PUBLICHEALTHMATTERS

Fall 2013

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To Fellow Members of the IPHA:
message from the president

By Pam Deichmann, President, IPHA, 2012-2013

As I am thinking back over the last couple of months, and what have I been up to, I am reminded of the quote from Roger Babson **"Let him who would enjoy a good future waste none of his present."** Be assured that the IPHA executive director and President are not wasting a moment assessing the many topics related to public health this summer. As you might expect we are working especially hard keeping up with the many aspects of the Affordable Care Act (ACA) and the healthcare system transitions being developed and implemented in Iowa. I am sure many of you are doing much the same. The focus of my message this quarter will center on the various topics IPHA is encountering and actively following and actively prioritizing relative to our IPHA strategic plan and IPHA advocacy statements.

As President, I found myself focusing on the following priority issues, but as you might guess there continues to be more and more topics and requests to IPHA as an organization. IPHA activities included:

1. Submitted **comments for Iowa Department of Human Services (DHS) Medicaid Wellness Waiver Application** (both first and second versions, especially promoting public health be involved in the development of Accountable Care Organizations, supported language be added to the wavier applications asking DHS continue to support retro-active payment to the date of application (verses the first of the next month) for a Medicaid waiver clients, and support transportation services when access is an issue);

2. Developed and **submitted comments for the DHS Medicaid Marketplace Waiver Application** (submitted that same comments for both waiver applications);

3. Submitted comments and **gave public testimony re:** the Iowa Insurance Division's (IID) proposed rules for the roles to assist people in obtaining health insurance (i.e., navigator, certified application counselor, etc); actively partnered with other healthcare and community action coalitions on all aspects of healthcare reform to insert a public health perspective;

4. Actively watched the **development of the health insurance exchange**, especially the essential health benefit (commenting on prevention coverage and mental health parity);

President's Message cont...

5. Supported planning process for **the 2014 APHA Region VII Affiliate meeting in Iowa City** which will provide an update on ACA implementation and to showcase IPHA membership to Iowa's APHA members who are not presently IPHA members. (Thanks to Louise Lex, John Lundell and Bonnie Rubin);

6. Initiated partner discussions seeking updates on **the issues of clean water in Iowa**; attempting to identify a pathway for our members tap into current data and coalition activities while assessing what might be the public health role as this issue becomes more and more critical for Iowans. (Thanks to Jeneane for recognizing and inviting key partners into discussions);

7. Participating in a **re-assessment of establishing a public health institute** (Thanks to Bonnie Rubin for her leadership and for exploring the possibilities);

8. Participated in development and **delivering IPHA messages to our Congressional representatives** as part of the APHA Public Health Action (PHACT) campaign (Thank you Advocacy Committee and Eric Skinner, IPHA summer intern);

9. Supported the adoption of IPHA 2014 advocacy statements; (Lead by Pam Mollenhauer and Virginia Tonelli);

So as you might guess from reading through the list of activities, IPHA remains in a unique position to influence public policy this year.

However, I would be remiss if I did not also include that we as an association have been working on established **membership goals**. As we all know, we can only grow as an association by growing our membership. So please take time to review and support the committee's goals. All of us must work together to **promote IPHA membership whenever the opportunity arises**. The web site and IPHA social media remain great selling points and proven resources to assist you in your efforts. In addition, Jeneane Moody and committee members are always available for questions, and I am sure would be delighted to consult with you in your efforts to recruit. So next time you see them please give a big thanks to the membership committee co-chaired by Beth Hochstedler and Mary Weaver for not allowing us to stop focusing on membership. So let me end by encouraging all of you to become involved in the present to assure the future.

Sincerely,

Pam Deichmann

Mission Statement:
IPHA is the voice of public health in Iowa through advocacy, membership services and partnerships.

Treasury Notes
saying hello

By John Lundell, Treasurer, IPHA

Hello to my IPHA colleagues. I hope everyone has enjoyed a fun and safe summer. As your Treasurer I am pleased to report that halfway through the fiscal year our association is tracking within its operating budget (albeit tight). Identifying sufficient funding streams to support our valued public health activities and required staff support will always be a challenge for us.

For this issue I am going to use my column to reflect on the relationship between our IPHA and the American Public Health Association (APHA). In early July I spent a couple days at the APHA headquarters in Washington, DC being trained for my upcoming role as Chair of the Injury Control and Emergency Health Services Section. The APHA is a large organization with many subgroups including sections, caucuses, forums, special primary interest groups (SPIGs), and state affiliates. The IPHA is a state affiliate and during my training it became clear how much APHA values its affiliates. Nearly every speaker during the two days asked for a show of hands from those who are members of their state affiliate. I proudly proclaimed not only was I a member of IPHA but also have the honor to serve on its Board of Directors. I am sure Louise Lex, IPHA's designated affiliate representative to APHA, would agree that affiliates such as IPHA play a critical role in representing APHA's national public health priorities at the state and local level. Recent examples of this were the numerous IPHA members who met with Iowa's congressional delegation during their summer recess in accordance with APHA's Public Health Action (PHACT) campaign.

APHA is an incredible resource for all of us in public health. The organization has 29 primary sections representing the breadth of subject areas that public health includes. I recommend that you peruse the APHA website (www.apha.org) to see all that they offer and then encourage you to consider becoming an APHA member. The IPHA pays an annual affiliate membership fee that is reduced each time an IPHA member also joins APHA.

Have wonderful fall and perhaps I'll see you in Boston at the APHA Annual Meeting November 2-6.

John Lundell

Our Vision
Advancing public health in Iowa

APHA Affiliate Activities

By Louise Lex, Iowa's Affiliate Representative to the APHA Governing Council

The piano pounding out the old gospel song, "Count Your Blessings" often rings in my ears. It's times like these when the work we do may be, according to the words in the song, "tempest tossed." It's also times like these when we need to take account of what we have accomplished. So, as the song goes, let's count our blessings and name them one by one.

First of all, we have successfully introduced 19 young AmeriCorps members to public health, some of whom have decided to go on to public health careers. Not only have they contributed to the communities in which they worked over the last two years, they also will be part of the future of public health, no matter where their lives may take them. Special thanks go to Jaci Miller for her successful leadership of the program this year.

Second, we have been on the forefront of the third major social change—the first being passage of social security legislation in 1935; the second, Medicare and Medicaid in 1964; and finally the Affordable Care Act in 2010. No longer do grandma and grandpa have to depend on their children to support them in their old age. No longer do those who are disabled and without financial resources have to depend on hand-outs and charity when they need care. And now, what most of public health professionals have dreamed about is beginning to materialize—everyone will have a right to good health, regardless of their ability to pay.

"...what most of public health professionals have dreamed about is beginning to materialize - everyone will have a right to good health, regardless of their ability to pay."

Louise Lex

Third, at the state level, we have helped lead Iowa into expanding Medicaid. We have beaten down the forces that would have legalized the sale of raw milk. We have a graduated driver's license provisions that protect young drivers. Special thanks go to Jeneane Moody for making sure IPHA was at the table when decisions about these critical pieces of legislation were being made.

All of these blessings have been accomplished because we are part of the Iowa Public Health Association, the voice of public health in Iowa. And as an affiliate we are connected with the vast training, education, and advocacy resources of the American Public Health Association.

APHA
An association of individuals and organizations working to improve the public's health and to achieve equity in health status for all.

Member Spotlight
Judy Solberg

Briefly describe your work and its relation to public health.

I was the chief of the Bureau of Nutrition and Health Promotion at the Iowa Department of Public Health. I was the Iowa public health nutrition director and the director of the WIC program.

What is the most rewarding aspect of your work?

The most rewarding aspect of the position was knowing that our bureau was part of the great work local WIC clinics do in promoting healthy lifestyles for pregnant women infants and children. I also enjoyed watching the health promotion team grow and expand the pick a better snack and act program. It was rewarding working with the Department of Human Services in developing the SNAP nutrition education program.

What led you to this career?

I was a missionary living in the bush of Papua New Guinea for eleven years. This experience was public health at a ground level. When our family returned to the United States I got a master's degree in public health nutrition from the University of Minnesota. Public health was my new career.

What do you see as the greatest challenges and opportunities for public health in Iowa in the next two years?

Public Health continues to have the challenge of informing the public of all of the areas that public health works in to keep their environment healthy. I also continue to be concerned about our food supply and the many locations our food comes from.

What role do you think IPHA could play in meeting those opportunities?

IPHA has a very important role to play in promoting public health. The annual meeting is excellent in showing all of the areas public health works. I am on the board for the Iowa Food Systems Council and this is a very active group promoting local foods and many innovative farming ideas. IPHA should be active in the Iowa Food Systems Council. I am also a member of the Food and Health Work Group which is part of the Iowa Food Systems Council. Our mission is "Cultivating a just and diverse food system that eliminates hunger, increases access to nutritious food and improves the health of all Iowans."

"I was a missionary living in the bush of Papua New Guinea for eleven years. This experience was public health at a ground level. When our family returned to the United States I got a master's degree in public health nutrition from the University of Minnesota. Public health was my new career."

Judy Solberg

IPHA PHACT Campaign

By Erik Skinner, IPHA Intern

This summer the IPHA once again participated in the American Public Health Association's Public Health Action Campaign (PHACT). Members from across the state sought to educate and engage Iowa's US congressional delegation on crucial public health issues. Public health advocates went into the PHACT campaign with a clear simple message: protect federal public health funding in the state Iowa.

The Affordable Care Act establishes the Prevention and Public Health Fund as the first national commitment to public health and prevention on such a scale. However, the fund has been cut due to sequestration and money is being diverted elsewhere. The funding for home and community based services within the Prevention and Public Health Fund gives Iowans additional resources to address physician shortages in rural settings and socioeconomic health disparities.

During the PHACT Campaign, the deconstruction of the Farm Bill was also discussed. Provisions for agriculture and public nutrition programs previously brought urban and rural lawmakers together on two very important issues. Agriculture and nutrition are two areas that can make a community healthy and successful and it is crucial that both topics receive support.

To learn more about the PHACT Campaign, please visit the IPHA website: http://iowapha.org/Default.aspx?pageId=370796

Photo Caption:
IPHA members met with David Leshtz from Cong. Loebsack's office.

L to R:
John Lundell
Tricia Kitzmann
David Leshtz
Doug Beardsley
Julie Schilling

September Is Preparedness Month

By Jena Martin, Intern, Safeguard Iowa Partnership

Every year, Iowa recognizes September as Preparedness Month in conjunction with National Preparedness Month. Since its inception in 2004 by the Federal Emergency Management Agency (FEMA), National Preparedness Month has been observed to encourage Americans to take steps to prepare for emergencies in their homes, businesses, schools, and communities.

For many Iowans, September is about enjoying Iowa's wonderful fall weather and watching football. There is a correlation between the game of football and preparedness, as football players must be prepared for the game, as all Iowans need to be prepared for a disaster. With this in mind, Safeguard Iowa Partnership has teamed up with Iowa Homeland Security and Emergency Management and the Iowa Emergency Management Association to create and launch "Let's Tackle Preparedness" for Iowa's preparedness month campaign. Helping support this initiative is NFL player and Iowa Native, Tyler Sash, who is volunteering his time to teach Iowans about the importance of being prepared on and off the field.

To help spread awareness and participation in the campaign, 'playbooks' were distributed to emergency management agencies across Iowa to promote preparedness to citizens and businesses in their county. In addition, there are playbooks for businesses and the general public to use. Each playbook contains instructions and guides individuals through steps that will make them better prepared for emergencies or disasters.

The goal of the campaign is to encourage businesses, employees, and citizens of Iowa to pledge to be prepared. Many members of the public are not only unprepared for disasters, but are unrealistic about how much time they will have to respond during emergency situations and how long it will take to recover from them. When the public is trained and can participate in the response to a disaster, this frees emergency personnel to commit their resources where they are most needed. The "Let's Tackle Preparedness" campaign will educate the public on what they need to know about responding to emergency situations and how to be better prepared for disasters.

If you are interested in getting involved with the campaign, you can find contact information as well as tools for emergency management agencies, businesses, or individuals and families at the campaign's homepage at www.beready.iowa.gov.

Safeguard Iowa Partnership's Mission:

Strengthening the capacity of the state to prevent, prepare for, respond to and recover from disasters through public-private collaboration.

Louisa County Takes Action
county health rankings local story of action

By Sara Imhof, Executive Director, Iowa Counties Public Health Association
Patti Sallee, Administrator, Louisa County Local Public Health
Mallory Smith, Development Coordinator, Columbus Junction

Louisa County Local Public Health Administrator, Patti Sallee, and Columbus Junction Community Development Coordinator, Mallory Smith, were not satisfied with Louisa County's County Health Ranking of 95, overall, in the State of Iowa. Specifically, they were concerned about the 28 percent of Louisa County residents age 20 and over who reported no leisure time activity compared to an average of 25 percent in Iowa and a national benchmark of 21 percent or less) and the 34 percent of county residents with a BMI greater than 30, compared to an average in Iowa of 29 percent and a national benchmark of 25 percent.

Armed with solid public health data indicating population health challenges in their community, they got to work by issuing a Survey Monkey to Columbus Junction students, residents and professionals, and holding group meetings to determine what some of the solutions to the problems of obesity and physical inactivity might be. With information from over 100 respondents, they learned that the community felt they had plenty of options for physical activity (e.g., trails, tennis courts, swimming pool, etc.), and that grocers, farmers markets and community gardens provided plenty of options for fresh and healthy food and recipe ingredients.

They learned, however, that members of Columbus Junction desired a person to help pull all the information together about these opportunities for activity and healthy food. They wanted someone to help disseminate information and ideas in a positive and motivating way. Overall, the residents of Columbus Junction felt they could benefit from a catalytic agent for positive movement in the direction of reducing obesity and increasing physical activity.

Columbus Junction, like many communities in Iowa, has limited funds that do not allow for hiring a wellness director. However, Patti and Mallory were committed to finding a way to give the community what it needed, and they got lucky. They found two healthy and physically active college students from their area (one who is studying medicine and the other marketing) to serve as interns with the City's Community Development Center. Program flexibility allows this year's interns to collaborate with the local health department and use their expertise and time to promote the many great options ALREADY AVAILABLE to local residents in a way that is appealing and motivating. In essence, creating a population health Public Service Campaign!

If the campaign is successful in Columbus Junction, Patti and Mallory hope to expand it county-wide. And if that works well, they can offer a model to share with other counties all across the State of Iowa.

For more information, contact:
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Louisa County Public Health Administrator
psallee@louisacomm.net
or 319-523-3981

Healthy Weight Loss

It's natural for anyone trying to lose weight to want to lose it very quickly. But evidence shows that people who lose weight gradually and steadily (about 1 to 2 pounds per week) are more successful at keeping weight off. Healthy weight loss isn't just about a "diet" or "program". It's about an on-going lifestyle that includes long-term changes in daily eating and exercise habits.

To lose weight, you must use up more calories than you take in. Since one pound equals 3,500 calories, you need to reduce your caloric intake by 500—1000 calories per day to lose about 1 to 2 pounds per week

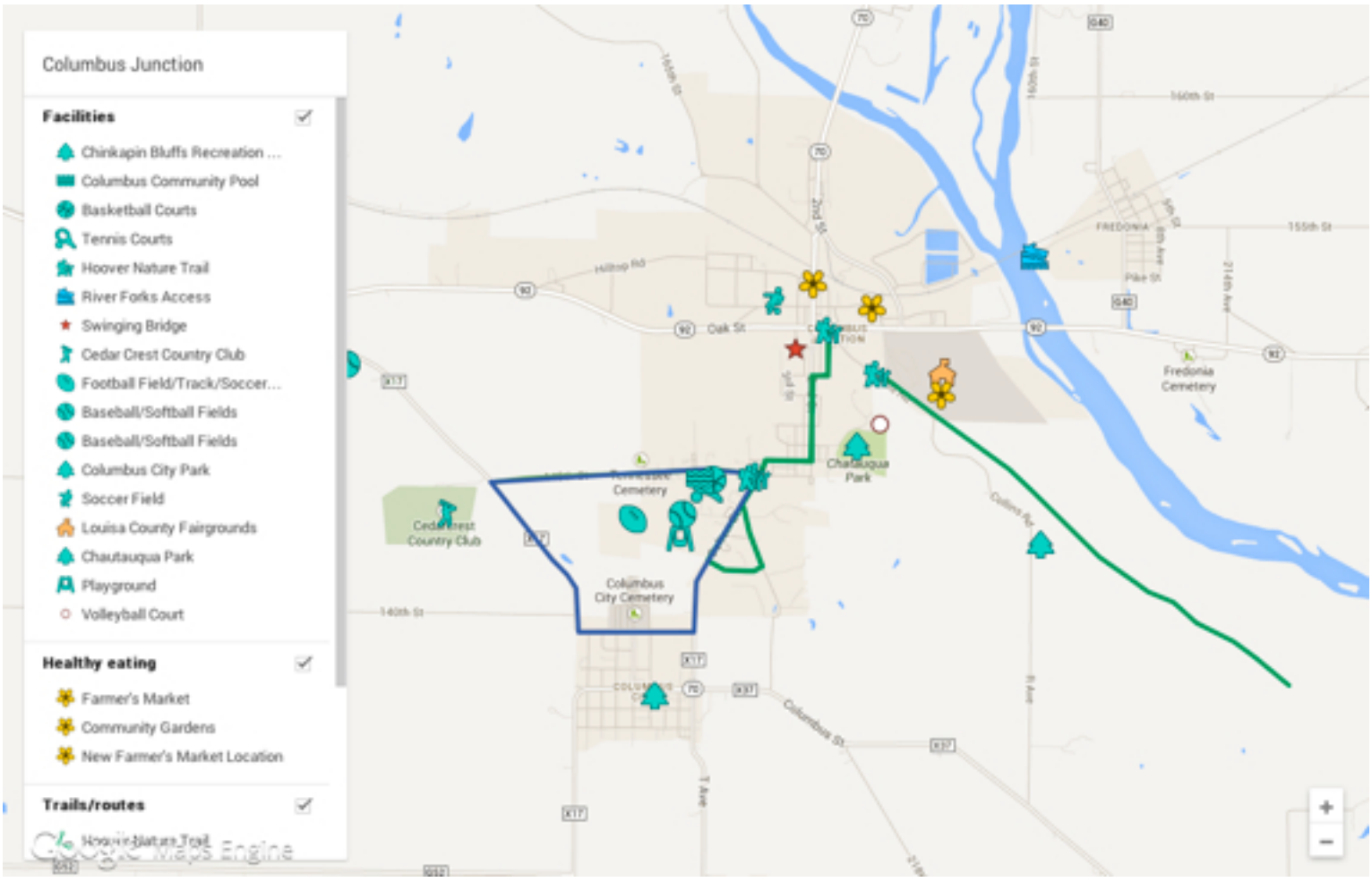
Activity of the Week: Swimming
Swimming is an excellent aerobic activity that puts less strain on the joints.

Columbus Junction Pool
Open Monday-Friday 1:00-6:00 and Saturday & Sunday 1:00-7:30
Wapello Community Pool
Open Swim Daily 12:30-5:00 and 6:00-8:00
Adult Swim Daily 5:00-6:00

Louisa County Takes Action
county health rankings local story of action cont...

By Sara Imhof, Executive Director, Iowa Counties Public Health Association
Patti Sallee, Administrator, Louisa County Local Public Health
Mallory Smith, Development Coordinator, Columbus Junction

Click here to access the map below using Google



Eat Right
with cerro gordo county

By Nola Aigner, Public Information Officer, Cerro Gordo County Deparment of Public Health

For the past two years, the Cerro Gordo County Department of Public Health has been a recipient of the Centers for Disease Control and Prevention Community Transformation Grant (CTG). This five year grant allows the Health Department to improve many health and wellness initiatives on a comprehensive level, focusing on system and environmental changes rather than one-on-one programming efforts. Among its initiatives, the Health Department has utilized this grant to improve the built environment around the community, promote smoke free multi-unit housing, and support worksites in creating wellness programs. During the second year of the grant, the Health Department has focused to improve active living and healthy eating, one of the grant's strategic directions.

To improve the healthy eating habits, the Health Department created a healthy dining downloadable application (app) for both smartphones and tablets funded. To develop the app, the first step was to conduct the Nutrition Environment Measures Survey for Restaurants (NEMS-R), produced by Pennsylvania University with support from the Robert Wood Johnson Foundation.

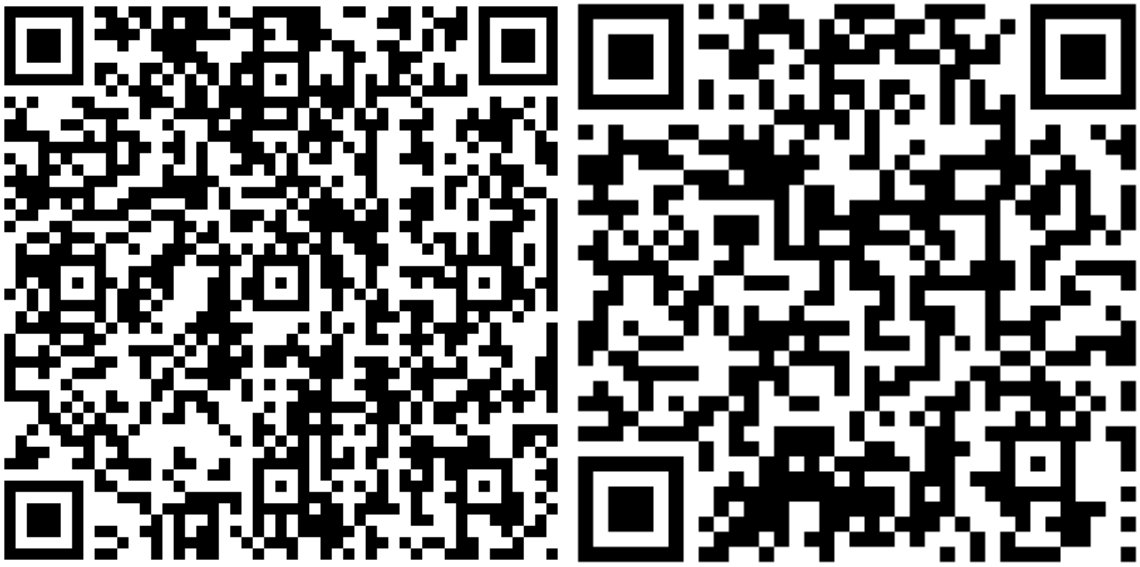
Each restaurant is scored based upon the following strategies:

- Availability of "healthy" entrées, beverages, appetizers
- Availability of nutrition information on-site and online
- Promotional methods of food and beverage purchases
- Price equality between "healthy" entrées and other entrées

Each restaurant's score ranges between -27 and 63. Higher scores indicate that restaurants implement a high number of healthy dining strategies mentioned above. Over 99% of the restaurants in the county chose to participate in the survey for the app.

Armed with the survey data, the Health Department worked with a local web site and software application company, WebWise Websites, Inc. to design the app while staff scored restaurant survey results and input data. In addition to the NEMS-R score and restaurant contact information listed on the app, a list of healthy and nutritious menu options for each restaurant was added. The app took about a year to create from start to finish. In July of this year, the app was launched and the public was able to download it on their smartphone or tablet for free.

This article was supported by grant/ cooperative agreement DP003554 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



Eat Right
with cerro gordo county cont...

By Nola Aigner, Public Information Officer, Cerro Gordo County Deparment of Public Health

"As a result of this project, many local restaurants have been making simple changes to improve their NEMS-R Score." With so many families dining out on a regular basis, we are excited to offer them an easy way to select dining choices based upon nutrition with the touch of a button," states Kelli Huinker, Health Promotion Service Manager, Cerro Gordo County Department of Public Health. "With this assessment program, we have had multiple restaurants reach out to us in hopes to improve their dining environment and we are happy to recommend simple yet effective strategies to these restaurants. Our hope is that a healthier option, whether it is by price, nutrition, or marketing changes, will be available in any restaurant you choose to dine in Cerro Gordo County."

This project illustrates how the broad approach of the CTG program is impacting the community's health. Now the healthy choice can be the easy choice, no matter where one dines in Cerro Gordo County.

The app can be downloaded through Google Play or I-tunes by searching Cerro Gordo Smart Dining.

For more information regarding the smart dining app, please visit www.cghealth.com or contact Kelli Huinker at (641) 421-9312 or by email at khuinker@cghealth.com.

Health Impact Assessment #4
screening: step 1 of the HIA process

By Denise Attard Sacco, BS Env. Health (Hons), MPH, CHES

What is Screening?

As described in our first article in this series of articles on Health Impact Assessment (HIA), screening is the very first step of the HIA process. It provides a quick check as to the potential impacts of a proposal (be it a policy, project or plan) on the public's health and also helps determine whether the proposal would benefit from a more detailed health assessment (CDPH, 2010; IMPACT et al., 2004). The screening process is based upon a series of inquiries that examine the proposal's link to health determinants and health equity in a systematic manner and considers potentials which may reduce any negative impacts and inequities identified (CDPH, 2010).

Purpose of Screening?

The screening process is essential in deciding whether the proposal would benefit from a HIA, since this would allow a deeper assessment of identified impacts. It would also help determine whether the HIA process would be the best option to address such impacts (CDPH, 2010). It highlights areas of concern which need to be considered in a HIA, should the decision be to go ahead with a HIA, and decides upon the level of assessment needed. Should screening rule out the need for a HIA, the screening step will help in providing a written record on how that decision was reached (IPHI, 2009). It is imperative that sufficient time is spent in screening a proposal. A quick decision to eliminate the need for a HIA may result in having negative health impacts arising during the proposal's implementation phase, or in missing the opportunity of enhancing the proposal's positive health impacts (ACHEIA, 2004).

Main Tasks

The screening process encompasses four main tasks.

Task 1

The first task is concerned with determining the link between the proposal and health and may be addressed using the following series of questions:

- Should health be considered within this proposal? Will this proposal impact health?
- What are these health impacts (negative and/or positive)? How will they affect health determinants?
- What is their potential for population impact? Will these health impacts be differentially distributed by socioeconomic status, ethnicity, gender, geography, or some other factor? Will such differential impacts be fair? Will they give rise to health inequity concerns (how will they impact vulnerable population groups)?
- What is the potential scale of these impacts?
- Can negative health impacts identified be avoided or mitigated? Can positive ones be enhanced?

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Health Impact Assessment #4
screening: step 1 cont...

- Will changing the proposal eliminate or mitigate negative impacts or enhance positive ones? Will the costs of conducting such changes outweigh the costs incurred by negative health impacts? Will they outweigh the benefits gained through enhancing positive health impacts?

(ACHEIA, 2004; CDPH, 20102; WHIASU, 2004)

Task 2

This second task would focus on determining the value a HIA would bring to the proposal. This entails weighing the significance of the health impacts identified and their association with existing health inequities. A number of possible scenarios arise. Thus for example, if the potential health impacts which may arise following implementation of the proposal are deemed to be negligible, then a HIA may not be required. If they are considered to be non-negligible as well as differential (that is such impacts may differ in range and severity amongst different population groups, particularly in vulnerable, marginalized or disadvantaged groups) but can still be easily mitigated by carrying out appropriate adjustments to the proposal at this early stage, than a HIA may not be necessary. The case may also be that existing legislation already provides the required protection against the proposal's negative health impacts, and therefore these can be adequately addressed through such legislation (ACHEIA, 2004; CDPH, 2010)

A HIA would be warranted when the potential health impacts identified are deemed to be significant and may have highly disproportionate effects among different population groups, thus creating further health inequities. A HIA would also be required when there is uncertainty about the proposal's potential and differential health impacts, such as, for example, when such impacts have been scientifically proven but are not well acknowledged or under stood by the proposal's final decision makers or its stakeholders. A HIA would be helpful when there is also uncertainty on the opportunities available to adjust the proposal in a manner which addresses health impacts (ACHEIA, 2004). In such cases a HIA would help in exploring different alternatives to the proposal, how these would impact health, and help develop appropriate mitigation measures aimed to reduce health inequities.

Task 3

If the decisions taken at end of task 2 establish that a HIA would add value to the proposal, the next step would be to determine if the capacity required to conduct such an assessment actually exists. This entails first and foremost establishing whether a HIA can be under taken within the proposal's decision-making timeframe, as well as whether there is support for the HIA at the decision-making level. The HIA recommendations would need to be delivered to the decision makers prior to

Health Impact Assessment #4
screening: step 1 cont...

the proposal's finalization and implementation. The decision-makers must also be willing to receive and act upon such recommendations. This means that the HIA would possess the ability to contribute towards the decision-making process. If such ability does not exist than in such cases conducting a HIA may not be the best way forward (CDPH, 2010). Other factors to consider when determining HIA capacity include the resources needed to carry out the assessment. These consist of but are not limited to economical resources, availability and access to the required data and information, expertise, technical capacity and the necessary leadership to conduct the HIA (CDPH, 2010).

Task 4

Should the decisions taken at the end of task 3 give the green light to proceed with a HIA, the fourth and final task in the screening process would focus on deciding upon the level of assessment required. Different such levels are described in Table 1 below.

Choosing the level of HIA required and/or attainable depends on the results of the previous three tasks of the screening process. The recommendation should be based on a balance between the potential severity, magnitude and differentials of the health impacts identified, resources available to conduct the HIA, and the time available to carry out the assessment and deliver recommendations. Time and resources constraints may entail having to prioritize the health impacts one can assess. Of course such prioritization should always take into account the community's and stakeholders' locally determined health priorities and targets (ACHEIA, 2004).

Whom to Involve

It is important to identify and involve the proposal's key stakeholders at the screening stage of the HIA process. Although technically screening can be conducted by a single person, the process would however be more effective if it included multiple stakeholders.

Potential stakeholders may include public health professionals, relevant experts and key informants, government representatives, representatives of the different areas which the proposal may impact (including non-government and volunteer sectors), community representatives, and the proposal's final decision makers. Involving stakeholders in the screening process helps raise awareness on the proposal's health implications, introduces broader perspectives, encourages constructive cooperation between the proposal's proponents and health advocates, and promotes ownership of the process (CDPH, 2010; IPHI, 2009; Queensland Health, 2003; WHIASU, 2004).

Public participation in the HIA process in general serves to enrich the HIA and makes it more

Table 1:
Levels of HIA

(Adapted from IMPACT et al, 2004; Queensland Health, 2003; & IPH Ireland, 2009)

Method	Consist of	Time frame
Desk-based/ Rapid HIA	❖ Broad overview of possible health impacts ❖ Collection & assessment of existing data	2 – 6 weeks up to 12 weeks
Intermediate HIA	❖ Review of available evidence ❖ Collection and analyzes of existing and new data	> 12 weeks
In-depth/ Comprehensive HIA	❖ Comprehensive assessment of all potential health impacts. ❖ Data collection & analyzes using various methods and sources	6 months – 1 year (assessment of possible seasonal variations)

Health Impact Assessment #4
screening: step 1 cont...

democratic. It also assists in identifying community health priorities and concerns and ensures that a HIA will take into account community values and principles. During the screening stage of the HIA process the public can help identify the need, as well as advocate or create political demand for a health impact assessment (CDPH, 2010; WHIASU, 2004).

The screening process can take the form of a multi-stakeholder participatory meeting which would include all stakeholders, or can be conducted as a series of meetings with individual stakeholders. Prior to such meetings stakeholders should be provided with a summarized description of the proposal, its aims and objectives, a list of its possible health impacts and information on populations who might be impacted by the proposal. Both negotiable and non-negotiable aspects of the proposal should also be highlighted. Such meetings can serve to elicit your stakeholders' thoughts and perspectives on the possible health implications the proposal might have and how these can be addressed (IPHI, 2009; WHIASU, 2004).

Tools to Use

There are a number of HIA screening tools available which can facilitate your screening process (please refer to the list of resources at the end of this article). Screening tools lend structure to discussions and meetings with stakeholders, thus enabling a comprehensive assessment of a proposal's possible health impacts. They also serve as a means to maintain a written record of decisions taken when determining whether the proposal being screened would benefit from a HIA or otherwise. They promote transparency of the screening process and can thus provide the information required to justify final decisions should the need arise (IPHI, 2009; WHIASU, 2004).

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Resources for Screening Tools

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Iowa Health Centers & Primary Care association to support outreach & enrollment efforts

By Sarah Dixon Gale, Senior Program Director, Iowa Primary Care Association

Iowa's 14 health centers served just under 182,000 patients last year of which nearly 33% percent were uninsured. All 14 of the health centers received funding from the Health and Resources Services Administration (HRSA) to support outreach and enrollment activities with the goal of helping eligible, uninsured Iowans in accessing health care coverage. More specifically, the health centers expect to hire 26 additional workers, who will assist over 37,000 people with enrollment into affordable health insurance coverage. Each health center will be working to help coordinate outreach and enrollment activities with partners in their service areas as well. The Iowa Primary Care Association also received funding from HRSA to support the outreach and enrollment activities at the health centers. The Iowa PCA will be supporting the health centers in the following ways.

1. Ensuring that health centers have timely and necessary information about Iowa's consumer assistance training requirements and rollout of new affordable insurance options.
2. Coordinating health center outreach and enrollment activities with other consumer assistance efforts in the state.
3. Providing technical assistance and training on effective health center outreach and enrollment strategies and targeted technical assistance to individual health centers that experience challenges in meeting outreach and enrollment projections.
4. Monitoring successes and barriers to health center outreach and enrollment activities.

For more information about outreach and enrollment activities being supported by Iowa's health centers and the Iowa PCA, please contact Sarah Dixon Gale at sdixongale@iowapca.org or 515-333-5016.

Environmental Groups Call for Clean water goals to reduce harmful algal blooms & protect clean water in lakes

By Ralph Rosenberg, Executive Director, Iowa Environmental Council

On Tuesday, August 20, the Iowa Environmental Council and Environmental Law Policy Center filed a petition with the Iowa Environmental Commission to achieve clean water in our lakes by setting goals for 159 lakes.

The new, proposed plan would set recreational standards for water clarity, chlorophyll-a, nitrogen, and phosphorus at these public lakes. These latter two contaminants have been linked to increased numbers of health risks.

The state standards would directly affect permits for 17 facilities, primarily city sewage treatment plants that discharge to streams that could pollute lakes. In general, farm chemical runoff is exempt from water quality standards; some large livestock confinements must have federal discharge permits. However, these goals will serve as restoration targets for watershed projects that work with farmers to reduce their contributions to the problem. Thus, to achieve the goals of the recreational standards (which will also have public health benefits), communities will need changes in agriculture practices beyond enforcement of the permitted facilities.

To learn more about the petition, opposition, and more detailed plans, head over to the Des Moines Register.

Rural Oral Health toolkit available

By Gloria Vermie, RN, MPH, State Office of Rural Health Director, Iowa Department of Public Health

In Iowa, several organizations, oral health care providers and programs reach for excellence each day to deliver quality dental services. However, access to local oral health services for rural residents can be a challenge.

A rural oral health toolkit developed by the Rural Assistance Center (RAC) and Walsh Center for Rural Health Analysis Launch may provide some assistance to you as you work to assure rural Iowans in your community have access to dental care. Also if you are developing local activities or a local oral health initiative, be sure to talk to your local I-Smile coordinator who is working diligently to assure that Iowa children have a dental home. I-Smile coordinators have great experience working with different community organizations and health care providers and are an asset to rural Iowa.

- You can find your local I-Smile coordinator by visiting www.ismiledentalhome.iowa.gov.
- Additional oral health information can also be found at: www.idph.state.ia.us/ohds/OralHealth.aspx

The rural oral health tool kit has been reviewed by staff in the IDPH-Bureau of Oral and Health Delivery Services. We found it to be useful and a good source of information for oral health planning and activities.

Toolkit Components:

- Seven modules with information and links to resources, websites, publications and tools such as evaluation strategies.
- Overview on oral health in rural areas, program model examples, guidance on implementation, evaluation methods and more.
- The toolkit is available for free on the RAC website.

Oral Health Mission: Protecting the health and wellness of every Iowan through the prevention and early detection of dental disease and through the promotion of optimal oral health.

Program & Policies Toolkit for healthier communities: evidence-based resources for public health professional

This toolkit was designed by the Iowa Counties Public Health Association (ICPHA) and The Upper Midwest Public Health Training Center (UMPHTC) to equip public health administrators and other interested community partners with evidence-supported tools and resources to take action on public health concerns in their communities.

According to ICPHA Executive Director, Sara Imhof "ICPHA members really wanted to take their county health rankings data to the next level, and have at their disposal proven policies and programs to improve population health."

Based on work sessions with local public health administrators and key stakeholders, ICPHA and UMPHTC identified the following public health priorities: Access to Mental Health, Diet and Exercise, and Tobacco Use. This toolkit will provide effective policies and programs, success stories, tools and resources, and funding opportunities related these topics to maximize communities' chances for success at improvement. The contents for this toolkit are identified by County Health Rankings data and other similar sources (PDF).

Doug Beardsley, ICPHA President notes "ICPHA is fortunate to have great partners like the Upper Midwest Public Health Training Center at the University of Iowa. Tools like this would not be possible without their support and commitment to providing training and resources to strengthen the capacity of local public health departments."

This toolkit is made possible by a grant from County Health Rankings & Roadmaps - A Healthier Nation, County by County.

http://prepareiowa.training-source.org/training/toolkits/Program%20&%20Policies%20Toolkit%20for%20Healthier%20Communities:%20Evidence-based%20Resources%20for%20Public%20Health%20Professionals/detail/Newsletters

UMPHTC
The purpose of the training centers is to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competence of the current and future public health workforce.competenc e of the current and future public health workforce.

School Dental Screenings: making a difference for iowa's children

By Sara Schlievert, Iowa Department of Public Health, Oral Health Center

The overall goal of the school dental screening requirement is to improve the oral health of Iowa children, knowing that children who come to school without dental disease will have improved overall health and be better prepared for learning. All children enrolling in kindergarten or ninth grade in an elementary or high school must provide proof of a dental screening to their school.

Results from the 2012-2013 dental screening audit are now available and indicate that 58,918 students submitted valid screening certificates, and nearly 15 percent of those students had dental treatment needs. This represents thousands of Iowa families, and many of those families would have been unaware of their children's needs without the required school dental screening. Through the IDPH I-Smile™ program, public health dental hygienists continue to collaborate with school nurses to help ensure that families are able get screenings and access dental treatment for children who need care.

For more details, the comprehensive audit report summary can be found at: http://www.idph.state.ia.us/OHDS/OralHealth.aspx?prog=OHC&pg=Screenings

Health Insurance Coverage of children in iowa

A survey conducted by the Public Policy Center at the University of Iowa shows 3 percent of children without medical insurance. The results come as policymakers prepare for changes to health programs with the Affordable Care Act, which takes effect next year.

Results from the Iowa Child and Family Household Health Survey (IHHS) on Health Insurance Coverage of Children in Iowa revealed implications for implementation of the Affordable Care Act, including increased incentive for families in Iowa to enroll their children in programs for which they are currently eligible, yet unenrolled.

In 2010-2011, only 3% of Iowa children were without medical insurance. 60 percent of these children were eligible for either Medicaid or hawk-i, Iowa's version of the federal S-CHIP program. If all eligible children were enrolled in these programs, a total of 99% of Iowa's children would have health insurance.

With the insurance expansion of the Affordable Care Act (ACA) and individual mandates scheduled to be enacted on January 1, 2014, families will be incentivized to pursue insurance plans for their children. Because of the relatively low number of uninsured children in Iowa (3% in Iowa as compared to 8% in the United States), the impact should be fairly modest.

To learn more about the report, view slides from a webinar presented on 7.16.13.

To read the full report, click here.

"Iowa is ahead of the curve as far as covering kids with medical insurance due to previous expansions of the Medicaid and hawk-i programs", says Peter Damiano, the study's primary author.

"This study provides vital information about the progress that Iowa has made in insuring our children, and helps to identify areas for further improvement" says Betsy Richey, IHHS Coordinator at the Iowa Department of Public Health.

The IHHS is a collaborative effort of the Iowa Department of Public Health, the University of Iowa Public Policy Center, and the Iowa Child Health Specialty Clinics. It is designed to measure the health and wellbeing of children and families in Iowa. The population-based survey was conducted via telephone and internet from fall 2010 through spring 2011. Families were asked over 165 questions regarding a randomly-selected child in their household and about their own insurance coverage, as well as topics related to their child's health.

Did You Know?
In 2010-2011, 3% of Iowa children were without medical insurance.

Funding Complete for the State hygienic laboratory's center for the advancement of laboratory sciences

By Bonnie Rubin, Associate Director of the State Hygienic Laboratory at the University of Iowa

IPHA members were a critical factor in securing a one-time $1 million allocation to complete the construction of the lower level auditorium and training laboratory in the State Hygienic Laboratory's (SHL) newest facility in Coralville, Iowa. Total cost to complete this construction will be approximately $2.3 million. Prior to the legislative funding, SHL had received a $580,000 grant from the Carver Charitable Trust over two years ago. Since that time, SHL staff has worked diligently to secure additional funding to be able to complete the design phase and get the project out to bid. Thanks to the effective and persistent advocacy efforts of IPHA as an organization and individuals, we are pleased that this past month we have completed the final plans and plan to start construction the end of this year!

The auditorium will be able to seat over 125 in a conference room style, with the capability of being divided in half by a movable wall to allow two separate meetings. The training laboratory will accommodate 15 students at laboratory benches for hands-on learning. The laboratory will also have two Biosafety Level 3 (BSL3) laboratories and a dedicated chemistry laboratory. The BSL3 laboratories will be used to train laboratory professionals throughout Iowa and new staff members on the special techniques and rules when working in a BSL3 laboratory. The current Iowa Communications Network classroom will remain in place and continue to be used as a distance learning teaching space. All the areas will be electronically connected to enable shared teaching from room to room.

The completed Center will provide a critical space, not only for SHL and its educational programs, but also for the University of Iowa Research Park and community partners. The previous laboratory facility, located in Oakdale Hall, had the only auditorium with the capacity to host large groups. That auditorium hosted approximately 50 events per year, including more than 10,000 hours of meetings by area users. Since the facility was demolished, SHL, as well as other University of Iowa Research Park partners and other local organizations, lack the ability to host large groups. The completed Center will provide opportunities to advance STEM education including collaboration with the new Kirkwood Regional Center at the University of Iowa, applied research and public/private partnerships. It will provide the space to host local, state, regional and national scientific trainings and conferences on the University Research Park Campus. The completed Center will be a valuable asset to SHL and to the University of Iowa.

Thank you IPHA members!

News from the University of Iowa college of public health

Recognize an Iowa Public Health Hero

Nominations for the 2013 Iowa Public Health Heroes Award, presented annually by the University of Iowa College of Public Health, are being accepted through September 13. This award recognizes individuals from across all fields of public health and a range of career paths, including service in local leadership, advocacy, business, as a newcomer to public health practice, or for career achievement. Don't miss this chance to recognize an outstanding member of Iowa's public health practice community! Read more...

'Undergrad to Grad' Programs Debut in Fall 2013

Beginning in the fall of 2013, the University of Iowa College of Public Health will offer a new program for undergraduate students, the "Undergrad to Grad program." Combined undergraduate to graduate programs provide an opportunity for students interested in health sciences to earn both their undergraduate and graduate degrees in 5 years.

Undergraduate students may choose from a variety of degree options. There are Bachelor's/Master of Public Health options available in Psychology, Biology, and Mathematical Statistics, as well as Bachelor's/Master of Science opportunities in Biology and Biomedical Engineering. The requirements for each 'Undergrad to Grad' program are unique. To read more, click here and look for Undergraduate to Graduate (3+2) Degrees.

New Rural Policy Briefs Available

The RUPRI Center for Rural Health Policy Analysis has recently issued a number of new rural policy briefs, including Accountable Care Organizations in Rural America; The Uninsured: An Analysis by Income and Geography; and Rural Implications of the Primary Care Incentive Payment Program. The policy briefs are available for download. Read more...

Iowa Parent School Lunch Survey Report Released

The University of Iowa College of Public Health and the University of Iowa Public Policy Center conducted a study to determine Iowa parents' knowledge and perceptions of the school lunch program and the new school meal patterns as defined by the Healthy Hunger-Free Kids Act of 2010. Iowa parents of school-aged children were surveyed online to assess attitudes, beliefs, and practices in regards to the school lunch program at their child's school. The survey and a subsequent report were prepared for the Iowa Department of Education by Natoshia Askelson, assistant research scientist with the College of Public Health, along with Elizabeth Golembiewski and Daniel Elchert from the Public Policy Center. While almost half of the parents surveyed agree that school lunches are "healthy," they also listed several concerns, including smaller/inadequate portions, off-site/pre-packaged meal preparation, poor food taste and quality, and waste of undesirable food items. Read more...

News from the University of Iowa college of public health cont...

UPCOMING EVENTS

Conference Highlights Role of Information Technology and Healthy Communities

The University of Iowa College of Public Health is pleased to name Martín-J. Sepúlveda, MD, FACP, as the recipient of the 2013 Richard and Barbara Hansen Leadership Award and Distinguished Lectureship. Sepulveda, an IBM Fellow and Vice President of Health Systems and Policy Research for the IBM Corporation, will be the keynote speaker at a free, half-day conference, "Unleashing the Power of Technology to Create Healthier Communities," on September 12 at the College of Public Health Building in Iowa City. Additional details and registration information for the conference is available online.

Rebalancing Health Care Forum to Focus on Public-Private Strategies

The sixth "Rebalancing Health Care in the Heartland" forum, sponsored by the University of Iowa's Health Sciences Policy Council, will take place Oct. 15 at the Embassy Suites in Des Moines. Keynote speakers at this one-day conference will be Alan Weil, executive director of the National Academy for State Health Policy; and G. William Hoagland, senior vice president at the Bipartisan Policy Center. The event will feature a discussion on the impact of the Affordable Care Act on business in a debate format facilitated by the University of Iowa's A. Craig Baird Debate Forum. Read more...

Are We Prepared to Care?
join discussions of direct care workforce shortage solutions

By Stacie Bendixen

Do you have an aging family member? Know someone with a disability? Have a loved one who has been sick or injured? Or do you use support services to help maintain your own independence or health? Almost everyone can answer "yes" to at least one of those questions. That means that nearly everyone will connect with direct care professionals at some point.

Direct care professionals are Iowa's largest workforce, currently numbering about 75,000. They provide front-line support and care in a variety of settings (home, community-based, and facilities) to people with disabilities or health conditions. But demand is growing fast, and we have a care gap crisis: Iowa needs almost 20,000 more direct care professionals by 2020. The problem is made worse by high turnover in this workforce, estimated at 64% annually. That costs Iowans too much and makes it hard for consumers to have continuity in services. Our communities must prepare to meet the support, long-term care, and health care needs of Iowans.

Consistent, widely available training for direct care professionals is one key solution to ensure a skilled workforce that can meet Iowans' needs. Come discuss the issues and learn how to be part of the solutions at an event near you. In September, events will be in Dubuque, Davenport, and Atlantic – see details below. (Events were held in Des Moines, Mason City, and Sioux City in August.)

The events are open to all and refreshments will be provided. No RSVPs are needed, but with questions, contact Stacie at 515.237.0338 or sbendixen@sppg.com. AARP Iowa, Iowa CareGivers, the Iowa Department of Public Health, and the Direct Care Workforce Initiative are co-hosting the discussions.

This is a critical issue for all of us. Add your voice.

All events 8:00-9:30 a.m.

Dubuque – Tuesday, Sept. 17
Northeast Iowa Community College
Town Clock Center for Professional Development
680 Main Street, Dubuque, IA 52001

Davenport – Wednesday, Sept. 18
Eastern Iowa Community College
West Davenport Center
2950 N. Fairmount Street, Davenport, IA 52804
Local host: Paula Arends, Iow@Work

Atlantic – Thursday, Sept. 26
Cass County Community Center, Atlantic Room
805 W. 10th Street, Atlantic, IA 50022

Are We Prepared to Care?
join discussions of direct care workforce shortage solutions cont...

Are We Prepared to Care?

Do you have an aging family member? Know someone with a disability? Have a loved one who has been sick or injured? Or do you use support services to help maintain your own independence or health?

Then this is for you.

We have a care gap crisis. Our communities must prepare to meet the support, long-term care, and health care needs of Iowans.

This is a critical issue for all of us. **Add your voice.**

Join us for an event near you

All events 8:00-9:30 a.m.
Light breakfast refreshments provided
Open to all – no RSVP needed

Des Moines
Tuesday, Aug. 20
Polk County River Place, Room 1A
2309 Euclid Ave, Des Moines, IA 50310
Local hosts: Greater Des Moines Partnership and Central Iowa Works

Dubuque
Tuesday, Sept. 17
Northeast Iowa Community College
Town Clock Center for Professional Development
680 Main Street, Dubuque, IA 52001

Mason City
Thursday, Aug. 22
North Iowa Area Council of Governments Office
525 6th St. SW, Mason City, IA 50401
Local host: Cindy Johnson, NIACOG Regional Travel Navigator

Davenport
Wednesday, Sept. 18
Eastern Iowa Community College
West Davenport Center
2950 N. Fairmount Street, Davenport, IA 52804
Local host: Paula Arends, Iow@Work

Sioux City
Thursday, Aug. 29
Sioux City Public Museum
607 4th St., Sioux City, IA 51104

Atlantic
Thursday, Sept. 26
Cass County Community Center, Atlantic Room
805 W. 10th Street, Atlantic, IA 50022

AARP Real Possibilities · IOWA CareGivers · IDPH Iowa Department of Public Health · DIRECT CARE WORKFORCE INITIATIVE

For more information on these events,
please contact Stacie Bendixen at sbendixen@sppg.com or 515-237-0338.

Prevention's Time Has Come?

By Dr. Ronald Eckoff

I came to Iowa in 1965 as a commissioned officer in the US Public Health Service. As the new kid on the block, I was sometimes asked to give talks or write articles, but I didn't know a great deal about public health. Naturally, I used other people's ideas. I liked an article in Public Health Reports by George James, MD, Commissioner of the New York City Health Department.

Dr. James divided the natural history of disease into four stages. The first stage is that period before the disease begins, the prepathogenic phase. The important factors are those which make an individual more or less susceptible to a disease – health habits, hereditary pattern, occupation, etc. The citizen is not very much interested during this phase. They feel no pain and feel no immediate payoff exists to motive a change in habits. The health care system also does poorly in this phase.

The second stage relates to pathology subject to early detection. The disease process has begun, but the patient is not aware of it. Again they feel no pain and do not see the need to take time off from work to seek early detection tests. The health care system does poorly here too.

The third stage is the clinical phase. This is when the patient has accepted the fact that they are ill. They go to the doctor and say, "I have pain, I want help." American medicine has been its best at this stage, but care is frequently fragmented.

The fourth stage is that in which we have given up hope of a biological cure and recognize that the disease is chronic. The individual may wish to give priority to care because of their aches and pains, but they frequently find it difficult to elicit an adequate response from the health care system.

Dr. James used the story of the "Cut Finger Emergency" to illustrate.

> "Let's imagine a woman who comes to the emergency room of a general hospital at 3 A.M. with a cut finger, bleeding profusely, with a handkerchief wrapped around it. She is seen in a relatively short time by an intern. He washes the finger with antiseptics, drapes the lesion, sutures it, and bandages it. He then tells her to return in about 7 days to have the stitches removed."
>
> "This is an example of high-quality medical care in 1965. I hope by 1975 this will be an example of exceedingly poor medical care. I hope it will be used as a classic example of poor care. If the intern had looked at this woman even casually while she was sitting in the waiting room, he could have seen her reading a magazine, holding it at arm's length with the hand that wasn't cut. So he missed an opportunity – not then but maybe later – to follow up and find out that her glasses were no longer helping her because she was suffering from and was in the fourth stage of the disease presbyopia. He could have easily rehabilitated her, perhaps thereby preventing her from cutting her finger again."
>
> "Then, if he had put her up in stirrups, and done a Pap smear, he may have discovered the disease carcinoma of the cervix. And so, he missed a good opportunity to practice the second stage of medicine for that disease."
>
> "Then finally, if he had observed her further, he could have seen her lighting a cigarette with the butt of another. And so he missed the opportunity of practicing first-stage medicine for several diseases, namely, carcinoma of the lung, coronary heart disease, carcinoma of the larynx and emphysema."
>
> Now, what did he do? He treated her finger – the third stage of the disease, cut finger. He completely ignored and did nothing about treating a patient who was suffering from other stages of a flock of other diseases."

Note 1. I was an intern July 1, 1964-June 30, 1965
Note 2. It was common in 1965 to refer to doctors as "he".
Note 3. The first Surgeon General's Report on Smoking and Health was released in 1964.

I don't recall the details, but I apparently used this story in a talk or article about Health Maintenance Organizations (HMOs) which were fairly new at the time and were supposed to focus on keeping people well.

Sixty-four years earlier, in May 1901, Dr. R.E. Conniff of Sioux City, Past President of the State Board of Health, presented a paper "The Growth of Preventive Medicine" at the Fiftieth Annual Meeting of the Iowa State Medical Society. He said that the nineteenth century had passed and its record of epoch making discoveries had not been equaled in

Prevention's Time Has Come? cont...

all the history of medicine. He went on to say: **"It is plain, the medicine in the future will be in the main, preventive, and there is a great responsibility resting upon us as a profession,** for as we become acquainted with the conditions which produce disease, our responsibility increases in directing our efforts toward their eradication, and fortifying against encroachments of disease by building up resistance." Dr. Conniff was primarily talking about infectious diseases, but also mentioned prevention of malignant diseases.

Now fast forward to 2013 and Harvey V. Fineberg, MD, PhD, President of the Institute of Medicine and former Dean of the Harvard School of Public Health, authored a special communication in the July 3, 2013 issue of the Journal of the American Medical Association. The title: "The Paradox of Disease Prevention, Celebrated in Principle, Resisted in Practice." He says prevention is deeply embedded in US culture with proverbs such as "a stitch in time saves nine" and "an ounce of prevention is worth a pound of cure", but is relatively neglected in preventive medicine.

Dr. Fineberg discusses twelve reasons prevention is difficult:

- Success is invisible
- A lack of drama makes prevention less interesting
- Statistical lives have little emotional effect
- There is usually a long delay before rewards appear
- Benefits often do not accrue to the payer
- Advice is inconsistent or changes
- Persistent behavior change may be required
- Bias against errors of commission may deter action
- Avoidable harm is accepted as normal
- Prevention is expected to produce a net financial return, whereas treatment is expected only to be worth its cost
- Commercial interests may conflict with disease prevention
- Advice might conflict with personal, religious, or cultural beliefs

Dr. Fineberg then presents six strategies to overcome obstacles to prevention:

- Pay for prevention
- Make prevention cheaper than free
- Involve employers
- Reengineer to reduce need for individual action
- Use policy to make the right choices easier
- Use multiple channels to educate, reframe, and elicit positive change

I recommend Dr. Fineberg's paper for a discussion of these points. His concluding paragraph:

> "The health care community cannot expect an overnight transformation: preventive messages must be repeated across many forms of media and entertainment to become solidified over time as cultural norms. Success will require a sustained effort from individuals and families in their daily lives; from physicians, nurses, pharmacists, and other health professionals; from cultural, entertainment, and sports celebrities; from employers and insurers; from political, civic, and business leaders; from public agencies at all levels; and from philanthropies. In the end, prevention is truly worth the investment to make a difficult sell just a little easier and to put everyone on the road to a healthier future."

To be certain there have been many prevention successes in the past 112 years, but prevention has not become a cornerstone of the health care system. Will Accountable Care Organizations do that? Has Prevention's Time Come?

Misuse of Antibiotics in Livestock industry a growing public health concern

By Matt Ohloff, Regional Organizer, Iowa Food & Water Watch

80 percent of antibiotics sold in the United States are used for agricultural purposes. Despite warnings from the American Public Health Association, the American Medical Association, the Infectious Disease Society of America and the World Health Organization, it's common practice on large-scale livestock operations to routinely give routine, low dosages of antibiotics through the animals' water and feed. This process is commonly referred to as subtherapeutic use, because the drugs aren't being used to treat sick animals, but instead to promote growth.

When bacteria are repeatedly exposed to low doses of an antibiotic, some bacteria still survive the exposure and go on to reproduce. The bacteria that survive are antibiotic-resistant, and can pass their resistance on to other bacteria as well. The danger to public health comes when these bacteria remain in meat or are released into the environment via livestock waste.

Data from the National Antimicrobial Resistance Monitoring System (NARMS) shows so-called superbugs becoming more widespread in the food system. In samples taken in 2010 from four major U.S. meat products, antibiotic resistant *E. coli* was present in 66 percent of ground turkey, 52 percent of chicken breasts, 20 percent of pork chops and 14 percent of ground beef.

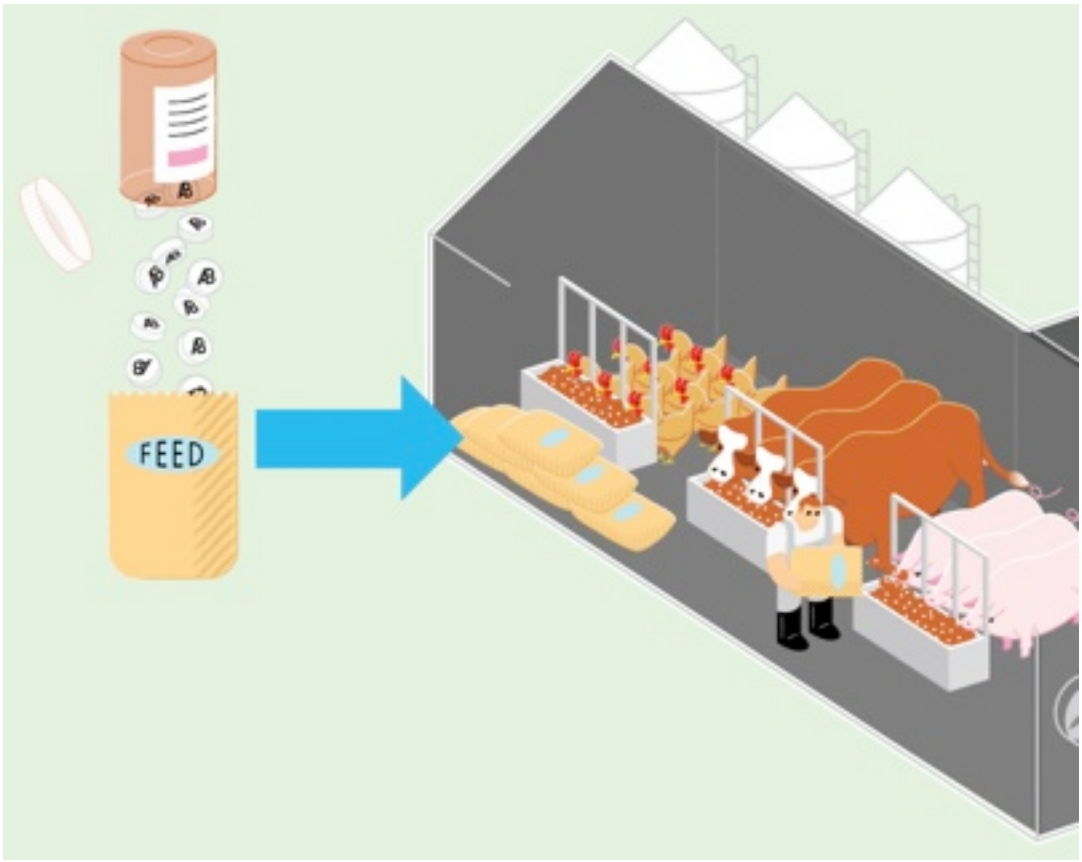
Foodborne illnesses on average hospitalize 128,000 Americans every year, and are the cause of death for 3,000 more. When antibiotic-resistant bacteria are the cause of food-borne illness, people get sicker and are more likely to require a hospital stay.

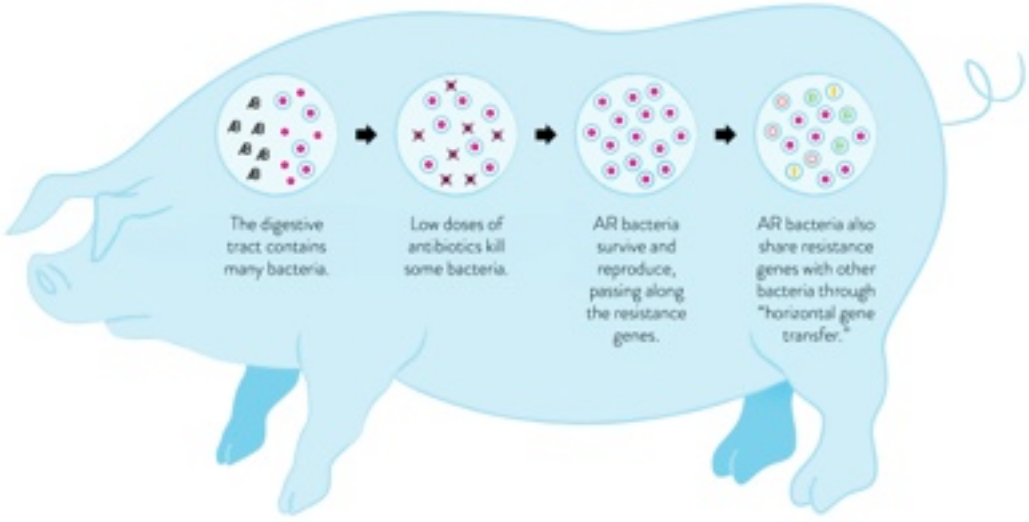
While acknowledging the challenge of antibiotic-resistance, the Food and Drug Administration's approach to antibiotic overuse in livestock production has consisted mostly on urging the industry to follow voluntary guidelines. FDA has banned the use of one class of antibiotics, fluoroquinolones, in livestock and limited the subtherapeutic use of another class, cephalosporins, but has stalled on such efforts for other classes of antibiotics.

There is legislation in Congress to end the overuse of medically important antibiotics in livestock production. The Preventing Antibiotic Resistance Act of 2013, S.1256, would ban the subtherapeutic use of antibiotics used for human health in livestock, and has been assigned to the Health, Education, Labor, and Pension Committee in the U.S. Senate. Iowa's Senator Harkin is the chair of this committee, making Senator Harkin the most important legislator in the U.S. Senate on whether or not this legislation will move forward. We are currently asking Sen. Harkin to cosponsor this necessary piece of legislation.

For more information: 515.344.4834 / mohloff@fwwatch.org

Misuse of Antibiotics in Livestock industry a growing public health concern cont...





New Executive PHAP-MPH distance degree program

The University of Minnesota's School of Public Health is pleased to announce a new **Executive MPH degree in Public Health Administration and Policy** (**E-PHAP**). The distance E-PHAP program is tailored toward working public health professionals currently in or seeking leadership roles in government agencies, nonprofits and other organizations that aim to improve the health of populations. Students will gain skills in managing public health organizations, develop and implement public health policy and apply research to program and policy performance. The 42-credit, distance (online) program can be completed in 25 months by completing 34 credits of online coursework and attending four on-campus sessions for a total of 17 days of face-to-face instruction. Learn more by reviewing our website or contacting Heather Peterson, Senior Program Coordinator at peter909@umn.edu or 612.624.6664. You can also call Donna McAlpine, Associate Professor/Program Director at 612.625.9919.

Healthiest State Walk

Over the past three years, hundreds of thousands of Iowans have taken great steps toward building a healthier Iowa by participating in the annual Healthiest State Walks. Thanks to enthusiastic participation across the state, we've jumped from the 16th healthiest state to the 9th in just two years!

Governor Terry Branstad and Lt. Governor Kim Reynolds are once again calling upon Iowans to walk in October in support of the Healthiest State Initiative.

Participate in the third annual Healthiest State Walk, presented by Delta Dental of Iowa, on October 9. Commit to a walk or register for one at www.iowahealthieststate.com.

Save the Date
healthy lung expo, november 8th

Friday, November 8, 2013
West Des Moines Sheraton Hotel

Registration Fee:
Healthcare Professionals: $75 ($90 after 10/8)
Students: $25

Patients: $10 *One caregiver can attend for free. Each additional caregiver is $5.*
*Oxygen tank refills and wheelchairs will be available to attendees

Registration and more information is available at www.LungIA.org under the Upcoming Events tab.

The Healthy Lung Expo is a program designed for patients, caregivers, and healthcare providers to learn more about the latest trends, resources, and research surround lung health. We are pleased to provide attendees with the opportunity to connect with companies that have respiratory products and agencies that provide key services.

For more information contact:
Christy Hillman
Expo@LungIA.org
515.309.9507, x. 224

Iowa Public Health Association
2013 Board of Directors

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Tricia Kitzmann, President Elect — Term expires April 2016
Iowa City, T 319.356.6040
Email tkitzmann@co.johnson.ia.us

Bonnie Rubin, Immediate Past President — Term expires April 2014
Iowa City, T 319.335.4861
Email bonnie-rubin@uiowa.edu

Jami Haberl, Secretary — Term expires April 2015
Des Moines, T 515.246.1707 or 515.770.4637
Email jhaberl@safeguardiowa.org

John Lundell, Treasurer — Term expires April 2014
Iowa City, T 319.335.4458
Email john-lundell@uiowa.edu

Louise Lex, Affiliate Representative to APHA Governing Council — Term expires April 2015
Ames, T 515.233.3258 or 515.281.4348
Email louise.lex@idph.iowa.gov

District Representatives

District Representatives District 1 - Mary Rose Corrigan — Term expires April 2016
Dubuque, T 563.589.4181
Email mcorriga@cityofdubuque.org

District 2 - Sherri Marine — Term expires April 2015
Coralville, T 319.335.4260
Email sherri-marine@uiowa.edu

District 3 - Vacant — Term expires April 2015

District 4 - Elizabeth Faber — Term expires April 2014
Clear Lake, T 641.357.5346
Email efaber.region2@gmail.com