed by a return to pre-parity rates after a year or so.

In the case of treating depression – an illness that affects so many families – the net savings to an employer is \$9.13 for every \$1 spent on treatment.

But it's the cost of not treating people that should really get our attention. Failing to treat mental illness and addiction fills our jails, mental hospitals and streets; brings untold misery to mentally ill and

addicted people and to their families; and results in painful frustration to those of us charged with caring for them.

Worst of all, perhaps, is the truth with which we all must live. In a country bulging with billionaires and millionaires...in a nation that spends nearly as much on the pursuit of pleasure as on necessities, we lack the will to take care of the people who most need our help.

Youth Tobacco Summit a success

*By Joshua Schoeberl
IDPH Intern*

Iowa's first annual Tobacco Youth Summit was deemed a success by those attending and has officials excited about the new youth-led, anti-tobacco campaign.

"I am very happy," said Tammi Blackstone, event coordinator for the summit. "It was a huge success. They [students] really understood what we are trying to accomplish. It was very exciting."

Youth from across the state met in Indianola July 28 and 29 to discuss tobacco issues, to develop an anti-tobacco campaign targeted at youth, fill a three-person committee and nominate a state leader for the movement.



Gov. Tom Vilsack speaks with students at the Tobacco Youth Rally.

Working with the Nixon Group, a youth-led organization that has assisted similar anti-tobacco rallies in Florida and Minnesota, the students began to think about a campaign name. Ideas such as "JEL – Just Eliminate Lies" and "Kickin' Ash" are being contemplated. The Nixon group also showed the students what they could do to advance the campaign in their own communities.

Students at the rally then began to develop media and marketing plans for their campaign. Blackstone said the young people wanted to target middle school students as well as high school students. She said they felt if they could influence the younger kids, they would have more success in curbing tobacco use rates.

Blackstone said she was surprised at the amount of interest participants had in the

three-person committee and the state leader positions. She described the students as being very competitive about filling them.

The summit, which will be an annual happening, also produced ideas for events to be held throughout the year. One of them involved creating a state tour, with rallies being held in various cities across Iowa.

Asthma rates soar across the country

*By Kara Berg
IDPH FOCUS Editor*

Asthma rates have doubled in the U.S. and tripled overseas, according to recent news headlines. An estimated 15 million Americans suffer from this chronic, inflammatory lung disease. Children under 5 have the highest increase. And the number of asthma cases continues to climb.

Possible causes for the increase are the environment and/or allergies, genetics, and greater awareness of the condition and treatment.

One of the greatest concerns is the rise in rates among minorities and low-income groups. These populations experience significantly higher rates of fatalities, hospital admissions and emergency room visits due to asthma.

Asthma is thought to be the result of allergies, heredity or both. While there is no cure, asthma can be managed on a daily basis by steroid and anti-inflammatory inhalers. And now more potent, new treatments with fewer side effects are available.

Darcy Shields of the American Lung Association (Iowa) says one of the ways health professionals can control asthma is to educate the public.

Shields says, "Asthma shouldn't affect your daily life. If it does, your medication is not being controlled properly and you should talk to your doctor." Shields also believes that parents should be a prime target for education. "It is not normal for your child to be short of breath or coughing when they run and play," she says.

Lorrie Graaf, of the Iowa Department of Public Health's Bureau of Health Promotion, adds that physicians need more education on asthma. She said they should follow the Guidelines for the Diagnosis and Management of Asthma. This information can be found at www.nhlbi.nih.gov on the National Heart, Lung, and Blood Institute's web page.

Graaf was part of the asthma chapter team for Healthy Iowans 2010. It became clear to Graaf and other team members that asthma needed to be brought to the forefront of health awareness. As a result, an Iowa Asthma Coalition was formed in December of 1999.

An estimated 15 million Americans suffer from this chronic, inflammatory lung disease. And the number of asthma cases continues to climb.

The coalition consists of pharmaceutical companies, public health professionals, physicians, nurses, universities, hospitals, Wellmark, the American Lung Association, and the Iowa departments of public health, education, and natural resources.

According to Graaf, the coalition is beginning to organize. In the near future, however, the coalition hopes to implement asthma data surveillance specific to Iowa. This will include both genetics and the environment. "We will develop an action plan and what we want to accomplish by identifying methods to implement from the Healthy Iowans 2010 action steps," says Graaf.

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.

New epi twist to RAGBRAI ride

By Martha Perry
IDPH FOCUS Copy Editor

There was a new twist to RAGBRAI this year. Most people recognize the tongue-twisting acronym but not what it stands for -- the Register's Annual Great Bike Ride Across Iowa. Number XXVIII to be exact.

No, it wasn't a new curving road between Council Bluffs and Burlington, this year's 455-mile bike course. Entrants rode 455 miles from July 23 to July 29. Instead of a new curve, it was something the Iowa Department of Public Health did, something it does well, in fact -- collect and analyze data. It involved surveying adult participants who planned to complete the entire course.

Estimates for potential survey involvement were up to 7,650 people, about 90 percent of the adults who registered for the entire week-long ride. So why this massive effort at surveying? The answer comes from Michael Buley, DVM, MPH, the survey's coordinator in the department's Center for Acute Disease Epidemiology. He's here on loan for two years from the U.S. Army under an epidemiology fellowship sponsored by the Centers for Disease Control and Prevention (CDC).

"The department has always been interested in doing a RAGBRAI study," said Buley. "Only now have additional resources, such as staffing, made this possible. The survey was in the planning process for a year. The center is interested because of continuing concerns over rising levels of obesity and physical inactivity -- a nationwide problem."

The survey has two major purposes.

"The first and most significant aspect is a web-based survey focused on injury prevention," said Buley.

This first part of the survey was on the bicyclist's prior experience, as well as preparations made for RAGBRAI. It included getting information on other similar events the person had already participated in and the distance and time involved.

The preparation questions centered on training activities prior to RAGBRAI. This included getting answers on the number of cycling training days, miles ridden each week and miles-per-session.

Other questions were asked of survey participants. Did they complete each day's scheduled mileage? If not, why not? Was it due to such factors as the weather or injury? If an injury was involved, the online survey asked its type. Was it traumatic, such as from a collision or fall, or due to overuse such as sore knees?

The center hopes to determine if the amount of preparation before RAGBRAI aided in the rider's successful completion, and if it resulted in fewer negative incidents such as injury.

Around 400 RAGBRAI riders have asked for medical attention over the past few years and 20 percent of them required ambulances, according to an article in *The Des Moines Register*.

"The second aspect is observational," said Buley. Several "epi" personnel participated in part or all of the ride. Besides Buley, these hardy folks were Dr. Patty Quinlisk, M.D., state epidemiologist; Assistant State Epidemiologist Cort Lohff; M.D.; and Environmental Epidemiologist Russ Currier, DVM, MPH. Also providing assistance was Andrew Dannenberg, M.D., from CDC in Atlanta.

Their major interest was in identifying any potential problem involving alcohol ("biking under the influence" or "biking while intoxicated"). Many of the evening host towns provided alcohol after the day's course completion. That, in itself, wasn't a real concern—at least not from a rider safety standpoint.

What was of concern was drinking occurring prior to that time.

Previous studies have identified alcohol as a significant risk for serious bicycling injuries. Said Buley, "It's usually at the next-to-last town each day—about five to 10 miles from the finish. We're

concerned with alcohol impairment. This could involve not using safety precautions on the way to the last town each day.”

Once the official course closed about 6 p.m. each day, state police no longer provide protection. Troopers help provide a secure and safe biking course, especially in the area of traffic control. If bikers continue riding after consuming alcohol and after the sun goes down, it could result in other dangers, such as not using protective gear like helmets and lights.

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The before-and-after-ride elements of the survey were conducted over the web. It was estimated that 95 percent of adult, weeklong bikers had access to e-mail. A letter was sent to them asking for their participation immediately following the ride.

Those who did the survey were able to answer questions online and submit answers simply by using the enter key. The information was then automatically downloaded into a database for later analysis by the department.

In a future issue, FOCUS will provide survey results. A preliminary report is expected to be available sometime in September.

Growing Healthy Iowa Communities

By Louise Lex Ph.D.

IDPH Healthy Iowans 2010 Coordinator

Iowa has initiated a major state and community planning effort to shape the growth of healthy communities.

About 550 Iowans came together for a year-long discussion on how to make Iowa a healthier state by 2010. This discussion resulted in *Healthy Iowans 2010*. This led to the first state 2010 health plan in the nation. It was published in January 2000.

The plan drove budget requests. It also contributed to Iowa's achievement of becoming the first state to devote all tobacco settlement funds for health.

While state planning was underway, hundreds of volunteers were assessing their local community health needs. They then crafted plans to deal with the identified problems.

Iowa now has uniform information on needs, resources, problems, and actions for each of the 99 counties. The community health needs assessments and improvement plans are located at www.idph.state.ia.us, the Iowa Department of Public Health web site. They can be used in grant applications and to market and set the agenda for public health.

The next step is to develop a Healthy Communities 2010 plan for each county, using these local efforts, along with the state plan. Healthy Iowa Communities 2010 seminars will provide support and offer resources for the development of a local health improvement plan linked to *Healthy Iowans 2010*.

The train-the-trainer seminars are supported by the Iowa Department of Public Health, the Wellmark Foundation, Des Moines University Osteopathic Medical Center, Drake University Center for Health Issues, and the University of Iowa College of Public Health. Follow up assistance also will be available through the sponsoring partners.

At the seminars, local public health agencies will identify and send invitations to community leaders who participated in the development of their respective community's needs assessment and health improvement plan.

Participants will learn how local health improvement plans are being used; how they can be linked to *Healthy Iowans 2010*; who has the money to translate plans into action; and how to measure success and tell the story.

A timetable with locations for the nine scheduled seminars is listed below. The seminars will be held from 9:30 a.m. to 12:30 p.m.

September 14:	Humboldt Hospital, Humboldt
September 21:	Iowa State University County Extension Office, Chariton

September 21: Carrollton Inn, Carroll
September 28: Iowa State University County Extension Office,
Red Oak
September 28: Northwest Iowa Community College, Sheldon
November 2: Beems Auditorium, Cedar Rapids Public Library,
Cedar Rapids
November 2: First National Bank, Fairfield
November 9: Hawkeye Community College, Waterloo
November 9: Godfather's Pizza, Hampton

Butler County project brings unique approach to meeting health care needs

*By Linda Truax
Butler County Nurse Administrator*

The Butler County Public Health agency is in the process of establishing a Parish Nurse Program. It was awarded \$398,360 for three years from a federal Rural Health Outreach Grant.

Butler is a rural county in northeast Iowa. Twenty percent of its population is over age 65.

The Parish Nurse Project was developed in response to identified needs from a Community Health Assessment Survey. There is no hospital in Butler County. The county is a designated Health Professional Shortage Area (HPSA).

The county lacks available health services. Other identified barriers to health care included cost and transportation. The project is a unique approach in meeting the county's health care needs. Project goals are centered on meeting the needs of the elderly and on supporting disease prevention and health promotion activities.

Butler County Public Health will coordinate the project with local congregations that will establish nine parish nurses. The parish nurses will be at the front-line in reaching the members of their communities.

They will act as health educators, personal health counselors, and will provide referral resources. Their tasks will include holding blood pressure clinics, visiting shut-ins, and leading stress-reduction classes.

Parish nurses will emphasize the "whole person" approach to health care.

They will be concerned with keeping the balance among the body, mind, and spirit.

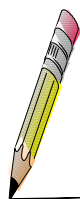
The nurses will be supported in their roles by the Butler County Public Health, coordinator and lead agency of the project; Allen College of Nursing for educational needs; Circle of Friends, a local volunteer agency, and the pastoral staff of the participating congregations.

This is a project built on the partnership of secular and faith groups that are working toward the same goals. It shows the commitment of this rural community to create real solutions toward improving health care access and decreasing barriers to health care.

It is hoped that this program can also be replicated in other areas. Call the Butler County Public Health agency at 319-267-2934 with any questions.

Epidemiology notes

By Patricia Quinlisk, MD
State Epidemiologist



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

- Childhood vaccination rates in the U.S. have reached a record high, with more than 80 percent of toddlers receiving at least five of the six recommended vaccinations. Iowa's rates are even higher, 83.4. I would like to congratulate all of those people working to immunize Iowa's children for a job well done.

By the way, Iowa has not had a case of measles, polio, diphtheria, tetanus or HIB in a

child for years. However, rubella, pertussis, and mumps continue to be seen in Iowa.

- Influenza vaccine alert: Last flu season in the U.S., the four influenza vaccine manufacturers produced 80-85 million doses of influenza vaccine. This year, due to manufacturing problems at two sites, and lower than anticipated production yields at all production sites of the AH3N2 component of this year's vaccine, a substantial delay in the distribution of influenza vaccine and possibly substantially fewer total doses of vaccine for distribution than last year is expected.

The July 14 MMWR has the following Adjunct Influenza

Vaccine Use Recommendations for the 2000--01 Influenza season (see #1 on obtaining an issue):

- 1) Implementation of organized influenza vaccination campaigns should be delayed.
- 2) Influenza vaccination of persons at high risk for complications from influenza and their close contacts should proceed routinely during regular health-care visits or in high risk setting such as long term care facilities. (During the presentation, CDC mentioned that high-risk children under nine years of age receiving their first influenza vaccine be given their first dose so that the second can be given before the end of Dec.)
- 3) All influenza vaccine providers, including health-care systems and organizers of vaccination campaigns, should develop a provider-specific contingency plan to maximize vaccination of high-risk person and health-care workers.
- 4) This year, especially it will be important to minimize wastage of vaccine.

As the summer draws to a close we should learn more about the actual supply of vaccine. We will pass that information on to you as soon as it becomes available.

- Two cases of pertussis were recently reported. These were in

siblings under age six who had never been vaccinated. We are still seeing sporadic cases, as well as occasional outbreaks, of pertussis in both children and adults in Iowa. Remember, the immunity from the vaccine wanes 5-10 years after the last vaccination, and since the last dose is given at age 7 (in the current vaccine schedule) most adults will be susceptible. Studies are taking place right now to determine whether the acellular pertussis vaccine can be given to adults with acceptable levels of side effects, and whether the vaccine will stop adults from developing illness. The hope is that within a few years, the adult tetanus booster will contain pertussis, along with the tetanus and diphtheria toxoids that it already contains.

preliminary data showing that those who live in a less clean (i.e. more microbe filled) environment (and/or have more enteric infections) are at less risk of developing atopic diseases like asthma and allergies. (Also, discussed was whether we really need things like dishwashing soap, window cleaners and chopsticks to have antimicrobials in them, or are we just contaminating the environment with chemicals that will cause the microbes to become more resistant to related chemicals like antibiotics.) Obviously, there is a lot more to be studied, but it is intriguing. The lecture was closed with the question.... "How clean should we be?", and the answer that was given was "Soap and water clean, not chemically clean."

- At the Second International Conference on Emerging Diseases, a new theory on the relationship between infectious diseases and allergies was explained. It appears that there is

Classifieds

IDPH at the fair - The Iowa Department of Public Health will have a booth near the SW corner of the Varied Industries Building during this year's Iowa State Fair Aug. 10 to 20. Staff will be on hand to provide all kinds of useful information and gadgets, so come see us!

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.

Local and national speakers will be presented. Hear Research findings about the most effective ways to change behaviors that put people at risk for HIV infection. Get information and tools from experts in the field on turning theory into practice. Network with your peers. Substance Abuse, Social Work, and Nursing CEU's will be available.

This event is sponsored by the Iowa Departments of Public Health and Education, and the HIV Prevention Community Planning Group. For more information call 319-351-0114.

Caring Foundation Grant awarded - The Caring Foundation Board of Director's approved a \$300,000 grant for the Iowa Review of Family Assets project. The basis of the project is to help provide new parents the opportunity to assess their readiness for successfully rearing their child. The assessment is done on a voluntary basis before parents leave the hospital with their newborn.

Based on information provided by the parents, hospital staff will link families to services in their communities that will provide advice, education, and support. Many new parents aren't aware of the many programs provided by their communities.

The Iowa Review of Family Assets project is a four-year endeavor and is currently receiving funding from the Robert Wood Johnson Foundation. The Caring Foundation Grant is intended to cover the last half of the project.

Community Needs Assessment - This year, local boards of health assumed responsibility for convening a representative group of citizens to participate in a community health planning process. More than 300 agency representatives and consumers were involved in reviewing census and health data and gathering additional community information on barriers and assets. After reviewing this information, the community health planning groups outlined their communities' major health problems and what they intended to do about them.

As a result of this volunteer effort, Iowa now has uniform information on needs, resources, problems, and action for each of the 99 counties. The reports, a product of the community partnerships, can be accessed on the Iowa Department of Public Health web site at www.idph.state.ia.us.

Iowa Gambling Treatment Program wins Telly's - The Iowa Department of Public Health's Iowa Gambling Treatment Program took honors for its creative television spots from this year's Telly Awards. The "Pressure" and "Mirrors" spots won finalist awards with each receiving a bronze statue. The "IOU's" spot was a "winner" and received a silver statue.

The Telly's were founded in 1980 to showcase and give recognition to outstanding non-network and cable TV commercials. There were over 11,000 entries.

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.

As part of the continuum for substance abuse and mental illness, the Domiciliary Care for Homeless Veterans (DCHV) program fulfills the needs of adult homeless patients who require structure and are most appropriately served in a residential or outpatient setting. This program provides biopsychosocial and vocational assessment, and teaches coping and job readiness skills to assist with returning the patient to the highest level of functioning.

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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