

## MINUTES

**IOWA STATE BOARD OF HEALTH**  
**NOVEMBER 10, 2010**                      **10:00 A.M.**  
**5<sup>TH</sup> FLOOR SOUTH CONFERENCE ROOMS #517-518**  
**LUCAS STATE OFFICE BUILDING**  
**321 EAST 12<sup>TH</sup> STREET, DES MOINES, IA**

### CALL TO ORDER

Justine Morton called the meeting to order.

### ROLL CALL

**Members Present:**

Cheryll Jones, Chair  
Justine Morton, Vice-Chair  
Donald Skinner  
Elizabeth Kressin  
Gregory Garvin  
Hattie Middleton  
(joined at 10:30 AM)  
Jay Hansen  
Maggie Tinsman  
(joined at 10:09 AM)  
Michael Wolnerman  
Rowe Winecoff

**Members Absent: Other Attendees:**

Heather Adams, Assistant Attorney General  
Tom Newton, Secretary  
Julie McMahon, Acting Secretary  
Ramona Cooper, Recording Secretary

### I. Minutes

A motion was made by Elizabeth Kressin and seconded by Donald Skinner to approve the September 8, 2010 Board of Health minutes. The motion was approved by Cheryll Jones, Justine Morton, Donald Skinner, Elizabeth Kressin, Gregory Garvin, Jay Hansen, Michael Wolnerman, and Rowe Winecoff.

### II. Rules

**A. Department of Public Health [641]—Barb Nervig**

**1. Adopted and Filed Emergency**

**a) Chapter 1, “Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation”**

The rules in Chapter 1 identify diseases, poisonings and conditions, and incidents that are to be reported to the Department describe what information to report, how and when to report, and who is to report. These amendments correct errors in the descriptions of what cases to report for arsenic poisoning and cadmium poisoning. The corrections are in the measurement utilized and the substance that is to be measured. A motion was made by Donald Skinner and seconded by Elizabeth Kressin to adopt and file emergency the amendments to Chapter 1. The motion was approved by Cheryll Jones, Justine Morton, Donald Skinner, Elizabeth Kressin, Gregory Garvin, Jay Hansen, Michael Wolnerman, and Rowe Winecoff.

## 2. **Adopted and Filed**

### a) **Chapter 9, “Outpatient Diabetes Education Programs”**

The rules in Chapter 9 describe the standards for outpatient diabetes self-management education programs and the procedures programs must follow for certification by the Iowa Department of Public Health that will allow for third-party reimbursement. These amendments expand credentialing bodies, clarify curriculum, add definitions and update bureau and division references and contact information. Public comments were received and changes were made based on the comments. A motion was made by Elizabeth Kressin and seconded by Rowe Winecoff to adopt and file the amendments to Chapter 9. The motion was approved by Cheryl Jones, Justine Morton, Donald Skinner, Elizabeth Kressin, Gregory Garvin, Jay Hansen, Maggie Tinsman, Michael Wolnerman, and Rowe Winecoff.

**Note:** Maggie Tinsman joined the Board of Health Meeting at 10:09 AM.

### b) **Chapter 90, “Iowa Child Death Review Team”**

These amendments propose changes to the rules governing the purpose and function of the Iowa child death review team in identifying preventable deaths of children under 18 years of age and methods for prevention of such deaths. Public comments were received and changes were made based on the comments. A motion was made by Elizabeth Kressin and seconded by Jay Hansen to adopt and file the amendments to Chapter 90. The motion was approved by Cheryl Jones, Justine Morton, Donald Skinner, Elizabeth Kressin, Gregory Garvin, Jay Hansen, Maggie Tinsman, Michael Wolnerman, and Rowe Winecoff.

### c) **Chapter 111, “Iowa Needs Nurses Now Infrastructure Account”**

These rules provide for the awarding of grants for infrastructure to improve the education of nurses and nurse educators in Iowa and to enhance the clinical experience for nurses. Comments were received from the Iowa Nurses Association and the Iowa Board of Nursing in support of the new chapter. A motion was made by Rowe Winecoff and seconded by Elizabeth Kressin to adopt and file the amendments to Chapter 111. The motion was approved by Cheryl Jones, Justine Morton, Donald Skinner, Elizabeth Kressin, Gregory Garvin, Jay Hansen, Maggie Tinsman, Michael Wolnerman, and Rowe Winecoff.

### d) **Chapter 186, “Governmental Public Health Advisory Bodies”**

The Iowa Public Health Modernization Act was established to modernize the governmental public health system to meet the challenges of the twenty-first century and improve governmental public health system capacity in order to provide the equitable delivery of public health services across the state. The department has established an advisory council and evaluation committee to enhance the governmental public health system and evaluate progress towards the accreditation of local and state public health agencies. No comments were received. The rules to be adopted are identical to those published under Notice. A motion was made by Elizabeth Kressin and seconded by Gregory Garvin to adopt and file the amendments to Chapter 186. The motion was

approved by Cheryll Jones, Justine Morton, Donald Skinner, Elizabeth Kressin, Gregory Garvin, Jay Hansen, Maggie Tinsman, Michael Wolnerman, and Rowe Winecoff.

**3. Notice of Intended Action**

a) **Chapter 88, “Volunteer Health Care Provider Program”**

These amendments provide clarification on surgery to be performed in a volunteer health care provider clinic, where it can be performed, who can perform the surgery, and the required follow-up for the surgery. The amendments also organize the health care provider professions eligible to receive the VHCPP protection alphabetically. Definitions have been added to provide further clarification regarding the Volunteer Health Care Provider Program.

b) **Chapter 92, “Iowa Fatality Review Committee”**

The rules in Chapter 92 describe the formation and protocol for the Iowa fatality review committee, an ad hoc committee appointed on a case-by-case basis to determine whether the department of human services and others involved with the case of child abuse resulting in the death of a child, responded appropriately. These amendments place the responsibility for this committee in the state medical examiner’s office.

c) **Chapter 130, “Emergency Medical Services Advisory Council”**

The rules in Chapter 130 describe the purpose, membership, appointment process, officers, and meeting procedures for the Emergency Medical Services Advisory Council. These proposed amendments add representatives to the council.

d) **Chapter 132, “Emergency Medical Service—Service Program Authorization”**

The rules in Chapter 132 describe the standards for the authorization of EMS services. These proposed amendments remove reference to basic care.

e) **Chapter 143, “Automated External Defibrillator Grant Program”**

The rules in Chapter 143 describe the automated external defibrillator (AED) grant program which provides funds for eligible organizations seeking to implement an early defibrillator program and the standards for maintenance of an AED device in accordance with 613.17.2b. These proposed amendments provide authorization for local fire departments with AEDs to respond to cardiac arrest events in their community.

**Note:** Hattie Middleton joined the Board of Health Meeting at 10:30 AM.

**B. Department of Inspection and Appeals [481] – David Werning**

**1. Adopted and Filed**

a) **Chapter 51, 2010 Hospital Construction Standards Notice**

The amendments adopt the 2010 Guidelines for Design and Construction of Health Care Facilities produced by the Facility Guidelines Institute as the minimum construction standards for hospitals and off-site premises licensed under Iowa Code chapter 135B. A motion was made by Maggie Tinsman and seconded by Gregory Garvin to adopt and file the

amendments to Chapter 51, 2010 Hospital Construction Standards Notice. The motion carried unanimously.

b) **Chapter 51, DNV Accreditation Notice**

The purpose of the adopted amendments is to add Det Norske Veritas (DNV) to the list of hospital accreditation organizations. Current rules specify only two accreditation organizations, the Joint Commission and the American Osteopathic Association. The third organization, Det Norske Veritas, was recently approved by the federal Centers for Medicare & Medicaid Services (CMS) as a hospital accreditation organization. A motion was made by Rowe Winecoff and seconded by Hattie Middleton to adopt and file the amendments to Chapter 51, DNV Accreditation Notice. The motion carried unanimously.

c) **Chapter 51, Hospital Food Code Notice**

The amendments adopt the Iowa Food Code, as defined in Iowa Code chapter 137F.2, for use in hospital kitchens where food is prepared for both inpatient and public consumption. Adoption of the amendments brings hospitals into conformance with food safety standards used by Iowa restaurants. A motion was made by Jay Hansen and seconded by Maggie Tinsman to adopt and file the amendments to Chapter 51, Hospital Food Code Notice. Motion carried unanimously.

### III. Substance Abuse

A. **Report from Substance Abuse and Problem Gambling Treatment Program Committee** **Jay Hansen**

Jay Hansen shared that this committee had their first meeting telephonically on Wednesday, October 13, and their first face-to-face meeting today at 9:00 A.M. The committee voted to accept nine substance abuse licenses. The committee discussed two complaint investigations but found those to be unfounded, and they were dismissed.

Members from the Board of Health serving on this committee are Justine Morton, Rowe Winecoff, and Jay Hansen. Also serving on this committee is DeAnn Decker, representing the Bureau of Substance Abuse Prevention and Treatment, and Heather Adams.

Heather Adams suggested that this group aggregate point data to determine if there are trends and what areas are coming up frequently.

### IV. Department Reports

A. **Director's Information – Tom Newton**

Director Newton shared some of the impacts that will be occurring within the department as we begin to implement healthcare reform. The department completed working with both the Department of Human Services and the Insurance Commissioner's office to apply for a \$1M planning grant which has been funded. The purpose of the grant is to determine what a health benefits exchange in Iowa should look like and to develop legislative policy, which will be shared with both the Governor's office and the General Assembly next session. States that choose to set up health benefits exchanges are required to have them operational prior to 2014. Statutory language mandates that if states choose not to set up their own health benefits exchange, the federal government will do so for them.

Director Newton and Julie McMahon completed five well-received regional visits last month with local public health administrators (Cedar Rapids, Charles City, Ottumwa, Ames, and Cherokee). Due to time restraints, Mary Jones conducted the visit to Atlantic. Our local partners face the same challenges that we do at the state level (budgetary issues, turn-over of staff, etc.).

Traditionally the department has been engaged in Healthy Iowans planning. Director Newton was involved in both *Healthy Iowans 2000* and *Healthy Iowans 2010*, creating a 10-year plan for health improvements within the state. It was difficult to do a 10-year health plan and commit to 10-years of activities. It has been decided to rename it *Healthy Iowans* plan and make it more consistent with the Local Community Health Needs Assessment (currently completed every five years) for Local Public Health. The results from the local public health needs assessments will inform us about the challenges faced by local communities, help us build a state-wide plan, and be completed just before we do our Healthy Iowans planning. In the past, Healthy Iowans was too broad and comprehensive to be focused. Our goal is to condense the 28/29 chapters down to 5/10 specific goals to be addressed over the next five years. The plan will focus our attention, time, and resources on the major areas where we can document our challenges with data as well as document evidence based actions. We will kick off this effort February 2011, with the first draft available June 2011, allowing for public comment, and posting by the fall 2011. Please refer to the 2005 mid-term review posted on the web at [http://www.idph.state.ia.us/adper/healthy\\_iowans.asp](http://www.idph.state.ia.us/adper/healthy_iowans.asp).

A beta test site visit was conducted by three individuals from the national Public Health Accreditation Board (PHAB) in June. They examined the standards we created; looked at the evidence collected, verifying the actions we had taken, and determined if our documentation demonstrated appropriate actions to meet standards and criteria. Had this been an official accreditation visit we would have been accredited. Seven other states underwent a beta test site visit. It was incredibly informative. When we have our full accreditation visit, we will improve our score. It helped us understand the parameters of the actual visit and once they finalize the formal process and standards, the Iowa Department of Public Health will meet the accreditation standard. This evaluation has helped us determine what we need to improve, how to conduct a state-wide health assessment, and the need for more quality improvement activities with better documentation. The change in the *Healthy Iowans* process will help to meet this criterion. Since we participated in the beta test site visit, we anticipate an expedited review by the Public Health Accreditation Board in 2012.

## **B. Staff Reports**

### **1. Iowa Health Update – Dr. Quinlisk**

Dr Quinlisk provided an update on influenza which is still low in Iowa. The handout, *Iowa Influenza Surveillance Network (IISN)*, can be found on our website. Two elderly women, from Minnesota in long-term care facilities, died from influenza A(H3) about a week ago. We expect a more typical influenza season this year starting sometime in December and peaking in January or February; with all three strains of influenza (H1N1, A(H3) and Influenza) showing up in Iowa. The elderly will be hit hard by the A(H3) strain and school-aged children will be affected by H1N1. We may see school outbreaks. The good news is that all three strains are well-matched to the vaccine, of which there

is plenty. The vaccine was obtained early and is being recommended for anyone over six months of age. The groups of particular interest are the elderly, those with medical complications; school-aged children, and pregnant women. Since we cannot vaccinate anyone under six months of age, we are asking pregnant women get vaccinated. Upon receiving the vaccine immunization lasts up nine months to a year. The department will be releasing a press release targeting all caregivers of newborns, including expectant fathers. Nationally there are 30 – 40% of the public that are currently vaccinated, 30 – 40% that are planning to get the vaccine, and 20% that are not going to get the vaccine. Last year, because of H1N1, Iowa did a much better job than the national average getting people vaccinated. Currently we don't have any regional data and will be adding this information to our website, <http://www.idph.state.ia.us/adper/iisn.asp>, as soon as it is received. After last year, we added reports of all respiratory viruses currently in the state to our website.

Dr. Quinlisk also provided as a handout a copy of the *Iowa Surveillance of Notifiable and Other Diseases* that can be found on our website at [http://www.idph.state.ia.us/adper/common/pdf/cade/cade\\_annual\\_report\\_2008.pdf](http://www.idph.state.ia.us/adper/common/pdf/cade/cade_annual_report_2008.pdf). We had 230 cases of pertussis (whooping cough) last year, and this year we currently are at 427, as expected our numbers are elevated from last year. Whooping cough goes in a three-to-five year cycle, and our last cycle was approximately four years ago. It is expected that we will see our numbers increase until 2012 before going down again. The biggest issue around this is not only getting children fully vaccinated but getting adults the pertussis containing the tetanus booster. We currently know that about 30% of adults are up-to-date on their tetanus booster and those that received the pertussis-containing booster is probably less than 5%. Whenever we have a small child with pertussis, we almost always find a coughing adult who didn't realize it was whooping cough. The last time we had pertussis in the state we got up to over 1,000 cases per year. Nationally, we are predicting 2,500 cases this year.

There have been two deaths within the state this year because of the West Nile Virus, which is where we've been over the past couple years. We should continue to see relatively low levels of activities for this disease.

We continue to see small increases in our submissions of MRSA due to the way in which we do our surveillance. We are getting approximately 500 submissions (invasive infections) per year. We are working with the Healthcare Collaborative to address a wide variety of healthcare associated infections. Most of our MRSA infections today are coming out of communities and not healthcare institutions.

Dr. Quinlisk shared a handout of the *2010 Iowa Rabies Map*. This year we did have several squirrels acting suspiciously. If a person is exposed to rabies, the recommendation now is four doses of the vaccine rather than five for a normally healthy person.

## 2. **2011 Legislative Package – Tom Newton**

Director Newton shared the handout, *IDPH 2011 Legislative Package Proposal*, with the board which provides an overview of the department's legislative package for the upcoming year. Draft legislation was submitted and approved by Governor's Culver. We expect to work with the incoming administration for our legislative proposals and anticipate receiving guidance.

Our focus this year will be the Iowa E-Health project, which will include the creation of a state-wide health information exchange (HIE). We are anticipating questions about this (i.e. governance over the system, privacy and security, ongoing funding for this type of venture). We don't anticipate any problems with the other items proposed.

Director Newton also shared a handout, *Iowa Department of Public Health Financial Fact Sheet 11.01.10*, showing the department's budget to-date. We submitted a status quo budget to Governor Culver's office and we will continue to work with the in-coming administration to submit a modified or similar budget.

## V. Old Business

### A. Chapter 9 – Heather Adams

Heather Adams shared that the board had previously questioned whether providers rather than physicians could be involved in oversight of out-patient diabetes education programs. The ADA and the AADA are exploring this question and have requirements that the primary provider or a healthcare professional be involved in the program. We haven't found a clear definition of those two terms. We are working to see if that includes Advanced Registered Nurse Practitioners, Physician Assistants, and Chiropractors. We hope to have information by the next meeting.

Director Newton thanked the board for being so committed.

Note: Director Newton left the meeting at 11:15 AM; Julie McMahon took over as acting secretary.

## VI. New Business

### A. Review of the Public Health Standards – Martha Gelhaus

Martha shared that she will fill in for Joy Harris today and will be sharing two organizational components today (Community Assessment and Planning and Evaluation) and a service component (Healthy Behaviors).

#### 1. Community Assessment and Planning

**Standard 1: Complete a comprehensive assessment of the community's health status at a minimum of every five years.** Martha shared that in the past we have relied on our local public health departments through the local boards of health to complete a community health needs assessment every five years. But we really haven't completed a community health needs assessment at the state level. We have done improvement plans. We want to develop a new Healthy Iowans, which will be our state level community health needs assessment and health improvement plan. At the next BOH meeting we will be discussing the board's involvement in this process. They are starting this process and will be gathering information from local community health needs assessments, sixty advisory bodies, public health partners, and will be working with state-wide health data to look at state-level assessment.

**Standard 2: Maintain a community health profile.** Lon Laffey shared that the Community Health Profile is a common set of population-based core health indicators that describe the health status for the community. To accomplish this there are some goals: 1) improve public health decision-making, 2) create

healthier Iowans and healthier communities, 3) increase opportunities for funding, and 4) make better use of funds and resources. Objectives were also established on how to accomplish this. We needed access to public health data, reports, and decision-support tools throughout a web interface with timely and accurate access to public health data through standardized and customized reporting capabilities. To improve public health decision-making through the use of high-quality, accessible data and decision-support tools with the ability to compare health statistics and to provide analytical support by generating graphs and maps, exporting data into spread sheets and other analytical tools and identifying additional resources. Finally, we had to comply with all the federal and state laws dealing with identity and confidentiality. As a result, a data warehouse was created. The project was started in May 2009; a variety of data sources were compiled and collected, and finally training is taking place to roll this out to our public partners. Core pieces of the “snap shot” include overweight, obese statistics, binge drinking, cigarette smoking, flu vaccinations, hospitalizations due to pneumonia, hospitalizations for asthma, suicide death rate, motor vehicle death rate, birthrate, teen birthrates, premature death, infant mortality, heart disease, heart disease death rate, cancer death rate, stroke death rate, chronic and lower respiratory death rate, and unintentional death rate. State and federal agencies, CDC, local public health agencies, state public health agencies, local public health practitioners, county and city health professionals, research communities including students and universities, community partners, hospitals and social services will use this information. This information can then be reviewed for trends in the data. Counties will have the ability to compare themselves to other counties around them, and also to state averages. This information can also be gathered for state and federal reporting and to justify grant submission.

**Standard 3: Build and maintain collaborative relationships that support assessment and planning processes.** Jill Myers-Geadelman shared that, over the past 10-years, her bureau has looked at the leading causes of cancer within the state and how are they are being addressed. Comprehensive cancer control is an effort that is funded by CDC and one for which the state has appropriated funds. The 2000 – 2001 State Legislature asked the department to put together a report showing the burden of eight cancers. The report gave rise to the whole growth of comprehensive cancer control in the state. Prior to this first initial report there had been little activity. From this beginning, we were able to move forward, gain some funding from CDC, and put our comprehensive cancer control program in place. From there we were able to establish organizations throughout the state to come together as a consortium. Over the last 10-years we have been helping in the development of the consortium and helping grow the consortium’s members. In 2008, there were 160 members and currently we have 309 members and over 120 organizations. We are able to work with contracted staff to move the consortium forward to a 501C3. More information is available on the web at [www.canceriowa.org](http://www.canceriowa.org); which is managed by the consortium.

**Standard 4: Communicate information on the health status and health needs of the community.** Marcus Johnson-Miller, from Early Childhood Programs of the Family Health Bureau, shared that his division provided evidence on how the department met this standard through the Iowa Child and Family Household Health Survey and the Iowa Family Health Plan. The Iowa Family Health Plan provides a strategic overview for the five year maternal and child health program project period. It is designed to improve the health and well-being of all Iowan

women, children, and their families. The plan addresses maternal and child health services in Iowa including those services for children and youth with special health care needs. It focuses on public health solutions to help problems affecting Iowans, maternal and child health populations. The Iowa Child and Family Household Health Survey is a comprehensive population based state-wide survey to evaluate the health status, access to healthcare, the social environment of children and families in Iowa. Surveys were conducted in 2000, 2005, and 2010; which will be completed in January. The Household Health Survey provides a lot of information about Iowa families and that information is used to develop our family health plan. We found that 93% of children in Iowa had a regular source of medical care and 3% of those surveyed were uninsured. These statistics help develop a state performance measure about improving the system for mothers and children in Iowa. Nearly half of children (ages 0 – 4) have never seen a dentist leading to two state performance measures relating to dental services to children and pregnant women. 71% of parents reported moderate stress related to parenting with 7% of children living with highly stressed parents. Through projects such as 1<sup>st</sup> Five and Project Launch, part of our family health plan, we are addressing these types of services. We have communicated what we found by placing reports on our website as well as making presentations to maternal and child health and local public health agencies, maternal and child health advisory council, early childhood stakeholders, given presentations at the Iowa Medical Home Symposium, presented at various public health conferences throughout the years and child health clinic leadership group, care network, and family-to-family. Two of our overarching goals for the family health plan and the Household Health Survey are to strengthen partnerships among entities addressing the well being of children and families and to improve the outcome of Iowa's women, infants, children, and adolescents including those with special healthcare needs. From the 2005 Healthful Health Survey we did an analysis on early childhood issues, racial ethnic disparities, health and wellbeing of the children in Iowa, physical activities, weight and eating habits, and health insurance coverage. The Annual Family Health Plan, updated annually, addresses each of the national and state performance measures for our child and maternal health plan.

## 2. **Evaluation**

### **Standard 1: Conduct comprehensive evaluation of programs and services.**

Don Callaghan, Bureau Chief of Immunization and TB, shared an overview of what his bureau does. The bureau conducts immunization assessment of healthcare providers that participate in the Vaccines for Children program. We have over 600 providers throughout the state and three staff members who conduct assessments with healthcare providers. Assessments are done for children that are 24 – 35 months of age and for adolescents that are 13 – 15 years of age to determine if they have received all of the recommended vaccines. We extract this immunization information from our state registry and put this into another application, using a data manipulation, and come up with an immunization rate. The immunization rate is a good measure of how we are doing which is really how the clinic provides immunization services to their patients. We take lessons learned from well-run health clinics and share what we learned with other healthcare providers to help them achieve higher immunization rates. We provide immunization reports with all of our healthcare providers and post that information on the web. The department is transitioning

to a new Immunization Registry Information System (IRIS). In the new version we will have an evaluation component that healthcare providers can use themselves. The new version of IRIS is currently being used by 16 other states. It will have an automated de-duplication process where it will automatically delete duplicate records (Johnny/Jonathan/John) to allow for more accurate data and to interface better with physicians and hospitals.

### 3. **Healthy Behaviors**

**Standard 1: Assure review of health promotion and prevention services that promote healthy behaviors in individuals, groups, and communities to prevent and reduce illness, injury and disease.**

Jane Schadle noted that the key foundation of program review is evaluation and within the health promotion and chronic disease programs there are strong evaluation components -- for specific programs like cancer, diabetes, or any cardiovascular programs. As IDPH started providing grants to communities in 2005 and 2006 for health improvement, the program created an evaluation contract with the University of Iowa.

Communities were asked what support and technical assistance was needed from IDPH community consultants. What they needed from us was coaching services that we weren't necessarily very good at providing. Over the last several years the division has been putting in place a strong community grant program and building our staff capacity to provide consultation and coaching to community projects. Communities asked for guidance through coalition development, group facilitation, and conflict management. To build staff skills in these areas, we designed and offered training in group facilitation and coaching. This has been very helpful for staff not only for those coaching communities but for those leading state advisory groups as well. Our community coaching "coach" is Professor Mary Emery from ISU who does community coaching with the Northwest Area Foundation and with the W J Kellogg Foundation. Those foundations found coaching improves project success rates -- we find that coaching helps our communities succeed as well. The Centers for Disease Control (CDC) is funding community change projects directly in health improvement initiatives called ACHIEVE. The CDC provides IDPH with some funds for a position in the Office for Healthy Communities to be a community coach for these ACHIEVE projects. In summary, support for community projects enhances their ability to be successful, increases their leadership development and improves their project sustainability.

**Standard 2: Provide leadership in engaging community stakeholders to support health promotion and preventive services.**

Tracy Rodgers, from the Oral Health Bureau within the Health Promotion & Chronic Disease Prevention Division said that the bureau promotes oral health with several state stakeholders through articles, presentations, and meeting participation (medical provider associations, advisory councils, Iowa Chapter for the American Academy of Pediatrics, School Nurses Association, U of I Colleges of Dentistry and Public Health, and dental hygiene programs), as well as with national partners. The key message is prevention, particularly through early and regular care. In addition to the work done with our stakeholders, other promotion includes distribution of materials, maintenance of the I-Smile™ and IDPH website, and media campaigning (public service announcements, radio ads, sponsored children's programming on IPTV) with federal grant money as well as Delta Dental of Iowa Foundation. For National Children's Oral Health Month the bureau promoted the importance of children's oral health by mailing

informational post cards, providing lapel pins for stakeholders, and recently mailed children's oral health books to physician offices. Twenty-four I-Smile™ coordinators work with local stakeholders such as civic organizations, businesses, schools, and economic development to create awareness and demand for good oral health. Activities include training for health care providers and health workforce programs and organizing local health coalitions.

**Standard 3: Assure health promotion and prevention services.**

Bonnie Mapes, Division Director of Tobacco Prevision and Control, provided a quick overview of how they help to support this standard. The four different components to this are the following: 1) identify best practices, 2) inform the public about the availability of services, 3) lead the public to available services, and 4) help a jurisdiction identify funding to support these services. We provide information to our grantees through a series of four required, quarterly training (regional meeting, two webinars or conference calls, and annual conference). Until this year, the conference has been a Tobacco Control Conference. This past week we had the first Iowa Prevention Conference (Tobacco Use Prevention, Substance Abuse Prevention and Problem Gambling), and it was a very successful conference. We also have the Iowa Core Website that is new this year for our contractors and grantees. It's a password-protected website with a very extensive document library (all the forms, assessments, and training materials) which allows sharing and asking questions of others. Contractors and grantees also have their own county-level website where their community partners and coalition members can share information at the county level. This approach is primarily how we get information out to our grantees. To provide information to the public about available services we have several different formats (Quitline Iowa campaign, billboards, and TV ads) and we also have a campaign that is geared specifically to healthcare providers (Operation 83) which targets advertising in medical journals, newsletters, medical conferences. Our local community partners (local media) are also promoting information. Our goal is to motivate physicians to refer more than 80% of Iowa's citizens that want to quit to Quitline Iowa. Quitline Iowa has a website that is available to the public and new services have been added this year. Press releases were used to get this information out to the public. We also have the Just Eliminate Lies (JEL) website which is targeted specifically towards youth. Six times a year the division provides information to the Tobacco Control Commission and does healthcare provider training across the state. Linking the public to these services is primarily through Quitline and Iowa Nebraska Primary Care Association (INEPCA). Both Quitline and INEPCA work with Medicaid. Medicaid clients need to enroll in counseling to receive this benefit.

Donald Skinner left the meeting at 12:05 PM.

**VII. Next Meeting**

- A. Items for January 12, 2011 Agenda**
- 1. Review Public Health Standards – Joy Harris**
  - 2. Budget Report**
  - 3. Chapter 9 – Heather Adams**
  - 4. Fluoroscopy Lawsuit – Heather Adams**

**VIII. Adjournment**

At 12:10 P.M. a motion was made by Rowe Winecoff, seconded by Elizabeth Kressin, to adjourn the meeting. Motion carried unanimously.

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Thomas Newton, Director  
Secretary of the Board  
Iowa Department of Public Health

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Ramona Cooper  
Recording Secretary  
Iowa Department of Public Health

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Julie McMahon, Division Director  
Health Promotion and Chronic Disease Prevention  
Acting Secretary of the Board  
Iowa Department of Public Health