IDPH Iowa Health FOCUS
Iowa Department of Public Health's bimonthy overview
May/June 2010

Iowa among top states in H1N1 vaccination rates

*By Don McCormick**

According to a recent report by the Centers for Disease Control and Prevention, Iowa had one of the highest rates of H1N1 vaccination in the country. Based on data collected from November 2009 to February 2010, the CDC's April 2 Morbidity and Mortality Weekly Report (MMWR) showed that the coverage for persons 6-months of age and older was 32 percent, compared to the national rate of 24 percent. Only seven other states had higher coverage rates in this age range.

In federally designated response Region 7, which also includes Kansas, Missouri, and Nebraska, Iowa's vaccination rates were the top in nearly every age category. The average rate among these states for vaccination of persons 6-months of age and older was 23.5.

"This report reflects the reputation Iowa public health professionals and Iowans in general have for thinking globally and acting locally," said Iowa Department of Public Health Director Tom Newton. "A response of this kind was surely influenced by the outstanding efforts of public health partners to educate their communities in which they were so well-established and active prior to this pandemic. I would also like to thank all of the schools, businesses, health care providers and other partners who worked so hard to protect their communities during this response."

Providing the most complete and up-to-date picture of 2009 H1N1 vaccine coverage in the U.S., the report used data collected from weekly estimates of coverage from the National 2009 H1N1 Flu Survey (NHFS) and the national Behavioral Risk Factor Surveillance System (BRFSS). Based on data from these two sources, approximately 961,000 people in Iowa had been vaccinated for H1N1 influenza by the end of February 2010.

The report also showed that among individuals in initial priority groups, vaccination coverage was higher in Iowa among children (48 percent) than among high-risk adults (32 percent). Overall in Iowa, vaccination coverage among children was consistently higher than adults, partially due to expanded school-based vaccination programs conducted by local public health agencies. Adults aged 65 years and older who were not included in the initial priority groups had similar median coverage (35 percent) as high-risk adults aged 25-64 years of age (32 percent). This may reflect older adults' greater acceptance of influenza vaccination in general.

The MMWR also reported on the results of a study conducted by the RAND Corporation of H1N1 vaccination coverage among health care personnel. Using data collected from December 1, 2009 and January 31, 2010, the survey found estimated vaccine coverage among health care personnel was 37 percent for 2009 H1N1 and 62 percent for seasonal influenza. Overall, 64.5 percent of health care personnel received one of these influenza vaccines—higher coverage than any

previous season, though only 35 percent of health care personnel received both vaccines. Seasonal and 2009 H1N1 influenza vaccination coverage was significantly higher among health care workers in hospitals (seasonal at 72 percent and 2009 H1N1 at 51 percent) than those in long-term care facilities (seasonal at 54 percent and 2009 H1N1 at 20 percent) or other settings.

To read the MMWR report, visit www.cdc.gov/mmwr and click on "Weekly Report" on the navigation bar on the left.

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

Iowa shows leadership in public health QI

*By Erin Barkema**

The idea of quality improvement has been getting a lot of attention in public health these days. Often simply called QI, quality improvement refers to an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. In Iowa, QI is being is being used by a number of public health agencies to improve public health services and prepare for accreditation.

(L-R) IDPH staff member John Durbin, National Network of Public Health Institutes representatives Lee Thielen and Les Beitsch, and Dr. Robert Welander of the Henry County Board of Health listen to a presentation on Iowa's QI initiatives during a recent MLC site visit to Des Moines.

An emerging component of Modernizing Public Health in Iowa, QI is being fueled by Iowa's participation in the Multi-State Learning Collaborative (MLC) project. This three-year project focuses on forming QI collaboratives, implementing QI activities in public health, and preparing state and local health departments for accreditation. It is funded by the Robert Wood Johnson Foundation and managed by the National Network of Public Health Institutes (NNPHI).

"Iowa's participation in the MLC shows our commitment to implementing quality improvement into public health practice and preparing for accreditation," said Iowa Department of Public Health (IDPH) Director Tom Newton. "I am proud that the outstanding work being done in Iowa around this grant at both the local and the state level is influencing the national picture of public health's future."

With participating members from 16 states, the MLC has helped launch a number of important QI initiatives. Across the country quality improvement projects about a wide variety of public health topics have been conducted and add to the growing knowledge about how QI can be applied to public health.

Now in its third year of participating in the MLC, Iowa has formed two mini-collaboratives that have brought together IDPH and 9 local public health agencies from across the state. The first of these involved improving the availability of health data. This has resulted in the development of individual county-level community health profiles generated through the data warehouse that show trend data in key indicator areas.

Work on the community health profiles began in Spring 2009. Members of this mini-collaborative, which included representation from six local public health agencies and five IDPH staff members, formed QI teams to identify health indicators and demographic information needed for public health planning. By the summer of 2009, members began discussing their findings and developing a standardized health profile for the Iowa public health data warehouse. The result is a front-and-back, one-page county health snapshot that includes health indicator data and important demographic information such as birth rates, causes of

death, and socioeconomic factors. With the help of local public health partners, the county health snapshot has been finalized and will be made available when the data warehouse is launched later this year.

The second notable QI effort being pursued by a mini-collaborative in Iowa addresses chronic disease prevention. With staff members from Cass County Public Health, Jefferson County Wellness Action Coalition, and the Central Community Hospital Foundation in Elkader, this collaborative is currently implementing obesity prevention initiatives in their communities. Through the MLC, project members will evaluate the results of their initiatives, identify areas for improvement, and implement strategies to increase physical activity in adults. Progress and findings from this mini-collaborative will be shared throughout 2010.

As Iowa moves into the final year of the MLC project, new opportunities will be available for public health professionals. Trainings will take place across the state to provide more information about quality improvement concepts and tools. Additional resources will also be available on the IDPH Modernization website under the recently added Quality Improvement tab. This tab will include: examples of state and local QI projects; links to articles, websites, and tools; and updates on MLC mini-collaborative progress. The tab will also feature a bi-monthly blog called Quality Improvement Pointers and Strategies (QuIPS).

To learn more about QuIPS, the MLC project, and other quality improvement activities taking place in Iowa go to www.idph.state.ia.us/mphi/quality_improvement.asp .

** Erin Barkema is the Multi-State Learning Collaborative coordinator at IDPH.*

'text4baby' educates moms

Pregnant women and new moms can now get health information delivered free to their mobile phones through an innovative program called text4baby. An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby provides women with information to help them care for their health and give their babies the best possible start in life.

Women who sign up for the service by texting BABY to 511411 (or BEBE in Spanish) receive free SMS text messages each week, timed to their due date or baby's date of birth. Message topics include healthy diet, immunization and other information pregnant and new mothers can use; they start at pregnancy week five and go through the first 12 months after birth. Mothers may sign up at any stage during their pregnancy.

The campaign launched on Feb. 4 and has 27,000 subscribers so far. Wireless carriers are voluntarily providing the critical communications link of the initiative, distributing text4baby messages to recipients at no charge.

For more information, go to www.text4baby.org or email info@text4baby.org.

Contracting process quality improvements coming soon

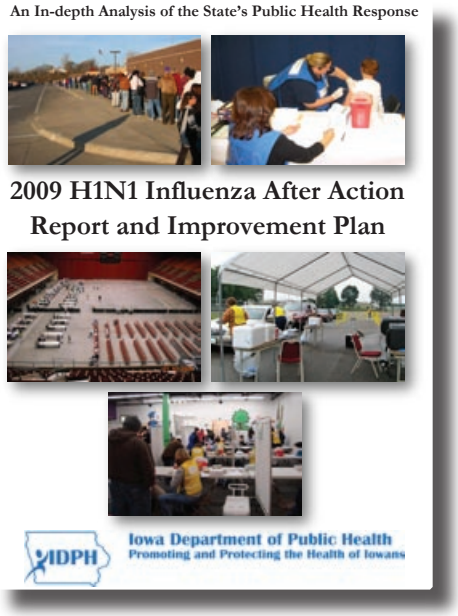
IDPH is making some important quality improvements regarding its contracting process. Beginning as early as July 1, the department will introduce an electronic file sharing system similar to the document library available to Health Alert Network (HAN) users. Called SharePoint, the program will not be as restrictive as that of the HAN and will utilize expanded features to allow easy access to folders and files.

This is an important development, as using an electronic file sharing system implies a real cost savings. For contractors, such as local public health agencies, the new system will decrease the time it takes for service contracts to arrive from IDPH, meaning that local partners can begin serving their communities in a more timely manner. They will also be able to submit expenditure reports electronically, which reduces turnaround time for payments. Additionally, contractors will no longer have to use registered mail or hand-deliver grant applications to our office in Des Moines. Finally, this new system means decreased administrative costs for the state as well. By being able to access, review, approve, and catalog documents with just a few clicks of a mouse, IDPH will be able to reduce the amount of staff time devoted to completing the contracting process.

For more information, visit www.idph.state.ia.us/mphi/quality_improvement.asp and look under "State-level Quality Improvement Activities."

H1N1 response report highlights successes, room for growth

*By Don McCormick**



The Iowa Department of Public Health (IDPH) recently released its 2009 H1N1 Influenza After Action Report and Improvement Plan. The in-depth analysis of the department's July 2009 to March 2010 response to the first influenza pandemic seen in 40 years includes a summary of response activities, methods used to gather information to compile the report, results discovered through the review of the response, a discussion of these results, a conclusion, and a detailed improvement plan.

In gathering the data for the new report, staff in the IDPH Center for Disaster Operations and Response (CDOR) conducted on-line surveys and face-to-face debriefings. Partners interviewed included public health agencies, hospitals, state agencies, media partners, and IDPH employees.

"A response of this duration requires the collective efforts of various partners," said CDOR Chief Rebecca Curtiss. "Our response to H1N1 would not have been possible without these partners, nor would we have been able to truly learn from this experience without their valuable input."

The online surveys and face-to-face debriefings allowed CDOR to conduct a comprehensive qualitative and quantitative review of the prevention and response activities which took place during the fall of 2009. The surveys focused on communication, support provided by IDPH, medical resources, and the IDPH Incident Management System. Survey responses were analyzed, leading to the identification of best practices and recommendations for improvements to fill gaps in response capabilities.

According to survey results, the response to 2009 H1N1 was widely regarded as well coordinated. Over 96 percent local public health agencies who responded to the survey reported that IDPH support was adequate while 100 percent of local public health agencies and hospitals reported that guidance materials provided by IDPH met their needs.

The report also found that IDPH established their ability to maintain timely and effective communication with response partners through use of the Health Alert Network and conference calls. Ninety-eight percent of local public health agencies and 72 percent of hospitals responding to the surveys reported that adequate guidance and direction were provided during the conference calls. Eighty-eight percent of local public health agencies and 92 percent of hospitals reported that documents on the Health Alert Network were easy to locate or could be located with minimal effort.

In regard to the vaccine allocation and distribution of antiviral medications for use in local communities, 98 percent of local public health agencies who responded to the survey reported receiving sufficient information on the overall process utilized for allocation of vaccine. Seventy-five percent of local public health agencies reported that they had received clear direction on the appropriate usage of antiviral medications. In addition, 83 percent responded that they thought the process used for distribution of antiviral medications was somewhat effective to effective.

Although the overall response to 2009 H1N1 was successful, IDPH has identified areas where improvements can be implemented to increase efficiency and effectiveness for future responses. For example, IDPH and many local public health agencies found that their plans for pandemic influenza were not ideally matched to this particular response.

"As with any response, all activities at the state and local levels serve to strengthen the continuum of improvement that's so important for public health emergency preparedness," Curtiss added. "IDPH will continue to work diligently to implement improvements identified in this report to prepare for any danger that may pose a threat to the health of Iowans."

To read the report, visit www.idph.state.ia.us/h1n1.

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

Two Iowa counties receive $3.3 million for tobacco prevention

*By Don McCormick**

Two Iowa counties are getting some help from the Iowa Department of Public Health (IDPH) and the U.S. Department of Health and Human Services (HHS) to address tobacco use and prevention. Thanks to nearly $3.3 million in federal funding, Linn and Ringgold counties are forming partnerships in their communities designed to reduce the burden of tobacco use, which is the number one cause of preventable death in Iowa and the nation.

Funded by the American Recovery and Reinvestment Act of 2009, the new two-year Communities Putting Prevention to Work (CPPW) initiative focuses on improving the health of Americans by reducing chronic disease and promoting wellness. Linn and Ringgold were two of 44 communities in the country selected to implement obesity- or tobacco-prevention programs based on evidence-based interventions in a way that allows them to focus on the unique needs of their residents.

"Iowa has made great strides in tobacco use reduction and prevention," said IDPH Director Tom Newton. "This additional funding will enable targeted, proven strategies to build upon the successes Iowa has already seen in improving public health through a reduction in tobacco use."

In Linn County, public health officials and community partners will use the grant money to implement strategies to increase the number of Linn County businesses with 100 percent tobacco-free policies. Partners will also use the funds to inform local policy makers about evidence- and practice-based pricing and access initiatives. In addition, Linn County will provide tobacco cessation counseling, referral, and nicotine replacement therapy to participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program.

"We're very pleased to have been chosen to help provide lasting positive, sustainable changes in our community by advancing policy, systems, and environmental changes to aid tobacco prevention," said Stephanie Neff, deputy director of Linn County Public Health. "The CPPW efforts will work to enhance and expand the current efforts of local agencies and build on existing tobacco prevention and control strategies. In addition, the initiative will develop and

enhance partnerships between Linn County Public Health, Linn County school districts, businesses, and other organizations.

Ringgold County will target programs to decrease the health effects of tobacco in low-income, rural areas. This includes promotion of cessation services, reduction of smoking in homes and vehicles, and support of the elimination of free tobacco sampling on the county fairgrounds property.

"This is quite an opportunity for a small, rural health department to receive this kind of support," said Becky Fletchall, nurse administrator of Ringgold County Public Health. "We look forward to linking with experts in the field on the national and state levels to make a difference in preventing the devastating health impacts of tobacco use."

To learn more about the Communities Putting Prevention to Work program, visit www.hhs.gov/recovery and www.hhs.gov/recovery/programs/cppw/factsheet.html.

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

Firearms legislation may prevent future tragedy

*By Binnie LeHew**

Deaths from domestic abuse in Iowa have begun to creep up again in the past five years. This was one of the disturbing facts detailed in a recently released two-year report issued by the Iowa Domestic Abuse Death Review Team. In addition, the biennial report says that firearms were responsible for 67 percent of the deaths that occurred during that period.

Governor Chet Culver signed SF 2357 on March 22, 2010.

Thanks to legislative changes made during the 2010 legislative session, however, firearms will now be more restricted for domestic abusers. Senate file 2357 will now require that all persons convicted of domestic abuse or subject to a protection order must turn over firearms to law enforcement.

"In the wake of the recent death of a mother, daughter, and veteran who died by a firearm when her abuser should have had them taken away, we rejoice that the courts have now been given one more tool to protect future victims from this senseless tragedy," said Kirsten Faisal, co-chair of the Iowa Domestic Abuse Death Review Team.

Prior to passage of this law, Iowa's law enforcement officers could not enforce federal law requiring removal of firearms from a convicted domestic abuser. The murder of TereseAnn Lynch in November 2009 was a tragic example of the loophole that existed in Iowa law preventing seizure of the weapon that killed her. In October, her former husband was issued a protective order and was subsequently ordered to turn over all firearms to local law enforcement. Because only federal officers had the authority to remove guns from someone's home, they were not removed. On November 12, less than a month later, TereseAnn was shot by Randall Moore using the shotgun he never surrendered. Now, all local law enforcement will have the authority to seize weapons upon the order of a court for removal.

** Binnie LeHew is head of the Office of Disability, Injury & Violence Prevention at IDPH.*

Funding to help Iowa e-Health initiative

By Polly Carver-Kimm

The Iowa Department of Public Health (IDPH) has been awarded $8,375,000 over the next four years to plan and implement Iowa's statewide health information exchange (HIE). The U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (ONC) announced the funding through the American Recovery and Reinvestment Act of 2009.

Iowa e-Health is a public and private collaboration with a mission of improving health care quality, safety and efficiency through the use of health information technology (health IT). Often, patients taken to the emergency room are unable to tell health professionals about the medications they've taken or recent conditions for which they've been treated. Health IT offers an opportunity to improve patient care through the collection of patient health information in electronic health records that can be shared with other care providers through the statewide health information exchange.

"This information is vital for professionals to provide effective care that can save lives," said IDPH Director Tom Newton. "Regardless of whether you receive care across the street or across the state, medical professionals will have the ability to access your important health information instantly through the secure statewide health information exchange."

Iowa e-Health is working closely with Iowa Medicaid Enterprise and the Iowa Health Information Technology Regional Extension Center (HITREC) to align planning and implementation activities. Iowa Medicaid Enterprise will provide incentives to qualified providers for "meaningful use" of heath IT. The HITREC, administered by Iowa Foundation for Medical Care, will provide technical assistance to Iowa providers adopting health IT and connecting to the statewide health information exchange.

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 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.

Building on a preliminary strategic plan approved by the State Board of Health in July 2009, Iowa e-Health is currently creating the Iowa e-Health Strategic and Operational Plan. This plan will describe the governance; finance; technical infrastructure; legal and policy; and business and technical operations for developing the statewide health information exchange.

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

Technology improves cost, quality of remote site meetings

*By Marilyn Alger**

With so many responsibilities, public health professionals often feel like they need to be in two places at once. For those who rely on conference calls, webinars, and similar technology, this is more than a feeling; it's a reality.

Depending on how long you've worked in public health, you probably know that conference calling is perhaps the oldest and most often-used technology for communicating with people in remote locations. It's also the technology that's most familiar, and therefore "easier," option. With nearly all of our documents, presentations, and other material being created or made available in electronic form, however, the advantages of more integrated communications systems seems a natural evolution in the way public health professionals communicate in order to accomplish our mission. It's also more cost-effective.

"We anticipate an annual 35 percent cost reduction due to this technology upgrade," said Cheryl Christie, chief of the Bureau of Finance at the Iowa Department of Public Health (IDPH). "The use of newer communication systems will also reduce travel expenses for the department and our local partners, which will result in additional cost savings."

Fueled by needs that grew out of the response to the 2009 H1N1 influenza response, IDPH recently looked for ways to cut down on these costs and enhance the quality of remote-site meetings. The result was a contract with Citrix Systems, Inc., developers of the rapidly growing "GoToMeeting" and "GoToWebinar "online meeting technologies. Working with nearly 50 million people in more than 120,000 organizations around the world, Citrix Systems offers remote access services specifically designed to provide access to workstations and servers from any web-based connection.

Services available through the new service agreement include online "do-it-yourself" meetings and webinars. After a brief training and practice, IDPH employees can set up and facilitate meetings or webinars without having to go through a third party to reserve conference call numbers and access codes. Citrix also offers remote technical assistance for IDPH employees via phone, e-mail or training webinars. In addition, the system can be accessed wherever one has Internet access, and when necessary, simple telephone service.

"Having webinar capabilities during our conference calls makes much better use of our time," said Kory Schnoor, Iowa e-Health program coordinator. "Many of our workgroup members have expressed how beneficial it is having GoToMeeting."

Currently 42 IDPH employees have been designated as "organizers," which means that they have received training and authorization to schedule and facilitate meetings or webinars. About half of them are using the system 3 to 20 times a month. The other half are learning and gaining additional experience on the new system or are receiving training.

For more information about the GoToMeeting and GoToWebinar systems, contact Marilyn Alger at 515-242-5096 or malger@idph.state.ia.us.

** Marilyn Alger is the education coordinator at IDPH.*

Fitness tips for public health workers

*By Amy Liechti**

If your job in public health requires you to wear many different hats, you probably find yourself thinking of your days in terms of the amount of time you spend doing certain tasks. We've all got a pretty good sense of how long it takes to generate a certain report, provide a vaccination, attend a committee meeting, or answer e-mails. We measure time in eight (or more) hours-a-day, five days-a-week. We know how long we spend commuting every day, and we know how many hours of sleep we get each night.

All of these things fill up our days. How could we possibly find time to work in proper nutrition and adequate amounts of physical activity? After all, don't those things require a certain investment of time?

Not true. It's quite possible to see measurable changes in your health by simply recalibrating the way you think about time. As a public health employee, you should know that each healthy choice and every minute moving counts. But have you ever bothered to do the math?

Let's take the case of Jane Doe. She finds it hard to resist her co-worker's candy dish and steals a chocolate kiss (about 20 calories) about five times a day. That results in about 500 calories by the end of the week. Also, Jane's boss brings glazed donuts (200 calories) to each monthly staff meeting. Jane usually grabs two per meeting, taking in an additional 4,800 calories a year.

Jane, like many of the people she works with on the third floor of their office building, spends most of her time sitting in front of a computer, getting up only now and then for a short trip to the printer or break room (where more chocolate is probably waiting). For many, this lifestyle is pretty normal… but it doesn't have to be.

Meet Jane's co-worker, John Doe (no relation). Instead of riding the elevator, John burns five times more energy by using the stairs. He takes them in the morning, to and from lunch, and then once more when he goes home. It all adds up. By the end of the week, John has climbed 40 flights of stairs! If Jane did the same thing, she would burn about 255 calories a week, resulting in the loss of one pound in about 16 days.

John has actually taken it a step further (pardon the pun). He has a standing workstation; his keyboard, monitor, phone, etc., are all at counter-top level. While still uncommon, this trend is catching on because of the health benefits. John's weight is the same as the national average of 194.7 pounds. On the days he spends only 25 percent of his time standing, he burns about 100 more calories than if he had sat all day. On days he spends the entire eight hours standing, he burns nearly 350 more calories.

If a standing workstation isn't your style, consider this. The current Physical Activity Guidelines for Americans indicate that most health benefits occur with just 150 minutes a week of moderate physical activity, such as brisk walking. That's just 30 minutes per day for five days each week. (By now you know where I'm going with this, right?) Even if you don't want to use your lunch time in this way, why not use your two 15-minute breaks by taking a couple of strolls around the block?

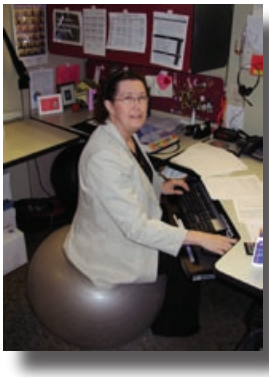
Iowans Fit for Life
ACTIVE AND EATING SMART

What are IDPH employees doing to stay fit at work? Turn the page for a photo collage!

Attending a lot of meetings during the day? Ask your boss to hold walking meetings. (She's a public health professional too, so she'd probably see the benefit right away.) Say you have an average of two meetings per day lasting one hour each. Why not put each meeting on the move and hold a walking meeting for half of that time. Jane, who is also average height and weight for her age, would reap tremendous benefits. Sitting the entire time would use up only 250 calories. But, walking at a 3 mile-per-hour pace for just half of each meeting (or one full meeting) would result in 454 calories burned. That's a difference of 204 calories. In Jane's case, that would add up to 1 pound lost in 17 days.

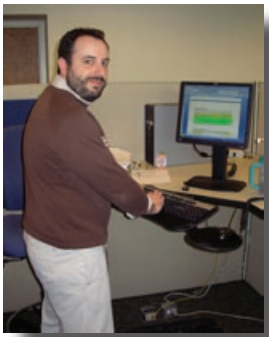
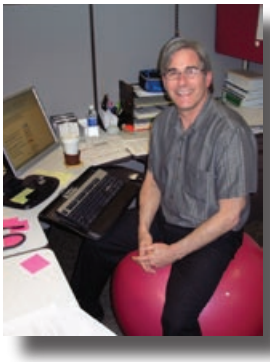
To learn more about the things you can do to stay healthy at work and promote health among your co-workers, visit the Iowans Fit For Life homepage at www.idph.state.ia.us/iowansfitforlife and click on "At Work."

** Amy Liechti is the worksite wellness coordinator with the Iowans Fit for Life program at IDPH.*








Center, IDPH Director Tom Newton leads a group of IDPH employees in a lunchtime walk around the Capitol Complex. Clockwise from top center: Sarah Taylor, Iowans Fit for Life; Vicki Dagenais, health promotion; Dennis Haney, Iowans Fit for Life; Tim Lane, Iowans Fit for Life; Lonnie Cleland, substance abuse treatment; Jeremy Whitaker, tobacco prevention; Jeanna Jones, cancer control; Bobbie Buckner Bentz, primary care; and Jolene Carver, cancer control.

Team Voices

Bureau of Lead Poisoning Prevention

Recently, Focus spoke with Rita Gergely, chief of the IDPH Bureau of Lead Poisoning Prevention

How does your team make a difference in the lives of Iowans?
Our bureau convinces providers to test Iowans for lead poisoning and to work with providers, parents, and employers to reduce exposure to lead. Through our regulatory programs, we enforce regulations that reduce the exposure of Iowans to lead during renovation and lead abatement. By tracking pesticide poisoning and occupational health indicators, we develop recommendations to reduce exposure to pesticides and hazardous work conditions.

Which programs are included in your bureau?
Childhood lead poisoning prevention, mandatory childhood blood lead testing, adult blood lead testing, training and certification of lead professionals, prerenovation notification education (PRE), pesticide poisoning surveillance (PPSP), and occupational health and safety (OHS).

How is your bureau organized compared to programs in other states?
In many states, childhood lead, adult lead, and the lead regulatory programs are in different parts of the health department or even in different agencies. Our bureau is also unique since it includes PPSP and OSH—a natural fit since both programs involve working with data and preventing exposure to dangerous conditions or substances.

What is the benefit of your bureau's organization?
Lead program staff members are cross-trained in the lead programs. We are also cross-training in the PPSP and OSH programs. If we investigate a case of childhood lead poisoning in Northeast Iowa, for example, the person who does this will also conduct spot checks for the lead training, certification, and PRE programs and provide technical assistance to local lead programs in the area. Our organization allows us to provide services to Iowans with fewer staff than would be needed if programs were located in different parts of IDPH or in other state agencies.

How do you integrate with other areas of the department and state and local agencies?
Many state and local programs contain requirements for lead poisoning prevention. We work with child health, Healthy Child Care Iowa, and WIC in the childhood lead program. In other programs, we work closely with other state agencies such as the Iowa Department of Agriculture and Land Stewardship, Iowa Finance Authority, Iowa Department of Economic Development, and Iowa Workforce Development. We also work with local public health agencies and contractors for the child health and WIC programs as well as local housing agencies.

Tell me about some of your team's successes.
We recently received a new five-year award for the PPSP and OHS programs. Through the mandatory childhood blood lead testing program, the percentage of children under the age of 6 years tested for lead poisoning has increased from 70 percent to 95 percent in 2½ years. Iowa is the second state in the nation to be authorized by the U.S. Environmental Protection Agency to operate the lead-safe renovator program. Since 2000, state funding for the childhood lead poisoning prevention program has increased substantially.

In Iowa, most cases of childhood lead poisoning are caused by deteriorated lead-based paint. The paint in this picture caused a child to be severely lead-poisoned. Nearly 40% of Iowa's housing was built before 1950 and is likely to contain lead-based paint. IDPH helps families find this paint in their homes and show them how to safely repair it.

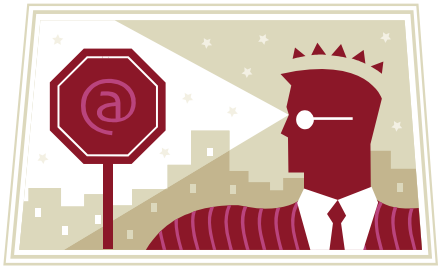
And the challenges?
One challenge is implementing the lead-safe renovator program with existing staff and some temporary staff until we collect enough funds to establish permanent positions. Another challenge is meeting the requirements for federal funding of the childhood lead program is difficult as CDC continues to add required activities while reducing funding.

What is coming up for the bureau?
We will continue to implement the lead-safe renovator program, which involves certifying 15,000 renovation contractors. We are working to implement a web-based data system for childhood lead poisoning that will replace 30 PC-based databases. We must compete again for federal funding for the childhood lead program in January 2011. We are told that we must incorporate a substantial healthy housing component into the childhood lead program to receive an additional five years of funding for this program.

IPHA website rich in public health resources

*By Jeneane Moody**

On a recent survey, Iowa Public Health Association (IPHA) members cited networking and connecting to information and resources which support their public health practice as key functions of IPHA. To this end, IPHA would like to remind Iowa public health professionals about the rich library of resources available on their website, http://iowapha.org.



- What is public health? Who does it? Why is it important? — This library of video and flyer links is a great way to quickly and simply answer some of these questions.
- IPHA Web Calendar — Look for training opportunities and submit your information for posting. Some opportunities even offer scholarship support.
- Job Postings — Whether you are looking or hiring, consider this resource to identify opportunities.
- Funding Opportunities — IPHA posts funding opportunities of interest to public health organizations and professionals as they are shared.
- IPHA Advocacy — Access Iowa and federal advocacy resources, tool and tips for effective advocacy and IPHA's policy statements, both current and archived.
- Public Health Matters — IPHA's quarterly e-newsletter features public health programs and information of interest to the membership. Consider submitting information for the next issue by May 15.
- IPHA Online Membership Application — Join IPHA with a simple online process that offers both manual and credit card payment options.
- Event Registration — Utilize our convenient online registration tool for any current IPHA offerings.

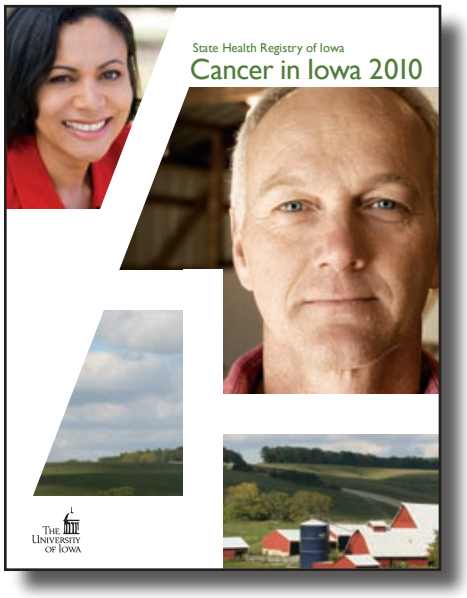
Additional resources such as a searchable online membership database are available to current IPHA members on the Members-Only portion of the website. Questions? Write to iowapha@gmail.com or call 515.491.7804.

** Jeneane Moody is the Iowa Public Health Association Coordinator.*

Cancer report shows shift in chronic diseases

*By Don McCormick**

Although cancer death rates continue to decline across the state, a newly released report finds that cancer has surpassed heart disease to become the leading cause of death in Iowa. Based on data from the Iowa Department of Public Health (IDPH) and the Iowa Cancer Registry, the 2010 Cancer in Iowa report features a special section on the leading causes of death in Iowa.



"This is the first time in the history of recording these data, that we have seen cancer as the leading cause of death in Iowa," said Dr. Charles F. Lynch, medical director of the registry and University of Iowa professor of epidemiology. "Both cancer and heart disease deaths are declining, but when we look at the age-adjusted rates, heart disease deaths have been declining at a faster pace for a longer period of time than cancer deaths."

For decades, cancer and heart disease have combined to account for nearly half or more of all deaths in Iowa. Between 1994 and 2007, cancer death rates in Iowa decreased 13 percent while heart disease death rates decreased 35 percent, the report stated.

"This report reminds us of the important role public health plays in monitoring shifts in chronic diseases over long periods of time," said IDPH Director Tom Newton. "We must be on the lookout for trends in all types of chronic disease, predict future directions, develop effective prevention measures, and support early detection and treatment. All of these efforts help us achieve our mission to promote and protect the health of Iowans."

Given the increasing rates of obesity and diabetes, it is possible the leading cause of death in Iowa may continue to fluctuate, the report noted.

Published by the State Health Registry of Iowa, the report estimates that 6,400 Iowans will die from cancer and 16,400 new cancers will be diagnosed in 2010. The report also includes county-by-county cancer statistics that may be useful to counties as they create their Community Health Needs Assessments and Health Improvement Plans this year.

Dr. George Weiner, director of the Holden Comprehensive Cancer Center at the University of Iowa said prolonged efforts to prevent, detect and treat cancer will continue to result in steadily declining cancer death rates. "We don't always see the payoff on advances right away in the cancer rates. The benefits of what we are doing today will be seen in the future data," Weiner said.

To read the report, visit http://cph.uiowa.edu/shri and click on Publications. Hard copies are available by calling 319-335-8609. To learn more about IDPH's efforts to reduce the burden of chronic disease in Iowa, visit www.idph.state.ia.us/hpcdp/chronic_disease_prevention_management.asp.

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

Assessment, planning build healthier communities

*By Louise Lex**

It may surprise public health professionals to know that giving ordinary people and community organizations a role in making decisions about their community's health has a very short history. The genesis for community health planning developed in Rochester, New York in 1962 when a citizen planning council was formed to review the community's need for hospital beds and plans to fund construction. In the 1960s and 1970s, a policy of consumers shaping the institutions that served them was written into federal legislation. The laws supported a decision-making network of agencies with consumer majorities.

Although these laws are no longer in effect, involving a wide-range of stakeholders in making the decisions about their community's health has taken hold, especially in Iowa where community spirit is part of our ethos. Unlike the events in Rochester, Iowa's community health planning had a somewhat inauspicious beginning. The impetus came from an administrative rule, effective in January 1986, placing new responsibilities on county boards of health. These responsibilities included identifying public health problems and writing an action plan to respond to them. Following a series of regional meetings, local boards of health organized health planning committees. In some counties, bringing these groups together served an important function by itself. As one public health administrator observed at the time, "Involving people from so many different areas has broadened our perception and increased our awareness of the needs of our community."

Like other initiatives, community health planning has waxed and waned. When participants at a 1997 Governor's Barn Raising Conference were asked about what could be done to improve the public health system, they responded by recommending a revival of health planning assistance and better data to assess needs and set priorities. Clearly, despite the lack of support from the state health department, community health planning had taken root. The department responded with a new data system and planning tools.

Since this time, the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) has been flourishing in spite of the barriers of time and resources. The notion that health issues are owned by the community, not government or a special sector of the community, has developed a life of its own. The impact of an involved group of stakeholders who decide what is important, what needs to be done to improve their community, and are willing to invest their energies in making the improvement can be profound.

Materials, resources, and data, helping counties prepare a new CHNA & HIP report on their activities, are on the Iowa Department of Public Health's website; they were developed through discussion with a department oversight team, feedback from six local health agencies, regional meetings where the process was introduced, and input from the regional consultants. Care was taken to align the CHNA & HIP with the Iowa Public Health Standards leading to accreditation.

Counties have the option of working with other counties or submitting a single county report. The assessment segment of the report (CHNA) will outline the results of the stakeholder discussions and include a checklist for the following: a list of needs, whether the needs were selected to be addressed, and the rationale.

The health improvement segment will cover the specific goal or goals community stakeholders have set as a priority for action, the responsible organization, timeline, and relation to one of six overarching public health goals.

Stakeholders should not wait for an invitation to take part in the CHNA & HIP but contact their local health department agency. Some funding opportunities provided through the Iowa Department of Public Health will require alignment with or acknowledgment of the plan. More information can be found at www.idph.state.ia.us/chnahip.

** Louise Lex is CHNA & HIP coordinator at IDPH.*

Retirements affect department workforce

By June 24, the Iowa Department of Public Health (IDPH) anticipates losing 32 employees due to the State Employee Retirement Incentive Program (SERIP). A cost-savings measure passed by the Iowa Legislature this year, retirements are affecting 18 bureaus within the department.

"It has been my great pleasure to serve with these individuals, some of whom I have known since I entered the field of public health," said IDPH Director Tom Newton in a recent Quick Reads newsletter. "Bidding them farewell has been and continues to be especially hard."

While retirement is something that many people look forward to someday, the decision is not always an easy one. That is especially true among public health employees, many of whom entered the field decades ago with the hopes that their work would make a real and lasting difference in the health of Iowans.

"I have thoroughly enjoyed my 20 years working for IDPH," said Judy Solberg, chief of the IDPH Bureau of Nutrition and Health Promotion. "It's hard to believe that the health promotion group began just with one grant and three staff members; we've come a long way since then. I will miss my IDPH colleagues, their passion for their work, their expertise, insight, patience and above all the good humor as we promote and protect the health of all Iowans."

Bureau of Professional Licensure Chief Eileen Gloor commented that IDPH has been far more than a place of employment. "I have worked hard, learned from experts, and developed treasured friendships," Gloor said. "Most of all, it has allowed me to serve Iowans side by side with colleagues whose commitment to health and optimism about the future will sustain me through many new endeavors."

The department thanks these retirees for their service in promoting and protecting the health of Iowans, and wishes them all the best for the future.

Agricultural medicine course, June 7-11

Iowa's Center for Agricultural Safety and Health and the Great Plains Center for Agricultural Health will host a training program for health care professionals who treat and help prevent occupational illnesses and injuries on the farm. The event will take place June 7-11 at the Sheraton Iowa City Hotel.

The course will address diagnosis, treatment and prevention of agricultural health conditions through a multidisciplinary approach. Nurses, physicians, mid-level practitioners, physical and occupational therapists, paramedics, veterinarians, and other health care providers are invited to participate. The course may be taken for three graduate credit hours from the University of Iowa College of Public Health, and continuing education credits for physicians and nurses are offered. Topics to be discussed include agricultural health care delivery, respiratory diseases, acute agricultural injuries, behavioral health issues, noise-induced hearing loss, zoonotic diseases and many others.

For more information or to register, contact Kay Mohling at 319-335-4219 or kay-mohling@uiowa.edu. A brochure and registration form is available at www.public-health.uiowa.edu/icash

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.

"To subscribe to Iowa Health Focus, please send a blank e-mail to join-iahealthfocus@lists.ia.gov."