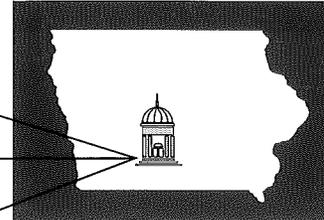


HEALTHY POLK 2000



HEALTH PROMOTION DISEASE PREVENTION HEALTH PROTECTION GOALS AND ACTION STEPS

Willis F. Fry, Chairperson
Polk County Health Planning Committee

Julius S. Conner, M.D., M.P.H.
Polk County Health Department

Polk County Board of Supervisors:

Jack Bishop
Florence Buhr
John Mauro
George Mills
Martha Willits

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Blue Cross and Blue Shield
of Iowa Foundation**

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Volunteer Health Agencies

Health and Human Services Professionals

Blue Cross-Blue Shield Foundation

Center for Healthy Communities

Drake Center for Health Issues

Hospital Association of Greater Des Moines

Iowa Department of Public Health

Iowa State University Extension

Linn County Health Department

Polk County Board of Supervisors

Healthy Polk 2000 OVERVIEW

Healthy Polk 2000 is a movement by individual citizens and community organizations with a mission to improve health status, longevity and quality of life for persons of all age groups, socioeconomic levels and ethnic backgrounds living in Polk County, Iowa. This mission will be accomplished by providing all citizens with greater access to health promotion information; appropriate health protection and disease prevention services; and healthier physical and social environments.

This plan offers realistic solutions to 22 major public health problems. These problems include: unintentional injuries; tobacco, alcohol and other drug use; heart disease, cancer, stroke, diabetes and other chronic disabling conditions; violence and abusive behavior; mental disorders; AIDS and other sexually transmitted diseases; unsafe homes, work sites and other environmental hazards.

The adoption of a more healthy lifestyle and greater access to preventive health services is emphasized in the plan. Through this approach, it is believed at least seventy percent (70%) of the above-outlined health problems, along with their related costs of care, could be addressed.

We believe this plan will be a resource to individuals, health and social service agencies, educational institutions, law enforcement agencies, and the business community to use for implementing programs to promote health and prevent disease in Polk County through the year 2000 and beyond.

We dedicate this plan to the citizens of Polk County.



Willis F. Fry, Chairman
Polk County Health Planning Committee



Julius S. Conner, M.D., M.P.H.
Polk County Health Department

HEALTH PLANNING COMMITTEE

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(Vice-Chair 2/94 to 10/94)

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Organizational Representatives

City of Des Moines Board of Health

Steve Jetter (2/95 to present)
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Leatrice Olson, D.O. (2/94 to 2/95)

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Polk County Health Services

Lynn Ferrell (2/95 to present)
Kathryn Barnhill (2/94 to 2/95)

United Way of Central Iowa

Ginny Hancock (8/94 to present)
Tim Stiles (2/94 to 8/94)

Polk County Medical Society

Jose V. Angel, M.D. (2/94 to present)

University of Osteopathic Medicine & Health Sciences

D. Keith Watson, D.O. (10/94 to present)
Leonard Levy, D.P.M., M.P.H. (Chair 2/94 to 10/94)

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Teresa Darcy, M.D. (4/94 to 12/94)
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Donna Robinson, R.N. (2/94 to present)
Laura Sands (2/94 to present)
Ken Westerbeck (2/94 to 4/94)

Staff to Healthy Polk 2000

Bobby Baker
Bruce Bernard
Marsha Brooks
Julius Conner, M.D., M.P.H.
Terri Dowie-Teach
Don Dunn
Marie Grabenbauer
Sheila Lumley
Linda Prince
Jack Schoop
Mary White

Polk County Public Works - Planning
Polk County Manager's Office
Polk County General Services
Polk County Health Department
Polk County Health Department
The Dunn Associates
Polk County Manager's Office
Polk County Manager's Office
Polk County Manager's Office
Polk County Health Department
Polk County Health Department

Healthy Polk 2000

INTRODUCTION

The year 2000 will be the start of a new century; it also marks the beginning of a new millennium. This document, Healthy Polk 2000, is intended to build on the foundation of the 1993 publication, Healthy Iowans 2000, and to give specificity to plans essential to assurance of a healthier community of Polk County in the new century. Healthy Polk 2000 is a strategic plan to reduce preventable diseases and injuries and to minimize problems arising from such health hazards. The plan establishes goals and action steps to guide assessment, planning, and allocation of resources through the balance of the decade of the '90s, in order to increase the span and quality of life for people of the community, to reduce health disparities among Polk Countians, and to provide access to needed and effective health education, prevention and rehabilitative services for all residents. With public health services leading the way, assurance of universal access to effective diagnostic and therapeutic services may follow early in the new century.

The model for Healthy Polk 2000 is the publication, Healthy Iowans 2000, which in turn was patterned after the national health promotion and disease prevention objectives of Healthy People 2000, a report released in September, 1990. In March, 1993, following release of Healthy Iowans 2000, the Polk County Board of Supervisors created the Polk County Health Planning Committee, whose stated purpose includes the following: "The Committee will promote the prevention of premature death, disability and illness by developing a Polk County community health plan...." Further on, the charge reads, in part, "The mission of the Committee is to assist the Board of Health/Board of Supervisors by:

1. Developing a community health plan which includes health problems identification, and problem analysis incorporating the identification of both direct and indirect risk factors.
2. Proposing action to remedy indirect contributing factors, remove associated barriers to such remedies and obtain resources which can contribute to the remedies."

In order to respond to the assignment, the Committee undertook Healthy Polk 2000, a project designed and implemented with the help of nearly 200 volunteers. Organized into 20 work groups, volunteers worked under the direction of the committee and its three sub-committees, Health Promotion, Health Protection, and Disease Prevention. Chair of the Polk County Health Planning Committee, directing the volunteer effort, has been Willis F. Fry, Executive Director of Broadlawns Medical Center. Project Director is Julius Conner, M.D., M.P.H. Volunteer members of the work groups include personnel from county and city government, health professional associations, voluntary health associations, hospitals and other health care institutions, academic institutions and consumers. Key staff to the project have come from the Polk County Health Department and the Polk County Manager's Office, augmented by part-time consulting assistance, the Dunn Associates.

Each Work Group in its respective area of concern addressed such questions as:

What behavior patterns affect this health issue?

What behavior changes need to be made by residents of Polk County in order to lead healthier lives?

What barriers prevent residents from receipt of needed disease prevention or health promotion services?

How can limited resources be directed at needed changes?

What groups and organizations are in position to take action?

What information and data is needed to set goals and action steps and to monitor progress after completion of the plan?

Two major sources of data were useful to most of the work groups: 1) the 1993 morbidity and mortality data for Polk County found in the Iowa Health Indicator Tracking System and received from the Iowa Department of Public Health; 2) a behavioral risk study conducted by Information Transfer System, an Ann Arbor, Michigan research corporation. This study was commissioned in 1995 for Healthy Polk 2000 by the Polk County Health Department. A representative sample of 1016 Polk County household residents (adults) were surveyed. Of those 1016, 300 were also surveyed about health behavior of a child in the household.

Each sample group is deemed to be representative of the county population as a whole, but conclusions cannot be drawn with certainty for small cells of population within the whole.

Prior to work group initiation, in the fall of 1994, the Polk County Health Department asked for input from residents of Polk County by holding five town meetings across the county, one in each Board of Supervisors' district. Work groups commenced activity in early 1995. Each work group consisted of six to nine individuals, most with experience in health care, aided by consumers dedicated to the healthier community concept. Elements of the planning process assignment included the following:

- Brief description of the problem as found in Polk County
- Measurable and realistic year 2000 goal statement(s)
- Rationale for the goal statement(s), showing illustrative baseline data
- For each goal, an action plan with action steps, identifying suggested parties to implement action steps
- A cross reference to other chapters with similar or complementary goals and action steps

Achievement of success with this significant public-private planning process will require commitment and combined efforts of local government, health care and human service providers, voluntary organizations, educational institutions, businesses, and most of all - communities, families and individuals.

Copies of an Executive Summary of this report are available for use by collaborating committees and organizations and can be obtained by contacting the Polk County Health Department, telephone number (515) 286-3798.

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Chapter 1

NUTRITION/PHYSICAL FITNESS

Introduction

It has been estimated that by the year 2000, national health care costs will represent 18% of our Gross National Product (GNP). The Centers for Disease Control (CDC) and Prevention and the Iowa Department of Public Health have developed goals and action plans to both promote and increase (by the year 2000) the number of individuals adopting and maintaining healthy lifestyles. Research supports that 60% of health care costs are directly related to modifiable risk factors and 10% to the environment. To contain health care costs, the issues of modifiable risk factors and the environment must be addressed. Recognizing that people are most likely to adopt healthy lifestyles and maintain them in a supportive cultural environment is another important component to consider when identifying practical solutions to containing soaring health care costs within one's community.

Promoting a healthy environment within Polk County is essential to our residents maintaining good health practices over the long term and to remain globally competitive as a community. We need to work for a coordinated health promotion approach that is integrated into the fabric of our community and organizational life. Essentially, a more holistic approach to healthy lifestyles.

Although Iowa has a reputation for excellent school systems, a strong work ethic and a clean environment, it falls short nationally in a comparison of health behaviors. Iowa's population has the 8th highest prevalence of overweight residents; the 17th

highest for sedentary lifestyles; and 18th highest for hypertension.

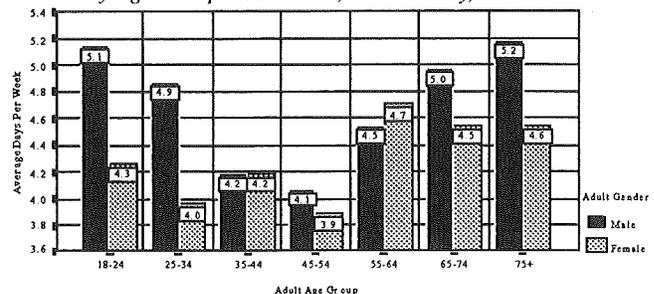
Our community leaders will be an integral component to the creation and promotion of a healthier and more productive county.

1-1 Goal Statement

Charter a task force in 1996, charged with the responsibility of developing a vision for a healthy community utilizing the current wellness model.

Average Number of Days per Week of Moderate Exercise

by Age Group and Gender, Polk County, IA 1995



ITS 1995 Polk County (IA) Survey (8/24/95)

Sample Size=1014. Analysis weighted by gender and age.

Rationale

The public is inundated with information and advertising promoting unhealthy nutrition and sedentary lifestyles. Organizations concerned with creating a healthier community need to counteract such influences by developing and distributing information on appropriate nutrition and physical fitness habits. A statement of vision and information for achievement of healthy lifestyle should be extensive in scope and distribution.

1.1 Action Step

Charter a task force by April, 1996, charged with the responsibility of developing a vision for a healthy community utilizing the current wellness model.

1-1.2 Action Step

Review wellness models during May, 1996.

1-1.3 Action Step

Come to consensus regarding definition and vision for healthy lifestyles in Polk County by July, 1996.

1-1.4 Action Step

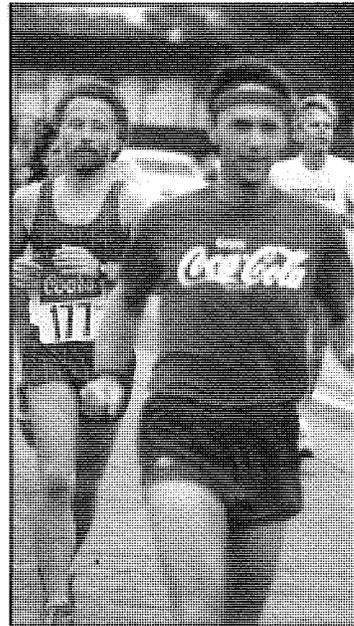
Develop general strategies to help citizens make healthy lifestyle choices.

1-1.5 Action Step

Develop a promotional campaign designed to sell the benefits of a healthy lifestyle to residents of Polk County.

The Task force will pay particular attention to the following Health Dimensions of Polk County residents and will be delegated the responsibility of contacting agencies for developing and implementing the following goals by July, 1996. (A Board of Supervisors-appointed task force to be staffed by Polk County Department of Health action step.)

1-2 Goal Statement



By 1998, a representative sample of residents of Polk County will be surveyed regarding their exercise patterns and habits, areas of interest and obstacles to following a regular exercise program. Additionally, information

regarding physical activity for adults and children will be collected.

Rationale

According to many experts, there is no drug as useful for sustained health as a lifetime program of physical fitness. Evidence suggests that physical activity positively affects weight control, has anti-depressant effects, and reduces temporary anxiety. Studies show that the incidence of coronary heart disease (CHD) is approximately twice as high among sedentary men than among those who regularly participate in vigorous physical activity either in leisure or occupational. The risk of inactivity is only slightly less than the relative risk of smoking or high blood pressure. Exercise may have the greatest positive impact on reducing the risks associated with chronic diseases.

Even though children naturally like to be active, research shows that they are less active than desirable. Even though many other leisure time alternatives are available, children still find physical activity enjoyable. It was stated in the article by Schlicker, Borra, and Regan, "*The Weight and Fitness Status of United States Children*", that the apparent prevalence of pediatric obesity may be more a function of decreased physical activity than nutrient intake (1/94).

1-2.1 Action Step

Conduct a community-wide survey of exercise patterns and habits to establish an accurate baseline for this objective by July, 1997. (A recreation departments action step.)

1-3 Goal Statement

Halt the annual increase in the percentage of Polk County residents categorized as overweight by the year 2000.

Rationale

In Iowa, obesity has steadily increased from 25.3% in 1989 to 28% in 1993. The current figure for Polk County for adults older than 18 is 35.4%. The two factors which seem to be prevalent in contributing to obesity are declining physical activity and type of diet. Although the Healthy Polk 2000 survey indicates that both adults and children participate in moderate activity on a regular basis, the survey also indicated that 35.4% adults and 24% of children age 14-15 are overweight. This indicates that obesity is a health concern. The survey also shows that 96% of all men and 86% of all women consume less than 5 servings of fruits and

vegetables daily. Children are comparable in the same study. To achieve our goal of Polk County residents maintaining their body mass index, we are recommending the following action steps.

1-3.1 Action Step

Recommend the Polk County Medical Society develop and implement a standard for members to integrate a wellness philosophy into their practice. The PACE program from the Centers for Disease Control and Prevention or Putting Prevention into Practice by U.S. Department of Health and Human Services, Public Health Service are examples of health promotion prevention programs available to assist clinicians on advising their patients on achieving healthier lifestyles. (A Polk County Medical Society action step.)

1-3.2 Action Step

Form neighborhood walking groups by September, 1996. (A Neighborhood Associations action step.)

1-3.3 Action Step

Maximize use of school facilities for more family centered recreational activities. (A public and private schools action step.)

1-3.4 Action Step

Encourage religious facilities to provide locations and/or organize on-site exercise classes and recreational activities by September, 1996. (A Des Moines Area Religious Council action step.)

1-3.5 Action Step

By July, 1997, evaluate the current school curriculum in light of the Polk County study and redefine the role of the schools in promoting healthy lifestyle behaviors. (A Boards of Education action step.)

1-3.6 Action Step

Incorporate more activity and exercise classes into senior programs by July, 1997. (A Polk County Elderly Services and Association for Retired Persons action step.)

1-3.7 Action Step

Distribute community calendar with list of exercise activity (i.e. Exercise Date Book in Des Moines Register) from September, 1996 through December, 1997. (A Des Moines Register action step.)

1-4 Goal Statement

Increase to at least 63% the proportion of mothers who breastfeed their babies at hospital discharge. (Baseline: According to the 1994 Iowa Newborn Metabolic Screening Data, 59% of mothers who have given birth are still breastfeeding when discharged from the birth site in Polk County. Yearly baseline duration data is not available for Polk County.)

Rationale

Breastfeeding is one of the most important measures for protection of maternal, infant, and child health. Breastmilk provides an ideal balance of nutrients that are easily absorbed and digested by the human infant. Significant immunologic, biochemical, dental,

and anti-allergenic benefits have been well documented for breastfed infants. Breastfeeding also promotes bonding between mother and infant.

The incidence of breastfeeding in Polk County is low. In 1992, 57% of infants in Polk County were breastfed in the first few days after birth. This jumped to 60% in 1993 but dropped back to 59% in 1994. This rate does not compare favorably with the Healthy People 2000 national objectives for breastfeeding prevalence. To achieve these objectives, Polk County should have 75% of its infants breastfed at hospital discharge.

In Iowa, 56% of infants born are breastfeeding when discharged from the birth site, according to the 1994 Iowa Newborn Metabolic Screening Profile Data. The percent of infants breastfed varies with each county, ranging from 33% to 74%.

1-4.1 Action Step

Establish an initial working committee consisting of a minimum of one breastfeeding specialist from each hospital with infant births in Polk County by February, 1996. (A local hospital, LaLeche League, and Visiting Nurses action step.)

1-4.2 Action Step

Share information about resources/agencies/support groups that provide breastfeeding support in Polk County. This will be available for all organizations to share with breastfeeding mothers by January, 1997 (A Lactation Committee formed in 1-4.1 action step.)

1-4.3 Action Step

Share the following breastfeeding resources with professionals:

- List of print materials developed by Iowa Lactation Task Force and available from the Iowa Department of Public Health.
- Distribute brochures announcing the annual breastfeeding conference sponsored by Iowa Health Systems and the Iowa Department of Public Health, and the breastfeeding workshop for public health providers sponsored by the Iowa Department of Public Health, Bureau of Nutrition and WIC, and any other breastfeeding workshop offered in Central Iowa by January, 1997.

1-4.4 Action Step

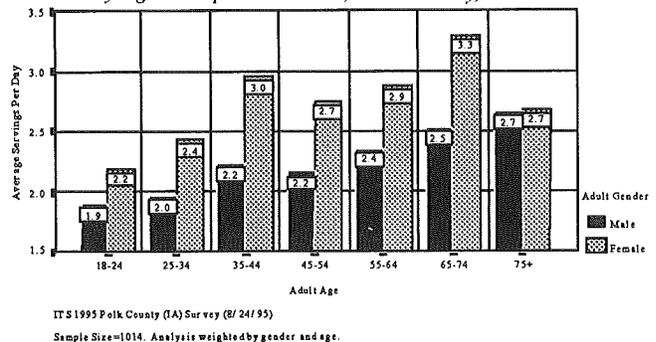
Provide employers in Polk County with information sharing ways to provide a supportive environment for breastfeeding at the worksite by June, 1998 (A Lactation Committee action step.)

1-5 Goal Statement

Decrease Polk County adults' consumption of high-fat foods which is currently 74% for men and 66% for women, to 60% for both groups, and increase daily consumption of fruits and vegetables which is currently 7% for men and 14% for women to 20% for both groups by the year 2000. This will be accomplished by educating the public on the relationship between diet and chronic disease and informing them of ways to

decrease risk associated with poor food choices.

Average Fruit and Vegetable Intake of Adult Sample by Age Group and Gender, Polk County, IA 1995



Rationale

The public needs to be better informed about the relationship between diet and chronic disease and ways to decrease the risk.

In a 1993 survey of adults in the United States, 30% reported they were aware of the food guide pyramid. College educated (39%) were more likely to know about the pyramid. When asked to name the food groups, the majority named the protein group. This indicates a lack of knowledge regarding the food guide pyramid and nutrition in general.

Dietary factors are associated with five of the 10 leading causes of death in the United States: coronary heart disease, certain types of cancer, stroke, noninsulin-dependent diabetes mellitus, and atherosclerosis. In Iowa, heart disease, cancer and stroke are the three leading causes of death. In 1993 Polk County residents were three times as likely to die from heart disease than any other cause.

In a late 1993 nationwide survey of 754 adults, on their behaviors regarding food choices the following was found:

- Most adults say they are concerned about the food they eat and how it affects their health. Forty-four percent (44%) were very concerned and 40% were fairly concerned.
- Barriers to eating a healthy diet included
 - time constraints
 - lack of discipline
 - poor taste of the food
 - difficulty maintaining balanced diet
- 25% of the respondents were confused about eating a healthy diet and they were confused over
 - deciding what to eat
 - many changes in the definition of a healthy diet
 - understanding food labeling
- 71% of those surveyed reported making changes regarding fat in their diet, especially those over the age of 30.

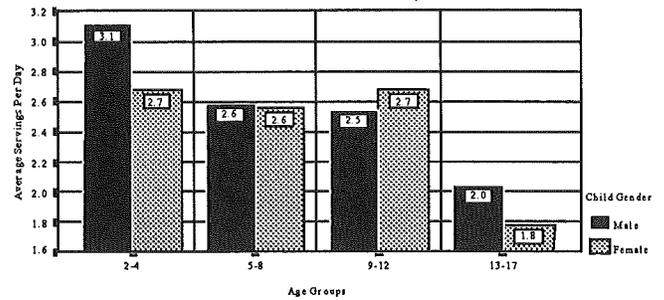
1-5.1 Action Step

Provide nutrition education as part of a sequential, comprehensive health education program for all school children by December, 1999. (A local school boards action step.)

1-5.2 Action Step

Provide point of purchase information at vending machines, restaurants, and grocery

Average Daily Fruit and Vegetable Intake, Children 2+ by Age and Gender, Polk County, IA 1995



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=366. Analysis weighted by gender and age.

store deli stations by December, 1999. Suggest a single, uniform labeling system be adopted. (A Central Iowa District Dietetic Association action step.)

1-5.3 Action Step

Offer more nutrition education programs through community education, community centers, and worksite wellness programs by June, 1998. (A Central Iowa Wellness Council action step.)

1-5.4 Action Step

Participate in USDA Team Nutrition projects with Des Moines School System by December, 1996. (An action step for the Des Moines schools food service and nutrition education programs.)

1-5.5 Action Step

Create a tool to monitor the change in food selection in Polk County by December, 1996. Examples could be the amount of fruits and vegetables purchased at local grocery stores; survey of fast food restaurants and how many requests come in for low fat choices. Financial assistance would be required. (An ISU Extension action step.)

1-5.6 Action Step

Create a media campaign twice a year regarding increasing the consumption of fruits and vegetables and decreasing the consumption of fats from December, 1996 through December, 1999. (A Drake University, University of Osteopathic Medicine and Health Sciences, Iowa State University Extension (ISUE), USDA, Team Nutrition, Des Moines School System, Board of Education, Community and Adult Education programs, worksite wellness coordinators, businesses and American Heart Association, education, community and food services, and Iowa Hospital Association task force action step.)

RELATED GOALS IN OTHER CHAPTERS

Chapter 7 - Goal 7-1 Seminars on nutrition and physical development

Goal 7-2 Health training and consulting

Chapter 14 - Goal 14-4 Cholesterol reduction
Goal 14-5 Hypertension and life style
Goal 14-6 Body weight

Chapter 15 - Goal 15-5 Skin Cancer

NUTRITION/PHYSICAL FITNESS WORK GROUP

Co-Facilitators:

Susan Klein, ISU Extension
Joy Schiller, College of Osteopathic Medicine

Members:

Paula Henry, Tower Medical Clinic
Joanne Kelsey, Mercy Hospital Medical Center
Curtis Linhart, Paragon Personal Training
Susan Pearce, Mercy Hospital Medical Center
Carrie Pietzmeire, WIC Program
Julie Rosin, Des Moines Public Schools
Carol Ruby, University of Osteopathic Medicine and Health Services
David Spreadbury, Ph. D., University of Osteopathic Medicine and Health Services

NUTRITION/PHYSICAL FITNESS
Chapter 1

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
1-1 Develop and disseminate to a majority of households and/or citizens in Polk County a vision statement and information on how to achieve nutritional and physical fitness behavior for a healthy lifestyle	1-1.1 thru 1-1.5 Appoint and establish task force	July, 1996	Board of Supervisors to appoint task force to be staffed by Polk County Health Department	Grants, Insurance Companies, ISU Extension for work in committee formation
1-2 Survey community regarding exercise patterns and habits	1-2.1 Conduct survey	July, 1997	All Parks and Recreation Departments in the County	Mid-Iowa Health Foundation
1-3 Halt increase of residents becoming overweight	1-3.1 Develop standard for physicians to use in encouraging wellness	December, 1996	Polk County Medical Society	
	1-3.2 Form neighborhood walk groups	September, 1996	Neighborhood Associations, City Community Sites	
	1-3.3 Family recreation at school facilities	September, 1996	Schools	Boards of Education
	1-3.4 Religious facilities as recreation sites	September, 1996	Des Moines Area Religious Council	
	1-3.5 School wellness curriculum	July, 1997	Boards of Education	
	1-3.6 Increase exercise activities in Senior Centers	July, 1997	Polk County Elderly Services, AARP	
	1-3.7 Community calendar of exercise activities	September, 1996	Des Moines Register	Advertisers

NUTRITION/PHYSICAL FITNESS
Chapter 1

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
1-4 Increase to at least 63% mothers breast feeding when discharged from hospital	1-4.1 Establish work committee	February, 1996	Local Hospitals, Physicians, Laleche League, VNS	
	1-4.2 Professional support	January, 1997	Local Hospitals-Lactation Committee	
	1-4.3 Professional support	January, 1997	Local Hospitals-Lactation Committee	
	1-4.4 Support work-site breastfeeding	June, 1998	Lactation Committee	
1-5 Educate public on relationship between diet and chronic disease (decreasing consumption of fat and increasing consumption of fruits and vegetables	1-5.1 School nutrition education	December, 1999	Board of Education	
	1-5.2 Nutrition label at vending machines, deli, and other food outlets	December, 1999	Central Iowa District Dietetic Association	
	1-5.3 Worksite wellness education	June, 1998	Central Iowa Wellness	
	1-5.4 Team Nutrition project	December, 1996	Des Moines Schools	
	1-5.5 Create a monitor tool for food selection in county	December, 1996	ISU Extension	
	1-5.6 Twice a year media campaign	December, 1996	Task Force	

Chapter 2

TOBACCO

Introduction

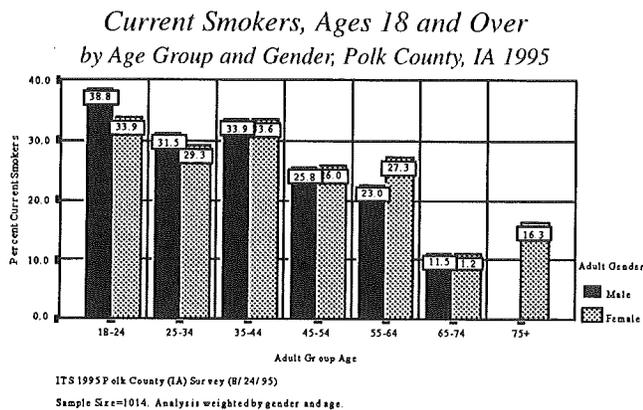
Decreasing tobacco use will reduce the morbidity and mortality rates of Polk County citizens; and as a result will cut health care costs sharply. Tobacco use is the single most preventable cause of death and disease in the United States. It is a major risk factor for heart and blood vessel disease; cancers of the lung, larynx, pharynx, oral cavity, esophagus, pancreas, and bladder; respiratory infections; and stomach ulcers. An estimated 400,000 deaths are associated with smoking each year in our nation. In Iowa, 22% of adults smoke.

nicotine addiction came to the following conclusions: cigarettes and other forms of tobacco are addicting; the drug effects and behavior-related processes that determine tobacco addiction are similar to those that cause addiction to other drugs such as heroin and cocaine. The report said that treatment of nicotine addiction should be considered by third-party payers such as insurance companies as important as treatment of alcoholism and illicit drug addiction.

2-1 Goal Statement

Reduce cigarette smoking to a prevalence of no more than 18% among people aged 18 and older, and reduce the use of smokeless tobacco to less than 10% among males 18 through 24 years of age by the year 2000.

(Baseline: According to synthetic cardiovascular risk factor estimates for Polk County in 1992, 20.3% of Polk County residents smoked tobacco and according to 1993 BRFSS data 25.7% of Iowans use smokeless tobacco).



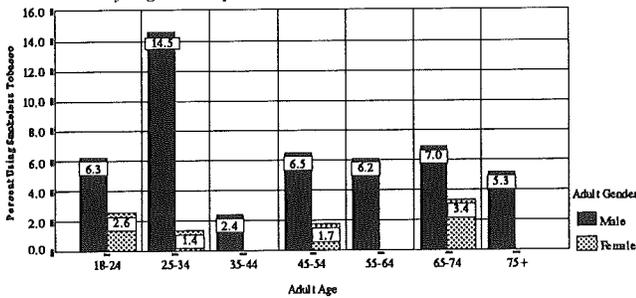
Cigarette smoking is responsible for approximately 87% of lung cancer deaths. An estimated 34% of cancer deaths in males and 20% in females are due to cancer of the lung. Cigarette smoking causes nine out of every 10 lung cancer deaths among women. Today, women are four times more likely to die from lung cancer than they were in 1964. The total economic costs of tobacco were estimated at \$16 billion in 1993.

The 1988 Surgeon General's Report on

Rationale

Iowa smokers cost the State \$788,251,476. Broken down, that is \$282 per Iowan. Smoking increases the risk for stroke and coronary heart disease (CHD). With 59 deaths per 100,000 residents, Iowa has the 31st highest death rate from stroke in the nation. The CHD rate is also the 31st highest in the nation with 227 deaths per 100,000 residents.

*Smokeless Tobacco Users, Ages 18 and Over
by Age Group and Gender; Polk County, IA 1995*



IIS 1995 Polk County (IA) Survey (8/24/95)
Sample Size = 1014. Analysis weighted by gender and age.

The prevalence of smoking remains higher among blue-collar workers, low-income adults, and the less educated. In 1987, smoking prevalence ranged from 36% among the least educated to 16% among the most educated. The 1990 Iowa Behavioral Risk Factor Surveillance System survey found that 22% of adults with family incomes of less than \$10,000 smoked. Iowans with incomes between \$35,000 and \$50,000 smoked at a rate of 18% and those with an income in excess of \$50,000 smoked at a rate of 16%. Of current smokers who have made an attempt to quit, 48.4% reported quitting for one day or longer in the past year. Of persons who have smoked 100 cigarettes in their lifetime and do not currently smoke, 69.4% had their last cigarette five or more years ago, 14.7% had their last between one and five years ago, 4.5% between six to 12 months, 3.1% between three to six months, 2.9% between one to three months, and 1.8% less than one month ago.

Former smokers have better health status than current smokers by a number of different measures, including days of illness, number of health complaints, and self-reported health status. Quitting smoking reduces the risks of cancer of the oral cavity and esophagus by 50% when compared to current smokers. This improvement occurs as early as five years after cessation, and there is a further reduction over a longer period of time.

2-1.1 Action Step

Reduce the prevalence of smoking among low-income pregnant women from 38% to 20% by the year 2000. (A Polk County Health Department, Iowa Department of Public Health Physicians, and VNS action step.)

- a. Identify community agencies working with low-income pregnant women that can promote educational materials, and encourage agencies to offer smoking cessation classes.
- b. Utilize the prenatal smoking cessation program, "Baby and Me Smoke Free" offered by the Iowa Department of Public Health in offering individual cessation intervention.
- c. Assess smoke-free policies at women, infants, and children clinics, maternal and child health clinics, and family planning clinics in the state.

Encourage Smoke-free campus/grounds when developing policies, by 1997.

- d. MCH and WIC clinic coordinators will attend training sponsored by the Iowa Department of Public Health on prenatal smoking cessation by 1997.
- e. Notify all agencies contracting with IDPH of the Pro-Children's Act of 1994, which requires their buildings to be smoke-free by 1997.

Rationale

Recent estimates of the prevalence of smoking during pregnancy, combined with estimates of the relative risk of low birthweight outcomes in smokers, suggest that if mothers had quit smoking during their pregnancies 17% to 26% would have avoided giving birth to a low birthweight baby. In groups with a higher prevalence of smoking, such as women with less than a high school education, 29% to 42% of the low birthweights could have been avoided by mothers not smoking during pregnancy.

The 1990 Surgeon General's Report on the Health Benefits of smoking Cessation concluded that women who smoked throughout pregnancy delivered infants who weighed less than infants of non-smokers; and women who quit smoking delivered infants who weighed more than the infants of women who smoked throughout their pregnancies.

For smokers, the risk of miscarriage, prematurity, and stillbirths is nearly twice that for nonsmokers. Studies show that women who reported smoking only during the first trimester of pregnancy had a 30% increased risk of having a low birthweight baby, while women who reported smoking during their first and second trimester of pregnancy had a 70% higher risk of delivering low birthweight infant. Women who reported smoking throughout their pregnancies had a 90% increased risk of having low birthweight baby in contrast to nonsmokers. Studies have also found that smoking by other people in the environment of a pregnant woman significantly increases the risk of delivering a low birthweight baby.

In 1993, 2,178 of the 37,805 babies born in Iowa, were low birthweight. In 1994, 29.1% of low birthweight babies were born to mothers that smoked.

The Pro-Children's Act of 1994 states that no person receiving funding by the Federal government or through state or local governments shall permit smoking within any indoor facility owned or leased or contracted for and utilized by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children. This includes routine health care or day care or early childhood development (Head Start) services.

2-1.2 Action Step

Expand the number of smoke-free work environments. (An American Lung Association (ALA), American Cancer Society (ACS), American Heart Association (AHA), and CVD Coalition action step.)

- a. Recruit five new businesses to go smoke-free by the year 1998, and recruit an additional five by the year 2000.
- b. Recruit five businesses with smoke-free policies to expand their policies to include smoke-free campus/grounds by the year 1998.
- c. Target three primary Health Insurance Providers in Polk County and encourage them to offer incentives for smoke-free worksites and campuses.

Rationale

According to the 1985 Surgeon General's Report, cigarette smoking is a greater cause of death and disability for most American workers than their workplace environment. In addition to improving health, reduction of tobacco use will also cut down on employee absenteeism and result in greater worker productivity.

Workers who smoke miss more days of work and take more sick leave than workers who do not smoke. Excessive absenteeism costs an employer an estimated \$330 per year for each smoker on the payroll. (The Economic Impact of Smoking In the Workplace, Marion Merrill Dow, Inc.)

According to the American Cancer Society, there is no evidence from any city that has passed a 100% smoke-free ordinance that restaurant business has been hurt. In fact, many restaurants report an increase in business. Approximately 80% of Iowans are non-smokers.

2-1.3 Action Step

Educate 90% of Polk County nurses regarding smoking cessation resources by the year 2000. (An IDPH and CVD Coalition action step.)

2-1.4 Action Step

Distribute the Smoking Cessation Directory available from the Iowa Department of Public Health to all physicians' offices in Polk County by 1997. (A Polk County Health Department action step.)

Rationale

To prevent illness due to tobacco use, health professionals must be knowledgeable about related risks and need to be urged to make educational materials available to their patients. Health professionals can have a significant impact on their patients' smoking habits. Data show that 5% of smokers would stop smoking if their physicians asked them to quit. Unfortunately health professionals often do not realize the impact they have on their patients, and they are unaware of resources available to them.

2-1.5 Action Step

Support efforts of groups who are working toward passage of legislation to prohibit or more strictly limit smoking in the workplace and in enclosed areas as described in goal 11-11 of Healthy Iowans 2000. Support legislation that limits youth access to tobacco (A Polk County Health Department, ALA, ACS, and AHA action step.)

- a. Support the efforts of the Iowa Tobacco Free Action Team legislative sub-committee by serving on the statewide coalition by 1996.

2-2 Goal Statement

Reduce the number of regular tobacco users under the age of 18 to no more than 8% by the year 2000. (Baseline: Iowa Department of Education youth survey data from 1995, indicate that 10% of students in 6th through 12th grades are regular or heavy tobacco users.)

Rationale

In 1988, the U.S. Surgeon General tightened the connection between cigarettes and illegal drugs when he highlighted the addictive nature of tobacco. In 1995, the Federal Drug Administration and the Clinton administration proposed big changes in the way tobacco can be marketed and have described tobacco use among teens as a pediatric disease.

Tobacco use as reported by 12th graders in a study done by the Search Institute for the Iowa State Department of Education in 1995 indicates that:

- 21% tried tobacco by age 12
- 43% tried tobacco by age 14
- 59% tried tobacco by age 16
- 62% tried tobacco by age 18
- 38% have never tried tobacco

In 1991, the Iowa legislature passed the Adolescent Smoking Prevention Act, which strengthened the Iowa law regulating the sale of tobacco products to persons under the age 18. Its purpose is to make it more difficult for underage youth to purchase and use tobacco; thus helping to prevent them from beginning this addictive, dangerous habit. On July 1, 1994, the Iowa Code was amended to read as follows: A person under the age of eighteen years of age shall not smoke, use, possess, purchase or attempt to purchase any tobacco products, or cigarettes. The law requires cigarette vending machines to be placed where they can be visually supervised by an adult, or they must be equipped with a "lock-out" device which requires a supervisor to unlock the machine for each sale; or they must be in a location which is not accessible to youth.

2-2.1 Action Step

Establish a tobacco-free environment in all elementary, middle, and secondary schools and other facilities used for youth activities.

- a. Educate and inform school board members that are affected by the Pro-Children's Act of 1994.
- b. Encourage implementation of these policies by 1997, by utilizing the Iowa Tobacco Free Action Teams "Tobacco Free Schools Policy Manual."

(An Iowa Tobacco Free Action Team [ITFAT] and Boards of Education action step.)

Rationale

Eighty-eight percent of Americans begin smoking before they turn 18, we know that the younger a person is when they begin smoking the more likely it is that they will be a lifetime smoker. Of every 100 high school smokers 95 think they will quit within 5 years of graduation, however, only 25 will succeed.

The enactment of the Pro-Children's Act of 1994 has made it mandatory for schools to prohibit smoking within their facility.

The Iowa Tobacco Free Action Team consists of 34 individuals representing 25 different public and private agencies. Their mission is to achieve tobacco free living in Iowa.

2-2.2 Action Step

Expand the use of tobacco prevention programs in school districts throughout Polk County.

- a. Establish prevention of tobacco use programs in the curriculum of Polk County schools grades Kindergarten through 8th, as part of a comprehensive school health education curriculum.
- b. Inform educators, social workers, health care professionals, and youth advocates about the tobacco prevention programs available in Polk County, through on-going contact with tobacco prevention specialists.

(An ITFAT and Boards of Education action step.)

Rationale

School based health education programs have the potential to reach the majority of Polk County youth. Studies have shown that for prevention messages to be effective children should start hearing them before the sixth grade, and these messages should be repeated for several years.

2-2.3 Action Step

In cooperation with the Iowa Department of Public Health, provide assistance with the annual retailer tobacco compliance checks. The IDPH is required through the Federal SYNAR amendment to conduct annual random and unannounced tobacco compliance checks .

- a. In connection with the compliance checks, retailer responsibility letters will be sent to those checked in Polk County.
- b. Congratulation letters as well as letters reminding merchants of the youth adolescent law will be sent.

(An ITFAT action step.)

Rationale

Reducing youth access to tobacco products is an essential component of any strategy to reduce nicotine addiction in youth. Congress passed the SYNAR amendment in 1992, which requires states to have in place a law prohibiting the sale of tobacco products to minors and that states actively and effectively enforce their law. If states are unable to meet the requirements, they could lose up to 40% of the block grant funds.

RELATED GOALS IN OTHER CHAPTERS

- Chapter 3 - Goal 3-4 Reduced use by youth and pregnant women
- Chapter 8 - Goal 8-3 Fire death and injury rate
- Chapter 10 - Goal 10-8 Secondary smoke in home and public places
- Chapter 13 - Goal 13-1 Reduce infant mortality
- Chapter 14 - Goal 14-2 Reduction of smokers
- Chapter 15 - Goal 15-1 Reduced lung cancer

TOBACCO WORK GROUP

Facilitator:

Kathie Lyman, Polk County Medical Society

Members:

Lynn Kinseth, Mercy Cancer Center

Meredith Peak-Corey, American Cancer Society

Patricia Shissler, Iowa Academy of Family Physicians

Beth Steffensen, American Lung Association

Leanne Van Oort, National Council on Alcoholism & Other Drugs

Marion Whalen, Iowa Department of Public Health

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
2-1 Reduce cigarette smoking to less than 18% for those 18 and older and reduce the use of smokeless tobacco to less than 10% for those 18-24	2-1.1 Reduce smoking among pregnant women to 20%	2000	Polk County Health Department, Physicians, VNS	Polk County Health Department
	2-1.1(a)&(b) Identify agencies that serve pregnant low income women and encourage them to offer smoking cessation classes, utilizing "Baby and Me Smoke Free"	1997	Polk County Health Department	Polk County Health Department
	2-1.1(c) Assess policies at family planning, women/infants/children and maternal/child health clinics and encourage smoke free grounds		Polk County Health Department, Physicians, VNS	
	2-1.1(d) MCH/WIC coordinators will attend training by I.D.P.H. on pre-natal smoking cessation	1997	Polk County Health Department, IDPH	Polk County Health Department
	2-1.1(e) Notify all agencies contracting with I.D.P.H. of Pro-Childrens' Act of 1994, requiring buildings to be smoke-free by 1997	1997	Polk County Health Department, IDPH	Polk County Health Department
	2-1.2 Expand the number of smoke free work environments	2000	American Lung Association, American Cancer Society, American Heart Association	

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	2-1.2(a) Recruit five new businesses to go smoke free by 1998 and five more by 2000	1998	American Lung Association, American Cancer Society, American Heart Association, CVD Coalition	
	2-1.2(b) Recruit 5 smoke free businesses to include campus/grounds	1998	American Lung Association, American Cancer Society, American Heart Association	
	2-1.2(c) Target three Primary Health Insurance Providers to offer incentives for smoke-free work sites and campuses			
	2-1.3 Educate 90% of Polk County nurses in smoking cessation resources	2000	IDPH, CVD Coalition	Polk County Health Department
	2-1.4 Distribute smoking cessation directory to all physician offices in Polk County	1997	Polk County Health Department	Polk County Health Department
	2-1.5 Support efforts to legislate stricter smoke free laws in workplaces and enclosed areas (HI2000, 11-11), and support legislation which limits youth access to tobacco	1996		
	2-1.5(a) Support Iowa Tobacco Free Action Team legislation by serving on statewide coalition	1996	Polk County Health Department, American Lung Association, American Cancer Society, American Heart Association	Polk County Health Department, American Lung Association, American Cancer Society, American Heart Association
2-2 Reduce the number of tobacco users under 18 to less than 8% by 2000	2-2.1 Establish tobacco free environments in all schools and other youth activity facilities		Boards of Education	

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	2-2.1(a) Inform and educate School Board Members regarding: Pro-Childrens' Act of 1994			
	2-2.1(b) Encourage implementation of policies using "Tobacco Free Schools Policy Manual"	1997	Iowa Tobacco Free Action Team	Iowa Tobacco Free Action Team
	2-2.2 Expand tobacco prevention programs in school districts throughout Polk County		Iowa Tobacco Free Action Team (ITFAT), Boards of Education	Iowa Tobacco Free Action Team school districts
	2-2.2(a) Establish programs for K-8 grades as part of comprehensive health curriculums			
	2-2.2(b) Inform all school personnel and youth advocates about tobacco prevention programs available in Polk County via tobacco prevention specialists		Iowa Tobacco Free Action Team	Iowa Tobacco Free Action Team
	2-2.3 Provide assistance to conduct annual tobacco compliance checks		Iowa Tobacco Free Action Team	Iowa Department/Polk County Health, Iowa Tobacco Free Action Team
	2-2.3(a) Retailer responsibility letters will be sent to those checked			
	2-2.3(b) Congratulation and reminder letters will be sent to retailers on youth adolescent law		Iowa Tobacco Free Action Team	Iowa Tobacco Free Action Team

Chapter 3

ALCOHOL AND OTHER DRUGS

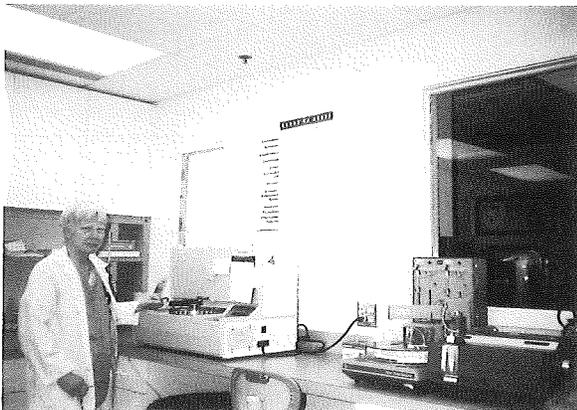
Introduction

Abuse of alcohol and other drugs exacts a gigantic toll on society, health and the economy of urban, suburban and rural Polk County. Abuse often leads to decreased work productivity, fatal motor vehicle crashes, unintentional injuries, murders and suicides, family violence and dissolutions, loss of employment and homelessness, birth injury and defects, tuberculosis, HIV infection and AIDS.

Polk County can take further action to reduce the rate of death, injury, crime, violence and health problems associated with abuse of alcohol and other drugs. The following goals and action steps are proposed.

3-1 Goal Statement

Collection by local law enforcement agencies of more thorough data on suspected alcohol and other drug involvement of detainees.



Rationale

Corrections professionals state that an overwhelming majority of their client base admit having alcohol and other drug problems. Corrections officials are applying for and receiving money to service this population while they're in prison. However, arrest data doesn't reflect the numbers of people with substance abuse related offenses. Law enforcement agencies should more accurately reflect alcohol and other drug usage statistics.

3-1.1 Action Step

By June, 1996, meet with County Attorney's Office, Fifth Judicial District Community Corrections, Des Moines, West Des Moines, Windsor Heights, Urbandale and Polk County jail officials to discuss benefits of identifying inmates with alcoholism and drug abuse problems while they are incarcerated and to identify elements of a data collection instrument for that purpose. (A Polk County Health Department and National Council on Alcohol and Other Drugs action step.)

3-1.2 Action Step

Arrange a second meeting of jail officials in July, 1996, to develop and test the data collection instrument.

3-1.3 Action Step

Set September, 1996, as the target date for implementing data collection. Decide on distribution list and frequency for sending out results.

3-2 Goal Statement

Polk County will provide financial support for existing and additional transitional living facilities for recovering alcohol and other drug use clients.

Rationale

Upon completion of treatment services, clients are often forced back into the environment that enabled them to abuse substances in the first place.

3-2.1 Action Step

Meet with halfway house and other transitional living facilities directors by October, 1996, regarding the need for funding by Polk County. (Polk County Health Services and Polk County Board of Supervisors action step.)

3-2.2 Action Step

Funding decision to enhance the availability of traditional living facilities will be made by Polk County Health Services and Polk County Board of Supervisors by February, 1997. (A Polk County Prevention Coalition action step.)

3-3 Goal Statement

A wrap-around case management system will be implemented by the community which will provide for treatment follow-up recommendations, including prevention and alternatives to the use of alcohol and other drugs.

Rationale

A case management system which extends through the treatment, recovery and maintenance phases will reduce relapse.

3-3.1 Action Step

Identify or create a coalition of alcohol/drug abuse prevention and treatment agencies by May, 1996. (A National Council on Alcoholism and Other Drug action step.)

3-3.2 Action Step

By June, 1996, the coalition will discuss the advantages of wrap-around case management and how it can be useful to Polk County's alcohol/drug abuse agencies and clients. (A newly formed coalition action step.)

3.3-3 Action Step

Alcohol/drug abuse agencies will, by July, 1996, make decisions regarding use of wrap-around case management and set a date for implementation. (A Polk County Prevention Coalition and CASA action step.)

3-4 Goal Statement

Intensify programs emphasizing substance abuse prevention for early childhood and high-risk youth. Intensify substance abuse prevention, intervention, treatment and aftercare services for pregnant women and chemically exposed youth.

Rationale

Prevention works when agencies are provided with adequate resources. Investing in the future through prevention will be more cost-effective than waiting until individuals become addicted to deal with the problem.

3-4.1 Action Step

By September, 1996, the coalition of alcohol/drug abuse prevention and treatment

agencies will identify proven prevention programs for preschool children, high-risk youth and pregnant women. (A Prevention Coalition, CASA members, and NCA action step.)

3-4.2 Action Step

The coalition will, by October, 1996, identify agencies serving preschool children, high-risk youth and pregnant women who are in need of alcohol and drug abuse prevention materials or program presentations. (A coalition action step.)

3-4.3 Action Step

Starting in November, 1996, the coalition will offer additional substance abuse prevention materials and programs to agencies identified in action step 3-4.2. (A coalition action step.)

3-5 Goal Statement

Polk County should collaborate with the city of Des Moines to implement substance abuse prevention objectives in the Enterprise Community program.

Rationale

Des Moines Census tracts 12, 49 and 50 have been designated by the federal Housing and Urban Development Department as an Enterprise Community. A needs assessment of this community indicates that the residents of the area are concerned about substance abuse prevention, intervention, treatment and aftercare.

3-5.1 Action Step

By April, 1996, staff from Polk County and City of Des Moines will meet to discuss

implementation of Healthy Polk and Enterprise Community objectives in the Des Moines Enterprise Community census tracts. (A Polk County Health Department and City of Des Moines Community Development Department action step.)

3-6 Goal Statement

Develop a comprehensive data collection system to track adolescent and adult substance abusers. Hospitals and other treatment services, social services, law enforcement agencies and other appropriate groups would contribute and share the data.

Rationale

Substance use and abuse data is difficult to obtain. Agencies, coalitions and other groups need this data to effectively plan strategies for improving services for substance abusers within Polk County.

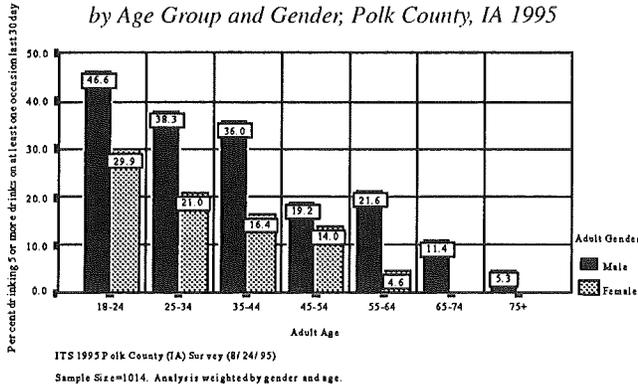
3-6.1 Action Step

By September, 1996, substance abuse treatment agencies will meet to determine benefits and location of a central registry and how information should be added or deleted. (A coalition of alcohol/drug abuse agencies action step.)

3-7 Goal Statement

Reduce the prevalence of heavy drinking among men by 10% by the year 2000. (Baseline: 13% of men age 18-30, 6% 31-39, 8% 40-49, and 7% 50 and over drink 60 or more alcoholic beverages per month - Healthy Polk Survey).

*Percent of Adults with High Risk Drinking Behavior
by Age Group and Gender, Polk County, IA 1995*



Rationale

The high prevalence of heavy drinking among Polk County men is alarming.

3-7.1 Action Step

At a meeting to be held by November, 1996, alcoholism prevention and treatment agencies will meet to develop a strategy to achieve a 10% reduction in heavy drinking by men in Polk County (A National Council on Alcoholism and Other Drugs, and CVD Coalition action step.)

3-8 Goal Statement

Reduce the frequency of drinking and driving by 20% by 2000.

Rationale

In 1994, drunk driving resulted in 17 Polk County traffic deaths. Although a reduction in the number of deaths has occurred in the past few years, Healthy Polk 2000 survey shows an alarming number of respondents who report they have driven drunk in the past month.

3-8.1 Action Step

By December, 1996, alcohol and drug abuse prevention/treatment agencies with law enforcement agencies will develop a strategy to reduce drunk driving by 20% by the year 2000. (A National Council on Alcoholism and Other Drugs action step.)

3.9 Goal Statement

Develop additional domestic violence counseling and shelter resources in Polk County with innovative programs for keeping the family intact while expelling the perpetrator from the home environment.

Rationale

There is a direct correlation between violence and substance abuse. An alarming number of Healthy Polk 2000 survey respondents reported abuse by another individual or family member or being a victim of violence or the threat of violence in the past year.

3.9-1 Action Step

A meeting by December, 1996, of domestic violence counselors, shelter officials and law enforcement agencies will be called to consider alternative solutions to reaching this goal. (A Polk County Victim Services, Zero Tolerance for Violence Coalition, and Prevention action step.)

3-10 Goal Statement

Establish a county-wide distribution center for bleach kits and/or a syringe exchange program for intravenous drug users.

Rationale

By sharing dirty needles and syringes, intravenous drug users account for one-third of all AIDS cases in the United States. The majority of women with AIDS contracted the disease from sex partners who were HIV-infected intravenous drug users. Most of the children with AIDS acquired their disease during the prenatal period from HIV-infected mothers.

Not every intravenous drug user will stop participating in this risky behavior. Providing cleaning solutions and/or exchanging syringes will protect the families of intravenous drug users. County-wide distribution of bleach kits and/or syringe exchanges will not target specific areas of the county as drug neighborhoods. Research studies show that such programs do reduce the risk of HIV and AIDS in intravenous drug users without increasing their use of drugs.

3-10.1 Action Step

By December, 1996, Mid-City Addiction Team, Port of Entry, Urban Drams, National Council on Alcoholism and Other Drugs will meet to establish the location and services of a county-wide bleach kit/syringe exchange distribution center. (A Polk County Health Department action step.)

3-11 Goal Statement

Conduct an educational campaign to reach all Polk County residents about the relationship between HIV/AIDS and all forms of substance abuse.

Rationale

HIV and AIDS is not exclusive to intravenous drug users. Using alcohol, or

other drugs alters decision-making skills and lends the user to participate in riskier behavior than s/he may normally exhibit when not using.

3-11.1 Action Step

By June, 1996, meet with alcohol and other substance abuse prevention and treatment agencies to plan the educational campaign. (A Polk County Health Department action step.)

3-12 Goal Statement

Support the existence of a Polk County inter-agency consortium for providers of prevention, intervention, treatment and aftercare services to persons who abuse alcohol and other drugs.

Rationale

A coalition of the many diverse groups of providers will provide communication, networking and collaborative opportunities for improving services to substance abuse clients in Polk County.

3-12.1 Action Step

By May, 1996, support the development of inter-agency consortium of alcohol and substance abuse providers in Polk County. (A Polk County Health Department action step.)

**RELATED GOALS IN OTHER
CHAPTERS**

- Chapter 5 - Goal 5-2 Access to mental health services**
- Chapter 6 - Goal 6-2 Domestic partner abuse**
- Goal 6-3 Sexual assault**
- Goal 6-5 Juvenile arrest**
- Chapter 11 - Goal 11-4 Improved pharmaceutical service and monitoring**
- Chapter 17 - Goal 17-6 HIV/AIDS education**

**ALCOHOL AND OTHER DRUGS
WORK GROUP**

Facilitator:

Kathie Lyman, Polk County Medical Society

Members:

Dr. Julius Conner, M.D., M.P.H.

Gene Messenger, Broadlawns Medical Center

Tom Murtha, Mercy Franklin Center

Helen Rees, United Way Labor Department

Neila Seaman, National Council on

Alcoholism & Other Drugs

Allen Spencer, Port of Entry, Inc.

Vicki Thompson, Broadlawns Medical Center

GOALS AND ACTION STEPS SNAPSHOTS

ALCOHOL AND OTHER DRUGS
Chapter 3

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
3-1 Collect data on alcohol/drug use by detainees	3-1.1 Meet with community corrections, city and county jail officials to discuss benefits of identification and to develop data collection 3-1.2 Develop and test data collection instrument	June, 1996 July, 1996	Polk County Health Department and National Council on Alcoholism and other drugs Polk County Health Department and National Council on Alcoholism and other drugs	No additional funding needed
	3-1.3 Implement data collection and distribute results	September, 1996	Polk County Health Department and National Council on Alcoholism and other drugs	
3-2 Polk County will provide financial support for transitional living facilities for recovering alcohol and other drug abuse clients	3-2.1 Meet with transitional living facilities directors regarding need for county funding 3-2.2 Funding decision by Polk County Health Services and Polk County Board of Supervisors	October, 1996 February, 1997	Polk County Health Services, Polk County Board of Supervisors Polk County Health Services and Polk County Board of Supervisors	Polk County Board of Supervisors Polk County Health Services and Polk County Board of Supervisors
3-3 Implement a wrap-around case management system for alcohol and other drug abuse clients	3-3.1 Identify or create a coalition of alcohol/drug abuse prevention and treatment agencies 3-3.2 Discuss the advantages of wrap-around case management and how it could be useful in Polk County	May, 1996 June, 1996	National Council on Alcoholism and other drugs Polk County Prevention Coalition	No additional funding needed

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	3-3.3 The coalition of coalitions for alcohol/drug abuse prevention and treatment centers and make decisions regarding implementing wrap-around case management and set an implementation date	July, 1996	Polk County Prevention Coalition	
3-4 Intensify substance abuse prevention programs for early childhood high-risk youth and pregnant women	3-4.1 The coalition of alcohol/drug abuse prevention agencies will identify proven prevention programs for pre-school children, high-risk youth and pregnant women	September, 1996	Polk County Prevention Coalition	Need for additional funding to be established
	3-4.2 Identify agencies serving pre-school children, high-risk youth and pregnant women	October, 1996	Polk County Prevention Coalition	
	3-4.3 Offer additional substance abuse educational programs to agencies identified in action step 4-4.2	November, 1996		
3-5 Collaboration between Polk County and City of Des Moines to implement substance abuse prevention in the Enterprise Community program	3-5.1 Meeting of Polk County and City of Des Moines staff to discuss substance abuse prevention objectives in Enterprise Community program	April, 1996	Polk County Health Department and City of Des Moines Community Development Department	No additional funding needed

ALCOHOL AND OTHER DRUGS
Chapter 3

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
3-6 Develop a comprehensive data collection system to track adolescent and adult substance abusers	3-6.1 Meet with treatment and follow-up services to determine benefits and location of a registry and how information should be added to or deleted	September, 1996	Polk County Prevention Coalition	To be established
3-7 Achieve a 10% reduction in heavy drinking among men by the year 2000	3-7.1 Meet with alcohol prevention and treatment agencies to develop strategy to meet goal	November, 1996	National Council on Alcoholism and Other Drugs, CVD Coalition	To be determined
3-8 Reduce drunk driving by 20% by the year 2000	3-8.1 Meet with alcohol and drug abuse prevention/treatment agencies and law enforcement agencies to develop strategy to meet goal	December, 1996	National Council on Alcoholism and Other Drugs	To be determined
3-9 Develop domestic violence resources for keeping the family intact and expelling the perpetrator from the home environment	3-9.1 Meet with counselors, shelter officials and law enforcement agencies to determine resources needed to meet this goal	December, 1996	Polk County Victim Services, Zero Tolerance Against Violence Coalition, Polk County Prevention Coalition	To be determined
3-10 Establish a county-wide distribution center for bleach kits/syringe exchange program	3-10.1 Meet with Mid City Addiction Team, Port of Entry, Urban Dreams, National Council on Alcoholism and Other Drugs to establish the distribution center	December, 1996	Polk County Health Department	To be determined

GOALS AND ACTION STEPS SNAPSHOTS

ALCOHOL AND OTHER DRUGS
Chapter 3

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
3-11 Conduct an educational campaign regarding relationship between HIV/AIDS and all forms of substance abuse	3-11.1 Meet with alcohol and other substance abuse prevention/treatment agencies to plan educational campaign	June, 1996	Polk County Health Department	Iowa Department of Public Health
3-12 Support a Polk County inter-agency consortium of substance abuse treatment providers	3-12.1 Identify or develop an inter-agency consortium of alcohol and substance abuse providers in Polk County	May, 1996	Polk County Health Department	No additional funding required

Chapter 4

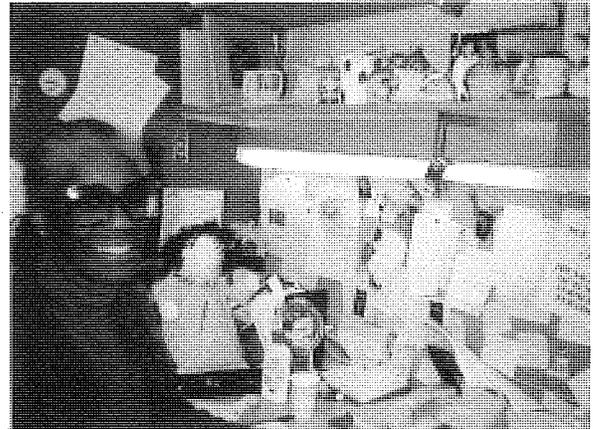
FAMILY PLANNING

Introduction

In discussing, developing and improving Family Planning, the following assumptions are employed about Contraception and Healthy Sexuality:

1. Successful contraceptors are individuals with high self esteem who have educational, vocational, or professional aspirations
2. Successful contraceptors are individuals with information about availability of contraceptive and family planning services
3. Successful contraceptors are individuals who have access to resources to utilize available contraceptive and family planning services
4. Successful contraceptors are individuals who are motivated to utilize available contraceptive and family planning services
5. Successful youthful contraceptors are young people who have had programs or discussions about sexuality education and who communicate about sexuality issues with their families
6. Ideally, effective contraceptive and family planning services operate from a model of healthy sexuality which includes the ability to communicate one's sexual needs, likes and dislikes; mutuality and respect for one's partner

and mutual concern for pregnancy prevention and prevention of sexually transmitted diseases, including HIV and AIDS. Effective contraceptive and family planning services must be linguistically and culturally appropriate to serve an increasingly diverse population in Polk County. Effective contraceptive and family planning services, especially for the young and poor, must be geographically located in areas of highest unmet need and in areas of high accessibility for the young and poor.



THE PROBLEM

The level of out of wedlock births in Polk County is reported in preliminary data for 1994 at 1446 out of 9198 live births to unwed women or 15.72% of the total for the State of Iowa. This represents a slight decline from the previous high of 17.67% reported in 1987. Birth to teens in Polk County are reported in 1992 (the last date for which data are available) as 589 or 14.97% of the total teen

births for the State of Iowa; of those births, 498 were out-of-wedlock births. Out-of-wedlock births to teens frequently result in



interruption or end of schooling, a number of years of welfare dependence, and health problems to both mother and infant.

Aggressive steps are needed to interrupt this pattern of premature maternity to young people, and to insure that family planning services are made available, affordable, and accessible to this hard to reach population. A holistic view of this problem, which includes attention to education and prevention efforts, integration of sexually transmitted disease prevention and treatment efforts with family planning and contraception and training of providers of these services in models of healthy sexuality is necessary in order to be successful in promoting an ethic of abstinence when appropriate, and employing contraception and disease prevention strategies when appropriate. Further, providers of these services must be fully trained in cultural and linguistic competence in order to serve the growing non-English speaking, immigrant population in Polk County.

The Family Planning Subcommittee is concerned that the survey used for baseline information for Healthy Polk County 2000 did

not provide an opportunity to ask teens directly questions about sexual behavior and their attitudes toward sexuality issues. We question the value of the responses received since there appears to exist a dichotomy between parents' reporting of their children's sexual activity and the percentage of teens giving birth in Polk County. Although the current political and social climate mitigates against such a survey, nevertheless, we strongly encourage schools and youth serving agencies to help develop a youth based survey and to assist in gathering and interpreting data from this survey which could provide us with more accurate information about youthful sexual activity and youth attitudes toward sexual issues. We ignore this source of information at our peril--the result of our not having accurate information could be more teen pregnancies with accompanying social problems, more sexually transmitted diseases and more HIV disease and AIDS. Healthy Polk County depends on our willingness to ask hard questions and to seek honest information, no matter how difficult or unpleasant the responses.

Healthy Iowans, and healthy Polk County residents of whatever age make better decisions about family planning and contraception when they believe they have a future, when they understand that contraceptives are available, accessible, affordable, services are respectful of their lives and culture, and when they have an understanding that healthy sexuality is their right and responsibility.

4-1 Goal Statement

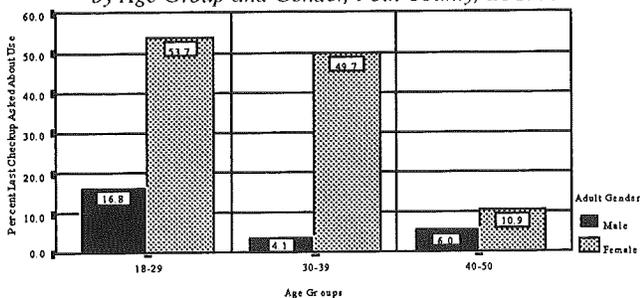
Assure that family planning services which are accessible, affordable, and culturally and linguistically appropriate are available throughout Polk County.

Rationale

Family planning is important in enabling people to achieve many other goals in their lives. Ensuring that family planning services are available throughout Polk County is necessary to equip people with the means to practice family planning.

The 1995 survey of Polk County residents provided disturbing information regarding provision of contraceptive services. Of women ages 18-30, who responded to the survey, 45% were not asked about contraceptive use during their last routine check up. Of men ages 18-30, 84% were not asked about contraceptive use during their last

Percent of Adults with Checkup Last Year Asked about Contraceptive Use by Age Group and Gender, Polk County, IA 1995



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

check up. For women ages 31-39, 53% were not asked about contraceptive use during their last check up while for men in the same age group 96% were not asked about contraceptive use. It is important that health care providers understand the value of and need for family planning services. This understanding by health care providers will help to increase access to care.

The results of another question in the 1995 survey raises concerns. That question was about whether the respondent had used a method of birth control during his/her last act of sexual intercourse. Of women ages 18-30,

28% did not use any method of birth control, for men in the same age group, it was 27%. Women ages 31-39 responded that 40% did not use any method of birth control. Men ages 31-39 responded that 42% did not use any method of birth control. Figures of this size indicate that there may be a need for better access to contraceptive information and services.

4-1.1 Action Step

Conduct a survey of health care providers to determine geographic areas of unmet need for family planning services within Polk County by January 1, 1997. (A Polk County Health Department, Polk County Medical Society, Polk County Osteopathic Society, and the Family Planning Council of Iowa action step.)

4-1.1(a) Action Step

Convene a task force to analyze information from the survey and to develop a plan of action from the information by January, 1998. (A Polk County Health Department action step.)

4-1.2 Action Step

Provide education and information to health care providers regarding the need to ask patients about their contraceptive use by January, 1997. (A Polk County Health Department, Polk County Medical Society, Polk County Osteopathic Society, and the University of Osteopathic Medicine Hospital Association of Greater Des Moines action step.)

4-2 Goal Statement

Establishment of family planning services as a covered service under all insurance policies.

Rationale

Currently, most traditional insurance plans do not identify family planning services as a covered service. Thus, women who wish to obtain family planning services must pay for the examinations and supplies out of pocket. This fact is often a deterrent to these women to receive these services. The provision of family planning services as a covered service under insurance policies would help to increase access to those services.

4-2.1 Action Step

Educate employers and other purchasers of insurance policies of the value of providing coverage for family planning services and supplies by July, 1997. (A Polk County Health Department and the Greater Des Moines Chamber of Commerce action step.)

4-2.2 Action Step

Educate insurance companies on the value of providing coverage for family planning services and supplies by July, 1997. (A Polk County Health Department, Family Planning Council of Iowa, and the Hospital Association of Greater Des Moines action step.)

4-2.3 Action Step

Educate employees to request such services in their employers' insurance coverage by July, 1997. (A Polk County Unions and employee groups action step.)

**RELATED GOALS IN OTHER
CHAPTERS**

FAMILY PLANNING WORK GROUP

**Chapter 3 - Goal 3-4 Education for youth
and pregnant women**

Goal 3-9 Domestic violence
reduction

Goal 3-10 Sexual assault

**Chapter 7 - Goal 7-4 Hospital provision
of health education services**

**Chapter 13 - Goal 13-1 Reduce infant
mortality**

Goal 13-2 Education aimed at
unplanned pregnancy

**Chapter 15 - Goal 15-3 Breast cancer
detection**

**Chapter 17 - Goal 17-1 Reduction of
genital herpes**

Goal 17-2 Reduction of
chlamydia

Goal 17-3 Reduction of
gonorrhea

Goal 17-4 Reduction of
syphilis

Goal 17-6 AIDS prevention

Facilitator:
Jodi Tomlonovic, Family Planning Council

Members:
Penny Dickey, Planned Parenthood
Diana Haines, Broadlawns Family Planning
Theresa Lewis, Mercy Hospital Medical
Center
Pat Peterson, Proteus, Inc.

FAMILY PLANNING
Chapter 4

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
4-1 Assure that family planning services which are accessible, affordable, and culturally and linguistically appropriate are available throughout Polk County	4-1.1 Conduct a survey of health care providers to determine geographic areas of unmet need for family planning services within Polk County 4-1.1(a) Convene a task force to analyze information from the survey and to develop a plan of action from the information	January 1, 1997 January, 1998	Polk County Department of Health, Polk County Medical Society, Polk County Osteopathic Society, Family Planning Council of Iowa Polk County Department of Health	Prairie Meadows charitable grant
	4-1.2 Provide education and information to health care providers regarding the need to ask patients about their contraceptive use	January, 1997	Polk County Health Department, Polk County Medical Society, Polk County Osteopathic Society, University of Osteopathic Medicine, Hospital Association of Greater Des Moines	Should be able to be contained in those organizations' educational programs
4-2 Establishment of family planning services as a covered service under all insurance policies	4-2.1 Educate employers and other purchasers of insurance policies of the value of providing coverage for family planning services and supplies 4-2.2 Educate insurance companies on the value of providing coverage for family planning services and supplies	July, 1997 July, 1997	Polk County Department of Public Health, Greater Des Moines Chamber of Commerce Polk County Health Department, Family Planning Council of Iowa, Hospital Association of Greater Des Moines	? ?
	4-2.3 Educate employees to request such services in their employers' insurance coverage	July, 1997	Polk County Unions and employee groups	

Chapter 5

MENTAL HEALTH

Introduction

Mental health generally refers to the absence of mental disorders as well as the ability of an individual to handle the stresses and challenges of everyday life. Poor mental health can result from a number of factors; including biologic and genetic vulnerabilities, acute and chronic physical dysfunctions and environmental conditions and stresses.



The National Institute for Mental Health (NIMH) and the Center for Mental Health Statistics reported in 1993 that more than 48 million Americans

have a mental disorder in a given year. A five site study of non-institutionalized adults (18 and over) found that almost a third of those surveyed reported a mental disorder at some point in their lifetime (Regier, et al, 1988).

Mental retardation is difficult to measure within the U.S. population, but it is estimated that .67% to 3% are mentally retarded. This translates into between 2 and 2.5 million people.

The State of Iowa has historically relied on the counties to fund the public mental health system. Because of this, services are not uniformly available at the local level. In Polk County, 4,550 persons with mental illness

and 1,260 persons with mental retardation or another developmental disability received county-funded services in 1995. Polk County is unusual, in that the county government contracts with a private, non-profit agency to disburse and manage public mental health funds. This agency, Polk County Health Services, Inc. is governed by a 20-member Board of Directors who were responsible for the disbursement of \$26.7 million in 1995.

Polk County also is the geographic location for the headquarters of many large private insurance companies. The proximity of these companies creates a heightened awareness of the disparity of coverage provided by insurers for mental health services relative to the coverage for physical health needs.

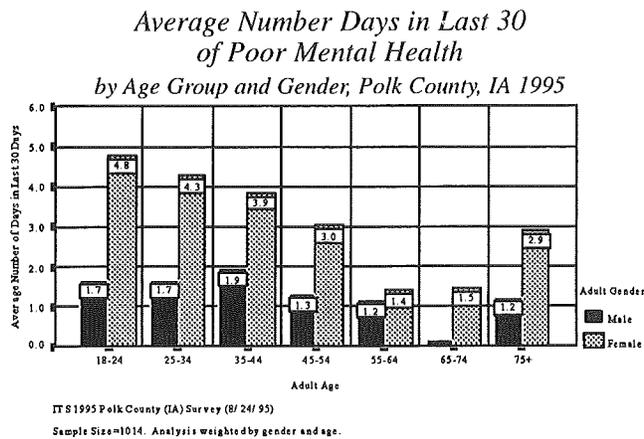
United Way of Central Iowa's "First Call for Help" lists over 50 agencies/associations that either provide direct care or advocacy on behalf of the mentally ill and mentally retarded populations in Polk County. The Mental Health Workgroup, composed of 18 representatives from the provider and consumer community determined that Polk County was rich in program resources, but that there were many barriers to accessing mental health services.

These barriers include financial constraints, particularly as they relate to private insurance, knowledge about existing services and the stigma that is associated with utilization of mental health services. The recommended goal from this workgroup is to improve access to existing mental health services. The action steps that follow reflect

concrete ways in which access can be improved.

5-1 Goal Statement

Improve access to existing mental health services in Polk County for all populations including the homeless, which we recognize has a disproportionate need for mental health services.



Rationale

National statistics state that one out of every five people in the country will need mental health services at some point in their lives. This translates to 62,450 persons in Polk County.

5-1.1 Action Step

Produce and disseminate a brochure that defines the scope of practice for all mental health professionals with a list of names and phone numbers of all licensed mental health professionals in Polk County. Children and adolescent services will be defined as such. The brochures/lists will be made available to all hospitals, Department of Human Services locations, Juvenile Court offices, doctors' offices and other locations deemed appropriate. The estimated cost of the

brochure/list is \$3,000. The target date for distribution of the brochure/list is 6/1/96. (A National Association of Social Workers -Iowa Chapter action step.)

Rationale

Many people are unfamiliar with the variety of mental health providers available in Polk County. A brochure which defines educational and licensing requirements and specialty areas will be created and distributed as well as a four page list containing the names/phone numbers of all licensed providers in Polk County. (Note: The list will be updated annually)

5-1.2 Action Step

Develop education/training sessions and materials on mental health services, particularly those that relate to suicide prevention, for primary care providers, members of the clergy and school guidance counselors. The materials and training sessions will be developed collaboratively among the providers of psychiatric inpatient hospitalization in Des Moines. The estimated cost for this effort is \$5,000 and the effective date is 9/1/96. (An inpatient psychiatric providers action step.)

Rationale

In 1992, the suicide rate for Polk County was 14 per 100,000. That compares with 12 per 100,000 for Iowa and 11 per 100,000 for the United States. Retrospective studies agree that suicide victims nearly always have a significant psychiatric illness and that major depression is associated with the largest number of completed suicides. Studies also indicate that up to half of suicide victims were not in psychiatric treatment; fewer than 5% were receiving treatment with adequate doses of antidepressant.

Of particular concern is the rising rate of adolescent suicide, both statewide and nationally.

5-1.3 Action Step

Increase mental health benefits in insurance plans to a level equal to physical health benefit limitations. In order to move this forward in Polk County, the Board of Supervisors should appoint a task force responsible for the following by 9/1/96:

- a. Review the study being conducted by the Department of Insurance and establish contact points with the major insurance carriers located in Des Moines.
- b. Establish contacts with employee benefit managers and present efficacy of appropriate treatment information.
- c. Establish a cadre of speakers who can appropriately speak to the issue.
- d. Identify provider and advocacy groups to support this effort.

Suggested targeted approaches would include participation in the legislative committees of the Chamber of Commerce and the Association of Business and Industry. (Board of Supervisors and appointed task force action steps.)

Rationale

Current mental health benefits are not at parity with physical benefits in most insurance plans.

5-1.4 Action Step

Replicate and expand existing respite care services to serve 110 caregivers over a

three-year time period by June 1, 1996. Increase from 0 volunteer respite breaks per month to 90 respite breaks per month through the collaborative efforts of current respite providers by December, 1998. The anticipated cost of this action step for year one beginning 6/1/96 is \$30,548. (An Alzheimer's Association Iowa Golden Chapter, the AIDS Project of Central Iowa, and Mercy Hospital/Willis Adult Day Care action step.)

Rationale

Caregivers frequently report a lack of accessible, affordable and appropriate services. The high physical and emotional demands placed on caregivers often result in impaired physical and mental health.

Respite care can help caregivers ward off despair and failing health by making it possible to take a short break from caregiving responsibilities. Offering respite services from trained volunteers at no cost to the caregiver answers the need for affordable, accessible and appropriate care.

5-1.5 Action Step

Develop and conduct presentations to parent, teacher, and student groups on the impact of youth and adolescent violent behavior by September 1, 1996. Present prevention strategies to address violent behaviors to the target groups. (A PRYDE Program, Children and Families of Iowa, Youth First and the Enterprise Community action step.) Estimated cost of conducting the presentations is \$3,000.

Rationale

The 1993 Iowa Youth Survey conducted by the Iowa Department of Education shows that 32% students surveyed in grades six through twelve beat up or fought

someone physically because someone made them angry at least once that year. Addressing the causes of violent behavior at an early age should serve to reduce the incidence of similar behavior in the adult years.

MENTAL HEALTH WORK GROUP

Facilitator:

Laura Murphy, Center for Healthy Communities

Members:

Leila Carlson, NASW - Iowa Chapter
Karen Clayton, Iowa Lutheran Hospital
Deanna Clingan-Department of Elder Affairs
Bill Connet, Consumer
Judy Dierenfeld, Community Mental Health Centers Association
Lynn Ferrell, Polk County Health Services
Larry Hejtmanek, Polk County Mental Health Center
Paula McManus, Mercy Franklin Center
Joyce Keen, Clinical Psychology
Samie Murphy, Iowa Lutheran Hospital
Pam Nelson, American Red Cross
Kate Schmidt, Mental Health Outreach
Scott Shafer, Des Moines Child and Adolescent Guidance
Margaret Stout, AMI of Iowa
John Tedesco, Des Moines Child and Adolescent Guidance
Jerry Tormey, Westminster House
Judy VerHoef, Alzheimer's Association
Donna Wetters, Des Moines Public Schools
Ben Woodworth, NASW - Iowa Chapter
Dr. Steve Ziebell, Children and Families of Iowa

RELATED GOALS IN OTHER CHAPTERS

- Chapter 1 - Goal 1-5 Diet and chronic disease
- Chapter 3 - Goal 3-3 Case management for drug abuse
- Goal 3-8 Drunk driving
- Chapter 6 - Goal 6-1 Homicide
- Goal 6-2 Domestic partner abuse
- Goal 6-3 Sexual assault
- Goal 6-4 Child abuse
- Goal 6-5 Juvenile arrests
- Chapter 16- Goal 16-5 Maximize independent living

GOALS AND ACTION STEPS SNAPSHOTS

MENTAL HEALTH
Chapter 5

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
5-1 To improve access to existing mental health services in Polk County for all populations. All populations includes the homeless, which we recognize has a disproportionate need for mental health services	5-1.1 To produce and disseminate a brochure/Listing of Polk County Mental Health Professionals to designated locations	June 1, 1996	National Association of Social Workers - Iowa Chapter; Polk County Health Services	Grant or private donations Cost - \$3,000
	5-1.2 To develop education/training sessions and related materials on mental health services for distribution to primary care providers, clergy and pediatricians	September 1, 1996	Collaboration of psychiatric inpatient providers	Grants, private donations Cost - \$5,000
	5-1.3 Appoint a county task force to reconcile parity issues in mental health coverage	September 1, 1996	Board of Supervisors	None
	5-1.4 To increase respite care to serve 110 more care givers over a three year period	June 1, 1996	Alzheimer's Association Golden Circle Chapter, AIDS Project of Central Iowa and Mercy Hospital/Willis Adult Day Care	Grants, private donations Cost - \$30,548 for the first year
	5-1.5 Develop and conduct presentations on youth violence to targeted groups	September 1, 1996	Children and Families of Iowa - PRYDE Program, Youth First and the Enterprise Community	Grants, private donations Cost - \$3,000

Chapter 6

VIOLENCE AND ABUSIVE BEHAVIOR

Introduction

Not only is Polk County's homicide rate of 4.1 per 100,000 population substantially higher than that of the State of Iowa (1.9) but it has shown a steady increase since 1990. Gang and drug-related crimes and drive-by shootings have become more common; and homicides by juveniles have escalated. Violence in Polk County is a very real and growing community problem that affects our lives no matter where we live or who we are. Nationally, and now at the state level, violence is now recognized as a public health issue deserving of public health strategies and interventions; it is not just a law enforcement problem.

By using public health strategies in conjunction with strengthening law enforcement's ability to deal with offenders, we can strive locally to reduce the incidence of violent and abusive behavior as well as to prevent additional violence from occurring in Polk County. The public health model when applied to the issue of violence is just as relevant as it is for clean water or infectious disease. Public health works by defining the problem, identifying the risk factors associated with the problem, developing and testing community-level interventions to control or prevent the causes of the problem, and monitoring those interventions to assess their effectiveness.

In accordance with this model, the Violence and Abusive Behavior Work Group offers seven Goal Statements in the following chapter relating to the issues of Homicide and

Weapons-Related Crime, Domestic Abuse, Sexual Assault, Child Abuse, Juvenile Crime, Elder Abuse (Dependent Adult Abuse) and Violence Prevention. These goals suggest the need for: 1) More accurate and appropriate reporting mechanisms to increase the quality of surveillance; 2) Identification of risk factors for violent behavior and intervention with those in the high-risk populations; 3) Developing and field-testing public information and educational campaigns about violence; 4) Training providers and other professionals how to identify and manage victims; 5) Building coalitions for the purpose of streamlining the system; 6) Expanding access to services that are already available in the community; and 7) Working with legislators to pass more appropriate and responsive laws to assist victims of violent behavior, as well as law enforcement in its role.

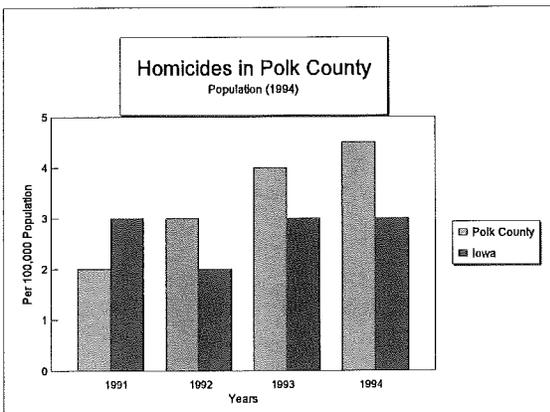
There is significant overlap between this chapter and those dealing with Alcohol and Other Drugs, Mental Health and Mental Disorders and Unintentional Injuries. The Violence and Abusive Behavior Work Group is particularly concerned about the escalation of Methamphetamine use in Polk County and its direct relationship to the community's violence problem. This work also requires a strong statement supporting the necessity of Polk County's becoming more culturally appropriate as efforts are made to implement the Goals and Action Steps contained in this chapter. Victims and perpetrators frequently speak languages other than English and have been raised in different cultures. Efforts to prevent further violence will be less effective if this aspect of our community is not officially recognized.

6-1 Goal Statement

Decrease the homicide rate in Polk County to less than 3.0 per 100,000 population by the year 2000. (Source: Iowa Uniform Crime Code, 1994).

Rationale

Polk County's homicide rate of 4.1 per 100,000 citizens is substantially higher than the Iowa rate of 1.9, but lower than the Scott County rate of 5.1. The 1995 incidence of homicides has already surpassed the 1994 total, continuing the escalation. The Iowa homicide rate has been relatively stable and, in fact, has shown a downward trend since 1980 with the rate at 2.3 or above from 1980 through 1983; dropping to 2.0 in 1984; and 1.9 in 1985. In the last ten years, the Iowa homicide rate has ranged between 1.6 and 2.2. Polk County, on the other hand, has shown a steady increase since 1990, with the noticeable increases occurring in 1993 and 1994.



It has been during this same time period that gang and drug-related homicides and drive-by shootings have become more common and that homicides by juveniles have escalated. Between 1987 and 1992, juveniles were responsible for under 10% of the Iowa

homicides (2 in 1987, 1 in 1988, 4 in 1989, 3 in 1990 and 1991, and 1 in 1992). Juveniles were responsible for 19% of the Iowa homicides in 1993 and 22% of the homicides in 1994, two which were committed in Polk County by 14 and 15 year old offenders. Gangs, drive-by shootings and drugs were cited as causes for 20% of the 1993 homicides and 14% of the 1994 homicides.

There are a number of factors that impact the homicide rate. On the positive side, effective law enforcement, vigorous prosecution, and community attitudes that maintain the sanctity of life decrease the likelihood of these acts occurring. An effective Homicide Response Team, including staff from Polk County Victim Services, brings immediate assistance to the families of homicide victims. However, most of the increase in homicides in Polk County can be attributed to a relatively new phenomenon involving drugs, gangs and a proliferation of firearms in the hands of youth. These factors are new enough to Polk County that they are hard to quantify but can be understood through data and research completed in other places.

6-1.1 Action Step

Support legislation to establish an aggressive campaign to confiscate guns from juveniles carrying them on the street by 1997 (A Polk County Board of Supervisors action step.)

Rationale

An August, 1995 National Institute of Justice Journal article on juvenile homicides stated that "age is the variable whose effect has been changing significantly in recent years" noting that between 1985 and 1992, "the rate of homicides committed by young people, the number of homicides they committed with

guns, and the arrest rate of non-white juveniles for drug offenses all doubled.” The author noted that the “age-crime curve for homicide” had remained stable from 1965 to 1985, with a flat peak covering ages 18 to 24. Between 1985 and 1992, however, without significant increase in homicides by age groups over 18, homicides by 18 year olds and younger more than doubled. He also noted that after several years of smaller teen populations, the 14 to 18 population is beginning to grow rapidly, compounding the risks associated with the age-crime curve.

The author concludes that 12.1% of the murders in the United States between 1986 and 1992 would not have been committed if the youth murder rate had not escalated. The National Center for Injury Prevention and Control identifies homicide as the second leading cause of death for people aged 15 to 24 and as the leading cause of death for African-American males aged 15 to 34.

6-1.2 Action Step

Continue the Zero Tolerance of weapons policy in Polk County school districts. (All school districts in Polk County action step.)

Rationale

Prevalence and access to weapons is a major factor in the risk of violence. In an effort to assure that the school is a safe place, it is critical that weapons be kept out of the schools. It is also critical that the notion that it is



important to TELL if you see a weapon at school be taught from the earliest ages upward.

In homicides involving juveniles aged 10 to 17, there has been a significant increase in the use of guns to commit the crime. From 1976 to 1985, homicides committed by juveniles with guns remained steady at 59% and then doubled, while the number of homicides committed by juveniles without guns continued to remain constant. In 1994, in Polk County, six of the homicides involved firearms.

6-1.3 Action Step

Confiscate (permanently) firearms from all persons arrested for domestic abuse. (A law enforcement agencies in Polk County action step.)

Rationale

Officers should always inquire about access to firearms in their investigation of domestic abuse, in order to address the potential risk associated with easy access to lethal weapons. While Polk County law enforcement reported the use of firearms in 1% of the 1993 and 1994 domestic abuse cases, firearms are available and threatened in a much higher percentage of the assaults. The National Center for Injury Prevention and Control reported that in 1992, 5,373 women in the United States were murdered. Sixty percent of these women were killed by someone they knew. Of those who knew their assailant, about half were killed by their spouse or someone with whom they had been intimate. In 1993, in Polk County, there were 1,095 incidents of domestic abuse reported, with 1% of those involving a firearm (See Goal 6-2 on Domestic Abuse). Recent legislation specifically authorizes removal of firearms in domestic assault cases.

6-1.4 Action Step

Support legislation to remove firearms access by persons who are convicted of violent crimes regardless of the level of the crime. (A Board of Supervisors action step.)

Rationale

Since we know that people who react violently in conflict situations represent a high risk of future violence, firearm access by people who have a history of violence, at any level, is a community safety risk. Law enforcement officers need to be able to confiscate firearms from violent offenders.

6-1.5 Action Step

Maintain support for the Homicide Response Team and its efforts on behalf of family members of homicide victims. Maintain support for Polk County Victim Services and its array of services for families of homicide victims and for other Polk County crime victims. (A Polk County Victim Services action step.)

Rationale

Immediate access to victim support helps families of homicide victims survive the aftermath and begin the healing process. This also establishes the basis for family members who may be witnesses to assist in the investigation and prosecution of offenders and to make counseling referrals for those who need longer-term assistance.

6-1.6 Action Step

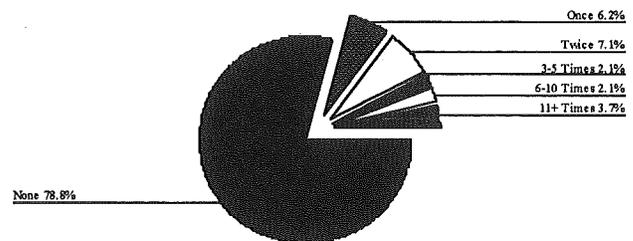
Maintain and expand violence prevention strategies in the schools with a focus on decreasing the readiness to use violence; providing effective conflict resolution tools; providing immediate consequences for

use of violence at school; and increasing the student's frustration tolerance. (A Polk County school districts action step.)

Rationale

Whether a child will resort to violence in a conflict situation is impacted by exposure to violence (e.g. the more violent the child's environment, including the home, the more likely the child will resort to violence), readiness to use violence (such as attitudes and beliefs that minimize and accept violence and paranoia, or interpretation of normal events as deliberate provocation -- a state increased by low self-esteem, drug use and child abuse), access to weapons, and low frustration tolerance. School-based programs can work on the readiness to use violence, the frustration tolerance, and, with the zero tolerance for weapons policies, the access to weapons on school grounds.

Number of Times Children Age 5 and Over Bullied at or on Way to School in Last Year, Polk County, IA 1995



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=366. Analysis weighted by gender and age.

In 38 returned surveys from Polk County schools earlier this year, there were 473 incidents of bullying, 57 incidents of weapons on school property, 535 suspensions for violent behavior, 7 expulsions for violent behavior and 309 incidents of substance abuse excluding tobacco.

6-1.7 Action Step

Maintain and expand violence prevention activities, safety planning, and counseling assistance for children at the Family Violence Center and for other children who witness domestic assault. (A Family Violence Center action step.)

Rationale

In 12% of the 1,095 cases of domestic abuse in Polk County in 1993, the assault took place in front of children. In 1994, Polk County domestic assaults increased to 1,428 with 17 cases involving a firearm and 10% occurring in front of the children. Research has shown that children who witness violence against their mother are likely to suffer long-term emotional damage and, without intervention, are likely to repeat those violent patterns in their own families. In order to break the cycle, we must address these high risk children.

6-1.8 Action Step

Increase community education concerning firearms for those who have firearms in their homes and vehicles. Support implementation of a local ordinance to require that all firearm purchases include trigger locks, and that all firearms have trigger locks in place unless they are in use or are being carried as a job requirement by 1997. (All law enforcement agencies in Polk County action step.)

Rationale

In the 1995 Polk County Survey conducted by Information Transfer Systems, Inc. (ITS), several questions were asked about firearms. In four zip code areas, over one-third of the respondents indicated that they kept loaded or unloaded firearms in their

house or vehicle. In four others, between 27.8% and 33.2% reported that they kept firearms in their house or vehicle, while between 23% and 27.8% of the respondents in four other zip codes acknowledged the presence of firearms.

This proliferation of firearms in the community creates a large pool of available weapons for the criminal element (through burglary), poses a risk for children who may find the weapons, and escalates the risk of resorting to the use of weapons in a conflict. In a follow-up question, it was discovered that over a third of the firearms and half of ammunition are NOT kept in a locked place.

6-2 Goal Statement

Address the problem of domestic violence (as defined by partner abuse) in Polk County by coordinating and increasing identification, prevention and intervention strategies with a resultant 10-15% decrease in the incidence of domestic violence by the year 2000.

Rationale

According to the Federal Bureau of Investigation, a woman is beaten every 12 seconds in the United States. Three to four million American women are battered each year by their husbands or partners and over 4,000 women are killed each year at the hands of their batterers. Battering is the single major cause of injury to women; more frequent than auto accidents, muggings and rapes combined and is the most under-reported crime in the country (U.S. Dept. Of Justice, "Report to the Nation on Crime and Justice" October, 1983).

Domestic violence occurs in families from all social, economic, educational, racial and religious backgrounds. Domestic violence

is about an imbalance of power; it is rarely mutual. Serious assaults are 95% male to female ("Violence among Intimates: An Epidemiological Review", Handbook of Family Violence, 1987). Annual national estimates from reported domestic violence injuries include: \$44,393,700 total annual medical costs, 21,000 hospitalizations, 99,800 days of hospitalization, 28,700 emergency room visits, 39,000 physician visits, and 175,500 days lost from work ("A Study of Battered Women Presenting in an Emergency Department" AJPH, 1989).

6-2.1 Action Step

Increase public awareness about root causes, identification of victims, means of prevention, and resources available for intervention to victims of domestic violence, through county school curricula, public health and community education programs, and collaboration with the media. (A public school system, Polk County Health Department, Iowa Medical Society and Iowa Medical Society Alliance action step.)

Rationale

Recognizing that all human beings are valuable, we must design and implement a county-wide public awareness and educational campaign to convince Polk County residents that domestic abuse, neglect and exploitation are not okay and that there are intervening resources available to victims of such abuse.

6-2.2 Action Step

Support the Iowa Medical Society Break the Silence-Begin the Cure 4 campaign. This campaign consists of a handbook and video designed to provide health care providers important information on how to recognize and manage victims of domestic abuse. (An Iowa Medical Society,

Iowa Medical Society Alliance, and Des Moines Area Religious Council action step.)

Rationale

Domestic violence has been called a national epidemic by physicians, public health experts, and political leaders. One common assertion is that 22% to 35% of women who seek care in emergency departments do so because of domestic violence, and that physicians detect only 5% of all cases (JAMA, October, 1984). According to American Medical Association research, 80% of domestic violence victims say a physician would be their first choice of someone to talk to about this problem (Dr. Robert McAfee, immediate past president of the AMA). Health care providers frequently are the first and only professionals in a position to recognize violence in their patients' lives (Journal of the American Medical Association, September, 1991).

6-2.3 Action Step

Increase available county resources and funding for the Family Violence Center and counseling services for Polk County Victim Services. (A Polk County Victim Services and Des Moines Area Religious Council action step).

Rationale

As the issue of domestic violence continues to be given attention, it will require increased services as more victims and their children are identified. The need for shelters and counseling will, therefore, increase before any reduction in domestic violence occurs. There are 30 local domestic abuse projects in Iowa. There is only one in Polk County--the largest populated county in the State. The Family Violence Center (FVC) in Des Moines has accommodations for 60 persons seeking

shelter from domestic abuse at any one time. In the year 1994-95, FVC served 8% more victims of domestic violence than in 1993-94. The shelter served 604 children in 94-95 (534 in 93-94) and 501 adults (400 in 93-94). In Des Moines alone, there was a 300% increase (44 to 176) in aggravated domestic assaults from 1993 to 1994.

6-2.4 Action Step

Continue and augment the partnership between the Family Violence Center and Polk County Board of Supervisors by: 1) Continuing and expanding the Polk County Board of Supervisors contract with the Family Violence Center for shelter and counseling services for Polk County victims; 2) Continuing the coordination and collaboration between Polk County Victim Services and Family Violence Center regarding needs and services for Polk County victims of domestic abuse; 3) Establish limited transitional housing, through the combined resources of the Polk County Department of Social Services and the Family Violence Center, for victims of domestic abuse who have been at the shelter and do not have a safe and secure place to live. (A Polk County Department of Social Services and Des Moines Area Religious Council action step.)

Rationale

Recognizing the wide range of needs experienced by victims of domestic abuse, collaboration and coordination between Polk County Department of Social Services (Polk County Victim Services) and Children and Families of Iowa (Family Violence Center) is critical. This collaboration provides cost effective services for victims.

6-2.5 Action Step

Create a county-driven multi-disciplinary domestic violence coordinating council to coordinate county-wide efforts in prevention, identification and intervention in domestic abuse. (A Polk County Victim Services and Des Moines Area Religious Council action step.)

Rationale

Individual counties are in the best position to understand the needs and resources of that county, to prioritize county needs with respect to domestic violence and to allocate increasingly scarce resources toward domestic violence projects.

A domestic violence coordinating council would provide opportunities for various disciplines to educate each other as to needs and available resources and to facilitate cross-training among the various disciplines.

6-3 Goal Statement

Reduce the number of sexual assault cases in Polk County by 1998. (The number of cases may initially increase because of increased reporting.)

Rationale

Sexual assault is an act of violence. It is forced, manipulated or coerced sexual activity and happens to men, women, and children. The assailant uses sex to inflict violence and humiliation on the victim, or to exert power and control over the victim. In 1994, there were 217 adult sexual assaults,

176 teen sexual assaults, 154 adult incest cases and 306 child sexual assaults (including incestual acts) in Polk County alone -- a total of 853. (Source: Polk County Victim Services). In Des Moines, there were a total of 459 reported cases of sexual assault in all age/gender groups. (Source: Des Moines Police Department) Sexual assault includes rape, child molestation, incest, same sex rape, acquaintance rape (date rape), and marital rape. The incidence of sexual assault is expected to rise as our population is increasingly exposed to illicit drugs, stressful situations, and changes that are occurring in our society on a daily basis.

6-3.1 Action Step

Support programs that strive to increase the public's awareness of the impact of this problem including presentations on living in a drug-free environment, seminars about stress management, sexual assault prevention education to community groups and agencies, and maintenance of a resource library. (An Iowa Coalition Against Sexual Assault/Polk County Victim Services and Des Moines Area Religious Council action step.)

Rationale

Public awareness about this violent crime and all of its manifestations is crucial in order to lessen the chance that sexual assault will occur and to encourage reporting. Because it is intensely personal, humiliating, terrifying and brutal, many victims fail to report such a crime. It strips all control from the victim, can cause a life-threatening situation, and may make the victim feel ashamed as if he/she had done something wrong. Estimates on the frequency of sexual assault are placed at one in every three women with one in seven boys sexually assaulted before the age of 18. In Iowa and nationally,

about 80% of assaults are committed by someone known to the victim.

Anti-sexual assault centers in Iowa work with over 6000 victims of sexual assault annually. At least one-quarter of all women in college are victims of sexual assault or attempted sexual assault by an acquaintance. (Source: Iowa Coalition Against Sexual Assault.)

6-3.2 Action Step

Support programs that offer education about same-sex assault to persons who interact with the public so that this crime is more easily recognized and as frequently reported as any other type of sexual assault. (A Polk County Victim Services and Des Moines Area Religious Council action step.)

Rationale

It is believed that same-sex assault is a frequent and serious crime; but until recently, it was a hidden crime. Sexual assault can and does happen frequently to men, but the nature of the crime makes it difficult to estimate due to our society's reluctance to recognize it and the victim's reluctance to report it.

6-3.3 Action Step

Support prevention oriented educational programs and support groups concerning sexual assault such as those offered by Polk County Victim Services in the school systems, as well as other locations. (A Polk County school districts, Victim Services, Des Moines Area Religious Council, and Iowa Medical Society action step.)

Rationale

Currently, most of the cost associated with sexual assault issues is allocated to crisis

intervention after the crime has occurred. Prevention can be a more fiscally efficient way of dealing with this problem. Educational programs should stress that rape is an act of violence, not a sexual gesture or action and that most sexual assault occurs when the offender and, frequently, also the victim, have been drinking or using drugs.

6-4 Goal Statement

Reduce the incidence of child abuse to less than 2% of the child population by the year 2000, by reducing stressors in families which precipitate abuse and providing support for families when risk of abuse exists.

Rationale

Iowa's reporting rate parallels the national reporting rate at approximately 40 children out of every 1,000 (4%) being reported as alleged victims of child abuse each year (30,000). The reported incidence of child abuse in Polk County is double that of the State of Iowa. Each year, 8% of Polk County's children are reported as alleged victims of child abuse (6,000). In 1994, 1,777 Polk County children were proven to have been victims of child abuse (Source: National Committee to Prevent Child Abuse, Iowa Chapter).

Child abuse is a complex phenomenon. It involves individual factors (e.g.; parental/caretaker inability to adequately care for a child, substance abuse, mental health, etc.) and societal issues (e.g.; poverty, shifts in the demographics of who has and is raising children). Most theories of child abuse which use causation of the individual level are in one of two categories: 1) Stress: General stress levels or specific stressors overwhelm the ability of the parent to make good choices regarding their child(ren). Straus conducted

basic research concerning this variable, beginning in 1980, physiological reactivity of caretakers (Casanova, et.al., 1992), parenting children with disabilities (Benedict, et.al., 1992), and child maltreatment with drug exposed children (Kelley, 1992); 2) Skill deficits: A parent lacks the information/knowledge/ability to adequately care for the child or is attitudinally predisposed to inadequate child care (Altemeier, et.al., 1982; Bavolek, 1990; Kaufman and Zigler, 1989). The consequences of child abuse often affect victims throughout the remainder of their lives. Studies indicate that abused children may grow up to be adults with complex psychological, interpersonal, social, and intellectual deficits (Martin and Elmer, 1992; Augustinos, 1987; Cornet, 1985). They may be unable to trust or establish meaningful relationships with others, have low self-esteem, and a sense of helplessness (Leehan and Wilson, 1985). Developmental delays, behavioral problems, and excessive hostility have correlated with child victims of abuse (Cicchetti, et.al., 1987; Egeland, et.al., 1987; Herrenkohl, et.al., 1984). Children who experience violence as its victims learn to handle frustration by violently lashing out at others (Green, 1985; Steel, 1986).

Although not all victims of child abuse experience dysfunction later in life, it is an obstacle for children to pass before they can reach their potential. The effects of child abuse also reach far beyond the child victim, the family, and the home. A study comparing young males who had been abused or neglected as children with young males from non-abusive homes found that the young males with childhood histories of abuse were almost twice as likely to have been convicted of serious crimes (McCord, 1983). A study of 4,465 children and their siblings who were victims of child abuse in New York State found that the mistreated children had far higher rates of involvement in the juvenile

court system (Carl, 1977). Widom (1989) found that 20 years after being officially identified as victims of child abuse, abused and neglected children had a higher rate of arrest for delinquency, adult criminal behavior, and violent criminal behavior. Abused children often experience difficulty in school, not being able to academically perform due to intellectual deficits (Dietrich, et.al., 1983) or socially adjust due to emotional and social deficits (Stern, 1988). As adults, abused children exhibit heightened rates of drug and alcohol abuse and criminal behavior (Smith, et.al., 1973). High rates of psychosis, depression, developmental delays, violence, and self-destructive behavior are also associated with children who are victims of child abuse (Green, 1978).

6-4.1 Action Step

Expand and coordinate Home Health Visitor (HHV) programs to reach all Polk County births by the year 2000. (A National Committee to Prevent Child Abuse/ Iowa Chapter and Des Moines Area Religious Council action step.)

Rationale

Home Health Visitor projects address stress by providing support and remedying skill deficits by modeling appropriate behavior, sharing information, and providing access to community resources. Some very basic research was published by Dr. Murray Straus in 1980, concerning stress and child abuse. Dr. Straus found that there were 6 mediating variables which, when combined with stress, resulted in child abuse. The variables were: 1) Socialization of abuse (hitting occurs in the home or in interpersonal relationships); 2) Legitimization of abuse (not only does hitting occur, it is perceived as a "means of resolving disputes and of communicating"); 3) Low marital or relationship satisfaction (as reported

by the parents/partners); 4) Low socioeconomic status (SES-low educational, occupational or income status); 5) Male dominance legitimized (the male in the household or relationship runs things and that is perceived as "OK"); 6) Isolation (real or perceived). HHV projects address all six variables.

6-4.2 Action Step

Expand and coordinate Healthy Families, Iowa Home Visitor program services to reach all high risk births in Polk County by the year 2000. (A National Committee to Prevent Child Abuse/Iowa Chapter action step).

Rationale

Research specific to Healthy Families type programs was conducted in 1986. Dr. David Olds of Rochester, New York, examined home visitor projects conducted by nurses. The services were provided to first-time mothers who were in high risk categories by merit of being teenagers, unmarried or of low socioeconomic status. Dr. Olds found Home Visitor services resulted in: 1) Improved maternal interaction with children (fewer restrictions and punishments); 2) Decreased incidence of child abuse or neglect (first two years of life which was the duration of the study); 3) Children seen less often at the hospital or emergency room for accidents or poisonings; 4) Improved developmental status of children (compared to children where Home Health Visitor services were not provided); 5) Reduced behavioral problems among children; 6) Mothers were more likely to join the workforce. This research found the following elements resulted in more effective Home Visitor programs: 1) Visits began during pregnancy; 2) Visits were frequent; 3) Visits were long enough for a therapeutic alliance to develop between the mother and the visitor; 4)

Programs were targeted toward high risk parents (poverty, lack of personal or social resources). The cooperation and assistance of local hospitals and medical professionals is essential to the successful operation of any HFI-Home Visitor project.

6-4.3 Action Step

Expand programs and volunteer child abuse prevention council activities to reduce the incidence of child abuse. (A National Committee to Prevent Child Abuse/Iowa Chapter action step).

Rationale

Increased prevention activity will decrease the incidence of abuse and show up in case reporting statistics. Progress has been made in establishing local coalitions in Polk County and several programs currently exist to prevent child abuse. More local coordinated programs are needed to assure service to all Polk County residents. Prevention generally is cheaper than treatment and other costs incurred when child abuse occurs.

6-5 Goal Statement

Maintain a juvenile arrest record baseline not to exceed the current 159.2 per 100,000 through the year 2000.

Rationale

Polk County juvenile crime rates continue to escalate. Since December, 1993, Polk County Juvenile Court Services has been receiving delinquency and child in need of assistance referrals at a 40% increase. Comparative information from State Juvenile data (1993) offers a general backup against which one may compare the Polk County community for juvenile crime rates part A & B

(per 100,000). For Scott County, the rate per 100,000 is 144.5; Shelby County 15.1; Pottawattamie County 23.5; Worth County 88.7; and Polk County 159.2. Given this backdrop, Polk County juvenile crime rates appear to be containable and possibly manageable given sufficient resources. Optimally, the crime rate should be 0 for Polk County; but judging from these comparative data, the opportunity does exist to make a positive impact on the Polk County juvenile crime rates. The pattern of referrals to the courts suggests the crime rate will be higher when more recent data is filed. If the issue of juvenile crime is not addressed forcefully, one may expect increased social costs relating to adult corrections and a manifestation of further social problems in our communities. There are not adequate services. If there are not adequate juvenile justice services available for this population, the system will require more social resources into the future to resolve the problems.

6-5.1 Action Step

Create a blue-ribbon task force to analyze what total resources must be allocated to prevent increasing rates of juvenile crime. This comprehensive study shall be organized by August, 1996, and a complete report of the task force completed by August, 1997. A part of this work shall include a draft mission statement and a vision statement incorporating the best practices from national models. (A Polk County Youth Services action step.)

Rationale

Our community cannot tolerate increasing juvenile crime rates. The social cost is enormous. Early and effective intervention will be a means toward controlling juvenile crime.

6-5.2 Action Step

By June, 1997, delinquency prevention programs focusing on improving the quality of family life in Polk County will be coordinated through the Polk County Decategorization Committee. This program will construct a plan for enhancing the overall quality of family life in Polk County. (A Polk County Decategorization Committee action step.)

Rationale

It is believed that in the past, many delinquency prevention programs have not focused enough on the role of the family as it relates to the needs of the child. By offering a broad approach and empowering family members to address issues of juvenile crime within their family, it is believed that juvenile crime rates can be positively impacted.

6-6 Goal Statement

Address the problem of elder abuse, legally defined as a subset of dependent adult abuse, in Polk County by increasing the number of reported suspected cases by 10% each year beginning in 1997.

Rationale

In 1994, 285 cases of suspected dependent adult abuse were reported in Polk County, a significantly higher rate than that found in other urban counties. (Source: Bureau of Research and Statistics, Department of Human Services.) Since it is estimated that only 1 in 14 cases are actually ever brought to the attention of law enforcement or human services agencies, this means that almost 4000 cases potentially occurred during this time period, most of which were not recognized. (Source: Elder Abuse Public Awareness Campaign, Iowa Department of Elder Affairs).

In Iowa, elder abuse is defined as the mistreatment or neglect of an elderly person, especially those who are frail and/or isolated and is legally covered under the Dependent Adult Abuse Law, Iowa Code 235B. Iowa ranks among the highest states in elderly population, first in the nation for the number of people age 85 and older, second for people 75 years and older, and third for people 65 years and older. Since elder abuse is likely to increase as our population ages, it is imperative that the problem of under-recognition and under-reporting be addressed. Elder abuse may include physical violence, threats of violence, verbal abuse, financial exploitation, physical or emotional neglect, or sexual abuse and can occur anywhere -- in private homes, at health care facilities, and in the community at large.

Possible clues to neglect or abuse are bruises, burns or cuts, dehydrated or malnourished appearance, signs of confinement, lack of cleanliness, anxiety or confusion that is new, problems with drugs or alcohol, and domination by a caregiver. To add to the complexity of this social problem, it is estimated that nationally 55% of elder abuse is due to self-neglect that goes unrecognized by family and friends.

6-6.1 Action Step

Support the Elder Abuse Public Awareness Campaign currently being promoted by the Iowa ElderCare Coalition Subcommittee on Elder Abuse. Educational materials have been written at an appropriate level for the public and can be made accessible through the Polk County Health Department, schools, health care providers, social service agencies, neighborhood organizations and other appropriate venues. The materials distributed through this program are effective because they not only describe elder abuse and its signs and symptoms but also offer

information about available support services and reporting mechanisms. (An Iowa Department of Elder Affairs and Polk County Health Department action step.)

Rationale

In order to effect change and implement this goal, there must be public "buy-in" and recognition that elder abuse is an individual, family and community problem that deserves attention. To that end, this information must be available at the neighborhood level to everyone who interacts with older adults, not just family and caregivers. If information is understandable and easily obtainable by the public from sources that are already part of their lives, the goal of increasing awareness will be much better served.

6-6.2 Action Step

Support efforts by the Iowa ElderCare Coalition Subcommittee on Elder Abuse to set up a speakers bureau that will present information about elder abuse to two different types of audiences: 1) mandatory reporters such as health care providers, social workers, outreach workers, public health and human services employees, long term care employees, law enforcement, and community living supervisors; and 2) the general public. The goal of this program is to teach basic case management and training in how to respond to a case of suspected elder abuse so that it is recognized, reported to appropriate authorities, and services are offered. Information about the aging process will also be included. (An Iowa Department of Elder Affairs action step.)

Rationale

It is not enough to make the public aware. Those persons who interact with the

public in their daily employment tasks have an opportunity to observe people in different situations and at many different times of the day. These observations can frequently be more objective than those of family or friends. If they have been trained specifically in how to respond to suspected elder abuse, the chances of intervention and appropriate action are much higher.

6-6.3 Action Step

Support the Iowa ElderCare Coalition in its attempt to clarify, expand, and strengthen the Dependent Adult Abuse Law, Iowa Code 235B as it relates to elder abuse. (An Iowa ElderCare Coalition action step.)

Rationale

Although there is no specific elder abuse law in Iowa, it is included in the Dependent Adult Abuse Law, Iowa Code 235B. Weaknesses in the law as identified by the Iowa ElderCare Coalition include definitions of "dependent", "caregiver" and "abuse" that are too narrow, the need to expand the list of mandatory reporters, confusion over the concepts of "child", "domestic", "dependent adult" and "elder" abuse, and the absence of consequences built into the legislation. Improvements in the law itself would lead directly to increased elder abuse reports and the opportunity to intervene with services.

6-7 Goal Statement

Increase County support of violence prevention efforts as the most cost-effective approach to reducing the increasing crime rate in Polk County by initiating or supporting the following programs by the year 2000. These programs represent prevention at all levels: 1) primary prevention, e.g. public awareness

campaigns, efforts to coordinate services and change legislation that is no longer working; 2) secondary prevention, e.g. violence "predictive" programs in daycare facilities and schools, programs to teach behavior modification and conflict resolution; 3) tertiary prevention, e.g. "appropriate" intervention after violence and abusive behavior has occurred.

Rationale

As shown in the many statistics, goals and action steps presented in this chapter, violence is a very real community problem in Polk County. Because violent behaviors are learned within the context of family, community and society, the modification of those behaviors is most appropriately addressed within those same spheres through the establishment of community-based, community-controlled prevention systems. By

6-7.1 Action Step

Establish a county-wide Violence Coalition with representation from the media, the Iowa General Assembly, the schools, the medical community, the justice system, law enforcement, social service agencies working on the issue of violence prevention, insurance and managed-care organizations, and neighborhood committees.

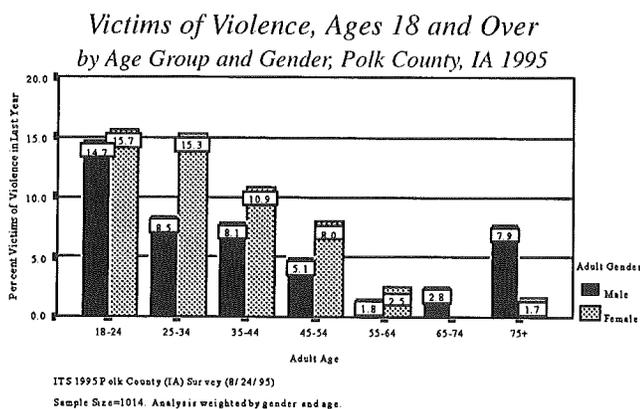
The mission of this Coalition will be to tighten and mend the "safety net" by supporting programs that increase public awareness of violence as a community concern, "advertising" effective programs to the public, collaborating and coordinating the sundry prevention programs already in existence, and identifying gaps in the system. This Violence Coalition will be non-partisan, culturally sensitive, locally-oriented, and a strong advocate for reducing violence and crime in Polk County on a long term basis (A Polk County Victim Services action step.)

Rationale

Many agencies and groups are already doing valuable work in the area of violence and abusive behavior. Each program has its own focus, target population, funding sources and goals, making duplication of effort and overlaps in activities a frequent phenomenon. In the current climate of ever-shrinking resources, making this system more efficient through collaboration is only prudent.

In addition, the public must be informed about the impact of violence on their lives, as well as the importance of prevention in reducing crime so that the impetus for change and progress comes from the community itself, giving the effort legitimacy and direction.

establishing these prevention initiatives in the community, local concerns and cultural issues can more easily be incorporated in the planning stages as an intricate part of each effort.



6-7.2 Action Step

Through advocacy and educational efforts with legislators in the Iowa General Assembly, change the current legislation regarding Iowa Department of Human Services caps on mental health treatment (Chapter 232.143 of the Code of Iowa and Chapter 205, Sec.10 (2)(a) of the Laws of the Seventy-Sixth G.A., 1995 Session) so that it supports rather than impedes violence prevention efforts. (A Polk County Board of Supervisors action step.)

Rationale

Currently, access to services is severely limited by the narrow parameters described in the above legislation. Even when law enforcement is involved and an arrest is made, there is frequently no available placement that is appropriate to the situation and the individual's needs. Juveniles are often arrested multiple times and intervention is illusive or non-existent because programs are full or tight criteria are not met. This legislation needs to be more responsive to the needs of the community it impacts.

6-7.3 Action Step

Support, through increased resources, programs that strive to identify and intervene early in life with individuals who have risk factors for developing violent behavior. One such program is the Porter Avenue Center for Education (PACE) program (administered by Orchard Place) which works with middle school youths. (An Orchard Place action step.)

Rationale

According to "The Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, June 1995", U.S. Department of

Justice, Office of Juvenile Justice and Delinquency Prevention, the importance of community involvement in preventing delinquency among children ages 6 through adolescence cannot be overemphasized.

For greatest effectiveness, community prevention efforts should consist of interventions that do the following: 1) Address the highest priority risk and protective factors to which children in a particular community are exposed; 2) Focus on populations exposed to multiple risk factors; 3) Address risk and protective factors early and at the appropriate developmental stage; 4) Create a continuum of prevention services across developmental stages and throughout the community; 5) Reach and communicate effectively with the target populations; 6) Continue over a long period of time; 7) Involve a service delivery system that employs personnel who are well trained for specific intervention tasks and who have a unified vision of risk-focused prevention. Programs that identify and intervene with juveniles at risk for violent behavior strive to teach a positive perspective on life by encouraging youths to address their issues, feelings, and needs and preventing them from resorting to violence, gang involvement, drugs, or delinquency acts to meet those needs or escape their problems. These goals are accomplished through individual and group counseling, family skill training, education, advocacy, mentoring, and having fun together. These programs are designed for children who have either been adjudicated as a Child in Need of Assistance or are judged at risk for perpetrating community delinquent acts because of low self-esteem, incorrigible behavior, truancy, drop-out potential, use of drugs and/or alcohol, or a penchant for running away from home. While programs such as these make a lot of theoretical sense, there is currently little data to prove that they are successful in their efforts to prevent violent

behavior and thus bring more efficiency to the system. Support of such projects is imperative so that participants can be followed long-term and their progress tracked for future use in formulating public policy on this issue.

6-7.4 Action Step

Expand the role of the Central Juvenile Intake Center by 1997, currently a City of Des Moines, Polk County, and Juvenile Court collaborative effort. This Family Triage Center will offer the following services: 1) 24-hour availability; 2) One central location and telephone number; 3) Less stringent parameters so that an "emergency" can be self-defined by juveniles, families, social service workers, law enforcement officers and others; 4) More open access to culturally appropriate professionals trained in mental health, substance abuse, victimization issues and assessment skills. Accomplishment of this action step will require a broad collaborative effort on the part of agencies and organizations working with violent youth in Polk County, especially the goal of offering availability on a 24-hour basis. (A Polk County Decategorization Project and Polk County Youth Services action step.)

Rationale

Every community should have a comprehensive, culturally sensitive and accessible intervention system for family violence that links health, justice, mental health, substance abuse, social service, and educational systems. It is essential to respect and preserve the dignity, legal rights, and safety of the affected individuals. The Family Triage Center, as outlined by this committee, is a vision that encompasses the original intent of the Centralized Juvenile Intake Center and if implemented, will fill a vast gap in the current system.

**RELATED GOALS IN OTHER
CHAPTERS**

**Chapter 3 - Goal 3-3 Case management
for drug abuse**

**Goal 3-7 Reduce heavy
drinking**

**Goal 3-9 domestic violence
resources**

**Chapter 5 - Goal 5-1 Mental health
service for all populations**

**Chapter 8 - Goal 8-1 Childhood injury
prevention**

**VIOLENT AND ABUSIVE BEHAVIOR
WORKGROUP**

Facilitator:

**Marian Brenton, Drake Center for Health
Issues**

Members:

**Dr. Michael Abrams, Broadlawns Medical
Center**

**Barbara Bell, Iowa Medical Society Alliance
Connie Blair, Youth First Consortium**

**Judy Davis, Young Women's Resource
Center**

**Lois Fingerman, Children and Families of
Iowa**

**Trish Harlow, Polk County Social
Services**

**John Holtkamp, National Committee to
Prevent Child Abuse**

Dr. Earl Kelly, Orchard Place

Jan Kuhl, Des Moines Public Schools

**Sgt. Mike Leeper, Des Moines Police
Department**

**Scarlett Lunning, National Council on
Alcoholism & Other Drugs**

**Tam Nguyen, National Council on
Alcoholism & Other Drugs**

Deb Robertson, Secure Care

**Neila Seaman, National Council on
Alcoholism & Other Drugs**

**Sharon Thomas, Polk County Victim
Services**

VIOLENCE
Chapter 6

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
6-1. Decrease the homicide rate in Polk county to less than 3.0 per 100,000 population by 2000	6-1.1 Support legislation to confiscate guns from juveniles	1997	Board of Supervisors	
	6-1.2 Continue zero tolerance of weapons policy in schools	On-going	All school districts in Polk County	
	6-1.3 Confiscate firearms from all persons arrested for domestic abuse	On-going	All Polk County Police Departments	
	6-1.4 Support legislation to remove firearm access by persons convicted of violent crimes		Board of Supervisors	
	6-1.5 Support Homicide Response Team	On-going	Polk County Victim Services	
	6-1.6 Maintain and expand violence prevention strategies in schools	On-going	All school districts in Polk County	
	6-1.7 Expand violence prevention activities with children who witness domestic assault		Family Violence Center	
	6-1.8 Support legislation to require all firearm purchases to include trigger locks	1997	All Polk County Police Departments	
6-2 Address the problem of domestic partner abuse resulting in 10-15% decrease by 2000	6-2.1 Increase public awareness	2000	Public School System, Polk County Health Department, Polk County Medical Society, Young Womens Resource Center	

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	6-2.2 Support Iowa Medical Society "Break the Silence-Begin the Cure" campaign	On-going	Iowa Medical Society and Iowa Medical Society Alliance, Des Moines Area Religious Council	
	6-2.3 Increase resources and funding for Family Violence Center and counseling services for victims		Polk County Victim Services, Des Moines Area Religious Council	
	6-2.4 Continue and augment the partnership between Polk county Victim Services and Family Violence Center	On-going	Polk County Department of Social Services, Des Moines Area Religious Council	
	6-2.5 Create a multi-disciplinary domestic violence coordinating council		Polk County Victim Services, Des Moines Area Religious Council	
6-3 Reduce the number of sexual assault cases by 15% by 1998	6-3.1 Support public awareness programs		Polk County Victim Services, Iowa Coalition Against Sexual Assault, Des Moines Area Religious Council	
	6-3.2 Support education regarding same sex assault		Polk County Victim Services, Des Moines Area Religious Council	
	6-3.3 Support prevention education and support groups		Polk County Victim Services, all school districts in Polk County, Des Moines Area Religious Council, Iowa Medical Society	

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
6-4 Reduce the incidence of child abuse to less than 2% of the child population by 2000	6-4.1 Expand and coordinate Home Health Visitor (HHV) Programs 6-4.2 Expand HHV programs to reach all high risk births in Polk County 6-4.3 Expand volunteer child abuse prevention activities	2000 2000	National Committee to Prevent Child Abuse Iowa Chapter, Des Moines Area Religious Council National Committee to Prevent Child Abuse, Iowa Chapter National Committee to Prevent Child Abuse, Iowa Chapter	
6-5 Maintain a juvenile arrest record baseline not to exceed 159.2 per 100,000 through 2000	6-5.1 Create a task force to analyze resource allocation 6-5.2 Coordinate a delinquency prevention program	August, 1996 June, 1997	Polk County Youth Services Polk County Decategorization Committee	
6-6 Address the problem of elder abuse by increasing the number of reported suspected cases by 10% each year, beginning in 1997	6-6.1 Support the Elder Abuse Public Awareness Campaign 6-6.2 Support Iowa Elder Care Coalition efforts to set up a speakers' bureau 6-6.3 Strengthen the Dependent Adult Abuse Law, Iowa Code 235B		Iowa Department of Elder Affairs, Polk County Health Department Iowa Department of Elder Affairs Iowa Elder Care Coalition	
6-7 Increase County support of violence prevention efforts through additional programming by 2000	6-7.1 Establish county-wide violence coalition	1996	Polk County Victim Services	

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	6-7.2 Support changing legislation, re: Iowa Department of Human Services caps on mental health treatment, Iowa Code 232.143		Polk County Board of Supervisors	
	6-7.3 Expand violence predictive programs		Orchard Place	
	6-7.4 Expand the role of Central Intake Center	1997	Polk County Youth Services, Polk County Decategorization Committee	

Chapter 7

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

Introduction

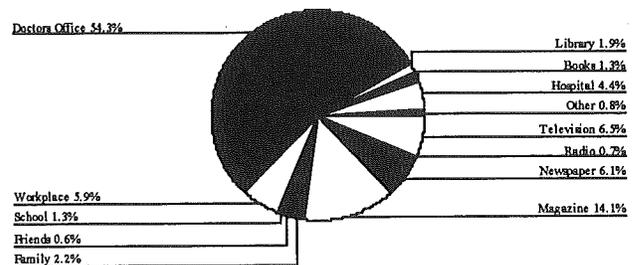
The health status of a community is the product of a multiplicity of factors, including education, socioeconomic status, access to health care, lifestyle habits and personal values, to name just a few. The most significant of all of these is education.

Beginning with the preschool years, by identifying children with developmental delays and making referrals to appropriate early learning programs, the potential for future success in elementary and secondary schools is enhanced. High school graduation rates also have a bearing on the future health status of a community. High school drop-outs are less likely to be financially secure, more likely to become involved in risky health habits, and, even if employed, are often underinsured or uninsured in terms of health care. Data from 1993, for Polk County reveals a high school graduation rate of 85%, with a state rate of 86.6%. There is room for improvement.

The Iowa Comprehensive School Health Program has seen variable success throughout the state. All of the school districts in Polk County are in compliance with the state requirements; however, there is considerable variation in the quality and content in these programs, and attendance in the health classes is voluntary. By educating the members of school boards, principals, and parent-teacher organizations of the impact a well-structured health and fitness program can have on the health of a community, groups can begin working together to impact change.

Integral to the achievement of the objectives in each chapter in Healthy Polk 2000 is the education of the groups and individuals providing services for the community. This includes, but is not limited to, physicians, dentists, nurses, providers of social services, employers and human resources directors. Their involvement is key to improvements in the community's health status.

*Sources of Information on Improving Health for Adults
Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

Health care providers in a community are often recognized as the most important resource for health care advice. Currently (October, 1995) virtually all hospitals in Polk County offer some type of program addressing the health needs of their communities. Coordination and planning for such programming is, however, fragmented, with little recognition of the need to meet priority health needs of the community. As communities look for methods to achieve the optimal health of their citizens, health care providers must be utilized to provide the basis for disease and illness prevention information.

Members of County government must also be educated on the impact preventive medicine interventions have, not only on development of future health problems, but also on the health care costs of individuals in the target groups, many of whom rely on public assistance for their care. Funding of health promotion and disease prevention programs through tax dollars and grant funds is vital to the success of many of the objectives in this document.

Another group, not commonly associated with health education, but whose support may enhance the message of Healthy Polk 2000, is the media. This document offers media representatives the opportunity to come together to develop a coordinated effort to cover local, high-priority health issues through their programming, promotion of health and safety events and the provision of public service announcements.

Finally, basic communication skills must be addressed. Considering that 34% of the residents of Des Moines have limited reading and writing skills, input from individual experts in adult literacy is needed to develop the content of educational programs and leaflets.

The most challenging factor to deal with in community based programs is the value an individual or group places on health. There is no lack of health education programs or services in our community, yet our citizens continue to smoke, gain weight, experience violence in their homes and neighborhoods, and suffer from mental illness, etc. The most likely way to address this dilemma is to involve groups in which individuals find their cultural identity, e.g. churches, neighborhood associations, schools. By working with community leaders with whom individuals can identify in a nonthreatening way, values can be influenced in favor of health.

In summary, the success of a community health education program will require extensive coordination, involving many groups who, not only are not commonly associated with health issues, but also, who do not traditionally work together in cooperative efforts.

7-1 Goal Statement

Assure that all disadvantaged children aged 0-5 in Polk County have access to high quality and developmentally appropriate preschool programs to help prepare them for school, thus improving their prospects for good school performance, better mental and physical health, and greater social competence.

Rationale

Studies of the effectiveness of early intervention and preschool education programs have demonstrated the education and economic benefits of such programs for young children with disabilities and for those who are disadvantaged. In addition, studies have shown that the earlier intervention is started, the greater the savings and the higher the rate of educational attainment by these children.

Through early intervention programs, these children and their families are provided support when such coordinated efforts will have the greatest impact. Therefore, it is necessary to promote, facilitate, and ensure quality programs and services for both disadvantaged children and those with a disability who are in need of special education. Efforts must be maintained to implement practices and activities which prevent or minimize the impact of disabilities and decrease the likelihood of school failure for all children.

7-1.1 Action Step



Increase awareness of the need for early learning and Head Start programs in Polk County by developing brochures for and pre-

sentations to community and business leaders and social service organizations by December, 1996. (A collaborative effort of the public schools, and Drake University, with assistance from "Blueprint of Iowa's Young Children" action step.)

7-1.2 Action Step

Develop a Polk County Early Learning Coalition which includes representatives of school early learning programs and related agencies. The first meeting will be in April, 1996. (A Head Start Coordinator, Drake University, some area school staff and parent groups action step.)

7-1.3 Action Step

Participate in a state-wide agreement for identification and referral of infants and toddlers with developmental delays. Support legislative steps to develop this system. Encourage community support by January, 1998. (All involved in early learning and child care programs action step.)

7-1.4 Action Step

Increase preschool programs so all Polk County children ages 0-5 will have access to developmentally appropriate programs by January, 1998. (A Department of Education,

Head Start - Drake University, Area Educational Agency, all Polk County School Districts action step.)

7-1.5 Action Step

Provide educational seminars about nutrition and physical development as an integral part of the whole child's development by January, 1997. (A Polk County Medical Society and Polk County Public Health Department action step.)

7-1.6 Action Step

Coordinate Parent Education Opportunities through the Polk County Early Learning Coalition to provide resources for parent education activities in local schools. Develop funding to support parent education in all communities in the county. Program development through a group process will determine the deadline. (An Early Learning Coalition action step.)

7-2 Goal Statement

Support the Healthy Iowans initiative to reduce the school drop-out rate (specifically in Polk County).

7-2.1 Action Step

Implement the Iowa Plan in Polk County; develop resources, linkages, and new programs in each school district through the year 2000. (A school-based Youth Services, Des Moines and West Des Moines Alternative Schools, Southeast Polk School is a Central Place, Ankeny Family Advocacy Project, School Boards, and IDPH action step.)

Rationale

Working with local initiatives to help

families and students will further the state-wide efforts already begun. Individual communities within Polk County have recognized that at-risk students and their families often need additional support, resources, and services to maintain educational goals. By providing them locally, they become more accessible and familiar.

7-3 Goal Statement

Implement the Iowa Comprehensive School Health Model by June of 2000, in 50% of Polk County school districts.

7-3.1 Action Step

Collect current information on resource materials and program assessment instruments to complement the Comprehensive School Health Model. (A Health Planning Committee action step.)

Rationale

The Iowa Department of Education began an internal assessment process in comprehensive school health in 1990. The outcome of that process is a Comprehensive School Health Model that addresses the need to coordinate health curriculum, health services, school environment, program administration, and the participation of community agencies and health interest groups.

A great number of instructional materials and health curriculum models have been developed. One intent of this action step is to identify the most appropriate materials by topics and encourage Polk County school districts to utilize the clearinghouse at Heartland Area Education Agency. A second intent of this action step is to disseminate a self-administered program assessment

inventory, which would provide school personnel with a planning guide to needed improvements in their comprehensive school health programs.

7-3.2 Action Step

Encourage Polk County school districts to utilize the comprehensive school health training and consulting teams at Heartland AEA by June of 2000. (A Polk County School Districts action step.)

Rationale

The key to successful implementation of the Comprehensive School Health Model is the utilization of the multi-disciplinary team of trainers/consultants available at Heartland AEA. Heartland AEA currently offers training and consultation services on health topics to school districts. The multi-disciplinary team also includes personnel from public health, human services, and other public and non-profit health organizations.

7-3.3 Action Step

Collect and disseminate results of the survey conducted every three years by the Iowa Department of Education of all school districts to assess the implementation of the specified components of the comprehensive school health model. The surveys are to be conducted in January of 1997 and 2000. (A Department of Education action step.)

Rationale

As of December, 1995, only three (or 38%) of the eight school districts in Polk County had implemented a Comprehensive School Health Model. Some districts surveyed were not aware of its existence. A self-assessment inventory of comprehensive school health programs is a necessary tool for school

district planning and program improvements. School districts presently provide program data for substance abuse education programs on a three-year cycle as a requirement for Drug-Free Schools and Communities funding. School districts are also required to submit information to substantiate compliance with health-related mandates/standards within the Code of Iowa and the Iowa Administrative Code.

7-4 Goal Statement

Increase to 85% the number of Polk County employers with more than 50 employees that offer at least one health promotion activity by the year 2000.

No baseline data is available for Polk County or Iowa. Nationally, 81% of these worksites offer 1 activity. (Source: 1992 National Survey of Worksite Health Promotion Activities, US Department of Health & Human Services) The Healthy People 2000 goal is 85%.

Rationale

Eighty-five percent (85%) of American adults spend much of their day at the worksite. The worksite is a logical location for health promotion programs offering convenience to employees and a cost-effective way for employers to increase awareness and educate large groups of people. The environment can be shaped to support behavioral changes. Peer support is present and money can be saved.

7-4.1 Action Step

Develop a database by 1997, to establish a baseline of Polk County employers including type and extent of health promotion activities currently offered.

7-4.2 Action Step

Provide health promotion ideas and database information to employers quarterly through 1999, to assist with program implementation.

7-4.3 Action Step

Complete a follow-up survey in 2000 to determine percent of worksites offering health promotion activities. (A Central Iowa Wellness Council action step.)

Rationale

Without baseline data, it is difficult to determine what the needs of worksites are relating to health promotion activities and health information that is provided to employees. These action steps will provide baseline data and a way to measure effectiveness and additional needs.

7-5 Goal Statement

At least 90% of hospitals and other health care organizations will provide client education programs addressing the priority health needs of their communities.

Rationale

Community members seek health care advice from their regular provider more frequently than any other source. Because citizens already respect the knowledge of these providers when it involves illness care, they will be more likely to accept illness prevention information from these providers than from other sources. To improve the health status of Polk County residents, health care providers must accept health promotion screening and education as part of their responsibility.

7-5.1 Action Step

Health care organizations will be encouraged to organize their programming efforts on a yearly basis. This would include cooperation of hospital efforts, as well as affiliated clinic systems, to effectively target the major health concerns of the community. Evaluation of effectiveness, based on program participation and observed behavior changes should be used to reorganize programming annually.

7-5.2 Action Step

Collaboration within and among health care agencies is highly desirable. Representatives from all hospitals should meet at least once each year as part of the assessment and planning phase for program planning to avoid costly duplication of services and to more efficiently utilize available resources. (A Hospital Associations of Greater Des Moines action step).

7-5.3 Action Step

Programs should be offered at neighborhood sites whenever possible to improve access to screenings and education. Care should be taken at all times to be culturally sensitive and to consider literacy levels in preparation of educational materials. Coordination of comprehensive health care assessment and education programs at each site is desirable. (A hospitals, healthcare professional agencies, and Hospital Association of Greater Des Moines action step.)

Rationale

Currently (October, 1995) virtually all hospitals in Polk County offer some type of program addressing the health needs of their communities. Coordination and planning for

such programming is, however, fragmented, with little recognition of the need to meet priority health needs of the community. As communities look for methods to achieve the optimal health of their citizens, health care providers must be utilized to provide the basis for disease and illness prevention information by April, 1997.

7-6 Goal Statement

Increase to at least 75% the proportion of people ages 60 and older who have the opportunity to participate in at least one organized health promotion program through a community-based setting that serves older adults.

Rationale

Effective and wide ranging health promotion activities are available in Polk County provided through hospitals, senior centers, senior housing and other support service agencies. Health promotional programs can help foster healthy behaviors among older adults. Changing behavior in later life can improve health status and reduce the likelihood of disability, increasing the older adult's ability to live independently (Healthy Iowans 2000).

In fiscal year 1995, Polk County Elderly Services provided health promotion activities through Title IIIF funds to 1,059 individuals, representing 2% of the 50,715 persons over 60 (1990 census). Additional health promotion and wellness activities were presented to another 3,243 in fiscal year 1995, in community-based centers utilizing Title IIIB funds. This is only a portion of the activities provided in Polk County since there is no "coordinated" effort to provide these services. Currently, there also is no way of tracking unduplicated individuals outside of individual programs and agencies.

7-6.1 Action Step

Develop a "clearinghouse" of health promotional activities to publicize events and activities to area adults aged 60 or older by inviting area hospitals, community education organizations, universities and other health professional organizations to share ideas of upcoming health promotion events. Work with the Shopper News to produce a quarterly "Health Promotion" publication delivered to area residents by June, 1996. (A Polk County Aging Coalition, Polk County Elderly Services, Aging Resources of Central Iowa [Area Agency on Aging], Iowa State Extension Services action step.)

7-6.2 Action Step

Create a brochure for a health promotion Speakers Bureau/and or resources for Polk County to be distributed to senior citizen centers and drop-in centers by September, 1997. (A Polk County Aging Coalition, Polk County Elderly Services, Aging Resources of Central Iowa [Area Agency on Aging], and Iowa State Extension Services action step.)

7-6.3 Action Step

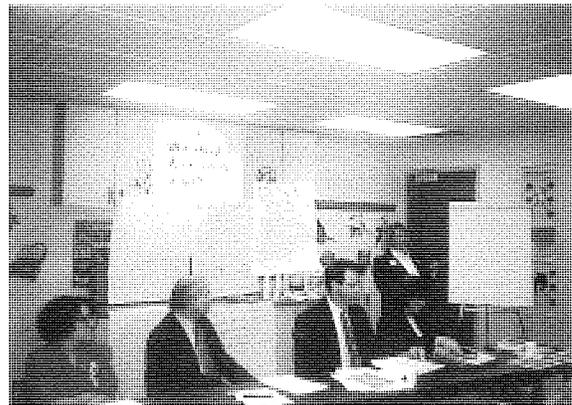
Make health promotion activities more accessible to Polk County residents aged 60 and older by increasing the number of community based sites by 100%. Current information utilizes 18 community based sites. Coordinate at least one County wide health fair specifically aimed at the 60+ population; coordinating with health professionals, educational entities and senior advocacy agencies to promote preventive techniques and provide health screenings by January, 1999. (A Polk County Aging Coalition, Polk County Elderly Services action step.)

7-7 Goal Statement

Develop a coordinated network of communication for disseminating information regarding the Healthy Polk 2000 document and specific educational opportunities regarding health issues in the local community.

Rationale

Extensive research has been done in order to prepare Healthy Polk 2000. The Healthy People 2000 and Healthy Iowans 2000 documents attest to even greater investments of time and effort. Information contained in those documents should be widely



disseminated to those groups directly involved in impacting change in the health status of the community. With an organized strategy for publicizing this information, progress will be made in achieving the stated goals of Healthy Polk 2000.

7-7.1 Action Step

Make formal presentations at meetings of the Polk County Medical Society, Chambers of Commerce, and school boards in each Polk County school district to inform these groups of the availability of this document and an overview of its content. In addition, literature regarding Healthy Polk 2000 will be provided to members of these groups through mailings. (A Health Planning Committee action step.)

Rationale

The majority of adults seek information regarding health issues from their physicians (Polk county health survey data, 1995). Children spend a large portion of their days in school where there is great variability in the content of the health and physical education curriculum. By organizing an effort to disseminate this document to organizations and individuals responsible for educating students and/or patients, public awareness of the health issues embodied in Healthy Polk 2000 may be raised by March, 1996.

7-7.2 Action Step

Polk County Medical groups will each adopt one of the main health issues identified in Healthy Polk 2000 and strive to achieve those objectives contained in the respective chapter which pertain to health care providers by March, 1997, and annually thereafter. (A Polk County Medical Society and Polk County Osteopathic Medical Association action step.)

7-7.3 Action Step

By April, 1996, organize a press conference to release copies of Healthy Polk 2000 to the media and to provide an overview of the content of this document. This conference should include all 11 radio and 5 television stations, the Des Moines Register and community newspapers. (A Health Planning Committee action step.)

Rationale

Many adults rely on newspapers, magazines and television for health information. Currently, the three network television stations have programming or sponsor projects promoting health issues; however, there is no coordinated programming effort for the scheduling of these programs.

The majority of programming related to health issues is related to the promotion of a particular event. By providing members of the media with information regarding health issues for the local community, the Polk County Health Planning Committee can raise the awareness of the media.

7-7.4 Action Step

Before September, 1996, send a Healthy Polk 2000 representative to the next regularly scheduled meeting of the media's ascertainment group to present priority health issues for Polk County. Request county health representation on at least an annual basis. (A Health Planning Committee action step.)

Rationale

To raise awareness in the media of major local health issues.

7-7.5 Action Step

By September 30, 1996, explore media partnerships with Des Moines affiliates of the Iowa Broadcasters' Association to develop public service announcements (PSA's) regarding at least three major health issues annually. (A Polk County Health Planning Committee action step.)

7-7.6 Action Step

Develop educational literature useful to individuals in the target groups who have limited reading and writing skills by February, 1997. (A Refugee Resettlement Program of IDHS and Iowa Department of Public Health action step.)

Rationale

Many educational programs are offered throughout the community regarding health

issues, yet the problems persist. One possible barrier to progress is illiteracy. The Iowa Adult Literacy Survey cites a 34% incidence of limited reading and writing skills in urban Des Moines and 16% in the surrounding suburbs, compared with 30% statewide. By working with individuals whose expertise lies in adult literacy and English language training to develop materials and programs which are more meaningful to the target groups, the effectiveness of the educational sessions may be enhanced.

RELATED GOALS IN OTHER CHAPTERS

Many goals in chapters throughout **Healthy Polk 2000** are related goals to this chapter; depend on comprehensive school health education; and are inter-dependent on the community-based health promotional goals in this chapter.

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS WORKGROUP

Facilitator:

Dr. Maureen Clothier, University of
Osteopathic Medicine & Health Sciences

Members:

Lori Brown, Mercy Hospital
Mardelle Dallagher, Des Moines Community
School
Margaret Jensen-Connett, Success Programs
Kerry Juhl, Central Iowa Wellness Company
Susan Lathrop, Mercy Hospital
Barb McClintock, Polk County Elderly
Services
Daryl Vanderwilt, Mercy Foundation
Yvonne Welsons, Southeast Polk Schools

EDUCATION AND COMMUNITY-BASED PROGRAMS
Chapter 7

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
7-1 All disadvantaged 0-5 year old Polk County children will have access to high quality and developmentally appropriate pre-school programs	7-1.1 Increase awareness for early learning and Head Start programs through brochures and presentations	December, 1996	Drake University, Blue Print of Iowa's Young Children school programs, Public Schools	Polk County Health Planning Committee, United Way, Kiwanis Clubs
	7-1.2 Develop a Polk County Early Learning Coalition	April, 1996 (1st meeting)	Head Start, Drake University, School Personnel, Parent Groups	Polk County Medical Society, Board of Supervisors, Grant Funds
	7-1.3 Support and encourage legislative steps to develop a system for identification and referral of infants and toddlers with developmental delays	January, 1998	Early learning and child care programs	Legislature
	7-1.4 Increase access to developmentally appropriate pre-school programs for all 0-5 children	January, 1998	Department of Education, HeadStart/Drake, AEA, Polk County School Districts	Federal Block Grants, Lobbying to increase Legislative Dollars
	7-1.5 Provide educational seminars on nutrition and physical development	January, 1997	Polk County Medical Society, Polk County Health Department	Corporate Donations, Polk County Tax Dollars
	7-1.6 Develop funding, coordinate Parent Education opportunities, and provide resources for parent education activities in schools	To Be Developed	Early Learning Coalition	United Way, Kiwanis, Churches, Businesses

EDUCATION AND COMMUNITY-BASED PROGRAMS
Chapter 7

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
7-2 Support the Healthy Iowans initiative to reduce the student dropout rate (specifically in Polk County)	7-2.1 Implement Iowa Plan; develop resources, linkages, and new programs in each school district	Through 2000	School-based Youth Services, Des Moines Alternative Schools, West Des Moines Alternative School, Southeast Polk School is the Central Place, School Boards, Iowa Department of Education	Ankeny Family Advocacy Project
7-3 Implement the Iowa Comprehensive School Model (CSHM) in 50% of Polk County schools by June, 2000	7-3.1 Collect information on resource materials and program assessment instruments to complement CSHM 7-3.2 Encourage school districts to utilize health training and consulting teams of AEA11.	June, 2000	Polk County Health Planning Committee All School Districts	None None
	7-3.3 Collect and disseminate survey results from Department of Education which assesses implementation of CSHM components	1997/2000	Department of Education	None
7-4 More than 85% of employers with 50 employees will offer 1 health promotion activity per year by 2000	7-4.1 Develop a database to determine number of employers and health activities currently offered 7-4.2 Provide appropriate health activity information quarterly on database	1997 quarterly through 1999		
	7-4.3 Complete followup survey of worksites to determine % offering health promotion activities	2000	Central Iowa Wellness Council	Grants, I.D.P.H. Private Business

EDUCATION AND COMMUNITY-BASED PROGRAMS
Chapter 7

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
7-5 At least 90% of hospitals and health care organizations will provide client education programs on priority health needs in the community	7-5.1 Encourage Health Care Organizations to organize efforts on a yearly basis and determine effectiveness based on participation and behavior changes 7-5.2 Encourage collaboration and at least one annual meeting of representatives of all hospitals to share resources and avoid duplication		Hospital Associations of Greater Des Moines	
	7-5.3 Coordinate and offer screenings and education at neighborhood sites which are culturally sensitive and literacy appropriate	April, 1997	Hospital and other health care professional agencies; Hospital Association of Greater Des Moines	Health Care Agencies, Grants, Insurance Companies
7-6 Increase to 75% the number of 60 and older adults who participate in one health promotion program	7-6.1 Develop a clearing house of senior activities from area hospital and health care organizations to help publicize events and work with Shopper News to produce and deliver a quarterly Health Promotion publication 7-6.2 Create a brochure for a health promotions speaker bureau and resources to be distributed at senior and drop-in centers	June, 1996	Polk County Aging Coalition, Polk County Elderly Services, Area Agency on Aging, ISU Extension	Polk County, Grant Funds
		September, 1997	Polk County Aging Coalition, Polk County Elderly Services, Area Agency on Aging, ISU Extension	Polk County, Grant Funds

EDUCATION AND COMMUNITY-BASED PROGRAMS
Chapter 7

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	7-6.3 Increase the current 18 community based sites by 100% for aged adults and coordinate at least one county wide health fair for seniors	January, 1999	Polk County Aging Coalition, Polk County Elderly Services	Polk County, Grant Funds
7-7 Develop a network to disseminate Healthy Polk 2000 information and specific educational opportunities	7-7.1 Make formal presentations to health groups, school boards, Chambers of Commerce and provide literature to same through mailings	March, 1996	Polk County Health Planning Committee	Tax Dollars
	7-7.2 The two Polk County Medical Societies will each adopt one main health issue and strive to achieve objectives	March, 1997 and annually thereafter	Polk County Medical Society, Polk County Osteopathic Medical Association	Polk County Medical Society Polk County O.M.A. Grant and Tax Dollars
	7-7.3 Organize a county-wide press conference to release Healthy Polk 2000 document and provide overview	April, 1996	Bill Fry/Broadlawns Medical Center, Polk County Health Planning Committee	Polk County Tax Dollars
	7-7.4 Healthy Polk 2000 Representative will attend next media ascertainment meeting and request at least annual agenda item to present priority health issues	September, 1996	Polk County Health Planning Committee	None

GOALS AND ACTION STEPS SNAPSHOTS

EDUCATION AND COMMUNITY-BASED PROGRAMS
Chapter 7

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	7-7.5 Explore media partnership with Des Moines Affiliate of Iowa Broadcasters' Association to develop PSA's on at least 3 major health issues annually	September 30, 1996	Polk County Health Planning Committee	KDSM-Fox 17 free air time Wioxted-Pope
	7-7.6 Develop appropriate level educational literature useful to target groups and individuals	February, 1997	Refugee Resettlement Program of IDHS, Iowa Department of Public Instruction	Polk County Health Department, Local Hospitals and Health Agencies

Chapter 8

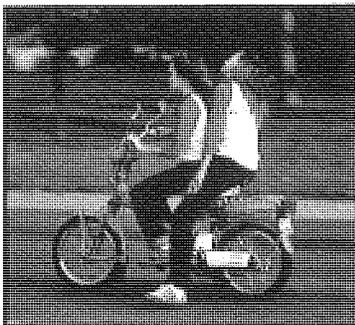
UNINTENTIONAL INJURIES

Introduction

Unintentional injuries have become a leading cause of death and disability for all age groups in Polk County, but especially for younger and older people. In 1994, two hospitals providing trauma care in Polk County reported 29 deaths and 628 injuries to Iowa's System Trauma Register. 282 injuries (45%) were to those 25 or younger, and 65 injuries were to those 55 or older. Thus, over half of all injuries reported occurred among these two age groups. Sixteen of the injuries reported were fatal.

Traffic accidents contributed to the highest number of unintentional trauma injuries (361) and deaths (14), followed by falls (62) and fires (28). The use of firearms continues to cause increasing numbers of injuries and deaths, especially among children and adolescents.

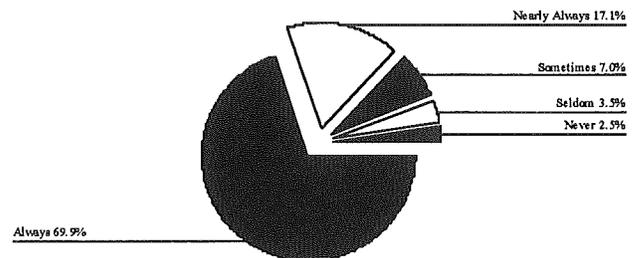
One of the major risk factors shown to contribute to unintentional injuries is the failure to use protective or safety devices in motor vehicles, or on motorcycles and bicycles.



According to the 1995 ITS Survey in Polk County, 87% of adults reported using seat belts always or nearly always, and 89% of children under 4

always or nearly always used seat belts or safety seats. Only 22% of adults and 32% of children under 4 (adults reporting) reported using helmets, while riding bicycles and motorcycles. Yet, of the 361 injuries and/or deaths reported in 1994 to the Trauma Register, when it was known if protective devices were used or not, 170 had used none. This accounts for almost half of all traffic injuries and deaths reported.

*Frequency of Seat Belt Use by Adults
Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

The use of alcohol was related to 343 trauma injuries in 1994, when blood levels were known. The use of alcohol, when levels were known, contributed to 41 of 62 (67%) disabling injuries and 19 of 29 deaths, or 66%. Results of the ITS Survey showed that almost 60% of Polk County adults reported consuming at least one drink of alcohol during the past month, but less than .4% reported driving when drunk or riding with a drunk driver.

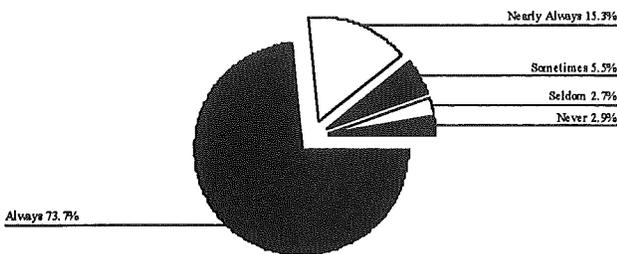
The Iowa Central Registry for Brain and Spinal Cord Injuries showed that 972 traumatic brain and 54 traumatic spinal cord injuries were reported in Polk County during 1993. Of these 1026 injuries, 388 were to children 14 or younger and 110 to those 65 or older. It is estimated that the life-long cost of care for a single disabling injury occurring in childhood is \$4.5 million.

Polk County is primarily urban with a well developed system to respond to trauma injuries and other acute health care needs. In addition, Iowa has in place or is implementing more sophisticated surveillance and program data systems that provide for more timely and accurate reporting of specific trauma injury information. Healthy Polk 2000 supports the continued development of emergency response and increased use of reporting systems. However, local efforts will emphasize preventing unintentional injuries and deaths through broad based education activities and programs.

8-1 Goal Statement

Reduce the number of children in Polk County who are victims of unintentional injury (Baseline: 122 under age 19 in 1994. Source: System Trauma Register information from 2 trauma care hospitals. Baseline: 388 under 14 suffering traumatic brain and spinal cord injuries in 1993. Source: Central Registry for Brain and Spinal Cord Injuries.

*Frequency of Car Seat / Seat Belt Use by Children
Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=366. Analysis weighted by gender and age.

Rationale

Many children are injured each year in accidents that could be prevented. Reducing this number would not only result in an increase in the general well-being of Polk County's children, but would also reduce health care costs and family stress.

8-1.1 Action Step

Link existing prevention programs with new initiatives to educate more pre-school children on injury prevention behaviors, by 1997. (A Safe Kids Coalition and Polk County Child Care and Referral Center action step.)

Rationale

Much more can be accomplished through the collaboration of established programs. Curriculum is already in place, thus reducing time needed to prepare. Resources can be stretched farther when two or more programs are sharing expenses. Collaboration also lessens the likelihood of replication and overlap in new programs.

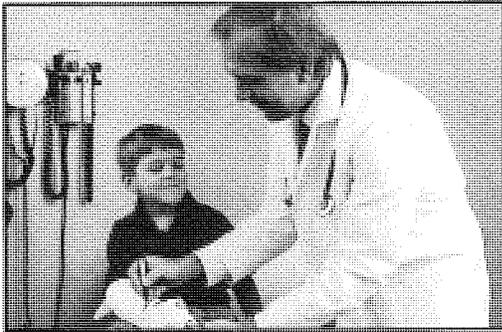
8-1.2 Action Step

Provide training for private and public day cares, pre-schools, home care providers, and unregulated home care providers in safety and injury prevention activities for children beginning in 1997. (A Safe Kids Coalition, Polk County Child Care Resource and Referral, (CCRC) and local Fire and Police/Sheriff Departments action step.)

Rationale

There is no county-wide coordinated plan to provide injury prevention activities in regulated and unregulated child care settings.

However, a vehicle does exist to implement comprehensive and consistent educational tools, utilizing several organizations and agencies, that will impact thousands of children. Combining and enhancing the



established activities and financial resources already in existence for injury prevention can potentially reduce both acute and long-term health care costs.

8-1.3 Action Step

Provide injury prevention, educational activities to all of the middle schools, emphasizing alcohol/drug, traffic, and firearm safety by 1998. (A public and private schools, Safe-Kid Coalition, National Council on Alcoholism, and local law enforcement agencies action step.)

Rationale

Children entering their teens are more likely to suffer injuries related to the contributing risk factors mentioned earlier. Without accurate and timely information they are unable to fully understand the potential results of engaging in high risk behaviors related to drugs and alcohol, traffic safety devices, and access to firearms. Then, as they experience more independence from their families, they will be better able to make safety choices that will help prevent possible life long disabilities.

8-2 Goal Statement

Reduce the number of unintentional injuries among older adults (Baseline: 65 traumatic injuries and 7 deaths for ages 55 and above in 1994. Source: Iowa System Trauma Register. Baseline: 110 traumatic brain and spinal cord injuries in 1993. Source: Central Registry for Brain and Spinal Cord Injuries)

Rationale

As adults age they are at greater risk for unintentional injuries that occur at home, due primarily to falls and fires. The aging process prevents them from acting as quickly to prevent accidents and from healing as fast as a younger person once injury occurs. If they have health problems requiring medication, they are more likely to make dosage errors and take prescription and over the counter medications together unnecessarily. This can cause disorientation and/or other physical and medical conditions which contribute to accidents and injuries. With the elderly population increasing in the future, educational activities to prevent injuries will help more senior citizens have healthier lives in their own homes.

8-2.1 Action Step

Conduct safety programs annually at each of the senior centers, congregate meal-sites, and similar locations beginning in 1997. (A PCDSS Division of Elderly Services, Aging Coalition action step.)

Rationale

Senior centers and meal sites are already located in most areas of the county. Other locations such as churches, where safety activities can be held, will be added as they are identified. These are sites where many senior

citizens who are still at home will go for part of one or more days each week.

8-2.2 Action Step

Provide safety brochures and posters for use and distribution at senior centers by 1997. (A local hospitals and fire departments action step.)

Rationale

Printed information in conjunction with scheduled activities will help make the greatest impact. Brochures can be taken home and used for reference at later times.

8-2.3 Action Step

Develop partnerships with senior citizen advocacy groups and other interested parties by 1997. (A local fire departments and hospitals action step.)

Rationale

Collaborating with groups already in existence will help reach a wider audience of senior citizens in the community. Some seniors may be isolated or unable to get transportation to established locations. Working with diverse groups will facilitate finding solutions to other health issues the elderly experience.

8-3 Goal Statement

Reduce the fire death and injury rate in Polk County (Baseline: 57 injuries and 5 deaths during 1994. Source: Iowa Fire Incident Reporting System).

Rationale

Most fire related injuries and deaths in residences could be prevented with simple and cost effective solutions.

8-3.1 Action Step

Promote the availability, use and maintenance of smoke detectors in all types of residential structures by 1997. (A Healthy Polk 2000, local fire and building departments, public and private vendors action step.)

Rationale

Smoke detectors are required in all new residential construction and residential remodeling in excess of \$1,000.00. However, many existing homes (both owned and rented) and apartment buildings do not have them. In addition, some people are unable to buy and install them on their own.

Once smoke detectors are installed many are not tested and maintained, decreasing their effectiveness against possible personal injury or death. Teaching simple and proper maintenance techniques at the time they're installed will increase the likelihood of long term benefits in case of fire.

8-3.2 Action Step

Promote fire safety and injury prevention strategies through public awareness campaigns and code enforcement by 1998. (A local fire and building departments, volunteers, and media action step.)

Rationale

Providing consistent and beneficial county-wide information through several

efforts will have a greater impact than other alternatives. The use of television and radio PSA's and news stories, followed by brochures and flyers in grocery stores and shopping centers will be more effective in promoting the use of smoke detectors, and the development and practice of fire escape plans.

UNINTENTIONAL INJURIES WORK GROUP

Facilitator:
Sheila Lumley, Polk County Manager's
Office

Members:
Ken Danley, Des Moines Fire Department
Diana Duffy, Blank Children's Hospital
Al Hunter, Chief, Windsor Heights Fire
Department
Susan Newsome, Polk County Department
of Social Services
Linda Plummer, Blank Children's Hospital
Teresa Shields, Iowa Lutheran Hospital
Bill Vaughn, Polk County Sheriff's Office

RELATED GOALS IN OTHER CHAPTERS

Chapter 3 - Goal 3-2 Transitional living
facilities for addicts

Goal 3-4 Reduce use by
youth and pregnant women

Goal 3-8 Drunk driving

Goal 3-9 Domestic violence
resources

Chapter 6 - Goal 6-1 Homicide

Goal 6-2 domestic partner
abuse

Goal 6-3 Sexual assault

Goal 6-4 Child abuse

Goal 6-7 Violence prevention

Chapter 9 - Goal 9-3 Prevention of
injuries and death

Chapter 10 - Goal 10-11 Awareness of
emergency response team

UNINTENTIONAL INJURIES
Chapter 8

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
8-1 Reduce unintentional injuries to children	8-1.1 Link existing programs to new initiatives for pre-schoolers	1997	Safe Kids Coalition, CCRC, Polk County	CCRC, Safe Kids Coalition, Blank Hospital, Polk County
	8-1.2 Provide safety and injury prevention training to child/day care providers	Beginning in 1997	Safe Kids Coalition, CCRC, Fire and Police Departments	ALL
	8-1.3 Provide injury-prevention activities to middle schools	Beginning in 1998	School districts, Safe Kids Coalition, MCA, Law Enforcement	ALL
8-2 Reduce unintentional injuries among the elderly	8-2.1 Conduct safety programs annually at senior centers, meal sites, churches	Beginning in 1997	Elderly Services Division of PCSSS, Aging Coalition	Polk County Departments and Fire/Police Departments
	8-2.2 Provide safety brochures and posters for senior centers	Beginning in 1997	Fire Departments, Hospitals	
	8-2.3 Develop partnerships with senior citizens advocacy groups	1996	Fire Departments, Hospitals	
8-3 Reduce fire death and injury rate	8-3.1 Promote availability, use, and maintenance of smoke detectors	1998	Healthy Polk 2000, Fire Departments, Building Departments, Vendors	Fire Departments, Vendors
	8-3.2 Promote safety and prevention strategies through PSA's and code enforcement	1998	Building and Fire Departments, Volunteers, Media	Media Grants

Chapter 9

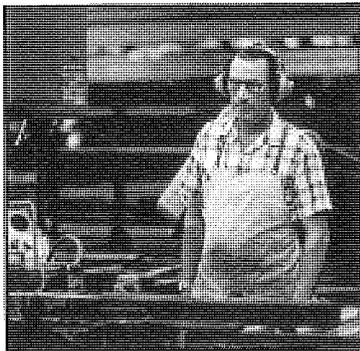
OCCUPATIONAL SAFETY AND HEALTH

Introduction

In efforts to collect and analyze data from which goal statements and action steps could be formulated regarding occupational safety and health, we found that the data is no longer assimilated in a manner that would make this valuable information usable.

Occupational safety and health begins with an examination of the accident history. Without the ability to examine the appropriate data, valid conclusions cannot be drawn; and therefore, no positive, preventive actions can be taken.

The Iowa Department of Labor Services consists of three divisions: Industrial Division - where workers compensation data is gathered when the injury involves time away from work or a disability; Labor Division - where accident data is collected including OSHA 200 log composite information; Employment Services - no accident records are kept here.



Currently, the Industrial Division and the Labor Division operate independently and do not share their data. If an accident occurs that does not involve lost time from work, it is not forwarded to the Industrial

Division. Farm injuries and accidents are not reported to either Division; this information is available on a more fragmented basis from universities or insurance companies. Thus, what is available is an incomplete picture of the occupational safety and health injuries or diseases for the state or the county.

9-1 Goal Statement

Merge the data already collected from the Industrial Commission and the Labor Commission and assimilate it in a manner that can be used to track all accidents by county by the year 2000.



Rationale

This information is already collected; it just is not assimilated in a manner from which trends could be predicted or preventative measures could be developed. Safety issues are developed and measured through a careful examination of the history of accidents. Without that history, the safety suggestions become arbitrary and are not as effective as they would be with the statistical data to support them.

9-1.1 Action Step

- a. Contact the Division of Labor and formally request that the information they already collect be assimilated in a manner that will allow a review of the accidents by county, type, severity, cause, days lost, etc., and including the injuries for which no time is lost.
- b. Request a legislative change if necessary.

(An Iowa Safety Council action step.)

9-2 Goal Statement

Require the reporting of farm related accidents/injuries to the Department of Labor by 2000.

Rationale

This information is not available in a consistent format. Because the injuries are not required to be reported, no one really knows the extent of the injuries/accidents which occur in agricultural occupations.

9-2.1 Action Step

Initiate legislative action which would require the reporting of farm injuries to the Division of Labor. (An Iowa Safety Council action step.)

9-3 Goal Statement

Develop a comprehensive health and safety program with concentrated efforts on the prevention of minor injuries or near misses by 2000.

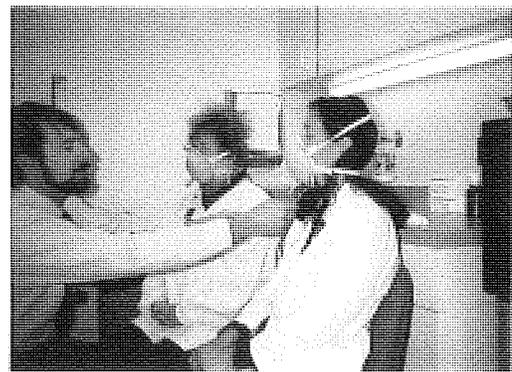
Rationale

Avoiding major injuries and deaths are a goal, but to prevent those accidents, efforts must be made to take the small accidents and near-misses more seriously. Accident prevention efforts need to be directed toward the lower portion of the accident pyramid shown below:

Death
Major Injuries
Minor Injuries
Non-injury Accidents

Minor injuries and non-injury accidents show us the symptoms of behavior that can lead to the more serious injuries and even death. They are the key to accident prevention. However, they are also the incidents which are the most often ignored. Eliminate the causes of minor injuries, and we can significantly diminish the possibility of a major death or injury.

OSHA, the regulatory agency which enforces safe work practices, contributes to the concentrated efforts on the prevention of major accidents/deaths by the use of fines and other punitive measures. OSHA consultation,



an arm of OSHA which companies can access for advice and consultation to meet OSHA regulations is so underfunded and understaffed that the waiting list for this valuable service

can be a year or longer. In addition, because OSHA has operated as a punitive agency for so long, most companies view OSHA as an adversary instead of as a partner in a solid safety program.

9-3.1 Action Step

- a. Encourage OSHA to develop a more pro-active approach in accident prevention which would reward those employers who have good accident prevention programs.
- b. Establish a committee consisting of Division of Labor, safety professionals, representatives from labor and management, and OSHA enforcement who could collectively make recommendations to OSHA for the development of the reward program for companies that improve their safety record.
- c. Initiate legislative action to encourage OSHA to increase the OSHA consultants.

(An Iowa Safety Council action step.)

OCCUPATIONAL SAFETY AND HEALTH WORK GROUP

Facilitator: Sue Lambertz, Iowa Department of Economic Development

Members:

Debra Babb, Division of Labor
Craig Black, Pioneer Human Resources
Gary Higbee, John Deere, Des Moines Works
Bruce McCann, General Fire & Safety

RELATED GOALS IN OTHER CHAPTERS

Chapter 2 - Goal 2-1 Reduce smoking at workplace

Chapter 8 - Goal 8-3 Reduce fire death and injury

Chapter 10 - Goal 10-7 Radon detection

Goal 10-9 Air quality

GOALS AND ACTION STEPS SNAPSHOTS

OCCUPATIONAL SAFETY AND HEALTH
Chapter 9

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
9-1 Merge Industrial Commission and Labor Commission data and assimilate to track all accidents by county	9-1.1(a) Formally request that the Division of Labor assimilate collected data that allows reviews in several ways 9-1.1(b) Request legislative change if necessary	2000	Iowa Safety Council	State of Iowa
9-2 Require farm-related injuries/accidents be reported to the Department of Labor	9-2.1 Initiate legislative action to require reports on farm related injuries	2000	Iowa Safety Council	State of Iowa
9-3 Develop a comprehensive health and safety program, concentrating efforts on prevention of injuries	9-3.1(a) Encourage OSHA to develop a proactive approach which rewards good accident prevention programs by employers 9-3.1(b) Establish a committee which could make recommendations to OSHA for developing company reward programs for improving safety records	2000	Iowa Safety Council	State of Iowa
	9-3.1(c) Initiate legislative action to increase OSHA consultants	2000	Iowa Safety Council	State of Iowa

Chapter 10

ENVIRONMENTAL HEALTH

Introduction

Concern about the health effects of environmental contaminants is at an all-time high. A poll recently conducted by the Iowa Natural Heritage Foundation showed that Iowans ranked environmental concerns sixth among “the most important issues facing the state today”. Only economic concerns such as unemployment, taxes, schools, and government budgets ranked higher. A survey of county boards of health similarly found that environmental concerns were among their top priorities. Thus, Iowans are concerned about the quality of their drinking water, recreational waters, indoor and outdoor air quality, lead poisoning, and hazardous and solid waste.

While reports in the early days of the environmental movement deplored the desecration of the environment, the concern today is focused more on the health effects of environmental contamination. The public is bombarded with such reports from the media, government officials, and the private sector. Currently, 45% of private wells in Iowa that serve 9% of Iowa’s population are unsafe for drinking due to bacterial contamination. In addition, 18% of private wells that serve 4% of Iowa’s population contain unsafe levels of nitrate. Approximately 4% of Iowa’s population is served by public water supplies that do not meet the safe drinking water standards established by the Environmental Protection Agency (EPA).

An estimated 75% of the 490,000 homes in Iowa exceed the acceptable level for radon. Approximately 1% to 2% of Iowa’s

children under the age of 5 years have elevated blood lead levels. Over 400 hazardous waste sites must be evaluated to determine the risks that they present to the citizens of Iowa. Many of these reports either directly state or hint at adverse health effects from contamination of the environment, but the health effects and the risks are not usually clearly explained. In addition, the best solutions for dealing with the health hazards are often not discussed.

As a result, the public is concerned and confused about the quality of their environment and the effects that it may be having on their health. Local health and building officials, health professionals, and the public need better information to assess the risk of exposure to contaminants and to determine actual rates of disease resulting from exposure to environmental contaminants. They need to know what corrective solutions can be taken when the risk of exposure is unacceptable, and they need to know how to prevent environmental contamination.

Polk County, with approximately 10% of the state’s population, needs to work in conjunction with the State Department of Public Health and other government and regulatory agencies to address environmental issues that affect the citizens of Polk County.

Public Water Supplies

10-1 Goal Statement

Continue to maintain 100% of the public water supplies in compliance with the

safe drinking water standards as established by the Environmental Protection Agency.

Rationale

Drinking water is supplied to Polk County residents by community water systems and by noncommunity water systems. Historically, the majority of the water systems not in compliance with safe drinking water standards have been noncommunity systems. Currently, all water systems are in compliance.

10-1.1 Action Step

Continue to support the Iowa Department of Natural Resources' implementation of the Federal Safe Drinking Water Act. (A Department of Natural Resources action step.)

Private Water Supplies

10-2 Goal Statement

Reduce the number of abandoned wells existing in Polk County and upgrade all substandard wells to current code.

Rationale

Abandoned and substandard wells pose a significant health risk because of the potential contamination of the ground water supply.

10-2.1 Action Step

By January 1, 2000, seal 40% of all abandoned wells in Polk County, according to Iowa Administrative Code 567 Chapter 39. (A Polk County Public Works and City of Des Moines action step.)

Rationale

With the advent of rural water supplies serving the residents of Polk County and the continuing abandonment of farmsteads, more wells are abandoned each year. Abandoned wells pose a significant health risk because of the potential contamination of our groundwater supplies.

10-2.2 Action Step

By July 1, 1996, participate in the Iowa Department of Natural Resources' Grants to Counties Program for sealing abandoned wells. The Grants to Counties Program provides monetary incentives up to \$200 per well to properly seal the well. (A Polk County Public Works action step.)

10-2.3 Action Step

By January 1, 2000, the private water well systems will be inspected and brought up to minimum code requirements before a property transfer takes place. (A Polk County Public Works and City of Des Moines action step.)

Rationale

There is little incentive for property owners to upgrade existing wells. Substandard wells pose a risk because of the potential contamination of groundwater supplies.

10-2.4 Action Step

By January 1, 1999, implement Polk County regulations that require inspections of all properties served by private water well systems before a property transfer takes place. (A Polk County Public Works and City of Des Moines action step.)

Wastewater Goal Statement

10-3 Goal Statement



Protect public health by improving wastewater disposal in rural areas and in all other areas of the County not

currently served by municipal wastewater treatment facilities.

10-3.1 Action Step

Maintain level of performance for metropolitan wastewater treatment to continue to reduce ammonia nitrogen levels in Des Moines River. (A Des Moines Metropolitan Wastewater Reclamation Authority action step.)

Rationale

The Des Moines Metropolitan Wastewater Reclamation Authority (WRA) area has spent hundreds of millions of dollars to eliminate small and overloaded waste treatment facilities, and regional treatment has resulted in elimination of the metro area's impact on ammonia nitrogen levels in the river.

10-3.2 Action Step

Find ways to cost-effectively remove infiltration/inflow and reduce number of combined sewers to reduce collection system bypasses to the river system, and to extend the useful service life of the metropolitan WRA wastewater treatment system which has eliminated sewage bypasses at the treatment facility. (An all municipalities action step.)

Rationale

Extraneous flows tax the collection systems which can result in backups or overflows which could pollute the Des Moines and Raccoon Rivers or contribute to personal property damage. These flows also utilize capacity in the system which could be used to provide for future growth and development at minimal capital expenditure.

10-3.3 Action Step

By the year 2,000, require that onsite sewage disposal systems be inspected and brought up to minimum code requirements before a property transfer takes place. (A Polk County action step.)

Rationale

There is little incentive for property owners to upgrade onsite sewage disposal systems. Substandard sewage disposal systems may pose a health risk because of potential disease transmission from the contamination of surface water and groundwater supplies.

Surface Water

10-4 Goal Statement

Determine the source of elevated levels of suspended solids or other pollutants in the Des Moines and Raccoon Rivers near Des Moines so that further action can be taken to reduce these levels.

10-4.1 Action Step

Evaluate impact of municipal stormwater discharges and develop cost-effective methods of controlling any adverse impacts by January 1, 2000. (An all municipalities action step.)

Rationale

Federal regulations require stormwater management for communities over 100,000 and may require programs for other communities. The impact of these discharges on the river system is unknown and could be a source of pollution or a means to locate unlawful discharges which could then be removed.

10-4.2 Action Step

Support the municipal, county, and state efforts to reduce erosion and runoff. Encourage state officials to develop sound regulations and enforcement policies regarding agricultural soil conservation practices. (A State of Iowa and all Polk County municipalities action step.)

Rationale

The primary impact on the river system is runoff from agricultural farming practices and construction projects. Government agencies have adopted regulations regarding runoff collection and protection for construction which must be maintained and enforced. Agricultural runoff is a much larger issue, and the State must be encouraged to develop sound, cost-effective means of reducing pollution and retaining this valuable resource. The primary sources of suspended solids which silts in reservoirs, harbors and bays are nitrates that impact drinking water supplies and fecal coliform that impact recreational beaches. Both are all suspected to be from uncontrolled agricultural runoff.

Childhood Lead Poisoning

10-5 Goal Statement

Reduce unintentional lead poisonings to children and their families in Polk County.

Rationale

Since the CDC has revised the at-risk lead levels in blood samples from 25 micrograms/deciliters to a lower level of 10 micrograms/deciliters, it has become apparent that the dissemination of information to at-risk families becomes a high priority in Polk County and adjacent counties. Polk County has always been one of the fastest growing counties in Iowa and thus has one of the largest pre- 1960 housing growth records in the state. Approximately 47% of all housing in Polk County (based on the 1990 census) was built prior to 1960. Thus far, the State of Iowa has only four operating CLPPPs--Black Hawk, Linn, Lee and Scott counties.

Polk County needs to put in effect a systematic method of identifying at-risk children and then provide information about screening and treatment. This can best be accomplished by implementing a CLPPP. The cost of such a program should be shared by the adjacent counties, thus cutting the overall cost to any one county and yet covering much of the urban, small urban and rural areas of South Central Iowa. Whatever the source of funding, the benefits of reducing lead poisoning in children in Polk and surrounding counties far outweighs the short and long-term medical treatment and special educational costs of one or more generations of children.

10-5.1 Action Step

By January 1, 1998, identify all at-risk children living in housing built before 1960. (A Polk County Health Department, Broadlawns Medical Center, and City of Des Moines action step.)

10-5.2 Action Step

By January 1, 1998, implement a regional Childhood Lead Poisoning Prevention

program (CLPPP). (A Polk County Health Department, Broadlawns Medical Center, and City of Des Moines action step.)

10-5.3 Action Step

Have all pre-1960 properties checked for lead on a voluntary basis if privately owned, and mandatory, if leased or rented by January 1, 1998. (A Polk County Health Department, Broadlawns Medical Center and City of Des Moines action step.)

10-5.4 Action Step

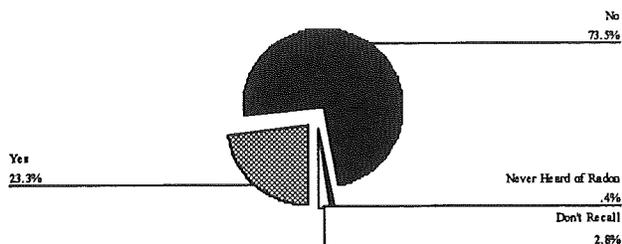
Any property that tests positive for lead should have a permanent warning sheet attached to the abstract of that property warning any potential buyer of a possible health hazard by January 1, 1998. (A Polk County Health Department and Broadlawns Medical Center action step.)

Indoor Air Quality (Radon)

10-6 Goal Statement

Increase to 40% the number of homes in Polk County that have been tested for radon by January 1, 2000.

*Percent of Households Tested for Radon Gas
Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

Rationale

Radon in homes is an environmental health concern because exposure to high radon levels is considered to be a contributing factor to lung cancer. A September, 1993 report from the EPA's Office of Radiation and Indoor Air showed 86% of the homes tested in Polk County had radon concentrations over the EPA's action level of 4 picocuries per liter of air. When concentrations of radon are above the action levels, remediation is feasible and relatively inexpensive.

10-6.1 Action Step

By January 1, 2000, promote radon testing in homes by disseminating information through the media, utility company billings, and speeches to civic groups and real estate companies. (A media and utility companies action step.)

10-7 Goal Statement

By the year 2000, at least 30% of all new housing construction will utilize radon-resistant building techniques.

Rationale

Prolonged exposure to high levels of radon can lead to lung cancer. Radon is considered to be the leading cause of lung cancer among non-smokers in the United States. A recent study linked radon to at least 13,000 lung cancer deaths. In Iowa, it is estimated that as many as 150 lung cancer deaths annually may be caused by radon.

10-7.1 Action Step

Before the year 2000, by county resolution, offer a tax abatement incentive for newly constructed homes utilizing radon

resistant construction. (A Polk County Public Works and all municipalities action step.)

Indoor Air Quality (Tobacco)

10-8 Goal Statement

By the year 2000, there will be in place a program whereby all children and attending adults visiting a physician, Public Health Nurse, or other recognized health professional be given information on smoking and secondary smoke (age relevant to include pre-natal). In addition, an assembly program will be used in schools to explain the adverse effects of secondary tobacco on health in the home and in public places.

Rationale

During the past few years because of increased advertising focused at the junior and senior high school age group (to look cool), there has been an increase in adolescent smoking. This increase indicates a need to disseminate more information to children starting as early as pre-elementary and continuing on through adulthood. By giving information to children and attending adults/parents when they visit doctors' offices, we seem to get the best of both worlds (a captive audience and a voice of authority). The State and Federal governments do not have rules or guidelines governing the secondary smoke in private homes. Informed children may, and often do, have a great influence on the parents; and, through peer pressure on siblings, may well change the attitudes on smoking in the house and eventually in public places. A better educated and more informed young adult can, in the future, make changes that will not only benefit his life but also community health.

10-8.1 Action Step

Continue to support the Iowa Department of Health in its bid for legislation to enhance the Iowa Clean Indoor Air Act (Chapter 98A). (An Iowa and Polk County Public Health Departments action step.)

10-8.2 Action Step

By January 1, 1997, initiate a health professional packet to include information (age relevant) on smoking and secondary smoke in the home and in public places and the adverse effects on self and surrounding people. (An Iowa Department of Public Health, Polk County, and local public and private school boards action step.)

10-8.3 Action Step

By January 1, 1997, provide school packets to all elementary, secondary and high schools which are to be given out at once-a-year assemblies on tobacco, drugs and alcohol. (An Iowa Department of Public Health, Polk County, and local public and private school boards action step.)

10-8.4 Action Step

By January 1, 1999, follow up with a Healthy Polk 2000 sponsored survey of school age children with regards to attitude and environmental changes they have experienced or observed over the last two years in their lives or the community. (An Iowa Department of Public Health, Polk County, and local public and private school boards action step.)

10-8.5 Action Step

In 1999, make any mid-course changes deemed necessary after reviewing the survey results. (An Iowa Department of Public

Health, Polk County, and local public and private school boards action step.)

Ambient (Outdoor) Air Quality

10-9 Goal Statement

Maintain Polk County's compliance with all seven of the National Primary Ambient Air Quality Standards and implement new requirements of the Clean Air Act of 1990.

Rationale

Polk County currently has met all of the National Primary Ambient Air Quality Standards for ozone, carbon monoxide, nitrogen dioxide, sulfur dioxide, particulate, and lead. Under the 1990 Clean Air Act Amendments 189, new air toxic substances are regulated. Controlling both the traditional and the toxic pollutants will reduce human exposure to these contaminants.

10-9.1 Action Step

Continue to operate a local air pollution control program to implement the Clean Air Act of 1990. Continue to conduct ambient monitoring and enforcement including pre-construction review and the issuance of operating permits. (A Polk County Public Works action step.)

Hazardous Waste (Sites)

10-10 Goal Statement

Evaluate and, if necessary, eliminate significant health risks from hazardous waste sites in Polk County. These sites are under the jurisdiction of the Iowa Department of Natural Resources (DNR) and/or the US Environmental Protection Agency (EPA).

Rationale

Polk County has 26 hazardous waste sites with one of these sites on the National Priority List of the Superfund Program. These sites pose significant health risks from actual or potential exposure to contaminated water, soil, or air. Most of the sites are sources of groundwater contamination with one site causing the City of Des Moines drinking water system to make modifications. Either the EPA (using Superfund monies) or the parties responsible for each site will be required to eliminate or control the risks at these sites.

10-10.1 Action Step

Conduct health consultations with the Iowa DNR and the US EPA by January, 1997, to determine any health effects associated with these sites. Conduct similar assessments on any newly identified site within six months of identification by the Iowa DNR and US EPA. (An Iowa Department of Natural Resources, US-EPA, and Polk County Public Works action step.)

Rationale

Health assessments and consultations are needed to determine any current or future impact on public health; to develop health advisories or other recommendations; and identify studies or steps needed to evaluate and cleanup the site in order to prevent adverse human health effects.

10-10.2 Action Step

Review any newly identified hazardous waste site and any of those 26 sites described above. Encourage the restoration of two contaminated urban properties by January, 1997, to relocate industrial and commercial activities at these sites using the methodology of US EPA's Brownfields Initiative. (A

Department of Natural Resources and EPA action step.)

Rationale

Brownfields are abandoned, idled or under-used industrial or commercial facilities where expansion or redevelopment is complicated by real or perceived environmental contamination. This initiative empowers state and county governments and municipalities to work together in a timely manner to prevent, assess, safely clean up and reuse Brownfields. Benefits of the Brownfields Initiative will be realized in the affected communities through a cleaner environment, new jobs, and an enhanced tax base.

The Brownfields Initiative awards pilot cooperative agreements up to \$200,000 over two years to test redevelopment models, direct special efforts towards removing regulatory barriers without sacrificing environmental safety and facilitate public and private efforts at the federal, state and county levels. This initiative removes many of the "hurdles" commonly associated with reuse of a contaminated property. Through this means, not only is the site redeveloped into a viable property for the County, but the process of removing any public health threat at the site is accelerated.

Hazardous Materials Management (Emergency Response to Hazardous Material Releases)

10-11 Goal Statement

Educate the commercial and residential sectors of Polk County to the services available from the Des Moines Hazardous Materials (HAZ MAT) Response Team and ensure that adequate resources are available to

the Team. The Team not only services the Des Moines metropolitan area but all of Polk County.

Rationale

The Des Moines Fire Department Haz Mat Team responds to hazardous material releases in Polk County to include the Des Moines metropolitan area. Data accumulated since 1990 show three categories of spill response activities that include 1) fixed facilities, 2) transportation-related and 3) illegal dumping. The number of responses remains similar with the 1990 through 1994 recap, including total responses of 62, 51, 40, 47 and 73 respectively.

Awareness of the Haz Mat Team's availability is currently passed through progressive commercial facilities, governmental regulatory officials, (Iowa Department of Transportation, Fire Departments, Law Enforcement Officials) and through emergency response coordinators (Iowa Department of Natural Resources). Many individuals and organizations are not aware of the Team's capabilities.

10-11.1 Action Step

Promote a further understanding of the availability of the Des Moines Haz Mat Team to all commercial and residential sectors of Polk County. (A Polk County Public Works and local fire officials action step.)

Rationale

This step will ensure the community's awareness of the requirement to report hazardous material spills and to undergo spill prevention activities to minimize the number of spills. This step can be implemented through awareness discussions conducted during routine Polk County Public Works facility

inspections that are currently being conducted (swimming pools, air emission reviews, restaurants, etc.), educational briefings currently conducted by Des Moines and outlying communities' fire departments and through public service announcements in the local media.

10-11.2 Action Step

Ensure adequate availability of the Des Moines Haz Mat Team members for continuing and specialized training for chemical handling and storage. (A City of Des Moines action step.)

Rationale

The increased awareness of the Team's mission will cause the number of calls to increase. This increase may subside with added prevention measure awareness but will cause a greater reliance on the Team and will subject the Team to more types of incidents.

10-11.3 Action Step

Provide an avenue for enforcement procedures for hazardous material releases from illegal dumping cases. (A City of Des Moines and DNR action step.)

Rationale

Violators should be officially sanctioned to effectively eliminate illegal dumping of hazardous materials. Many cases of illegal dumping are a method of disposal for an individual or company that is much cheaper than those available through the established regulatory channels.

Hazardous Waste (Household Waste)

10-12 Goal Statement

Emphasize the need to identify environmental and health risks associated with improper disposal of hazardous waste generated in the household. Ensure that the community is aware of the methods to properly manage such wastes.

Rationale

The MWA estimates that approximately 4,000 tons of hazardous waste are emptied into trash cans and end up in a landfill annually. Still more may be dumped in our backyards and sewers, polluting the environment. When these wastes are disposed of improperly, they can poison the air, soil, water, animals, even humans and pets.

10-12.1 Action Step

Ensure that all the members of the community are aware of the existence of the Regional Collection Center in Bondurant and the procedures for using the point. (A Metro Solid Waster action step.)

Rationale

Emphasis on use of the Center will include the establishment of a Polk County public relations initiative that would be coordinated with efforts of the Regional Collection Center. Municipalities could be used as a method of distributing additional information with water, solid waste and sewer bills. Press releases and competitions between the various towns served by the Center could be used as incentives.

Solid Waste

10-13 Goal Statement

Continue to demonstrate compliance with Chapter 455B.306 which requires that the landfill demonstrate that it is implementing a comprehensive plan to incorporate a solid waste hierarchy.

Rationale

Continued implementation of the State Solid Waste Hierarchy in addition to the steps listed below is the best way to continue to demonstrate compliance and reduce the amount of material entering the landfill.

1. Minimize the generation of solid waste
2. Recycle whenever possible
3. Utilize the most cost-effective methodology of solid waste disposal in order to result in energy recovery
4. Utilize the most cost-effective methodology of solid waste disposal in order to accomplish reduction of the volume of waste
5. Send solid waste to a landfill

10-13.1 Action Step

Continue to expand the minimization of solid waste and recycling to include commercial and industrial. (A Metro Solid Waste action step.)

10-13.2 Action Step

Continue curbside program of recycling and composting of landscape waste. Include industry in these efforts to the extent

practical as appropriate for their waste stream. (A Metro Solid Waste action step.)

Disease Surveillance

10-14 Goal Statement

Continue to support the Iowa Department of Health in their effort to enhance and enforce the mandated state law requiring the collection and maintenance of records with regard to sentinel environmental diseases.

Rationale

Since the Iowa State Department of Health is mandated to establish, enforce, collect and maintain reports on sentinel environmental diseases in the state, and thus Polk County, we should help in a practical way to pass along pertinent information to the IDPH. Polk County governmental and private health agencies should stay on the alert to monitor for sentinel diseases.

10-14.1 Action Step

Beginning January 1, 1997, send out reminders to all private health and governmental offices in Polk County that there is still a need to keep records and to report all sentinel diseases diagnosed in the past year. (A Polk County Health Department action step.)

10-14.2 Action Step

Encourage the State of Iowa to implement an electronic reporting program on the fiber optics network whereby all offices can input pertinent information at the time of diagnoses thus going from a passive to an active surveillance system by January 1, 1997. (An Iowa Department of Public Health action step.)

General Environmental Health

ENVIRONMENTAL HEALTH WORK GROUP

10-15 Goal Statement

Reduce the number of abandoned, dilapidated, dangerous dwellings in Polk County.

Rationale

Abandoned, dilapidated structures pose significant health and safety hazards to the general public. These structures also have a detrimental economic impact on the community because of decreasing property values and are “eyesores” in neighborhoods.

10-15.1 Action Step

Continue to enforce building codes county-wide and, when feasible, rehabilitate abandoned structures. (A Polk County Public Works and City of Des Moines action step.)

Facilitator:

Steve Jetter, City of Des Moines

Members:

John Bein, Polk County Public Works-
Planning Division

Robert Davis, ICA Regional

Curtis Madsen, Iowa Army National Guard

Dennis McHughes, Enviroaudit

Matt Woody, Des Moines Fire Department

Gary Young, Polk County Public Works,
Division of Health

RELATED GOALS IN OTHER CHAPTERS

Chapter 2 - Goal 2-1 Smoke-free work
environment (Step 2-1.2)

Chapter 8 - Goal 8-3 Fire death and injury
rate

Chapter 9 - Goal 9-2 Farm-related injuries

Goal 9-3 Increase OSHA
safety role

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
10-1 Continue to maintain EPA safe drinking water standards in 100% of public water supplies	10-1.1 Continue to support Iowa's implementation of the Federal Safe Drinking Water Act	Ongoing	Department of Natural Resources	State taxes
10-2 Reduce the number of Polk County's abandoned wells and upgrade all substandard wells to code	10-2.1 Seal 40% of all abandoned wells	January 1, 2000	Polk County Public Works, City of Des Moines	Iowa Department of Natural Resources Grant Program
	10-2.2 Participate in IDNR grant program	July 1, 1996	Polk County Public Works	Iowa Department of Natural Resources Grant Program
	10-2.3 Inspect private well systems and upgrade to minimum code requirements before title transfer is final	January 1, 2000	Polk County Public Works, City of Des Moines	Iowa Department of Natural Resources Grant Program
	10-2.4 Implement County regulations requiring private well water systems inspection before title transfer is final	January 1, 1999	Polk County Public Works, City of Des Moines	Iowa Department of Natural Resources Grant Program
10-3 Improve wastewater disposal in all areas of the County not served by municipal water treatment facilities	10-3.1 Maintain reducing ammonia nitrogen levels in Des Moines River	Continuous	Des Moines Metropolitan Wastewater Reclamation Authority	WRA Community charges passed on through Sewer User Charges
	10-3.2 Find cost effective ways to remove infiltration/inflow and reduce the number of combined sewers with collection system by-passes	Continuous	Municipalities	Sewer User Charges

ENVIRONMENTAL HEALTH
Chapter 10

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	10-3.3 Require inspection and necessary upgrades of on-site sewage disposal systems before property transfer	January 1, 2000	Polk County	Inspections fees and fines
10-4 Reduce levels of pollution in river system	10-4.1 Evaluate impact of municipal storm water discharges and develop cost effective control methods	January 1, 2000	Municipalities	Storm water utility fees or real estate taxes
	10-4.2 Support, encourage efforts, regulations, and enforcement to reduce erosion and runoff	Continuous	State of Iowa, Polk County Municipalities	Construction permit fees, State developed program Penalties
10-5 Reduce unintentional lead poisonings to children and their families	10-5.1 Identify all lead exposed children in homes built before 1960	January 1, 1998	Polk County Health Department, Broadlawns Clinic, City of Des Moines	Polk and surrounding counties
	10-5.2 Implement a regional Childhood Lead Poisoning Prevention Program (CLPPP)	January 1, 1998	Polk County Health Department, Broadlawns Clinic, City of Des Moines	Polk and surrounding counties
	10-5.3 Check all pre-1960 properties for lead	January 1, 1998	Polk County Health Department, Broadlawns Clinic, City of Des Moines	Polk and surrounding counties
	10-5.4 Attach permanent warning sheets to abstracts of all properties that have positive lead tests	January 1, 1998	Polk County Health Department, Broadlawns Clinic	Polk and surrounding counties
10-6 Increase the number of homes tested for radon to 40%	10-6.1 Promote testing through media and educational campaigns	January 1, 2000	Media, utility companies	Private companies

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
10-7 30% of all new housing construction will use radon-resistant building techniques	10-7.1 Encourage builders to use techniques and have County offer tax abatement incentive for new houses built with techniques	2000	Polk County Public Works and other Polk County municipalities	Polk County and its municipalities
10-8 Reduce secondary smoke in the home and public places	10-8.1 Support state legislation to enhance Iowa Clean Indoor Air Act	January 1, 1997	I.D.P.H., Polk County Health Department	State of Iowa, Polk County
	10-8.2 & 3 Initiate and provide health education packets to be handed out by schools at assemblies	January 1, 1997	I.D.P.H., Polk County, All Public and Private Schools	State of Iowa, Polk County
	10-8.4 Survey school age children after packets have been distributed for 2 years	January 1, 1999	I.D.P.H., Polk County, All Public and Private Schools	State of Iowa, Polk County
	10-8.5 Make mid-course changes after survey results	1999	I.D.P.H., Polk County, All Public and Private Schools	State of Iowa, Polk County
10-9 Maintain current compliance and initiate compliance of new requirement of National Primary Ambient Air Quality Standards and Clean Air Act of 1990	10-9.1 Continue local air pollution control program and monitoring and enforcement	On-going	Polk County Public Works	Permit fees, State of Iowa, US-EPA
10-10 Evaluate hazardous waste sites and eliminate significant health risks	10-10.1 Conduct health consultations with DNR and EPA to determine health effects at sites	1997	Iowa Department of Natural Resources US-EPA, Polk County Public Works	State of Iowa, Federal Government

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	10-10.2 Review sites already identified and new ones and encourage restoration of at least 2 contaminated sites using Brownfield's Initiative for future industrial or commercial use	1997	DNR and EPA	State of Iowa, Federal Government
10-11 Increase awareness of and resources to Des Moines Hazmat Emergency Response Team	10-11.1 Promote awareness during public health inspections and educational briefings and PSAs 10-11.2 Continue specialized training for Hazmat Team members	On-going	Polk County Health Department, Local Fire Officials City of Des Moines	Participating government agencies Participating government agencies
	10-11.3 Enforce sanctions for illegal dumping	On-going	City of Des Moines, DNR	Local and State government
10-12 Increase use of methods to properly dispose of household hazardous waste	10-12.1 Promote the use of the Regional Collection facility in Bondurant through press releases, in sewer/solid waste bills, and town competitions	On-going	Metro Solid Waste	Participating government agencies
10-13 Continue compliance with Chapter 458.306 (IAC) and implementation of a comprehensive plan for solid waste hierarchy	10-13.1 Expand minimization of solid waste and recycling to include commercial and industrial	On-going	Metro Solid Waste	Participating government agencies

ENVIRONMENTAL HEALTH
Chapter 10

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	10-13.2 Continue curbside recycling and composting of landscape waste and include industries	On-going	Metro Solid Waste	Participating government agencies
10-14 Continue to support efforts to enhance and enforce laws requiring the collection and maintenance of environmental disease records	10-14.1 Send out recordkeeping and reporting reminders to private and public health offices	January 1, 1997	Polk County Health Department	Local government
	10-14.2 Encourage the State to implement an electronic reporting program	January 1, 1997	I.D.P.H.	State of Iowa
10-15 Minimize the number of abandoned, dilapidated, and dangerous dwellings in Polk County	10-15.1 Enforce building codes and rehabilitate abandoned structures	On-going	Polk County Public Works, City of Des Moines	Local government taxes, fees and fines

Chapter 11

FOOD AND DRUG SAFETY

Introduction

It is the responsibility of government to assure that only safe food is provided to the public and does not become a vehicle for disease transmission. In Polk County, food establishments are closely regulated by local authorities in order to assure that consumer expectations are met and that food is prepared in a clean and safe environment.

In reviewing the types of foodborne illnesses, Salmonellosis continues to be a public health concern because of the severity of the illness, especially for the very young and elderly. Salmonella and other food borne disease outbreaks are generally caused by foods being prepared in quantity and held for service. An alternative approach to control is to implement Hazard Analysis Critical Control Point (HACCP) inspections, based on the critical steps in food preparation rather than objective assessment of food handling environmental conditions.

Goals and action steps are directed at select priority issues and are most efficiently addressed at the local level.

Finally, regarding the administration of drugs, it is the responsibility of both federal and state authorities to ensure that public health is protected through good pharmaceutical care. This can be accomplished through patient counseling in which pharmacists inform as well as instruct their patients about the medications they are taking.

Goals and action steps are also directed at select priority issues and are generally addressed at the state level.

11-1 Goal Statement

Maintain the low incidence of Salmonella Enteritidis in Polk County. (Baseline: Polk County had 5 cases of Salmonella Enteritidis in 1994)

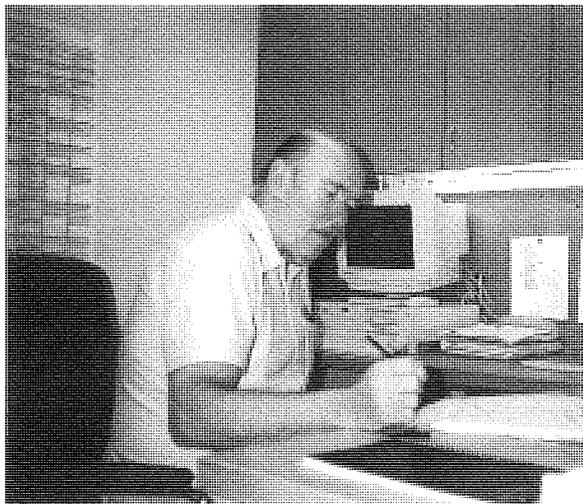
Rationale

In the past few years the incidence of Salmonella Enteritidis has been steadily increasing in the United States and Iowa. Sources of exposure have been traced to intact raw or poorly cooked eggs. The salmonella organism is transmitted from the "grandfather" flocks of birds to the breeder-multiplier flock that provides fertile eggs to the hatcheries. Fertile eggs, in turn, provide the chicks for the layer flocks that produce the actual eggs consumed. Until the industry can develop the technology to eliminate this vertically transmitted latent infection, food establishments must maintain required temperatures, and use pasteurized eggs whenever possible.

11-1.1 Action Step

Every possible case of food poisoning, with special emphasis on Salmonella Enteritidis, should be investigated within 24 hours of the initial report. Investigations should include documentation of suspect food sources including food establishments, food vendors and packers, with emphasis on eggs

and foods of animal origin. The Iowa Department of Public Health should be notified and appropriate control measures established when required. (A Polk County Public Works/Health Division action step.)



Rationale

Timely and thorough investigation of possible food borne outbreaks offers an opportunity to prevent large scale outbreaks.

11-1.2 Action Step

Ensure that by July 1, 1996, during every exit interview of a food establishment, that a briefing is provided on how food poisoning can occur with special emphasis on Salmonella Enteritidis and how to properly handle eggs. (A Polk County Public Works/Health Division action step.)

Rationale

Until technology can permit the elimination of Salmonella Enteritidis and other agents of food borne disease, interim measures are necessary for improved handling of foods with special emphasis on the handling of eggs.

11-1.3 Action Step

Continue to disseminate information to consumers about the safe handling of food and the importance of not leaving food out of the refrigerator for more than two hours and to wash cutting boards and utensils with soap after contact with meat and poultry. (An Iowa State University Extension Service action step.)

Rationale

Because of the existence of Salmonellosis, Escherichia Coli 0157:H7, and other pathogens in raw products, it is important for the consumer to properly handle foods.

11-2 Goal Statement



Establish improved food handling practices within the food industry, recognizing that

regulatory staff and resources have been and will continue to be limited.

Rationale

The public now consumes ever increasing quantities of foods prepared outside of the home. Preparation of large volumes of food increases the risk of food-borne disease outbreaks. Food poisoning events are more serious and life threatening to the elderly, as well as persons who are immuno-compromised and chronically ill. In Iowa the percentage of

the population over 65 is steadily increasing, which in turn increases the at-risk population.

11-2.1 Action Step

By July 1, 1996, all food establishments in Polk County will be assessed as high, medium, or low risk. (A Polk County Public Works/Health Division action step.)

Rationale

These risk assessments will be based upon the amount of foods prepared, how much of that food is potentially hazardous, how much of that food is pre-prepared and the population which that establishment serves.

The potential is much higher for a food borne disease outbreak to occur from a high risk establishment than a low risk one. Because of limited staff availability, more time needs to be spent in the high risk establishments. The first step in doing this is to conduct a risk assessment inventory on every food establishment.

11-2.2 Action Step

By January 1, 1998, conduct HACCP inspections on all of the high and medium risk establishments in Polk County. (A Polk County Public Works/Health Division action step.)

Rationale

HACCP is a proactive concept that takes a scientific and rational approach to food safety which analyzes potential hazards, determines the critical control points in the food preparation process, and develops monitoring procedures to make sure the hazards identified are controlled. Conducting HACCP inspections of high and medium risk food establishments is the most efficient and

effective means to minimize the risk of food-borne disease outbreaks from commercial food establishments. Low risk establishments will be inspected using the conventional method.

11-2.3 Action Step

By January 1, 1998, mandate all food establishment managers to receive eight hours of Food Certification Program Training (FCPT), and that a FCPT-certified manager be present for all shifts of a food establishment. (A Polk County Public Works/Health Division action step.)

Rationale

Because of high worker turnover in food establishments, training for all food employees is impractical. However, because management level personnel are generally more stable, additional training for them should lead to improved food hygiene operations.

11-3 Goal Statement

Recognizing that existing food preparation measures do not always eliminate the risk of foodborne disease transmission even under optimal conditions; and recognizing that irradiation technology now exists to destroy microorganisms in raw foods, endorse the use of irradiation as a safeguard in the processing of raw food products to eliminate risk of food contamination.

Rationale

The use of food irradiation is a fully researched technology that is in limited commercial use and is approved for various products by the USDA and the FDA. Irradiation adds minimal cost to products (e.g. 3 to 5 cents per pound) and is effective in eliminating disease causing microorganisms.

11-3.1 Action Step

During 1996, and ensuing years, provide public demonstrations of irradiated food products at health fairs and similar events. (A Polk County Public Work/Health Division action step.)

11-3.2 Action Step

Starting immediately, issue public acknowledgment of acceptability of irradiated food products introduced to residents of Polk County through retail outlets and/or food distribution channels. (A Polk County Public Works/Health Division action step.)

11-4 Goal Statement

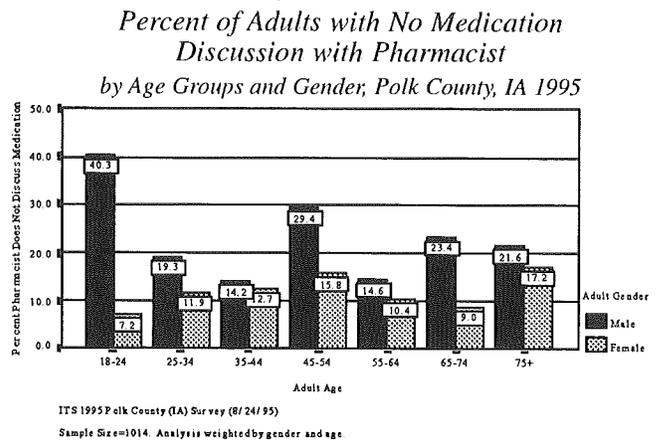
Improve the pharmaceutical care that patients receive.

Rationale

In 1990, Congress passed the Omnibus Reconciliation Act (OBRA 90) which recognized pharmacists as professionals whose expertise could be effectively utilized to detect potential drug therapy problems and promote rational drug therapy management. Prompting this Act was research showing that as many as 125,000 deaths occurred each year because people either took too much or too little medicine, or took medication that reacted with other drugs they were taking. The new regulation required pharmacists to consult with every Medicaid patient who had a new prescription filled or an old one modified when it was refilled. Although pharmacists routinely provided such advice already, the regulation carried the added force of law.

11-4.1 Action Step

By January, 1996, 65% of all pharmacists will provide patients with verbal and/or written information regarding the medications they are taking. (An Iowa Department of Public Health, Iowa Board of Pharmacy Examiners, Iowa and Polk County Pharmacists Associations, and Iowa Health Council action step.)



Rationale

Today's medication regimens are frequently complex; patients are often taking several medications, sometimes prescribed by more than one primary care provider. The pharmacist is in a unique position to improve care by discussing and/or providing in depth information about a patient's medications when the medication is dispensed. Discussion of prescription medication can allay a patient's fears, increase knowledge of the prescribed medication and reinforce health care messages given by other medical providers. The medication history provided by a complete pharmacy profile is another tool for added pharmaceutical care. Through the pharmacist's review of a patient's profile, some adverse drug reactions can be averted and drug-drug

interactions avoided. Patient outcomes to medication use can be monitored for maximize patient benefit while limiting cost to patient and payor.

By January, 1996, pharmacists will have had an adequate amount of time to install new counseling software, redesign/remodel pharmacies to accommodate private consultation areas, acquire appropriate educational materials, and allocate adequate staffing to ensure patient counseling. After that time, state pharmacy inspectors will devote one-quarter of their annual pharmacy inspections to monitoring for patient counseling. A pharmacist who fails to meet the minimum requirements could face possible disciplinary action by the Board.

11-4.2 Action Step

By the year 2000, 100% of all Pharmacists will provide patient consultation. (An Iowa Board of Pharmacy Examiners, Iowa and Polk County Pharmacists Associations, and Iowa Health Council action step.)

Rationale

On January 1, 1993, the Iowa Board of Pharmacy adopted the new regulations (OBRA 90) and rather than allowing two different levels of pharmacy service, (one level for Medicaid patients and another level for everyone else), the Board extended the patient counseling requirements to all patients.

RELATED GOALS IN OTHER CHAPTERS

- Chapter 1 - Goal 1-5 Diet and Chronic diseases
- Chapter 3 - Goal 3-8 Drunk driving
- Chapter 10 - Goal 10-1 Safe drinking water standards
- Goal 10-2 Abandoned and substandard wells
- Goal 10-3 Wastewater disposal
- Goal 10-12 Disposition of household hazardous waste

FOOD AND DRUG SAFETY WORK GROUP

Facilitator:
John Bein, Polk County Public Works

Members:
Dr. Russ Currier, Iowa Department of Public Health
Vickie Jain, Broadlawns Pharmacy
Terry Mitchell, Iowa Machine Shed
Lindy Pearson, Iowa Board of Pharmacy Examiners

FOOD AND DRUG SAFETY
Chapter 11

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
11-1 Maintain the low incidence of Salmonella Enteritidis in Polk County	<p>11-1.1 Investigate every case of food poisoning within 24 hours of the initial report</p> <p>11-1.2 Ensure that every exit interview of a food establishment includes briefing on how food poisoning occurs with emphasis on proper handling of eggs</p>	<p>Immediately</p> <p>Immediately</p>	<p>Polk County Public Works/Health Division</p> <p>Polk County Public Works/Health Division</p>	
	11-1.3 Continue to disseminate information on proper handling of food in the home	Continuing	ISU Extension	
11-2 Establish improved food handling practices in the food industry	11-2.1 All food establishments in Polk County assessed as high, medium, or low Risk	July 1, 1996	Polk County Public Works/Health Division	
	11-2.2 Conduct Hazard Analysis Critical Control Point inspections on all high and medium risk food establishments	January 1, 1998	Polk County Public Works/Health Division	
	11-2.3 Require food managers to complete training and a certified manager present on all shifts	January 1, 1998	Polk County Public Works/Health Division	
11-3 Use irradiation in processing of raw food products to eliminate the risk of contamination	11-3.1 Under sponsorship of the Polk County Health Division provide public demonstrations of irradiated food products	By July 1, 1996	Polk County Public Works/Health Division	

FOOD AND DRUG SAFETY
Chapter 11

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	11-3.2 Issue public acknowledgement of acceptability of irradiated products introduced into channels of commerce	Immediately	Polk County Public Works/Health Division	
11-4 Improve the pharmaceutical care that patients receive	11-4.1 65% of all Pharmacists will provide better pharmaceutical care by providing patients with written and verbal information and medications they are taking	By January, 1996	Iowa State Department of Health/Iowa State Board of Pharmacy Examiners, Iowa and Polk County Pharmacists Assoc., Iowa Health Council	
	11-4.2 100% pharmacists will be providing patient consultation regarding medications	By the year 2000	Iowa State Department of Health/Iowa State Board of Pharmacy Examiners, Iowa and Polk County Pharmacists Assoc., Iowa Health Council	

Chapter 12

ORAL HEALTH

Introduction

Oral diseases are a serious public health problem. Dental caries (tooth decay), periodontal or gum diseases, oral cancer, and tooth loss, affect more people in the United States than any other single disease. The economic impact is considerable. In 1989, over 164,175,000 hours (1.48 per employed U.S. adult) were missed from work as a result of dental problems. In 1992, \$38.7 billion was spent directly on dental services. The impact of oral disease on the overall health may also be considerable. Painful teeth or lack of teeth contribute to poor nutrition, especially among children and the elderly. For all ages, lack of intervention can lead to life-threatening infections, requiring expensive hospitalization.

Although tooth decay has declined in the past few decades, it is still a significant oral health issue. By age 17, 84% of U.S. children have some tooth decay. Tooth decay is more prevalent among minority children, those from low-income families, and whose parents have less than a high school education. Seventy-five percent of dental caries is found in 25% of the population. Of special concern is a severe form of tooth decay called nursing caries or baby bottle tooth decay (BBTD), caused by improper infant/toddler feeding practices. The prevalence of BBTD is estimated to be as high as 11% in some urban areas. The correction of BBTD is expensive, often requiring general anesthetic. Nutritional counseling and early professional intervention are the best prevention.

Ninety-six percent of U.S. employed adults have experienced tooth decay. Of

growing concern is the prevalence of decay on root surfaces (root caries). As the population ages and more people retain their natural teeth, the potential for root caries increases. The gums recede down the tooth, exposing the softer root surface, which is more susceptible to decay than the harder enamel surfaces. In a national survey, more than 63% of U.S. adults over 65 years of age had experienced root decay.

Periodontal diseases affect the bone and other supporting structures of the teeth. Approximately half of employed U.S. adults have bleeding gums, an indicator of gingivitis and other periodontal diseases. Left untreated, periodontal diseases often lead to tooth loss. The rate of tooth loss has declined in the overall population, but is still a considerable problem for the poor. At the Dental Clinic in Polk County's hospital (Broadlawns Medical Center), removal of hopelessly diseased teeth accounted for one-third of the procedures performed in 1994-95.

The American Cancer Society estimated there would be 28,150 new cases of oral cancer and 8,370 deaths in the U.S. in 1995. The five-year survival rate for oral cancer patients is about 52%. In Iowa, it was estimated there would be 490 new cases of oral cancer in 1995, which would account for 3% of the 14,700 new cases of all cancer types. Use of tobacco (all kinds) and excessive use of alcohol are major risk factors.

Prevention of oral diseases requires personal, professional, and public health measures. Individuals can improve oral health through oral health practices, such as brushing,

flossing, appropriate use of fluoride, good dietary habits, avoidance of tobacco, use of mouthguards, and regular dental visits. Dental providers can reduce dental disease by providing education in the above areas and encouraging the use of sealants to prevent tooth decay in the chewing surfaces of teeth. Public health departments are important in educating the public about good oral health practices, as well as insuring optimally fluoridated community water supplies.

Although much can be done to prevent oral diseases, not everyone has access to preventive measures. A significant portion of the population has no third-party coverage for dental care. In the 1995 Polk County survey, about 28% of adults had no private dental insurance, and one-fifth of the children had no dental coverage through either private insurance or Medicaid. Medicare does not provide dental coverage for the elderly.

Options do exist in Polk County for low-income families and those with no dental coverage. Both the Des Moines Health Center and the Dental Clinic at Broadlawns Medical Center offer emergency and routine dental care on a sliding-fee-scale basis, although considerable waiting lists exist for routine care. The dental hygiene program at the Des Moines Area Community College offers preventive services at a low cost as part of its student training program. The dental component of the Caring Program for Children, administered by Delta Dental of Iowa, supports dental services for low-income, uninsured children. The Iowa Dental Association and the local Area on Aging collaborate in providing discounted dental services for low-income elderly. The Iowa Medicaid Program covers dental care for eligible individuals, but it is often difficult to find sufficient provider participation, due to the low reimbursement rate.

Oral diseases are a problem in Polk County. By looking at four specific at-risk groups; preschoolers, school children, economically disadvantaged adults, and the elderly, definitive plans can be made to improve this situation.

12-1 Goal Statement

Reduce the occurrence of tooth decay in preschool children to 16% by eliminating baby bottle tooth decay.

Rationale

(Baseline: No known Polk County data. 1980 Iowa data shows decay in 18.1% of preschool population.) The primary (baby) teeth are essential to the proper emotional and physical development of the preschool child. Premature loss of primary teeth can negatively impact the child's self-esteem. Primary teeth are necessary for acceptable appearance, developing speech, chewing functions and nutrition, as well as maintaining space for permanent teeth. Although fluoride has significantly decreased tooth decay in the overall population, improper bottle feeding and nursing habits have resulted in a serious problem in this population; specifically, nursing caries or baby bottle tooth decay (BBTD). Treatment of nursing caries is complex and expensive. In many cases, hospitalization is required to treat the child under general anesthesia.

12-1.1 Action Step

By June, 1997, provide educational resources on the etiology and prevention of baby bottle tooth decay to area hospitals for use in perinatal classes. (A Des Moines District Dental Society, Des Moines Dental Hygiene Association, Capitol City Dental Assistant Association, DMACC Dental

Hygiene Program, Des Moines Health Center, Broadlawns Medical Center Dental Clinic, hospitals in Polk County, LeLeche League, and Pediatric and Family Practice Physicians action step.)

Rationale

One of the principal mechanisms for educating new parents is through perinatal classes provided by the hospitals. This would be a cost-effective method to provide oral health information to motivated parents. A survey of hospitals in Polk County indicated only one is currently providing this information.

12-1.2 Action Step

Review and provide educational materials for distribution to parents at routine postnatal evaluations and annual checkups in pediatrician and family practitioner offices, maternal and child health centers, and WIC programs by June, 1997. (An Iowa Society of Dentistry for Children, Polk County Medical Society, Polk County pediatric dentists/pediatric nurse practitioners, IDPH (MCH/WIC) action step.)

Rationale

Pediatricians and family practitioners are the primary care medical providers for this age group. As part of the Iowa Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, physicians are required to refer all eligible children to a dentist at one year of age. Development of materials would encourage the physicians to continue their participation in reinforcing the importance of early oral health intervention to all parents. Information would include: breast or bottle feeding habits, first dental visit, use of fluoride, oral health care, pacifier use, and teething.

12-1.3 Action Step

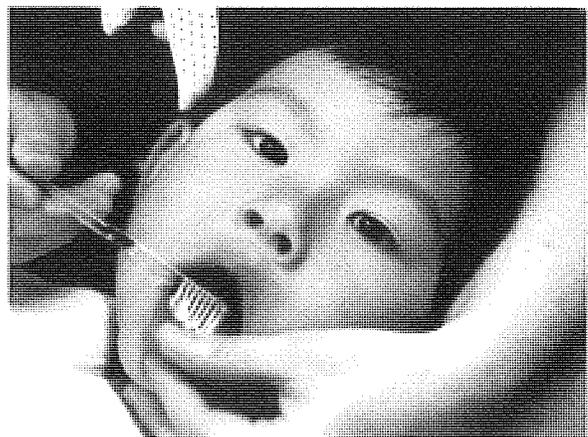
Provide educational materials to dental offices for distribution to parents encouraging an infant/toddler oral health exam by age one, by June, 1999. (A Des Moines District Dental Society, Polk County pediatric dentists, Des Moines Dental Hygiene Association, and Capital City Dental Assistant Association action step.)

Rationale

Parents should be encouraged to bring their child for an infant/toddler exam by age one. Early intervention allows the dental provider to address any feeding habits that contribute to BBTB. The parents would be educated in preventive dental habits, such as daily plaque removal and appropriate use of fluorides.

12-2 Goal Statement

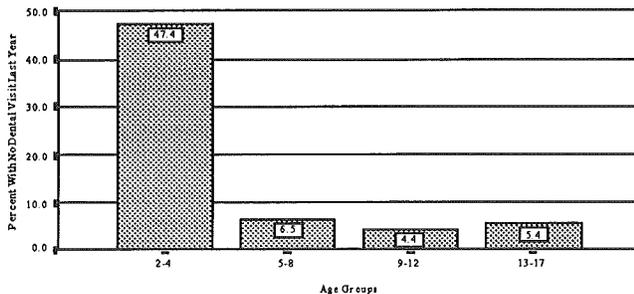
All schools in Polk County community school districts will have operational a comprehensive, preventive-oriented oral health program. Elements of the program will



include the following components, as appropriate to meet the needs of children of various grade levels:

- a. All children entering a school district for the first time will be required to have completed, as a requirement for enrollment, an oral health screening with appropriate referral for treatment.

Percent of Children 2+ With No Dental Visit in Last Year by Age Groups, Polk County, IA 1995



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=366. Analysis weighted by gender and age.

- b. Periodic oral health assessments by a dental professional in combination with referrals for examination and treatment, and assistance in finding sources of dental care and financial support if needed.

- c. Oral disease prevention education for students, parents, and school personnel, as appropriate in the following areas:

- Oral hygiene instruction and practice
- Dietary education
- Use of sealants and fluoride
- Trauma prevention
- Tobacco use

- d. Policy regarding:

- Oro-facial trauma prevention and management, including seat belts, mouthguards, playground construction
- Prevention of tobacco use and cessation support for student and school personnel

Rationale

The school districts provide direct access to a large population at risk for dental disease. Working with the school system would allow integration of the prevention and treatment of oral problems. Requiring oral screenings and referral for entry into the school district, followed by periodic assessments, provides the opportunity for early intervention. Extensive dental problems disrupt learning and attendance, as well as impact the families economically.

A three-pronged approach is necessary to impact dental disease. Educating the student is necessary but insufficient. The support of parents and teachers is also important. Parents accessed through parent-teacher organizations learn how to promote positive oral health habits and attitudes at home. Teachers and other school personnel need information on available resources for oral health assessment and treatment. Providing current information to school personnel allows for its dissemination within the classroom and encourages establishment and enforcement of school policy relating to oral health issues, such as tobacco use and trauma prevention.

12-2.1 Action Step

By January, 1997, appoint a task force to assist local school boards in developing a comprehensive oral health program in the school systems. (A Polk County school districts, PTO groups, Des Moines District Dental Society, Des Moines Dental Hygiene Association, Des Moines Health Center, and Broadlawns Medical Center Dental Clinic action step.)

Rationale

A task force composed of school district representatives and dental professionals could evaluate current oral health curricula and make recommendations. All districts should be represented. School district representatives, including teachers, parents and administrators could provide insight on the current policy and obstacles to change. The dental community would serve as a liaison for referral sources and provide professional expertise.

12-3 Goal Statement

Complete comprehensive oral health care for residents in all long-term institutional facilities no later than 90 days after admission.

Rationale

As the lifespan of the U.S. population increases, so does the need to address oral health issues in this population. Currently, there are over 30,000 Iowans residing in nursing homes. Nursing homes receiving federal funds are required by federal law (OBRA '89) to complete an oral health assessment and develop an oral health plan for all residents each year. Nursing homes are also responsible for assisting residents in obtaining needed oral care. The majority of

these residents are unable to travel to dental providers for oral health care and the number of dentists providing treatment within the facilities is limited. As a result, dental care is of an emergent nature at best.

12-3.1 Action Step

By June, 1997, assist in the identification of oral health care resources for long-term institutional facilities that are unable to provide comprehensive oral health care for their residents. (A Des Moines District Dental Society, Local Agency on Aging, Iowa Health Care Association, and Iowa Association of Homes and Services action step.)

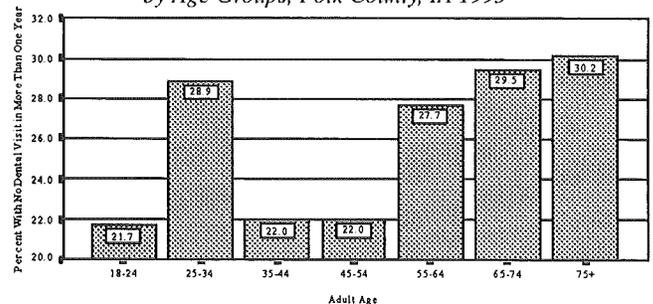
Rationale

Lack of dental providers is the major barrier to residents of nursing homes receiving comprehensive dental care. Identifying providers that have the interest and resources to treat nursing home residents in the facility would improve access to oral health services.

12-4 Goal Statement

Reduce the wait for comprehensive oral care for adults at publicly-funded Polk County facilities.

*Percent of Adults With
No Dental Visit in More Than One Year
by Age Groups, Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

Rationale

(Baseline, 11/95: Des Moines Health Center - no wait; Broadlawns Medical Center Dental Clinic - 700 people.) In a 1987 survey of Polk County residents receiving dental care at Broadlawns Medical Center (BMC), the average number of decayed teeth per person, age 18-44, was 5. In the same survey, the average number of missing teeth increased dramatically from 8 teeth in ages 18-44, to 24 teeth in ages 45-64. This data indicates lack of comprehensive care for early treatment of dental problems to avoid tooth loss.

12-4.1 Action Step

Develop a community task force to seek additional resources for Polk County supported dental facilities to allow increased access to comprehensive oral health services for the financially disadvantaged, by January, 1997. (A Polk County Board of Supervisors, City Councils, Polk County State Legislators, Polk County Health Department, Des Moines District Dental Society, Des Moines Dental Hygiene Association, DMACC Dental Hygiene Program, Des Moines Health Center, Broadlawns Medical Center Dental Clinic, and Des Moines Business Federation action step.)

Rationale

Eligibility for dental services at BMC is limited to residents of Polk County without third-party dental coverage (i.e. Medicaid and private insurance). There is little reimbursement from those receiving care. Current funding relies on grants and taxed-based revenue. Limited financial resources contributes to the delay in receiving comprehensive care at BMC centers. This is reflected in the limited number of treatment rooms, providers, and supporting services. In response to the funding limitations imposed on the BMC Dental Clinic, prioritization of dental

services has been necessary. Current guidelines provide for comprehensive pediatric services, but primarily emergency care for adults.

RELATED GOALS IN OTHER CHAPTERS

Chapter 2 - Goal 2-2 Comprehensive school education regarding tobacco

Chapter 19 - Goal 19-2 Family centered primary health care

Goal 19-3 Assuring access to primary care

ORAL HEALTH WORK GROUP

Facilitator:

Nancy Deranleau, Broadlawns Medical Center

Members:

Jan Brown, Private Practice Dentistry
Karen Edwards, Private Practice Dentistry
Dr. Steven Fuller, Private Practice Dentistry

Dr. Patricia Meredith, Private Practice Dentistry

Dr. Edgar Smith, Private Practice Dentistry

Lisa Swett, Private Practice Dentistry
Dr. Eugene Young, Broadlawns Medical Center

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
12-1 Reduce tooth decay in pre-school children by eliminating Baby Bottle Tooth Decay (BBTD)	12-1.1 Provide educational resources on (BBTD) to area hospitals	June, 1997	DSM District Dental Society, DSM Dental Hygiene Association, Capitol City Dental Assistant Association, DIMACC Dental Hygiene Program, DMS Health Center, BMC Dental Clinic, hospitals in Polk County, LeLeche League, Pediatric and Family Practice Physicians	Private Insurance Co., DSM District Dental Society, DSM Dental Hygiene Association, Region VII USPHS, local vendors of dental supplies
	12-1.2 Review and provide educational materials about BBTD to medical providers for distribution to parents	June, 1997	Iowa Society of Dentistry for Children, Polk County Medical Society, Polk County Pediatric Dentists/Pediatric Nurse Practitioners, IDPH (MCH/WIC)	Vendors of baby products, private foundations, IDPH, Region VII USPHS
	12-1.3 Provide educational materials about first dental visit to dental offices for distribution to parents	June, 1999	DSM District Dental Society, Polk County pediatric dentists, DSM Dental Hygiene Association, Capitol City Dental Assistant Association	Vendors of baby products and dental supplies, DSM District Dental Society, DSM Dental Hygiene Association, Region VII USPHS
12-2 All Polk County school districts will have comprehensive oral health program	12-2.1 Appoint task force to assist local boards in developing oral health programs	January, 1997	Polk County school districts, PTO groups, DSM District Dental Society, DSM Dental Hygiene Association, DSM Health Center, BMC Dental Clinic	Polk County school districts, participating agencies (minimal expense anticipated)
12-3 Complete comprehensive oral health care to residents of long term care facilities within 90 days of entry	12-3.1 Identify oral health care resources for LTCF	June, 1997	DSM District Dental Society, local Agency on Aging, Iowa Health Care Association, Iowa Association of Homes and Services	Polk County Health Department, DSM District Dental Society

GOALS AND ACTION STEPS SNAPSHOTS

ORAL HEALTH
Chapter 12

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
12-4 Reduce wait for comprehensive oral care for financially disadvantaged adults	12-4.1 Develop community task force to seek additional resources	January, 1997	Polk County Board of Supervisors, City Councils, Polk County State Legislators, Polk County Health Department, DSM District Dental Society, DSM Dental Hygiene Association, DMACC Dental Hygiene Program, DSM Health Center, BMC Dental Clinic, DSM Business Federation	Polk County Health Department (minimal expense anticipated)

Chapter 13

MATERNAL AND INFANT HEALTH

Introduction

Improving the health of mothers and infants is of top priority in Polk County. Numerous and complex variables influence pregnancy outcomes and infant health. These variables include demographic, physical, environmental, educational, attitudinal and medical factors. The medical, financial and social benefits linked to adequate pre- and post-natal care have been well documented. Studies have demonstrated that women who receive prenatal care in the first trimester have better pregnancy outcomes than women who receive little or no prenatal care. It is just as imperative that the newborn and mother receive follow-up health care, education and support services after delivery. Therefore, the Maternal and Infant Health subcommittee recommends an integrated, comprehensive system of medical, educational, and social service support be designed to redirect health care resources from costly, acute care to cost-effective preventive education and primary health care services.

Polk County has a population of 327,140. Of that population, 204,708 reside within the corporate limits of Des Moines. The population of Des Moines is scattered throughout fifty-six census tracts. During 1989-92 four of these census tracts : 11, 26, 27 (known as the near-west and near-north sides) and 42 (known as the south-east bottoms) were noted to have infant mortality rates of 24 to 32 deaths per 1,000 live births (Geographic Information System, University of Iowa, 1994).

Polk County and specifically Des Moines' geographic design is such that diverse

populations and ethnic backgrounds are divided by rivers and boundaries. The census tracts identified above have high populations of socio-economically deprived residents. These areas noted also have higher crime rates than their urban counterparts and have a much higher percentage of female-headed households living in poverty.

The Family Matters: Indicators of Well-Being for Iowa Children published by Iowa Kids Count (1995) show that although the infant mortality rate was lower in 1993, low birthweight rates, births to 16- and 17-year olds and teen unmarried birth percentages have increased from 1992 to 1993. These factors are inter-related and must be addressed in a comprehensive approach that will result in a greater number of planned vs. unplanned pregnancies. Emphasis should be placed upon adequate pre-and post-natal care, and, at the same time, provide support and education regarding the decision to delay pregnancy until the mother is self-sufficient and physically, financially and emotionally ready to parent.

13-1 Goal Statement

Improve birth outcomes and reduce the infant mortality rate in Polk County by addressing and working to eliminate the barriers to access to comprehensive maternal and child health services.

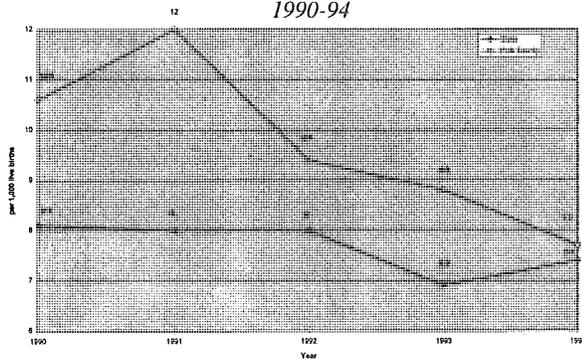
Rationale

Polk County remains above the state average in both infant mortality rates and low birthweight rates with 8.8 deaths per 1,000

births; and with 336 low birthweight deliveries out of 5,460 live births for a low birthweight rate of 6.2% (1993). Enhanced and increased

- housing
- income
- transportation
- public awareness campaigns to increase acceptability and utilization of services

Overall Infant Mortality in Polk County
1990-94



Source: Iowa Vital Statistics, 1990-94.

focus must be placed upon women carrying, delivering and caring for healthier infants. In order to effectively address the solution, concentration must focus upon the client's individual health status as well as the health care system which serves these clients. While recommendations are listed below for various methods to be implemented, it must also be stressed that appropriated dollars to the specific agencies, including the Polk County Health Department, are allocated and not subject to change at this time. In order to fund the creation of new services, serious consideration must be given to the priorities and outcomes of Maternal and Infant Health as part of Healthy Polk 2000.

13-1.1a Action Step (Individual Health Status)

By June, 1996, begin to address risk factors pertaining to physical and psycho-social needs in order to engage and connect the clients in the health care system by looking at :

(A Polk County Health Department, Iowa Department of Public Health, Infant Mortality Prevention Project; University of Osteopathic Medicine and Health Services, Visiting Nurse Services (VNS) action step.)

Rationale

When a woman receives prompt, appropriate, high-quality support and care during pregnancy and child birth, the chance of delivering a normal, healthy baby is substantially increased. According to interviews with city leaders, direct service providers and the clients themselves, the above mentioned risk factors were listed as barriers to care.

13-1.1b Action Step

In June, 1996, begin to determine and measure statistically the actual barriers to care through Health Department surveys, client surveys, and other methods to be developed. (A Polk County Health Department, Iowa Department of Public Health, Infant Mortality Prevention Project, University of Osteopathic Medicine and Health Services action step.)

Rationale

It is recognized that no single indicator of health status makes the connection between poverty and poor health clearer than does infant mortality. Parental support is diminished when stresses associated with poverty occur and the results in the failure to place the proper priority upon health care and

maintenance. Measures must be looked at and implemented to ease the barriers to care. The 1995 ITS Survey of Polk County families shows that of those children not medically treated, 35% of female children and 63.7% of male children did not receive treatment because of an inability to afford care or no insurance. While only 18 of 365 children within those families surveyed did not have health insurance, this subcommittee believes that all persons should be provided the opportunity for appropriate and affordable care.

13-1.2a Action Step (Health Care System)

In 1996, eighty percent of all pregnant women will see a nurse-midwife, physician's assistant, nurse practitioner or physician for pre- and post-natal care beginning in the first trimester. (An Iowa Department of Public Health, Polk County Health Department, and Visiting Nurse Services action step.)

Rationale

The client's attitude toward health care affects the health care received. If the client is unfamiliar with the concept of preventative health care and believes that only acute illness requires health care, prenatal care will not be deemed necessary. By working with third party payers (including Medicaid) to address the need for patient education and early prenatal care, the clients will feel more comfortable with and will utilize a nurse-midwife, nurse practitioner, physician and a health service. The ITS Survey reveals that the primary locale where adults are most likely to get information about health is at the doctor's office (54.3%), followed by magazines (14.2%), and television (6.5%). Since the doctor's office is the spot most likely to be used for health care (70.2%), the information and care given there is deemed

valuable and appropriate. We must continue to provide opportunities for services to those who need care.

13-1.2b Action Step

In 1996, increase visits and track number of prenatal visits in the first trimester from 70.6% to 80% for Medicaid-eligible women and from 90% to 95% for insured women; plus, ensure continuity of care throughout pregnancy and delivery. (An Iowa Department of Public Health, Polk County Health Department, and Visiting Nurse Services action step.)

Rationale

By monitoring the number of visits it is believed that on-going relationships will be built and that adjustments can be made to ensure that continuity of care remains and is improved.

13-1.2c Action Step



Beginning in January, 1996, ensure adequate post-natal care for mother and child by tracking the number of well-child visits after delivery. (An Iowa Department of Public Health, Polk County Health Department, and Healthy Families action step.)

Rationale

Additional recommendations include the urging of city and county officials to work with MTA to provide user-friendly transportation so that client usage increase in measurable amounts. The increase of public awareness of health services provided in the community can be accomplished by the use of a mobile vehicle. It is also suggested that a proposal be written to address the joint appointment of the Department of Human Services, the Department of Public Health and the Department of Education to work collaboratively in the financial realm and through the comprehensive provision of services. While each of these recommendations is not currently implemented into specific action steps, it is believed that as goals are met, the additional action steps can be addressed. The concern of funding and implementation must also be addressed if these action steps are adopted.

13-2 Goal Statement

Develop and implement a comprehensive educational program aimed at the teen population to prevent unplanned pregnancies.

Rationale

Societally, parents have a difficult time talking to their teens about sexuality. The ITS Survey reveals the following information from adults when asked about their children's sexuality: of males ages 13-17, 5.5% were sexually active, while 11% of females ages 13-17 were active sexually. They also report that of those children who are sexually active, 100% use birth control. Interestingly, of adults questioned about the last time they had sex, only 44.6% said that they had used birth control. While adults are not practicing birth

control 100% of the time, they do believe their children are 100% sexually responsible. Births to 16- and 17- year olds increased 13.8 percent in the past 14 years. In 1993, births to 16- and 17- year olds rose to 3.3 percent of the population, up from a low in 1986 of 2.3 percent. Teen unmarried births, as a percentage of all births, increased 77.1 percent during the last fourteen years. Approximately one in twelve infants was born to an unmarried teen in 1993. This raises questions and concerns about the intention of pregnancy. One of Polk County's biggest perinatal problems continues to be the prevention of unintended pregnancy which is validated by the common misperceptions of adults and teens about sexual behavior and accompanying responsible choices.

13-2.1 Action Step

In June, 1996, begin to promote educational programs throughout the community which emphasize abstinence as the preferred choice but also provide information on contraceptive methods, healthy relationships, the reproductive process, decision-making, refusal and negotiating skills and effective communication. (An Iowa Consortium for Adolescent Pregnancy Prevention (ICAPP), Iowa Department of Public Health, school districts; Department of Human Services, Polk County Health Department, Hospital Association of Greater Des Moines, Des Moines Area PTA & PTO Religious Organizations action step.)

Rationale

Education is the key to changing the sexual behavior of uncommitted couples. This education must consistently come from the home, schools, health and social service providers, religious congregations, and the media. These messages should address the responsible behaviors of both young men and

women to prepare them for responsible parenthood.

13-2.2 Action Step

Beginning in June, 1996, provide family planning, counseling and services in a collaborative manner. (An ICAPP action step.)

Rationale

Comprehensive community education must include information on pregnancy counseling and care, SIDS prevention, prevention of STD's to include the risks of AIDS, smoking during pregnancy, the effects of drugs on the unborn child and the vital importance of adequate and consistent perinatal and health care.

13-2.3 Action Step

Expand a coordinated life options approach that stresses academic remediation, job training, adult mentoring, community service and the development of individual talents beginning in June, 1996. (An ICAPP action step.)

Rationale

Supportive community programs are needed which strive to provide teens with viable reasons to delay sexual activity or to use responsible and consistent birth control methods to delay pregnancy and childbirth until they are ready and able to assume the role of parenthood. Because of Polk County's problem with teen and unintended births, the life option approach is seen as not only preventing unplanned pregnancies, but of effecting a commonly accepted cultural norm of teen pregnancy.

**RELATED GOALS IN OTHER
CHAPTERS**

- Chapter 1 - Goal 1-4 Breast feeding**
- Chapter 2 - Goal 2-1 Smoking among pregnant women**
- Chapter 3 - Goal 3-4 Substance abuse prevention for youth and pregnant women**
- Chapter 4 - Goal 4-1 Family planning services availability
Goal 4-2 Insure family planning services**
- Chapter 6 - Goal 6-3 Sexual assault
Goal 6-4 Child abuse**
- Chapter 7 - Goal 7-1 Pre-school programs of learning**
- Chapter 12 - Goal 12-1 Baby bottle tooth decay**
-
- Chapter 15 - Goal 15-3 Breast cancer
Goal 15-6 Cancer prevention education for children**
- Chapter 17 - Goal 17-1 Reduce STD with prevention and education (Goals 17-1 to 17-5)
Goal 17-6 AIDS prevention**
- Chapter 18 - Goal 18-1 Reduce vaccine preventable diseases
Goal 18-2 Eliminate infant hepatitis B
Goal 18-3 Assure 90% child immunizations**
- Chapter 19 - Goal 19-2 Comprehensive family centered primary health care**

**MATERNAL AND INFANT HEALTH
WORK GROUP**

Co-Facilitators:
Debbie Persell, Iowa Methodist School of Nursing
Pam Hovden, Iowa Consortium for Adolescent Pregnancy Prevention

Members:
Jacqueline Frost-Kunnen, Mercy Medical Center
Willis Fry, Broadlawns Medical Center
Laura Sands, Consumer
Janet Thayer, Grand View College
Dr. Peter Zaprudsky, University of Osteopathic Medicine and Health Sciences

MATERNAL INFANT HEALTH
Chapter 13

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
<p>13-1 Improve birth outcomes and reduce infant mortality rate in Polk County by addressing the barriers to access comprehensive maternal and child health services</p>	<p>13-1.1(a) INDIVIDUAL HEALTH STATUS</p> <p>Address risk factors pertaining to physical and psychosocial needs to engage and connect the clients in the health care system by looking at:</p> <ul style="list-style-type: none"> • housing • income • transportation • public awareness <p>campaigns to increase acceptability and utilization of services</p>	<p>June 1996</p> <p>Ongoing</p>	<p>Polk County Health Department, Iowa Department of Public Health, Infant Mortality Prevention Project; University of Osteopathic Medicine and Health Services, Visiting Nurse Services (VNS)</p>	<p>Iowa Department of Public Health, Polk County Health Department, United Way</p>
	<p>13-1.1(b) INDIVIDUAL HEALTH STATUS</p> <p>Determine and statistically measure the actual barriers to care through health department surveys, client surveys and other methods to be developed</p>	<p>June 1996</p> <p>Ongoing</p>	<p>Polk County Health Department, Iowa Department of Public Health, Infant Mortality Prevention Project, University of Osteopathic Medicine and Health Services</p>	<p>Iowa Department of Public Health, Polk County Health Department</p>
	<p>13-1.2(a) HEALTH CARE SYSTEM</p> <p>Eighty percent (80%) of all pregnant women will see a nurse/mid-wife, physician assistant or physician for pre and post-natal care beginning in the first trimester</p>	<p>Implemented by January, 1996</p> <p>Ongoing data collection beginning June, 1996</p>	<p>Iowa Department of Public Health, Polk County Health Department, Visiting Nurse Services</p>	<p>United Way</p>

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	<p>13-1.2(b) HEALTH CARE SYSTEM</p> <p>Increase visits and track number of pre-natal visits in the first trimester from 70.6% for Medicaid-eligible women to 80% and from 90% for insured women to 95%</p>	<p>Implemented by January, 1996</p> <p>Ongoing data collection beginning June, 1996</p>	<p>Iowa Department of Public Health, Polk County Health Department, Visiting Nurse Services (VNS)</p>	<p>United Way</p>
	<p>13-1.2(c) HEALTH CARE SYSTEM</p> <p>Ensure adequate post-natal care for mother and child by tracking the number of well-child visits after delivery for the next two years</p>	<p>January 1996</p> <p>Ongoing</p>	<p>Iowa Department of Public Health, Polk County Health Department, Healthy Families</p>	<p>None</p>
<p>13-2 Develop and implement a comprehensive educational program aimed at the teen population to prevent unplanned pregnancies</p>	<p>13-2.1 Promote education programs throughout the community which emphasize abstinence as the preferred choice, but also provide information on contraceptive methods, healthy relationships, the reproductive process, decision-making, refusal and negotiating skills, and effective communication</p>	<p>June, 1996</p> <p>Ongoing</p>	<p>Iowa Consortium for Adolescent Pregnancy Prevention (ICAPP), Iowa Department of Public Health, school districts; Department of Human Services, Polk County Health Department, Hospital Association of Greater Des Moines, Des Moines Area PTA & PTO, Religious Organizations</p>	<p>ICAPP, Department of Human Services, Polk County Health Department, Iowa Health Systems, United Way Community Initiatives</p>

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	13-2.2 Provide family planning, counseling and services in a collaborative manner	June, 1996 Ongoing	ICAPP will oversee the collaborative efforts of its member agencies	ICAPP, Department of Human Services, Polk County Health Department, Iowa Health Systems, United Way Community Initiatives
	13-2.3 Expand a coordinated life options approach that stresses academic remediation, job training, adult mentoring, community services and the development of individual talents	June, 1996 Ongoing	ICAPP will oversee the collaborative efforts of its member agencies	ICAPP, Department of Human Services, Polk County Health Department, Iowa Health Systems, United Way Community Initiatives

Chapter 14

HEART DISEASE AND STROKE

Introduction

Medical scientists have made tremendous progress in fighting cardiovascular diseases. Even so, every 34 seconds an American dies of cardiovascular disease (CVD). That is more than 925,000 deaths per year. In fact, the number one killer in the United States in every year but one, since 1900, has been CVD. Deaths do not tell the whole story, either. Of the current U.S. population, nearly 59 million people have some form of these diseases. As the population ages, these diseases may have an even greater human and economic impact.

People who survive the acute stage of a heart attack have a chance of illness and death two to nine times higher than the average population. The rates of another heart attack, sudden death, angina pectoris, heart failure and stroke are all substantial. For instance, it is estimated that within six years after a heart attack, 23 percent of men and 31 percent of women will have another heart attack. Furthermore, approximately two-thirds of heart attack patients do not make a complete recovery.

Data collected from the National Health Interview Survey, 1983-1985, conducted by the National Center for Health Statistics, indicate that diseases of the heart were the third leading chronic condition causing limitation of activity. According to the survey, 36 percent of persons with coronary heart disease were limited in activity. The percentage was similar for men and women.

The total national economic impact of coronary heart disease (CHD) amounted to an estimate \$43 billion in 1987. The costs were defined as: 1) direct costs which included hospital stays, emergency room visits, physician visits, surgery, drugs and nursing home care; 2) indirect morbidity costs such as lost earning based on work-loss days, days lost due to illness by homemakers, and lost earnings by those who were unable to work or who were in long-term institutions; and 3) indirect mortality costs which represented lost income from future earnings. According to the Iowa Department of Public Health, Division of Substance Abuse and Health Promotion, the age-adjusted hospital admission rate for Iowa in 1993 was 1533.7 per 100,000 population. The average length of stay for Iowa residents with coronary heart disease was 6.3 days at an average cost of \$10,317 per admission.

A significant impact on cardiovascular morbidity and mortality can be made by modifying lifestyle behaviors and habit, thus reducing the prevalence of major risk factors associated with CVD. The major risk factors for vascular disease that are modifiable include high blood pressure, high blood cholesterol, smoking, obesity, activity level, and stress. Results from the Hypertension, Detection and Follow-Up Program, a national controlled clinical trial, indicate that aggressive treatment of high blood pressure can result in a 35% reduction in stroke and a 20% reduction in total cardiovascular mortality for patients with diastolic pressures lowered to 90 mm Hg. The Coronary Primary Prevention Trial, a national study designed to test the effectiveness of cholesterol reduction on coronary heart

disease, showed that each one percent reduction in total cholesterol resulted in approximately a 2% reduction in coronary heart disease.

By using both population and individualized approaches, these risk factors can be prevented, reduced or eliminated in all age groups. Therefore, education and special social supports that foster informed and positive health-related choices are imperative. This chapter will concentrate on prevention strategies for each of these risk factors.

14-1 Goal Statement

Reduce death and disability related to CVD through reducing coronary heart disease deaths to no more than 100 per 100,000 and by reducing stroke deaths to no more than 15 per 100,000 people. (Baseline: The 1992 age adjusted mortality rates for coronary heart disease for Polk County was 106.7 per 100,000 and 19.3 per 100,000 for stroke deaths.

Number And Percentage Of Total Disease-Specific Hospitalizations For Which The Diagnoses Indicated The Presence Of More Than One Disease.

DISEASE	CHD		AMI		Stroke		Heart Failure		Total Admissions	
	Number	%	Number	%	Number	%	Number	%	Number	%
CHD	-	-	9,841	19.4	5,054	10.0	13,753	27.1	50,656	100.0
AMI	9,840	100.0	-	-	643	1.3	3,085	31.4	9,840	100.0
STROKE	5,054	27.5	643	3.5	-	-	2,849	15.5	18,391	100.0
HF	13,753	43.0	3,085	9.6	2,849	8.9	-	-	31,981	100.0

CHD: Coronary Heart Disease, AMI: Acute Myocardial Infarction, HF: Heart Failure

Rationale

Analysis of national, statewide, and Polk County trend data indicates that over the past 15 years there has been a steady decline in CVD mortality. Despite gains, CVD and

stroke remain Polk County's number one cause of death and disability. According to 1994 statistics from the Iowa Department of Public Health, 42% of all deaths were cardiac related.

According to the Iowa Department of Public Health Division of Substance Abuse and Health Promotion Report, one of the more compelling arguments for primary prevention of heart disease and stroke is cost of treatment. The analysis shows that the acute charges alone for coronary heart disease in Iowa totaled more than one-half billion dollars in 1993. The charge for an average admission was more than \$10,000. Average acute care costs were \$15,000 per admission. The average length of stay for coronary heart disease was 6.8 days, for acute myocardial infarction was 9.4, and for stroke, 8.7 days. To reduce death and disability related to CVD and stroke, the causes and risk factors must be addressed. The major modifiable risk factors include smoking, high blood pressure, and elevated blood cholesterol. Other contributing factors to both CVD and stroke are stress and diabetes. Because these risk factors have such a great impact on the incidence of vascular disease, a goal was developed for each risk factor.

14-2 Goal Statement (Primary Risk Factor - Smoking)

Reduce the total number of smokers in Polk County from an estimated 20.3% to 18%.

Rationale

Tobacco use is the single most important preventable cause of death and disability in the United States. It is a major risk factor in the premature development of heart disease and stroke. While a comprehensive discussion of health hazards

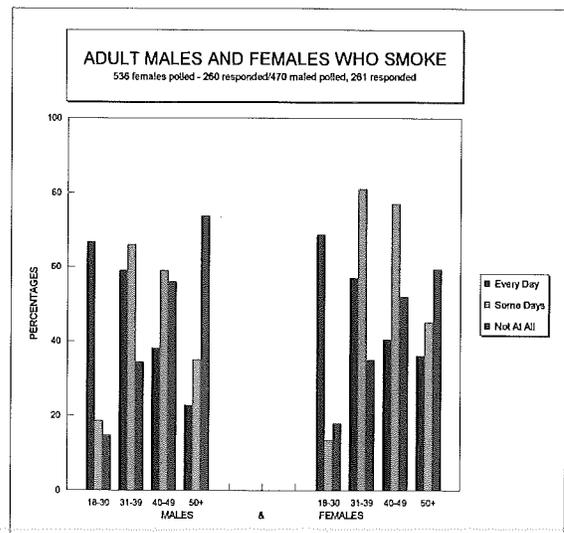
associated with smoking may be found under Chapter 2 (Tobacco) of this document, this section will focus on the risks of smoking related specifically to cardiovascular disease and stroke.

Decreasing tobacco use will help reduce mortality and morbidity associated with cardiovascular disease and stroke in Polk County. Currently, the rate of coronary heart disease in Polk County is 218.3 per 100,000 population. This is compared to 280.7 per 100,000 in Iowa. The rate of acute myocardial infarction (MI) is 51.2 (per 100,000) in Polk County as compared to 107.9 in Iowa. The rate of stroke is 42.3 in Polk County, and 74.2 in Iowa. (Death certificates from the Bureau of Vital Records, Iowa Department of Public Health, 1992-93). The risk of cardiovascular and stroke death rises sharply with age, with overall mortality rates for males being higher than females from 1980-88. In 1989, 1991, and 1992, the mortality rate was higher for females. The significance of smoking behaviors related to the development of CVD and stroke is difficult to assess. However, in Iowa, 140 out of 100,000 persons die of smoking-related illness, the 18th highest mortality rate in the nation caused by smoking (Healthy Iowans 2000).

The Behavioral Risk Factor Survey Summary (BRFSS) indicates that 20.3% of Polk County residents are smokers (a synthetic estimate obtained from summation of multiplication of age-specific risk factor prevalence and age-specific county population proportion). This compares similarly with an Iowa-wide percentage of 19.3%. Disturbingly, a more recent behavioral risk factor survey completed by Information Transfer Systems (ITS) in 1995, suggests a more elevated tobacco use in Polk County. Forty-four percent of those households interviewed were of middle class income (between \$35,000 and \$75,000 per year) and 54.7% indicated

completing some college-level education. Some results of this county specific survey are as follows:

Persons now smoking every day, some days or not at all: Note that only 55% of the males and 48% of the females responded to this question.



In all age groups except males 40-49 years old, the average smoker reported smoking less than 1/2 pack per day. In addition, the female population currently smoking every day was 3% lower than last year, but the male population currently smoking every day was 1% higher. In both genders, the smoking behaviors were on the rise in 31-39 age range. It is possible that these low numbers of cigarettes smoked per day may produce a sense of denial; i.e. the smoker may not perceive a disease risk for themselves or others when smoking only a "few cigarettes" per day. The survey did not assess if the smokers had decreased the numbers of cigarettes within the past year or where they were smoking (i.e. away from nonsmokers).

In review of children's behavior related to smoking in Polk County, the following were noted:

Of the 300 children who were surveyed, ages 10-13, 2% are smokers (female); ages 14-15, 8% are smokers (female); and ages 16-17, 30% are smokers (18% males, 12% females).

In Polk County, 59.3% of females seen for an annual physical were advised by their health professionals to stop smoking. For males, 49.6% seen for an annual physical were advised by their health professional to stop smoking.

In summary, there are some variances noted in the data related to Polk County smoking behaviors. However, smoking in any amount is well researched, with health hazards firmly established. Sadly, aggressive marketing and lobbying by the tobacco industry can easily sway smokers who are indecisive or unaware of the negative health impact. In youth, particularly young females, smoking behavior is viewed as an "image" vs. a health issue.

14-2.1 Action Step

Collaborate with the Tobacco subcommittee in the implementation of their goals and action steps. (A CVD Coalition and ITFAT action step.)

14-2.2 Action Step

Implement "Families Break the Cycle Phase II", a smoking cessation program targeted for high risk, socioeconomically challenged population. The Polk County Health Department was awarded a \$5,000 grant by the Iowa Department of Public Health to implement the program. The smoking cessation program is targeted to run in the year 1996. (An Iowa Department of Public

Health, Polk County Health Department, and CVD Coalition action steps.)

14-2.3 Action Step

Implement an active partnership program in 25 additional physician office practices by the year 2000. (An American Heart Association (AHA), Healthcare Site Committee, and CVD Coalition action step.)

14-3 Goal Statement (Contributing Risk Factor - Stress)

Increase public awareness of the impact stress has on our health, and more readily acknowledge stress as a contributing factor in heart disease and stroke.

Rationale

Stress is not formally recognized as a risk factor for heart disease and stroke. Stress is subjective and, therefore, difficult to quantify and measure. As a result, supporting data is limited. However, according to the ITS behavioral risk factor survey, mental health was noted as "not good" more often than physical health. Also, the ITS survey indicated that respondents felt worried, tense or anxious 5.2 days out of the past 30. When further evaluated by age, those 18-29 years of age felt worried, tense or anxious 6.1 days of the past 30 and those 30-39 years of age, 6.0 days. Additionally, respondents age 18-39 felt they did not get enough sleep over 8 days out of the past 30. However, only 3.8% of those interviewed were being seen for a mental health problem. This suggests that stress is a real problem, but few are formally receiving help in managing the problem.

14-3.1 Action Step

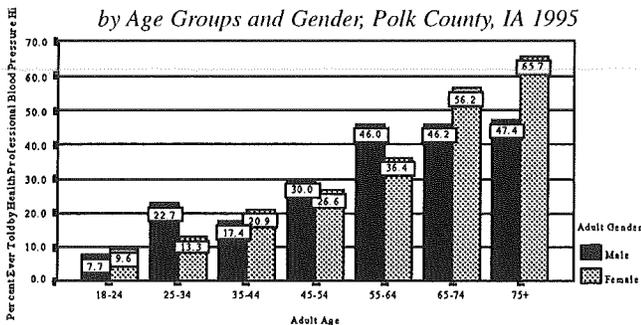
By 1998, develop a resource list of

available programs related to stress management which would be distributed at community centers, churches, Department of Human Services, and worksites. The document will include introductory information about stress and illness. (A Central Iowa Wellness Council and CVD Coalition action step.)

**14-4 Goal Statement
(Primary Risk Factor - Blood Pressure)**

Increase compliance by 2% with a recommended treatment plan for blood pressure reduction in that population of Polk County residents with uncontrolled hypertension. Uncontrolled hypertension is a blood pressure equal to or greater than 140 mm Hg systolic and/ or 90 mm Hg diastolic.

Percent of Adults Ever Told by Health Professional Blood Pressure Hi by Age Groups and Gender; Polk County, IA 1995



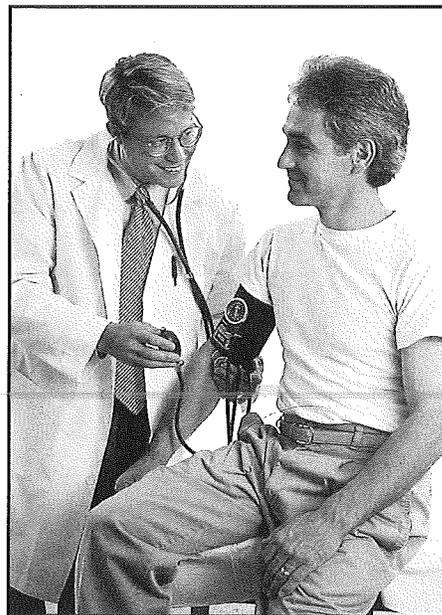
ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

Rationale

Cardiovascular disease is the #1 cause of death in Polk County. Hypertension is one of the leading risk factors in the development of cardiovascular disease. In 1992, 95.2% of people in Polk County over age 18 had their blood pressure checked in the previous two years. Of that 95.2%, 19% had been told by a

health professional that their blood pressure was high. (Source: "Cardiovascular Risk Factor Estimates Using the Behavioral Risk Surveillance System" for Polk County published by the Iowa Department of Public Health.) According to the recent 1995 ITS survey, 24.5% of those surveyed who had high blood pressure responded that they did not take their blood pressure medication regularly. Similarly 87.2% of those with high blood pressure do not follow their suggested diet for lowering high blood pressure.

14-4.1(a) Action Step



In 1998, gather information on the agencies and sites offering blood pressure checks at free or nominal

charges. (A hospitals, Polk County Health Department, AHA, CVD Coalition, and non-profit agencies action step.)

14-4.1(b) Action Step

Beginning in 1999, gather and distribute information through appropriate organizations on the importance of lowering blood pressure through medication and life-style modifications, such as diet, exercise, and weight loss. Appropriate disseminating organizations would be primary care

physicians, libraries, churches, and congregate meal sites. (A hospitals, Polk County Health Department, AHA, CVD Coalition, and non-profit agencies action step.)

14-4.1 (c) Action Step

Acquire assistance from the media for public service announcements on the importance of knowing individual blood pressure and lowering it if it is too high by the year 2000. (A hospitals, Polk County Health Department, American Heart Association, CVD Coalition, and other non-profit agencies action step).

Rationale

Educating consumers on the importance of having their blood pressure checked and lowering it if indicated are important in changing behavior related to appropriate lifestyle modifications. Providing resources that are easy to access is key to the success of this goal.

14-5A Goal Statement (Primary Risk Factor - Cholesterol)

Increase by 5% those who have had their cholesterol checked.

Rationale

Cholesterol is one of the leading risk factors in the development of cardiovascular disease.

In the 1995 ITS telephone survey conducted in Polk County, the following results were found:

84.4% of people polled have had their cholesterol checked at least once.

81.5% of people polled had their cholesterol checked in the last 5 years.

14-5.1(a) Action Step

In 1998, begin to gather information on the agencies offering blood cholesterol levels at free or nominal charges. (A local hospitals, CVD Coalition, and VNS action step).

14-5.1(b) Action Step

Gather information on all sites where cholesterol level checks are offered by 1998. (A local hospitals, CVD Coalition, and VNS action step.)

14-5.1(c) Action Step

By 1998, acquire media assistance to provide public service announcements on the importance of knowing personal cholesterol levels and reducing if high. (A local hospital, CVD Coalition, and VNS action step.)

14-5B Goal Statement (Primary Risk Factor - Cholesterol)

Educate and increase compliance by 2% with a recommended treatment plan for cholesterol reduction, which includes both medications and lifestyle modifications.

Rationale

The 1995 ITS telephone survey revealed the following:

30.5% of people polled reported being told they had high cholesterol.

15.5% of the people with high cholesterol are supposed to take medication.

5.5% of the 15.5% with high cholesterol are not taking their medication.

31% of people with high cholesterol are supposed to be following a diet to reduce cholesterol.

30% of the 31% with high cholesterol are supposed to be following a diet to reduce cholesterol.

30% of the 31% with high cholesterol are not following their diet.

14-5B.1 Action Step

By the year 2000, gather and distribute information through appropriate organizations on importance of lowering cholesterol through medication and life-style modifications, such as exercise and weight loss. Appropriate disseminating organizations would be work sites, libraries, churches, congregate meal sites and primary care physicians, clinic sites, and hospitals. (A hospitals, Polk County Health Department, and CVD Coalition action step.)

Rationale

Educating consumers on the importance of having cholesterol checked as well as taking steps to lower their cholesterol, if necessary, is important. Providing resources that are easy to access and understandable is imperative.

14-6 Goal Statement (Primary Risk Factor-Physical Inactivity)

By the year 2000, increase the percent of Polk County residents by 5% who exercise

3 times per week for at least 20 minutes.
Performance Indicator: 2000 BRFSS report.

Rationale

Inactivity is a major risk factor for cardiovascular disease. By increasing regular physical activity, many risk factors can be impacted; i.e., obesity, stress, self-esteem issues, energy levels.

In 1994, 60.6% of Iowa adults reported a sedentary lifestyle (less than 20 minutes and less than three times per week). Source: 1994 Iowa BRFSS Survey.

In 1992, 24.5% of Polk County residents reported exercising for at least 20 minutes 3 or more time per week. (75.5% sedentary).(Source:Synthetic cardiovascular risk factor estimate for Polk County based on 1992 BRFSS).

According to the 1995 ITS survey, 90.1% of those who were surveyed do not always follow an exercise program to lower high blood pressure. The achievement of the above goal would impact other risk factors of cardiovascular disease as well.

14-6.1 Action Step

By 2000, increase awareness of fitness opportunities available in the community through the following method:

- a. Gather current resource materials from all organizations that offer health information relating to the benefits of exercise including but not limited to the American Heart Association, the American Cancer Society, YMCA's, YWCA's, private fitness facilities, hospitals and national organizations.

- b. Provide information on how to access this information through the development of a "resource" directory: to physician offices/clinics, social service sites, schools, YMCA's, YWCA's and worksites.
- c. Gain media assistance to provide public service announcements.

(A Governor's Council of Physical Fitness, CIWC, schools, YMCA/YWCA's, hospitals, CVD Coalition, and non-profit agencies action step.)

Rationale

The benefits of regular exercise and appropriate types of activities to choose can be found in many sources. Increasing county resident awareness of where and how to access these opportunities will assist in increasing their physical activity routines.

**14-7 Goal Statement
(Primary Risk Factor - Obesity)**

Reduce the percent of Polk County residents with high body mass index by 2% by the year 2000. Performance Indicator: 2000 BRFSS Survey

Rationale

Obesity is another of the leading risk factors in the development of cardiovascular disease.

In 1994, the average Body Mass Index (BMI) for adult Iowans was 28.4% (Source: 1994 BRFSS Survey). A high BMI for females is > 27.3% and >27.8% for males. The percent of Polk County residents with a high BMI was 26.4% (Source: Synthetic cardiovascular risk factor estimates for Polk County, 1992 BRFSS).

A high BMI indicates overweight/obesity. By lowering BMI, the obesity, as well as blood pressure and cholesterol risk factors for cardiovascular disease can be reduced.

14-7.1 Action Step

Increase the awareness of Polk County residents of the benefits of maintaining proper body weight. Key components are correct knowledge of proper nutrition and exercise. This can be achieved through the following:

Gather and distribute to physician offices/clinics, schools, worksites and community service organizations, a resource identifying all information on available resources relating to proper nutrition and weight control.

(A CIWC, Central Iowa Dietetic Association, American Hear Association, Polk County Health Planning Committee, Polk County Health Department, American Heart Association, hospitals, CVD Coalition, and non-profit agencies action step.)

Rationale

The ITS survey indicated a majority of consumers receive their health information from their physicians. The second form of receiving information was newspapers and magazines. Educating consumers on healthy eating and exercise for good health is important in behavior change. By providing information in a variety of locations, and through various methods; i.e. media, physicians, schools, worksites, a larger percentage of the population can be reached.

14-7.2 Action Step

Acquire media assistance to air public service announcements on proper nutrition, exercise and weight control by 2000. (A Polk County Health Planning Committee, Polk County Health Department, American Heart Association, hospitals, CVD Coalition, and other non-profit health agencies action step.)

Rationale

The media is the second largest sector from which Polk County residents receive their health information. The media must take an active role in assisting with educating consumers.

14-8 Goal Statement (Stroke)

Reduce the incidence of premature death and disability related to stroke by educating individuals as to the warning signals of stroke and steps to take upon identification of even one warning sign.

Rationale

Stroke is the third leading cause of death nationwide and in Polk County. It is the leading cause of disability.

During 1992 and 1993, 4,118 Iowans died from stroke (annual mortality rate is 74.2 deaths per 100,000 population). The annual mortality rate for persons 55 to 64 was 30.2 per 100,000 population.

For Polk County residents during 1992 and 1993, the annual mortality rate for stroke was 41.5 per 100,000 population.

14-8.1 Action Step

By 1998, monthly blood pressure screening and stroke education and prevention information will be provided at 18 congregate meal sites in Polk County by congregate meal health programmers. Educational materials provided by the American Heart Association. (A Polk County Elderly Services, AHA, CVD Coalition, and MAT Pharmaceutical action step.)

Rationale

According to the 1995 ITS Survey, 20% of men and 12% of women of all ages have never had check-ups. Incidence of stroke greatly increases at age 75, thus the information provided at these sites would target a population which has not previously been accessed.

14-8.2 Action Step

In 1998, provide stroke warning signal, Transient Ischemic Attack (TIA) educational information to physician offices through the Active Partnership Program of the American Heart Association (An American Heart Association, CVD Coalition, and Healthcare Site Committee action step.)

Rationale

According to the ITS survey, 54.3% of respondents report getting information about how to improve their health from the doctor's office. However, the majority of respondents were not asked about diet, exercise or tobacco use during their last check up. Of those respondents over 50, only 6.4% were asked about TIA symptoms.

14-8.3 Action Step

Each year between 1996 and 2000, provide blood pressure screenings and stroke education and prevention information for the public at "strike out stroke" night at an Iowa Cubs baseball game each spring (An American Heart Association and the Greater Iowa Chapter of the Association of Rehabilitation Nurses action step.)

Rationale

According to a recent national AHA survey, 43% of Americans did not know even one warning signal of a stroke. Seventy percent of people who have strokes have a history of high blood pressure. The higher the blood pressure, the greater their risk.

HEART DISEASE AND STROKE WORK GROUP

Co-Facilitators:

Leslie Garman, American Heart Association
Diane Sorensen, Mercy Hospital, Cardiac Rehab.

Members:

Barbara Booher, Iowa Health Systems,
Youunkers Rehab.
Kathryn Bradley, Mid-Iowa Health
Foundation
Pat Cavanaugh, Mercy Hospital, Cardiac
Rehab.
Merle Kilmore, Ph.D, University of
Osteopathic Medicine & Health
Sciences
Kathy Kunath, Iowa Health Systems,
Cardiac Rehab.
Elizabeth Quick, Mercy Hospital, Cardiac
Rehab.

RELATED GOALS IN OTHER CHAPTERS

Chapter 1 - Goal 1-2 Survey exercise patterns and habits

Goal 1-5 Educate regarding diet and chronic disease

Chapter 2 - Goal 2-1 Adult smoking

Goal 2-2 Tobacco use of minors

Chapter 3 - Goal 3-7 Reduce adult heavy drinking

Chapter 7 - Goal 7-3 Health promotion by employers

Goal 7-5 Health promotion for persons 60 and older

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
14-1 Reduce CVD deaths to 100 per 100,000 and stroke deaths to 15 per 100,000	14-2 thru 15.9	2000	Included Below	See Below
14-2 Reduce the number of Polk County Smokers to 18%	14-2.1 Collaborate with Tobacco Committee to implement its goals and action steps 14-2.2 Implement "Families Break The Cycle Phase II" Smoking Cessation Program for targeted groups	2000 1996	Agency Coalition, American Heart Association, American Cancer Society, American Lung Association, CVD Coalition Polk County Health Department, IDPH, CVD Coalition	I.D.P.H./Grant
	14-2.3 Implement active partnership program in 25 additional physician offices	2000	AHA Health Care Site Committee, CVD Coalition	Pharmaceutical Grant
14-3 Increase public awareness of the impact stress has on health	14-3.1 Develop a resource list on stress management programs and include information about stress and illness	1998	CIMC	
14-4 Increase by 2% the compliance with treatment plan in Polk county residents with uncontrolled hypertension	14-4.1(a) Gather information on agencies and sites which offer free or low cost blood pressure checks 14-4.1(b) Gather and distribute information through appropriate organizations on lowering blood pressure through medication and life-style modifications	1998 1999	Hospitals, Polk County Health Department, American Heart Association, non-profit agencies, CVD Coalition Hospitals, Polk County Health Department, American Heart Association, non-profit agencies, CVD Coalition	Grants, Media Grants, Media

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	14-4.1(c) Seek assistance from media to run PSA's on blood pressure	2000	Hospitals, Polk County Health Department, American Heart Association, non-profit agencies, CVD Coalition	Grants, Media
14-5(A) Increase those who get cholesterol checked by 5%	14-5.1(a)(b)(c) Gather information on sites/agencies where cholesterol checks are offered, which ones for free or at low costs and seek media assistance to run PSA's	1998	Local Hospitals, CVD Coalition	None Required
14-5(B) Educate and increase compliance by 2% with a treatment plan for cholesterol reduction	14-5(B).1 Gather and distribute cholesterol reduction information through appropriate health organizations	1998	Hospitals, Polk County Health Department, CVD Coalition	Media Sponsorship Grants, Health-related organizations
14-6 Increase by 5%, the number of Polk County residents who exercise 3 times per week for at least 20 minutes	14-6.1 Increase awareness of fitness opportunities by gathering and providing an information developing an exercise resource directory and PSA's	2000	Governor's Council on Physical Fitness, Central Iowa Wellness Council, (CIWC) Schools, YMCA's Hospitals, Non-Profits, CVD Coalition	Grants, In-Kind, Sponsorships
14-7 Reduce by 2% the number of Polk County residents who have high body mass index	14-7.1 Increase awareness of benefits of maintaining proper body weight	2000	CIWC, Central Iowa Dietetic Association, American Heart Association, Polk County Health Planning Committee, Polk County Health Department, American Heart Association, Hospitals, Non-Profits, CVD Coalition	Grants, Media Sponsorships, Health Related Organizations
	14-7.2 Seek media assistance for PSA's	2000	Polk County Health Planning Committee, Polk County Health Department, American Heart Association, Hospitals, Non-Profits, CVD Coalition	Grants, Media Sponsorships, Health-related organizations

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
14-8 Reduce premature deaths and disability related to stroke through education	14-8.1 Provide monthly blood pressure screening and stroke information at 18 congregate meal sites	1998 Try to implement now	Polk County Elderly Services, American Heart Association, Mat Pharmaceutical, CVD Coalition	American Heart Association, Pharmaceutical
	14-8.2 Provide stroke warning signals information to physician offices	1998	American Heart Association, Health Care Site Committee, CVD Coalition	Pharmaceutical Grants
	14-8.3 Provide Blood Pressure screenings and prevention education information at the I-Cubs "strike out stroke" night	Each Year 1996-2000	American Heart Association, Greater Iowa Chapter of the Association of Rehab Nurses	American Heart Association

Chapter 15

CANCER

Introduction

In 1995, it is estimated that 1,565 Polk County residents will be newly diagnosed with some form of cancer. These residents will represent more than 10.6% of the newly diagnosed cancers among all of Iowa's 99 counties. Polk County has one of the five highest incidence rates in the state. Nation wide Polk County will represent 0.13% of all newly diagnosed cancers.

The frequency of five specific types of cancer account for over 57.1 percent of Polk County total cancer rates. The five are; lung cancer, colorectal cancer, female breast cancer, prostate cancer, and melanoma of skin. The total deaths during 1988-1992 are:

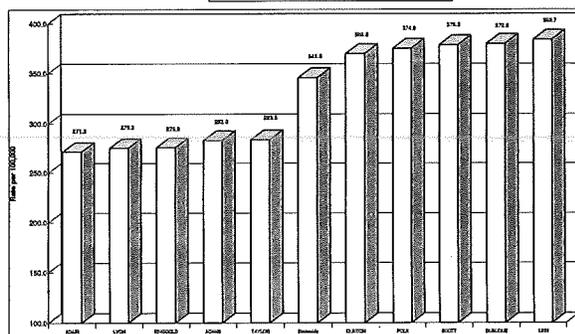
- Lung Cancer - 981
- Colorectal cancer - 367
- Female breast cancer - 277
- Prostate cancer - 176
- Melanoma of skin - 11

The 1995 cancer mortality rate in Polk County is 670. It is estimated 80% of newly diagnosed cancers are related to lifestyle. The potential for reducing cancer through prevention and early detection appears to be extensive and must be prioritized in research, clinical practice and education endeavors.

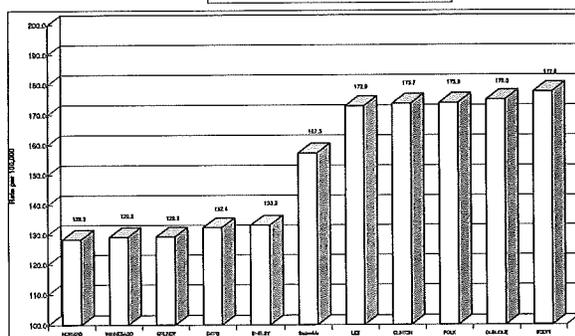
The Healthy Polk 2000 goals for the cancer chapter include:

- Increasing awareness for breast screening opportunities for underserved women.
- Decreasing and/or limiting the incidence and decreasing mortality through prevention and detection for lung cancer, colorectal cancer, prostate cancer, and melanoma of skin.
- The importance of comprehensive health education regarding cancer prevention and early detection among school age children.

Average Annual Age-Adjusted Incidence Rates per 100,000 Population for all Cancers
Five Lowest and Five Highest Counties:
Males and Females, All Races, Iowa, 1973-1992



Average Annual Age-Adjusted Mortality Rates per 100,000 Population for all Cancers
Five Lowest and Five Highest Counties:
Males and Females, All Races, Iowa, 1973-1992



The rationale for goals and action steps are based on two forms of disease prevention; (1) Primary prevention, refers to procedures which prevent any cancers from developing; and (2) Secondary prevention relates to the detection of the disease cancer at an early stage so it can be treated effectively.

The outcome success of a community health program includes priority consideration of accessibility issues as they relate to prevention, detection and services.

Lung Cancer : Introduction

Lung cancer includes the lungs and the bronchi, the tubes leading to the lungs. Lung cancer is increasingly a disease of the older population. Because of the extremely poor prognosis of lung cancer, mortality rates closely parallel incidence rates. Cigarette smoking is the primary cause of lung cancer. The trends are showing an increase in female incidence rates secondary to increased tobacco smoking. Early evidence suggests that exposure to smoke (second-hand smoke/passive smoke) increased the chance of lung cancer. Respiratory carcinogens include radon, asbestos, also pose lung cancer threat. There is no recommended screening procedure for lung cancer. The use of x-ray at this time is diagnostic.

15-1 Goal Statement

Limit the age adjusted lung cancer mortality from 43.8 per 100,000 population in 1993 to less than 43 in the year 2000 and limit the increase of the age adjusted incidence rate of lung cancer to no more than 1 per cent in females and decrease the incidence in males by 5 per 100,000 population.

Rationale

In 1993, in Polk County, death from lung cancer totaled 201 or 11 % of the total mortality rate. Cancer of the lung and bronchus is the leading cause of deaths among males in Iowa. Between 1983 and 1992 the incidence rates for males under age 65 decreased. During that same time period the incidence rate for females increased. Polk County has experienced the same trends.

15-1.1 Action Step

By 2000, increase number of preventive programs/events for non-smoking women and young girls.

15-1.1(a) Action Step

By 2000, enhance awareness of risk factors for lung and bronchus cancer for males and young men. Recognized authorities/agencies will collaborate to support and implement various educational opportunities for smokers. (An American Cancer Society, American Lung Association, Polk County Health Department, Private Business, Health Care Organizations and Public and Private Schools, and Iowa Department of Public Health action step.)

Rationale

Empowering self-awareness through knowledge of the effects of smoking, second hand smoke and increased alcohol consumption in relationship to cancer can be the basis of self-care through prevention. Self-responsibility as a motivator for any positive change is known to be successful and long lasting.

15-1.2 Action Step

Provide annual professional educational opportunities for primary care physicians and other health care professionals regarding the importance of their consistent counseling of patients about smoking. (An American Cancer Society, American Lung Association, Iowa Hospital Services & Health Systems, Polk County Medical Association action step.)

Rationale

The 1995 Polk County Community Health Assessment Survey reported that of those that had a health checkup the previous year, women and girls were asked about smoking habits fewer times than males were. Clinical research states physician instruction is the most valued factor in patients' compliance and risk factor reduction. The trend data showing increased incidence and mortality for lung cancer is a serious and challenging health implication.

Colorectal Cancer: Introduction

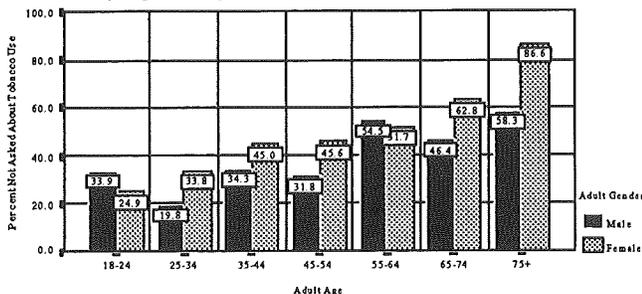
Colorectal cancer consist of cancers of the colon (large bowel) and the rectum (the last six inches of the large bowel).

Older populations, those age 70 and above are the age group that colorectal cancer primarily effects. Risk factors for this cancer are:

- Having a close relative diagnosed with colorectal before the age of 55.
- A personal history of colorectal, breast, or uterine cancer.
- A personal history of chronic inflammatory bowel, 10-year history of ulcerative colitis and Crohn's disease.
- A personal history of adenomatous bowel polyps.

Screening procedures for colorectal cancer include; fecal occult blood tests, and proctosigmoidoscopy. There is very little difference in the survival rates between cancer of the rectum and colon.

*Percent of Adults with Checkup in Last Year
Not Asked About Tobacco Use
by Age Group and Gender, Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)

Sample Size=1014. Analysis weighted by gender and age.

15-2 Goal Statement

Decrease the Polk County age-adjusted colorectal cancer mortality rate per 100,000 population from 12.7 in 1993 to 11.4 in the year 2000, increase early stage localized diagnosis of colorectal cancer, and increase the percent baseline flexible sigmoidoscopy screening at age 50 for Polk County residents from 59% in 1995, to 75% by the year 2000.

Rationale

In 1993, the age-adjusted mortality rate per 100,000 in the United States was 14.4, and Iowa rate was one tenth higher at 14.5. In Polk County, the rate was 12.7.

The 1995 Polk County Community Health Assessment Survey reported 41% of residents age 50+ have never had a sigmoidoscopy. Early screening for Polk County citizens is a prudent action to reduce mortality. There is decreased cost for the medical services with cases diagnosed at the local state versus cases diagnosed at the distant stage.

15-2.1 Action Step

By the year 2000, increase professional educational opportunities for primary physicians and other health care professionals regarding colorectal cancer detection tests. (An American Cancer Society, Polk County Medical Society, and Iowa State Health Registry action step.)

15-2.2 Action Step

By 2000, increase and promote public and private education regarding early detection methods and guidelines for cancer related check-ups and increase information and instruction about value of nutrition and preferred eating habits in regards to colorectal cancer prevention and risk factor modification. (An American Cancer Society, Iowa State Extension Services, Polk County Health Department action step.)

Rationale

Promotion of lifestyle changes favorable to prevention and risk factor modification is a prudent and cost-saving endeavor. Public educational offerings that

address age, gender, culture, accessibility issues and economic base of the audience are proven to be appropriate, effective, and utilized.

Breast Cancer: Introduction

Breast cancer is the most common type of cancer for women. Only a small percentage of men get breast cancer. This cancer is more common in women over age 50. For women 40 years and younger the cancer seems more aggressive. There has been a decreased incidence of breast cancer thought to be related to the increase in public awareness regarding mammography. The stability in mortality is partly due to increased diagnosis of the cancer while in the localized stage, again probably secondary to increased mammography. Risk factors for breast cancer at this time are:

- Genetic predisposition
- A history of early menarche and late menopause
- Nullparity or first pregnancy after age 30
- A personal history of breast cancer
- A personal history of cancer of the colon, thyroid, endometrium or ovary.

15 -3 Goal Statement

Decrease the Polk County age-adjusted breast cancer mortality rate per 100,000 females from 21.2 in 1993, to 20.0 in the year 2000, and increase mammography opportunity to all Polk County women regardless of status or health insurance coverage.

Rationale

In 1995, in Iowa approximately 650 deaths will be attributed to breast cancer. Currently nation wide, newly diagnosed cases of breast cancer raise disease at this body site above any other single type of cancer. In Polk County, the 1988-1992 total deaths from breast cancer in females of all races was 1,123. Research indicates that mortality due to breast cancer can be reduced by 30% among women aged 50 and older through the use of mammography and clinical breast exam. Breast cancer deaths may also be reduced for women aged 40 through 49 who receive these examinations. Women age 40+ surveyed in the 1995 Polk County Community Health Assessment Survey asked "why they had not had a mammogram in the past 3 years"; 42% responded, they never thought about it or they didn't know they should. This indicates that the basic education of women regarding early detection of breast is still not adequate.

Diagnosis of early stage disease depends on detection. Many health plans do not pay for preventive health services. Medicare will not pay for a routine screening mammogram on an annual basis for women age 65 and over.

15-3.1 Action Step

Initiate concentrated education programs regarding detection and early treatment of breast cancer. (An American Cancer Society, Komen Foundation, Polk County Health Department, Broadlawns Medical Center, and Iowa Department of Public Health action step.)

Rationale

Since incidence of breast cancer increases dramatically at age 50, areas of focus should be senior citizens centers, medical

practitioners that specialize with 50+ population group, extended care facilities, and businesses that have posting areas frequented by this age group (grocery stores, e t c .). Another source to include brief information and encourage yearly clinical breast examination and routine mammography is the monthly Title XIX card received by women in the County.

Through early detection, mortality rates for breast cancer can be reduced by 30%. There exists an increased need for prevention and detection services for underserved women. A comprehensive awareness program that provides a consistent easy to access message about breast cancer screening opportunities will prove to be of value in reducing mortality rates.

15-3.2 Action Step

By 1998, participate in the Iowa Breast and Cervical Cancer Early Detection Program. (An Iowa Department of Public Health and Polk County Health Department action step.)

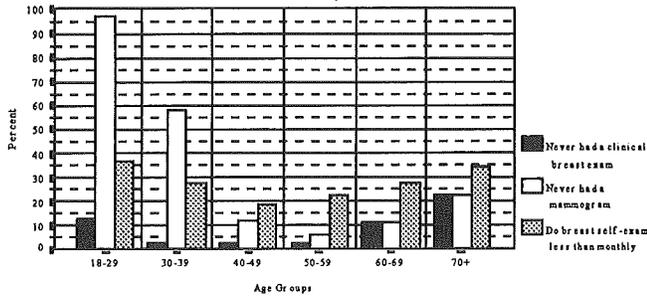
15-3.3 Action Step

By 1997, inspected and certified radiology mammography centers will utilize and extend the Komen Foundation Voucher Program to pay for mammograms for above-named underserved group. (An American Cancer Society, Komen Foundation, Polk County Health Department, and Broadlawns Medial Center action step.)

Rationale

Medicare women added to under-insured or noninsured women comprise a large population group who can not access mammography and or clinical breast examination due to financial status or accessibility issues.

*Breast Exams and Mammograms
Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (R/ 24/ 95)
Sample Size=1014. Analysis weighted by gender and age.

Prostate Cancer: Introduction

As for most cancers, prostate cancer is largely a disease of those more than 50 years of age. In recent years among men in Polk County, it has become the most commonly occurring and the second most deadly of all cancers. Age-adjusted prostate cancer incidence rates increased by more than 60% between 1973 and 1992. While some of this increased incidence is real, most is secondary to better screening procedures. Age-adjusted prostate cancer mortality rates have likewise increased in Polk County, as has the overall cancer mortality rate. However, prostate cancer mortality has increased at a rate greater than the rate of increase in cancer mortality overall.

15-4 Goal Statement

Through the year 2000, maintain the 1988-92 Polk County age-adjusted incidence rate of prostate cancer at 116/100,000 males; by the year 2000, increase 5-year survival rate among men in Polk County who are less than 75 years of age at diagnosis from an estimated 77% in 1983-87 (this is state survival rate in all men, not men 75 years of age and younger, and not Polk County baseline) to 85%; and by the year 2000, increase the number of men in

Polk County age 50 years and older who have had a Direct Rectal Examination (DRE) from 30% in 1995 to 40%.

Rationale

Prostate cancer is a significant cause of morbidity among men in Polk County. Recorded rates of prostate cancer incidence will continue to increase due in large measure to better detection rather than to a real increase incidence.

15-4.1 Action Steps

Continue at current levels to offer mass screenings for prostate cancer to men 50 years of age and older in Polk County. (Iowa Chapter of the American Academy of Family Practitioners, Iowa Osteopathic Medical Association, Iowa Medical Society, Association of Iowa Hospitals & Health Services action step.)

Rationale

The 1995 Polk County Community Assessment Survey revealed in men age 50 and over, had a lower rate for Direct Rectal Examinations (DRE) than that of men between 40-49 years old.

15-4.2 Action Step

Encourage men in this age group to see a personal physician for an annual examination, including a DRE and prostate examination.

15-4.2(a) Action Step

Initiate innovative and/or technical systems for primary physician practices to identify, offer and monitor the provision of cancer screening procedures for each of their clients/patients, including DREs to men who

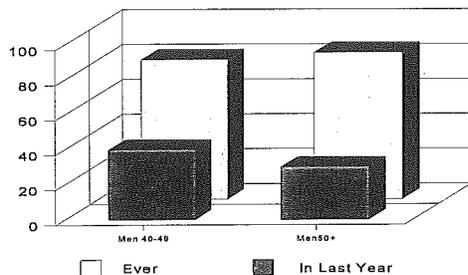
now seek care only episodically. (Iowa Chapter of the American Academy of Family Practitioners, Iowa Osteopathic Medical Association, Iowa Medical Society, Association of Iowa Hospitals & Health Services action step.)

Rationale

In Polk County prostate screening efforts, fostered by the availability of prostate-specific antigen (PSA) test have increased dramatically in recent years. In Polk County, it appears that the expanded use of combination treatments and expanded early detection have combined to surpass stated national goals for prostate screening and detection. Costs, and the effectiveness of DRE and PSA for asymptomatic men are still being studied by national research organizations.

By increasing the proportion of men 50 years of age and older who visit their primary care physicians for complete annual exams, the screening potential for other types of cancer will increase.

Percentage of Men More than 40 Years of Age Receiving DRE's



Skin Cancer: Introduction

The incidence of skin melanoma has increased for both males and females,

probably secondary to sunlight exposure. Age specific the increase is for females over age 15 and males over age 50. An increase in survival rates are thought to be related to the increased rate of diagnosis at the localized stage.

15-5 Goal Statement

By the year 2000, increase the rate of diagnosis of skin cancers at the localized stage to 90%.

Rationale

The incidence of skin cancer is on the increase. In 1988-1992, the Polk County incidence rate was 52. Unprotected sun exposure and use of tanning beds are two trends related to increased incidence. Skin cancer is highly curable if detected early. In Iowa, the survival rates from 1973-1987 increased 8.2% in males and 9.0% in females. Polk County has experienced the same trends.

15-5.1(a) Action Step

Incorporate into school curriculum information regarding ultraviolet exposure and the hazard of skin cancer, use of sufficient sunscreen and protective clothing. (An American Cancer Society, Polk County Public and Private Schools, and Iowa Coalition for Comprehensive School Health action step).

15-5.1(b) Action Step

Continue to offer free skin screenings to the public, and encourage non-participating health agencies/facilities to join the effort. (An American Cancer Society, Association of Iowa Hospitals & Health Services, Iowa Osteopathic Medical Association, and Iowa Medical Association action step.)

15.5-1(c) Action Step

Offer public education regarding unprotected sun exposure and skin cancer warning signs to rural audiences. (An Iowa State Extension and Farm Bureau action step).

Rationale

Risk factor modification regarding skin cancer is a fairly benign process. Costs to the individual are minimal. Education offering for the correct audience is crucial.

Regarding Business and Manufacturing Compliance by 1999:

15-5.2(a) Action Step

Mandate that businesses offering tanning beds educate the consumer regarding the potential risks. In addition, implement the use of consent forms prior to tanning bed exposure.

15-5.2(b) Action Step

Work with environmental agencies to educate the public and professionals regarding environmental hazards that foster potential skin cancer risks.

15-5.2(c) Action Step

Encourage suppliers of skin care products to promote the essential use of sunscreen. (Farm Bureau, American Cancer Society and State Department of Inspections and Appeals action steps.)

Rationale

Business, industry and public well-being can go hand-in-hand when regulatory agencies and health/wellness agencies mediate to promote collaboration in the spirit of good

partnerships. This is especially true when health and well-being are at risk.

Comprehensive School Health Education: Introduction

Public and private schools, as well as pre-school officials have recognized the priority reality of wellness in the lifestyle of children. The development of health curriculum that gives relevant education regarding cancer prevention and early detection has been implemented. To evolve to a more effective program would require collaboration among community partners. The opportunity to present programs that are high quality and effective for the children of Polk County can increase when experts from diverse areas come together and form strategic partnerships for a common goal.

15.6 Goal Statement

Integrate into 100% of the private and public school districts in Polk County, the use of cancer prevention and early detection materials in their pre-school through twelfth grade Health curriculum/programs.

Rationale

Awareness of cancer at an early age, will encourage long-term compliancy of the healthy lifestyles needed to mirror prevention and early detection. As a result of health education, children often foster a home environment more receptive to wellness.

15-6.1 Action Step

Increase coordination efforts between recognized local experts, organizations and school officials regarding cancer prevention and detection in health curriculum. (A public and private schools, American Cancer Society,

Association of Iowa Hospitals & Health Services, Heartland AEA , and Iowa Coalition for Comprehensive School Health action step.)

Rationale

National and Iowa trends indicate an increase in cancers. In relationship to children; increased use of tobacco including smokeless tobacco, increased use of tanning beds, and increased fat in dietary intake, all indicate a priority health education agenda for the children in Polk County.

15-6.2 Action Steps

Increase inclusion rate of the entire family in selected school health curriculum activities by 1999, and; invite community individuals, organizations and business to host, speak, demonstrate, regarding topics that influence attitudes and knowledge about cancer prevention and early detection. (A public and private schools, American Cancer Society, Heartland AEA, Iowa Coalition for Comprehensive School Health, Iowa Hospitals & Health Services, and Association of School Nurses action step.)

Rationale

Collaboration and strategic partnerships among Polk County organizational, business, education, and health entities to assist public and private schools to deliver a priority health program is the kind of community endeavor that brings about positive outcomes for generations. These are the types of actions and programs that are favorably examined by public and private foundations for grants and endowments.

RELATED GOALS IN OTHER CHAPTERS

Chapter 1 - Goal 1-3 Relationship of diet to chronic disease

Chapter 2 - Goal 2-1 Reduce smoking by adults and youth

Chapter 3 - Goal 3-3 Case management for drug abusers

Chapter 10 - Goal 10-6 Radon testing and awareness

Goal 10-8 Secondary smoke in home and public places

CANCER WORK GROUP

Facilitator:

Gloria Vermie, Iowa Department of Public Health

Members:

Joan Blum, Mercy Cancer Center
Cherese Hawkins, University of Osteopathic Medicine & Health Sciences, Cancer Program

Vicki Irvin, Mercy Hospital, Nursing Administration

JoAnn Muldoon, Mercy Foundation
Mary Murphy, Iowa Methodist Medical Center, Oncology Radiology

Meredith Peak-Corey, American Cancer Society

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
<p>15-1 Reduce the age adjusted lung cancer mortality from 43.8/100,000 population (1993) to less than 43 by the year 2000 and limit the increase of the age adjusted incidence rate of lung cancer to no more than 1% in females and decrease incidence in males by 5 per 100,000 population</p>	<p>15-1.1 Increase number of preventive programs/events for non-smoking women and young girls</p>	<p>Year 2000</p>	<p>American Cancer Society, American Lung Association, Polk County Health Department, Health Care Organizations, Public and Private Schools, Private Businesses, Iowa Department of Public Health</p>	<p>Grant Funds by Foundations, Community Based Promotion Grants</p>
	<p>15-1.1(a) Enhance awareness of risk factors for lung cancer for males and young men through education</p>			
	<p>15-1.2 Enhance professional education for primary care physicians and other health care professionals about counseling of patients concerning smoking</p>	<p>Annual Workshops</p>	<p>American Cancer Society, American Lung Association, Iowa Hospital Services and Health Systems, Polk County Medical Association</p>	
<p>15-2 Reduce the age adjusted colorectal cancer mortality rate from 12.7 per 100,000 population to 11.4 and increase the percent of baseline flexible sigmoidoscopy screening at age 50 for Polk County residents from 5% in 1995 to 75% by the year 2000</p>	<p>15-2.1 Increase professional educational opportunities for primary care physicians and other health care professionals regarding colorectal cancer detection tests</p>	<p>Year 2000</p>	<p>American Cancer Society, Polk County Medical Society, Iowa State Health Registry</p>	
	<p>15-2.2 Promote and increase public and private education regarding early detection methods and guidelines related to cancer check-ups</p>	<p>Year 2000</p>	<p>American Cancer Society, Iowa State Extension Services, Polk County Health Department</p>	<p>Hospitals and Medical Centers (Service for Fee)</p>

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
<p>15-3 Reduce the Polk County age-adjusted breast cancer mortality rate in females from 21.2 per 100,000 (1993) to 20.0 by the year 2000 and expand mammography screening opportunity to all women regardless of financial status or health insurance coverage</p>	<p>15-3.1 Initiate concentrated education programs regarding early detection and treatment of breast cancer. Focus on age 50+ population</p>	<p>Annually at any major screening event</p>	<p>American Cancer Society, Komen Foundation, Polk County Health Department, Broadlawn Medical Center</p>	<p>American Cancer Society, Komen Foundation, Iowa Department of Public Health</p>
	<p>15-3.2 Participate in the Iowa Breast and Cervical Cancer Early Detection Program</p>	<p>1998</p>	<p>Iowa Department of Public Health and Polk County Health Department</p>	<p>Komen Foundation, American Cancer Society, Private Businesses, Iowa Department of Public Health</p>
	<p>15-3.3 Utilize and extend the Komen Foundation Voucher Program and Breast & Cervical Early Detection Program to assist paying for the underserved group</p>	<p>1997</p>	<p>American Cancer Society, Komen Foundation, Iowa Department of Public Health, Polk County Health Department</p>	
<p>15-4 Maintain the age adjusted incidence rate of prostate cancer at 116 per 100,000 (1989-92), increase the number of men in Polk County age 50 or older who have Direct Rectal Examination (DRE) from 30% in 1995 to 40% and increase the five year survival rate for men who are 75 years and younger</p>	<p>15-4.1 Continue to offer current levels of screening for men 50+ through mass screenings</p>	<p>2000</p>	<p>Iowa Chapter of American Academy of Family Practitioners, Iowa Osteopathic Medical Association, Iowa Medical Society, Iowa Hospital and Health Services</p>	<p>Pharmaceutical Companies, Iowa Department of Public Health</p>

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	15-4.2 Encourage men 50+ to have annual exams	2000	Iowa Chapter of American Academy of Family Practitioners, Iowa Osteopathic Medical Association, Iowa Medical Society, Iowa Hospital and Health Services	Pharmaceutical Companies, Iowa Department of Public Health
	15-4.2(a) Initiate systems for health care providers to ID and monitor screenings routinely	2000	Iowa Chapter of American Academy of Family Practitioners, Iowa Osteopathic Medical Association, Iowa Medical Society, Iowa Hospital and Health Services	Pharmaceutical Companies, Iowa Department of Public Health
15-5 Increase in Polk County the diagnosis of skin cancers at the "local stage" to 90%	15-5.1(a) Incorporate into school curriculum information regarding ultra-violet exposure and protective procedures	2000	American Cancer Society, Polk County Public and Private Schools, Iowa Coalition for Comprehensive School Health	Public/Private School budgets
	15-5.1(b) Continue to offer free skin screenings and encourage other agencies to join effort		Iowa Medical Association, American Cancer Society, Association of Iowa Hospitals, Health Services, Iowa Osteopathic Medical Association	Local hospitals, private businesses
	15-5.1(c) Offer public education on skin cancer exposure and warning signs to rural areas		ISU Extension and Farm Bureau	ISU Extension, Farm Bureau
	15-5.2 Work with businesses and manufactured products companies to minimize risk	1999	American Cancer Society, Iowa Department of Inspections and Appeals	Self funded by businesses and through license fees

GOALS AND ACTION STEPS SNAPSHOTS

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	15-5.2(a) Mandate businesses offering tanning beds to educate the consumer regarding potential risks	1999	American Cancer Society, Iowa Department of Inspections and Appeals	
	15-5.2(b) Educate the public and professionals regarding environmental hazards that foster skin cancer	1999	American Cancer Society, Farm Bureau, ISU Extension	
	15-5.2(c) Encourage suppliers of skin care products to promote essential use of sunscreen	1999	American Cancer Society	
15-6 Integrate into 100% of the Private and Public Schools materials that explain cancer prevention and early detection for pre-school through 12th grade health curriculum	15-6.1 Increase coordination efforts on prevention and detection early in a child's educational program	1999	All School District, American Cancer Society, IH&HS, Heartland AEA, Iowa Coalition for Comprehensive School Health, Iowa Hospitals & Health Services	Public/Private School budgets, Private/Public Child Day Care Centers, Private Business
	15-6.2 Expand awareness of the prevention and detection of cancers to all family members	1999	Heartland AEA, Iowa Coalition for Comprehensive School Health, School Districts, American Cancer Society, Association of School Nurses	

Chapter 16

DIABETES & CHRONIC DISABLING CONDITIONS

Introduction

Chronic and disabling conditions can have profound effects on a person's ability to function. Gains in life expectancy, combined with the increased ability of medical technology to avert death without always restoring health, add to the increasing prevalence of chronic conditions.

Diabetes blinds 15,000 to 39,000 people each year. A recent questionnaire in Polk County has revealed about 5% of the population has been informed that they have diabetes mellitus. Proliferative eye disease (retinopathy) is found in about 25% of cases with Type I diabetes and 10% with Type II diabetes, 15 years post-diagnosis. Kidney disease is prominent and is responsible for 10-40% of deaths associated with diabetes. Peripheral nerve damage (neuropathy) is a complicating factor in other organ damage. Early diagnosis of diabetes should ameliorate the many complications of this disease. Acceptable treatments are available including glucose monitoring at home, several types of medication including insulin to control glucose levels in the body, and the ability to screen effectively for the above complications.

Asthma costs Americans \$6.2 billion per year and is about 1% of U.S. health costs. Work loss amounts to \$691 million and emergency room visits cost \$200 million annually affecting 9 to 12 million Americans.

Other disabling conditions (i.e. hearing impairment, vision loss, irregular formation/broken bones, mental retardation) are individualistic in nature and need

appropriate supportive assistance in the form of education, health care and technical equipment. Peer and specialized social support, along with adaptive physical and mechanical aids, and adequate financial assistance affect the extent of the functional limitation and the potential progression to disability.

Individual independent living by people with chronic conditions is the ultimate goal and can be facilitated through early diagnosis along with adequate lifelong treatment management when conditions progress.

Diabetes Mellitus

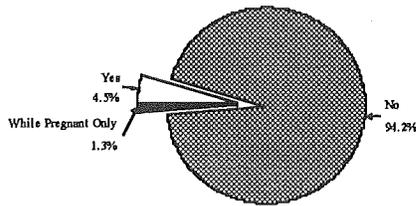
16-1 Goal Statement

Screen the population of Polk County over the age of 50 for diabetes mellitus and commence treatment to ameliorate disabling conditions.

Rationale

Because diabetes has a prolonged, relatively asymptomatic phase, it lends itself to screening programs to detect this disease so that treatment will be able to offer significant reductions or, at least, postponement of morbidity and mortality. The prevalence of diabetes mellitus in Polk County appears to be about 5% of the population. Therefore, the incidence of this condition would justify the use of screening programs which are acceptable to patients and which are available at reasonable cost.

*Percent of Adults Ever Told Have Diabetes
Polk County, IA 1995*



ITS 1995 Polk County (IA) Survey (8/24/95)
Sample Size=1014. Analysis weighted by gender and age.

Most diabetic individuals who are undiagnosed are over the age of 50 and would be able to benefit from the reduction of complications occurring under age 65. This group of people would more likely be amenable to behavioral and treatment interventions necessary to prevent complications.

16-1.1 Action Step

By January, 1997, conduct regular monthly screenings for fasting or post-prandial glucose levels by five separate multidisciplinary teams. These teams would be dispatched regularly throughout Polk County using voting places, schools, government offices, post offices, congregate meal sites or other public places to conduct diabetic screening. (A Polk County Diabetes Association, Polk County Medical Society and Polk County Health Department action step.)

16-1.2 Action Step

Beginning in October, 1996, provide regularly scheduled lectures regarding dietary prevention of obesity, through diet and exercise. News media, social clubs, churches and other organizations would provide the proper platform. (A Polk County Diabetes Association, professional dietitians and other healthcare providers action step.)

16-1.3 Action Step

By October, 1996, maintain central sources of referral for medical care, diabetic supplies, and information pertinent to the treatment and prevention of diabetes mellitus. (A Polk County Diabetes Association action step.)

16-2 Goal Statement

Lessen the economic impact of diabetes on the individual and his/her family.

Rationale

The cost of supplies, medical care, and monitoring equipment imposes a severe burden on individuals attempting to control their diabetes. Third party payer coverage varies greatly in provision of these services.

16-2.1 Action Step

By January, 1997, compile consumer price lists of supplies from various vendors. (A Polk County Diabetes Association and Polk County Health Department action step.)

16-2.2 Action Step

In January, 1997, begin to publicize and distribute free or reduced cost supplies and materials through public and private agencies. (A Polk County Diabetes Association and pharmaceutical manufacturers action step.)

16-2.3 Action Step

Organize volunteer or public transportation at no charge for diabetic patients to attend doctors appointments, nurse educator lectures, and shopping trips pertaining to obtaining diabetic supplies by

January, 1997. (A religious service and public volunteer groups action step.)

16-3 Goal Statement

Improve lay understanding of diabetes mellitus and methods of glucose control by family members, coworkers, and other persons in close contact.

Rationale

To reduce or eliminate unnecessary Emergency Room visits and assure appropriate intervention as needed.

16-3.1 Action Step

In July, 1996, begin providing educational programs and publicity to enhance general understanding of diabetes symptoms and treatment. (A Polk County Diabetes Association action step.)

Asthma

16-4 Goal Statement

Provide each year throughout the decade at least six asthma self-management programs for families with asthmatic members. (Baseline: Currently, over 200 families participate each year in these programs.)

Rationale

In Iowa, 46,550 children under the age of 17 and 90,731 adults are diagnosed with asthma. In Polk County there are 5,618 children and 10,949 adults with asthma making it the seventh ranking chronic disease and the leading serious chronic illness of all children. Asthma, along with its complication, is the leading reason for hospitalization of children, the third leading cause of activity limitation for

children ages 5-17, and a major cause of school absenteeism. Adult onset of asthma is increasing. People with asthma are better able to self-manage this disease when they learn the principles of treatment, meet others with similar problems, and receive answers to their questions.

16-4.1 Action Step

Schedule, conduct, and evaluate at least six Open Airway for Schools asthma self-management programs in schools in Polk County annually, beginning in January, 1996. (An American Lung Association of Iowa action step.)

Rationale

Studies indicate that school absenteeism and hospital visits due to asthma and its complications decrease with proper patient and family education. Pediatric self-management programs are organized, and patient-family education programs are taught by local health professionals. The classes are organized by the American Lung Association of Iowa using local facilitators and teachers.

16-4.2 Action Step

In June, 1996, begin conducting week-long camps for Camp Super Kids for children with lung disease each year. (American Lung Association-Iowa Affiliate action step.)

Rationale

A camp environment and association with others who are experiencing similar diseases help children control and manage their lung disease and lead a healthy and more positive life. Campers will discover their own limitations and be able to challenge some limitation in a safe, structured environment.

16-4.3 Action Step

Offer at least four programs on Asthma Awareness and management throughout Polk County in 1996-1997. (An American Lung Association-Iowa Affiliate, local hospitals, and medical supply companies action step.)

Rationale

Usually people with asthma have specific factors that trigger episodes. These triggers are individualistic. Those who suffer from asthma typically take a variety of medications on a regular basis to stave off trouble, as well as others to counter acute attacks. Knowledge about triggers and effects, and side effects in medication management is essential to reduce the need for hospitalization and to promote a healthy life style.

Other Chronic Conditions

16-5 Goal Statement

Provide assistance to residents of Polk County with chronic conditions to maximize their own self-help and to improve their quality of life, achieving highest potential of independent living.

Rationale

For those unable to perform all activities essential to daily living, retention of minimal skills and improvement of marginal activity can nurture and retain some quality of life and often delay institutionalization. Timely use of supportive services can avoid unnecessary but predictable deterioration in the performance of activities of daily living and functional abilities.

16-5.1 Action Step

By January, 1997, provide education of persons with chronic conditions relating to availability of equipment, services and support groups to alleviate functional difficulties. Publicize and promote the use of toll-free numbers and assistance available from Info Tech (1-800/331-3027) regarding assistive technology equipment and from Iowa COMPASS (1-800/779-2001) regarding services available to persons with chronic conditions. Other sources of help include the Independent Living Center (CECIL) in Des Moines; the Farm, Family Rehabilitation Management program (FARM) of the Easter Seals organization in Ankeny; Vocational Rehabilitation help at DMACC and other rehabilitation sites. (A Polk County Health Department, VNS, home health agencies, hospital outreach, and ambulatory services action step.)

Rationale

The University of Iowa has received grant resources to create information and referral services intended to be useful across the state. Polk County organizations serving the chronically ill can expedite use of these available resources. Assistive technology is defined as any item, piece of equipment, or product system that is used to increase, maintain or improve functional capabilities of persons with disabilities. Assistive technology service is any service which gives help in selection, acquisition, or use of an assistive technology device.

16-5.2 Action Step

Assure third party reimbursement and other financial support by January, 1997, for needed assistive technology and support services designed to reduce physical disability and immobility. (A Department of Human

Services {Medicaid} and private health insurers action step.)

Rationale

Reimbursement financial resources for chronically disabled persons of limited income will permit need for assistive technology and support service to be translated into demand.

RELATED GOALS IN OTHER CHAPTERS

A major focus of all chapters of **Healthy Polk 2000** is the prevention of chronic disabling conditions. See especially goals relating to Nutrition, Tobacco, Alcohol and Other Drugs, Environmental Health and Heart Disease and Stroke. Almost all chapters have goals related to this chapter; therefore, a listing of specific goals in other chapters is not included here.

DIABETES AND CHRONIC DISABLING CONDITIONS WORK GROUP

Facilitator:

Richard

Gloor, M.D.

Members:

Don Dunn, The Dunn Associates

Jack Schoop, Polk County Health
Department

Rose Marie Serra, Visiting Nurse Services

Lois Skinner, Consumer

Beverly Stockton, Ph.D., University of
Osteopathic Medicine & Health
Sciences

Ellen Strachota, Grand View College,
Division of Nursing

DIABETES AND CHRONIC DISABLING CONDITIONS
Chapter 16

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
16.1 To screen the population of Polk County over the age of 50 for diabetes mellitus	16.1-1 Conduct regular monthly screenings by 5 separate teams 16.1-2 Provide regular scheduled lectures concerning diet and exercise 16.1-3 Maintain referral for care, supplies and information about diabetes	January, 1997 October, 1996 October, 1996	Polk County Diabetes Association, Polk County Medical Society, Polk County Health Department Polk County Diabetes Association, Professional Dieticians, Health Care Providers Polk County Diabetes Association	Diabetes Association and Polk County Health Department Diabetes Association Diabetes Association
16.2 Lessen the economic impact of diabetes on individuals and family	16.2-1 Compile a consumer price list for diabetic supplies from various vendors' for distribution 16.2-2 Publicize and distribute free or reduce costs of supplies through private and public agencies 16.2-3 Organize volunteer or public transportation at no charge for diabetic patients to attend medical appointments and secure supplies and attend educational lectures	January, 1997 January, 1997 January, 1997	Polk County Diabetes Association and Polk County Health Department Polk County Diabetes Association, pharmaceutical manufacturers Religious, social, service and public volunteer groups	 Diabetes Association

DIABETES AND CHRONIC DISABLING CONDITIONS
Chapter 16

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
16.3 Improve lay understanding of diabetes and facilitate basic treatment	16.3-1 Provide educational programs and publicity for the understanding of diabetes symptoms and treatment	July, 1996	Polk County Diabetes Association	Polk County Diabetes Association
16.4 Provide asthma self-help management programs-- six times per year	16.4-1 Schedule, conduct and evaluate at least six "Open Airways for Schools" programs per year	January, 1996	American Lung Association	American Lung Association
	16.4-2 Conduct week long camps for children with lung disease	June, 1996	American Lung Association, Local hospitals, medical supply companies	American Lung Association
	16.4-3 Offer four programs on asthma awareness in Polk County each year	June, 1996	American Lung Association	American Lung Association
16.5 Provide assistance to Polk County individuals with chronic conditions to maximize their independent living	16.5-1 Provide education relating to equipment, services, support groups about functional difficulties	January, 1997	Polk County Health Department, VNS, home health agencies, hospital outreach, ambulatory services.	
	16.5-2 Assure third party reimbursement and other financial support for needed assistive technology and support services	January, 1997	Iowa Department of Human Services, Private insurers	Private Health Insurers

Chapter 17

HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES

Introduction

The most common sexually transmitted diseases (STDs) include herpes, chlamydia, gonorrhea, genital warts (HPV) and syphilis (both primary and secondary). These sexually transmitted diseases have been around since the recording of history and while the prevalence of some have declined others have exploding rates. Although not solely a sexually transmitted disease, human immunodeficiency virus (HIV), the etiologic agent causing acquired immunodeficiency syndrome (AIDS), has a significant impact on society with a high morbidity and mortality rate.

In 1992, CDC reported 3.9 cases of AIDS per 100,000 population for Iowa. As of July, 1995, 805 cases have been reported in Iowa. In 1993, Polk County had a rate of 58.4 per 100,000 population for 191 total cases. In December, 1994, the total Polk County cases increased to 233. The U.S. rate for primary and secondary syphilis was 13.7 per 100,000 population with Iowa at 2.2 in 1992. In 1994, Iowa had a total of 235 cases of syphilis (P&S) a rate of 8.45 per 100,000 while Polk County has (115) 48.9% of Iowans total cases for 1994, or a rate of 34.9 per 100,000.

The year 2000 objective for the U.S. by Center for Disease Control (CDC) reports is 10 per 100,000 population. If similar aims are made for Healthy Iowans 2000 a rate of 4.75 per 100,000 would be reached for a total of 130 cases for the state and 64 cases for Polk County, assuming the population remains relatively constant.

Genital herpes simplex virus (HSV) is a disease that may be recurrent and at present has no cure. Two types of HSV have been identified: HSV-1 and HSV-2; most cases of genital herpes is caused HSV-2. This is not a required reportable STD and rates are not available; but on the basis of serologic studies, approximately 30 million persons in the USA may have genital HSV infection. An estimated 2 million recurrent episodes are seen each year. Its transmission can occur from asymptomatic patients who are unaware of their infection.

Many STDs have very similar symptoms and some have no symptoms at all. Unrecognized infection is highly prevalent among adolescents and young adults, many of whom are asymptomatic according to a 1989 CDC report. Immediate, proper treatment is urged for all STD's. Failure to do so can have serious complications resulting in pelvic inflammatory disease, sterility, ectopic pregnancy, blindness, cancer associated with papillomavirus (HPV), birth defects and mental retardation.

The ubiquity of these diseases can be attributed in part to the fact that more people engage in sex and with more than one partner. These diseases tend to be greater in number in adolescents and young adults from 15 to 24 years of age. In 1994, Iowa reported 5,413 cases of chlamydia of which 3,548 were from the 15 to 24 year old group. The same holds true for reported case of gonorrhea in Iowa.

In 1994, 1,645 cases of gonorrhea were reported with 641 in the 10-19 year old

group. Out of 75 cases of syphilis in Iowa for 1994, (9) 12.9 percent were in the 15-19 age group.

In addition, CDC estimates that there are one million new cases of genital warts (HPV) and 500,000 new cases of genital herpes annually. Chlamydia, is the fastest spreading STD in the country today with some estimated four million new infections occurring annually in the U.S.A.. Chlamydia cases reported in Polk County in 1994, were 804.

The goals of Polk County are to reduce STDs by prevention and control based on four major concepts: 1) education of those at risk on the means of reducing risk for transmission; 2) detection of asymptotically infected individuals and persons who are symptomatic, but unlikely to seek diagnosis and treatment; 3) effective diagnosis and treatment of those who are infected (as outlined by CDC guidelines); 4) evaluation, treatment, and counseling of sex partners of persons with an STD. In addition, education is needed for primary prevention based on changing sexual behaviors that may place people at risk.

17-1 Goal Statement

Reduce the incidence of genital herpes by detection, treatment and education on prevention in Polk County.



Rationale

Reduce the incidence of genital herpes by detection, treatment, and education on prevention. Although no specific rates per 100,000 are available for genital herpes simplex virus (HSV) infections, reports in the literature have shown that it continues to be an infection of epidemic proportions. HSV infection causes 40 to 60% of genital ulcerations in patients presenting to gynecologic practices or STD clinics in the United States. The variation of size and symptoms of genital HSV lesions may make clinical diagnosis difficult. Genital ulcer disease, of which genital herpes is the most common cause in developed countries, is also an important risk factor for the acquisition and transmission of HIV infection.

17.1-1 Action Step

Beginning in July, 1996, encourage and inform physicians, family planning, all prenatal/OB-GYN and STD/HIV clinics on the importance in detection of genital herpes infections and provide educational materials on genital ulcer disease to all patients presenting to an STD clinic. (A physicians office screening and pre-natal/OB-GYN clinics, University of Osteopathic Medicine and Health Sciences action step.)

Rationale

This is an attempt to prevent significant morbidity of an increasing genital ulcer disease which is also an important risk factor for the acquisition and transmission of HIV infection. Without adequate detection, treatment, and education on prevention of genital herpes the incidence of this genital ulcer disease continues unchecked and increased risk for acquisition and transmission of HIV also prevails.

Transmission to a susceptible person is most likely to occur from individuals who have lesions present but asymptomatic shedding of virus does occur. Although treatment with an antiviral medication, Acyclovir, provides no cure, it can reduce the incidence of viral shedding in those patients with symptomatic recurrent genital herpes and thereby decrease the potential incidence in transmission.

17-2 Goal Statement

Reduce the incidence of Chlamydia Trachomatis infections in Polk County by the year 2000, to 150 per 100,000 through increased screening and diagnosis.

Rationale

In consideration of more than 4 million Chlamydial infections that occur annually in sexually active adolescents, it constitutes a large group of asymptomatic and infectious persons that sustain transmission within a community. The direct and indirect costs for the illness exceeds \$2.4 billion/year. Reported cases in Polk County in 1993, were 205 per 100,000.

17-2.1 Action Step

Starting in July, 1996, encourage and inform physicians, family planning, prenatal/OB-GYN and STD/HIV Clinics of the importance in Chlamydia detection. (A physicians office screening and pre-natal/OB-GYN clinics action step.)

Rationale

This is an attempt to prevent pelvic inflammatory disease (PID) and non-specific urethritis (NSU). Also through screening of pregnant females this will decrease the number of vaginal born infants who currently are

infected in 2 per 30 of these births with Chlamydia.

Untreated Chlamydial infections cause complications and increase medical costs. C. Trachomatis is the pathogen most commonly linked to PID, ectopic pregnancy, chronic pelvic pain, and infertility due to bilateral tubal scarring and occlusion. Costs for treating a chronic case of PID can range up to \$12,400 per episode.

Agencies which can make an impact on this goal are named in the action step and because this disease is a social problem, the elimination of any cases will continue to be a medical problem. Cost effectiveness/benefit of diagnosis and treatment of this disease is dramatically positive.

17-3 Goal Statement

Decrease gonorrhea cases by the implementation of a central, local reporting directory.

Rationale

Total control and treatment of the disease is the process of early detection and epidemiological investigative follow-up of diagnosed cases.

17-3.1 Action Step

Establish a central directory control by January, 1997, to accomplish the following:

- a. Identify key providers of diagnosis and treatment
- b. Identify geographic targets with high incidence
- c. Develop a high risk population profile

- d. Track impact detection and treatment through intensified investigative epidemiological surveillance
- e. Educate with specific data and applicable literature

(A Polk County Health Department action step.)

Rationale

STD control (specifically gonorrhea) is based on disease intervention and behavioral education. This relates to the treatment of 80-85% of positive cases within 7 days of diagnosis. Through education, increase patients who bring in identified sex partners for examination and therapy.

17-3.2 Action Step



Develop a written, county-wide protocol for notification and subsequent testing/treatment of sex partners by

January, 1997. (A Polk County Health Department and Iowa State Department of Health action step.)

Rationale

Many sex partners are treated without being tested, thus bringing to end any case follow-up. Therefore, by being able to interview all positive contacts, disease intervention would be greatly enhanced.

17-4 Goal Statement

Reduce the number of reported primary, secondary and early latent syphilis cases in Polk County by year 2000, to 75 per year.

Rationale

After a dramatic increase in the cases of syphilis from 1986 through 1990, nationwide, the incidence of syphilis has been slowly and steadily declining. In order to continue this trend, the Polk County Health Department must implement the activities outlined in the action steps below.

17-4.1 Action Step

Inform primary and prenatal care providers and family planning agencies and clinics of the importance of screening for syphilis in high risk populations. Encourage routine screening whenever ulcerative lesions are detected or other sexually transmitted infections are diagnosed by January, 1998. (A Polk County Health Department action step.)

Rationale

When compared to other sexually transmitted infections, the incidence of syphilis is low and, therefore, many health care providers may be unfamiliar with the symptoms of primary and secondary syphilis. It is common for a person to have more than one sexually transmitted infection. Education of health care providers may increase early detection and therefore decrease transmission of syphilis.

17.4.2 Action Step

By January, 1998, reach and effectively manage at least 95% of all primary, secondary and early latent (under one year) syphilis cases

reported from all sources and ensure that 90% of sex partners are identified, examined, treated and/or referred. (A Polk County Health Department action step.)

Rationale

Effective management of persons diagnosed with syphilis, and their sex partners, will help to reduce transmission and decrease the costs associated with the management of complications of late (tertiary) syphilis.

17.5 Goal Statement

Reduce the incidence of human papillomavirus (HPV) and cancer associated with HPV in Polk County by the year 2000.

Rationale

Some types of the human papillomavirus have been strongly associated with genital dysplasia and carcinoma. Although HPV is not a reportable disease, it is estimated that 3 million cases are diagnosed yearly. This estimate includes pap smears revealing HPV.

In an attempt to reduce the incidence of HPV and associate cancers, the following action steps should be implemented.

17-5.1 Action Step

Educate health care providers and the public on the importance of yearly examinations and pap smears to detect HPV and precancerous or cancerous lesions so that early and effective treatment can be initiated. Information on transmission, prevention and condom use must also be provided by 1998. (An American Cancer Society and Polk County Health Department action step.)

Rationale

Early diagnosis and treatment is imperative to decrease the morbidity associated with cervical cancer and the costs incurred with treatment of more advanced disease. Although there is no "cure" for HPV, transmission and complications can be prevented thereby reducing the incidence of HPV.

17-5.2 Action Step

In January, 1996, begin to assure access to diagnostic and therapeutic procedures (i.e. colposcopy, chrysotherapy, laser surgery) by identifying new sources and continuing to support existing programs (i.e. Broadlawns). (A Broadlawns Medical Center action step.)

Rationale

Although HPV may be diagnosed by examination or pap smear, many women delay follow-up due to the cost associated with the above procedures. By providing information and referral, timely evaluation and treatment can be provided.

17-6 Goal Statement

Concentrate on making HIV/AIDS education a top priority, with emphasis on starting the education at a young age.

Rationale

Since the disease is incurable, prevention remains the best strategy. The incidence of disease is increasing among teenagers and young adults. It is estimated that 69% of high school students are sexually active by the twelfth grade. Often sexually active teens do not possess the information to

avoid sexually transmitted diseases including HIV. Even if they possess this information, they may choose to ignore it due to peer pressure or a youthful sense of infallibility. The information must be presented in a relevant and timely manner so that it makes an impact that is lasting.

17-6.1 Action Step

By January, 1997, fully utilize the Iowa Human Growth and Development Law passed in 1988 (Code of Iowa, Chapter 256.11). (A Polk County Schools, Polk County Health Department, and Broadlawns Medical Center action step.)

Rationale

This law has made HIV education a topic for elementary, middle, and high school human health classes. A significant percentage of parents apparently withhold their children from all or portions of this instruction. The law allows this amount of parental discretion. Therefore parents could be educated on the importance of allowing their children to receive this information. Contact with the providers of this education and availability of any resources will assist in this effort. The Health Department could act as a liaison between the schools and potential speakers in the healthcare community.

17-6.2 Action Step

Access and evaluate sex education curriculum now being offered in the Polk County School Districts to obtain baseline data on what is being taught, by November, 1996. (An AIDS Project of Central Iowa, Iowa Department of Public Health, Polk County Health Department, and Broadlawns Medical Center action step.)

Rationale

Although sex education for a cross section of age groups is still steeped in controversy, the preponderance of data has shown that age-appropriate school educational programs reduce risk behavior in the short term and can actually decrease sexual activity. Many characteristics of prevention programs hold true across populations:

- Intense interventions and education over time are more likely to produce behavior changes.
- Improving education access of devices for safer practices is crucial.
- Timing of the educational prevention messages is important as demonstrated in adolescent programs aimed at prevention before individuals are sexually active.

17-7 Goal Statement

Join efforts with the state and attempt to change the law to make HIV reportable, not just AIDS.

Rationale

There is a lengthy period between becoming infected with the virus and development of clinical symptoms; an average eight to ten years. Individuals with infection during this period can pass it on to many others if they are not adequately informed. The purpose of making it reportable is to get a better understanding of the magnitude of the problem in the community; to be able to assist in contact tracing and notification; and to provide education to newly infected individuals to inform them about resources available to them in the community.

17-7.1 Action Step

Help bring about a change in the HIV reporting laws. (An Iowa Department of Public Health and Polk County health Department action step.)

Rationale

HIV should be treated like any other public health problem. If the law is changed, a user friendly, easily accessible reporting format should be established to maintain information as confidential.

By assuring confidentiality, the public then can feel reassured that this information will not be used indiscriminately to discriminate against individuals infected with HIV.

RELATED GOALS IN OTHER CHAPTERS

Chapter 3 - Goal 3-4 Substance abuse prevention for youth and pregnant women

Goal 3-6 Comprehensive data system

Goal 3-11 Relationship of HIV/AIDS to substance abuse

Chapter 4 - Goal 4-1 Family planning assistance by health care providers

Chapter 5 - Goal 5-1 Mental health services for all populations

Chapter 6 - Goal 6-3 Reduce sexual assault, same sex or other violence

HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES WORK GROUP

Facilitator:

Jack Schoop, Polk County Health Department

Members:

Reina Favor, Planned Parenthood
Elisabeth Hummel, Broadlawns Medical Center

Terrance Kurtz, D.O., University of Osteopathic Medicine & Health Sciences

Jess Silva, Polk County Health Department
Ravi Vemuri, M.D., C.I.C. Associates

HIV AND SEXUALLY TRANSMITTED DISEASES
Chapter 17

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
17.1 Reduce genital herpes by detection, treatment and education	17.1-1 Encourage and inform physicians, family planning, pre-natal/OB-GYN and Sexually Transmitted Disease/HIV clinics of the importance of detection	July, 1996	Physicians Office, Screening and Pre-natal/OB-GYN Clinics, University of Osteopathic Medicine and Health Sciences	Service for fee
17.2 Reduce Chlamydia infections through increased screening and diagnosis	17.2-1 Educate and promote screening by physicians, family planning, pre-natal/OB-GYN and Sexually Transmitted Disease clinics	July, 1996	Physicians Office Screening and Pre-Natal/OB-GYN Clinics	Service for fee
17.3 Decrease gonorrhea cases by implementation of a central local reporting directory	17.3-1 Directory would identify: <ul style="list-style-type: none"> • Key providers • Target high incidence • Tract detection and treatment • Educate patients and partners 18.3-2 Establish county wide protocol for notification and subsequent testing and treatment of sex partners	January, 1997	Polk County Health Department	Iowa Department of Public Health
17.4 Reduce reported cases of primary, secondary and early latent syphilis in Polk County to 75 per year by 2000	17-4.1 Inform and encourage primary and pre-natal care providers and family planning agencies and clinics of the importance of screening for syphilis in high risk populations	January, 1998	Polk County Health Department and Iowa State Department of Health	

HIV AND SEXUALLY TRANSMITTED DISEASES
Chapter 17

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	17.4-2 Reach and effectively manage at least 95% of all syphilis cases and ensure 90% of sexual contacts are identified	January, 1998	Polk County Health Department	
17.5 Reduce incidence of human papillomavirus and cancer associated with HPV	17.5-1 Through education of health care providers, yearly examinations and Pap smears to detect HPV (Early treatment and preventative measures are the key components) 17.5-2 Assure access to diagnostic and therapeutic procedures by identifying new sources and support of existing programs	January 1998	American Cancer Society and Polk County Health Department	American Cancer Society
	17.6-1 Utilize fully the Iowa Human Growth and Development Education Law to expand sex and behavioral education to all ages in the schools and family	January, 1997	Broadlawns Medical Center	Federal Grant
17.6 Concentrate on HIV/AIDS education as a top priority, and gather baseline data on what is currently being provided	17.6-2 Access and evaluate sex education curriculum now being taught in Polk County School Districts for baseline data	November, 1996	Polk County Schools and Polk County Health Department, Broadlawns Medical Center	Federal Grant, Broadlawns Medical Center, AIDS Project of Central Iowa, American Red Cross
17.7 Join efforts with the State of Iowa to change the law to make HIV reportable	17.7-1 Work with the Iowa Department of Public Health to change State law	July, 1997	AIDS Project of Central Iowa, Iowa Department of Education, Polk County Health Department, Broadlawns Medical Center Iowa Department of Public Health and Polk County Health Department	AIDS Project of Central Iowa, Iowa Department of Education, American Red Cross, Broadlawns Medical Center

Chapter 18

IMMUNIZATION AND INFECTIOUS DISEASES

Introduction

Immunization has proven to be the primary tool in global disease eradication. Vaccines don't have the resistance problems of other medicines, and by using the body to mount its own defenses, they empower the immune system. Furthermore, immunization is very cost-effective. One dollar spent on immunization now saves ten dollars that would have to be spent later treating these preventable diseases (Global Perspective, Past, Present and Future, Wm. H. Foege, M.D., Carter Presidential Center).

The reduction in incidence of infectious diseases is the most significant public health achievement of the past 100 years. A major factor in reducing the toll from infectious diseases has been the development and widespread use of vaccines, which are among the safest and most effective measures for the prevention of infectious diseases (Healthy Iowans 2000, 1994 Update).

In the past twenty years, the nation has reduced the incidence rate by 97% or more for diphtheria, mumps, measles, pertussis, polio, rubella and tetanus due to the effectiveness of vaccines. Because the federal laws require school-aged vaccination, children enrolled in school have been vaccinated. However, there is no mechanism similar to school immunization laws to achieve universal immunization of preschoolers.

According to 1995 State of Iowa assessments, 77% of children served by the public sector are fully immunized by age two,

a 12% increase from 1994 levels. Locally, immunization levels are comparable to other urban areas, nearly universal at school age, but much lower at two years. In Polk County, there is a 65% immunization rate based on age-appropriate immunization levels in State of Iowa public clinics in 1995.

There has been an increase in the number of tuberculosis cases reported since 1992. This could be only a fluctuation in reported cases due to secular trends. Regardless of whether the upswing is a new trend or an expected variation, it is unacceptable from the standpoint of public health. Failure to maintain a downward trend in reported cases diverts public dollars and treatment becomes more complex. One notable change from 1993 to 1994, is the geographical distribution of TB cases in the state: in 1994, 36% (24) of the 66 reported cases were in Polk County; in 1993, only 29% (12) of all cases were in Polk County.

The immunization and infectious diseases goals for Health Polk 2000 relate to education and service integration, completion of the basic immunization series for Iowa children by age two, further reduction of vaccine-preventable childhood diseases, and programs for TB, pneumonia and influenza. The overall plan is to reduce vaccine-preventable diseases and improve the quality of life for Polk County's children and adults.

18-1 Goal Statement

Reduce indigenous cases of vaccine-preventable diseases as follows:

Vaccine Preventable Disease**

- 1). Iowa, Healthy People 2000
- 2). Iowa Baseline*
- 3). Healthy Polk 2000
- 4). Polk County +

	1)	2)	3)	4)
Diphtheria	0	0	0	0
Polio	0	0	0	0
Measles	0	19	0	2
Rubella	0	1	0	0
Congenital Rubella Syndrome	0	0	0	0
Mumps	5	85	0	2
Pertussis	10	22	2	9
HIB	0	7	0	0
Hepatitis B	0	27	0	3
Chicken Pox **	0	4197	250	531

* Baseline data were computed by averaging 1982-1991 morbidity rates.

+ Polk County data for 1994.

** Chicken Pox is not a reportable disease, but it is vaccine-preventable.

Rationale

In addition to inflicting great harm to the public, diseases like measles, rubella and pertussis are a serious drain on limited government resources (Healthy Iowans 2000, p. 154).

18-1.1 Action Step

Comply with a quality assurance review of the public health department and public health nursing service by January, 1996, to determine if recommended policies and procedures for vaccinations are being followed, with reviews completed twice annually for every provider that receives project-supplied vaccine. Polk County is audited annually. (An Iowa Department of Public Health and Polk County Health Department action step.)

Rationale

Public provider sites must follow the most current national vaccine

recommendations. Early identification of problems and recommendations for possible solutions can be made utilizing a standard biannual clinic evaluation procedure (Healthy Iowans 2000, p. 154.)

18-1.2 Action Step

Ensure Children's Immunization Initiative support from broad-based community organizations by July, 1996:

- Sponsor targeted immunization drives on a regular basis
- Facilitate development of registry system in public and private sectors
- Support collaborations between health, human services and education to integrate immunizations services and education.

(A United Way of Central Iowa, Community Focus, Iowa Department of Health, and Polk County Health Department and local service organizations action step).

Rationale

Efforts to improve immunization rates of young children must be undertaken by a broad cross-section of the public, private and volunteer sector resulting in an ongoing local system to address under-immunizations throughout the County.

18-1.3 Action Step

Convene a task force of private physician clinics in Polk County to participate in the Vaccines For Children program by July, 1996. (A Polk County Health Department, and Polk County Osteopathic Association, and Polk County Medical Society action step).

Rationale

In order for vaccination rates to increase, private physicians must participate in the effort and utilize the Vaccine For Children Program, thus providing more affordable services.

18-1.4 Action Step

Encourage and monitor use of the Chicken Pox vaccine in public and private immunization programs. (A Polk County Health Department action step.)

18-2 Goal Statement

Reduce to zero the number of infants developing hepatitis B from their carrier mothers (No current baseline data exists for Iowa).

Rationale

Transmission of HBV infection from a carrier mother to her newborn infant during the perinatal period has the greatest long-term consequences. At least 90% of these infected infants will remain chronically infected, and it is estimated that 10-15% will die of hepatitis B- related chronic liver diseases as adults. These infections can be effectively prevented if the mother can be identified and if her infant is given hepatitis B vaccine and hepatitis B immunoglobulin (HBIG) soon after birth (Healthy Iowans 2000, p. 154).

18-2.1 Action Step

Establish baseline data for Polk County of the number of infants developing hepatitis B from their carrier mothers by July, 1996. (A Polk County Health Department, Hospital Association of Greater Des Moines, Polk County Medical Society, and Polk County Osteopathic Association action step.)

Rationale

Baseline data are necessary to understand the extent of maternal hepatitis B disease in the county. Accurate baseline data will allow better planning and service delivery (Healthy Iowans 2000, p. 155).

18-2.2 Action Step

Ensure that providers participate in a program for hepatitis B screening of all women seen for prenatal care by July, 1996.

(A Polk County Health Department, Polk County Medical Society, Polk County Osteopathic Association, Hospital Association of Greater Des Moines, Planned Parenthood of Greater Iowa, and Iowa Department of Public Health action step.)

Rationale

This procedure would identify infants at risk and allow for treatment.

18-3 Goal Statement

Assure that at least 90% of Polk County children have completed the basic immunization series by two years of age. Baseline data: The Iowa Department of Public Health 1995 2-year-old Immunization Assessment of Polk County Public Clinic reports:

Percentage of children fully immunized by two years of age:

Polk County Health Department - 65%
Mercy Clark Street Clinic - 47%
Broadlawns Medical Center - 42%

Rationale

For many years, the focus was getting children immunized at school entry. Since measles and other vaccine-preventable diseases have occurred with greater frequency in infants and preschool-age children, it now has become apparent that a new focus on two-year-olds is required if reduction or elimination of disease is to occur. To achieve the goal of age appropriate immunization of 90% of two-year-olds, it is important to establish current baseline data for this age group (Healthy Iowans 2000, p. 155).

18-3.1 Action Step

Ensure that 90% of children and infants in the WIC program are adequately immunized by July, 1996. Baseline: Percentage of children 2 and under in WIC in 1994 was 65%. (A local hospital action step.)



Rationale

Many times, high-risk children who are not up-to-date on their immunizations are seen in these clinics.

18-3.2 Action Step

Implement an education and service plan for Polk County child care, early education centers, schools and targeted human service programs by January, 1997. (A Polk County Health Department, Polk County Child Care Resource Center, private health providers, and school districts action step.)

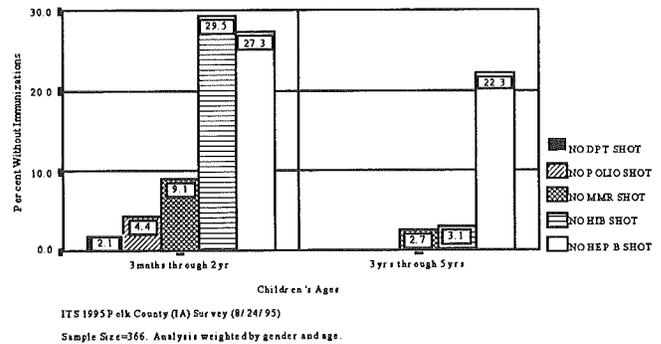
Rationale

Providing immunization education and services at locations where young children spend much of their time can increase the opportunities to reach those not accessing care at traditional health care sites.

18-3.3 Action Step

Ensure public and private sector participation in the Polk County Immunization Registry System by July, 1997. (An Iowa Department of Public Health, Polk County Medical Society, Hospital Association of Greater Des Moines, and Polk County Osteopathic Association action step.)

*Percent of Children Without Immunizations
Polk County, IA 1995*



Rationale

The need to have a consistent method to remind parents and track child immunization status must be implemented. National studies show that many children do not complete the series of shots, resulting in children who are at risk for one or more vaccine preventable diseases (Healthy Iowans 2000, p. 156). In addition, because many high-risk children don't have a single medical provider, a system to track and record their immunizations is necessary.

18-3.4 Action Step

Ensure the participation in annual immunization assessments by public and private providers in Polk County by July, 1999. (An Iowa Department of Public Health, Polk County Medical Society, Polk County

Osteopathic Association, Hospital Association of Greater Des Moines, and Polk County Health Department action step.)

Rationale

The public sector is currently assessed. More reliable data will result from assessment of the private sector as well.

18-4 Goal Statement

Increase to 95% the number of publicly-funded Polk County health, human service and education sites that dispense information and education on immunizations. (Baseline data is not available.)

Rationale

The importance of fully informing the public of the risk and benefits of immunizations will allow them to make educated consumer health decisions and will make them cooperative partners in their families' preventive health care (Healthy Iowans 2000, p. 156).

18-4.1 Action Step

Develop an immunization education package for health, human service and education providers that can be distributed to parents by January, 1997. (A Polk County Health Department, Iowa Department of Public Health, Polk County Child Care Resource Center, Hospital Association of Greater Des Moines, and Polk County school districts action step.)

Rationale

Health, human service and education sites have continual contact with parents. Parents who are educated about the benefits of

vaccines are more likely to keep their children on schedule and thus reduce the risk of contracting vaccine-preventable diseases (Healthy Iowans 2000, p. 156).

18-4.2 Action Step

Establish by January, 1997, baseline data on the number of publicly-funded health, human service and education sites that dispense education and information on immunizations. (A Polk County Health Department action step.)

Rationale

Accurate baseline data will facilitate better planning.

18-5 Goal Statement

Increase by 10% the number of persons 65 years and older, and high-risk populations (as defined by the Center for Disease Control) to receive influenza and pneumococcal pneumonia vaccines by the year 2000. (Baseline data: Currently, no accurate data exist on the incidence of either influenza or pneumococcal pneumonia.)

Healthy Polk 2000
ITS 1995 Polk County (IA) Survey
(8/24/95)
Gender Total

<u>Age Range</u>	<u>Flu Shot in the Last 12 Months</u>	<u>Pneumonia Shot Ever</u>
18-29	Yes: 15.7% No: 83.7%	Yes: 9.6% No: 81.3%
30-39	Yes: 12.4% No: 87.6%	Yes: 8.5% No: 87.8%

40-49	Yes: 19.3% No: 80.7%	Yes: 10.3% No: 87.1%
50-59	Yes: 27.0% No: 73.0%	Yes: 13.7% No: 86.3%
60-69	Yes: 44.7% No: 55.3%	Yes: 29.5% No: 68.1%
70+	Yes: 60.2% No: 39.1%	Yes: 59.5% No: 39.6%
TOTALS:	Yes: 24.5% No: 75.3%	Yes: 17.4% No: 78.6%

Rationale

Influenza and pneumococcal pneumonia are associated with thousands of deaths and hospital stays nationwide each year. A program targeted to high-risk populations such as those who are 65 or older, nursing home/chronic care residents, and other special at-risk populations can reduce the incidence of these diseases (Healthy Iowans 2000, p. 156).

18-5.1 Action Step

Establish baseline data by July, 1996, on the incidence of influenza and pneumococcal pneumonia deaths. (A Polk County Health Department action step.)

1994 Influenza Deaths:
Iowa: 42 deaths
Polk County: 2 deaths

Rationale

Accurate baseline data will facilitate better planning and services.

18-5.2 Action Step

Continue to provide a county-wide influenza and pneumococcal pneumonia

vaccine program in the public sector for high-risk individuals (including high-risk children), as defined by the Center for Disease Control. (A Polk County Health Department action step.)

Rationale

A program for high-risk individuals would reach those most needing influenza and pneumococcal pneumonia vaccinations, and reduce diseases and other problems associated with those diseases (Healthy Iowans 2000, p. 157).

18-6 Goal Statement

Reduce the number of active cases of tuberculosis in Polk County to the 1992 level.

Baseline data:	*Reported cases of tuberculosis for Polk County:
1992	5
1993	12
1994	24
(as of Oct. 1995)**	17 (55 for Iowa)

* Source: Iowa Department of Public Health
** This figure reflects the cases having completed the diagnostic process. Other suspect cases will take months for final diagnosis.

Rationale

The portion of tuberculosis cases is higher in Polk County than in the rest of the state, partly due to the higher number of at-risk populations--foreign-born residents, minorities and elderly.

18-6.1 Action Step

Establish a screening program by July, 1999, that identifies those most susceptible to

developing tuberculosis. (A Visiting Nurse Services and Polk County Health Department action step.)

Rationale

Screening can logically be done through local health departments in coordination with other health care providers.

18-6.2 Action Step

Develop a system through current health care efforts by July, 1999, to identify and screen people who enter the United States at a location other than Iowa, establish residence and later move to Polk County. (A Polk County Health Department, Iowa Department of Public Health, Polk County school districts, Proteus, Iowa Bureau of Refugee Services and Visiting Nurse Services action step.)

Rationale

This population is at high risk of contracting tuberculosis.

18-6.3 Action Step

Assure that by July, 1999, Polk County acts as payer of last resort for those who qualify and need medical evaluations for tuberculosis. (A Polk County Health Department and Broadlawns Medical Center action step.)

Rationale

This high-risk population is uninsured, cannot afford to pay for care, and, therefore, remains infected and at risk to the rest of the population.

18-6.4 Action Step

As new immigrant populations with different languages are identified, develop and distribute by July, 1997, culturally sensitive educational material regarding tuberculosis for high-risk populations. (A Visiting Nurse Services, Broadlawns Medical Center, Polk County Health Department, Iowa Bureau of Refugee Services, and public/private community clinics action step.)

Rationale

The more educated about the disease that high-risk populations become, the more likely they may be to seek health care.

**RELATED GOALS IN OTHER
CHAPTERS**

- Chapter 4 - Goal 4-1 Comprehensive family planning services accessible**
- Chapter 7 - Goal 7-1 Pre-school programs accessible**
- Chapter 19 - Goal 19-1 Assurance of screening and immunization**
- Goal 19-2 Promotion of preventive health services**
- Goal 19-3 Primary care for children, primary and episodic**

**IMMUNIZATION AND INFECTIOUS
DISEASES WORK GROUP**

Facilitator:
Ginny Hancock, Community Focus

Members:
Rose Marie Serra, Visiting Nurse Services
Jess Silva, Polk County Health Department
Teri Thornton, Polk County Health Department
Mary Wathen, Broadlawns Medical Center

Goals	Action Steps	Deadline	Sug. Participating Agencies	Possible Funding Source
18-1 Reduce indigenous cases of vaccine preventable diseases to Iowa Healthy People 2000 benchmarks	18-1.1 Comply with quality assurance review to determine if recommended policies and procedures for vaccinations are being followed	January, 1996	Polk County Health Department, Iowa Department of Public Health	Iowa Department of Public Health
	18-1.2 Ensure Children's Immunization Initiative support from broad-based community organizations: <ul style="list-style-type: none"> • targeted immunization drives • registry system development • cross-sector service integration 	July, 1996	United Way of Central Iowa, Community Focus, Polk County Health Department, Iowa Department of Public Health, local service organizations	Vaccine For Children, United Way of Central Iowa, private-sector grants, local service organizations
	18-1.3 Convene task force of private physicians, clinics to participate in Vaccine For Children program	July, 1996	Polk County Health Department, Polk County Medical Society, Polk County Osteopathic Association	None
	18-1.4 Encourage & monitor use of the chicken pox vaccine in public and private immunization programs	January, 1998	Polk County Health Department	
18-2 Reduce to zero the number of infants developing hepatitis B from their carrier mother	18-2.1 Establish baseline data for Polk County of the number of infants developing hepatitis B from their carrier mothers	July, 1996	Polk County Health Department, Polk County Medical Society, Hospital Association of Greater Des Moines, Polk County Osteopathic Association	Iowa Department of Public Health

IMMUNIZATIONS AND INFECTIOUS DISEASES
Chapter 18

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	18-2.2 Ensure that providers participate in a program for hepatitis B screening of all women seen for pre-natal care	July, 1996	Iowa Department of Public Health, Polk County Health Department, Hospital Association of Greater Des Moines, Polk County Medical Society, Planned Parenthood of Greater Iowa, Polk County Osteopathic Association	Polk County, private sector
18-3 Assure that 90% of Polk County children have completed the basic immunization series by two years of age	18-3.1 Ensure that 90% of children and infants in the WIC program are adequately immunized	July, 1996	All local hospitals, Polk County Health Department	Vaccine For Children, Iowa Department of Public Health
	18-3.2 Implement education and service plan for Polk County Child Care, early education centers, schools and targeted human service programs	January, 1997	Polk County Health Department, Polk County Child Care Resource Center, private health providers, school districts	Private health providers, private sector grants, Polk County
	18-3.3 Ensure public and private sector participation in Polk County Immunization Registry System	July, 1997	Iowa Department of Public Health, Polk County Medical Society, Polk County Osteopathic Association, Hospital Association of Greater Des Moines	Iowa Department of Public Health (software) private health providers grants (hardware)
	18-3.4 Ensure participation in annual immunization assessments by public and private providers	July, 1999	Polk County Health Department, Iowa Department of Public Health, Polk County Medical Society, Polk County Osteopathic Association, Hospital Association of Greater Des Moines	Private health providers, private sector grants, Iowa Department of Public Health, Polk County

IMMUNIZATIONS AND INFECTIOUS DISEASES
Chapter 18

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
18-4 Increase to 95% the number of publicly funded Polk County health, human service and education sites that dispense information and education on immunizations	18-4.1 Develop immunization education package for health, human service and education providers that can be distributed to parents	January, 1997	Polk County Health Department, Iowa Department of Public Health, Polk County Child Care Resource Center, Hospital Association of Greater Des Moines, Polk County school districts	Private sector, Polk County, Iowa Department of Public Health
18-4 (Continued) Increase to 95% the number of publicly funded Polk County health, human service and education sites that dispense information and education on immunizations	18-4.2 Establish baseline data on the number of publicly funded health, human service and education sites dispensing immunization information and education	January, 1997	Polk County Health Department	Polk County
18-5 Increase by 10% the number of persons 65 years and older and high-risk populations (as defined by the Center for Disease Control) to receive influenza and pneumococcal pneumonia vaccines	18-5.1 Establish baseline data on incidence of influenza and pneumococcal pneumonia	July, 1996	Polk County Health Department	Polk County
	18-5.2 Continue to provide a county-wide influenza and pneumococcal pneumonia vaccine program for high-risk individuals	January, 1996	Polk County Health Department	Polk County
18-6 Reduce the number of active cases of tuberculosis in Polk County to the 1992 level	18-6.1 Establish a screening program that identifies those most susceptible to developing tuberculosis	July, 1999	Polk County Health Department Visiting Nurse Services	Polk County

GOALS AND ACTION STEPS SNAPSHOTS

IMMUNIZATIONS AND INFECTIOUS DISEASES
Chapter 18

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	18-6.2 Develop a system to identify and screen seasonal migrants through current health care efforts	July, 1999	Polk County Health Department, Iowa Department of Public Health, Iowa Bureau of Refugee Services, Proteus, Polk County school districts, Visiting Nurse Services	Polk County, Iowa Department of Public Health
18-6 (Continued) Reduce the number of active cases of tuberculosis in Polk County to the 1992 level	18-6.3 Assure that Polk County acts as payer of last resort for those who qualify and need medical evaluations for tuberculosis 18-6.4 As new immigrant populations are identified, develop and distribute culturally-sensitive educational materials regarding tuberculosis for high-risk populations	July, 1999	Polk County Health Department, Broadlawns Medical Center	Polk County, Broadlawns Medical Center
		July, 1997	Polk County Health Department, Visiting Nurse Services, Broadlawns Medical Center, Iowa Bureau of Refugee Services, public and private community clinics	Polk County private sector grants

Chapter 19

CLINICAL PREVENTIVE SERVICES

Introduction

Healthy People 2000 established goals for community wellness activities. Those goals aim to: increase the span of healthy life for Americans; reduce health disparities among Americans; and achieve access to preventive services for all.

In 1984, a task force was convened by the United States Department of Health and Human Service. The U.S. Preventive Services Task Force released recommendations in 1988 for 60 target conditions effecting individuals from birth throughout the aging process. The report stressed a balance between conventional diagnostic screening and less traditional clinical roles such as counseling and education. Individual accountability for personal health was recognized.

Attitudes around health care are shifting from illness models based on disease specific approaches to broader-based prevention efforts. Little local data exists to provide a picture of the current status of preventive health service delivery in Polk County. Clearly, shifting the focus from a fee-for-service model of health-care financing to a "managed care" or "capitated lives" approach, includes incentives for providers and payors alike to begin to appreciate the value of integrating prevention into our current health-care system.

We have little data from which to draw conclusions regarding the utilization of preventive services by vulnerable populations in the County. Accurate information on uninsured and underinsured citizens cannot be

found. Polk County is racially and culturally diverse. We have large numbers of children, single mothers and elderly individuals. Public providers are increasingly challenged by our rapidly growing refugee and immigrant population.

Access barriers to primary care services must be addressed. Providers need to be educated, re-educated and given incentives to provide preventive services. Creating alternative health care delivery sites can improve continuity of care. In Polk County there are a number of community-based clinic sites, yet some operate in isolation without linkage to a continuum of services. Health care access is related not only to location and service but to socioeconomic and cultural concerns as well. Individuals need to be empowered and assume responsibility for behavioral changes which promote personal health. A comprehensive, coordinated system of health promotion, disease prevention and primary health care will require a broadbased multifaceted approach.

19-1 Goal Statement

By 2000, increase to at least 60% the proportion of people in Polk County who have received, as a minimum within the appropriate interval, all of the screening and immunization services, and at least one of the counseling services appropriate for their age and gender, as recommended by the U.S. Preventive Services Task Force. (Baseline: 1995 data from Healthy Polk 2000 Survey)

Rationale

The majority of those persons surveyed in Polk County have not received many of the recommended screening and/or counseling services within the past year. Specific examples include a large proportion of male population without routine screening in over one year. Elderly citizens were rarely questioned about self-care abilities. There are limited incentives for citizens to access routine care. Financial barriers to preventive healthcare exist in Polk County. Seventeen percent of those surveyed said cost was a barrier to receiving services. Women were screened for preventive services less often than men.

19-1.1 Action Step

PCHD will work with IDPH, employers and insurers to include the US Preventive Services Task Force recommendations as part of a Standard Benefit package. The Final Report to the Iowa Health Reform Council from the Subcommittee for Children and Adolescents should serve as a prototype and guide for recommendations regarding children and adolescents. (A Polk County Health Department action step.)

19-1.2 Action Step

By April, 1996, a "Preventive Services" task force should be appointed and include, but not be limited to, members from the Polk County Medical Society, Iowa Nurses Association, Iowa Association of Nurse Practitioners, Physician Assistant Professional group, Medical Group Management Association, Dental providers, Allied Health providers, HAGDM and consumers. The task force should be convened with a goal of creating a multidisciplinary vehicle to educate providers on the recommended schedules and efficacy of preventive services. This task force should also consider provider mixes for

sufficient and appropriate delivery of preventive services. (A Health Planning Committee implementation team action step.)

19-1.3 Action Step



By the year 2000, improve financing and delivery of clinical preventive services so that no Polk County citizen has a financial

barrier to receiving at a minimum the screening, counseling and immunization services recommended by the U.S. Preventive Services Task Force. (A Health Planning Committee implementation team action step.)

19-1.4 Action Step

Beginning July, 1996, the Preventive Services Task Force will work with professional and allied health programs to develop appropriate curriculum that integrates prevention services and wellness promotion. (A Preventive Services Task Force and education institutions action step.)

19-1.5 Action Step

In 1998, conduct, at a minimum, one periodic assessment of the prevention services being offered by both public and private providers. A comprehensive reassessment should be conducted in the year 2000. (Private insurers, local hospitals, DHS, Unisys, and IDPH action step.)

19.2 Goal Statement

By 2000, Polk County will have developed an action plan for the provision of comprehensive, coordinated, client and family-centered primary health care. Financial



resources need to be allocated to the PCHD to assume the lead role in the development of the plan. The assessment, planning and implementation should emphasize public-private collaborative efforts. The utilization of personal preventive health services as part of this integrated system of primary health care services will be promoted. (Baseline: No data available)

Rationale

This method of delivery ensures that the individual or family unit is at the center of the healthcare system. Citizens are supported, educated and empowered to make informed decisions about their own health and well-being. The healthcare provider understands and acknowledges the uniqueness of individual, family and cultural relationships and the impact of these relationships on health status. Personal accountability is an essential component of this method of healthcare delivery. It is a true partnership.

19-2.1 Action Step

PCHD will conduct an asset mapping of local public/private primary care services

available to the citizens of the County by August, 1996. (A Polk County Health Department action step.)

19-2.2 Action Step

A determination of where gaps exist will be completed by September, 1996. (Polk County Health Department and Health Planning Committee action step.)

19-2.3 Action Step

Convene a group of local public/private health providers who are currently providing community-based health services by September, 1996. (A Polk County Health Department and Health Planning Committee action step.)

Rationale

This group should collaborate on the development of a plan to meet additional community need. Effort should be made to reduce duplication, share resources and remove organizational barriers in order to best serve the community.

19-2.4 Action Step

When new community-based services are developed, they should be linked to a continuum of services that includes illness care. (A Preventive Services Task Force action step.)

19-2.5 Action Step

Develop a system for monitoring and evaluating the use of primary health care services by 2000. (Preventive Services Task Force action step.)

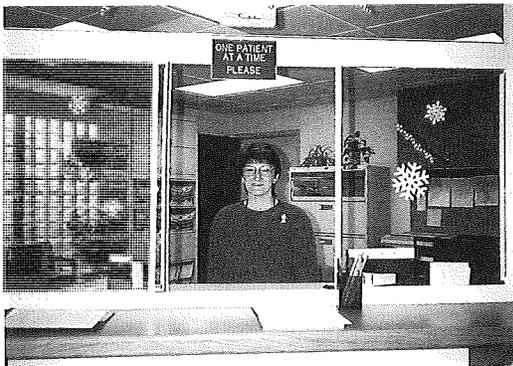
19-2.6 Action Step

Primary care providers will continue to

play a coordinating role in ensuring continuity of patient care. (A Preventive Services Task Force action step.)

19-3 Goal Statement

By 2000, increase to at least 95% the proportion of people in Polk County who have a specific source of on-going primary care for coordination of their preventive and episodic health care. (Baseline adequate data not available)



Rationale

Lack of preventive care causes long-term disability for millions of Americans. Disability is experienced disproportionately by those groups who do not access the healthcare system. The economic impact is vast. Little data is available on the utilization of preventive services by minority populations.

19-3.1 Action Step

By August, 1996, conduct additional study and specifically target vulnerable populations, e.g., women and children, elderly, minority populations, homeless, refugee groups, etc. (A Drake Institute for Community Building, Drake Center for Health Issues, University of Iowa School of Social Work, UOMHS - Health Care Administration, Hospital Association of Greater Des Moines, and Insurers action step.)

19-3.2 Action Step

Create a minority health coalition which could examine such issues as health disparity and access barriers by May, 1996.

RELATED GOALS IN OTHER CHAPTERS

Virtually all chapters in **Healthy Polk 2000** relate to prevention. See especially Chapter 7 and its goals relating to educational and community-based programs and Chapter 18 and its goals on immunizations. Since nearly all chapters of **Healthy Polk 2000** have a major focus on prevention, a listing of specific goals in other chapters is not included here.

CLINICAL PREVENTIVE SERVICES WORK GROUP

Facilitator:

Becky Miles-Polka, Iowa Health Systems

Members:

Bob Beckwith,

Dennis Countryman, Smart Corporation

Mardelle Dallager, Des Moines Public Schools

Ron Davis, Broadlawns Medical Center

Willis Fry, Broadlawns Medical Center

Sharon Phillips, Mercy Hospital Medical Center

JoAnn Reinboth, Grand View College, Division of Nursing

Sarah Renner, Planned Parenthood

Art Spies, Association of Iowa Hospitals and Health Systems

CLINICAL PREVENTIVE SERVICES
Chapter 19

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
<p>19-1 At least 60% of county citizens will have received all of the screening and immunization services, and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force</p>	<p>19-1.1 Work with the Iowa Department of Public Health, employers and insurers to include the U.S. Preventive Services Task Force recommendations as part of a standard benefit package. The final report to the Iowa Health Reform Council from the sub-committee for children and adolescents should serve as a prototype and guide for recommendations regarding children and adolescents</p>	<p>2000</p>	<p>Polk County Health Department</p>	
	<p>19-1.2 A "Preventive Services" Task Force should be convened with a goal of creating a multi-disciplinary vehicle to educate providers on the recommended schedules and efficacy of preventive services. Provide Preventative Services Kits to physicians. Consideration should be given to provider mixes for sufficient and appropriate delivery of preventive service</p>	<p>April, 1996</p>	<p>Health Planning Committee implementation team</p>	
	<p>19-1.3 Improve financing and delivery of clinical preventive services to eliminate financial barriers</p>	<p>2000</p>	<p>Health Planning Committee implementation team</p>	

GOALS AND ACTION STEPS SNAPSHOTS

CLINICAL PREVENTIVE SERVICES
Chapter 19

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	<p>19-1.4 Work with professional and allied health programs to develop appropriate curriculum that integrates prevention services and wellness promotion</p>	<p>July, 1996</p>	<p>Prevention Task Force, Education Institutions</p>	
	<p>19-1.5 Conduct an assessment of the prevention services offered by both public and private providers before 2000. A comprehensive re-assessment should be done in the year 2000</p>	<p>1998, 2000</p>	<p>Private insurers, DHS, IDPH, Polk County Health Department, UNISYS</p>	<p>In-Kind, grants</p>
<p>19-2 An Action plan will be developed for the provision of comprehensive coordinated client and family centered primary health care. The assessment, planning and implementation should emphasize public-private collaboration. Personal Preventive Health Services will be promoted</p>		<p>2000</p>	<p>Polk County Board of Health</p>	<p>Polk County</p>
	<p>19-2.1 Conduct an asset mapping of local public/private primary care services available to citizens</p>	<p>August, 1996</p>	<p>Polk County Health Department or designee</p>	<p>In-Kind, PCMS, CIHS</p>

CLINICAL PREVENTIVE SERVICES
Chapter 19

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
	19-2.2 Determine where service gaps exist	September, 1996	Polk County Health Department, Health Planning Committee	Polk County Health Department
	19-2.3 Convene a group of local public/private health providers currently providing community based health services to develop a plan to meet additional community need. Effort should be made to reduce duplication, share resources and remove organizational barriers in order to best serve the community	September, 1996	Polk County Health Department, Health Planning Committee or designee	Polk County Health Department, In-Kind
	19-2.4 Link new community-based services to a continuum of services that includes illness care	On-going	Preventive Services Task Force	
	19-2.5 Develop a system for monitoring and evaluating the use of primary health care services	2000	Preventive Services Task Force	
	19-2.6 Primary care providers will play a coordinating role in ensuring continuity of patient care	On-going	Preventive Services Task Force	

GOALS AND ACTION STEPS SHAPSHOTS

CLINICAL PREVENTIVE SERVICES
Chapter 19

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
<p>19-3 By the year 2000 at least 95% of Polk County citizens will have a specific source of on-going primary care for coordination of their preventive and episodic health care</p>				
	<p>19-3.1 Conduct additional study specifically targeting vulnerable populations</p>	<p>August, 1996</p>	<p>Drake, University of Iowa School of Social Work, University of Osteopathic Medicine and Health Science, Hospital Association of Greater Des Moines</p>	<p>New Funding or In-Kind</p>
	<p>19-3.2 Create a minority health coalition which could examine such issues as health disparity and access barriers</p>	<p>May, 1996</p>	<p>Health Planning Committee implementation team</p>	

Chapter 20

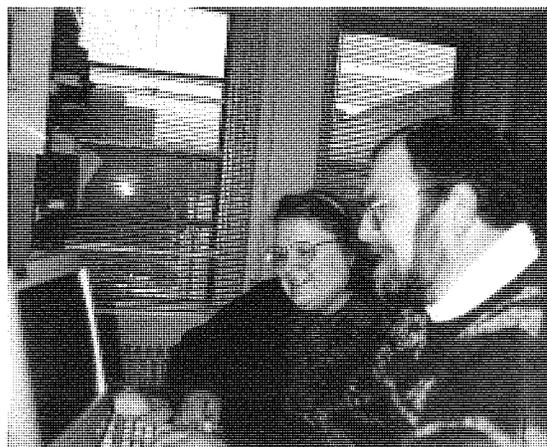
SURVEILLANCE AND DATA SYSTEMS

Introduction

Public health surveillance is the systematic collection, analysis, interpretation, dissemination, and use of health information. It is used to better understand the health status of the population and for planning, implementation, describing, and evaluating public health programs that control and prevent adverse health events. A national comparative set of health status indicators has been developed for use by federal, state, and local public health agencies. Published in 1991, these indicators are maintained statewide in Iowa by the Iowa Department of Public Health and are called the Iowa Health Indicators Tracking System (IHITS). IHITS data for Polk County became available and was provided to Healthy Polk 2000 in August, 1995, for use by committees in development of goals and action steps to improve the status of Polk County residents by the turn of the century. Data received in August, 1995, comprising 1993 indices of mortality and morbidity will form a baseline for comparison annually.

State and local-level data are essential for program managers and health care providers to assess health status and services and plan, carry out, and evaluate health programs. Generally, mortality statistics are the most readily source of data. However, measures of mortality alone are not satisfactory for many health problems. Morbidity, risk factors and other sources of data are needed for effective planning to improve disease prevention, health promotion, quality of life, health, and overall well-being.

In addition to IHITS data for Polk County, the Polk County Health Department commissioned a health behavior survey to measure risk attendant to Polk County residents' life style choices. Information



Transfer Systems, Inc., of Ann Arbor conducted the survey of 1016 randomly selected households in Polk County from late July through late September, 1995. The report from the computer assisted telephone interviews provides a reliable description of behavioral risk of Polk County residents, and also provides a baseline for comparison of risk behaviors in future years. The Healthy Polk 2000 questionnaire was based on NHI approved core elements of a BRFSS national survey, modified to meet Polk County needs as determined by volunteers of the Healthy Polk 2000 Project.

In addition to these two vital sources of Polk County health data, commonly used by virtually all work groups, each work group identified other sources of local data useful to its area of study.

The achievement of the goals and action steps in this chapter will help improve the quality, dissemination, and use of health information and will provide a sound data base for public health initiative well into the 21st century. In addition to the specific surveillance goals in this chapter, there are also a number of other chapters containing data and surveillance goals and action steps.

20-1 Goal Statement

Annually disseminate data on the 18 recognized health status indicators for Polk County for use by Healthy Polk 2000 work groups to monitor progress toward goals found in other chapters of this document.

Rationale

Beginning in 1995, the State Department of Public Health and its Health Indicator Tracking System will publish for Iowa and for each county the health status indicators listed below. Polk County data can be used for general education purposes to encourage healthy life styles and shall be used to measure change from baseline data to determine progress toward adopted goals of Healthy Polk 2000.

The nationally selected health status indicators are:

1. Infant mortality, per 1,000 live births

Death rates (age-adjusted rate per 100,000 population) for:

2. Motor vehicle crashes
3. Work-related injury
4. Suicide
5. Lung cancer
6. Breast cancer

7. Cardiovascular disease
 - a. Heart disease
 - b. Stroke
8. Homicide
9. All causes

Reported incidence (rate per 100,000 population) of:

10. AIDS cases
11. Measles (total cases)
12. Tuberculosis
13. Primary and secondary syphilis

Indicators of risk:

14. Birthweight <2500 grams, as a percent of live births
15. Births to females <18, as a percent of live births
16. Prenatal care, percent of mothers not receiving care during first trimester
17. Childhood poverty, percent of children less than 18
18. Proportion of persons living in counties meeting EPA standards for air quality

20-1.1 Action Step

Beginning in 1996, receive (from the IHITS project conducted by the State Department of Public Health) and disseminate annually the most recent available year's health status indicators for Polk County for comparison with baseline 1993 data received in 1995. (A Polk County Health Planning Committee, and Drake Institute for Community Building action step.)

Rationale

Work groups can use Health Status Indicators to monitor results of action steps

and other interventions to improve the public health. Measurement will enhance target of limited resources to areas of greatest need and to interventions which can modify behavior and health status.

20-2 Goal Statement

Measure progress in implementation of action steps to assure action steps as identified are performed.

Rationale

Tracking of action steps implementation will identify success, gaps, and failure to perform as projected in Healthy Polk 2000 and provide guidance for needed program stimulus or change.

20-2.1 Action Step

Develop a system for collecting information on and inventory of action steps presented with penetration of target audiences documented. (A Polk County Health Planning Committee action step.)

Rationale

The way to determine if progress is being made on action steps and goals is to collect and review specific data. Relation of action steps to outcomes as measured by health status indicators should be attempted. A system to collect the needed pieces of information needs to be designed and implemented.

20-2.2 Action Step

In 1998, and in the year 2000, measure changes in behavioral risk factors by conducting followup surveys replicating of

the survey done by ITS in 1995, especially focussed on problems and goals identified in Healthy Polk 2000. (A Polk County Health Planning Committee action step.)

Rationale

By completing followup surveys and assessments, the effectiveness of action steps can be measured.

20-2.3 Action Step

Keep the community informed of progress toward Healthy Polk 2000 goals. (A Health Planning Committee action step.)

Rationale

To be useful, data on Polk County's progress must be provided consistently to such groups as the Polk County Health Planning Committee, its sub-committees, Healthy Polk 2000 work groups, other collaborating committees, organizations and interest groups, and presented in educational forums to the general public.



**RELATED GOALS IN OTHER
CHAPTERS**

Chapter 3 - Goal 3-1 Data on drug use by prisoners

Goal 3-6 Registry of substance abusers

Chapter 6 - Goal 6-1 Decrease homicide rate

Chapter 9 - Goal 9-1 Merge Industrial Commission and Labor Commission data

Goal 9-2 Require farm-related injury reporting

Chapter 10 - Goal 10-9 Air pollution control and monitoring

Goal 10-14 Enforce requirement of environmental disease records

Chapter 13 - Goal 13-1 Reduce infant mortality rate

Chapter 14 - Goal 14-1 Reduce death rate from heart disease/stroke

Goal 14-3 Gather information on hypertension

Goal 14-4 Gather information on cholesterol risk

Chapter 15 - Goal 15-1 Maintain and use cancer registry for evaluation

Chapter 17 - Goal 17-3 Create local reporting directory

Goal 17-4 Make HIV cases reportable

Chapter 18 - Goal 18-1 Report and reduce cases of vaccine reportable diseases

Goal 18-3 Establish baseline data on immunizations

Chapter 19 - Goal 19-2 Evaluation and monitor system for primary care and preventive services

**SURVEILLANCE AND DATA
SYSTEMS WORK GROUP**

Facilitator:

Don Dunn, The Dunn Associates

Members:

Meribeth Herzberg-Stegall, M.A., Ph.D.,
University of Osteopathic Medicine
& Health Sciences

Mary Krieg, Quality Management
Consultants, Inc.

Mary McCann, Polk County Health
Department

M. Scott Stegall, M.H.S.A., Ph.D.,
University of Osteopathic Medicine
& Health Sciences

GOALS AND ACTION STEPS SNAPSHOTS

SURVEILLANCE AND DATA SYSTEMS
Chapter 20

Goals	Action Steps	Deadline	Suggested Participating Agencies	Possible Funding Source
20-1 Annually disseminate data on 18 health status indicators for Polk County to be used by work groups to monitor progress toward goals	20-1.1 Receive and disseminate IHITS data annually	1996	Polk County Health Planning Committee, Drake Institute for Community Building	
20-2 Measure progress of implementing Healthy Polk 2000 goals to assure identified action steps are performed	20-2.1 Develop a system for collecting data and inventory of action steps presented to target audiences		Health Planning Committee	
	20-2.2 Measure changes in behavioral risk factors by conducting follow-up replicative survey done by ITS in 1995	1998/2000	Health Planning Committee	
	20-2.3 Keep community appraised of progress toward goals	On-going	Health Planning Committee	