

This legislative session likely to shape government for years

By Mark Schoeberl, Division Director, Executive Staff

"You can observe a lot just by watchin."

– Yogi Berra

There is much to watch for, and watch out for, as we prepare for the return of the Iowa Legislature for the 2002 session on Jan. 14.

Every session is notable and has its own unique issues, challenges, characteristics and personalities. But the second session of the 79th General Assembly is destined to be a partisan affair with the potential for significantly reshaping state government and spending priorities for years.

Although the state is facing extremely difficult policy questions and budget choices, there is also tremendous opportunity to strengthen and reinvigorate the public health infrastructure in Iowa. See page 2.

IDPH wins award

IDPH Director, Stephen Gleason presents Family Services Bureau's Janet Peterson with the 2001 National Public Health Information Coalition's Bronze Award for excellence in communication for the bureau's publication P.S. Powerful Stuff (a mini-zine for young women). For a copy of this publication call the Iowa Families Line at 800 369-2229.



From the director

By Stephen Gleason, D.O.

Dec. 12 was a momentous day for public health in Iowa. About 45 people – representing local public health, local boards of health, representatives of Iowa business, academia, health care and IDPH staff – met at the Iowa Health System education center in Des Moines for a Transformation “summit.” See Page 4.

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If we in the public health community can embrace these challenging times, think creatively, and work together, we can seize the opportunities inherent in this environment of potential turmoil and certain change to advance our common goals and public health agenda.

Here are a couple of observations on the factors shaping the 2002 legislative environment:

1. *Budget Shortfall:* With revenues continuing to come in under budget forecasts, the Governor and Legislature will have the difficult task of building an FY'03 budget that balances the increasing budget demands against decreasing revenues. Even with the special session and 4.3 percent across-the-board cut, there is still the potential for budget deficits in the current fiscal year. Unless difficult choices are made, and made soon to implement the across-the-board reductions and other cost-cutting measures, Medicaid spending alone is estimated to exceed appropriations by at least \$40M. The difficult choices that must be made to reduce Medicaid expenditures or restore the Medicaid budget have immediate and long-lasting impacts on public health programs and services.

2. *Government Improvement:* In the summer of 2001, the Governor and Lt. Governor announced an initiative to reorganize and improve state government departments, services and programs. Perhaps for the first time ever nationally, a governor tapped a top public health official - our own Dr. Stephen Gleason - to co-chair the process to reshape state government. The initial recommendations from this effort have already been acted on by the General Assembly (restructuring of the Department of Human Services during the special session) and lawmakers appear to have an interest and willingness to consider other such proposals during the upcoming session.

3. *State Agency Leadership:* The ripples associated with one of the Governor's budget savings strategy that was ratified by the unions and authorized by the Legislature during the special session are now beginning to send tsunami-type waves through state government as department directors and senior management staff announce their early retirement. Ironically, those exercising their option under "early-out" must be gone Feb. 1, just when the session and budget discussions begin heating up. Deprived of this institutional knowledge and expertise, individual agencies may struggle to react and implement general fund budget cuts and structural changes in programs and services.

4. *Political Gamesmanship:* Not only is this the usual election-year session driven by electioneering for partisan gain, but it is also the first election cycle based on the legislative districts redrawn by the Iowa General Assembly last year. At best, incumbent legislators may find themselves with new communities and constituencies. At worst, political allies and friends may find themselves thrown together into a single district. As a result, a significant number of long-serving legislators have decided to move to other districts, seek other elected offices, or retire.

Sometimes before and most certainly immediately after political leaders in the Legislature announce their own plans to move on, potentially caucus-splitting allegiances and alliances begin to form around individual legislators' maneuvering for these soon-to-be-vacant leadership slots. Add all this together and it makes a rich roux of political gamesmanship as colleagues use the session as a bully pulpit to gain partisan advantage in contested primaries or to begin their campaigns for statewide office early.

5. *Policy Legacies:* One constructive aspect of legislative retirements is the sincere desire by out-going legislators to make a lasting mark on policies of particular interest to them. Freed from the need to accommodate ballot-box issues, committee chairs and others have a unique opportunity to pursue far-reaching and innovative strategies and policy approaches to address issues that have vexed them throughout their public service careers. This provides a potential window of opportunity for bold thinking and new ideas.

Against this political and economic backdrop, we must be diligent and prepared to confront and address some of the more significant and daunting public health issues of our time. If we're successful, perhaps a few of the future public health milestones in Iowa will be attributed to the leadership and vision not only of the Governor and Legislature but a united public health community:

1. *Government Restructuring:* For the first time since 1986, the very organization of state government is under scrutiny. Unfortunately, any discussion of structural or administrative change invariably creates a certain sense of concern and foreboding. However, the potential for substantive change also presents an opportunity to strengthen public health at the state and local levels. Structural change that provides greater coordination and centralization of public and environmental health authorities, programs and services at the state level, and holds the promise for a more focused and coherent working relationship with our local public health partners, should be not only encouraged, but embraced.

2. *Budget Battles:* The general fund budget picture for the upcoming fiscal year is bleak. It is increasingly clear that the department and public health programs will not see any increases in appropriations, with additional nominal reductions in budgets a more likely scenario. The present budget situation challenges us to become better managers and administrators of the scarce resources for essential public health programs. Many of you may be aware of an initiative to transform and strengthen local public health capacity spearheaded by Julie McMahon and Steve Quirk. If given some additional discretion and flexibility, we are confident that our local public health partners will maximize the use of these scarce resources and overcome state budget austerity. Additionally, we have been extremely successful in enhancing federal resources earmarked and dedicated to public health initiatives, enabling us to continue to make progress in addressing critical health issues facing Iowans.

3. *Bioterrorism, Anthrax and the Model legislation*: The events of Sept. 11 have resulted in a renewed relevance of public health in the minds of American and their elected representatives. Although we have a tremendous amount of work before us as we build the public health capacities necessary to respond to these emerging threats, we have an unprecedented opportunity to build an appreciation of the way public health impacts the lives of Iowans every day. Inevitably, we will be confronted with budget and policy issues in response to Sept. 11. Our challenge is to direct this renewed interest in public health towards initiatives that will not only ostensibly enable us to respond to potential domestic and biological attacks, but also to address the daily public health issues and challenges.

More predictably, the session will likely address more routine health issues, such as health professional scope-of-practice conflicts. This year, the department will introduce a technical amendments bill making changes in the statutory authority of the state medical examiner's office.

In our continued efforts to keep the public health community informed, the department will again publish a weekly legislative update. To receive the update by e-mail, simply contact us at update@idph.state.ia.us.

New Year's resolution: transform public health

*By Stephen Gleason, D.O., Director
Continued from page 1*

For those unfamiliar with it, the Transformation of Public Health is an effort to "chart a course for the 21st century." Steve Quirk, director of IDPH's Division of Environmental Health, who is leading the transformation effort with Julie McMahon, director of our Division of Family and Community Health, uses the quote, "The only way to predict the future is to create it."

Specifically, the effort will focus on:

1. marketing of public health;
2. maximizing available resources;
3. assuring adequate public health infrastructure;
4. achieving the goals of Healthy Iowans 2010 and the local health improvement plans;
5. encouraging regional linkages;
6. and providing technical assistance that supports transformation of public health.

As part of the process, we want to identify areas at the state and local levels that need development, build on current strengths, respond to national trends and move to the next stage of making public health a highly visible profession.

Transformation is not a plan dreamed up at the state health department - something we already have in mind and are trying to impose on our local public health colleagues. Rather, it is a process of listening and learning from colleagues around the state and, together, developing strategies that will make a difference in the profession and in the communities we serve.

To that end, Julie and Steve this fall held 15 community visits around Iowa and collected opinions from 500 people. Those opinions and questions were turned into priorities and action steps by summit participants. Topics addressed by the summit teams encompassed and expanded on the above six areas of focus.

As I told summit participants, we don't want transformation to be an exercise in futility. We don't intend to produce a document to add to the clutter on your bookshelves. The groups that met at the summit will continue to plan, as will the internal transformation team here in the department, until a product is achieved. And this product will become the blueprint for our local public health partners and IDPH to "transform public health in Iowa."

Names of attendees are on our web site. Steve and Julie will hit the road again this spring to provide updates and share progress. It wasn't possible for more people to be invited to the summit, but we want this effort to be inclusive. So, please call them or any attendee to get the full scoop and see how you can get involved.

There may never be a "final" product, although we should make substantial progress in 2002. I'll keep you informed through this column.

Speaking of 2002, I hope all of you have a blessed, productive, happy New Year, one in which we renew our commitment to promote and protect the health of Iowans.

2001 IDPH Annual Report

The 2001 Iowa Department of Public Health Annual Report is now available. To save money the department is providing it in electronic form only. To view or print a hard copy, go to www.idph.state.ia.us and click on the link at the bottom of the page. The annual report is a great resource for information on IDPH programs and their contacts.

Interest in Iowa Priority beyond “overwhelming”

Submitted by the Iowa Priority Prescription Savings Program

More than 14,000 seniors and other Medicare-eligible Iowans have signed up for the Iowa Priority Prescription Savings Program since enrollment opened Nov. 10. This is 10 times more people than program officials expected at this time. Interest in the program remains very high as people continue to sign up at a high rate.

All major national and regional pharmacy chains operating in the state are participating and honoring the Iowa Priority Card. More than 50 percent of independent pharmacies are participating, and that number is expected to grow as membership continues to increase. The Iowa Pharmacy Association is a strong supporter of the program.

Currently, Iowa Priority members are urged to contact their pharmacists or physicians for their free Brown Bag assessments. This is a comprehensive review of all the members' prescribed medications, over-the-counter, and herbal products. For many, the assessment will identify cost-saving opportunities, such as elimination of medications that are duplicative or counter-productive to something else the person is taking. The assessment will also contribute to safer use of medications by identifying potential negative drug interactions or instances where the person is making dosage changes that could cause health problems. This review will provide an opportunity to determine if there are appropriate brand name or generic alternatives that could result in cost savings.

The discount program is in its initial stages and will be an ongoing process. Drug manufacturing companies are showing great interest in participating. The program's Pharmacy Benefit Manager, Argus Health, is in various stages of negotiation with most of the key manufacturers, making proposals to them as well as reviewing proposals some pharmaceutical companies have initiated. Medication discounts will be announced as they are negotiated.

Currently available are discounts of 10 percent below wholesale for brand-name prescription drugs and a minimum of 20 percent below wholesale on generic drugs. This will be helpful to people who have been paying retail costs for their prescription drugs, but it is only the beginning of the discounts.

The Iowa Priority web site and the Brown Bag assessment are initial educational tools for members. Later this year, ongoing member-communication about healthy use of medications, including prescription drugs, over-the-counter medications and supplements will be initiated.

Membership in the program is \$20 annually. To obtain an enrollment form, call 1-866-282-5817 or visit www.iowapriority.org.

Iowa Arthritis Action Plan now on the Web

By Laurene Hendricks, Bureau of Disability & Injury Prevention

The goal of Iowa Arthritis Program is to reduce the impact of arthritis and improve the quality of life of an estimated 700,000 Iowans affected by arthritis. The newly released Iowa Arthritis Action Plan guides activity towards this goal and can be accessed at www.idph.state.ia.us/sa/disprev.htm#Arthritis.

The Iowa Arthritis Program, funded by the Centers for Disease Control and Prevention, and the Iowa Arthritis Task Force collaborated on the five-year statewide plan. Iowa-specific goals, objectives and action steps were developed in the areas of surveillance, epidemiology and prevention research; communication and education; and programs, policies and systems. Some highlights of the plan include:

- Arthritis data collection and analyses;
- An awareness campaign;
- Health care provider education and resources; and the
- Expansion of existing programs for people with arthritis.

An objective for expanding the Arthritis Self-Help Course (ASHC) is included in the Iowa Arthritis Action Plan. The ASHC, an Arthritis Foundation program, is designed to help people with arthritis learn and practice self-management skills. Topics include pain and fatigue management, exercise, medications, relationships, nutrition and problem solving.

For information about becoming an ASHC leader or participant, contact Laurene Hendricks, Iowa Arthritis Program, at 515 281-5675 or at lhendric@idph.state.ia.us. If you need Acrobat Reader to access the PDF file, go to

<http://www.idph.state.ia.us/adobe/aboutpdf.htm> for information about downloading.

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.

IANet Communication Guidelines for Health Providers

By Mary Harlan, Bureau of Disability & Injury Prevention

One of every five Iowans has a disability, and disabilities often affect how a person "exchanges information." This is true whether the disability is temporary or ongoing, visible or invisible. It is true whether the disability is caused by a congenital disorder, illness, injury, or aging.

Healthy Iowans 2010 is Iowa's plan for improving the health and quality of life for Iowans in the first decade of the 21st century. One of the activities in "Chapter Four, Disabilities" calls for the creation of an IANet Task Force to improve health-care information for people with disabilities. To accomplish this, the Iowa Department of Public Health and the Prevention of Disabilities Policy Council brought together representatives, including people with disabilities, from a wide range of organizations that serve people with disabilities.

The IANet Task Force assessed where and how people get health information. It reviewed the number of families with computers that have access to the Internet. Much discussion occurred regarding the Internet, who used it, where it was used and even accessing it. For some, access to their local library was as important as the ability to use the Internet. Finally, the IANet Task Force organized the information into types of disability and developed guidelines for effective communication with major disabilities.

The guidelines are in six sections. The first covers general topics. The last covers developing accessible web sites. The remaining four sections target four major disabilities -- cognitive disorders or mental retardation, hearing impairments, muscle disorders, and vision impairments. Each guideline, except for web-site development, is broken into communication in different settings: one-on-one, group, print materials and using a web site.

The guidelines for hearing impairments and muscle disorders also contain a section on communication by phone. The guideline about developing web sites covers the site's appearance, types of fonts, navigating from page-to-page and resources for further assistance. Web sites for further information about their development are also included.

Communication is the foundation for good health care. When the information provided is easily understood the chances for a good outcome are increased.

The IANet guidelines are at <http://www.idph.state.ia.us/sa/guides.pdf>.

IDPH surveys employees

By Steve Boal, IDPH Program Evaluation

Employee satisfaction is an important component in any organization. After customer satisfaction it is probably the most critical element in assuring the usefulness, longevity and success of that organization.

Public and private organizations alike often use the results of surveys to 1) capture the pulse of their employees and customers, 2) determine the effects of and plan for changes within the organization; and 3) understand and assess the organizational climate, team functioning and management success.

Employees, who are highly satisfied with their position, their supervision and management, their workplace, their benefits, and their compensation, serve their customers better than those who are less satisfied.

Responding to the department *customer* satisfaction survey in initial findings in 2001, 2,222 Iowa Department of Public Health (IDPH) customers, or 78.8 percent across 89 department programs, said they were “very satisfied” with the department’s services and products. These high marks were also associated with the timeliness of the service or product delivery (very positive feedback for about 72 percent of the responses) and with the treatment received from IDPH representatives or service providers (86 percent).

The absence of *current* employee satisfaction information with which to assess the work group and system performance of the department, was noted in a recent feedback report from the Iowa state government assessment and improvement process, *Iowa Excellence*. The department last surveyed its employees in 1998. Changes since that survey may impact results. An updated survey offers employees the opportunity for empowerment by providing the means to identify and consider strengths, weaknesses, and opportunities for improvement.

Survey Procedure

Because Dr. Gleason believes that the participation of IDPH employees is important to gain a clear and current picture of opinions on issues impacting the job, the department revamped its employee-survey questions. A review of existing and past surveys, including a recent state of Iowa survey, the 1998 department survey, ideas for employee perceptions about department management and other surveys, contributed to the redesign process.

The resulting survey comprised 80 items. Areas of coverage include demographics (e.g. gender, years of state government service, supervisor/non-supervisor, organizational structure, work location), selected state of Iowa survey comparisons, job-satisfaction and work-environment perceptions, and a new section on department management.

Examples of survey content include:

Customer Service Focus (strongly disagree to strongly agree)

The product or service I deliver to my customers is of high quality.

Worker Tools (strongly disagree to strongly agree)

I receive the training I need to perform my job.

Job Satisfaction (no, sometimes, yes)

The work I do is satisfying.

The work I do gives a sense of accomplishment

Perceptions of the Work Environment (strongly disagree to strongly agree)

Mission

Employees of IDPH are aware of its overall mission.

Culture

The people I work with trust one another.

Morale

IDPH goes out of its way to recognize employees for extraordinary service.

(Other areas included: environment, support, standards, and identity).

Management (does not meet expectations, meets expectations, exceeds expectations)

My division director communicates clearly with employees.

My bureau chief possesses the skills necessary to get the job done.

The department director models behavior that inspires creativity, confidence, growth, and success in employees.

Overall perception.

Employee Feedback (strongly disagree to strongly agree)

The questions in the survey provide me with an opportunity to express my views and ideas.

Completing this survey is a good way to let management know what I think.

Comments (open-ended)

The 2001 employee survey was made available via the department web. Employees received information about the survey, how to access it and the link to the survey web site by e-mail on Dec. 6. A letter from Dr. Gleason was included. To assure that no employee would be identified, a random number to be used for access was provided to each employee upon his or her first entrance to the survey web site. The survey was available at any time during the response period through December 21, until the employee deemed the survey completed. No cross-tabulations of survey responses that might divulge the identity of a particular employee were planned.

Reporting of Results

A report of survey results planned for early 2002 will be based upon an analysis and a presentation of tables and charts, including survey summary statistics. Besides a summary demographic profile (percentage of overall respondents), comparisons of IDPH to overall state government responses for survey items in common are planned for the state of Iowa survey section. Other summary data include supervisory to non-supervisory response comparisons for selected items and an analysis of employee perceptions of management.

Grant mining: helpful hints for getting started

By Patricia Kehoe, Bureau of Rural Health & Primary Care

According to GivingCapital, an organization dedicated to increasing charitable giving in America, “the September 11th attacks have brought the subject of philanthropy to the forefront of people’s minds, causing an increased interest in and motivation for charitable giving.”

The unprecedented fundraising response by individuals and corporations to the terrorist attacks illustrates a growing recognition that *government cannot shoulder the full financial responsibility* in times of community distress.

As state governments face decreased revenues, and federal resources are reallocated for terrorism, our communities and non-profit agencies — and even state and local governments — are turning to foundations and corporations for support. But competition has grown fierce for grant money, creating a challenge for organizations seeking funds for local projects.

The IDPH’s State Office of Rural Health (SORH) sponsors an annual grant-writing workshop to provide technical assistance to communities. Classroom instruction and a take-home training manual are effective for researching grant sources and preparing applications. SORH has hired Ron Mirr of The Higher Plain, Inc. in Iowa City to give a seminar on program development, grant writing and grant management to hundreds of participants over the past decade. Workshop dates and locations for this year’s classes will be announced later this year.

Anyone who has prepared and submitted a grant request knows that it takes time, patience, and focus to turn a good idea into a successful proposal. As the search for an appropriate funding source begins, you may locate the perfect grant program or Request for Proposal (RFP). But foundations and corporations generally look to *you* to present a well-conceived proposal and a convincing rationale. This provides an opportunity to creatively design a project or program your organization really needs, without the limitations of grant funding that carries specific rules and restrictions.

A series of preliminary steps could ease the grant-mining process and reduce frustration. Recommendations were gleaned from our staff’s experiences and from suggestions offered on fundraising web sites, including The Foundation Center (www.fdncenter.org), Echoing Green (www.echoinggreen.org), The Urban Institute’s Center on Nonprofits and Philanthropy (www.urban.org), and CharityVillage.com.

- ***Know your organization's needs.*** This all-important step is often overlooked. Before you begin the search for funds, conduct a priority-setting process to identify the most essential needs, and envision the details of a program to meet those needs.
- ***Collaborate with other grant seekers.*** Partner with other agencies at local, county and state levels to develop grant proposals and to implement new projects. Share ideas and resources at regional community meetings, through your Community Health Consultant, or by contacting the Rural Health and Primary Care office at IDPH. Private and public foundations frequently request letters of support from area agencies to confirm your collaborative commitments.
- ***Build partnerships with potential grant givers.*** Develop relationships with businesses and organizations in your community. Let them know about your organization's needs and promote the importance of keeping their charity local, particularly during the current economic downturn. Then expand your grant-seeking efforts to develop relationships with state and national corporations and foundations. Make contact by telephone or e-mail with charitable-giving organizations, and ask about the focus of their grant programs and their expectations of grant seekers.
- ***Identify foundations or other grant sources that match your organization's priorities.*** Think broadly about your organization's goals. Identify foundations or corporations whose philosophies or services or products closely match the goals of your own organization and the program you've selected for funding.
- ***Learn the grant-giver's process for awarding grants.*** Determine whether applications are accepted throughout the year or on a schedule, who reviews the proposals, and what criteria are used in making awards. Instructions can be obtained from a contact person, through a web site, or from an application form you request by mail or e-mail.
- ***Submit a proposal or request letter in advance of a full application.*** Foundations often ask for a brief description of your project in advance of a full grant application. In preparing the proposal or request letter, present a visionary idea, provide enough detail to convince the grant giver that you are ready to implement the project, and describe why the foundation or corporation should support your plan. If your project is of interest to grant givers, their contact person will advise you to prepare an expanded application.

The Internet provides an infinite resource for locating grant support and for preparing a proposal. By simply typing "fundraising" or "Iowa grant givers" or similar words and phrases into a search engine, you will reach links that start your grant-mining effort. Here are a few sources:

Private foundations:

- Grant givers in Iowa with links to individual grant resources include Alliant Energy Foundation, Roy J. Carver Charitable Trust, and Wellmark Foundation:
www.fundsnetservices.com/iowa.htm.

A weekly RFP Bulletin provided by The Foundation Center is a resource with links to current health-related RFPs. A box on the front screen of the RFP Bulletin invites you to subscribe to this weekly service without charge.
www.fdncenter.org/pnd/rfp/index.ihtml

State resources:

- University of Iowa maintains an extensive database of public and private resources:

www.uiowa.edu/homepage/research

When you reach the U of I site, select “Research Funding Resources” followed by “Funding Sources” to access a list of potential public and private grantors.

Federal programs:

- Rural Information Center Health Service (RICHS) provides government and foundation sources for grant seekers at www.nal.usda.gov/ric/richs/funding.htm

- U.S. Department of Agriculture loans and grants for community facilities:

www.rurdev.usda.gov/rhs/cf/cp.htm

Consider other organizations with Iowa ties as potential grant resources:

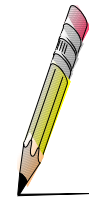
Gannett Foundation, John Deere Foundation, Principal Financial Group Foundation, Quaker Oats Foundation, and Rockwell Collins Charitable Corporation and Community Partnership Fund.

In writing the proposal, describe who, what, why, where, when. The old rules still apply. Grant givers expect you to tell them about your organization, its needs, the budget to complete the project, and your expected outcomes. Don’t assume the foundation or corporation — even those located within your own community — are familiar with your organization and your needs. People who review your application might be located in a distant town or state where the news of your good works has not yet traveled. Before submitting your proposal, ask someone who is unfamiliar with your program to provide feedback.

A web site announcing a new grant available through Pfizer includes a useful guide to proposal writing at: www.pfizerhealthliteracy.com. To view the proposal writing suggestions, select “Community Grants” from their home page and then choose “How to Write an Effective Grant Proposal” in the upper right corner of the resulting web page. The Foundation Center (www.fdncenter.org) also provides assistance to grant writers at their home page under “Learning Lab” and “Proposal Writing Short Course.”

If you have questions or comments, contact Patricia Kehoe at 515-281-5069 or at pkehoe@idph.state.ia.us.

Epidemiology notes



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

The beginning of each year traditionally comes with a whole "list of lists" that mark the events of the past year. In keeping with this tradition, the Center for Acute Disease Epidemiology has compiled a list of Top 10 Infectious Disease Epidemiology Issues that affected Iowa in 2001.

10. Vaccine Delays: Delays in the production and distribution of several vaccines in 2001, including Prevnar (the conjugated pneumococcal vaccine for children), tetanus, and influenza, followed on the heels of similar problems with influenza vaccine the previous year, prompted concerns about manufacturers' ability to maintain supplies of these crucial vaccines for 2001. In light of these delays, numerous temporary changes were made to the recommendations for providing vaccines to patients.

9. Public Health Law: This past year, IDPH epidemiologists made some additions to the state's disease reporting law. Included was reporting of diseases or syndromes that may have resulted from intentional acts, such as bio- or chemical terrorism, and reporting of carbon monoxide poisoning. Also, to temporarily allow the follow-up of four enteric infections to better understand their impact on Iowa.

8. Antibiotic Resistance in Iowa: Antibiotic resistance has been a problem since the introduction of some of the first antibiotics in the 1940's and 50's, in part due to inappropriate

prescribing and inappropriate use by patients. For the last several years, Iowa has maintained a statewide antibiotic resistance surveillance program. This past year, a significant increase in the percentage of antibiotic-resistant pneumococcal isolates was reported, prompting continued calls for education to change practices contributing to this problem.

7. Pertussis: Pertussis (Whooping Cough) is a respiratory tract disease due to infection with the bacterium *Bordetella pertussis*. The disease is characterized by repeated bouts (paroxysms) of cough, which can be followed by a characteristic high-pitched inspiratory "whoop." Though a vaccine is given in childhood, immunity wanes, making adolescents and adults susceptible. As these groups usually have rather uncharacteristic symptoms, they often go undiagnosed, resulting in a pool of carriers that can spread the infection. In 2001, Iowa saw an unusually high number of cases, due in part to an outbreak centered in Johnson County.

6. HIV milestones: This past year marked two important milestones in the ongoing AIDS Epidemic - the 20th anniversary of

the first reports of illness that later became known as Acquired Immunodeficiency Syndrome (AIDS) and the year the number of Iowans living with HIV surpassed the 1,000 mark. Such milestones help renew prevention, efforts that are taking on more urgency as many are increasingly concerned that people are becoming more complacent and engaging in high-risk behaviors.

5. Animal Disease: This past year, a number of animal disease issues were brought to our attention. They included actual events (including an outbreak of psittacosis and an unusual case of Eastern Equine Encephalitis (EEE) in a colt in Iowa, a real threat (of introduction of Foot and Mouth Disease (FMD) virus into the United States) and a not-so-real threat (the transfer of sheep into Iowa for scrapies testing). This past year also saw the development of a unique veterinary surveillance system to monitor for the introduction of bio-terrorist agents.

4. Outbreak of Shigellosis: Shigellosis is an acute enteric infection due to one of many species of the *Shigella* bacterium. Humans are the only reservoirs. The bacterium is easily transmitted person-to-person and through the environment (such as contaminated food and water). This past summer, an outbreak resulting in some 80 ill persons occurred from a contaminated fill-and-drain wading pool.

3. Food-borne outbreaks: Our bread and butter (pardon the pun) is investigation of food-borne outbreaks. Partnering with public health nurses, environmental health professionals, and health-care providers, as well the Iowa Department of Inspections and Appeals and the University of Iowa Hygienic Laboratory, we investigated 10 food-borne outbreaks in 2001. As in recent years, Norwalk-like Viruses (NLV) topped the list of etiological agents, causing six outbreaks; *Salmonella* was the cause in two, and *Campylobacter* and *Clostridium perfringens* the cause in one outbreak each.

2. West Nile Virus Reaches Iowa: West Nile Virus (WNV) is one of several types of arboviruses, which are spread by infected arthropod vectors, principally mosquitoes and ticks. Two years ago, WNV emerged in the Western Hemisphere during an outbreak in New York City. This year (after a year of spreading west), the virus finally reached Iowa, identified in a dead crow in Scott County.

1. Anthrax: It's no surprise that anthrax topped the list. Though only 20 anthrax-related cases occurred nationally, the events sparked national interest and concern, prompting public health and medical personnel across the nation to brush up on this rarely seen disease to field an enormous number of questions. Most were about suspicious letters, packages, or powders. In Iowa, though numerous concerns were generated and many threats investigated, no anthrax was identified in either people or from environmental specimens.

Side notes

Congratulations to: Tiffini Mericle, a Wright County Public Health Nurse for 10 years and Vice President of the SIDS Alliance. She will carry the Olympic torch in Council Bluffs on Jan. 10. She is one of seven Iowans chosen to carry the torch.

FOCUS Editor: Kara Berg

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