Fall 2009

Public Health Matters

A quarterly publication of the Iowa Public Health Association

President's Column Dawn Gentsch

This year and term with IPHA are moving quickly. IPHA has grown tremendously in the past five years, and I am thankful that the current board is working to help create a robust and sustainable organization that is part of an equally vibrant public health system. As I discussed in the summer newsletter, IPHA has had some opportunities in the recent past as well as challenges. Your involvement with IPHA as an active volunteer can positively impact our success and raise our "bounty".

bounty (n). something that is given generously, liberality in giving, yield, a reward

The public health "bounty" is not currently overly generous. In fact the fiscal constraints, and thus part of IPHA's "bounty", on the public health system at all levels are numerous.

Yet bounty can also be thought of in terms of the differences between seasons and each year. Iowa was fortunate with less flooding and devastation as compared to the experience in the summer of 2009. Some people in public health are seeing a cut in their hours, yet few are losing their jobs unlike other sectors of our community. Public health agencies, with their partners, are working hard to plan differently and more strategically to address the impending flu season.

As I made visits across Iowa this summer, I continued to learn about the current activities of public health in action, including the amazing programs, projects and in some cases healthy outcomes as well as the challenges we are all facing. I have invited practitioners to join us by telling us their stories and sharing their best practices through IPHA communication channels. I have encouraged people to volunteer their time, talents and skills to improve the capacity and outcomes IPHA is able to actualize. All of this contributes to public health's bounty.

Public Health and the Iowa Public Health Association are indeed facing several challenges. These challenges are topical in nature such as H1N1 Influenza and the obesity epidemic. Some challenges are more systems orientated such as health reform. How can IPHA and the public health system work to shape a vision and sustainable, as well as innovative, solutions to positively impact these challenges?

This is an exciting time for IPHA to experience growth and we have numerous opportunities as we focus our efforts articulating what IPHA is best at - advocacy. Having our Coordinator, Jeneane Moody, on board for four years to enhance the efforts of an active board and volunteers, we continue to increase our visibility as a statewide public health organization for a diverse group of public health professionals and organizations. We hope to further enhance our reach and visibility through a "Public Health Corps", which will hopefully be funded by AmeriCorps in summer 2010. Determining our service lines, the positive impact of a Coordinator, and opportunities such as AmeriCorps will directly affect our bounty.

Dawn Gentsch, 2009-2010 IPHA President

IPHA has a pivotal role in getting public health noticed in Iowa: How our work is organized and supported must be made increasingly visible and important to policy makers and elected officials at all levels (state, county, city as well as federal). We must not forget that the public also needs to understand and value the work of public health. But we as IPHA members can't succeed alone in our advocacy efforts nor in improving the public health bounty. We need the help of our partners and our constituencies to champion the importance of public health. Please join IPHA in these efforts to impact the current challenges we face and to be a part of creating the sustainable future.

Topic index

IPHA Vision

Meeting the public health needs of all Iowans through a recognized, valued and well-supported public health system.

IPHA Mission

Mobilize a diverse membership to lead and advocate for public health.

Iowa Public Health Association, P.O. Box 13181, Des Moines, Iowa 50310
www.iowapha.org iowapha@gmail.com 515.491.7804

Treasury Notes Mary Weaver, IPHA Treasurer

The Iowa Public Health Association Finance Committee under the leadership of Chair, Jane Schadle, met in July to develop recommendations for the IPHA Board of Directors.
On August 20, 2009 the board approved the following: 1) a fiscal event management policy to establish contractual arrangements and processes for IPHA event management services and 2) regularly posting IPHA financial data for members on the IPHA web site.

The Fiscal Event Management Policy will be utilized for future educational events for which IPHA is contracted for coordination services. The policy requires IPHA to close the books 90 days post conference/event. After this time, any unpaid revenue or bills will go into the next conference or event budget year. In general this was implemented to avoid the very time consuming activity of chasing of dollars or untimely billing by vendors.

The second issue addressed by the IPHA Board was that of providing timely, accurate accounting of the organization's finances to the IPHA membership. The Members-Only section of the IPHA web site will now include financial reporting previously given only to the Board. This will include the income statement, cash position, hours provided by Diversified Management Systems (the fiscal contractor) and the hours provided by the Coordinator.

I wish to express thanks to the Finance Committee for the leadership provided in these policies, and the Board for accepting the recommendations.
As your Treasurer, I also reported that revenues continue to be below 2008 levels. The membership is 18 below last year or down $1,350. The spring conference administrative receipts (based upon registration) were only $2,727, compared to $3,750 last year or down about $1,000. The expenses, however, continue to increase in that DMS (IPHA's association management contractor) is $3,200 higher than budgeted for 2009, and as of July 31, 2009, the coordinator only had 405 hours remaining for the year in her contract.

Lastly, development of the budget for 2010 has begun. In this draft budget, the projected income based upon membership, and the conference, plus the American Public Health Association grant of $25,480, was estimated at $61,245, while the expenses are projected to be $70,812. In view of the leanness of income, the recommended budget will cut travel expenses for the IPHA President to APHA conference, and will not provide dues to APHA for the President, or Affiliate Representative. Future additional cuts may become necessary.

The income from the 2009 conference will be called upon to cover the deficit for the coming year. The budget will continuously be reviewed and any savings from 2009 will be rolled into the 2010 budget, along with any additional revenues generated. The final budget for 2010 will be provided to the full Board for adoption at the November 2009 meeting.

This is a time to ask a colleague to join the Association or to consider making a tax deductible donation to IPHA in the honor of a public health highlight, or remembrance of a public health friend.

Any questions about the comments, or general budget discussion should be submitted to me via e mail at Maryweaver@prairieinet.net or by phone at 515.360.8046.

Save the date! Iowa Fall Legislative Forum will be Oct. 21st, 2009.

Looking for a way to make a difference?

Join the Advocacy Committee.

You will work hard, you will be challenged and you will be instrumental in communicating the message of public health.

Please join us.
Contact: Pam or Mary
pdeichma@idph.state.ia.us
maryo@vnsdm.org

Legislative Activity Update Pam Deichmann and Mary O'Brien, Co-chairs

Committee members continue to be extremely active and are currently meeting every two weeks with assignments between meetings. The Committee is engaged in contacting Congressional offices, and working with staffers to set up meetings with Congressional leaders during their August break from Congress.

The purpose of these meetings is to foster our relationship with Iowa's Congressional Delegation, describe IPHA, and discuss prevention and public health's role in health reform, maternal child health block grant funding, and the American Public Health Association's (APHA) position on affordability in health coverage and agenda for health reform.

We are strategically targeting membership in the five Congressional districts to participate in these meetings as a constituent representing public health. We engage in this activity in partnership with APHA's annual Campaign. This year Congressional appointments appear more difficult to obtain most likely due to the aggressive Congressional schedule of town meetings concerning health care reform. If an Iowa Public Health Association (IPHA) visit cannot be completed, advocacy packets will be sent to the Congressman. IPHA's Coordinator Jeneane Moody developed issue brief packets to be given to the Congressmen during the Congressional visits.

Additionally, with assistance from IPHA President Dawn Gentsch, the Committee developed survey questions which were sent out to IPHA members to identify 2010 advocacy issues and priorities. The process of reviewing, updating and developing policy statements will follow.

IPHA in conjunction with the Partnership for Better Health is hosting regional advocacy trainings focusing on health care reform. Five trainings will be held between August 26th and September 15th. Dawn, Jeneane and other volunteers are managing these trainings.

The Legislative Advocacy Committee engaged in its yearly strategic planning on July 14th. The following items were identified as desired areas of focus for 2010:

- Day on the Hill
- Advocacy Skill Trainings
- Policy Statements
- Advocacy Fall Forum
- Advocacy Skills Trainings
- Review IPHA communications including web advocacy page, external links, Cap Wiz, local legislative forums

ARGC Report Lousie Lex, Affiliate Representative to the Governing Council of the APHA

Notes on the June 22, 2009 meeting:

Dr. Georges Benjamin, executive director of APHA, returned this afternoon from having a front row, assigned seat at the FDA tobacco-control legislation signing ceremony in the Rose Garden. He said that FDA control was one of three key federal legislative initiatives. The first one was expansion of CHIP. Still to come is meaningful health reform. President Obama has laid down eight principles for health reform, of which one includes prevention and wellness. According to Dr. Benjamin, Congress is now involved in what he called, "sausage making." The Senate has rolled out several bill drafts, the Kennedy bill and the Baucus bill. Both are estimated to cost between $1 and $1.6 trillion. There are about 400 amendments floating around the Senate. In the House, three committees are working together, but there is no fiscal language.

In his remarks to the affiliates, he said that "Health reform will happen this year. We are all waiting." Polls indicate that there is high public support for a public plan and raising taxes to pay for it. But he cautioned that we are in a similar "summer sunshine" (my words) mood as we were during the Clinton period: "Things look good right now, but there is a lot to do." At APHA, the executive board is focusing on the public plan and prevention—shifting the focus from sick care to well care. If there is one thing to we must do, it is to cover the uninsured, he said.

Timeline for decision-making in the House is a vote by the end of July. In the Senate, the Baucus and Kennedy bills must be put together. Dr. Benjamin noted that prevention has extensive language in all the bills.

To the question about what can we do at the local level, Dr. Benjamin listed three items:

1. Every time you hear that a publicly-funded, quality, affordable health care for all is socialism, remind the person that every member of the US Congress has a public plan.
2. When you hear that prevention doesn't work, be prepared with a rejoinder. APHA will have a toolkit on the Web site next week.
3. Respond to advocacy alerts when asked for this type of action.

This summer is the season for action: In referring to the power of the state public health associations, Dr. Benjamin said, "We have the network and the largest reach." He also said that we speak for the public because for us, it is not a pocketbook issue.

To the question about supporting a single payer system, Dr. Benjamin noted that getting a public plan into the agenda is a major step, and a single payer system cannot happen at this time. The public plan is as close as we can get to a single payer. The plan can become a model that could be expanded in the future.

Membership Update Jerilyn Quigley, Committee Chair

The membership committee proposed a new structure for agency membership and it was accepted by the board at the August 20, 2009 meeting. The acceptance of this proposal increases the number of members an agency can have based on their number of employees. This also allows each person that an agency selects to be a member of IPHA would be a voting member.

New Structure for Agency Membership:

Agency Size	Agency Membership Fee	Employee Members Included
100+	$400	8
20-99	$250	5
<20	$150	3

The Membership Committee is in the process of finalizing a power point presentation that can be used to inform any audience about IPHA. Once it is finalized, the presentation will be posted on the IPHA website.

We are also updating the one-page fact sheets, for both students and professionals in public health, that are meant to be used as promotional flyers. These will also be available on the website.

Jerilyn Quigley is the new committee chair for the IPHA Membership Committee. She is a Community Health Consultant for the Iowa Dept. Of Public Health in the Division of Tobacco Use Prevention and Control.

Visit www.iowapha.org to renew your IPHA membership for 2010 beginning Oct 1.

Encourage your colleagues to do the same!

IPHA Board Restructuring– Update Shelby Kroona

At the April 2009 IPHA Annual meeting the membership approved the restructuring of the Board positions. A Board Restructuring Implementation Committee was convened and has the following update.

There will no longer be 3 Members-at-Large on the Board. Instead there will be 5 District Representatives. These positions will align with the Iowa Congressional Districts.

The process for the 2010 elections will be as follows:

District 1: Up for election in April 2010 for three-year term ending April 2013
District 2: Up for election in April 2010 for two-year term ending April 2012* (* This is intentional in order to stagger the election cycle.)
District 3: Current Member-at-Large working in this district will complete term in April 2012 at which time election for the next three-year term will occur
District 4: Current Member-at-Large working in this district will complete term in April 2011 at which time election for the next three-year term will occur
District 5: Up for election in April 2010 for three-year term ending April 2013

The IPHA Board will be seeking district representation on all committees and workgroups now and in the future as we strive to fully engage membership in the work of IPHA. We believe that this district model will strengthen the organization and help to ensure that IPHA members are well represented across the state.

Look for more information in the future. If you have any comments, please feel free to contact the Committee co-chairs: Shelby Kroona at skroona@hamiltoncountypublichealth.com OR Betty Mallen at bmallen@hancockpublichealth.org Begin thinking now how you want to participate.

Member Spotlight: Cheryll Jones

Briefly describe your work and its relation to public health.
I currently work with Child Health Specialty Clinics and have done so since 1977. My role in the clinic is working with individual children and families ensuring systems of care in relation to children with special health care needs.

As current chair of the State Board of Health, the policy making board for the Iowa Department of Public Health, I have a unique and challenging opportunity. We are looking at issues facing public health such as ensuring access to health care and also recently endorsed Public Health Standards.

What is the most rewarding aspect of your work?
Working with the children and their families and learning from the families is really the most rewarding part of my job; they are some of the best teachers. I also appreciate the opportunity to work with others in community partnership.

What led you to this career?
When I was in the nursing program, I was planning to be a clinical nurse specialist in urology. Then I absolutely loved my clinical rotation in public health and got my first job as a public health nurse in Linn County.

What do you see as the greatest challenges and opportunities for public health in Iowa in the next two years?
In a time of shrinking resources and increasing needs, assuring we have the resources necessary to ensure the infrastructure that is needed will be a challenge. Additionally, much of the current public health workforce is getting close to retirement. We need to address this issue by considering what we are doing to raise up a new generation of individuals who are passionate about public health.

What role do you think IPHA could play in meeting those needs?
Because IPHA represents public health, they need to be a voice at the table, many tables. Crucial to the voice of public health are education, alerting policy, and participating in events like legislative day. IPHA can ensure those things through advocacy and coordination.


Cheryll Jones

"Public health is my passion, it always has been."
-Cheryll Jones

A Thank You Dr. Catherine Zeman

July 14, 2009

Dear colleagues and fellow members of Iowa Environmental Health and Iowa Public Health Associations:

I would like to sincerely thank-you for your email and letter writing efforts in support of the environmental health emphasis area and the environmental health certificate here at UNI during the Spring and Summer. I have been delaying my letter of thanks as I have not yet received official word from our administration at UNI that the programs will not be eliminated or consolidated, although I know that has been communicated to the larger community from the level of our Dean, it has not been communicated to the University community from the Presidential or Provost level as of this time. I remain hopeful, however, that our programs will be spared, and I will keep you informed. The difficult budgetary situation state-wide has created challenges for all of us, but I know that if these programs are maintained it will be, in no small part , due to your efforts to support education and training within your profession and your willingness to communicate the importance of that State-wide. Once again, thank-you for your efforts and I look forward to working with all of you and having our undergraduates placed as interns with many of you for some time to come.

Sincere Regards,

Dr. Catherine Zeman, PhD, RRTTC, CNS
Assoc. Professor and Director
Environmental Health, Health Division of HPELS
University of Northern Iowa

"...Plan, Plan, Plan..." Elizabeth Faber and Matt Hobson

"...Plan, Plan, Plan..." CDC on Fall efforts for H1N1 Preparedness

And so we did. Not only for the past few months but in the past 5 years as well. And always the emphasis was on planning for the unexpected and unknowable... particularly on how a new disease might act when it hit Iowa.

Every public health agency worked on "Continuity of Operations" and their "Point of Distribution" plans as well as training for epidemiologic response and disease investigation. Most would say that training for local public information officers and building partnerships via multidisciplinary meetings are some of the most useful developments in disaster preparedness that have occurred.

What strides we made in our planning! And what a surprise it was that the H1N1 pandemic showed all of us that our planning isn't done!

We planned for a disease that would require immunizing a whole county's population in 48 hours... what we got was a disease that will require vaccinating prioritized groups with a limited supply of a vaccine.

We planned for mass clinics whereby one dose of vaccine would be used...what we got was a disease that will likely require at least two doses of vaccine for the new H1N1 virus, PLUS the need to give regular seasonal vaccine, along with the need to convince the public that all three injections will be important.

We trained and prepared for utilizing isolation and quarantine standards to hold back a disease onslaught, when in fact we will likely need to follow community mitigation protocols to slow the spread of H1N1 influenza through careful planning with our schools, child care centers, and businesses.

Of course the efforts we have expended might well work for the NEXT threat, so nothing is wasted here. More important is the "in our face" realization that planning will never end, new diseases have an annoying tendency to arrive with fresh surprises, and a need to keep our minds open for new strategies. In short, we'll always need to "Plan, Plan, Plan".

One Health: A Primer for the Iowa Public Health Workforce Dr. Russell Currier

'One Health' is an old concept that is enjoying a renaissance in the 21st century. Originally it was promoted by Rudolph Virchow, [1821-1902] a German physician who created the field of cellular pathology and recognized the important role of animal diseases and their impact on man. In fact he coined the term zoonosis for those diseases that are transmissible between animals and man and offered "between animal and human medicine there are no dividing lines". Later he strongly advocated for environmental health measures and in many respects created the field of public health.

In the next century, Dr Calvin Schwabe, a noted epidemiologist and parasitologist at the University of California-Davis in 1964 advanced the concept with the term 'One Medicine' in his textbook *Veterinary Medicine and Human Health*. This planted the seed into the thinking of veterinarians and for the last decade this concept was broadened to 'One Medicine-One Health'. It is now most commonly referred to as One Health.

In recent years, three very effective advocates for One Health have appeared: Dr Laura Kahn [physician], Dr Bruce Kaplan [veterinarian] and Dr Tom Monath [physician]. They have written and spoke on this topic in a variety of venues and now are recognized as national leaders to advance the concept and the One Health Initiative. They note the importance of this concept in infectious diseases for sure as well as clinical applications for cancer, obesity, orthopedic biomedical joint replacements and others. They speak to the importance of cooperation and collaboration between physicians, veterinarians, laboratory scientists and public health workers.

A great example is the appearance of avian influenza and more recent novel H1N1 influenza where broad ecological and social determinants come into play and need to be addressed not by a single profession but multiple disciplines. The bottom line could be less 'silos' and more big 'barns'.

For more information on One Health go to:
www.onehealthinitiative.com

One publication, *Vetrinaria Italiana,* is particularly interesting.
http://www.izs.it/vet_italiana/2009/45_1/45_1.htm

The Florida Department of Health's Division of Environmental Health maintains a One Health Newsletter.
http://www.doh.state.fl.us/Environment/medicine/One_Health/OneHealth.html

F as in Fat: Obesity Rises Maria Scott and Sarah Taylor

The 2009 annual report from the Trust for America's Health (TFAH) and Robert Wood Johnson Foundation (RWJF), *F as in Fat: How Obesity Policies are Failing in America,* found that adult obesity rates increased in 23 states and did not decrease in any state in the past year.

Major trends:
Adult obesity rates continued to rise in 23 states. Rates did not decrease in any state. Nearly two-thirds of states now have adult obesity rates above 25 percent. Four states have rates above 30 percent -- Mississippi, West Virginia, Alabama, and Tennessee. In 1991, no state had an obesity rate above 20 percent. In 1980, the national average of obese adults was 15 percent.

Adult diabetes rates increased in 19 states in the past year. In seven states, more than 10 percent of adults now have type 2 diabetes.

The percentage of obese and overweight children (ages 10 to 17) is at or above 30 percent in 30 states. Mississippi had the highest rate of obese and overweight children at 44.4 percent.
Minnesota and Utah had the lowest rate at 23.1 percent.

Nationwide, less than one-third of all children ages 6 to 17 engage in vigorous activity, defined as participating in physical activity for at least 20 minutes that made the child sweat and breathe hard.

Where Iowa ranks:
Iowa ranks 22 (1 being the highest rate) among the states with a rate of 26.7% for adult obesity. Adult overweight and obesity in Iowa is 64%.

For high school students, an 11.3% rate was reported for obesity rate and 13.5% for overweight and obesity using data from the 2007 Youth Risk Behavior Survey.

Iowa ranked 44 (among the top 10 lowest rates) for the 26.5% rate of overweight and obese children. The rate was determined from results of the 2007 National Survey of Children's Health.

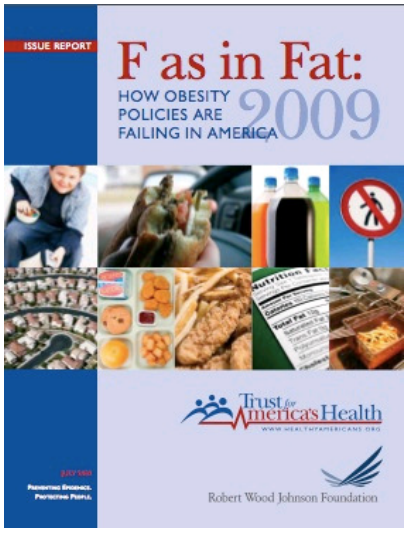
On health care costs:
The obesity epidemic continues to harm the health of an increasing number of Americans and is a major contributor to the rising cost of health care. Experts estimate that more than a quarter of America's health care costs are related to obesity. "As a nation, if we made combating obesity a national priority, we could have a tremendous payoff in improving health and reducing health care costs. A greater emphasis is needed on developing strategies, policies, and programs to help make it easier for more Americans to improve the quality of what we eat, limit the quantity of what we eat, and engage in more physical activity."

The CDC has recently released a report on the medical costs of obesity. View at: http://www.cdc.gov/media/pressrel/2009/r090727.htm

The Nutrition and Physical Activity section of IPHA shares many of the concerns this report presents. Though we are proud to be in the top 10 states with the lowest rates of child overweight and obesity, we recognize there is still much to be done in our communities, in state policy and in the national health care reform debate.

To view full report go to: http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf

To learn more about the IPHA Nutrition and Physical Activity Section, contact section chair, Sarah Taylor at staylor@idph.state.ia.us.



IPHA Advocacy Skills Training: Focus on Health Reform

Iowa can reform the national health system. Are you prepared to make your voice heard? The Partnership for Better Health in collaboration with the Iowa Public Health Association is hosting an advocacy training for volunteers to learn how Iowans can actively shape health reform.

The final scheduled training is September 15 in Sioux City, IA.

Wellmark Foundation: Community-Based Wellness and Prevention Grants

The Wellmark Foundation has invested in its Community Based Prevention and Wellness Grant Program to change health outcomes and support a culture of wellness and prevention in Iowa communities. The foundation stakes its roles as:

A provider of resources to encourage the application of proven (evidence-based) wellness strategies in Iowa and South Dakota.

A supporter of community initiatives designed to create long-term, positive changes in health status or policy education to advance prevention and wellness gains.

Mercy Medical Center Foundation - Sioux City – Health care, community setting
- **Primary focus:** cancer prevention, colorectal cancer
- **Population:** Adults in Sioux City and surrounding counties
- **Progress to date:** Nearly 2,300 people received information on need for colonoscopy, 239 colonoscopies performed with 49% showing precancerous lesions
- **Future tools for replication:** Chart audit and communication processes; trainings to 11 rural clinics to growth participation
- **Lessons and impact to date:** Social marketing component of this in upcoming year highlighted by Colossal Colon community education event in 5/10; Received American Cancer Society's Community Partnership Award.

Polk County Agricultural Extension District - Food access - food vending machine assessment and improvements
- **Primary focus:** child care, schools, workplaces
- **Population:** Statewide, rural Iowa communities
- **Progress to date:** Research to support NEMS Vending tool development completed; draft tool generated and tested
- **Future tools for replication:** NEMS-V tool and community report card to help transmit results in a user friendly way in August
- **Lessons and impact to date:** Emory University cooperative, supportive & participatory of this adaption of the NEMS tool

Elderbridge Agency on Aging - Physical activity and wellness education for seniors
- **Primary focus:** Congregate meal sites, senior sites
- **Population:** NW Iowa - Community-based senior populations
- **Progress to date:** 18 site teams committed and 244 older adults participating; Participants have experienced a 3.9% drop in total cholesterol during the first 12 weeks of exercise. More significantly, HDL improved 11.6% and LDL dropped by 8.7%, so the cholesterol ratio improved by 20%; Participants showed an 11 percent improvement their ability to identify the components of healthy aging & 67 percent growth in their understanding of what diabetes is and how to prevent and manage its effects. Further, their interim scores showed a 13 percent advance in their ability to recognize a balanced, nutritious meal
- **Future tools for replication:** Implementation and operational processes; Tapping into what motivates each group to find a way to get their participants excited and showing them that exercise can be fun is critical
- **Lessons and impact to date:** Each site needs flexibility for operations, Project Manager hire was slow but once in place the project has had requests to expand the program to four sites that had originally opted out of the project

Iowa Natural Heritage Foundation - Physical activity - trail development and use
- **Primary focus:** Health care, built environment
- **Population:** Communities along Ankeny to Woodward Trail
- **Progress to date:** Trail construction completed, Match to obtain Vision Iowa funds met
- **Future tools for replication:** Mile markers, Physician outreach materials, Survey data; leveraged $3.5 million; highlighted as a built environment strategy by BCBSA
- **Lessons and impact to date:** Potential high but premature to assess

Communities in Schools of Cedar Valley, Inc. - Reduce risk behaviors: sexual health - pregnancy and STI prevention, minority outreach
- **Primary focus:** Schools, health care, youth service organizations
- **Population:** Black Hawk County - teens, particularly African American girls
- **Progress to date:** Held 300 community education events in 30 youth service organizations & schools, Youth of Color Coalition initiated, SiHLE program in planning
- **Future tools for replication:** Curriculum, social marketing; national curriculum being localized to an Iowa county successfully
- **Lessons and impact to date:** Improved pre/post knowledge on birth control and STIs; getting support for the Youth of Color Coalition requires leaders of color

Iowa Department of Public Health - Public health data availability and transparency via electronic data warehouse creation
- **Primary focus:** Local public health departments and community planners
- **Population:** Statewide Iowa - Rural communities
- **Progress to date:** Initiated work 3/1/09
- **Future tools for replication:** Online, interactive tool; access to health data for evidence-based planning; basis for community health needs assessments
- **Lessons and impact to date:** First progress report scheduled 9/1/09

Health Disparities Report Peter Damiano

The University of Iowa Public Policy Center announces the release on the web of a new report evaluating differences in the health and well-being of Iowa children by race/ethnicity. The study looked at overall health status, prevalence of asthma, health insurance coverage, emotional and behavioral health, and lifestyle and behavior issues among a host of other factors. Children's race/ethnicity was classified based on the parent's response to several questions that were similar to those used in the 2000 US Census.

Specific findings include:

Health status

- Seventy-seven percent of African-American children had an overall health status rating of 'excellent' or 'very good' compared to 91% of white children

- Among Hispanic children, 74% of HEI (Hispanic-English interview) children had an overall health status rating of 'excellent' or 'very good' compared to 50% of HSI (Hispanic-Spanish interview) children

Health insurance coverage

- About one-in-three HSI children (29%) did not have insurance at the time of the survey, compared to about 10% of HEI children, 5% of African-American children, and 2% of white children

- About half of African-American children (52%) were enrolled in the Medicaid or ***hawk-i*** programs, compared to 38% of HSI children, 20% of HEI children, and 9% of white children

Health issues

- About one-in three HSI children (37%) did not have a personal doctor or nurse, compared to 6% of white children, and 14% of African-American and HEI children

- The vast majority of children across all groups had routine preventive care when they needed it in the previous 12 months

- HSI children were most likely to be without dental insurance (34%), compared to 20% of white and HEI, and 10% African-American children

Emotional and behavioral health

- Fewer HSI children (4%) needed care for emotional and behavioral health than any other group (white: 7%, African-American: 8%, and HEI: 11%) during the previous 12 months

This report and others based on data collected in the 2005 Iowa Child and Family Household Health Survey are available in PDF form at: http://ppc.uiowa.edu/health/ICHHS/iowachild2005/ichhs2005.htm

The 2005 Iowa Child and Family Household Health Survey is the second population-based study of the dimensions influencing the health and well-being of children in the state. Over 3,600 families in Iowa were called during the end of 2005 and early 2006. The survey included an oversample of minority families in the state.

The 2005 IHHS is a collaborative effort of the University of Iowa Public Policy Center, the Iowa Department of Public Health, the Iowa Child Health Specialty Clinics and the University of Northern Iowa. It is sponsored by the Iowa Department of Public Health with support from the HRSA Maternal and Child Health Bureau.

Almost a quarter of African-American children were reported to have asthma, while almost one-third of Hispanic-Spanish interview children were uninsured

2009 Iowa Health Fact Book Now Available

The 2009 Iowa Health Fact Book, a broad-ranging report covering the health and health-related behaviors of Iowans, has recently been released by IDPH and the University of Iowa, College of Public Health. New to the book this year is a section called "The Social Determinants of Health," which focuses on behavioral conditions and coincides with the upcoming release of Healthy People 2020. To access the Fact Book online, visit www.public-health.uiowa.edu/factbook

OFF TO A GOOD START:
Framing Policy for Early Childhood Health Systems Integration

Thursday, November 12, 2009
8:30 a.m. - 4:30 p.m.
Science Center of Iowa, Des Moines, Iowa

The keynote will provide an overview of the increasing emphasis in child health to address children's healthy development from a whole child perspective and the particular importance for doing so to address health disparities - by socioeconomic status, race, language, culture and geography. It will offer suggestions on how the current Off to a Good Start Coalition recommendations might be informed by the emerging emphasis upon this whole child, social determinants approach.

The Oral Health of Iowa Children Tracy Rodgers

Oral Health Bureau
Iowa Dept. of Public Health

An alarming trend is occurring with young children in the US which has substantial public health implications. National data reveals that tooth decay – largely preventable – is on the rise for children younger than age 5. In addition to the high cost of restorative care, dental disease impacts children's speech, nutrition, and ability to learn.

In order to learn more about the status of Iowa children, the Oral Health Bureau within the Iowa Department of Public Health (IDPH) coordinated two open mouth surveys in the spring of 2009. The target populations were third graders and children enrolled in the Head Start program. Summary reports are available at: http://www.idph.state.ia.us/hpcdp/oral_health_reports.asp.

Head Start surveillance results

More than one-third (34.9%) of the children have white spot lesions, signifying weakened tooth enamel that can eventually become decay.

Just over 14 percent of the children have at least one area of untreated tooth decay, higher than the Healthy Iowans 2010 goal (no more than 2%) for children ages 3-5.

Nearly 29 percent of the children have a history of tooth decay, meaning they have untreated decay and/or a tooth that has been restored.

88 percent of the children have a dentist of record

However, just 38 percent of parents/guardians rate their ability to get dental care for their child as "excellent" and 28 percent rate it as "very good".

Third grade surveillance results

Nearly 22 percent have untreated tooth decay, a large increase from 2006, when 13.2 percent were found with decay.

26.6 percent of children from low-income families and 19.2 percent of children from higher income households have untreated decay (up from 18.3% and 10.9% in 2006, respectively).

An encouraging trend is that just over 49 percent of third graders have at least one protective dental sealant on a permanent molar, up from 45.5 percent in 2006 and coming very close to the Healthy Iowans 2010 goal of 50 percent.

Fewer families are paying for care out-of-pocket (18.5%, compared to 25% in 2006) and 54.3 percent have private insurance, up from 47.4 percent in 2006.

Of the children with private insurance, 80.5 percent had seen a dentist within the prior six months, compared to only 58 percent of self-pay children in the same time period.

Discussion

Of utmost concern is the number of Iowa children with untreated decay, especially the distinct increase in disease for third graders. The greater use of sealants on newly erupted permanent molars suggests less dental disease for those teeth, and possibly better access to care for school-age children. If permanent molars are sealed and decay-free, the other teeth most susceptible to decay for a third grader are primary molars. Decay in these teeth may indicate less access to preventive care when a child is younger. This is also reflected by the number of Head Start-enrolled children with signs of demineralized enamel as well as untreated decay.

The I-Smile™ dental home initiative has begun to address access to dental care for low-income children. I-Smile™ coordinators within 24 local Title V child health centers are building strong relationships within their communities in order to help families find payment sources for care, increase the number of children receiving preventive services, and assist dental offices with referrals for restorative care and exams.

The I-Smile™ dental home includes use of dental hygienists and medical practitioners to provide limited preventive care in locations where low-income children are found – such as at well-child physicals, child care centers, and Head Start classrooms. In order to avoid future costly restorative care, prevention must be provided as soon as primary teeth erupt – through the use of topical fluoride, fluoridated water, early dental visits, and even parent education. Since I-Smile™ began in 2007, the number of Medicaid-enrolled children that receive preventive services from Title V child health center staff has more than doubled; and the number of fluoride varnish applications by medical practitioners for Medicaid-enrolled children younger than age 3 has also increased considerably.

There has been marginal improvement in the number of services provided by dentists for Medicaid-enrolled children the past two years, primarily due to a shortage of dentists in rural Iowa, low Medicaid reimbursement, and limited access to pediatric dentists for children younger than three years of age. The American Dental Association recommends children receive a dental exam by their first birthday. However, in 2008, more than 12 times as many Iowa Medicaid-enrolled children younger than age 1 received a screening from Title V child health staff than received an exam from a dentist. Low-income families, in particular, face barriers to accessing dental care, including inability to take time off work during traditional dental office business hours and not always having reliable transportation to get to appointments.

The rising number of children with untreated decay, regardless of having a way to pay for care, brings into question the accessibility of restorative care for Iowa families. Dental disease is occurring in more children, regardless of family income level. Nationally, alternative work force models are being explored – and used in some states – to provide dental services where gaps exist. The public health system in Iowa may benefit from similar changes. In addition to the focus on preventive services through the I-Smile™ initiative, Iowa's current work force and dental delivery system must be carefully examined to determine if modifications would improve availability of care and enable more families to have treatment needs met at a cost that is not prohibitive.

References:

[1] Dye BA, et al. "Trends in oral health status: United States, 1988-1994 and 1999-2004." National Center for Health Statistics. Vital Health Stat 11(248), 2007.

[2] US Department of Health and Human Services. Healthy People 2010. Office of Disease Prevention and Health Promotion, 2000.

[3, 5] Iowa Department of Public Health. Inside I-Smile™: A look at Iowa's dental home initiative for children. IDPH Oral Health Bureau. December 2008.

[4] Baby's First Teeth. Journal of the American Dental Association, Vol 133, pg.255. February 2002.

Office on Women's Health Releases Two New Publications

The Office on Women's Health (part of the U.S. Department of Health and Human Services) recently released two new publications.

Action Steps for Improving Women's Mental Health is a report that explores the role gender plays in the diagnosis, course, and treatment of mental illness. It also outlines specific action steps policy makers, healthcare providers, researchers, and others can take to spur positive changes, improve care, reduce stigma, increase the capacity for recovery, and ultimately reduce the burden of mental illness on women's lives.

The consumer booklet, *Women's Mental Health: What It Means to You*, also addresses the stigma associated with mental health, while offering women advice for talking about mental illness, suggestions about where to turn for support, and solutions for preventing and coping with mental illness.

Both publications can be ordered **FREE** through the Substance Abuse and Mental Health Services Administration's Health Information Network (SHIN) by visiting: http://mentalhealth.samhsa.gov/publications/allpubs/OWH09/default.aspx or by calling: 1-877-SAMHSA-7 (1-877-726-4727)

LARC Opportunity Offered by the Iowa Initiative

Effective Solution to Unintended Pregnancies

Long-Acting, Reversible Contraceptives (LARC) can now be obtained by any woman in Iowa at **low or no cost** at more than 80 family planning clinics throughout Iowa. Several types of long-acting, reversible contraceptives are available and can prevent an unintended pregnancy. These methods are more than 99 percent effective in preventing pregnancy for between 3 and 10 years and can be removed to allow fertility to return at any time.

Low or no cost family planning services are available all across the state and no woman will ever be turned away because of an inability to pay. Clinic staff is available to help clients assess their personal situation and figure out what the best option is for them.

Unintended pregnancies create enormous personal costs and millions of dollars of medical costs felt by our entire society. LARCs offer an effective solution for women who do not wish to become pregnant right now.

Women who obtain LARC at any of the Iowa Initiative clinics can continue to see their regular physician. Individuals should feel free to contact their local family planning clinic to learn more about the long-term reversible contraception options that are now available to at low or no cost. A complete listing of family planning clinics where women can access low or no cost LARC services can be found at www.iowainitiative.org.

THE IOWA INITIATIVE
to Reduce Unintended Pregnancies

KOMEN DSM Affiliate Community Profile Report

Susan G. Komen for the Cure DES MOINES

The Susan G. Komen Des Moines Affiliate recently received approval of their 2009 Community Profile Report (CPR) from Laura Mowrey at the National Komen Office in Dallas TX. "Great news—your Community Profile is completed and approved. You can feel very proud of your work. I hope that you find that it is a great tool to secure sponsors for your Race, update your Grant Request for Application, and have it become the driving force behind your goals and objectives now and in the upcoming months."

The 4 month project to complete the document was coordinated by Diane Faris (2008-09 Affiliate President) and Gloria Vermie, IDPH-Office of Rural Health/Bureau of Health Care Access. Diane and Gloria completed necessary research and, worked with several other volunteers including health care providers, Des Moines University staff, and public health state and local offices to develop, and analyze surveys, data bases, and client questionnaires. This year the Affiliate Board was able to examine breast cancer disparity as affected by rural factors in Iowa. Iowa will continue to be impacted by breast cancer mortality rates due to higher populations of women over age 65. Despite 10% increase overtime in mammograms nationally, women in remote rural are less likely to receive timely mammograms. The DSM Komen Affiliate funds entities which offer breast cancer screening and detection services in 81 counties.

The CPR helped the DSM Komen Board identify the following priority areas for focus with 2009-10 strategic and action planning: Priority 1: Access to services, Priority 2: Cost of services and Priority 3: Education and awareness of *disease prevention*, breast health, and breast cancer. This is the first time, the DSM Board supported overall "disease prevention"; realizing the unique opportunity women have during office visits to discuss and inquire about other health factors with their health care providers.

The Komen Des Moines Race for the Cure which will be held Saturday, October 24, 2009. For more information go to: http://www.komendesmoines.org/

To find other Iowa Affiliates, go to http://ww5.komen.org/affiliates.aspx.

Forming a Community Ethics Committee Jane Sherman and Joann Boyer

In response to Dr. Quinlisk's September, 2007, charge to all Iowa counties to form a community ethics committee, Delaware County Public Health formed the Delaware County Community Ethics Taskforce in July 2009. The Iowa Department of Public Health (IDPH) compiled an ethical framework to be used by IDPH, their partners, health care professionals and other public health practitioners in a public health disaster situation. The *Ethical Framework for Use in a Pandemic* is a guide for all health professionals in Iowa, to assist in ethical decision-making during a public health disaster. Iowa's framework was Delaware County's guide for moving forward with developing their community ethics taskforce. Delaware County is a small rural county with a hospital-based (Regional Medical Center) public health agency. Human resources for initiatives such as this are minimal so when the occasion was presented to preceptor Joann Boyer, RN, BSN, Walden University graduate student, for clinical leadership experience and completion of a capstone project, it provided an opportunity to move forward.

A search of the literature for models of community ethics committees was not fruitful, but excellent resources on identifying ethical dilemmas in disaster situations and ethical decision-making models are available. With the state's framework as a guide, appropriate individuals were identified and contacted to serve on the taskforce. Delaware County's taskforce consists of 12 individuals as follows: BOH physician, registered nurse who serves on the BOH as well as on the hospital governing board, licensed independent social worker from the local community mental health center, ARNP from local medical clinic, county attorney, social worker from local nursing home, hospital house supervisor (RN), spiritual representation from local Catholic, Lutheran and Methodist churches, Vice President Nursing, Regional Medical Center (RMC), and VP Community Health, RMC (Public Health Director).

The first of two meetings planned for the group was devoted to: 1) educating the taskforce on the operational definition of ethics; 2) what constitutes an ethical dilemma; and 3) what types of ethical dilemmas are often encountered during the phases of a disaster. Dr. Quinlisk's September 2007 recorded presentation was also shown. It was explained to the committee that in many situations, decisions related to scarce medical resources, such as vaccine shortage, are made at the state and federal level, and counties are asked to comply with these decisions. The role of a community ethics committee is to help make these types of decisions and the criteria for reaching them transparent to the community. Taskforce members were asked to think about accepting the state's framework as the guidance for Delaware County and strategies to achieve transparency to the community in preparation for discussion at the second meeting.

The second meeting of Delaware County's Community Ethics Committee was held one week later. The major areas of *Iowa's Ethical Framework for Use in a Pandemic* (Do No Harm, Transparency, Common Good of Society/Protection of Rights, and Triage) were reviewed and discussed. The taskforce agreed Iowa's framework should be used as the guide for Delaware County, and identified many strategies to increase community awareness of and educate them on the decision-making process in times of scarce medical resources. Examples included church newsletters, speaking to community groups, monthly nursing home newsletters for families, as well as the more obvious avenues of radio, newspaper, websites, and local access television. The meeting concluded with the taskforce members agreeing to serve as an ad hoc committee to meet if needed during disaster situations.

Marching For Public Health Rick Kozin, Polk County Health Dept.

Have you ever been to a health fair and everyone stopped at your booth and gave you their undivided attention so you could convey your message? Well, neither have we.

But, we have found a way to get large numbers of community people to focus exclusively on us and our message- march in a parade!

Three years ago, the Polk County Health Department started participating in community parades. In mid-July we participated in the Pleasant Hill Parade and in September we will be in the Beaverdale Parade. This year our focus was on flu prevention.

We distribute educational materials (flu schedules and travel size packages of Kleenex). But we try to have fun and be entertaining and we always have music with some choreographed steps.

Try it. You will like it.

Did You See That? Pat Blake, University Hygenic Lab

How do you attract students to the field of laboratory science? The University Hygienic Laboratory (UHL) answered that question by creating a DVD-based game that highlights the many professions in a public health laboratory, and the associated academic and training requirements.

The new game, "Did You See That?: Pathways to a Career in the Public Health Laboratory," combines video footage of UHL staff discussing their jobs, and a series of related science trivia questions. Players answer the questions to advance on a game board that leads to a wide variety of careers in the public health laboratory. The game is intended for students in middle school, high school and college.

The Association of Schools of Public Health estimates that by 2020 there will be 250,000 job vacancies in the public health sector of the United States.

"Playing the game is a fun way for people to learn about science and possible careers in public health," said UHL Director Christopher Atchison. "It is one step toward ensuring that the future needs of the public health workforce are met."

Created in conjunction with Iowa's Upper Midwest Public Health Training Center, "Did You See That?" was funded through a grant from the Centers for Disease Control and Prevention (CDC) (Agreement Number #U60/CD303019) and the Association of Public Health Laboratories.

"Most students know about science generally, but they don't know about public health laboratories," said Beth Hochstedler, UHL education and outreach coordinator. "We wanted to show them specific pathways for a career in public health laboratories."

"Did You See That?" can be downloaded from the education section of the UHL website (www.uhl.uiowa.edu). Video segments also are available on YouTube.

Hard copies of the game will be distributed to the National Association of Biology Teachers, and through other national and state organizations. Local schools and teachers interested in this game may contact Beth Hochstedler at 319-335-4303 or beth-hochstedler@uiowa.edu. Free copies will be available for teachers, guidance counselors and college advisors.

The contents of the game are solely the responsibility of the authors and do not necessary represent the official views of the CDC.

Career and Internship opportunities are posted on the Iowa Public Health Association website.
www.iowapha.org

You can also find information on hot topics in public health, funding opportunities, and training and eduction opportunities.

ASPH Pathways to Public Health

The Association of Schools of Public Health has compiled resources for high school and undergraduate students and information on careers in public health at the Pathways to Public Health website. Parents, teachers, and counselors may also find resources here. Career and Internship opportunities are also listed in the Resource Clearinghouse section.
http://pathwaystopublichealth.org/

MCH Section Advocacy Event Sally Clausen, Section co-chair

"IPHA provides opportunities for advocacy as public health professionals stay abreast of current issues, both on the state and federal level. Specifically this year, there were opportunities for advocacy for full funding of the federal Maternal and Child Health Block Grant. A webcast was sponsored to provide education and guidance on advocating for full funding."

Janet Beaman,
IPHA member

The Iowa Public Health Association – Maternal and Child Health Section members and Iowa Department of Public Health-MCH contractors had an opportunity to participate in an ICN advocacy event with the Association of Maternal and Child Health Programs (AMCHP). The event was presented at 12 ICN sites, with at least 21 attendees and 50% of attendees completed the evaluation. The event speaker was Brent Ewig (www.amchp.org go to Advocacy)

Brent Ewig, Iowa's liaison for AMCHP, presented on Health Care Reform and how maternal and child health (MCH) programs were fairing in the various proposals. Also Ewig discussed the opportunity for the state Maternal and Child Health Block Grant to go to the full funding level authorized by Congress.

Health Care Reform
The Maternal and Child Health Block Grant is not specified in the Health Care Reform proposals. Many members of Congress think the MCH program is contained in the Public Health Service Act. The MCH program is authorized in the Social Security Act. Because the MCH program is not in the Public Health Services Act, the block grant was omitted from Health Care Reform proposals.

MCH Block Grant Funding
At the time of the advocacy event, it was thought the U.S. House of Representatives would "mark-up" a bill that would increase the MCH Block Grant to the full authorized funding level of $885 million (the current funding level is approximately $662 million) This would equate to Iowa receiving up to $2 million additional dollars! Since the advocacy event we know the House marked-up a bill giving the MCH Block Grant $2.8 million in additional funding. The Senate is expected to propose flat-funding for MCH.

Summary
It appears that MCH programs could miss the opportunity to gain increases in funding on both the MCH Block Grant funding and in Health Care Reform. Ewig identified the prime time for advocacy with Congress is in March and April of each year. It is during this time that Congressional committees begin dialog on funding. Congressional recesses are good opportunities to educate and inform our elected officials. Even though the House of Representatives have a bill "marked-up" and the Senate is close to submitting their funding proposals, this Fall could be pivotal if MCH advocates take action.

Recommendations from AMCHP
Individuals concerned about the future of Iowa's Maternal and Child Health programs at the local service level should contact their U.S. Representatives in the House and in the Senate.

Individuals with first-hand information about how MCH programs have made a difference for families should share these stories with their U.S. Representatives. Family stories of program results make a huge difference in the decision making process!

Contact U.S. Representatives through email, Twitter sites, websites of each representative, and telephone. Programs could invite their representatives to clinic sites, office visits, or for coffee to discuss your MCH funding concerns.

Individuals can attend town-hall meetings and other public forums to express the needs of Iowa families for access to prenatal care, preventive and treatment services, including services for children with special health care needs.

Individuals can encourage colleagues, family members and clients to also contact with their U.S. Representatives.

On the Issues Speaker Series Deb Madison-Levi

As part of Iowa Initiative's mission to reduce unintended pregnancies in Iowa among adult women through networking, outreach and education, we invite nationally-known health care leaders to Iowa to provide an informed perspective on the issues at stake. This also gives Iowa's family planning professionals opportunities to experience, learn from, and be inspired by national experts as well as lessons they can learn from each other.

The Iowa Initiative to Reduce Unintended Pregnancies, in partnership with Des Moines University Global Health and the Iowa Department of Public Health, proudly welcomed Melody Barnes, Director of the White House Domestic Policy Council, to Des Moines on July 22, 2009.

If you were unable to see Director Barnes speak, you will have another chance as Mediacom will be rebroadcasting her speech on Channel 22 at various times until mid-September, 2009. The schedule for these airings can be found at www.connections22.com.

Following a great morning with Director Barnes, we had two other presentations. Dr. Mary Mincer Hansen and Jenell Stewart from Des Moines University provided an overview of the current global landscape for maternal and child mortality. Julie McMahon with the Iowa Department of Public Health (IDPH) discussed Iowa's health reform and the IDPH's efforts to reduce unintended pregnancies.

About the Iowa Initiative
The Iowa Initiative aims to reduce the high rate of unintended pregnancies among Iowa women ages 18-30 through networking, research and public outreach. The Iowa Initiative is part of a network of women's health organizations around the state working together to increase access to birth control options and family planning information. The Iowa Initiative is a privately-funded program headed by Iowa's former *First Lady* Christie Vilsack. For more information, please contact Deb Madison-Levi at 515-282-5375/o or 515-371-5841/c.

THE IOWA INITIATIVE
to Reduce Unintended Pregnancies

Iowa National Disasters: Using Stories to Understand Public Health's Role

Andrea Tatkon-Coker & Leslie Arquilla

Timing has always been known to be important when communicating concepts. The Iowa Society of Public Health Education (IASOPHE) Chapter felt it seemed appropriate and timely to develop an educational program that was related to the recent disasters that affected Iowa and its health. IASOPHE coordinated a professional development event entitled *Iowa Natural Disasters: Using Stories to Understand Public Health's Role.* The event introduced storytelling as a means of effective public health communication and provided participants with practical applications through real stories about the floods and tornados of 2008.

The event was held on Wednesday, June 24, 2009 from 2:30-4:30 PM via an internet-based Webinar and teleconference system as well as a classroom setting for participants in the Des Moines Iowa Metro Area. IASOPHE chose to present the program via Webinar to reduce economic hardship and time constraints associated with travel.

With time and place in line, IASOPHE hosted 18 individuals during the Webinar and offered 2.5 CECH to 6 participating Certified Health Educators. IASOPHE's first ever Webinar was a success due to the coordination of many volunteers including presenters and sponsors.

Carrie Fitzgerald, Senior Health Policy Analyst with the Child and Family Policy Center presented the story telling training of the Webinar including the importance of strategic story telling in public health, as well as specific story telling components and applications.

Panelists included Lindsay Gorishek, Environmental Health Specialist with Scott County Health Department; Rick Wulfekuhle, Buchanan County Emergency Management Coordinator; and Elizabeth Faber, Iowa Region 2 Public Health Preparedness Planner. They discussed their experiences during the 2008 natural disasters that occurred in Iowa and addressed program objectives.

Healthy People 2010 noted that communication is a focus area in strategically improving health in communities and the use of storytelling can be used as a way to communicate health care concepts. IASOPHE shared this information while marketing the event to local and national SOPHE chapter members on the SOPHE national website, Iowa Public Health Association members, students and staff of academic institutions, and to all CHES holders residing in the Midwest. Sponsors and contributors included the University of Iowa Hygienic Laboratory, the Society for Public Health Education, the Iowa Public Health Association, The Institute for Public Health Practice, UI CPH and the CDC/ Agency for Toxic Substances Registry.

Event evaluations reflected positively on the program and Webinar format however, and interest for a follow-up program was also noted, perhaps at the statewide public health conference.

Andrea Tatkon-Coker DBA, MSN, RN, PHN, FACMPE - National Delegate for Iowa 2009-2011 and Leslie Arquilla – Community Health Consultant, Scott County Health Department - IASOPHE Continuing Education

Maria Scott and Jeneane Moody are the co-editors of Public Health Matters. To submit articles for the Winter issue of PHM, email Maria at maria.o.scott@gmail.com before November 15, 2009.

Help Wanted!

IPHA is in need of conference co-chair for the 2011 Iowa Governor's Conference on Public Health. Kevin Grieme, IPHA President Elect, has been serving in this role and plans to through the 2010 conference on April 13-14, 2010. When Kevin becomes the IPHA President on April 13, 2010, he needs to pass the responsibility of conference co-chair on behalf of IPHA to another dedicated volunteer.

Will you please consider serving in this vital volunteer role for IPHA? We need an IPHA volunteer to fill this position who has a big picture view of public health in Iowa and is willing to represent the broad interests and mission of IPHA. This person needs to have the following skills: event planning and management, oral and written communications, group facilitation, budget development and monitoring and a passion for public health. The conference planning committee meets monthly normally 9-10 times/year via teleconference and holds two face-to-face meetings in central Iowa each year. Some event details are handled by this co-chair between meetings in coordination with the IEHA co-chair, and the contracted conference coordinator. This person reports to the IPHA President who coordinates work with the Board, IPHA Finance Committee and IPHA Coordinator.

We would like for the 2011 IPHA conference co-chair to begin working with Kevin during the planning for 2010 so that mentoring occurs and the transition is smooth for 2011 planning. Thus, the position needs to be filled by October 1, 2009.

For more information about the position or to volunteer to serve, please contact Kevin Grieme at (712) 279-6119 or e-mail kgrieme@sioux-city.org

The Great IPHA History Hunt!

What do you know about IPHA History? Or should we ask, what do you have? IPHA is excited about our upcoming 85th Anniversary in 2010. To get ready, we are doing a few fun and exciting things. Please plan to join us!

The 85th Anniversary theme is: Building upon a rich history, investing in a vibrant future. The purpose of celebrating our 85 years is to: 1. Celebrate IPHA accomplishments and forecast IPHA's future, 2. Build awareness of public health among partners, including the public, and 3. Invest in the sustainability of IPHA.

Our first history hunt is to locate past programs from IPHA conferences and annual meetings. We have a lot of things for the past 85 years, yet we are missing the annual meeting programs for the following years: 2001, 2000, 1998, 1997, 1991, 1979, 1978, 1976, 1975, 1973, 1970, 1950, 1945, 1935, 1934, 1932, 1931, and any from the 1920s.

Our other history hunt request deals with IPHA Award recipients. We want to have a complete and accurate list of all IPHA award recipients. If you received an award, nominated someone who received an award, recall this type of information and/or have a document with this detail, please let our co-chairs know.

IPHA also wants to highlight the history of local public health in Iowa. We would like to create an interactive online map that allows the user to view pictures, scanned documents and materials for each county. This would all be related to the public health growth and development in that county. If you have the skills to help with this, let the co-chairs know. If you have materials that you would like to share, feel free to start sending them to the co-chairs. More details on this request will be out later this fall.

The IPHA 85th Anniversary Committee is chaired by Kay Leeper and Dr. Ron Eckoff. If you have a story to contribute, missing annual programs, IPHA award recipient information, or other IPHA documents that you want to share, please contact Kay at kleeper@cfu.net or Dr. Eckoff at: reckoff@radiks.net

This committee is looking for more assistance, so if you have some time and you are willing to join for teleconference committee planning calls, let us know. Their next meeting is scheduled for September 21, 2009 at 9am. *This is a great short term initiative to get involved with and help IPHA.* We need some people who are interested in assisting with communications and messaging, event planning and digging deep into IPHA's history. An IPHA history publication will be released in the spring of 2010. Be sure to save the date as our first big event will be the evening of April 13, 2010 in Ames, IA. A Gala event will be late summer or early fall 2010. Watch for more opportunities to help us accurately tell the past and future stories of IPHA!

"The great mass of people, unless they are educated, cannot appreciate the value of prevention."

-Dr. I. S. Bigelow, Jr.
Secretary of IPHA, 1892

The First IPHA: A Brief Look At Our History Dr. Ronald Eckoff

As we move into our 85th anniversary year as a public health organization, we'd like to share a bit of history about the first Iowa Public Health Association.

In 1891, the first Iowa Public Health Association was organized. Many of the original members are thought to be physicians who were local health officers.

The secretary of the State Board of Health repeatedly encouraged local board of health officials to join IPHA and suggested that participation in the organization was for everyone; lawyers, clergymen, schools teachers, and mechanics alike.

Based on notes found on the first five annual meetings, practical papers were read a discussed at the meetings on a variety of topics.

Some of the papers presented at the 1892 meeting, likely the high point for the organization, included:
-"Causes and Prevention of Typhoid Fever," Prof. V.C. Vaughn, Dean of the Medical Department at State University, Ann Arbor MI
-"The Construction of School Houses," Calvin Snook, MD, of Fairfield
-"Adulteration of Food and Medicine," Prof. E.L. Boerner, PhD, of Iowa City

Dr. Vaughn's presentation included a suggestion for the establishment of a department of bureau of public health. "A bureau of health, with proper legal and financial provision could afford relief from cholera, typhoid fever, consumption, scarlet fever, cancer, diphtheria, etc."

Dr. I.S. Bigelow, secretary of IPHA during in 1892, said "It is the province of this organization to be a teacher of the masses." This still holds true for this IPHA, we are teachers of the public and advocates for the public's health.

Annual Meeting Locations

April 1891—Waterloo

October 1892—Des Moines

August 1893—Davenport

September 1894—Des Moines

September 1895—Davenport

September 2009

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

September 15
IPHA Advocacy Skills Training: Focus on Health Reform - Sioux City, IA

The Partnership for Better Health in collaboration with IPHA is hosting an advocacy training for volunteers to learn how Iowans can actively shape health reform. Advanced registration is required and available online. http://iowapha.org/Default.aspx?pageId=21123

September 18
Symposium on the Patient Centered Medical Home - Marriott Hotel, Coralville, IA

University of Iowa Public Policy Center – Forkenbrock Series. Featuring the College of Public Health Hansen Award Lecture. More information available at: http://ppc.uiowa.edu/dnn4/PublicPolicybrCenter/tabid/36/Default.aspx

September 18
Lead-Based Paint Hazards: ICN Workshop for Child Care Providers - 1:00-3:00 PM on Iowa Public Television

The Iowa Department of Human Services, Iowa Department of Public Health, and IPTV are co-sponsoring a workshop for child care providers and consultants. This session will assist with understanding the state regulatory requirements for visual assessments of facilities and interim controls of identified lead-based paint hazards. For registration information please go to: http://www.iptv.org/iowa_database/event-detail.cfm?ID=9846

September 23-24
2009 National Environmental Health Association Region 4 Fall Conference - Arrowwood Resort and Conference Center, Okoboji, IA

Pre-conference Workshop **September 21-22**. For more information, go to www.IEHA.net and follow the links or contact Kathy Leinenkugel, Conference Chair, at 515-281-4930.

September 25-26
Iowa Mission of Mercy (Iowa MOM)- Iowa Speedway, Newton, IA

Volunteers Needed-Iowa MOM is an event where patients receive free, quality oral health care provided by dental professional supported by hundreds of lay volunteers. Contact Sara Dixon Gale with questions: sdixongale@ianepca.com or 515-333-5016

October 1 - 2
2009 Iowa Cancer Summit - Courtyard Marriott, Ankeny, IA

This summit brings together oncology providers, academia, public health, private sectors and survivors to provide a dialogue and exchange of best cancer control practices across Iowa. Registration deadline: September 15, 2009. To download the brochure and registration form go to: http://iowapha.org/Content/Documents/Document.ashx?DocId=70222

October 3
2009 American Lung Association Lung Walk Blank Park Zoo - Des Moines, IA

Go to the Lung Walk website for registration and additional information. http://www.mrsnv.com/evt/home.jsp?id=2693

October 12
What Will the World Eat: U.S. Impact on Global Food Security, Reception and Lecture - Polk County Convention Center - Room 204, Des Moines, IA

5:45 PM Reception
6:15 PM Lecture and Discussion
This event is free and open to the public. Appetizers and a cash bar will be available. This event is sponsored by the Food & Society Fellows Program at the Institute for Agriculture and Trade Policy and the Worldwatch Institute.
Contact Angie Tagtow for more information at angie.tagtow@mac.com or 515.367.5200.

October 21
Iowa Public Health Association 2009 Fall Legislative Forum - Des Moines, IA

October 28
Iowa Rural Health Association Annual Meeting - Iowa Laboratories Facility, Ankeny, IA

Join IRHA for its 2009 annual meeting featuring a keynote speaker, updates from organizational leaders, roundtable topic discussions, a networking lunch, and tours of the Laboratory Facility. To access the IRHA website where information will be posted as available go to: http://www.iaruralhealth.org/

October 2009

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2009

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

November 5-7
Society for Public Health Education Annual Meeting - Sheraton Hotel, Philadelphia, PA

Go to http://www.sophe.org/ for more information.

November 7 - 11
American Public Health Association Annual Meeting & Exposition - Convention Center, Philadelphia, PA

Learn from the experts in the field, hear about cutting edge research and exceptional best practices, discover the latest public health products and services, and share your public health experience with your peers. The Iowa Public Health Association is an affiliate of APHA. For more information go to: http://www.apha.org/meetings/

November 12
Off to a Good Start: Framing Policy for Early Childhood Health Systems Integration - 8:30 AM - 4:30 PM Science Center of Iowa - Des Moines, IA

For more information go to: http://iowapha.org/Content/Documents/Document.ashx?DocId=68468

November 18 - 19
Midwest Rural and Agricultural Safety and Health Forum - Stoney Creek Inn, Johnston, IA

Hosted by Iowa's Center for Agricultural Health and Safety (I-CASH) and the Great Plains Center for Agricultural Health, both based in the University of Iowa College of Public Health. Registration discounts are available to farmers and students. For forum details and registration information, contact Eileen Fisher at 319-335-4224 or visit http://www.public-health.uiowa.edu/icash/

Iowa Public Health Association 2009-2010 Board of Directors

Officers

Dawn Gentsch, President *Term expires March 2011*
Des Moines, T (515) 235-4650 E dawn-gentsch@uiowa.edu

Kevin Grieme, President Elect *Term expires March 2012*
Sioux City, T (712) 279-6119 E kgrieme@sioux-city.org

Gerd Clabaugh, Immediate Past President *Term expires March 2010*
Johnston, T (515) 210-2900 E clabaughg@ihconline.org

Shelby Kroona, Secretary *Term expires March 2011*
Webster City, T (515) 832-9565 E skroona@hamiltoncountypublichealth.com

Mary Weaver, Treasurer *Term expires March 2010*
Rippey, T (515) 360-8046 E maryweaver@prairieinet.net

Louise Lex, Affiliate Representative to APHA Governing Council *Term expires March 2012*
Des Moines, T (515) 281-4348 E llex@idph.state.ia.us

Members-at-Large

Betty Mallen *Term expires March 2010*
Garner, T (641) 923-3676 E bmallen@hancockpublichealth.org

Elizabeth Faber *Term expires March 2011*
Clear Lake, T (641) 357-5346 E efaber.region2@gmail.com

Bob Russell *Term expires March 2012*
Des Moines, T (515) 281-4916 E brussell@idph.state.ia.us

Section Chairs

Community Planning Section (Vacant)

Epidemiology-Laboratory Section
Pam Deichmann; Des Moines, T (515) 281-4985 E pdeichma@idph.state.ia.us

Health Administration Section
Glenna Plath; Pisgah, T (712) 648-2115 E gplath@idph.state.ia.us

Iowa Society for Public Health Education (IASOPHE) Chapter/Section
Kim Tichy; Des Moines, T (515) 281-4288 E ktichy@idph.state.ia.us

Maternal Child Health Section
Kris Smith, Co-Chair; Council Bluffs, T (712) 309-0041 E Krista-smith@uiowa.edu
Sally Clausen, Co-Chair; T (515) 281-6071 E sclausen@idph.state.ia.us

Nutrition and Physical Activity Section
Sarah Taylor; Des Moines, T (515) 242-6709 E staylor@idph.state.ia.us