



Magazine makes the connection between community and health

By Don McCormick*



Describing someone as the “picture of health” is often used to refer to someone who gets lots of physical activity, eats right, has an ideal body mass index, and maintains a balanced and healthy lifestyle. It’s a compliment. Unfortunately, this expression isn’t often used to describe a healthy community.

“One possible explanation is that the idea of a healthy community requires some additional mental steps in terms of cause and effect,” says Tim Lane, recently retired physical activity consultant at the Iowa Department of Public Health (IDPH). “Most people need someone to point out that a sidewalk or a farmers market, for example, has a major impact on how healthy the residents of that community are. That’s where we come in. If you think about it, this is really the heart of public health—making connections to maximize human health.”

With this idea in mind, Lane set out more than a year ago to produce an IDPH publication that describes the many factors that together could apply the “picture of health” expression not to individuals, but to a community. Told in rich language by more than a dozen authors, including nationally recognized walking enthusiast and health advocate Mark Fenton, the free Healthy Communities magazine is the collective story of more than 25 towns, cities, and neighborhoods across Iowa that have taken steps to make their communities healthy places to live, work, and play.

With more than 50 photographs taken by the Iowa Department of Natural Resources and other contributors, the 68-page publication is the second such magazine produced by IDPH. The first appeared in 2007 and coincided with the “Barn Raising” Governor’s Conference on Public Health. By the end of July, each local public health agency will have received a copy of Healthy Communities to place in their client waiting area, share with board of health members, or use in inspiring local coalitions to pursue projects that contribute to a healthy community.

Engaging citizens to create healthier communities is an essential aspect of sustainable communities. This magazine shares some of the best practices from some of the people best-qualified to tell those stories.”

- IDPH Director Tom Newton

“Thanks to the success of our first issue, I know of several projects in and outside our state that were fueled by the stories we told,” Lane said. “For instance, our article about the construction of a trail in George, Iowa prompted a number of communities to consider or move forward with similar projects. I can’t wait to hear how this issue inspires Iowans toward developing the kind of policies, prevention measures, and environment-based initiatives that are so crucial in creating healthy, sustainable communities.”

For the 2010 issue, the featured communities were suggested by a broad range of public health partners, including [Iowans Fit For Life](#), IDPH [Iowa Healthy Communities Initiative](#) grantees, local public health agencies, and other IDPH staff.

"This magazine is a tool that we can use to explain how connected everything is in a community," said Jane Schadle of the IDPH Office of Healthy Communities. "If we are to build healthy people, then we have to plan healthy environments that are conducive to healthy lifestyles."

The magazine is free by calling 515-281-0917. In addition, IDPH staff and other partners are encouraged to obtain copies of the publication for distribution among their partners or at events in their local communities. For more information contact Jane Schadle at jschadle@idph.state.ia.us.

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

IDPH receives \$200,000 to prevent violence against women

*By Don McCormick**

The Iowa Department of Public Health (IDPH) has been chosen to participate in a ground-breaking violence prevention initiative. [Project Connect: A Coordinated Public Health Initiative to Prevent Violence against Women](#) is designed to improve the health and safety of women and children in Iowa. Funded by the U.S. Department of Health and Human Services' [Office on Women's Health](#) through the [Family Violence Prevention Fund](#), the two-year project is designed to identify, respond to and prevent domestic and sexual violence, and promote an improved public health response to abuse.

IDPH is one of ten entities in nine states to be awarded \$200,000 in competitive funding for implementation of the program. Each site will work with family planning, adolescent health, home visitation, and other maternal child health and perinatal programs to develop policy and public health responses to domestic and sexual violence. Grantees will also provide basic health and reproductive health services in domestic and sexual violence programs.

"Project Connect is important to Iowa because it provides an opportunity to halt or reverse what appears to be an increase in deaths due to intimate-partner violence," said Binnie LeHew of the IDPH [Office of Disability, Injury, and Violence Prevention](#). "It will also help train the next generation of health providers to do this work."

According to the most recent Domestic Abuse Death Review Team, Iowa averaged about 15 deaths per year between 2005 and 2009 from domestic violence. This number indicates an increase from 12 per year between 1995 and 2004. The Centers for Disease Control and Prevention estimates that there are 1,200 deaths and 2 million injuries to women from intimate-partner violence each year.

"We have long known that the public health system is uniquely positioned to identify and help victims of violence, and that strengthening the public health response to violence can do a tremendous amount to help victims and stop abuse," said Lisa James, director of health at the Family Violence Prevention Fund, which selected IDPH for the award. "Project Connect is especially important because it will help improve the response to violence in the reproductive health and other programs where women seek care and services."

For more information on Project Connect, visit www.endabuse.org/content/news/detail/1485 or contact Binnie LeHew at (515) 281-5032 or blehew@idph.state.ia.us.

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



Hygienic Lab dedicates new building

By Ariana Witt*

A host of local officials—including state legislators and state Board of Regents members—toured the newest public health laboratory in the nation on May 5. With the snip of a yellow ribbon, a project spanning four years was finally complete as the [State Hygienic Laboratory](#) at the University of Iowa opened the doors of its new facility. Officials and researchers said they're excited about the opportunities the space will offer.

"This lab is rewarding our staff with a facility that will work for them," said Christopher Atchison, the director of the Hygienic Laboratory. The building's construction was a collaborative effort on the part of local and national planners and is evident throughout the facility, he said.

"We worked closely with departments and groups to make sure things met their needs," said David McGoldrick, an architect on the project. "They know what equipment they need to have readily available, so we made sure to account for that."

The new space will also bring researchers closer together, said Lucy DesJardin, Ph.D., program manager of molecular diagnostics. The current building doesn't allow for efficient collaboration between workers. "There's greater opportunity for interaction and cross-training," she said. "It'll be nice to have people right there when you need them to run tests."

UI President Sally Mason, who toured the building, said she was excited because she's a 'self-proclaimed lab rat.' "The laboratory for too long has been housed in facilities that did not match the work effort put out by its employees," Mason said.

Scott Becker, the executive director of the Association of Public Health Laboratories for the U.S., said he has visited more than half of the country's labs and feels Iowa has set a precedent for public-health facilities. "This has taken public-health science in the state decades into the future," Becker said.

Now featuring the largest open laboratory in the nation, the Hygienic Lab is the official environmental and public health laboratory for Iowa. In the past, it has led the United States in research conducted during national emergencies. In January, the lab was the first to identify the strain of salmonella that contaminated meat and sickened more than 700 people in the United States.

The new building—which is located in the UI Research Park in Coralville—is the third [Leadership in Energy and Environmental Design](#) (LEED)-certified UI building. Officials said more than a third of the building's products were made from recycled material, and the facility operates with low energy consumption.

"The primary thing was maintaining LEED efficiency," said McGoldrick, who is a LEED-accredited professional. The lab is close to earning a gold approval rating in LEED certification, he said—which is higher than the silver goal set during project construction.

Lab officials said they hope to have the new facility fully operational by late June.



The new Hygienic Lab houses the largest open lab in the country, stretching 100 yards long.

* Reporter Ariana Witt's article originally appeared in the *The Daily Iowan*.

Rural counties overcome barriers to improve health

By Prevention Institute*

In rural Northeast Iowa, six communities are coming together to promote health by increasing access to healthy, locally grown foods. The efforts began when community members realized that despite the agricultural bounty of the region, only 1 percent of all food purchased in Northeast Iowa is sourced locally.

In 2006, the [Leopold Center for Sustainable Agriculture](#) selected the region as the pilot community for its Regional Food System Working Group, the Northeast Iowa Food and Farm (NIFF) Coalition. As a result, a diverse coalition of stakeholders emerged, representing youth, farmers, educators, and food producers.

Soon after, in April 2007, the [W. K. Kellogg Foundation](#) chose Northeast Iowa as a project site for their [Food & Fitness Initiative](#) (FFI), further supporting the region in developing strategic plans and policies that emphasize equity and promote healthy eating and physical activity within the region.

"We had a big group of people who wanted to help and it didn't mean changing our current direction; it actually helped us focus our work," said FFI co-convenor, Brenda Ranum. FFI now serves as the overall umbrella for collaborative efforts and NIFF members are tasked specifically with advancing food system efforts.

The Northeast Iowa Coalition is active in the counties of Allamakee, Clayton, Chickasaw, Fayette, Howard and Winneshiek—a geographic area slightly larger than the state of Connecticut. In order to ensure that efforts are far-reaching across the wide geographic region, the coalition assigns a county convener for each county who is responsible for reaching out to new stakeholders and bringing them together for monthly meetings. Each county coalition also sends representatives to monthly region-wide meetings and monthly topical workgroups to strategize on how to work cohesively across the region and disseminate ideas between counties.

Similar to many rural places across the US, schools are the hub of communities in Northeast Iowa. The coalition identified schools as the perfect starting point for their work for several reasons: the strength of schools as a community center to attract diverse community members, the ability to reach the most vulnerable children, the potential for improving health early in a child's life, and the opportunity for youth engagement.

The coalition began [Farm to School](#) pilot projects with six schools in economically disadvantaged communities within the region. Today, the team works together to promote changes within and well beyond the school environment. In-school activities include Home Grown School Lunch Week, when local foods are promoted and presented to students, and the construction of school gardens with the assistance of local producers. Teams are now planning physical activity promotion programs, such as Safe Routes to School and offering students a greater variety of physical activity options.

The group also identified low-income families with children as the most vulnerable population in their community. During the planning phase, FFI committed to distributing extra resources into the five communities with the highest poverty rates. What they discovered was that the schools in these areas actually showed the most readiness to adopt changes to improve the food environment.



Michael Gooder learned from big food producers that his greenhouses were ideal for growing tomatoes during the off-season.

Remarkably, historically competitive communities in Northeast Iowa—largely due to the need to compete for funding sources—now value working together. Although only six schools were chosen to receive funds during the pilot study, all schools in the region were invited to get involved and learn from the successes of the pilot schools. Assuring transparency has also been essential to reducing competition; all financial information and agenda items are publically posted and accessible. By creating a trusting and inclusionary atmosphere, communities that were once in competition learn that they can greatly benefit by working together.

Ann Mansfield, project co-convenor, describes how “with engagement and funding to bring people together and share ideas, people are seeing there are lots of things they can do in schools that aren’t fiscal. It’s been a major shift in the context in which people see themselves.”

Northeast Iowa proves that active community members not only accomplish major milestones, but also spread their energy and enthusiasm to others in the community. One community member models this enthusiasm to a T: after hearing about the excitement around local food production, Michael Gooder decided to transition 3.5 acres of his 8 acre floral greenhouse to grow produce for schools and the greater community. Within one year, the 3.5 acres of his transformed greenhouse produced 100,000 pounds of tomatoes. Gooder has now secured donated seeds for his next project and is now starting plants for school gardens in his greenhouse, turning out more lush, resilient plants that otherwise would have struggled to grow through chilly and harsh winters.

Stakeholders have overcome the barriers of trying to create long-term sustainable change in a rural, geographically spread out region and in fact, have even identified the benefits of working collaboratively in a rural region. As Brenda Rannum puts it, “We could not have planned for all of our early successes. But what we tried to do is bring people together and they brought resources, skills and ideas to the table and have allowed us to do much more together than we could ever do alone.”

For more information visit www.iowafoodandfitness.org.

* Adapted with permission from Prevention Institute, www.preventioninstitute.org.



As the Coalition examined barriers to health in their communities, a local school food services staff raised concerns around policies that prohibited them from procuring and preparing locally grown produce in schools. Later, a coalition member learned from the Iowa Department of Agriculture and Land Stewardship that schools could serve locally grown produce as long as the source is clean and verified.

NALBOH conference, Aug. 5-7

The National [Association of Local Boards of Health](http://www.nalboh.org) conference will be held in Omaha, Aug. 5-7. Themed “Journey to the Future: Facing Public Health Challenges Today for a Healthier Tomorrow,” the event will provide board of health members, senior agency officials, and national public health leaders with an opportunity to expand their knowledge of public health. Workshops and breakout sessions will be held on the topics of board governance, community health, environmental health, preparedness and leadership.

Speakers will include Dr. Kyu Rhee, chief public health officer of the Health Resources and Services Administration, which is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Trust for America’s Health (TFAH) Deputy Director Richard Hamburg will also speak. Mr. Hamburg oversees TFAH’s public policy initiatives, advocacy campaigns, and internal operations and has more than 25 years of experience as a leading health policy advocate. For more information or to [register](http://www.nalboh.org/NALBOH_Conference.htm), visit www.nalboh.org/NALBOH_Conference.htm.

Employer: improve team fitness, get a 10% bonus

By Tom Kelly*

It's a unique approach to wellness in the workplace, at a unique workplace. Located in Fairfield, Iowa, [The Sky Factory](#) specializes in technology that brings the natural beauty of the outdoors into indoor spaces. The company started in 2002 and now employs 35 people. Its founder and innovator, Bill Witherspoon not only designed the company's first unique product, he has also designed a unique organizational model, which is currently being [recognized by Inc. Magazine](#) as one of the best work environments in the country.

The organization is "non-hierarchical." There are no vice presidents or department heads or supervisors. All management decisions are consensus-based and each member of the team has an equal vote. Most importantly, they also share substantially in the profits. Therefore, it is in the best interest of each person that he or she, and the business, operate as efficiently and productively as possible. No one profits unless the entire team profits.

"We never compete, internally, with each other," Witherspoon said. "It's all about teamwork."

Considering this mindset, it's no surprise that the company has also dedicated some of their collective attention on the health and wellbeing of the employees. To facilitate their wellness goals, the company contacted Ken Daley, coordinator of Jefferson County's activities funded by a [Community Wellness Grant](#), which is administered by the Iowa Department of Public Health. With an extensive background teaching exercise and sport science, Daley began by delivering three hour-long presentations. One of the presentations focused on nutrition and eating habits and ways to be more conscious of food choices. The other two sessions were spent learning about exercise, the benefits and need for different types of exercise, strength training, flexibility and ways to incorporate these into a new lifestyle routine.

A few days later, Daley returned to hold personal consultations with each member of the team to answer questions and address individual needs. Finally, all employees took the [Rockport Walking Fitness Test](#), which involved walking a mile while wearing a heart monitor. Everyone, therefore, had a starting point from which to measure change. As well, each team member wore a pedometer for a week to establish a baseline of total physical activity.

In addition to these individual measures, the team aggregated these scores into a group average to come up with a group baseline of fitness. As an incentive, Witherspoon agreed that if the entire group measurement improves by 5 percent in the next two months, their bonus would increase by an additional 10 percent of company profits.

"Motivation is a play between intrinsic and extrinsic factors," Daley said. "Ultimately intrinsic will trump extrinsic, but a few dollars on the line sure helps focus a person on the issue."

After two months Daley returned to the Sky Factory to do a follow-up on their fitness assessment. The result was a 7.7 percent increase in the team's aggregate fitness, which resulted in an additional 10 percent bonus for their June pay period.



From left, The Sky Factory team members David Runion, Lauren Schill, and Jen Ossian participate in the Rockport Walk Test in April used to establish individual and team fitness baselines.

The company continues to encourage a culture of worksite wellness. In addition to everyone tracking their steps with pedometers, the company has acquired some exercise equipment and is carving out a space for it. From several different sources, everyone is enthusiastic and encouraging each other.

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."

** Tom Kelly is a freelance writer.*

FDA makes tobacco less attractive, restricts access to youth

*By Don McCormick**

On June 22, the [Food and Drug Administration](#) introduced provisions designed to make tobacco less attractive and reduce the access young people have to the deadly product. In Iowa, many smokers have already started noticing a change in the way their brand of cigarettes is packaged. The new regulations ban words such as "light," "mild," and "low-tar" to describe the product. Such language has been shown to mislead consumers into thinking certain types of cigarettes are safer.

"This is an opportunity for us to correct decades of misinformation about cigarettes—our state's number one cause of preventable death," said Bonnie Mapes, division director for Tobacco Use Prevention and Control at the Iowa Department of Public Health. "Smokers may notice other changes in packaging, such as color or design. Regardless of how they're packaged, however, there's just no such thing as a safe cigarette."

The regulations coincide with the [anniversary](#) of the 2009 federal Family Smoking Prevention and Tobacco Control Act. They follow action taken by the FDA in September to prevent the sale of most types of flavored cigarettes, which have been shown to encourage tobacco use among youth. As of June 22, the law also prohibits:

- sales of cigarettes and smokeless tobacco to people younger than 18;
- tobacco brand sponsorship of athletic, musical, or other social or cultural events;
- sales or distribution of items such as hats and T-shirts with tobacco brands or logos;
- sales of packages with fewer than 20 cigarettes;
- most sales of tobacco products in vending machines, self-service displays, or other impersonal modes of sales;
- free samples of cigarettes; and
- sales or other items in exchange for buying tobacco products.

To learn more, visit www.fda.gov/TobaccoProducts or call the FDA at 1-877-287-1373. To learn about Iowa's youth-led effort to spread the truth about tobacco use and the deceptive practices of the tobacco industry, visit the JEL (Just Eliminate Lies) website at www.jeliowa.org.

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



On the day the new FDA regulations went into effect, JEL members were holding their 10th annual summit. This year's theme was "Break the Connection." Above, youth anti-tobacco advocates appear at a street marketing event where they exposed then symbolically broke the connection between tobacco and the death and disease it causes.

"Drug drops" keep meds out of abusers' reach

By Sarah Tompkins*

On May 15, the Polk County Substance Abuse and Addiction Workgroup and the Clive Police/Fire Department came together to collect over 80 pounds of unwanted medications. Medications collected during the "drug drop" included over-the-counter products, pet medications, and prescription drugs such as pain killers or anti-depressants that are popular among people who abuse them. The groups organized this event to give residents an avenue to safely dispose of the potentially dangerous substances, which tend to just sit in medicine cabinets—the source that 70 percent of prescription drug abusers report getting their supply from.

"We can all help protect our children by reducing the supply of prescription medications available for abuse," said Mike Wenger, prevention specialist for Employee and Family Resources and chair of the workgroup. "This effort also works to protect our water supply from contamination from improper disposal of medications."

Prescription drug abuse is a growing problem in Iowa, with kids starting as young as 12. The 2008 Iowa Youth Survey found that 10 percent of Polk County 11th graders reported abusing prescription drugs in the last 30 days while 8 percent admitted to abusing over-the-counter medications. According to the Iowa Department of Public Health (IDPH), Iowa has experienced a 26 percent increase in teenage emergency room visits due to prescription drug abuse in the last three years.

"This problem has been identified at both the federal and state level as one of the increasing drug abuse threats for our youth, yet many people are not aware of the problem or the ease with which they can make a difference" Wenger said. Although some adolescent drug use trends are declining, this is not the case for prescription drug abuse. In fact, Wenger said that there are now just as many people age 12 or older abusing prescription drugs as there are marijuana users. Also, one-third of all new abusers of prescription drugs are 12 to 17 years old, while prescription drugs are now the drug of choice among kids 12 to 13 years old.

"Drug drops are a new and promising strategy to assist Iowa communities with raising awareness about prescription drug abuse," said IDPH Prevention Consultant Debbie Synhorst. "Activities like this also provide the community with an opportunity to bring together a more diverse group of local partners who might not otherwise be involved in substance abuse prevention."

The group plans to host additional drops to coincide with the American Medicine Chest Challenge on Nov. 13, 2010. To plan your own drug drop, contact Mike Wenger at 515-471-2395 or mwenger@efr.org for a kit that includes step-by-step instructions, an event supply list, volunteer recommendations, tools for working with the media and other resources.

* Sarah Tompkins is a community health educator at the Polk County Health Department.



Volunteers Barb Mittman and Alicia Chavira collect medications at a similar drug drop event in Ames that included a drive thru. That day, their organization collected 331 pounds of medications for safe and proper disposal.

Public health gets serious about salt

By Doris Montgomery*

For an entire year, the Institute of Medicine has reviewed research and talked to all kinds of experts about the best ways to reduce salt in the American diet. In June, they reported their findings in a report called “[Strategies to Reduce Sodium Intake in the United States](#).” So why all the fuss?

According to the Centers for Disease Control and Prevention, two in three American adults should start consuming less sodium. That means eating less salt. (Salt is 40 percent sodium by weight.) This recommendation affects people who are over age 40, African-American, or who have high blood pressure.

If you’re in any of these categories, you need to be eating no more than two-thirds of a teaspoon of salt (about 1,500 milligrams of sodium) each day. How much is 1,500 mg per day? Look at it this way. A 2005-06 study found that the average person 2 years and older in the U.S. was taking in 3,435 mg per day. So the question becomes, “How can I reduce amount of salt in my diet by almost 60 percent?” Here are some tips.

Avoid processed foods. In the U.S., up to 75 percent of our sodium intake comes from foods that have been altered in some way (by canning, freezing, dehydrating, etc.) for the sake of convenience or safety. For example, a plain baked potato has 16 mg of sodium. A serving of scalloped potatoes from a boxed mix, however, can have 700 mg. One tablespoon of soy sauce may have 1,000 mg and one cup of spaghetti sauce can pack over 1,200 mg of sodium.

Choose “healthy” options wisely. Remember, just because something might be better for you in fat content or calories, it may be high in salt. For example, lean meats may be injected with saline solution and actually have more sodium than their higher-fat counterparts. On your next trip to the store, compare your favorite, “healthy” frozen entrees or soups.

Read labels carefully. The current daily percentage value used on the nutrition facts panel of packaged foods is based on 2,400 mg/day, not 1,500 mg/day. Look at sodium amounts per serving when comparing products, but be sure to check the serving size. (Who eats just a ½ cup of soup?!) If a label says “reduced, less or light in sodium,” that’s a good sign.

Increase potassium. Potassium blunts the effects of salt on blood pressure. Colorful fruits & veggies, dried beans, and milk are great sources of this essential mineral. Also, consider adopting an eating plan such as the [Dietary Approaches to Stop Hypertension](#) (DASH) Diet, which is reduced in sodium and rich in potassium and calcium.

For more [tips](#) on lowering sodium and increasing potassium, visit www.idph.state.ia.us/nutritionnetwork and click on “Resources.” WebMD also has an online slideshow called the “Salt Shockers.” Go to www.webmd.com/diet/slideshow-salt-shockers.

** Doris Montgomery is a dietitian and coordinator of the Iowa Nutrition Network at IDPH.*



SharePoint requires contractor action

More than a dozen Iowa Department of Public Health staff members and public health partners have been working hard for 7 months to introduce some important [quality improvements](#) regarding the IDPH [contracting process](#). On July 1, the department and our contractors started reaping the benefits of these streamlined processes. At the core of these improvements is the department's new electronic file sharing system. Called SharePoint, the system includes the signatory process for contracts and amendments, submission of required activity reports, and submission of expenditure reports.

A unique web site has been created for each IDPH contractor to protect the integrity of legal and financial documents. To that end, IDPH has sent a SharePoint user memorandum of understanding (MOU) to each of our 550 contractors. This must be completed and submitted to the department in order for these partners to access contractual and financial documents. If you are a contractor and have not already done so, please refer to the [SharePoint Contract Management Webinar Slides](#) and the [MOU frequently asked questions](#) document. For questions, please contact Cheryl Christie at 515-281-6645 or cchristi@idph.state.ia.us. For more information about this and other quality improvement measures, visit the Public Health Modernization website at www.idph.state.ia.us/mphi.



Iowa Cancer Consortium

Recently, *Focus* spoke with Holly Smith, Comprehensive Cancer Control Program coordinator at IDPH about the department's important partnership and history with the [Iowa Cancer Consortium](#).

How did the Consortium form?

In 2001 the Iowa Legislature requested a report detailing how cancer impacts Iowa. Thanks to the combined energies and expertise of health professionals from a wide array of non-profit, private and governmental health organizations, the first "The Face of Cancer in Iowa" report was released in 2002. With this report in hand, the [IDPH Comprehensive Cancer Control Program](#) applied for and received funding from the Centers for Disease Control and Prevention for the state's initial comprehensive cancer control programming. The funding supported the creation of a [statewide cancer plan](#), ongoing cancer control activities and the development of a statewide partnership. This partnership became the Iowa Consortium for Comprehensive Cancer Control, now known simply as the Iowa Cancer Consortium.

What has IDPH's role been since then?

IDPH supported the administrative efforts of the Consortium until 2008 with federal funding, staffing and other in-kind support. During that year, IDPH received a state appropriation for the state's comprehensive cancer control programming. Funds for management of the Consortium and implementation of the state cancer control plan were awarded to the University of Iowa in 2008. The following year, IDPH offered a competitive contracting opportunity for Consortium management and plan implemen-



Wearing the shawls they weaved as part of the Pink Shawl Project, cancer survivors and advocates participate in a pow wow in Black Hawk State Park in May.

tation. The Consortium was awarded the funding. The IDPH Comprehensive Cancer Control Program provides oversight for all cancer control programs and activities funded through the state appropriation. The state program oversees the award to the Consortium, provides additional statewide cancer control programming, and remains an active partner with the Consortium.

What activities does the Consortium focus on now?

Now a 501(c)(3) nonprofit organization, the Consortium is able to seek out and apply for competitive funding from outside organizations. Its more than 300 members share ideas, resources and health services in order to reduce the burden of cancer in our state. Biannual meetings help assess and propose new strategies to reduce cancer risk, find cancers sooner, increase access to quality cancer care and enhance quality of life for cancer survivors in Iowa. In collaboration with IDPH and consortium members, the Consortium organizes future cancer control activities, implements the state cancer plan, and anticipates emerging cancer issues.



Tell me about some of the Consortium's successes.

In 2008, the Consortium released the Iowa Cancer Health Disparities Report, which describes the socioeconomic factors associated with cancer disparities in Iowa. In 14 African-American churches across Iowa, we have introduced Body and Soul, an evidenced-based program to reduce chronic disease through increased fruit and vegetable consumption. Another unique activity, the Pink Shawl Project, gathers Native American women together to share breast cancer survivorship stories while weaving pink shawls. The shawls are then worn to pow-wows to raise breast cancer awareness within the community.

How does one join?

You don't have to be a physician, cancer survivor, or health professional to join the Consortium; you just need to be passionate about reducing the burden of cancer in our state! To learn more, visit www.canceriowa.org/about and click on "Join the ICC" or contact Sara Comstock at 319-335-8144 or comstock@canceriowa.org.

Save the date!


Working Together to Conquer Cancer

2010 Iowa Cancer Summit

Prevention Early Detection Advances in Treatment Survivorship Research

September 20th and 21st, 2010
West Des Moines Marriott
West Des Moines, Iowa
www.CancerIowa.org/summit

This summit brings together oncology providers, academia, public health, private sector and survivors to provide a dialogue and exchange of best cancer control practices across Iowa. The summit is an excellent way to meet with colleagues from across the state to reduce the burden of cancer in Iowa.



Iowa Cancer Consortium
...working together to conquer cancer

CDC launches monthly “Vital Signs” publication

By Don McCormick*

The Centers for Disease Control and Prevention (CDC) has launched a new publication called **Vital Signs**. Designed to provide the latest data and information on key health indicators, the new report will appear on the first Tuesday of the month as part of the CDC journal **Morbidity and Mortality Weekly Report**, (MMWR).

“We believe that by publishing this information in a more focused manner, there is the greater potential for states to identify their problems and work towards improvement,” said Judith A. Monroe, director of the CDC Office for State, Local, Tribal and Territorial Support. “I believe Vital Signs will be an important tool in your toolbox; a tool we can leverage to improve public health.”

The **first issue** of Vital Signs was released on July 6 and addresses colorectal cancer screening among adults aged 50-75. The graphically pleasing eight-page report notes that while more adults in the U.S. have been getting recommended breast and colorectal cancer screenings, millions of people still have not had the recommended screenings. The inaugural issue also reports that 1,900 additional lives could be saved each year for every 10 percent increase in colonoscopy screening, and about 560 lives could be saved each year for every 5 percent increase in mammography for women aged 50-74 years.

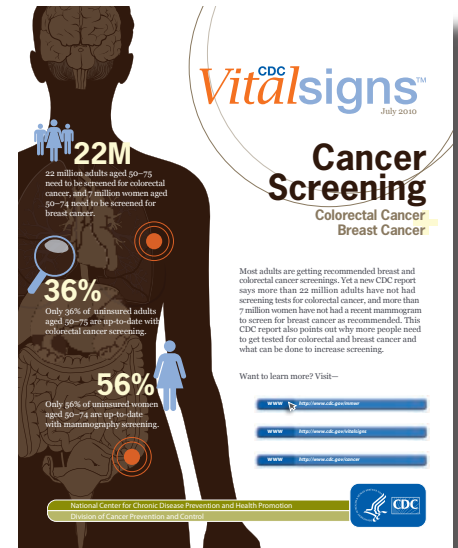
Future issues of Vital Signs will feature a wide variety of indicators, including obesity, tobacco use, alcohol use, access to health care, HIV/AIDS, motor vehicle passenger safety, health care-associated infections, cardiovascular health, teen pregnancy and infant mortality, asthma, and food safety. “These are winnable battles in public health and areas that can be impacted by policy, proven interventions, and behavior changes,” Monroe said.

The data for the reports will come from a variety of sources. These include the Behavioral Risk Factor Surveillance System, the National Healthcare Safety Network, the National Health and Nutrition Examination Survey, state self-reported prevalence, and other sources.

“CDC will likely conduct media availabilities or telebriefings accompanied by press releases for many of these reports,” Monroe said. “CDC’s long term communications strategy and rollout includes social media (blog, podcast, widget, and e-cards) and we will also make content syndication available for our state partners.”

For more information, visit www.cdc.gov/vitalsigns. The next three issues will focus on obesity (Aug. 3), tobacco use (Sept. 7), and alcohol use (Oct. 5).

* Don McCormick is a public information officer at IDPH.



Influenza surveillance partners recognized

By Meghan Harris*

Data. Public health as we know it simply cannot function without it. Without knowing where disease is occurring and why, our efforts to address it is like throwing darts at a target in a pitch dark room. Even during a pandemic, when disease appears to be “everywhere,” we rely heavily on local partners to help us focus our energy where it will do the most good.

During Iowa’s 2009 H1N1 Influenza response, the data reported from hospitals, clinics, laboratories, and schools were critical in assessing how the pandemic was affecting the health of Iowans. It was because of these efforts that the department was able to determine exactly when school absences for illness reached their peak in late October. Hospital data revealed that a high number of patients hospitalized for 2009 H1N1 were overweight, a risk factor for serious illness later confirmed by research studies. These data were used to tailor public health messages and responses throughout the pandemic.

Most of the 300+ [Iowa Influenza Surveillance Network](#) reporting sites conduct their important tracking and data submission work without any formal incentive. The Iowa Department of Public Health wishes to recognize the efforts of the following exceptional institutions. Staff from these institutions reported data nearly every week for the majority of the fall and winter months, including the peak weeks of the pandemic last October.

Exceptional Hospitals

Infection Prevention Staff

Annesley Gunderson
Angie Shilling
Judy Kroph/John Dunham/Jerri Louis
Susie Haselhoff
Cherie Booth
Joan Lore
Mary Moore
Phyllis Drake
Shelley Zarling
Barb Siefker
Jennifer O’Brien
Barb Grabenbauer
Amanda Tweed
Stephanie Holly/Martha Freeman

Hospital Name

Avera Holy Family Health
Baum-Harmon Mercy Hospital
Buena Vista Regional Medical Center
Cherokee Regional Medical Center
Dallas County Hospital
Floyd County Medical Center
Great River Medical Center
Greene County Medical Center
Iowa Health Des Moines
Jones Regional Medical Center
Madison County Memorial Hospital
Marshalltown Medical & Surgical Center
Palmer Lutheran Health Center
University of Iowa Hospitals & Clinics

Exceptional Medical Clinics

Clinic

Dubuque Internal Medicine
Mercy Medical Center
Thielen Student Health Center
McFarland Clinic
Marshalltown Medical and Surgical Center
Mercy Panora Medical Clinic
Akron Medical Clinic
Genesis Health Group Pediatrics
NE Iowa Family Practice Center
North Liberty Family Health Center

County

Dubuque
Woodbury
Story
Carroll
Marshall
Guthrie
Plymouth
Scott
Black Hawk
Johnson

Exceptional Schools

Reporter Name

Melanie Gellhaus, RN, BSN
Amanda Herman
Sarah Hejlik, BSN, RN
Sara Burg
Kathy Fistler, RN, BSN
Carol Nickell, RN
Amanda Herrman
Tracy Van Gerpen
Sara Sprouse
Lesa Powell
Pam Broderick
Karen Landers, RN, BSN
Traci Brown
Barb Randolph, RN
Leigh VanderHolt, RN, BSN
Lena Gruber
Alma Meyer, RN
Sue Tarasi, RN
Pam Broderick

School Name

Bettendorf High School
Blakesburg Elementary
Britt Elementary-West Hancock CSD
Colo-Nesco School District
Dallas Center-Grimes High School
Davenport Community School District
Eddyville Schools
Garner Hayfield
Van Buren Community Schools
La Porte City Elementary
Lincoln Elementary
Nora Springs School
North Cedar Elementary
Northeast High School
Oviatt Elementary School
Shenandoah Community School District
South Winneshiek Community Schools
Southeast Elementary School
Washington Elementary

Thank you for your dedication, your attention to detail, and your professionalism.

* *Meghan Harris is the coordinator of the Iowa Influenza Surveillance Network at IDPH.*


Event focuses on meaningful use of health IT

It may seem like everywhere you turn, you hear about health information technology and how it's changing the course of medicine. Health care professionals are expected to use HIT in daily practice - and to ensure that they're using it *meaningfully*. The road to HIT implementation and understanding meaningful use can be bumpy, but **IFMC**, Iowa's Health Information Technology Regional Extension Center, is here to smooth the way. Attend the 2010 Iowa e-Health Summit and learn how you can be a part of this incredible journey.

The sixth annual IFMC **Iowa e-Health Summit** will be held on Thursday, August 5, 2010 at the Meadows Events and Conference Center in Altoona, Iowa. Come hear cutting edge updates on meaningful use, electronic health records and health information exchange in Iowa.

**6TH ANNUAL IOWA
E-HEALTH SUMMIT:**
MEANINGFUL USE - NOT IF, WHEN?

Thursday, August 5, 2010
8:00 a.m. to 3:15 p.m.
The Meadows Events and Conference Center



New national plan: health literacy is more than reading skills

The following is taken from the recently released [National Action Plan to Improve Health Literacy](#). This milestone publication is a must-read for all Iowa public health partners who communicate with our 3 million customers. It is the best description I have found for understanding the cross-cutting nature of health literacy. For more information on the national plan, visit www.health.gov/communication/HLActionPlan. – Don McCormick, IDPH health literacy coordinator.

Understanding and Defining Health Literacy

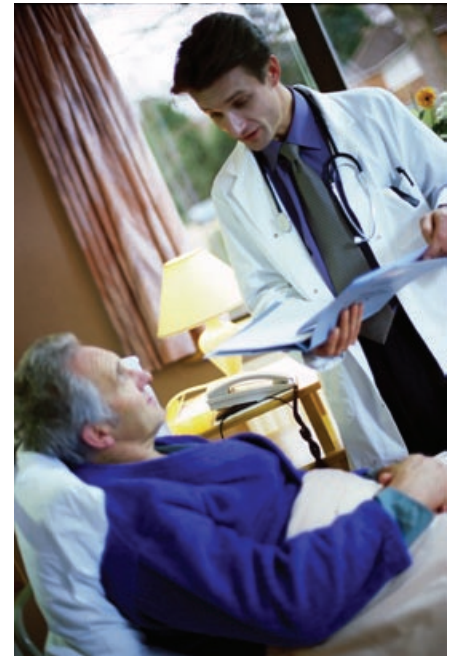
Health literacy is a complex phenomenon that involves skills, knowledge, and the expectations that health professionals have of the public's interest in and understanding of health information and services. Health information and services are often unfamiliar, complicated, and technical, even for people with higher levels of education. People of all ages, races, incomes, and education levels—not just people with limited reading skills or people for whom English is a second language—are affected by limited health literacy....

The skills of individuals are an important part of health literacy, but health literacy is not only about individuals' skills. Health literacy in the U.S. reflects what health systems and professionals do to make health information and services understandable and actionable. Professionals, the media, and public and private sector organizations often present information in ways that make it difficult to understand and act on. Publicly available health information can also be incomplete or inaccurate....

Health literacy and literacy are closely related but not identical. Literacy is defined as a set of reading, writing, basic math, speech, and comprehension skills. Numeracy, which is part of literacy, implies a "facility with basic probability and numerical concepts." We need these skills to function in society every day... When we apply these skills to a health context—such as reading a nutrition label, getting a flu shot, or managing a health condition—we are using health literacy skills that have developed over time. General literacy gives us some but not all the skills to understand and communicate health information and concerns....

Health literacy requires knowledge from many topic areas, including the body, healthy behaviors, and the workings of the health system. Health literacy is influenced by the language we speak; our ability to communicate clearly and listen carefully; and our age, socioeconomic status, cultural background, past experiences, cognitive abilities, and mental health. Each of these factors affects how we communicate, understand, and respond to health information. For example, it can be difficult for anyone, no matter the literacy skills, to remember instructions or read a medication label when feeling sick.

Health information comes from many different sources and is delivered through multiple channels—for example, discussions with friends and family; TV, radio, and newspapers; schools; libraries; websites and social media; doctors, dentists, nurses, physician assistants, pharmacists, and other health professionals; health educators; public health officials; nutrition and medicine labels; product pamphlets; and safety warnings. Many of these sources present different and possibly conflicting information, and some present biased or incomplete information. As a result, people confront a complex and potentially overwhelming set of health messages every day.



"Everyone has a right to health information that helps them make informed decisions. When people receive accurate, easy-to-use information about a health issue, they are better able to take action to protect and promote their health and wellness."

– Howard K. Koh, U.S. Health and Human Services Assistant Secretary for Health

To prevent or manage disease and promote health, Americans need to make sense of the health information they hear, read, and see from all of these sources. Consequently, no single group or organization can address health literacy issues on its own. Initiatives from all sectors must be linked and mutually supportive to achieve measurable improvements in health literacy across all socioeconomic levels.

All of us must work together to make sure that health information and services are provided in ways that meet the needs and interests of all people. Although many individual factors contribute to limited health literacy, eliminating barriers and improving the way health care and public health professionals, educators, and the media communicate health information offer the best opportunity to achieve a health literate society.

Save the date: Rebalancing Health Care in the Heartland, 9/30/10

Iowa faces challenges and opportunities in responding to the health care needs of our aging population. As the “Baby Boom” generation grows older, expanding and improving high-quality geriatric care will be even more essential. Iowa’s health care leaders are working to increase health literacy, improve inpatient services, coordinate outpatient health care with community-based programs, and expand options for long-term and end-of-life care. Plan to attend this all-day [conference](#) on September 30 to interact with state and national leaders and to learn more about enhancing geriatric care across Iowa. For more information, visit www.centeronaging.uiowa.edu, or contact Virginia Jorstad at 319-335-6576.



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