

Iowa Health

*focus*

September 2004

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## Super sizing: 50 schools get fruits and vegetables

*By Carol Voss, Nutrition Consultant, Iowa Nutrition Network*

Hoover high school students grab a fruit snack in the nurse's office.

consumption of fruits and vegetables by children. The 2002 Farm Bill provided \$6 million for the Fruit and Vegetable Pilot Program for the 2002-2003 school year. Twenty-five elementary and secondary schools in four states, Indiana, Michigan, Iowa, Ohio and seven schools in the Zuni Pueblo of New Mexico were selected to participate in original pilot.

Pilot sites were chosen to represent a mix of large and small, rural, suburban and urban schools. The pilot evaluation showed that the program was popular with students and administrators, improved student eating habits, raised student preference for and awareness of a variety of

fruits and vegetables and that schools were interested in continuing if funding was available.

The recently enacted Child Nutrition and WIC Reauthorization Act made the Fruit and Vegetable Pilot Program permanent. Effective Oct. 1, 2004, \$9 million will be made available for the schools that were part of the original pilot.

The act also provides for the expansion of the program to three states. The states selected for the expansion are Washington, North Carolina, Pennsylvania and two Indian reservations, including one or more tribes belonging to

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Iowa is the only state that will get "double portions" of money for continuation of the fresh fruit and vegetable snack program.

In July, Agriculture Secretary Ann M. Veneman announced the continuation and expansion of a fresh fruit and vegetable program, designed to increase

## Rising health-insurance costs impact state economy

*By Kevin Teale, Communications Director*

The economic burden of rising health-insurance costs is impacting Iowa businesses.

That conclusion comes from a survey of over 1,000 Iowa businesses who say insurance costs have forced them to reduce expansion that could have meant millions in additional state tax revenue.

The survey was conducted this spring for the Iowa Department of Public

Health by Selzer & Company, Inc., of Des Moines.

In fact, the authors of the study suggest the double-digit increases in health-care insurance premiums of the last few years actually have reduced Iowa's productivity by a half billion dollars a year. This loss of productivity is also a double whammy to the state because many of the additional costs are blamed on high drug, pharmaceutical

and medical equipment costs, industries and products that generally are not produced in Iowa. In other words, the increases contribute to the economies of states where drug and medical companies are headquartered.

Nearly 80 percent of the businesses surveyed said rising health-insurance rates are creating a crisis for businesses. The additional costs reduce busi-

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# Super sizing: 50 schools get fruits and vegetables

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the Intertribal Council of Arizona and the Oglala Sioux Tribe of the Pine Ridge Reservation in South Dakota. The USDA, as well as the National 5-A-Day Partnership, will provide educational materials to participating schools. Each of the participating states will be given funding for the program that will begin operation during this school year.

In addition, Senator Tom Harkin announced in November 2003 that Iowa would receive funding through the omnibus bill to continue the pilot project since the Child Reauthorization Act was delayed. This funding, administered through the Centers for Disease Control and Prevention (CDC), will also be in effect for the 2004-2005 school year.

The Iowa Department of Education will be taking applications for 25 new schools to be selected for one-year-only funding through USDA and the program created with the reauthorization. The turn around time will

be tight since USDA wants schools selected by the end of September. Applications, mailed to the School Food Authority (SFA) in each school

district, have a postmark deadline of September 17 for consideration.



Students at King Elementary in Des Moines enjoy a snack of apples and oranges.

## HIV prevention and care workshop to be held Sept. 21-23

**T**he Bureau of Disease Prevention and Immunization will be hosting a three-day workshop, September 21-23 in West Des Moines, to demonstrate effective, client-centered HIV prevention counseling strategies to assist clients in reducing their risk of acquiring or transmitting HIV. Participants will learn how to personalize counseling messages and develop realistic and incremental risk reduction plans with their clients. The workshop will also cover HIV testing, post-testing counseling, and locating appropriate resources for clients who test positive.

The faculty of the conference will include Andy Weigel, LMSW, HIV Outreach Worker, Johnson County Public Health and Chris Taylor, Disease Prevention

Specialist, Iowa Department of Public Health

The workshop is designed for nurses, clinicians, social workers, community educators, substance abuse treatment counselors, other professional counselors, and staff persons working in HIV prevention and care.

The three-day workshop will be held September 21-23 at Hawthorn Suites, 6905 Lake Drive, West Des Moines, Phone: (515)223-0000.

To register mail or fax registration to: Training Resources • 2037 Grand, Suite E • West Des Moines, IA 50265 Phone: 515-309-3315 • Fax: 515-309-3317 • E-mail: [cfurne@trainingresources.org](mailto:cfurne@trainingresources.org). The registration deadline is September 13.

## Obtaining Past Issues

Back issues of *Iowa Health FOCUS* are available on the Iowa Department of Public Health web site at [www.idph.state.ia.us](http://www.idph.state.ia.us). The link is under Quick Links on the right side of our home page under Publications & Data.

# ACIP releases recommendations for meningitis vaccine

By Terri Thorton, Nurse Consultant, Bureau of Disease Prevention and Immunization

**M**eningococcal disease is a severe bacterial infection of the blood and meninges (thin covering of the brain and spinal cord). It is a relatively rare disease. Although thirteen serogroups have been identified, almost all invasive disease is caused by one of five serogroups: A, B, C, Y, and W-135. The relative importance of each serogroup depends on geographic location, as well as other factors, such as age. About one out of every 10 people who contract the disease dies from it, and many others are affected for life.

Anyone can get meningococcal disease. It is most common in infants less than one year old, international travelers, and people with certain medical conditions. College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease.

Meningococcal disease is spread by contact with mucous or respiratory droplets from the nose and throat of an infected person. Meningitis and meningococcemia (bloodstream infection) can be spread by direct contact with saliva as when kissing, sharing eating utensils, drinks or cigarettes. Many people carry the bacteria in their nose and throat without any signs of illness, while others may de-

velop serious symptoms. Infection with the bacteria can cause fever, headache, nausea, vomiting, rash, and/or a stiff neck.

There is a vaccine to prevent meningococcal disease. However, the vaccine is only protective against the serogroups contained in the vaccine. Of the number of cases of meningococcal disease in Iowa, approximately 50 percent are a serogroup not protected by the vaccine. The duration of protection from vaccine is believed to be three to five years. Meningococcal vaccine may be available at doctor's offices, local health departments, travel clinics or college student health centers.

The Advisory Committee on Immunization Practices (ACIP) issued the following recommendation regarding meningococcal vaccine for college students. The ACIP does not recommend routine meningococcal vaccination of all college students, freshmen college students, or students who reside in dormitories. The ACIP recommends that health-care providers of incoming and current college freshmen, particularly those who plan to or already live in dormitories and residence halls, should,

during routine medical care, inform these students and their parents about meningococcal disease and the benefits of vaccination. ACIP does not recommend that the level of increased risk among freshmen warrants any specific changes in living situations for freshmen. College freshmen particularly those living in dormitories or residence halls, are at modestly increased risk for meningococcal disease compared with persons of the same age who are not attending college. Continued attendance of college, or continued residence in a college dormitory is not an indicator for re-vaccination in the absence of another indication (such as asplenia).

During the 2004 legislative session Senate File 2202, Meningococcal disease vaccination information of postsecondary students, passed, requiring institutions of higher education that have an on-campus residence hall or dormitory to provide vaccination information on meningococcal disease to each student enrolled in the institution. The bill specifies that institutions of higher education are not, under any provision of the bill, required to provide vaccinations against meningococcal disease.

## Rising health-insurance costs impact state economy

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ness profits, which in turn reduce the state taxes they pay. Several firms also said they have reduced the purchases of new equipment, or hiring of new employees, which also costs the state tax revenues. The majority

of firms also indicate they plan on shifting more of the health-care cost burden onto employees, creating a greater impact on the state economy in the near future.

The study also found Iowa employers to be strongly supportive of

health insurance for their workers, with 60 percent saying their employees are more productive because they have health insurance. Still, businesses that don't offer insurance now are unlikely to take on that burden, given the risk of rising premi-



# HI 2010 review team discusses changes in Iowa's plan

By Louise Lex, PhD, Healthy Iowans 2010 Coordinator

**A**t a series of monthly meetings, a Healthy Iowans 2010 Review Team has been engaged in lively discussions about what needs to be changed in Iowa's state health plan so that Healthy Iowans 2010 continues to be a responsive document. Each month, representatives from each of the chapter teams and resource persons from special populations hear from the chapter teams on their recommendations.

The August agenda covered the following chapters: heart disease and stroke, physical activity and fitness, environmental health, occupational health and safety, and food and drug safety.

**Heart Disease and Stroke**—The heart disease chapter has been completely rewritten with an eye toward making the chapter more relevant to communities and a stronger tie with the goals of *Healthy People 2010*. In making the team presentation, Dr. James Torner, epidemiologist at the University of Iowa, College of Public Health, opened the discussion by observing that, according to a noted British researcher, this generation will be the first generation with a shorter life expectancy than the previous one. This dismal forecast is based on the rising rate of overweight/obesity. He went on to say that there are enough guidelines to prevent heart disease and stroke. The bigger problem, he said, is "to get people to take action." The challenge also is to strengthen the system for preventing and reducing the effects of strokes.

**Physical Activity and Fitness**—Dr. Katherine Thomas Thomas, professor in the Department of Health and Human Performance, Iowa State University, presented the chapter revisions for the chapter on physical activity and fitness. She noted a major change in the federal program supporting school lunch programs. U.S. Senator Tom Harkin, she said, was responsible for requiring that schools develop a school health improvement plan that would include goals for nutrition education and physical activity. This provision could be especially useful to community health planning groups that have identified overweight and obesity priorities in their plans, tying in initiatives and programs with school policies. Dr. Thomas went on to note that Iowa falls short of national goals for leisure time activity, although there has been some improvement since 2001.

**Environmental Health**—In his presentation on the environmental health chapter, Ken Sharp, environmental consultant at the Iowa Department of Public Health, noted that there were between 400-600 communities in Iowa discharging approximately 4.5 billion gallons of untreated human waste into Iowa streams and rivers. In the last 1.5 years, over 100 communities have installed treatment systems because they have

taken advantage of the state revolving fund. He called attention to the fact that there is no state agency with oversight of housing. Important changes in the chapter include lead, carbon monoxide healthy homes, pesticide poisonings. New areas of interest in the chapter revisions include antibiotic resistance and discharge into waterways, mercury in fish, the built environment, environmental health education at the University of Northern Iowa, and surface water monitoring. The review team will review the chapter again before it approves the draft.

**Occupational Health and Safety**—Thomas Brown, Iowa Department of Public Health disabilities program staff member,

was the facilitator for the occupational safety and health chapter. Progress toward achieving the *Healthy Iowans 2010* chapter goals includes reduction of occupational

injury and illness rates even greater than the goals set for 2010. The chapter has focused on reducing injuries and illnesses in the two most hazardous industries: construction and agriculture. According to the midcourse review statement in the draft chapter, there have been major increases in inspections and success in obtaining contractors' support for on-site technical assistance. In farming, there also have been significant improvements in increasing health and safety education for farm youth and operators.

**Food and Drug Safety**—Dan Henroid, Iowa State University Extension Service staff member, discussed changes in the food and drug safety chapter. He credited the Iowa Food Safety Task Force with advances that have been made by sponsoring retail and consumer-based food safety activities in the state. The task force is still determining the feasibility of developing an integrated food safety network. The 2010 goal of reducing food-borne infection cases caused by major bacterial pathogens has not been met. Iowa rates of illness for both salmonella and E.coli 0157:117 still exceed the national rates. Progress has been made in implementing plans that will strengthen the reportable diseases surveillance system. The review team asked for a second review of the drug section in the chapter.

For more information on the chapters, contact the following facilitators:

- Arlene Johnson (Heart Disease and Stroke)  
[ajohnson@idph.state.ia.us](mailto:ajohnson@idph.state.ia.us)
- Tim Lane (Physical Activity and Fitness)  
[tlane@idph.state.ia.us](mailto:tlane@idph.state.ia.us)
- Ken Sharp and Tom Newton (Environmental Health)  
[ksharp@idph.state.ia.us](mailto:ksharp@idph.state.ia.us), [tnewton@idph.state.ia.us](mailto:tnewton@idph.state.ia.us)
- Josh Yoakam and Judy Harrison (Food and Drug Safety)  
[jyoakam@idph.state.ia.us](mailto:jyoakam@idph.state.ia.us), [jharrison@dia.state.ia.us](mailto:jharrison@dia.state.ia.us)
- Thomas Brown (Occupational Health and Safety)  
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# Doctor day: a key in closing the health gap

By Janice Edmunds-Wells, Office of Multicultural Health

**C**losing the Health Gap is a national educational campaign by the U.S. Department of Health and Human Services designed to help make good health an important issue among racial and ethnic minority populations. These populations are affected by serious diseases and health conditions at far greater rates than other Americans.

A statistical review of the disproportionate toll of certain diseases on racial and ethnic populations highlights the need for prevention, treatment and resources toward reducing the loss of life. The statistics show that the life expectancy for the white population exceeds that of the Afri-

can-American population by 5.5 years. Death rates for the Hispanic population were greater than for the non-Hispanic, white population for four of the leading causes of death: liver disease, diabetes, HIV and homicide.

Doctor Day has become a key element of the Closing the Health Gap campaign. The third annual Doctor Day, will be Tuesday, September 21, 2004. Doctor Day encourages individuals to see a health-care professional on this day, or to at least make an appointment to see a health-care professional. By focusing on a single day, it can help generate a greater understanding of the

importance of health screenings while at the same time focus on those populations that tend to have the least access to health care.

Support in promoting this year's Doctor Day in anyway you can, to include, initiating or participating in a Doctor Day event in your area. If you do sponsor a Doctor Day event, you might consider involving the local media. Posters & "Save the Date" cards to support your local event are available. Visit [www.healthgap.omhrc.gov](http://www.healthgap.omhrc.gov) for more information on this initiative.

## IDPH at the fair

**T**he Iowa Department of Public Health hosted a booth this year at the Iowa State Fair. The booth highlighted the IDPH mission statement, "promoting and protecting the health of Iowans." The highlight of the booth was a scavenger hunt with a donated bicycle and helmet, pedometers and t-shirts as prizes.

Winners include: Joe Ellis of Huxley, bicycle and helmet. Pedometer winners are: Jack Lamm, Donnellson; Cynthia Platner, Lisbon; Amy Kelso, West Des Moines; Rhonda James, Waterloo; Kayla Wisnousky, Pleasant Hill; Darica Lourien, Clarksville; C. Merrifield, West Des Moines; Jan Rosdail, Jefferson; Zach Bunch, Bevington; and Roger Cox, Ottumwa.



## Vital statistics in brief released

**T**he Vital Statistics of Iowa in Brief 2003 Data is now available on the IDPH web site.

The leaflet includes population, births, deaths, marriages, and dissolutions. The data is given in statewide data and by county. The information includes live births, mothers under age 20, fetal deaths, neonatal deaths, infant deaths, and total deaths. Deaths are then broken into death by heart

disease, cancer, cerebrovascular disease, chronic lower respiratory disease, unintentional injuries (including motor vehicle crashes), pneumonia and influenza, Alzheimer's disease, diabetes mellitus, all infective and parasitic disease, and suicide.

The leaflet can be found on the IDPH home page under Recent Additions.



# IDPH welcomes three new members to CADE

**A**ileen Buckler is the new Deputy State Epidemiologist and Medical Director of the Center for Acute Disease Epidemiology (CADE). Buckler joined IDPH on August 2 and her main responsibilities include consulting with the public, media and local public health agencies, primarily regarding infectious disease outbreaks. She is also



the medical advisor for the Bioterrorism Task Force and assists regional epidemiologists with outbreaks and other medical needs.

Dr. Buckler received her BA in biology from the University of Virginia and her MD and MPH from the Virginia Commonwealth University School of Medicine. Her background includes an internship in family practice and some pathology and web development. She recently completed a residency in preventive medicine and public health, which allowed her to gain experience in both state and local health departments.

Aileen can be reached by e-mail at [aileen.buckler@idph.state.ia.us](mailto:aileen.buckler@idph.state.ia.us).



Susan Brockus is the new State Public Health Veterinarian. Brockus began her new duties on August 13. Her new duties will primarily providing zoonotic consultations with the public, media, and local public health.

Dr. Brockus' background includes training at Tulsa Junior College and

Oklahoma State University. She received her DVM from the Oklahoma State University, College of Veterinary Medicine. She practiced small animal medicine and emergency/critical care for 15 years before moving to Ames in 2001 where she became the project/laboratory manager for the Pseudorabies Surveillance research project funded by the USDA. She then joined the Center for Food Security and Public Health at Iowa State University-College of Veterinary Medicine as an adjunct instructor in January 2003, and began working on her MPH through the University of Iowa. She has been an IDPH intern with Dr. Russell Currier, Dr. Patty Quinlisk since January. Susan can be contacted by e-mail at [sbrockus@idph.state.ia.us](mailto:sbrockus@idph.state.ia.us).



Gianluca Flamigni is the new Epidemic Intelligence Service (EIS) Officer. Flamigni joined IDPH on August 2, and will spend the next two years in CADE. The EIS program is a CDC program that is composed of medical doctors, scientists and researchers that serve two-year assignments throughout the world

gaining on-the-job training learning more about the practice of epidemiology.

Dr. Flamigni received his MD from and his Master in Health Services Management at the London School of Hygiene and Tropical Medicine. His experiences in

clued a two-year residency in nuclear medicine and has been practicing medicine in developing countries such as Angola, Afghanistan, Mozambique, Burundi, South Sudan, Uganda, Kenya, and the Democratic Republic of Congo. Gianluca can be contacted by e-mail at [lflamign@idph.state.ia.us](mailto:lflamign@idph.state.ia.us).

## West Nile virus continues into the Iowa fall

**T**wo more Iowans this summer have tested positive for West Nile virus. This also brings to 41 the number of counties with West Nile activity with weeks to go before the first frost that will end the mosquito season. The newest human cases are a North Central Iowa woman in her 40's and a Northeast Iowa man in his 50's. Seven previous human cases had been reported, one of which was a fatality.

West Nile is mainly transmitted through the bite of a mosquito that has picked up the virus while feeding on a WNV-infected bird.

"Cooler weather has arrived, but

the mosquitoes are still here and biting" said Dr. Aileen Buckler, Iowa deputy state epidemiologist. "Our 41 counties with confirmed West Nile activity are scattered statewide, which means even if your county has yet to test positive, the virus is probably present in your mosquitoes."

While the risk of getting West Nile from a single mosquito bite is low, the risk increases every time someone is bit. Iowans should protect themselves by using an insect repellent with DEET. Keep skin covered as much as possible when outdoors and avoid being outside at dawn and dusk when mosquitoes are

most active.

This is the time of the year when homeowners perform outside home inspections and repairs. The department urges Iowans to make repairs that will reduce the return of West Nile next spring. This includes repairing holes in household screens and permanent removal of outdoor water reservoirs, such as old tires and pails, where standing water helps mosquitoes breed.

Information about the disease is available by calling the state toll-free West Nile hotline 866-WNV-IOWA (1-866-968-4692) or on the IDPH web site: [www.idph.state.ia.us](http://www.idph.state.ia.us).



# Iowa students tell the story: kids **CAN** Pick a better snack™

By Carol Voss, Nutrition Consultant, Iowa Nutrition Network

**M**ckinstry Elementary in Waterloo is one of 25 schools in Iowa participating in the USDA Fruit and Vegetable Pilot Program (FVPP). Students wrote letters to Iowa Senator Tom Harkin in the spring of 2003 in hopes that the project would continue another year.

Austin writes: "Thank you for giving us fruit and you are cool and my favorite fruit is orange. I hope you bring fruit here at McKinstry. If it wasn't for you we would starve."

*FACT: McKinstry Elementary had a free and reduced meal participation rate of 81.35% in October 2003.*

Joey writes: "Thank you for healthy snacks. It would be great if we got it again next year. My favorite fruit was berry and cherries. And my favorite vegetable was artichoke."

*FACT: Education assemblies were held two times per month, sharing nutrition information and providing an opportunity to try new fruits and vegetables. Black Hawk Nutrition Coalition, a grant recipient of USDA's Food Stamp Nutrition Education through Iowa Nutrition Network, provided the nutrition experience.*

Second grade student shares: "Way I like about them they have vitamin C. My favorite is the kiwi because I never taste it before it is new to me and my classroom."

*FACT: A schedule of fruit and vegetable snacks was planned to coincide with monthly BINGO cards*

*developed as a part of Iowa's Pick a better snack™ social marketing campaign. Each BINGO card features four different seasonally available fruits and vegetables in addition to suggestions for seasonally appropriate physical activities.*

The goal of the FVPP was to determine the feasibility of providing fresh and dried fruits and fresh vegetables free to children and its success as determined by the students' interest in participating. In addition to the overall success of the FVPP, successful fruit and vegetable nutrition education efforts in Iowa can be attributed to the state's fruit and vegetable social marketing campaign and the collaborative efforts between 5 A Day and state partners.

Iowa was in a unique position in providing resources to FVPP schools because of the existing Pick a better snack™ social marketing campaign that was collaboratively developed by Iowa Nutrition Network, Department of Education and Iowa State University Extension. The campaign was recognized with the Food Nutrition

Services LINC Award for partnerships and collaboration in February 2003.

## THE ORIGINAL SNACK PACK

The **ORIGINAL** Pick a better snack™ (PABS) campaign was implemented in the spring of 2000. Campaign goals were to: increase fruit and vegetable consumption;

provide a consistent nutrition message appropriate for partner programs including those working with low-income audiences; and train nutrition coalition, schools, and network partners in effective campaign development and implementation strategies.

The PABS campaign includes simple messages with colorful fruit and vegetable graphics. Sample messages in-

clude: Wash. Bite. (how easy is that?); Peel. Eat. (how easy is that?); Dip. Eat. (how easy is that?); THE ORIGINAL SNACK PACK; READY-TO-SERVE SNACKS; ZERO TO SNACK IN ONE SECOND; HAVE SNACK WILL TRAVEL; and GIVE YOUR KIDS THE WARM FUZZIES.

## READY-TO-SERVE SNACKS

A process evaluation conducted in 2001 with Food Stamp Nutrition Education (FSNE) coalition coordinators revealed that materials provided for campaign implementation needed to be "**READY-TO-SERVE**" - ready to use. The original campaign components were provided on a CD-ROM and were not in a very user-friendly format. Three key recommendations were implemented for the second phase of PABS campaign development: 1) develop print-ready materials, classroom lessons, and activities for project directors and coalition members to use; 2) develop an evaluation tool; and 3) provide campaign materials in Spanish.

## HAVE SNACK. WILL TRAVEL

The Pick a better snack™ campaign has **TRAVELED** through many programs in Iowa including the FVPP. Kick off of the original social marketing campaign occurred in



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# Iowa students tell the story: kids **CAN** Pick a better snack™

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March of 2000 with a full day of training for over 150 participants. The Iowa Nutrition Network offered trainings for FSNE coalitions in January of 2003 to introduce the second phase of the campaign.

The Department of Education (DOE) sponsored trainings on how to integrate Pick a **better** snack™ and its new classroom lessons that promote the exploration of seasonally available fruits and vegetables as snacks. The training was offered to the 25 FVPP schools in addition to Team nutrition schools in January 2003. Schools were mailed a notebook with Pick a **better** snack™ materials and classroom lessons in addition to resources compiled by the National Cancer Institute. DOE paid for printing and distribution of notebooks and also provided schools with posters, bookmarks, a six-foot vinyl banner and CD-ROMS to print their own signs, certificates, and resource materials.

Iowa Dietetic Association has used Pick a **better** snack™ materials in teaching kits offered for use during National Nutrition Month for three years. Dietitians presented lessons to elementary students and shared Pick a **better** snack™ tattoos, stickers, and bookmarks. Dietitians were encouraged to contact FVPP schools during March of 2003 to assist with nutrition education. One dietitian, out of the eleven that volunteered to provide nutri-

tion education support to FVPP schools, drove over 200 miles to make a presentation in her home town to third graders in Sioux City.

## The Pick a **better** snack™



messages have been incorporated with 5 A Day displays and food demonstrations at the Iowa State Fair since the

campaign's inception. The new 5 A Day *The Color Way* message was the focus of the 2003 display.

## GIVE YOUR KIDS THE WARM FUZZIES

Have fruit and vegetables and the accompanying nutrition education from the Pick a **better** snack™ campaign

### GIVEN KIDS WARM FUZZIES?

Community coalitions conducting interventions with elementary age students submitted surveys to the network for data entry and analysis. Results showed a statistically significant improvement in attitudes toward fruit and vegetable snacks among these children.

A kindergartner exclaims: "Hey, cooker girl, I love your mushrooms!"

A first grader comments: "I used to hate tomatoes – now I love them!"

A second grader says: "I am going to have my mom buy me some golden raisins!"

Another second grader remarks: "I've never had celery before and I love it!"

Are parents and caregivers getting the message? Two communities were selected for implementation of intense media efforts during February through April 2003 to determine which strategies would best reach the targeted low-income audience. Media buys were secured for billboards, bus signs, radio, and local shopper newspapers. Surveys conducted in food stamp offices and in front of grocery stores in low-income neighborhoods indicated that the most effective implementation channels were billboards, schools, television, grocery stores and WIC offices. Fifty-one percent of survey respondents in food stamp offices recalled hearing or seeing the campaign messages. Food stamp office survey participants reported they were starting to eat more fruits and vegetables (25 percent) and were thinking about eating more fruits and vegetables (36 percent) because of Pick a **better** snack™.

## PICK A BETTER SNACK™



### (HOW EASY IS THAT?)

Just **HOW EASY IS IT** to implement the Pick a **better** snack™ campaign at the state and local level? Many of the campaign challenges have been addressed and components are printer-ready for other states and local coalitions to customize with their own logos. For more information about state and local implementation strategies go to [www.idph.state.ia.us/pickabettersnack](http://www.idph.state.ia.us/pickabettersnack) and click on Pick a **better** snack™ *At A Glance*.



# Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

## West Nile Newsletter - Guidelines for Healthcare Providers - Summer 2004

Check out the new *West Nile Virus Newsletter, Guidelines for Healthcare Provider, Summer 2004*. The newsletter is produced by the Center for Acute Disease Epidemiology Center at IDPH, and posted for health-care providers on IDPH's web site at

[http://www.idph.state.ia.us/adper/com-mon/pdf/newsletter\\_summer2004.pdf](http://www.idph.state.ia.us/adper/com-mon/pdf/newsletter_summer2004.pdf)

This summer's newsletter highlights the newest information on the clinical epidemiology of West Nile virus and current guidelines for human testing.

## Flu information for the public

"Bird flu," "Vaccine shortage," "Flu mist™." It only seems like yesterday when those words graced the headlines. How time flies! Unfortunately, so does influenza. Flu will undoubtedly return to Iowa this year - uninvited. Influenza may peak in Iowa early in December like last year, or it may peak in February-March as in years past. We may not know when, but we do know flu is coming. Our best defense is early and large-scale immunization, especially of the elderly and young children. To help health professionals spread the word about influenza, the U.S. Centers for Disease Control and Prevention have created posters and pamphlets, all in the public domain. For access to these materials, follow this link:

<http://www.cdc.gov/flu/professionals/patiented.htm>

## OSHA Issues Final Rule on Respiratory Protection, Adds Fit-Testing Protocol

On August 4, 2004, the Occupational Safety and Health Administration (OSHA) announced a revision to its Respiratory Protection Standard that adds a new fit-testing procedure to help workers and employers select proper-fitting respirators (see the OSHA News Release at

[http://www.osha.gov/pls/oshaweb/owa\\_disp.show\\_document?p\\_table=NEWS\\_RELEASES&p\\_id=10965](http://www.osha.gov/pls/oshaweb/owa_disp.show_document?p_table=NEWS_RELEASES&p_id=10965)).

The new fit-testing protocol, known as Controlled Negative Pressure (CNP) REDON, requires three different test exercises followed by donning the respirator two times in succession. Specific details on the revision are available in the Aug. 4 Federal Register at

[http://www.osha.gov/pls/oshaweb/owa\\_disp.show\\_document?p\\_table=FEDERAL\\_REGISTER&p\\_id=18218](http://www.osha.gov/pls/oshaweb/owa_disp.show_document?p_table=FEDERAL_REGISTER&p_id=18218).

## Second Call for Influenza Sentinel Providers

The Iowa Dept. of Public Health (IDPH) and the University Hygienic Laboratory (UHL) are still recruiting health-care providers to participate in the 2004-05 Iowa Influenza Sentinel Provider Surveillance Network. Providers from the southern part of the state are especially needed.

During the influenza season, sentinel providers report the total number of patient visits each week and number of patient visits for influenza-like illness by age group to a central data repository at the CDC. They also submit specimens from a subset of patients to UHL for virus isolation and strain subtyping **free of charge**. Sentinel provid-

ers receive feedback on the data submitted, summaries of state and national influenza data throughout the season, and a free subscription to CDC's Morbidity and Mortality Weekly Report (MMWR) and Emerging Infectious Diseases Journal.

Data from sentinel providers are critical for monitoring the impact of influenza and, in combination with other influenza surveillance data, can be used to guide prevention and control activities, vaccine strain selection, and patient care. Providers of any specialty (e.g., family practice, internal medicine, pediatrics) in any type of practice (e.g., private practice, public health clinic, emergency room, university student health center) are eligible to participate. If interested contact Sarah Brend at IDPH by telephone at 515-242-5114 or via e-mail at [sbrend@idph.state.ia.us](mailto:sbrend@idph.state.ia.us) as soon as possible.

## Surveillance for the Upcoming Influenza Season

With the flu season right around the corner, we are again recruiting school nurses to participate in the Weekly School Absenteeism Surveillance program. The program was a huge success last year, with over 50 schools participating. The program is relatively simple and all you have to do is report on a weekly basis throughout the influenza season the number of student absentees your school had. Interested nurses/school staff should contact Sarah Brend by phone 515-242-5114 or e-mail [sbrend@idph.state.ia.us](mailto:sbrend@idph.state.ia.us).

# Worth Noting

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## Arthritis Wellness Expos

The Arthritis Foundation Iowa Chapter "Strategies for Change – Giving You the Tools to Take Control" Arthritis Wellness Expo will take place on Saturday, October 9 at the Hy-Vee Conference Center at 5820 Westown Parkway in West Des Moines. Registration is scheduled for 8:30 am with the expo beginning at 9:00 am. This full-day educational event features a motivational speaker and sixteen concurrent workshops. Topics include new medications, disease-specific information and pain management. CEUs are available. Half-day expos are scheduled in the Quad Cities on October 2, Iowa City on October 16 and Dubuque on October 23. For more information about the events, contact the Arthritis Foundation Iowa Chapter at 515-278-0636 or 1-866-378-0636.

## Blow the Whistle on Asthma Walk

The 2004 "Blow the Whistle on Asthma" Walk will take place on Saturday, September 25 at Campbell Recreation Area in Clive. Registration is scheduled for 9 AM with the walk beginning at 10 AM. Proceeds from the walk will be used to support the American Lung Association's current educational programs: Camp Superkids and Asthma 101.

The walk will also provide additional funding for the American Lung Association's Asthma Clinical Research Centers, a network of 19 medical centers across the country, including one in Illinois, dedicated to finding better treatments, determining the cause of asthma and finding a cure for this increasingly deadly disease.

For more information about the walk, please call 515-334-9561 or 1-800-LUNG-USA.

## Responsible Gambling Council Newslink

The Responsible Gambling Council helps individuals and communities address gambling in a healthy and responsible way, with a strong emphasis on preventing gambling-related problems. The RGC is located in Toronto, Ontario Canada.

Newslink is the RGC's free quarterly newsletter of news, views and trends in gambling and problem gambling. To read the Summer 2004 issue go to <http://www.responsiblegambling.org/articles/newslinkSummer2004.pdf>. For a free subscription, the form to fill out is at [http://www.responsiblegambling.org/latest\\_news\\_newslink\\_subscription.cfm](http://www.responsiblegambling.org/latest_news_newslink_subscription.cfm) and also includes a place to sign up for their free Newscan and conference information.

## Certificate in Gerontology now Available

Des Moines University is now offering a graduate Certificate in Gerontology. The Certificate in Gerontology will provide an overview of the field of gerontology and how gerontological concepts are applied to health care. Students will gain an understanding of biological, psychological, and social aspects associated with aging. An appreciation for the aging process and the senior population will be achieved through "hand on" learning activities. The Certificate in Gerontology is a 21-credit hour program with classes offered in the evenings and on weekends. The Certificate in Gerontology can be earned independently or in conjunction with the Master of Health Care Administration or Master of Public Health programs. Visit [www.dmu.edu](http://www.dmu.edu) to request more information or call (515)271-1364.

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### FOCUS Editor: Sarah Taylor

What would you like to see in the Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, upcoming events, or to add names to the mailing list by e-mailing us at [staylor@idph.state.ia.us](mailto:staylor@idph.state.ia.us).