



Iowa e-Health moves forward



By Kory Schnoor*

Remember the last time you visited a clinic or hospital you'd never been to before? You were probably asked to fill out some paperwork, including your medical history, allergies, current medications, and past diagnoses. You may have even provided certain details from the medical histories of your close relatives.

Now imagine what it would be like if all that information were available to your doctor with the click of a mouse. Whether you're visiting a new doctor, getting a regular check up, or being rushed to the emergency room, a new initiative known as [Iowa e-Health](#) is working to put that vital health information in your health care provider's hands when it's needed.

"Right now most health care providers aren't able to see your complete medical history because the information is sitting in file cabinets at each hospital and clinic you've visited throughout your life," said Iowa Department of Public Health (IDPH) Director Tom Newton. "By making this information available to providers when and where it's needed, we will help improve the quality of health care in Iowa. I am proud of the multi-stakeholder nature of this initiative that shows the level of commitment public health partners in our state have to promoting and protecting health of Iowans."

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- Tom Newton

In 2008, the Electronic Health Information [Executive Committee](#) and [Advisory Council](#) were established by the Iowa legislature through House File 2539 to provide guidance and oversight of health IT (information technology) initiatives in Iowa. As outlined in the legislation, IDPH works closely with the nine-member executive committee and the 23-member advisory council, as well as several volunteer workgroups, to ensure the successful advancement and implementation of health IT in Iowa.

Health IT has two main components: electronic health records (EHRs), and the systems that enable the electronic exchange of patient records between health care providers, known as health information exchange (HIE). Initial testing of exchange between EHR systems is projected to begin in late 2010. When complete, Iowa's HIE will provide the "hub" that connects different EHRs throughout the state, enabling patient information to flow seamlessly between providers, despite the fact that EHR systems may differ from provider to provider.

The advancement of health IT will help improve patient care coordination in Iowa. It will also increase the quality, efficiency and safety of health care delivery in the state, which coincides with other state and federal health reform efforts. In 2009, the [American Recovery and Reinvestment Act](#) (ARRA) made available several grant funding opportunities through the [Office of National Coordinator for Health Information Technology](#) (ONC). Activities that will receive funding will focus on HIE, workforce training, and technical assistance available to providers adopting and implementing EHRs.

Based on information received from ONC, Iowa e-Health is eligible to receive \$8,375,000 for HIE planning and implementation funding over a four-year period, which will begin this year. Additionally, Iowa e-Health is working closely with a number of organizations receiving federally-funded initiatives to advance health IT, including Iowa Medicaid Enterprise and the Iowa Health Information Technology Regional Extension Center. These initiatives are working to advance provider adoption of health IT through on-going technical assistance and Medicare and Medicaid incentives available to certain providers who use health IT.



“As we embark on this effort to improve the quality of health care delivery, improve patient safety, create efficiencies, contain costs, and improve access, Iowa has the tremendous advantage of seeing what has worked and what hasn’t in other states and in a wide variety of health care organizations,” said Iowa e-Health Advisory Council Member Dr. Don Nelson. “Our challenge is to ensure that the new tools and systems we provide will facilitate the things that professionals do in providing services so that they and their patients see the value in what we’re trying to achieve.”

Since January 2009, when the executive committee and advisory council first convened, they have met monthly to discuss the future of health IT in Iowa. Meetings typically last four hours and include discussions and decisions related to HIE infrastructure, governance, finance, privacy and security, communication, and provider adoption of health IT. With many decisions planned over the next few months, the work and dedication of the executive committee, advisory council, and workgroups is instrumental in the success of Iowa e-Health.

To learn more, visit www.idph.state.ia.us/ehealth.

** Kory Schnoor is the Iowa e-Health program coordinator at IDPH.*

Partnerships important in preventing HAIs

*By Barbara Livingston**

The Iowa Department of Public Health (IDPH) recently received more than \$880,000 to support efforts to prevent and reduce [healthcare-associated infections](#) (HAIs) in Iowa over the next two years. Funded by the American Recovery and Reinvestment Act stimulus package through the Centers for Disease Control and Prevention, the grant is being used to support the IDPH infrastructure to assist Iowa hospitals to reduce, prevent and report HAIs.

HAIs are infections that patients acquire while receiving treatment for medical or surgical conditions. They occur in all settings of care, including hospitals and same day surgical centers, outpatient clinics, and in long-term care facilities, such as nursing homes and rehabilitation facilities. HAIs are associated with a variety of causes, including the use of medical devices such as catheters and ventilators, complications following a surgical procedure, and transmission between patients and healthcare workers. They can also be the result of antibiotic overuse.



“It will take strong partnerships among federal and state governments, health-care providers, and communities to truly reduce and prevent HAIs in Iowa,” said IDPH Director Tom Newton. “Preventive steps to control and prevent HAIs and eventually eliminate them will save money, protect lives, and reduce disability for

Iowans. I am pleased that Iowa hospitals have shown a strong desire to reduce HAIs and participate in this important initiative.”

In hospitals, HAIs are among the leading causes of death in the United States. According to a 2002 study, they accounted for an estimated 1.7 million infections and 99,000 associated deaths. In addition to the substantial human suffering caused by HAIs, these infections are estimated to cost the U.S. \$4.5 to \$5.7 billion each year.

“When patients go to the hospital they do not expect, nor should they expect, to get a preventable infection,” said IDPH Medical Director, Dr. Patricia Quinlisk. “Eliminating preventable infections is critical to making healthcare safer for Iowans.”

The [Iowa HAI Prevention Steering Committee](#) began leading the charge to reduce and prevent HAIs in Iowa in October 2009. The committee is composed of physicians, specialists, hospital infection preventionists, healthcare professional organization representatives, licensing and regulatory agency representatives, and consumer stakeholders from across Iowa.

In their plan, “[Iowa HAI Action Plan to Reduce HAIs](#),” the steering committee members identified two prevention priority areas: infections due to [Clostridium difficile](#) (a bacterium which causes severe diarrhea and is primarily associated with healthcare settings) and [catheter-associated urinary tract infections](#) related to hospitalization.

Initial emphasis for HAI prevention will focus on acute care inpatient settings, yet the need for prevention activities for outpatient settings has also been recognized. To learn more, including information about the committee’s plan, visit www.idph.state.ia.us/hai_prevention. For more information about the Recovery Act Grant HAI objectives, visit www.idph.state.ia.us/hai_prevention/objectives.pdf.

** Barbara Livingston is the Iowa HAI Prevention Grant coordinator.*



County Health Rankings a call to action

*By Polly Carver-Kimm**

A nationwide report called the “[2010 County Health Rankings](#)” was released in February by the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#). The report compares the health of counties in every state across the nation, measured by overall health and factors that influence health. Of Iowa’s 99 counties, Sioux County ranked highest in overall health; Johnson County ranked first in factors that influence health.

“These rankings do not present a complete picture of what Iowa’s counties have accomplished,” said Iowa Department of Public Health (IDPH) Director Tom Newton. “These rankings will be used in conjunction with other community health assessments and planning efforts to find the best ways to address challenges and build upon successes.”

While Newton says IDPH takes these rankings and all health assessments seriously, he says they are simply tools to review and identify weaknesses or gaps in the health factors in individual counties. Newton says the rankings should also be used to illustrate the need for continued public and government support for public health efforts, as well as to stimulate public and private partnerships to advance community health.

The rankings were compiled taking into account a wide range of health factors, including healthy behaviors, clinical care, social and economic factors, and physical environment. For more information, visit www.countyhealthrankings.org.

** Polly Carver-Kimm is a public information officer at IDPH.*

Survey shows advertising influences youth smoking

By Don McCormick*

According to the recently released [2008 Iowa Youth Tobacco Survey](#), the brands of cigarettes most marketed to youth—Marlboro, Camel and Newport—are also the brands most smoked by young people in Iowa. This is concerning since research shows that young people are twice as sensitive to tobacco advertising as adults. Furthermore, the survey found that 62 percent of middle school smokers and 90 percent of high school smokers have already adopted a brand of choice.

“Just as preferring a particular brand of chewing gum, soda, or coffee over others, adopting a usual brand of cigarettes indicates that one has turned into an established smoker,” said Iowa Department of Public Health Director Tom Newton. “Unfortunately, once teens get hooked, very few interventions have shown be effective to help them quit. This is why it is so important to support effective programs to prevent Iowa’s youth from starting in the first place.”

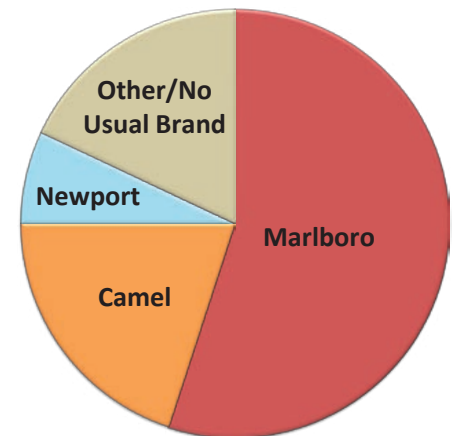
In Iowa, the tobacco industry spends more than \$174 million to market its products. Meanwhile, Iowans spend approximately \$1 billion each year in health care costs caused by smoking. Also, an estimated 3,500 Iowa youth become new smokers—and new customers of the tobacco industry—each year.

Despite impressive declines in youth smoking in Iowa since 2000 (80 percent among middle school students and 31 percent among high school students), the report shows that success has slowed in recent years. For example, cigarette use among high school students (at 19.9 percent) in 2008 was roughly the same level it was in 2004 (19.5 percent). Among middle school students, use was down slightly from 3.6 percent in 2006 to 2.8 percent in 2008.

Drawing on sample of nearly 5,600 students in 50 public middle and high schools in Iowa during the 2008-09 school year, the report highlights exposure and receptivity to tobacco advertising as a predictor of future tobacco use. The survey reports which cigarette brands are most popular with Iowa youth, provides details on smoking prevalence among middle and high school students, and sheds light on how Iowa youth acquire cigarettes.

To view the report, visit www.idph.state.ia.us/tobacco and look under “Youth Tobacco Surveys.”

* Don McCormick is a public information officer at IDPH.



It's no coincidence that the brands of cigarettes most marketed to youth are also the brands most smoked by young people in Iowa. Among high school smokers, 55% report they prefer Marlboro, while 20% smoke Camel brand cigarettes. Newports are preferred by 7% of high school smokers.

Gambling can produce dangerous illusions

By Mark Vander Linden*

Humans are interesting creatures. We're hard wired to look for patterns in the world around us. Most of us know from personal experience, for example, that icy roads can cause one to slip. Our ability to predict outcomes causes us to drive more carefully if we suspect this type of hazard. Simply put, we usually don't consider randomness as an explanation of events. In fact, research shows that we only call upon chance in situations when a rational explanation is beyond our comprehension.

When it comes to games of chance, however, something interesting happens. Our brains want to respond in a similar way, even though the same rules don't apply. Games of chance, by definition, imply that it is impossible to know the outcome of an event in advance. Yet our brains continue looking for patterns or other information to help us predict the future.

For example, when asked to predict heads or tails in a coin toss, most people rely on past outcomes to predict the next toss. If the past three tosses were heads, most of us would likely predict the next toss to be tails. The fact is, however, that each coin toss is completely independent event from the ones that precede it. One has a 50/50 chance of getting either heads or tails each and every time.

Of course, no one can act in a purely rational manner all of the time. Sometimes unpredictability can make life exciting. Just remember that some errors in thinking can lead a person down a dangerous and costly path, especially when it comes to gambling.

A little [self awareness](#) can go a long way in helping you avoid the dangerous illusions that accompany gambling. Remember, there's no such thing as a lucky number, even one that you find has "favored" you in the past. Feeling confident is good for a job interview, but feeling "like a winner" won't help you at the slots. Also, there's no evidence that certain signs, symbols or events can affect one's fortune. You might be interested to know that some cultures have never heard about the "consequences" of breaking a mirror or know the "significance" of a rabbit's foot.

It's impossible to predict the outcome of any game of chance. It is, however, possible to gamble responsibly. Just follow these tips:

- Don't think of gambling as a way to make money
- Only gamble with money you can afford to lose
- Set a money and time limit whenever you gamble
- Never chase losses
- Don't gamble when you are depressed or upset

For most people, gambling is recreational. For some, however, gambling leads to debilitating problems, including negative consequences to the gambler, his/her family, place of employment, or community. [Signs of problem gambling](#) include:

- Gambling longer than planned
- Gambling until your last dollar is gone or borrowing money to finance your gambling
- Gambling with income or savings while letting bills go unpaid
- Repeated, unsuccessful attempts to stop gambling
- Gambling to get money to meet your financial obligations

For more information, visit www.1800BetsOff.org. If you or someone you know has a gambling problem, call 1-800-BETS-OFF.

** Mark Vander Linden is the coordinator of the Office of Gambling Treatment and Prevention at IDPH.*



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Community overcomes wellness center barriers

By Don McCormick*

Public health does a good job encouraging people to look for opportunities for physical activity regardless of where there are. But let's face it—most people need more than a flight of stairs, an in-home aerobics DVD, or even a sidewalk to get them moving. There's something about being able to go somewhere to work out... if you have someplace to go, that is.

No one knows this better than [Harrison County Home & Public Health](#) Administrator Nicole Carritt. It was hard enough, she says, for parents to raise enough money for a new weight room for the [West Harrison Community School District's](#) main K-12 school building. In fact, this was only possible after residents living in the district agreed to a 1-cent local option sales tax in 2008.

"This provided money for a new facility, but no equipment," Carritt recalled. "Plus, it was originally designed only to meet the students' needs—not those of the community. Families and adults in our very rural part Iowa would still have to travel 40 to 60 miles just to find a treadmill."

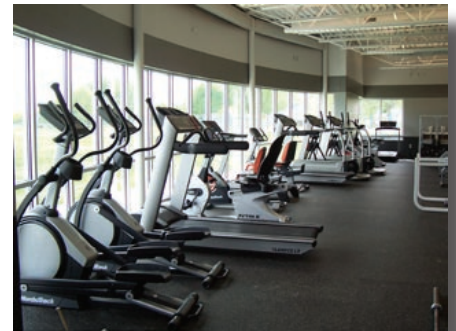
Following a discussion about rising childhood obesity rates, which included family lifestyles as a contributing factor, the district's school board decided to make the new facility available to everyone. "That got them a step closer, but we still needed to do something about the equipment," Carritt said.

Completed in February 2009 as an addition to the K-12 West Harrison School building in Mondamin, the West Harrison Wellness Center included nothing more than the school's old free weights and resistance machines, many of which were in need of repair or refurbishing. Security was also an issue. Although students could freely use the facility during the school day under the supervision of a teacher or coach, there was no way of monitoring the traffic of community members to the wellness center, which was mostly unstaffed in the off-school hours.

To address these needs, the Harrison County Board of Health decided to apply for a [Community Wellness Grant](#) administered by the Iowa Department of Public Health. Thanks to their successful proposal, the West Harrison Wellness Center now has some new equipment: three treadmills, three elliptical machines, and three recumbent bicycles. When added to the equipment transferred from the school (which was refurbished following a "lift-a-thon" fundraiser) and some donated cardio machines, the center is now able to serve as many as 30 people at one time.

The new funding also provided the center with six security cameras and a scan-card security door system. With nearly 125 active family memberships, this allows the center to remain open and unstaffed from 4:00 in the morning until school starts, and then again from 4:00 in the afternoon until midnight.

Secretary to the Superintendent Joyce Hall has been instrumental in signing people up to use the center (at only \$5.00 per month per family), maintaining membership records, and providing updates to partners such as the school board and board of health. "Entire families sometimes come together to work out," Hall noted. "Sometimes it's a parent and child, or a couple of friends



Family memberships at the new West Harrison Wellness Center are only \$5 per month. The approximately 400 members can use the facility from 4:00 a.m. to 6:00 a.m., and then after school from 4:00 p.m. to midnight.

before or after work. This is good not only for physical health, but the center is also supporting quality family time and friendships which promote good mental health.”

Most of the West Harrison Wellness Center members come from the six communities served by the West Harrison Community School District. This includes the towns of Little Sioux, Modale, Mondamin, Moorhead, Pisgah, and River Sioux. Carritt says the combined population of these communities is just over 1,400. With approximately 400 active members, Carritt is pleased with the number of residents in the area taking advantage of the new facility.

“How many health clubs or community wellness centers in Iowa can say they serve such a large proportion of their community?” Carritt asked. “The West Harrison Wellness Center is a great example of public health partners and the community coming together to improve health.”

The IDPH-administered Community Wellness Program uses funds from the Iowa legislature and federal dollars secured by Senator Tom Harkin. To learn more about [all 24](#) projects, also known as the Iowa Healthy Communities Initiatives, visit www.idph.state.ia.us/hcr_committees/physical_fitness.asp and look under “Prevention and Wellness Initiatives.”

** Don McCormick is a public information officer at IDPH.*

“How many health clubs or community wellness centers in Iowa can say they serve such a large proportion of their community?”

- Nicole Carritt

Preparation of the CHNA & HIP report begins

Every five years, local boards of health lead a community-wide discussion with stakeholders about their community’s health needs and what can be done about them. This activity is important to what we do in public health; it is outlined in both the [Iowa Public Health Standards](#) and the [Local Public Health Services](#) contract performance measures. Consistent reports for all of Iowa will allow for a solid profile of the health needs of the state and local communities and be used for the department’s state assessment and health improvement plan. In addition, the reports submitted will provide guidance on resource needs to successfully address health priorities for local communities.

By this time next year, local public health partners from each of Iowa’s 99 counties will have submitted the results of these discussions in a report known as the [Community Health Needs Assessment and Health Improvement Plan](#) (CHNA & HIP). Recently, the Iowa Department of Public Health sent two CDs with materials to assist in preparing the CHNA & HIP report. These materials, along with additional county-specific data and resources, are posted on the newly remodeled CHNA & HIP Web site.

To participate in conducting the needs assessment and creating a health plan for your community, please contact [your local health department](#). To learn more about the CHNA & HIP process, visit www.idph.state.ia.us/chnahip, call Louise Lex at 515-281-4348, or click [here](#) to learn about regional technical assistance.



Partners bring mental health checkups to schools

By Don McCormick*

What do lead poisoning tests, oral health checks, scoliosis screenings, hearing tests, and vision exams have in common? Answer: they often take place in or for schools.

When it comes to mental health, however, a systematic approach to identifying problems has been less common in Iowa schools, at least historically. Whether this is because of a lack of mental health literacy among parents and teachers, or the stigma that accompanies mental health issues, public health and community partners in North Central Iowa are trying to increase mental health screenings in area schools. Their tool for doing so is [TeenScreen Schools and Communities](#), a program designed to facilitate mental health checkups of youth ages 11 to 18.

History

2005 was a bad year for North Central Iowa. That year, 21 people died of suicide in Cerro Gordo County and six neighboring counties. Among them, one-third were under 23 years of age. "We were saddened by all of these deaths but especially those of young people," said Mark Dodd, clinical director at Prairie Ridge Addiction Treatment Services in Mason City,

A community partnership formed and eventually recommended that mental health checkups be offered to area youth, specifically using the TeenScreen program. "Due to the shared efforts between community providers and the five school districts that had shown an interest, we were able to bring in a TeenScreen program trainer from New York City to help us use the new tool," Dodd said. "This immediately said something about our program, as it's more common to send a project representative away for this kind of training."

How it works

The TeenScreen program requires parental and student consent prior to screening. Step one of the screening process involves filling out a 10-minute questionnaire about vision, hearing and dental problems, symptoms of anxiety and depression, suicidal thinking and behavior, and use of drugs and alcohol.

Should this step reveal a potential problem or result in a request for help, the teen is offered a private meeting with a mental health professional to determine if further evaluation would be helpful. If that is the case, parents are then contacted by TeenScreen staff to discuss ways they can get help for their teen.

Success helps expand program

"It's crucial to have parents engaged when a community implements the TeenScreen program," Dodd said. "Earning their trust early on makes it easier to recommend follow-up evaluations, helps establish the program within the community, and allows smooth transition into neighboring communities."

And Dodd's leadership has done just that. With screening now taking place in 10 schools in North Central Iowa, of the 813 youth offered screening last year, 452 parents (56 percent) consented to have their son or daughter screened. That's more than double the 23 percent consent rate the program experiences nationwide. "Among those we screened, we were thankfully able to refer nearly 50



Another TeenScreen Success Story

Through an IDPH grant, TeenScreen Program Coordinator Sharon Yearous was able to grow and expand the TeenScreen program in Eastern Iowa and Cedar Rapids. She created the Mobile Mental Health Screening Program, through which a trained screening team travels from school to school with screening questionnaires loaded on laptop computers. "By being mobile, we're able to offer more teens the opportunity for a mental health checkup," Yearous said.

students for further evaluation, possibly saving some lives in the process,” Dodd added.

Dodd encourages other community partnerships, schools, and parents to remember some key facts when considering the importance of supporting the mental health of young people in their community. Those include:

- In the U.S., 4 million youth suffer from a serious mental disorder that causes significant functional impairments at home, at school, and with peers;
- Twenty-one percent of children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment;
- Half of all mood, anxiety, impulse-control and substance-use disorders start by age 14; and
- Unfortunately, only 20 percent of children with mental disorders are identified and receive mental health services.

Assisted by funds through grants administered by the Iowa Department of Public Health (IDPH) [Division of Behavioral Health](#), the United Way of North Central Iowa is the recipient and fiscal agent for the TeenScreen program in their area. IDPH supports them and six other programs in 48 sites across the state through funding from the federal Substance Abuse and Mental Health Services Administration. Iowa has a total of 65 TeenScreen sites—the 3rd largest number in the country. For more information, visit www.idph.state.ia.us/bh/suicide_prevention.asp or call Suicide Prevention Coordinator Dale Chell at (515) 242-5122.

** Don McCormick is a public information officer at IDPH.*

NPHW to focus on healthy communities

In March, the Iowa Department of Public Health (IDPH) will launch a Web site to help partners statewide prepare for National Public Health Week, April 5-11. The theme this year is “A Healthier America: One Community at a Time.”

Organized by the National Public Health Association (APHA), the [national campaign](#) will urge communities across the U.S. to pursue small changes to make their communities healthier. Examples include making public parks accessible, launching a bike-helmet safety program, bringing fresh foods to school, supporting vaccinations, and taking part in workplace wellness initiatives.

In Iowa, IDPH staff will use materials from APHA’s soon-to-be-released toolkit to create materials that are specific to Iowa. Based on the direction the toolkit provides, planners might also find some opportunities to create original materials that will help local partners convey the importance of public health to the Iowa communities they serve.

Look for more information soon. Meanwhile, please visit the national site at www.nphw.org/nphw10. While there, check out the “[Share your story](#)” tab to read two stories already submitted by Iowans, and consider submitting a story yourself.

Questions? Please contact Don McCormick at dmccormi@idph.state.ia.us or 515-281-6692.

“Among those we screened, we were thankfully able to refer nearly 50 students for further evaluation, possibly saving some lives in the process.”

- Mark Dodd



Poll: many would delay med use after anthrax attack

A [national poll](#) aimed at helping with public health emergency planning efforts has made some [unsettling discoveries](#) about how the public might respond in the event of a bioterrorism attack. Conducted by the [Harvard School of Public Health](#) (HSPH), the study found that, in response to a fictional scenario describing a significant anthrax attack in their city or town, most Americans (89 percent) will likely follow public health recommendations to obtain prophylactic antibiotics. However, a significant number of those likely to pick up antibiotics (39 percent) will hold on to them rather than take them right away.

"It's concerning that some people will not take the antibiotics after picking them up at the dispensing site because such 'wait and see' behavior could put those who were exposed at greater risk for serious illness or even death in the event of this kind of anthrax attack," said Gillian SteelFisher, research scientist in the HSPH Department of Health Policy and Management. "Experts believe that antibiotics have the greatest effect when started quickly—before any clinical signs of disease appear—and this may be before people are certain they have been exposed."

Anthrax has been identified by government planners as a likely agent should there be a future bioterrorist attack. Inhalation anthrax is a potentially lethal illness that can be contracted when spores containing anthrax are inhaled.

The poll also found that 21 percent of Americans are "not at all familiar" with the term "inhalation anthrax." An additional 25 percent hold the mistaken belief that inhalation anthrax is contagious. These two factors could compromise the public's following emergency instructions meant to protect them against this biological agent.

The poll was conducted December 9-28, 2009 among a national sample, as well as people living in areas that actually experienced anthrax attacks in 2001: Washington, DC, Trenton/Mercer County, NJ and New York City. The poll was conducted as part of an ongoing series by the Harvard Opinion Research Program at HSPH. The polls are aimed at helping federal, state and local governments better understand the general public's needs and beliefs in the event of a traumatic public health emergency, including biological threats and natural disasters, and to formulate plans for the best delivery of countermeasures.

Other significant findings in the report include the percentage of adults who say they would be worried about becoming seriously ill or dying in such an attack; the percentage of adults who would be unlikely or only somewhat likely to go to a dispensing site and their reasons; and the percentage who feel confident in the government's ability to deliver antibiotics quickly to everyone in their city or town.

For more information, including links to the report and a [slideshow summary](#) of the poll's findings, visit www.hsph.harvard.edu/news/press-releases and click on 2010 releases.



"... such 'wait and see' behavior could put those who were exposed at greater risk for serious illness or even death in the event of this kind of anthrax attack."

- Gillian SteelFisher



JEL (Just Eliminate Lies)

Recently, Focus spoke with 18-year-old Aaron Swailes, president of JEL (Just Eliminate Lies), Iowa's youth-led tobacco use prevention movement.

What is JEL?

JEL (Just Eliminate Lies) gives Iowa teens the true, unfiltered facts about the tobacco industry's efforts to manipulate young people into using their products. It's no surprise that the recently released [Iowa Youth Tobacco Survey](#) shows that the most popular brands among youth mirror the amount of money tobacco companies spend on marketing those brands in Iowa. What is shocking, though, is that 90 percent of high school students who smoke have already adopted a brand of choice. Iowa youth are definitely being targeted. JEL is fighting back.

How much does Big Tobacco spend on advertising?

Each year, the tobacco industry spends over \$174 million advertising their products in Iowa. What's really scary is that kids are twice as sensitive to tobacco advertising as adults. The good news is that tobacco counter marketing media campaigns like JEL's are effective in reducing smoking among youth.

Tell me about some of your accomplishments.

Our most recent success was the Gold "ADDY" Award we won in the [world's largest advertising competition](#). Our 2008-09 "What Town is Next?" campaign got the top honor in the Mixed Media for Public Service category. Focusing on the fact that 1,200 people die in the U.S. every day from smoking—a number equal to the population of many Iowa towns—the campaign included a YouTube video, billboards, TV commercials, print ads, radio spots, and Internet banners. Each ad showed what it would be like to lose an entire Iowa town in one day.

What is your primary focus this year?

Through our media campaign, called "[See the Connection](#)," we're trying to show that smoking has consequences. For example, in one ad, a father's smoking is shown to affect his daughter's asthma. Another ad shows how smoking has been handed down from one generation to the next as an acceptable behavior.

Outside of our media campaign, JEL members are putting a lot of attention on new forms of tobacco. For example, snus is a smokeless tobacco that has been used in Europe for a long time, but it's getting more popular in the U.S., especially among young people. Other products like sticks, strips and orbs, are quite new. Most of them are kind of like breath strips or mints in that they dissolve in your mouth in 3 to 15 minutes.

Like candy?

Exactly! Need more evidence Big Tobacco is targeting kids? Unfortunately, neither the Food and Drug Administration nor the Smokefree Air Act addresses smokeless tobacco products. That's why it's up to us to prevent youth from trying these products and becoming future tobacco users.

And your challenges?

Due to a reduction in resources over the years, JEL's exposure among Iowa youth has fallen. This is also shown in the recent Iowa Youth Tobacco Survey. What's really unfortunate is that research shows there's a definite association between exposure to state-sponsored tobacco counter-marketing campaigns and anti-smoking attitudes, beliefs, and smoking prevalence among young people. Less exposure means JEL's impact is reduced.



Last fall, JEL youth held an awareness campaign at the Iowa High School Class 2A and 3A State Football Championships in Cedar Falls. In addition to wearing sandwich boards that got fellow teens to "See the Connection" between tobacco use and its effects, JEL members handed out rally towels to fans based on their team's colors.



JEL | JUST ELIMINATE LIES

What's coming up for JEL?

We're all very excited about our annual summit this summer. Building on this year's "See the Connection" campaign, the theme of our summit will be "Break the Connection." Although a smaller budget will affect some of the things we're able to do at the summit, I can tell you our spirit won't be compromised. In JEL's tenth year, our members are eager to show that the fight against tobacco isn't over. Big tobacco hasn't stopped and neither will we!

Homeland security preps for possible flooding

By Lucinda Robertson*

With recent flood outlooks indicating an increased risk for flooding this spring, [Iowa Homeland Security and Emergency Management Division](#) (HSEMD) Administrator David Miller said the State has been preparing for the possibility for the last few months.

"We have flooding traditionally in Iowa in the spring," said Miller during a Feb. 18 appearance on IPTV's Iowa Journal. "The question is, how much damage will it do?" The most recent outlook from the [National Weather Service](#) (NWS) offices serving Iowa indicates there is a high risk of significant flooding in many areas throughout the state. Saturated soil and a thick layer of snow on the ground could result in many Iowa communities experiencing flooding this spring.

Miller said HSEMD is using information and data provided by the National Weather Service to help determine the steps that can be taken now. He said HSEMD is also working with the Army Corps of Engineers and talking with communities in risk areas about prepositioning equipment, such as pumps and sandbags that can help lessen the impact if flooding does occur. The Army Corps of Engineers also provides HSEMD with information about outflows from the reservoirs and flood modeling data that, in conjunction with data from the National Weather Service (NWS), can provide advance warning of potential flooding.

"But that doesn't mean we'll avoid flooding. It just means we have an opportunity to get in front of it and lessen the impact," said Miller.

According to the NWS Des Moines office spring flood outlook released Feb. 19, the risk of flooding is highest in the Des Moines, Raccoon, Iowa and Cedar River basins. The time period when flooding is most likely extends from mid-March into mid-April. The risk of flooding has increased since the NWS issued its first spring flood outlook on Jan. 29.

The NWS Quad Cities office also reports a greater than normal risk of spring flooding in eastern Iowa, including along the Mississippi River, due to above normal snow depths, high soil moisture and above-normal stream level conditions. The NWS Sioux Falls, S.D., office reports an increased chance of flooding in the northwest portion of Iowa.

The next NWS spring flood outlook is scheduled for March 5. The NWS offers a variety of information on their Web sites, including river observations and forecasts and interactive maps along with weather watches and warnings. Locate your area NWS office by visiting www.crh.noaa.gov and selecting your location on the interactive map.

* Lucinda Robertson is a public information officer at HSEMD.



Oakville, Iowa, June 27, 2008 -- This is all that remains of a segment of road between Oakville and neighboring Wapello. It was completely destroyed by the force of the water when the Iowa river breached the levee and flooded the town of Oakville. Susie Shapira/FEMA

Economic indicators not good for child health

By Louise Lex*

Iowa's children and families saw a continued deterioration in their financial situation in 2008, according to a new report released by the [Iowa Child and Family Policy Center](#). The report, [Iowa Kids Count 2008: Trends in the Well-Being of Iowa Children](#), included findings that showed the unemployment rate for Iowans increased 60 percent from 2000 to 2008 and the percentage of people receiving food assistance (formerly known as food stamps) rose 49 percent.

Other economic data contained in the report indicated that one in seven children in Iowa lived in poverty in 2007 and one in three school children in the state were eligible for free or reduced-price lunches in 2008.

"This year's report provided more bad news than good news in terms of the well-being of Iowa's children," said Michael Crawford, Child and Family Policy Center senior associate and author of the report. "While the economic indicators mostly have shown a downturn since 2000, our health, education and welfare indicators were mixed."

Non-economic indicators showing improvement from 2000 to 2008 included the infant mortality rate and the child death rate, which both decreased more than 10 percent. In addition, 4th grade reading and 8th grade math test scores increased 4 and 6 percent, respectively, with the high school graduation rate showing no change. Unfortunately, the child abuse and neglect rate increased 19 percent while the low birth weight rate grew 9 percent during this same time period.

"It is not a surprise that the economic conditions for many Iowa families have stagnated or worsened the past few years," said Crawford. "However, it also is a concern that we may not have reached the bottom of this economic trough. At this same time, the state is debating cutbacks in critical health and education programs for Iowa's children. The data from 2009 most likely will be worse in many ways than 2008, while 2010 is shaping up to be an even more difficult year than the previous few."

Iowa Kids Count 2008 provides health, education, welfare and economic data on 18 indicators of child and family well-being, and is distributed to over 5,000 public officials, legislators, state agencies, libraries, media, and interested individuals and organizations throughout the state. Iowa Kids Count is supported by a grant from the Annie E. Casey Foundation of Baltimore, Maryland, which supports Kids Count activities in all 50 states.

The Child and Family Policy Center is located in Des Moines, Iowa and works at the community, state and national levels on policy issues related to children and families, with a particular emphasis on developing more positive and comprehensive approaches to helping children and their families succeed.

* Louise Lex is the coordinator of Healthy Iowans 2010 at IDPH.



"It is not a surprise that the economic conditions for many Iowa families have stagnated or worsened the past few years. However, it also is a concern that we may not have reached the bottom of this economic trough."

- Mike Crawford

April event combines two public health conferences

The upcoming [Iowa Governor's Conference on Public Health](#) marks the inaugural year the gathering combines the former annual Iowa Public Health Conference and the biennial governor's "Barn Raising" conference series. Scheduled for April 13 & 14 at Iowa State University's Scheman Center in Ames, the two-day meeting will feature professional development opportunities in various public health disciplines, statewide association meetings, academic poster presentations, special opportunities for students, and hundreds of networking opportunities.

"In the past, both of these conferences have connected many individuals with the opportunity to hear and participate in presentations from nationally known speakers and celebrate many of our Iowa successes," said Co-chairs Pam Mollenhauer and Kevin Grieme in an invitation letter. "Our conference name may be new but we are still committed to meeting the needs of many individuals and organizations who provide environmental and public health services to the residents of Iowa."

Keynote presentations will include the following:

- "Climate Change: Public Health Response" by Michael McGeehin, director of the Division of Environmental Hazards and Health Effects for the [National Center for Environmental Health](#) at the Centers for Disease Control and Prevention
- "Real-time Legal Responses to H1N1 Influenza and Other Public Health Emergencies" by James G. Hodge Jr., professor of Health Law and Ethics at the [Sandra Day O'Connor College of Law](#), Arizona State University
- "Personal Strategic Planning: A Paradigm Shift to Improve Effectiveness" by Russ Currier of the [American Veterinary Medical History Society](#)

Nearly 50 concurrent sessions are scheduled on a wide variety of topics. Examples include presentations on: preparing for a public health accreditation; creating Community Health Needs Assessment and Health Improvement Plans; child health; geographic information systems (GIS); working with local boards of health; HPV vaccine; oral health; quality improvement initiatives; food safety education; community and rural health; substance abuse; and health IT.

New this year will be a Celebration of Public Health slide show presentation. Organizers are collecting electronic photos which they describe as "Iowa public health in action." To contribute to the presentation, please send electronic photo files and short corresponding captions to Sara Patkin at m spatkin@yahoo.com.

The Iowa Governor's Conference on Public Health is planned by the following partners: Child Health Specialty Clinics; Iowa Counties Public Health Association; Iowa Department of Public Health; Iowa Environmental Health Association; Iowa Public Health Association; U of I College of Public Health; and U of I Hygienic Laboratory. For more information and to register, visit www.iowapha.org and click on the tab "2010 Iowa Governor's Conference on Public Health."



First lady announces “Let’s Move” initiative

In February, first lady Michelle Obama [announced](#) an ambitious national goal of solving the challenge of childhood obesity within a generation. Mrs. Obama’s new “Let’s Move” campaign will combat the epidemic through a comprehensive approach that builds on effective strategies, and mobilizes public and private sector resources. Let’s Move will engage every sector impacting the health of children to achieve the national goal, and will provide schools, families and communities simple tools to help kids be more active, eat better, and get healthy.

“The physical and emotional health of an entire generation and the economic health and security of our nation is at stake,” said Mrs. Obama. “This isn’t the kind of problem that can be solved overnight, but with everyone working together, it can be solved. So, let’s move.”

Over the past three decades, childhood obesity rates in America have tripled. Today, nearly one in three children in America is overweight or obese. One third of all children born in 2000 or later will suffer from diabetes at some point in their lives; many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma. A recent study put the health care costs of obesity-related diseases in the U.S. at \$147 billion per year. This epidemic also impacts the nation’s security, as obesity is now one of the most common disqualifiers for military service.

In Iowa, a recent study by the Iowa Department of Public Health (IDPH) has shown that 16 percent of Iowa third graders are overweight while a staggering 14 percent are already obese. “This [initiative] could not have come at a better time,” said IDPH Director Tom Newton in his regular [Quick Reads](#) newsletter. “The first lady’s initiative is a welcome development for our nation and I look forward to opportunities for Iowa to share smart practices with our federal partners and other states.”

To kick off the launch of the Let’s Move initiative, President Barack Obama signed a presidential memorandum creating the first ever [Task Force on Childhood Obesity](#). The task force, which is made up largely of presidential cabinet members, is now conducting a review of all programs and policies relating to child nutrition and physical activity. By early May, the task force will have developed a national action plan that maximizes federal resources and sets concrete benchmarks toward the first lady’s national goal.

To support Let’s Move and facilitate and coordinate partnerships with states, communities, and the non-profit and for-profit private sectors, the nation’s leading children’s health foundations have come together to create a new independent foundation—the [Partnership for a Healthier America](#)—which will accelerate existing efforts addressing childhood obesity and facilitate new commitments towards the national goal of solving childhood obesity within a generation.

For more information, visit www.letsmove.gov.



First lady Michelle Obama.



Prescription drug donation program grows

By Polly Carver-Kimm*

In its second full year of operation, the [Iowa Prescription Drug Donation Repository Program](#) has helped more than 5,300 low-income Iowans receive needed prescription medications. More than 795,000 doses of prescription medications with a retail value of \$1,141,777 were distributed to participating Iowa free clinics, community health centers, doctor offices and pharmacies.

"The number of Iowans who need help paying for their prescription medications continues to grow," said Executive Director David Fries. The program allows for the donation of medications that would have otherwise been destroyed.

The majority of the donations come from long term care pharmacies, physician's medication samples and individual donations. Any single-unit dosed medication or medications in their original sealed packaging, except for controlled substance and medications that require refrigeration, can be donated. All donated medications are inspected by a pharmacist prior to being distributed.

Patients who are uninsured, underinsured or have a family income of less than 200 percent of the federal poverty level are eligible to receive medication from participating medical facilities and pharmacies. Over 9,000 Iowans have received free medications since the program began March 2007.

The Iowa Drug Donation Program is administered by the [Iowa Prescription Drug Corporation](#), a not-for-profit corporation, with funding from the Iowa Department of Public Health (IDPH) and the [Iowa Collaborative Safety Net Provider Network](#). For more information call 1-866-282-5817.

* Polly Carver-Kimm is a public information officer at IDPH.



Iowa Department of Public Health

Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-7689
www.idph.state.ia.us

Questions or comments? Contact
focus.editor@idph.state.ia.us.

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