

# Iowa Health FOCUS

February 2001 ■ Iowa Department of Public Health

## Dietary supplements: What you should know

By Carol Voss  
IDPH Dietary Consultant

**T**he Dietary Supplement Health and Education Act of 1994 shed a different light on dietary supplements. Prior to that time, "dietary supplement" referred to any product made of one or more of the essential nutrients such as vitamins, minerals and protein. In 1994, it expanded to include herbs and other botanicals as well as any dietary substance used to supplement the diet by increasing total dietary intake. (Continued on Page 2)



### From the director

-Dr. Stephen Gleason

As you public health veterans know, one of the essential public health services is to "inform, educate, and empower people about health issues."

One of the ways the Iowa Department of Public Health does that is to help organize meetings, seminars and conferences. We're currently heavily into planning "the mother" of all Iowa public health conferences: The Governor's Conference on Public Health: 2001. (Continued on Page 4)

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This expanded definition meant that many substances that the U.S. Food and Drug Administration (FDA) formerly classed as drugs or unapproved food additives became readily available as dietary supplements. Supplements are in a special category somewhere between food additives, which require testing by law, and drugs, which require testing for efficacy, safety and potency.

Current U.S. law mandates that the preparation and packaging of supplements be done in accordance with "good manufacturing practices." Yet, unlike regulation of conventional food products, no specific practices are documented for dietary supplements. Therefore, standards for preparing and packaging supplements are left to the discretion of the manufacturer.

In the past, supplement manufacturers had to prove to the FDA that their products were safe. Under the current law, it has

It is a common misconception that supplements made from plants are safe because they are "natural" or "organic."

become the responsibility of the FDA to prove that a supplement is not safe. Due to the high influx of new supplements, it is very likely that a product could cause harm before the FDA could take action.

Current U.S. law states that health claims on labels must be "truthful and not misleading." However, since there is no standard for the acceptance of supporting science, these claims can be based on a single scientific study that is inadequate or flawed. Any dietary supplement making health-related statements must carry the following disclaimer: "This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease."

Herbals and botanicals are supplements that contain extracts or active ingredients from the roots, berries, seeds, stems, leaves, buds or flowers of plants. It is a common misconception that supplements made from plants are safe because they are "natural" or "organic." Some dietary supplements do have documented health benefits. However, the advantages of others are unproven, and claims about such products may be false or misleading. When choosing a dietary

supplement, remember the first rule for evaluating anything: If it sounds too good to be true, it probably is.

Normal, healthy children and adults do not need to take vitamin supplements. In fact, taking excess amounts of vitamins can be dangerous. For example, they can cause liver damage. However, people who drink large amounts of alcohol, who smoke cigarettes or are exposed to pollution need extra vitamins. Minerals cannot be synthesized by the body and must be consumed in the diet. Anyone who eats a variety of foods does not need additional minerals.

Who might want to consider dietary supplements?

- Athletes.
- Older adults (65+).
- Pregnant women and women planning on becoming pregnant.
- Vegetarians.
- Dieters (a simple one-a-day multiple vitamin and mineral tablet is a good idea).

Questions to ask about supplements:

- Do I need this supplement?
- Do I know that this supplement is safe?
- Does this supplement interact with any drug or food I am consuming?
- Do I know this supplement works?
- Can I afford this supplement?
- Do I know enough about this supplement?

Doctors and other health care professionals such as registered dietitians and pharmacists as well as university extension services are good sources of information on dietary supplements.

For more information, visit

<http://www.extension.iastate.edu/nutrition/supplements/> -- the Iowa State University Extension web site.

# Governor, Lt. Governor, IDPH to host big public health conference

*From the director*  
(Cont. From Page 1)

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Entitled, "Fast Tracking Public Health: What works?" the conference will be held June 14 and 15 at Des Moines' Drake University. It's sponsored by Gov. Tom Vilsack, Lt. Gov. Sally Pederson and the IDPH, with generous help from Wellmark Blue Cross and Blue Shield and other supporters. About 800 people are expected, with hundreds of others to participate via web casts.

For us public health types, it will be a kind of family reunion. We'll renew acquaintances and enthusiasm for the important job of promoting and protecting the health of Iowans. For others, inside and outside health care, it will be an initiation into the community of those of us concerned about the health of the population as opposed to that of the individual.

For all of us, it will be an opportunity to think about our mission in light of new information provided by the conference's expert speakers. It will be a time of renewal and re-dedication. Like computer programs, we must be continually upgraded to make sure we're really serving our customers.

Speaking of the speakers, they will include Dr. Robert Graham, who heads the research arm of the American Academy of Family Physicians and who will keynote the first session; Jan Dahl of the University of Washington and the Robert Wood Johnson-Kellogg Foundation; my good friend, Virginia Trotter Betts, past president of the American Nurses Association; and the CDC's Dr. Frank Vinicor, who will be among featured speakers on the second day. And, of course, Gov. Tom Vilsack will be an important speaker.

Presenters will discuss major public health concerns, such as cancer, asthma, diabetes, mental illness, disability and substance abuse. They'll focus on research on the most effective and feasible ways to reduce the impact of these grave public health problems.

I'm confident the conference will be a success, partly because I've asked Dr. Louise Lex, known and admired by so many of us in public health, to take the lead in organizing it. Louise is applying her usual enthusiasm and formidable organizational skills to the task, so it can't help but succeed.

So, mark your calendars for June 14 and 15 before they get filled with vacations and family reunions. At the conference, we'll have some serious public health business to tend to, but we'll have fun, too.

## **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](http://www.idph.state.ia.us).

# Tobacco division to contract with ZLR

*By Tammi Blackstone*

*IDPH Division of Tobacco Use Prevention and Control*

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The Division of Tobacco Use Prevention and Control finalized a contract with the an advertising agency Zimmerman, Laurent, and Richardson (ZLR) to run a \$3.3 million dollar counter-marketing campaign to fight tobacco use in Iowa. ZLR was chosen after an extensive search and review process. The campaign will target two audiences; youth and pregnant women. The ads will take a hard-hitting approach, with the intent of changing attitudes about tobacco use.

ZLR is using a research-based approach in every aspect of the campaign. It is using the services of Teenage Research Unlimited (TRU) to conduct research, focus groups, and to test for ad effectiveness. TRU is regarded as the “national expert” on teen culture. Besides producing new ads, ZLR will be placing existing ads from other states. Focus groups will test ads that have been successful in other states to see if they also make an impact on Iowa teens. New ads will feature Iowa teens who are involved with JEL (Just Eliminate Lies), Iowa’s youth anti-tobacco movement.

ZLR has designed a three-step plan to conduct a successful youth campaign. The steps include immersion, intrusion, and conversion. This means that those involved in the campaign will immerse themselves in the teen lifestyle. To be successful, anti-tobacco messages must intrude on the lives of teens. Finally, the end result of the campaign will aim at converting youth attitudes and behavior to prevent tobacco use.

The National Centers for Disease Control and Prevention (CDC) identified a strong counter-marketing campaign as one of nine necessary components of a successful, comprehensive tobacco control program. Comprehensive programs in California and Massachusetts have been very effective in slowing the initiation of tobacco use among young people, in reducing tobacco use among

adults, and in protecting children from exposure to secondhand tobacco smoke.

This campaign has the potential to reach every person in the state. Advertisements are expected on network and cable television, radio, billboards, newspapers, magazines, shopping mall kiosks, and web site banners and pages. Some television advertising is scheduled to begin in February. Larger television rotations, along with the other advertising mediums, will follow.

## Early detection of colorectal cancer significantly improves prognosis

*By Jessica Davila, M.S., IDPH Center for Health Statistics & Lorrie Graaf, R.N., Chief, Bureau of Health Promotion*

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**T**esting for colorectal cancer is something nobody wants to think about, much less talk about. However, screening can detect the early stages of this disease when it is most easily treated. In some cases, if pre-cancerous lesions are removed colorectal cancer may even be avoided.

Unfortunately, many people are reluctant to have appropriate screening evaluations because of embarrassment or discomfort. Data collected from the 1999 Behavioral Risk Factor Surveillance System survey estimate that only 48 percent of Iowans age 50 and older have ever had a blood stool test using a home kit. Only 45 percent of Iowans age 50 and older have ever had a sigmoidoscopy or colonoscopy.

Yet, the Centers for Disease Control and Prevention (CDC) estimate that if everyone over age 50 received a regular screening, more than 33 percent of colorectal cancer deaths could be prevented.



Routine screening is recommended for people age 50 and older. Those considered at high risk for developing colorectal cancer should begin sooner. This group includes people with a family or personal history of colorectal cancer or who suffer from other conditions that increase the risk of its development. These conditions include inflammatory bowel disease and genetic conditions such as familial adenomatous polyposis.

While state law does not mandate health care plans to provide coverage for colorectal screening, many insurance carriers will reimburse physicians for performing these procedures. Most health care policies state whether the cost of colorectal screening tests are covered.

Medicare also covers some of the screening costs for beneficiaries, including complete coverage for an annual fecal occult blood test. Partial coverage is provided for other screening tests at less frequent intervals.

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Several alternatives are available to detect colorectal cancer. A digital rectal exam (DRE) is an easy way for physicians to identify rectal tumors. However, this test is not adequate to detect abnormalities in the colon. A fecal occult blood test (FOBT) is a better method to screen for tumors in the colon or rectum. Advantages include its low cost and the convenience of doing the test at home rather than at a medical clinic. While this test is better than a DRE, blood in the stool can result from other benign conditions such as hemorrhoids. Since it is a screening test, any positive FOBT requires a more complete evaluation.

Having either a colonoscopy or sigmoidoscopy is the best way to detect abnormalities in the colon or rectum. Unlike FOBT, both of these procedures allow physicians to visually inspect the colon and rectum through a video display monitor. The primary difference between these two procedures is that a sigmoidoscopy only allows



the physician to view the colon's lower half while a colonoscopy allows viewing the entire colon.

Finally, a double-contrast barium enema is currently being evaluated as an alternative screening test for colorectal cancer. This procedure requires barium sulfate and air to fill up the colon before x-rays are taken. Although there is no scientific evidence available to support this test as a good screening method, physicians can substitute this procedure instead of a sigmoidoscopy or colonoscopy for certain patients.

It is important to detect and remove adenomatous polyps or other abnormal growths. If found before they become malignant, chances of diagnosing a tumor at an early stage or of avoiding colorectal cancer are increased. Reporting any unusual symptoms to a physician as soon as they occur also improves the likelihood of a positive outcome.

The American Cancer Society reports the five-year survival rate is now 90 percent for people who are diagnosed and receive appropriate treatment in its early stages. While adequate screening may cause temporary discomfort, the benefits of early detection are evident.

For more information about colorectal cancer screening, visit web site [www.cancer.org](http://www.cancer.org) from the American Cancer Society or [www.cdc.gov](http://www.cdc.gov) - CDC's "Screen for Life" web site.

# Patient safety = positive health outcomes

By Mary Hansen, RN, PhD  
Research Fellow, Patient Safety Project, IDPH  
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**T**he Iowa Department of Public Health and the University of Iowa, College of Public Health, with assistance from U.S. Senator Tom Harkin (D-IA), have received funding through the Centers for Disease Control and Prevention to help reduce medical errors in Iowa.

The overall purpose of the project, inspired by the Institute of Medicine report, *To Err is Human: Building a Safer Health Care System*, is to develop a collaborative strategy to identify important issues influencing patient safety and health outcomes in Iowa. An advisory committee, which includes members of the Iowa Council of Scientific and Health Advisors, provider groups, business and labor leaders, provider educators, and consumer groups, will provide strategic guidance in the development of research goals and methods for the project.

Two initial research projects are already in progress. The first asks providers about their perceptions on system barriers to patient safety, and strategies to successfully handle these barriers. The second project seeks to identify and understand patient safety, as well as adverse event and error data that is currently collected and used by Iowa hospitals and long-term care facilities.

As part of the overall project, the IDPH and the U of I co-sponsored a conference on November 17, 2000, to inform stakeholders on patient safety and positive health outcomes. Its purpose is to establish a community of constituents dedicated to collaborative, research-based strategies to improve patient safety. Over 100 participants heard conference presentations by IDPH Director Dr. Stephen Gleason; the U of I's Dr. Jim Merchant; Trish Riley, executive director of the National Academy for State Health Policy; and Dr. Steve Solomon, a CDC representative.

Conference attendees also participated in breakout sessions, where they identified health-care-system barriers to patient safety. Examples are workforce shortages, poor communication systems, lack of consumer education, complicated documentation requirements, increased complexity and acuity of patient conditions, inadequate reimbursement, lack of appropriate data reporting systems to monitor trends, the need for guidelines or benchmarks, and the increase in prescription drug usage.

Participants in the breakout session also discussed ways to deal with these system barriers in Iowa. Examples of identified strategies include establishing benchmark and error databases; creating non-punitive and anonymous reporting systems; and providing better quality and availability of technology to reduce errors.

Other suggested strategies include increasing research to improve understanding of patient safety; encouraging statewide collaboration to better handle patient safety issues; establishing consistent reporting forms and regulations; providing better information to consumers; creating a culture of continuous learning; and increasing efforts to recruit, retain, and educate current and new providers.

To learn more about legislation affecting public health issues check out IDPH's Legislative Update on our web site [www.idph.state.ia.us](http://www.idph.state.ia.us) or at [www.idph.state.ia.us/legis/list.htm](http://www.idph.state.ia.us/legis/list.htm)

# EH division to make statewide visits

By *Ken Sharp*

*IDPH Division of Environmental Health*

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**K**en Sharp and Tom Newton, staff members of the Iowa Department of Public Health's new Division of Environmental Health, will make presentations around the state during February. The Iowa Department of Natural Resources is providing them with the opportunity to speak at its regional meetings for local environmental health officials.

"From the beginning, we envisioned the new environmental division working closely with the Iowa Department of Natural Resources," said Division Director Steve Quirk. "That department will concentrate on risks to the environment. We'll focus on environmental health risks."

Such collaboration is especially important in light of the fragmentation and overlapping of environmental responsibilities at the state level, which leave local officials confused about which agency to approach.

A prime example involves wastewater disposal and private water-well construction. Iowa law gives administrative authority for both programs to local boards of health. However, the Iowa Department of Natural Resources is responsible for providing minimum construction standards for wastewater treatment and private water wells. At the same time, the IDPH is responsible for providing guidance and assistance to local boards of health on public health matters.

In their visits around the state, Sharp and Newton will present new ideas and concepts related to environmental health. They are particularly interested in obtaining direction from local health officials on ways the department's Division on Environmental Health can assist at the local level.

"This effort will enhance our ability to work with the Iowa Department of Natural Resources to better meet the needs of local officials," concluded Quirk.

For questions on environmental health issues, call Sharp at (515) 281-7462 or Newton at (515) 281-3924.

## Docs Teaming Up to Control Diabetes

*By the Iowa Medical Society*

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**T**he Iowa Medical Society (IMS) and the Iowa Department of Public Health (IDPH) recently collaborated on an in-depth education series called "Teaming Up to Control Diabetes." It presented current best practices in the diagnosis, treatment and management of diabetes.

Made possible by a grant from the Wellmark Foundation, the series was provided at no cost to Iowa physicians and their health care teams throughout Iowa. The project consisted of six one-hour programs. Each centered on a different diabetes topic. The programs were presented at more than 100 Iowa Communications Network sites beginning last September. Offered monthly at a variety of times, it attracted the participation of 683 Iowa physicians and staff. At each session, experts in diabetes discussed new therapies, drugs, standards of care, and more.

The University of Iowa, College of Medicine, was also a co-sponsor. Continuing education credits were available for participating physicians, nurses, dietitians, pharmacists, social workers and podiatrists. In addition, project partners contracted with The Institute for Quality Healthcare at the University of Iowa, College of Public Health, to help develop and coordinate the curriculum.

Dr. Larry Beaty and Dr. Rizwan Shah, co-chairs of the Iowa Medical Society's Committee on Public Health, explained the importance of the new program.

"Diabetes is on the rise in Iowa and, if not managed properly, the associated complications significantly diminish the quality of life for people with diabetes," said Beaty. "Diabetes is also an incredible

economic burden on individuals and the health care system, accounting for one out of every seven national health care dollars."

Added Shah, "This series of programs is designed to provide physicians, particularly those in rural areas, with a convenient way to update their knowledge and skills. After completion of the six-hour course, physicians and their ancillary staff will be recognized as 'attaining medical competence in the field of diabetes care.'"

According to IDPH figures, nearly 167,000 adult Iowans are estimated to have diabetes, with an estimated one-third still undiagnosed. Diabetes has a particularly severe impact because of its frequent health complications. For instance, the disease has contributed to an estimated 163 new cases of blindness in the state. In 1998, there were 790 hospital discharges with lower-extremity amputations performed on people with diabetes. And new cases of end-stage renal (kidney) disease nearly doubled from 1989 to 1998.

Additionally, there were 44,906 diabetes-related hospitalizations in 1998, of which 3,392 (7.6 percent) listed diabetes as the primary diagnosis. And diabetes was listed as an underlying or contributing cause in 3,197 Iowa deaths, also in 1998. Despite these gloomy statistics, recent studies have demonstrated that intensive therapy to maintain blood sugar levels as close to normal as possible slows the onset and progression of eye, kidney and nerve diseases.

"Proper control of diabetes delays or prevents complications from the disease," said Sandy Crandell, IDPH diabetes coordinator.

"Physicians are the key decision makers and coordinators of the diabetic patients' care team. So, updated knowledge for physicians will enhance the quality of patient care provided throughout the state. I'm very hopeful that this project will make a difference in the overall public health in Iowa."

Sheila Riggs, DMSc, executive director of the Wellmark Foundation said, "We're very happy to be funding such an important project. With increased knowledge about the latest in diabetes care, we are confident that the chronic complications from this disease can greatly be reduced. Further, we're delighted to fund a project that brings

together different health-related organizations for the common good of Iowans."

## Epidemiology notes



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

- Two cases of meningococcal infection were reported last week among ISU college students. The first case was diagnosed with meningococcal meningitis, the second with meningococemia (blood infection without meningitis). These students were in close contact with each other. Other close contacts were identified and given prophylaxis. At this time there is no risk to the general population at this campus.
- In the past few weeks we have brought you news on an outbreak of respiratory disease among residents and staff of a long-term care center for severely physically and mentally challenged children in Johnston. Despite a rather intensive investigation, an etiology has not yet been identified. Fortunately, no new cases have occurred for over two weeks and children who had been ill appear to be doing better. Tests are still pending at the University of Iowa Hygienic Lab and the CDC to uncover a cause.
- Iowa's still only seeing two strains of influenza (H1N1 and B, with H1N1 predominating) circulating in Iowa. Neighboring states are reporting a few cases of H3N2. We are still hearing reports of high absenteeism rates (greater than 10 percent) among some schools. No outbreaks of influenza have been reported among our small (18) network of long-term care centers.  
  
If you are a school nurse and are seeing 10 percent (or greater) absenteeism in your school, please e-mail the influenza surveillance coordinator at [kbrunett@idph.state.ia.us](mailto:kbrunett@idph.state.ia.us) or call (800) 362-2736, option 2 and leave a message. You only need to report one time (unless something new causes illness in the school). Since school age children are being hit hard by this year's influenza strain, vaccination should be considered.
- A recent press release from the Iowa Taskforce on Antibiotic Resistance reports the percentage of a common infection resistant to treatment by antibiotics is rising in Iowa,



according to a statewide survey. Data from surveillance of the state's most serious infections, conducted by the Iowa Task Force on Antibiotic Resistance, shows that 27 percent of pneumococcal infections were resistant to antibiotics in 2000. That compares to 24 percent in 1999.

Pneumococcus causes ear infections, sinusitis, pneumonia, and one of the most fatal forms of meningitis. Because of the infections' resistance to antibiotics, they are becoming harder to treat. One of the primary causes of antibiotic

resistance is antibiotics' inappropriate use for treating conditions such as colds, coughs and the flu. Antibiotics are ineffective against those disorders. More data on rates of antibiotic resistance can be found at [www.uhl.uiowa.edu](http://www.uhl.uiowa.edu)

- For those fortunate enough to escape this winter wonderland to more exotic locations (like Borneo, Fiji, Bora Bora) the number to call for information on which vaccines are required for travel is 800-831-6293.

## Classifieds

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**April Conference** - The 2001 spring conference "Partnering to Assure Healthy Iowans" will take place April 5 & 6 in Ames at the ISU Scheman Center. This conference is a partnership among the Iowa Environmental Health Association, Iowa Public Health Association, WIC, MCH, Child Health Specialty Clinics, Senior Health, University of Iowa School of Public Health, and Des Moines University School of Public Health. Nearly 600 participants are expected to attend. For more information visit the IEHA web page at [www.IEHA.net](http://www.IEHA.net)

**Graduate Education** - Des Moines University Osteopathic Medical Center would like to announce two upcoming weekend graduate courses, "Physical Violence, Health, and Society" (starting April 20-21) and "Bioterrorism Preparedness and Response" (starting June 29-30). These courses are offered over the Iowa Communications Network (ICN) on weekends (Friday 5-10 p.m., and Saturday 8 am-6 p.m.).

These courses are available for degree- or certificate-seeking students as well as those wanting to take them individually for credit or audit. The current fee for credit is \$275/credit hour (audit is half price). Classes originate in Des Moines and are delivered via ICN to numerous sites throughout the State. Other

upcoming ICN courses will include Biostatistics; Program Evaluation; Strategic Planning; Ethics and Health Care.

For more information on either class contact Anthony Mawson at [Anthony.Mawson@dmu.edu](mailto:Anthony.Mawson@dmu.edu) or at 515-271-1683; or Gwen Paton at [Gwen.Paton@dmu.edu](mailto:Gwen.Paton@dmu.edu) or at 515-271-1720. To register: <<http://www.dmu.edu/cohs/dhm/mph/ICNpromotion.htm>>

## Changes at IDPH

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**Welcome - Andrea Hoffman** joined IDPH in December as the Iowa Asthma Control Program Coordinator with the Bureau of Health Promotion. Andrea received her B.S. in Business Management with a minor in Psychology from the University of Maryland European Division (in Germany) and has a Masters in Public Administration at Drake University. She is a licensed social worker with the State of Iowa and was with the Department of Human Services for the last three years as the Program Manager for the Child Care Assistance program.

**Katherine Caiser** is a secretary in the Division of Executive Staff. She will work with policy staff involved in parity, privacy and the scientific council. Katherine comes to us from the Department of Public Safety, Bureau of Arson & Explosives.

**Marilee Cook** is new to the Bureau of Administrative Services. She will process payments for the Director's Office, Executive Staff, Division of Administration and Regulatory Affairs, Division of Environmental Health and the Division of Tobacco Control and Prevention. Marilee joins us from the Department of Inspections and Appeals.

**John Johnson**, Ph.D. has joined the Bureau of Toxicology as a Health Assessor in the Division of Environmental Health. He will work in the Hazardous Waste Site Health Assessment Program providing technical assistance to the division and to communities. His duties will entail overseeing public health related issues at super fund sites and other hazardous waste sites in Iowa. John received his doctoral degree in Environmental Health from the University of Iowa.

**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](mailto:kberg@idph.state.ia.us)**