

# 2014 | **healthy** communities

Bridging health opportunities with Iowa neighborhoods

CONDUCT A **WALK AUDIT**  
IN YOUR COMMUNITY **PAGE 28**

LIVING IN A **SMOKE-FREE**  
HOME AND COMMUNITY **PAGES 33-36**

How **CDSMP** CHANGED  
BILL SARGENT'S LIFE

**PAGE 9**



quicktip

## featured content

<b>CLINICAL PREVENTION</b>	<b>5</b>
<b>HEALTHY EATING</b>	<b>15</b>
<b>PROMOTING ACTIVE LIVING</b>	<b>27</b>
<b>TOBACCO-FREE LIVING</b>	<b>33</b>
<b>IN YOUR HOME AND COMMUNITY</b>	<b>37</b>

## emerging practices

<b>FULL-SERVICE DENTAL VISITS</b> What is being incorporated at dental visits?	<b>5</b>
<b>IOWA eWIC SYSTEM</b> Changes to WIC are coming!	<b>20</b>
<b>BODY &amp; SOUL</b> African-American churches are getting involved in the prevention of chronic disease.	<b>41</b>

## article highlights

<b>MANAGING CHRONIC DISEASE</b> The Chronic Disease Self-Management Program helps attendees like Bill Sargent face their chronic conditions.	<b>9</b>
<b>MEDICATION THERAPY MANAGEMENT</b> See how pharmacies can play a bigger role in your health.	<b>11</b>
<b>FOOD GARDENING FEEDS IOWANS</b> Cultivate Iowa details the benefits of gardening.	<b>16</b>
<b>PUTTING IT INTO PRACTICE</b> The Pottawattamie WIC program started a container gardening program.	<b>18</b>
<b>RESPECTING SHARED SPACE</b> More community spaces are going smoke-free.	<b>33</b>
<b>HEALTHY SCHOOLS</b> Students and adults work together to update school wellness policies.	<b>37</b>
<b>LIVING WELL AT WORK</b> What healthy options are available at your workplace?	<b>39</b>
<b>SAFE WATER</b> Fluoridated drinking water is safe and benefits your oral health.	<b>46</b>
<b>GRANT EXPANSION</b> The PHHS Block Grant expansion is bringing new opportunities to IDPH and local communities.	<b>51</b>

**Farmer's markets** are good places to find locally-grown fresh fruits, vegetables, and other healthy food options in your community.



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### **county**stories

Stories were collected from the local public health agencies that worked on the Iowa Community Transformation Grant (CTG). These stories served as the main inspiration for this magazine and were included with noted articles.

*Thank you to all of the contributors, CTG counties, and magazine and program staff who worked on this publication.*



## welcomefriends

It is my privilege to welcome you to the third edition of *Healthy Communities* magazine. Within this publication, we have highlighted new and innovative public health practices and updates. Many of these noted successes also underscore the valuable relationship between the Iowa Department of Public Health and local communities. The traditional *Healthy Communities* cover photo of a bridge further symbolizes this partnership and emphasizes our need to “bridge health opportunities with Iowa neighborhoods.”

Without the dedicated work of local public health departments and other community agencies, fewer health prevention opportunities would be available for Iowa communities. Articles within this magazine feature the different ways that local communities have been involved in making higher level changes on issues such as the built environment, tobacco-free living, community food assessments, and health navigation.

By working together, we can help prevent the spread of chronic disease and injuries and can positively influence the health and wellbeing of all Iowans.

Thank you for your interest in *Healthy Communities* magazine. We hope you enjoy the featured articles.



Gerd W. Clabaugh, MPA  
Director



### iowa community transformation grant

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The Community Transformation Grant is intended to prevent leading causes of death and disability through evidence-based initiatives, environmental and systems change, and strengthening the health infrastructure.



Fall 2014



**“One man was screened at his appointment and was immediately referred to his medical provider for very high blood pressure. He was so thankful that he sent roses to the dental hygienist who had made the referral.”**



**clinical**prevention

## full-service dental visits

The number of Iowa adults with high blood pressure has increased over the past few years (BRFSS, 2005-2009). Since high blood pressure can often be present without any outward symptoms, the importance of a simple blood pressure reading can potentially be a life-saving act.

The Iowa Department of Public Health's (IDPH) Iowa Community Transformation Grant (CTG) and I-Smile™ Dental Home Initiative – a preventive oral health program – partnered with the University of Iowa-College of Dentistry, Iowa Primary Care Association, and IDPH Division of Tobacco Use, Prevention, and Control to find additional opportunities to include blood pressure and tobacco use screenings within the community. Using a model piloted by the IDPH Heart Disease and Stroke Prevention Program and the University of Iowa-College of Dentistry, this team initiated a project to include both blood pressure and tobacco use screenings at dental visits. Since nearly 7 out of 10 adults report visiting a dentist regularly, routine blood pressure and tobacco screenings in dental offices can help more Iowans know their numbers and available resources for treatment.

The team worked together to educate local CTG and I-Smile™ staff on the project. These CTG programs and I-Smile™ dental hygienists then visited dental practices in their area and provided trainings on how to incorporate blood pressure and tobacco use screenings into their everyday appointments. “This just makes sense,” said Rachael Patterson-Rahn, I-Smile™ Coordinator for Lee County Health Department. “The dental visit is a great place to add these types of screenings.”

Many dental practices also agreed that this was a worthwhile effort. In Henry County, 80 percent of all dental clinics within the county partnered with the CTG and I-Smile™ staff to participate in the project and incorporated blood pressure screenings into their routine appointments. To date, 26 dental practices in southern rural Iowa counties received training from local CTG staff and I-Smile™

Coordinators and incorporated the screenings into their practices. With these additional screenings, more lowans were able to learn their numbers. "One man was screened at his appointment and was immediately referred to his medical provider for very high blood pressure," recalled Mandi Lauderman, CTG Coordinator for Jefferson County. "He was so thankful that he sent roses to the dental hygienist who had made the referral."

In turn, the Iowa Primary Care Association provided technical assistance to six community health center dental clinics on how to document referrals for blood pressure, tobacco use, and Quitline Iowa - a tobacco cessation program - in electronic health records.

To date at the community health centers:

- More than 8400 adults received a blood pressure screening during their dental exam.
- Over five percent of those adults were referred to the medical clinic for high blood pressure, and nearly two-thirds reported completing the referral.
- Twenty-eight percent of dental clinic patients reported using tobacco.
- Eighteen percent of those using tobacco reportedly conveyed interest in quitting tobacco and were referred to Quitline Iowa.

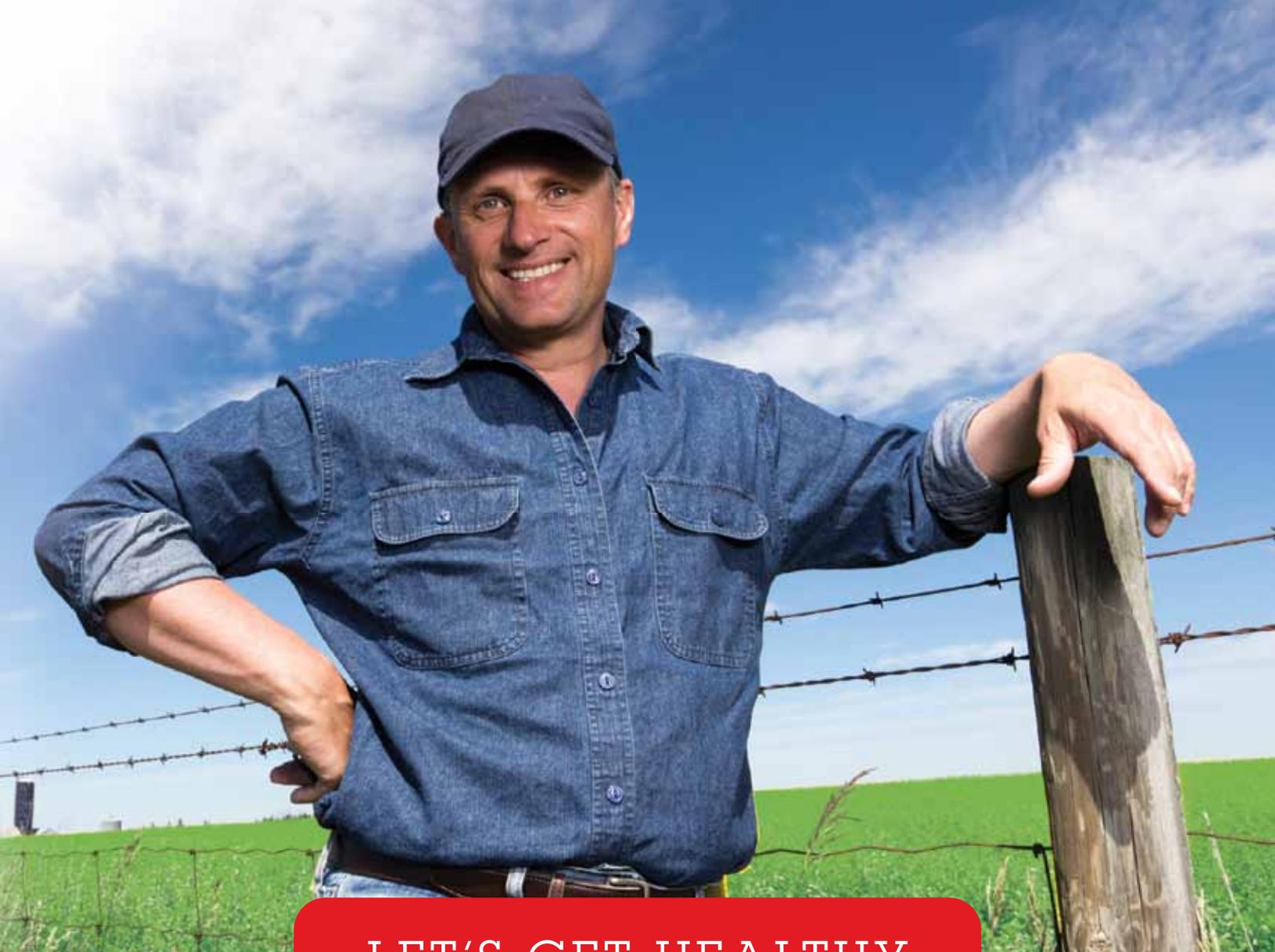
During one dental exam, a patient reported that he was a smoker. He did not know that he had high blood pressure until the screening at his exam or that it could impact other health problems. The patient was referred to both the medical clinic and Quitline Iowa. As a result, he reported that he was taking blood pressure medication and had successfully quit smoking. His dental office also reported an improvement in his oral health.

## Clinical preventive services

are an important part of a healthy community and can serve as an entry point for other screenings and referrals to additional health resources.

quicktip





LET'S GET HEALTHY

# “I WILL PROTECT MY HEART.”

Get your blood pressure checked.

**clinical**prevention

Heart disease and stroke are the first and fourth leading causes of death in the United States respectively, and heart disease is responsible for 1 of every 4 deaths in the country. In addition, heart disease and stroke are leading causes of disability among the US workforce.

In Iowa, the prevalence of hypertension mirrors the general US population. Nearly a third of Iowans have hypertension. Hypertension-related health conditions accounted for nearly 140,000 deaths in 2011, a 32 percent increase from 2002<sup>1</sup>. Despite advances in medical technology and treatment, heart disease and stroke remain the first and fourth leading causes of death in Iowa. As a result of these two leading causes of death, 32,300 years of potential life were lost<sup>2</sup>.

Risk of death only shows part of the picture. Beyond those who lose their lives each year, another 174,000 live with cardiovascular disease with 77 percent of those with hypertension reporting being on medication to lower their blood pressure<sup>3</sup>. One in three Iowans have uncontrolled hypertension, including 33 percent of people who take anti-hypertensive medications. The Centers for Disease Control and Prevention (CDC) estimates that there are also many additional individuals that have hypertension, but have yet to be diagnosed and begin treatment.

Late in 2011, the U.S. Department of Health and Human Services (HHS) launched the Million Hearts® initiative to prevent one million heart attacks and strokes by 2017 through public and private commitments to:

- Empower Americans to make healthy choices, such as preventing tobacco use and reducing sodium and trans fat consumption. These efforts can reduce the number of people who need medical treatment, including blood pressure or cholesterol medications, to prevent heart attacks and strokes.
- Improve care for people who need treatment by encouraging health systems and health professionals to focus on the “ABCS”—Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation—which address the major risk factors for cardiovascular disease and can help to prevent heart attacks and strokes

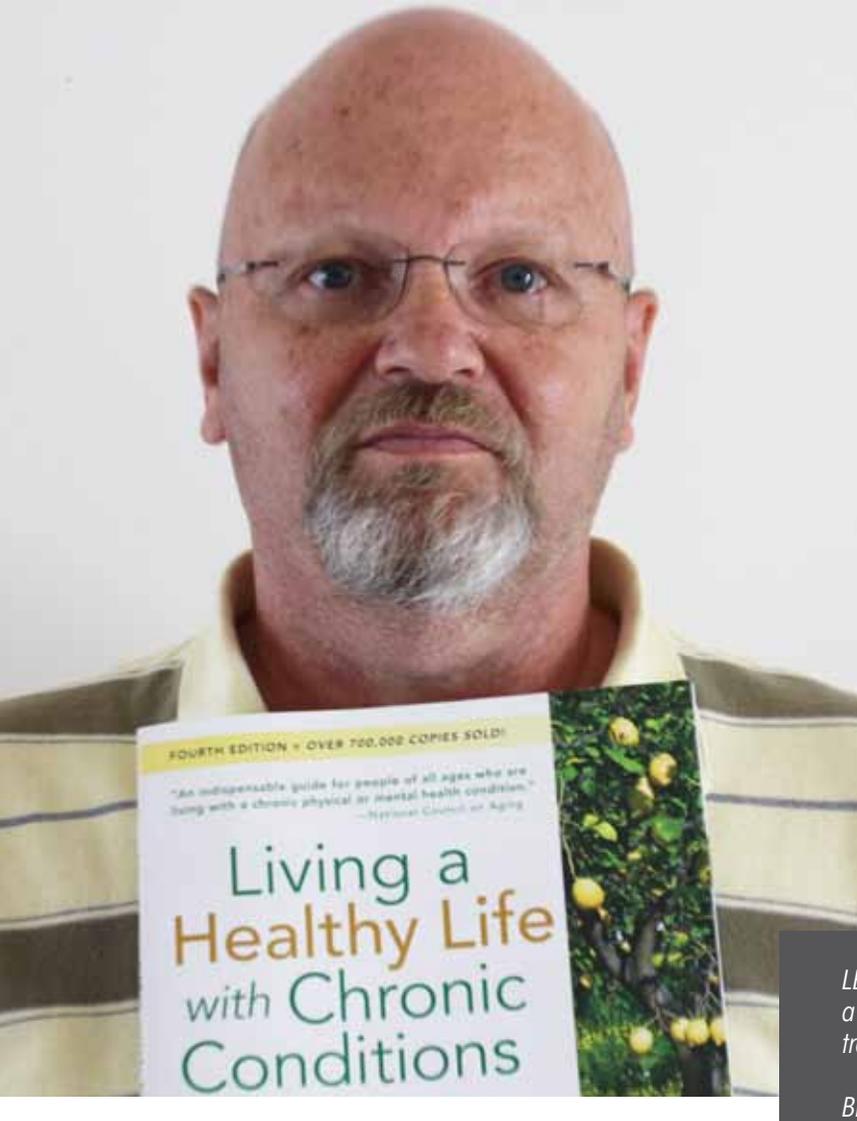
Million Hearts® brings together existing efforts and new programs to improve health across communities and help Americans live longer, healthier, more productive lives. By the end of 2012, more than 12,000 individuals and organizations pledged to support Million Hearts® in reducing heart attacks

and strokes. More than 50 public and private organizations made specific, actionable commitments to fight cardiovascular disease. Since then, even more partners have pledged support and are working with community partners in their respective states to implement Million Hearts® recommendations.

Nationally and here in Iowa, supporting organizations are working on the following actions to support the Million Hearts® initiative:

- Encouraging Americans to learn about new affordable coverage options that became available in 2014, thanks to the Affordable Care Act
- Ensuring American adults know they can potentially have preventive services, such as cardiovascular disease screening tests, covered through Medicare and their private health plans.
- Investing in community prevention by funding high impact, health promotion initiatives such as CDC-funding programs going through the Iowa Department of Public Health and local public health agencies which help communities address chronic disease risk factors.
- Supporting new models of care, such as accountable care organizations (ACOs), team care and care coordination that make it easier for doctors, mid-level providers, pharmacists and nurses to work together.
- Helping healthcare providers, hospitals and clinics adopt electronic health record (EHR) systems and other health information technology to track patient care efficiently over time and set alerts that signal when patients need support to control their blood pressure, manage their cholesterol, or quit smoking.

On April 25, 2014 a group of Iowa stakeholders met in Des Moines for a day-long workshop. The workshop was aimed at increasing Million Hearts® awareness and looking at Million Hearts® activities already taking place in Iowa, especially in the areas of team-based care and care coordination; implementation of hypertension treatment protocols at the clinical level; and the efforts to increase the numbers of partnerships between healthcare providers and pharmacists to assist patients in reaching blood pressure control. The stakeholders engaged in exercises to begin the development of a Million Hearts® Action Plan for Iowa. A smaller work group is continuing the work of this, and it is expected that such an action plan will be finalized by the end of 2014 and will scope out the major goals, objectives and tactics to guide Iowa's participation in meeting the national Million Hearts® goals.



## managingchronicdisease

The old saying states that the only two guarantees in life are death and taxes. However, are we quickly adding a third provision – chronic disease – to that phrase? It may seem so. Heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions in Iowa (Iowa Chronic Disease Report Supplement 2011). Nearly half of all Americans live with chronic disease, and many struggle with how to deal with their symptoms and condition day-to-day.

The Stanford Chronic Disease Self-Management Program (also known as Better Choices, Better Health) teaches adults techniques and daily living skills for managing their chronic disease. "The Chronic Disease Self-Management Program, or CDSMP, is a training led by peers who also have chronic conditions," stated Marilyn Jones, a trained CDSMP peer leader. "Having the training led by someone who can relate to the participant's situation helps build camaraderie and fosters a learning environment that feels safe."

*LEFT: Recent CDSMP participant Bill Sargent is pictured with the "Living a Healthy Life with Chronic Conditions" book used during the six-week training course.*

*BELOW: A photo of a recent CDSMP training group in Clarke County.*



quicktip

clinicalprevention

A CDSMP training course can help adults with chronic conditions in several areas. Participants will learn:

- Techniques to deal with isolation, frustration, fatigue, and pain
- Suitable exercises for maintaining and improving strength, flexibility, and endurance
- Appropriate use of medications
- How to communicate effectively with family, friends, and health professionals
- Healthy eating and nutrition tips
- How to evaluate treatment options

The key to the success of CDSMP is to recruit participants who would benefit from the six-week training course. Since the program is fairly new in Iowa, there are often times when there are not enough participants to hold full trainings. In Dubuque County, they addressed this issue by establishing a local physician champion. This physician champion was instrumental in working with the Dubuque County Public Health CTG program to help network and inform other health providers about the availability and importance of CDSMP. As a result, a surge of CDSMP referrals occurred, and name recognition of the program increased.

Working with health providers and medical clinics has been a key component for promoting CDSMP and increasing class sizes. In Wayne County, the CTG staff educated the local medical clinic and hospital on the CDSMP program and helped implement a referral system for patients with chronic disease. Similarly, the Poweshiek County CTG program worked with their local hospital to include a CDSMP referral into discharge orders and electronic health records for patients with diabetes, chronic obstructive pulmonary disease, and congestive heart failure.

In Polk County, CDSMP has been well-established for a few years, but more recently, the Polk County Health Department CTG program partnered with the YMCA Healthy Living Center and Mercy Health System to build upon the existing CDSMP system. This collaboration worked together to develop a structure for Mercy Health and YMCA Healthy Living Center staff when receiving referrals and providing the trainings. Referrals

can come from medical providers, through program promotion at community locations, or through word-of-mouth.

Participants like central Iowa resident Bill Sargent have taken advantage of Polk County's CDSMP collaboration. Bill has had chronic lower back pain, spinal stenosis, and arthritis in his knees for several years, and these conditions greatly affected his ability to exercise and enjoy the recreational sports, such as tennis, racquetball, biking, and disc golf, that he was used to doing. This, along with poor eating habits, led to weight gain and even periods of depression.

Bill was introduced to CDSMP through an email from the Mercy Hospital Wellness Center in Des Moines. He stated, "After reading the full synopsis of what the workshop had to offer, I decided it sounded like an absolutely perfect fit for the needs I had at that time to get myself back in shape – physically, psychologically, and emotionally."

Bill liked that the workshops were informal but still promoted high interaction. This made it easy for him to feel comfortable sharing details about his life and chronic medical condition concerns with other attendees. The group sharing format allowed the members to work together to find solutions for how to better live with chronic disease.

After his completion of the six-week CDSMP training, Bill is seeing dramatic results. He is more active, eating healthier, has lost over 20 pounds, and has had a full reversal from his bout with depression. CDSMP has been so beneficial to Bill that he encouraged a long-time friend to also attend the course. To support his friend, Bill took the CDSMP training for a second time. "I was not only supportive of my friend in his attendance, but it also reinforced for me, personally, all the workshop concepts which I had learned while attending the sessions earlier," said Bill. "The Better Choices, Better Health (aka CDSMP) saved my life!"

CDSMP continues to grow around the state and can help the increasing number of Iowans living with chronic disease.

**The Chronic Disease Self-Management Program** may be right for you. Contact your local public health department or area agency on aging to find a training near you.

You can also visit [www.idph.state.ia.us/BetterChoicesBetterHealth/](http://www.idph.state.ia.us/BetterChoicesBetterHealth/) for more information.



## medicationtherapymanagement

In order to improve statewide awareness for clinical prevention screening and healthy lifestyle behaviors, Iowa Community Transformation sought to engage Iowa pharmacists in providing quality clinical services to patients with high blood pressure, high cholesterol, and diabetes. Through medication therapy management (MTM) services, pharmacists provide patient care services synergistic with the patient-centered medical home model and other innovative models of team-based care.

MTM describes a broad range of health care services provided by pharmacists, who serve as the medication experts on the health care team. A consensus definition, adopted by the profession in 2004, defines MTM as a "service or group of services that optimize therapeutic outcomes for individual patients." Pharmacists provide MTM across practice settings to help patients improve their health by actively managing drug therapy and by identifying, preventing, and resolving medication-related problems. MTM services may include:

- Comprehensive medication review: This may occur annually to align prescribed and over-the-counter medications with specific diagnoses and identify potential medication therapy interventions.
- Targeted medication review: This is a specific intervention occurring throughout the year, which targets the health goals identified by the patient, pharmacist, or medical home.
- Pharmacist-patient communication: This can include ongoing assessment of patients' adherence to medication regimens and disease-specific goals.

The utilization of pharmacists in the health care team is not a new concept. Iowa Community Transformation extensively reviewed the research of The Asheville Project®. The Asheville Project® began in 1996 as an effort by the City of Asheville, North Carolina, a self-insured employer, to provide education and personal oversight for employees with various chronic conditions such as diabetes, asthma, high blood pressure, and high cholesterol. After intensive disease education, patients were teamed with community pharmacists who assessed the accuracy of their medication use. Employees, retirees, and dependents with diabetes saw improved A1c levels, lowered total health care costs, fewer sick days, and increased satisfaction with their pharmacist's services. Through intense self-care education, frequent one-on-one pharmacist coaching sessions, and waived co-payments on disease-related medications and supplies, City of Asheville employees consistently utilized the knowledge and skills of their local pharmacist.

## clinicalprevention

The Asheville Project® inspired a new health care model for individuals with various chronic conditions through collaboration with their local community pharmacist. Unlike other studies, the Asheville model is unique in being payer-driven and patient-centered. Iowa Community Transformation adopted this approach as an additional health care benefit to empower self-insured employers and their employees to control chronic diseases, reduce health risks, and ultimately lower health care costs.

Through outreach with key instate stakeholders including the Iowa Pharmacy Association, two self-insured employer groups incorporated MTM services into their employee health benefit with technical assistance and resources provided through the Iowa CTG. Mi-T-M Corporation (Peosta, IA) and NuCara Pharmacies (Conrad, IA) implemented MTM services through Iowa Community Transformation. These two groups are key examples of how pharmacists extend the health care team to the local community by providing patients with resources and care they need.

A common theme for these employers' success for incorporating MTM services is the use of an MTM administrator to design, deliver, and administer MTM services with community pharmacists. MTM administrators may offer a cost-effective approach to advancing patient care and controlling utilization of medications through the provision of patient-friendly, face-to-face pharmacist-provided MTM services. These groups link local chain, independent, consultant, and health-system pharmacy providers with contracted employer groups across the country.

The role of pharmacists in providing patient care services is compatible and synergistic with the patient-centered medical home model and other innovative models of team-based care. Research shows compelling value in pharmacists' management of diabetes and heart disease. For the millions of Americans with uncontrolled diabetes, the risk for heart disease, stroke, kidney failure, blindness, and amputation is significant. Engaging pharmacists as members of the health care team can considerably improve the treatment of diabetes, high blood pressure, and high cholesterol, while reducing overall health care costs.



## employerspotlight

Mi-T-M, a manufacturing plant with nearly 400 employees and over 600 covered lives, is serving as a pilot Iowa medication therapy management (MTM) worksite since the fall of 2013. The worksite has a history of strong leadership support for wellness and has included a local pharmacist routinely in their wellness events. This current relationship led to the advanced MTM program offering for its employees in collaboration with multiple local pharmacies. This employer group found success in enrolling their employees into an MTM program through the use of an established MTM administrator company.

The Manager of Human Resources at Mi-T-M stated, "We have had a very positive experience here with the pharmacist-provided MTM services. I have had several employees comment about a phone call they received from the pharmacy after they filled a new prescription. The pharmacist called them at home to inquire about their progress on the medication. This was certainly a new experience for them/us as medical consumers."

### quicktip

To learn more about the **medication therapy management** model and how you can incorporate pharmacists as part of your health care team, please contact the Iowa Pharmacy Association by email at [ipa@iarx.org](mailto:ipa@iarx.org) or by phone at 515-270-0713.

## navigatinghealthresources

Everyone enjoys the convenience of one-stop shopping. It is a model that is suitable for the customer and helps save time. The Health Navigation Program, developed by the Dallas County Public Health, has taken this idea of a one-stop and applied it to the health system within the county.

The Iowa Primary Care Association – a non-profit membership alliance comprised of community health centers and other safety net providers in the state – was commissioned by the Iowa Community Transformation Grant (CTG) to provide intensive technical assistance to select communities on building community referral systems. All community referral systems are unique and are based upon the local resources available as well as the gaps in coverage within the area. As a result, the Iowa Primary Care Association began working with Dallas County Public Health to enhance referrals to their existing health navigation program.

The health navigation program connects patients with local services. Patients can be connected with resources such as:

- Housing
- Food assistance
- Public program enrollment
- Medication assistance
- Behavioral health
- Wellness options

The program has been successful. Along with self-referrals, community-based organizations and health care providers can provide referrals. Local Mercy Clinics, Unity Point Clinics, Dallas County Hospital, Waukee Free Clinic, and private practice physicians all refer patients to the health navigation program. In turn, the navigators empower the patient to actively participate in their care and provide follow up communication to the provider and other resources. “The response has been very positive,” said Jennifer Walters, CTG Program Coordinator at Dallas County Public Health. “This is a program that promotes an efficient and effective connection between our agency, community resources, the patient, and the provider.”

When the Health Navigation Coordinator at Dallas County Public Health receives the health provider referral, she then contacts the patient within three days to complete a more detailed intake form. This detailed assessment can be completed at a location that is convenient for the patient. Together, the Health Navigation Coordinator and patient determine the amount of information collected and level of assistance required. The detailed intake may identify additional needs or root causes of need.

All referrals received are tracked in a database allowing for collection of demographic data and ongoing contacts until the client’s needs have been resolved. If the referral is received from a health provider, the Health Navigation Coordinator acts as a medical liaison. At resolution of the referral, the Health Navigation Coordinator provides the health provider with feedback, thus completing the “medical home” information loop.

The health navigation program affects not only patients but also providers and the community. It helps identify payment sources and medication resources and integrates community resources. The health navigation program positively influences larger scale issues as well, such as social determinants of health and potentially, the rate of emergency room visits, hospital admissions, and re-admissions.

As the innovator of the health navigation program, Dallas County Public Health continues to improve and expand the program to better serve their residents while also providing a best-practice model for other communities. “We welcome the opportunity to partner with other counties and assist in their efforts to implement a health navigation program,” said Walters.

The direct services provided by the Dallas County Health Navigation Program are made possible from funds from the county and the United Way.

**The Health Navigation Toolkit** can be downloaded and used for your own navigation program. Visit [www.idph.state.ia.us/CTG/ClinicalPreventiveServices.aspx](http://www.idph.state.ia.us/CTG/ClinicalPreventiveServices.aspx).



quicktip

# LETTUCE HELP YOU \$AVE



Find out how much you can  
save with your own garden at

[www.cultivateiowa.org](http://www.cultivateiowa.org)

healthyeating

quicktip

Where Iowans live, work and play have a tremendous impact on their health. Healthy communities require addressing the underlying causes of poor health rooted in social, economic, and physical conditions that determine an individual's health risks and opportunities. A key component of maintaining the wellbeing of Iowans, and the communities in which they live, is regular access to safe, nutritious and affordable food throughout life. Yet, hunger, food insecurity, and poor diet continue to deteriorate the health of Iowans. One solution to this health crisis is to encourage all Iowans to grow some of their own food.

When gardeners are asked why they grow vegetables and fruit, responses are often, "I like to work outside," "I like the taste of fresh food," "It saves me money on my grocery bill," and "It's rewarding to start something from seed, watch it grow and produce delicious food." Although a rising number of Iowans are growing food, food gardening can play an even greater role in strengthening individual, household and community food security and health across the state.

### **What are the Benefits of Food Gardening?**

Food gardening is the practice of growing and cultivating vegetables, fruits and herbs for household consumption. Food gardening can range in scale from a windowsill, container, patio, rooftop, backyard, and community garden.

Food gardening can simultaneously lessen the impact of food insecurity, poor health, declining economy, environmental degradation and social problems. A social ecological approach connects these levels by, "offering a theoretical framework for understanding the dynamic interplay among persons, groups, and their sociophysical milieus.<sup>1</sup>"

Individual and household benefits of food gardening include:

- Increased access to healthful food and improved nutrition
- Increased physical activity
- Improved mental health
- Improved quality of life
- Lowered food budgets
- Improved food security and self-sufficiency
- Strengthened family bonds
- Increased number of gardeners which could be the next generation of farmers

Organizational benefits of food gardening include:

- Increased active learning in children
- Stronger school curriculum
- Healthier food environments (child care, school, workplace, faith)
- Reinforced community food security safety net
- Improved employee wellness

Community benefits of food gardening include:

- Enriched civic engagement and social capital
- Increased community food security and resilience
- Increased property values
- Improved conservation and safeguarded biodiversity

### **What is Cultivate Iowa?**

In December 2011, the Iowa Food Systems Council's Food Access and Health Work Group (FAHWG) received a Healthy Communities Grant from The Wellmark Foundation. The two-year grant was focused on building food security, self-sufficiency and improved health by increasing household, community, school and workplace food gardens across Iowa through integrated assessment, messaging and outreach strategies. This initiative stems from recommendations in the report *Cultivating Resilience: A Food System Blueprint that Advances the Health of Iowans, Farms and Communities*.

A campaign was developed and implemented through a partnership between FAHWG and the American Advertising Federation of Des Moines. Cultivate Iowa is an evidence-based social marketing campaign that promotes the benefits of food gardening and produce donation to create a sustainable future and healthier communities in Iowa. Cultivate Iowa encourages: low-resource Iowans to consider food gardening to save money; and gardeners to plant or harvest extra produce to donate to food pantries or other community organizations.

The campaign was launched April 2013 and continued throughout the summer and fall. It included materials such as postcards and brochures, posters, a website, Facebook and Twitter pages, billboards, TV and radio commercials. A marketing guide, press release and sample email copy was also available. Materials were provided to FAHWG partners across Iowa. Seed Savers Exchange in Decorah generously donated 5,000 seed packets that were provided to low-resource Iowans or to gardeners who were growing food to donate.

At the end of the 2013 growing season, FAHWG partners, low-resource Iowans and gardeners felt positively about the Cultivate Iowa campaign. People who saw the campaign took action, and were more likely to donate produce or consider gardening. All campaign materials were used in some capacity, however different messaging channels were more effective or better received with different groups. While partners were positive about re-implementing the campaign in 2014, many lacked the budgetary resources to implement the campaign in their community without FAHWG support.

*(continued on page 17)*

# foodgardeningfeedsiwans

(continued from page 16)

The Cultivate Iowa campaign was extensively supported through donated products and services ranging from printing and paper to advertising space. Donated television and radio over six months were valued in excess of \$1.4 million. Although replicating the same level of donated products and services for another growing season at a state level may be a challenge, the model for forming partnerships at that state level may be a model for communities to leverage similar resources. The results were used to expand and improve the Cultivate Iowa campaign in 2014. To kick off the campaign, thousands of seeds and campaign materials were distributed.

## How Can I Use Cultivate Iowa Materials?

The Cultivate Iowa campaign is adaptive to a variety of settings and materials can be used in organizations, clinics, food pantries, libraries, farmers markets, retail garden centers, and home, school, community, workplace and faith-based gardens. Materials are available in English and Spanish and can be downloaded at [www.CultivateIowa.org](http://www.CultivateIowa.org). A marketing guide is available to assist with these and many more activities including:

- Place brochures in racks, front counters or provide to clients or customers.
- Post posters on the inside of the front door and in high traffic, high visibility areas. Bulletin boards, exhibits, waiting rooms and community event boards are ideal for Cultivate Iowa posters.
- Place postcards on counters, in bags, mailed or handed out at meetings and events, or used as a Point of Sale item in seed racks.
- Add "Plant. Grow. Save." Or "Plant. Grow. Share." on your email signature.
- Use the Cultivate Iowa newspaper ad to promote a community gardening event.
- Create a Cultivate Iowa Challenge at your organization and encourage staff to start container gardens or donate produce.

## How Can I Get Involved?

- Join the Food Access and Health Work Group. Email Cultivate Iowa at [info@cultivateiowa.org](mailto:info@cultivateiowa.org) for more information on how to join.
- Encourage gardening and produce donation among your constituents and networks, and promote other organizations to join the campaign.
- Download and share Cultivate Iowa materials within your organization and community.
- Follow Cultivate Iowa on Facebook and Twitter to receive the latest news and event information.
- Pledge to donate garden-grown produce at [www.CultivateIowa.org](http://www.CultivateIowa.org). Link with local gardeners and add your information to [AmpleHarvest.org](http://AmpleHarvest.org) if your organization accepts fresh produce.
- Share your stories of gardening and produce donation activities at [info@cultivateiowa.org](mailto:info@cultivateiowa.org).



**Find Cultivate Iowa** online for more information and materials on gardening in Iowa. Visit [www.cultivateiowa.org](http://www.cultivateiowa.org).



## putting it into practice

To encourage healthier eating, the Pottawattamie County WIC program decided to promote food gardening and used materials provided by Cultivate Iowa. Initially, only brochures and seed packets were given out to clients, but it eventually evolved into container gardening kits. Clients were provided with a half-cut milk jug, seed packets, and soil to start their own container garden.

The project continued to grow, too. In order to demonstrate how to do container gardening and because it provided a fun office activity, the WIC staff started their own garden in-house. The staff initiated a watering schedule and has been successful in growing tomatoes, lettuce, and basil. The seeds harvested from these plants have been given to clients.

"This has been a great experience for not only our clients but also for our staff," said Kristine Wood, WIC Coordinator for Pottawattamie County.



### Opposite Page Photos

Top: Seedlings provided to clients  
Middle: Recycled milk jugs to start container gardens  
Bottom: A thriving tomato plant in the WIC office

### Current Page Photos

Top: Displaying Cultivate Iowa materials in office  
Bottom: In-house basil plant  
Photos courtesy of Kristine Wood, Pottawattamie County WIC Program



quicktip

## using WIC at farmer's markets

As an agricultural state, Iowa has some of the best farmer's markets in the world. They support local Iowa food producers and provide access to fresh produce, which can lead to an increased consumption of healthier foods within the community. This can help prevent obesity and lower risks for chronic disease.

The Iowa WIC Program promotes the purchase and use of Iowa-grown fresh fruits and vegetables in many ways.

- Breastfeeding women, pregnant women, and children ages 1 to 5 are eligible for nine \$3.00 vouchers (\$27.00 total) to be used at certified farmer's markets through the WIC Farmer's Market Nutrition Program.
- WIC participants are able to use their Cash Value Vouchers at farmer's markets.
- Farmer's markets booklets that contain information on selection, preparation, and storage of fresh fruits and vegetables are provided to WIC agencies to hand out. Each booklet contains recipes as well as cooking techniques.

In the past, WIC farmer's market vouchers have been provided only to counties with a certified farmer's market due to concerns about transportation barriers in the remaining counties. A team of local public health agencies and the Iowa CTG staff inquired if it was possible to extend the vouchers to all counties. As a result, the Iowa WIC Program met with the Iowa Department of

Agriculture and Land Stewardship and the Iowa CTG team to discuss this potential system change.

A new distribution process is in place for the 2014 growing season that provides farmer's market vouchers to every county. WIC participants residing in counties without authorized markets or farm stands will receive information about the closest options. "This is still a win for the residents interested in farmer's markets - even if their county doesn't have one," said Pat Hildebrand at the Iowa Department of Public Health. "Participants can make the choice for themselves if they want to travel to neighboring counties rather than not getting the vouchers at all. And, they can still decline the farmer's market vouchers if they are not interested."

In Mills County, the local Community Transformation Grant program also worked to increase access to fresh fruits and vegetables at farmer's markets for residents, WIC participants, and seniors. The limited access to fresh produce and its high cost has prohibited many lower-income individuals in the county from being able to afford healthier food options. The Healthy Mills County Coalition partnered with farmer's markets in the community to determine strategies to increase the availability of locally-grown, low-cost produce to all residents in the county.

The coalition identified two main issues to help increase produce availability and consumption: the need to increase the number of vendors at farmer's markets and the need to accept vouchers as payment from seniors with limited resources and WIC participants. As a result, local food initiative meetings have been held to provide education and support to local growers, and fifteen new vendors participated in the meetings and committed to provide produce at farmer's markets.

The local food initiative meetings also helped to identify a vendor who agreed to become certified to accept WIC and senior vouchers. "We were able to get a vendor certified for both vouchers, as well as EBT (Electronic Benefit Transfer)," stated Sheri Bowen at Mills County Public Health. "He has been designated as the 'Moveable Produce Stand' or MPS, and he will travel to all of our county's farmer's markets."



quicktip

**Iowa WIC** helps families by providing healthy foods, nutrition education, and referrals to other health care agencies. Visit [www.idph.state.ia.us/wic/](http://www.idph.state.ia.us/wic/) for more information.

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## iowa eWIC system

The Iowa WIC program is moving into the electronic age. Instead of using traditional paper checks, a new WIC Electronic Benefit Transfer (eWIC) system that will use plastic cards, similar to a debit card, is being developed. Currently, eight other states issue and redeem food benefits using an eWIC system. All states will be required to make the transition from paper to plastic by October 1, 2020, in order to comply with the Healthy, Hunger-Free Kids Act of 2010.

The Iowa Department of Public Health has contracted with the Fidelity National Information Systems, Inc. and Custom Data Processing, Inc. to develop the system, which will use funding from a federal technology grant. The Iowa eWIC system will use plastic cards with a magnetic strip and personal identification number (PIN) to access and redeem WIC food benefits at local grocery stores. The development of the system will begin in September 2014 and is anticipated for completion in 2016. Iowa eWIC Project Manager, Brandy Benedict states, "The input from Iowa grocers, clinics, and other partnerships and key stakeholders has been crucial for our progress so far."

The new Iowa eWIC system brings welcome changes for Iowa WIC participants, clinics, and retailers. Purchasing WIC-approved food items using the eWIC electronic card will feel similar to other types of debit or credit card payments when checking out at the register. "Shopping will be better for a participant because they won't have to purchase everything as they do now," explains Iowa WIC Director Jill Lange. "If they only need one gallon of milk then they can just buy one gallon."

Retailers who accept WIC are equally enthusiastic for the new system. "WIC Vendors are looking forward to eWIC," states WIC Vendor Coordinator Don Gourley. "They believe eWIC will improve the efficiency of their cashiers when accepting WIC payments. Iowa retailers have voiced preference for the electronic payment because it is more efficient and faster than WIC paper checks."

## WIC final food rule

WIC was established as a permanent program by Congress in 1974. At that time, the WIC food package included infant formula, exempt infant formula, WIC medical foods, milk, eggs, cheese, juice, cereal, peanut butter and dried peas or beans. In 1992, the foods expanded to include tuna and carrots to help support breastfeeding women. The first major overhaul of the food package came in 2009 with the passage of the Interim Food rule and included the addition of fruits, vegetables, and whole grains as well as soy-based beverage and tofu as additional food options to be provided to WIC participants.

The Final Food Rule was published in the Federal Register on March 4, 2014, and went into effect May 5, 2014 with implementation dates happening from May 5, 2014, until as far out as possibly April 1, 2015, depending upon the availability of WIC eligible products within our state. This final food rule makes adjustments that improve clarity of the provisions set forth in the interim rule and considers public comments submitted in response to the interim rule. It also included additional food options including yogurt and whole wheat pasta.

WIC food packages align with the Dietary Guidelines for Americans and the infant feeding practice guideline of the American Academy of Pediatrics. WIC provides healthy foods with the passage of the Final Food Rule, and packages may now include: whole-wheat bread, whole-wheat or corn tortillas, oatmeal, brown rice, or whole-wheat pasta, milk, eggs, cheese, yogurt, breakfast cereal, peanut butter, dried and canned beans/peas, fruits and vegetables, juice, canned fish, baby food, infant cereal, infant formula, exempt infant formula, WIC-eligible nutritional, soy-based beverages, and tofu.



## changing the food environment

What's for dinner? This seemingly-simple question rings out every night, but how often do we really think about why we make certain food choices?

When grocery shopping or dining out, we can be influenced by taste preference and cost of food products, but many times, our choices are limited by what is available at that location. In many community spots, such as restaurants or sports complexes, food focuses more on fun and indulgence rather than health. Therefore, patrons can only choose from a limited menu of foods, which are often high calorie or unhealthy.

However, food trends are slowly changing, and healthier options are gaining ground within the food environment. The Iowa Community Transformation Grant (CTG) has worked in counties across the state to incorporate more healthy options in a variety of placements, such as convenience stores, concession stands, restaurants, and even worksites.

In Lee County as part of the Live Healthy Lee County (LHLC) initiative, the CTG program reached out to several area restaurants to help assess their current menus and provide suggestions on how to market their existing healthy menu items to customers. The team developed an LHLC logo to help indicate healthy foods on the menu, and as incentive, LHLC also advertised the participating restaurants as places that provide healthy options on their website. Door signage that indicated the restaurant as a LHLC participant was also displayed.

Along with traditional marketing and menu enhancements, finding and promoting healthy menu options at restaurants is also receiving help from newer technologies. The Cerro Gordo CTG program initiated the development of a smart phone application (app) that assists residents in locating local restaurants based upon their nutrition environment, location, or cuisine type. To prepare for the app's development, the Cerro Gordo CTG program conducted the Nutrition Environment Measures Survey for Restaurants (NEMS-R) in dining establishments located within the county. These assessments provide ratings on how healthy the restaurant's menu is, and the app arms consumers with the information to make healthier, informed eating choices. "The app is great because many people have smart phones or tablets with them all of the time," says Kelli Huinker, CTG Coordinator for Cerro Gordo. "A person can find out how healthy a restaurant's menu is anywhere and can make a decision while on-the-go."

As a result of the app and the NEMS-R assessments, a few restaurants have voluntarily made their entrées healthier

by switching ingredients or providing a new healthy entrée. The Cerro Gordo CTG program has had a great, overall response from dining establishments, too. Nearly every restaurant in the county chose to participate in the app.

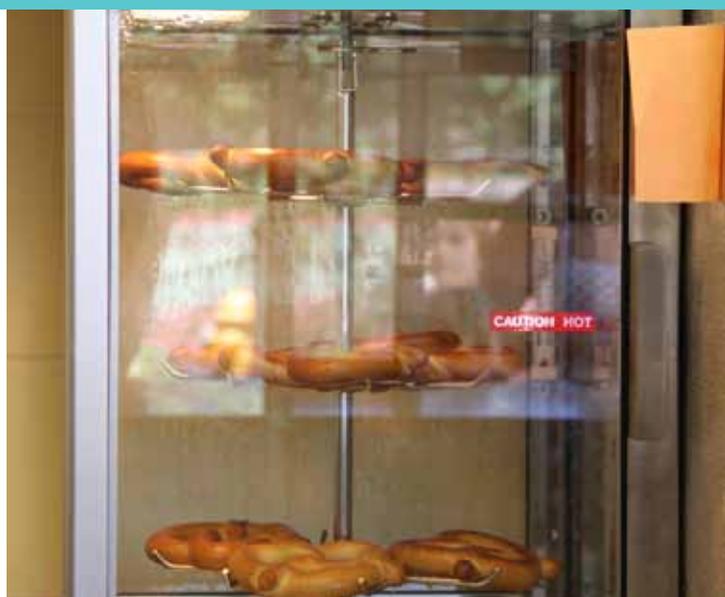
The Cerro Gordo CTG program believes that this app has further potential for content and sustainability. In the future, the app could contain other health information such as physical activity venues, immunization appointments, or home care resources. It could also incorporate advertisements or coupons for healthy choices – with the placement paid for by participating restaurants - which could provide revenue to sustain the app and any future updates.

Vending machine foods have also benefitted from smart phone and app technology. The NEMS-V (Nutrition Environment Measures Survey for Vending) program developed in Iowa has a Healthy Choices Calculator app that helps consumers determine how healthy an item in the vending machine may be.

**Smart phone apps** for Cerro Gordo's restaurant guide and for NEMS-V Healthy Choices Calculator can be downloaded from iTunes and Google Play.

More information on NEMS-V can be found at [www.nems-v.com](http://www.nems-v.com).

*PHOTO: The largest aquatic center in Sioux City is now offering soft pretzels at their concession stand as a healthier option.*



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**quicktip**

According to the Iowa Department of Public Health’s NEMS-V website, consumers enter nutrition information found on the product’s label and can see if their choice fits the following categories:

- **RED** - Food and beverages are not as healthy and fall outside the Dietary Guidelines for Americans.
- **YELLOW** - Food and beverages are healthy foods that meet the Dietary Guidelines, but do not provide a serving of fruit, vegetable, low-fat dairy or whole grain.
- **GREEN** - Food and beverages in the green category are considered the healthiest, are consistent with the Dietary Guidelines for Americans and provide a serving of fruit, vegetable, low-fat dairy or whole grain.

Many local CTG programs have used these ratings to conduct assessments of vending machines in area worksites, too. Since often times, vending machines are the only food option in places of employment, having healthy options can make a significant impact in employee health. In Johnson County, the CTG program provided area worksites with suggestions on system-level changes for worksite wellness. One worksite is looking into making a corporate goal to increase healthy vending machine options in all of their business locations throughout the United States. In fact, a potential goal could include no more than 20 percent of vending items will be categorized as “red,” the least healthy criteria within the NEMS-V. “There is a lot of excitement around making this worksite healthier, and we will provide support as needed,” said Dave Koch, CTG Coordinator in Johnson County. “We have already provided the worksite with point of purchase signage, some talking points for working with vendors, and other recommendations.”

Similar to vending machines in worksites, convenience stores are often times the only source of food in small towns and are notoriously known for having mainly unhealthy options. As

a result, the Van Buren County CTG program worked with the most-frequented convenience store in their county to implement a Green Smart Choice Checkmark system. CTG provided a Nutrition Environment Measurement Survey for Stores (NEMS-S) to assess the healthy options available. Afterwards, the staff worked with the store manager to implement the Green Smart Choice Checkmark system to indicate healthy options available in the store. The manager also agreed to post in-store signage on healthy options and will continue the Green Smart Choice Checkmark system on new healthy products that are added. “Having healthy food at a convenience store isn’t what you usually think of, but it should be!” said Melissa Daughtery, CTG Coordinator in Van Buren County. “We will continue to work with other convenience stores to implement similar changes.”

The same techniques and assessments can be applied to concession stands at ballparks, movie theaters, and other community places, too. In Woodbury County, two of the five Sioux City swimming pools implemented healthy changes to their concession stands. Positive changes have included replacing regular chips with baked chips and adding a granola bar and a cheese stick to the menu. They have also added a warm soft pretzel to the menu at the largest aquatic center. New menus, pricing strategies, creative naming, and larger font sizes are being used to grab the consumer’s attention to the healthier options. To further promote the healthy options, large banners have been placed on the fences at the pools, posters hang in the recreation center, and messaging was added to the menus. “These places are where a lot of kids and families will be spending their time,” said Angela Drent, CTG Coordinator at Siouxland District Health Department. “So, it’s important that healthy options are available at concession stands.”

Although these are small changes, positive steps are being made to change the food environment and provide more healthy options.



**community food system** is a cooperative and participatory process that systematically examines a broad range of issues and assets from farm to fork. This enables local public health agencies and communities to create informed plans that ensure all Iowans have equal access to healthful food and clean water, and Iowa's food system supports human, environmental, social, and economic health.



## characteristics of successful food systems assessment

- Includes broad and diverse stakeholders and community members;
- Relies on a cooperative and participatory approach built upon a range of perspectives and expertise while building new relationships;
- Addresses the assets, needs, resources, and the capacities of a county;
- Examines a range of food system issues and the links between these issues, community goals, and human, social, economic, and ecological health;
- Implements thorough data collection methods;
- Leverages resources to meet time and resource demands;
- Broadens awareness and visibility of food system issues; and
- Contributes to positive policy, system, and environmental changes that advance a healthy, sustainable food system.



**healthy eating**

## food systems assessment

Everyone eats! Food is a basic human need, yet several of the leading causes of death in Iowa -- heart disease, stroke, cancer and diabetes -- are the result of diet-related chronic diseases. Public health often leads efforts in addressing the impacts of the current food system including the prevention of obesity, food insecurity, foodborne illnesses and contaminated water supplies.

A focus on improving an individual's knowledge and behavior is one approach to alleviating the impact of diet-related chronic diseases. However, a systems approach to food enables local public health agencies and communities to identify and implement a multifaceted range of strategies that create healthier food environments that support healthier behaviors, families and communities.

### Benefits of a Community Food System Assessment and Plan

A community food system assessment will lead to more strategic and effective public health action; for example, increased access to healthful food, diversified agricultural production, local economic growth, or decreased food waste. Additional benefits include:

- Broader awareness and visibility of food system-related issues;
- Improved public health program development, coordination and support;
- Stronger or new networks and coalitions;
- Increased community participation in shaping the food system;
- Positive changes in policies and environments affecting the food system; and
- Greater community capacity to create positive change.

### Local Public Health Agency Involvement

Local public health agencies involved with the Iowa Community Transformation Grant (CTG) conducted a food system assessment project in their area. This project brought a new health-focused perspective to the food system and enhanced the work previously developed by regional food system working groups across the state and allowed local agencies and their partners to identify the interconnections within the food system, including human, environmental, social and economic health impacts. Understanding these connections leads to broader awareness of food system related issues, stronger public health program development and coordination, and greater capacity to create healthier food.

In Cass County, the CTG program, along with other community members, conducted a food system assessment. Through that process, they were able to identify a number of exciting priorities for the attending stakeholders. In turn, a Community Leader Steering Committee, featuring county-wide leaders, recommended other partners from each food system sector that could also take part in the assessment. During the first meeting, stakeholders reviewed the required food system indicators and chose additional information that they wished to have researched for Cass County.

Following the completion of the research, the committee met again to review the data and discuss trends for the county. With the help of the facilitator, four indicators were translated into goals for future interventions:

1. Increase the direct sales of fruits and vegetables to Cass County residents.
2. Increase consumption of fruits and vegetables by the youth of the county.
3. Develop more community gardens in the county.
4. Develop a model of school gardens that could be used in preschool, elementary school, middle school, and high school and duplicate the model throughout Cass County.

“The food system assessment in Cass County brought together quite a few community members who had never met each other,” said Teddi Grindberg, Cass County CTG Coordinator. “It was an exciting process to see them realize that they were a part of the larger food system and to have them see all the different players from their community that are also involved.”

Collaboration and open dialogue for the community food system assessment is not only beneficial between group members, but it has also proven to be helpful between neighboring counties working on similar goals. In fact, the CTG programs at Johnson County Public Health and Linn County Public Health worked together on their county’s comprehensive food system assessment. This cooperation helped avoid duplication of the work and provided guidance to each agency on how to complete their county’s assessment.

In Johnson County, the CTG team built partnerships with the Johnson County Food Policy Council and other local food stakeholders to research and compile data for the Community Food System Assessment (CFSA). The initial partnership began in April 2013 with an overview of the Community Transformation Grant and the upcoming CFSA. After the initial meeting, the partnership continued the food system discussion and chose which indicators to collect for the CFSA. The Council chose an additional 62 indicators on top of the 42 required for a total of 104 indicators.

With assistance from the Johnson County Food Policy Council, Linn County Public Health CTG Coordinator, and a University of Iowa Epidemiology student, the data was collected and will be presented to stakeholders to be used in planning a food system initiative for the county.

In turn, Linn County Public Health worked with the Linn County Food Systems Council (the Council), Johnson County Public Health (JCPH), and other community partners to conduct a comprehensive food system assessment of Linn County. Collaboration was essential throughout the assessment process, which helped to further integrate public health and food system issues. The group collected data for 110 indicators – 68 more than the 42 required by the IDPH for CTG grantees.

	Sector	Indicators
Leading Food System Priorities	Production	Number of community gardens (public, private, faith)
	Production	Number of school gardens
	Access & Consumption	Percentage of youth consuming less than 5 fruits and vegetables/day
	Access & Consumption	Percentage of food insecurity rate (child food insecurity)
	Access & Consumption	Percentage of adults consuming less than 5 fruits and vegetables/day
	Access & Consumption	Percentage of food insecurity rate (adult food insecurity)
	Production	Number of acres harvested vegetables, potatoes, and melons
	Distribution & Retail	Number of farmers’ markets
	Waste Management	Percentage of total food waste
	Access & Consumption	Number of pounds or number of meals distributed by food pantries
	Access & Consumption	Percentage of farmer’s markets accept SNAP EBT, WIC, CVV, WIC FMNP, Senior FMNP
	Access & Consumption	Number of food pantries or emergency food providers
	Access & Consumption	Percentage of redemption of food and nutrition assistance program benefits
	Production	Number of acres in orchards
	Access & Consumption	Food deserts
	Transformation	N/A

“It was great to work together on such a complex initiative,” said Katie Jones, CTG Coordinator for Linn County. “It saved us some groundwork and pushed us to collect indicators.”

In all participating counties, the average number of indicators per assessment was 56. Approximately 26 percent of indicators were identified as having an unhealthy, or red, trend pattern. More than 47 percent of indicators were identified as having a weak, stable or nonexistent (yellow) trend pattern, and more than 20 percent of indicators were identified as having a healthy, or green, trend pattern. More than 23 percent of indicators were identified as a high (1) priority; 30 percent of indicators were identified as a mid-level (2) priority, and more than 36 percent of indicators were identified as a low (3) priority.

CTG counties completed a comprehensive food system assessment and identified at least one plan. The work with food systems may position counties to build on existing partnerships, apply for future funding opportunities, or leverage existing funding to advance healthy and accessible food systems.

# Slice. Eat.



## (How easy is that?)

When they come home hungry,  
have fruits and veggies ready to eat.



Funded by USDA's Supplemental Nutrition Assistance Program, an equal opportunity provider and employer, in collaboration with the Iowa Department of Public Health. Iowa Food Assistance can help you buy healthy food. Visit [www.eatforiowa.gov](http://www.eatforiowa.gov) for more information.

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quicktip

## thumbsupforhealthysnacks

Kids in elementary schools across Iowa are giving a “thumbs up” to fruit and vegetable snacks – and we’re not just talking about apples and bananas. With encouragement from their nutrition educator (aka “the snack lady”), teacher, and fellow classmates, students discover and taste a wide variety of fruits and vegetables including sweet potatoes, jicama, edamame, spinach, berries, and mangoes.

Over 20,000 children participate each year in **Pick a better snack™** and **ACT**, a nutrition education program provided by the Iowa Nutrition Network through a nutrition education grant from the Iowa Food Assistance Program, known nationally as SNAP-Ed. The Nutrition Network partners with local school districts, FoodCorps Iowa, county health departments, Iowa State University Extension offices, a community action agency, and retail grocery stores to deliver classroom lessons with food tastings, to promote physical activity, engage parents and caregivers, and to develop school gardens.

The nutrition education program is built on a social marketing model that includes materials and supportive messages for parents and caregivers. **But does it work?**

Yes! **Pick a better snack™** and **ACT** was rigorously evaluated in U.S. Department of Agriculture’s (USDA) SNAP Education and Evaluation Study. The program had a positive impact on several primary outcomes compared with the comparison group. Parents reported significant increases in their child’s intake of fruits and vegetables at home and the likelihood of using 1 percent or skim milk rather than whole milk. “I have enjoyed having all three of my kids take **Pick a better snack™** classes at their elementary school,” stated Erika, an Iowa mom. “We use the materials each month to cook and shop together, but more importantly, we have conversations about health and habits that I know will help them throughout their lives.”

The Iowa Nutrition Network School Grant Program is designed to improve fruit and vegetable and low-fat dairy consumption among elementary school children in schools with at least 50 percent participation in free- and reduced-price lunch. The program delivers classroom-based nutrition and physical activity education supported by social marketing strategies.

Monthly lessons encourage students to choose fruits and vegetables for snacks. Lessons feature fruits and vegetables that students taste with their peers. Fruit and vegetable lessons are available for nutrition educators and classroom teachers. The milk lessons are taught at least twice each year.

Classroom lessons also incorporate physical activity demonstrations and messages about active play. “Play Your Way. One Hour a Day.” is a companion campaign to **Pick a better snack™** and **ACT**.

In addition, one campaign is designed exclusively for mothers. “Their bodies change, so should their milk.” encourages mothers to make the switch to low-fat milk for children age two and over. This campaign does not appear in schools.



*Top Photo: After each monthly session, education materials are handed out for kids to take home.*

*Bottom Photo: A child gives a thumbs up after tasting a fruit/vegetable snack.*

Beyond the work in schools, the channels for communicating these messages for the social marketing campaigns include; signage and demonstrations, billboards and bus shelter signage in SNAP-Ed-qualified locations, television and radio ads, and materials at organizations such as WIC and YMCAs.

The Network’s school-based program was included in USDA’s Wave II SNAP Education and Evaluation Study. The program had a significant, positive impact on several primary outcomes compared with the comparison group. Significant changes include reported intake of fruits and vegetables and the likelihood of using 1 percent or skim milk rather than whole milk.



**Pick a better snack™** and **ACT** materials and more information on the School Grant Program are available on the Iowa Nutrition Network’s website at [www.idph.state.ia.us/INN/Default.aspx](http://www.idph.state.ia.us/INN/Default.aspx).

## i-walk,schoolsrock

The number of students who walk to and from school has drastically declined in the last 40 years, which has led to health, transportation, and social concerns in Iowa communities. "This is a huge concern," said Sarah Taylor Watts, Physical Activity Coordinator at the Iowa Department of Public Health. "While children are walking and biking less, the rates of children being overweight and obese are continuing to rise."

The Iowans Walking Assessment Logistics Kit (I-WALK) is a Safe Routes to School (SRTS) initiative designed to promote walking and biking to school. The goal of I-WALK is to help communities continually update, implement and evaluate their SRTS plans.

Ultimately, I-WALK helps community stakeholders identify and address two fundamental points:

- Where it's safe, get kids walking and biking.
- Where it is not safe, make changes.



I-WALK's key to success is working through a local coalition to coordinate and lead a SRTS project. The coalition is led by the local public health department. Data collection, through volunteer community input, is conducted throughout the program including: teacher tallies of how students got to and from school, a parent/child online survey that gains input from parents and students on routes taken to get to school and barriers that exist, and GIS/GPS mapping to allow community members to pinpoint barriers and identify opportunities for safe routes. "To date, 31 youth I-WALK projects have been completed in communities across Iowa," said Taylor Watts.

I-WALK has also been implementing projects with older Iowans. Six older Iowans projects have already occurred, with four more slated for fall. The older adult projects are similar to the youth. The coalition is coordinated by the local public health department or an Area Agency on Aging. A community resident survey is administered to obtain citizen input on the walkability of the community, and then a GIS/GPS assessment formalizes assets and barriers in the community's walking structure.

I-WALK is making an important difference to participating communities. "I-WALK is enhancing health and increasing traffic safety," added Taylor Watts. "The program is also branching out and assisting other communities interested in making healthy changes."

I-WALK is committed to creating safe environments for walking and biking. Complete and comprehensive data reports and recommendations for each of the I-WALK communities can be found at [www.I-WALK.org](http://www.I-WALK.org). Additional resources are available to all communities to implement components of the I-WALK program.

**Walking** is an easy, low cost activity that most people can do - if the community environment is set up for pedestrians. Do a walk audit in your neighborhood to see how walkable your area is.

promoting active living

## conducting walk audits

Walking is a great activity many adults enjoy. It is a way to be physically active that does not require any special equipment, facility, or additional people. Most adults are physically able to walk and many persons with disabilities can find a way to walk with assistance. The majority of adults, however, are still not meeting the physical activity guidelines of 150 minutes of moderate-intensity aerobic activity per week.<sup>1</sup>

A walkable community provides opportunities for residents to walk more often. One way to learn if your community is pedestrian-friendly is to get out and experience it firsthand. Walk audits are a great way to assess how easy, or difficult, it is to walk in your community. Consider organizing a walk audit to educate decision-makers on the elements of a walkable community.

### TIPS FOR SUCCESS<sup>2</sup>:

1. Choose an area where people walk. Spend time observing roads connecting frequented locations. Scout out the area before conducting the audit noting places to highlight along the route.
2. Invite community members representing diverse sectors of the population. Include people who regularly walk, care about health or are directly affected by a poor walking environment. Also invite people who make transportation and planning decisions for the community, those who serve in leadership roles in the school, city or county, and those who own a business or develop land.
3. Lead the group on the half-mile to two-mile route. Instruct participants to score the route as they walk, stopping several times to discuss the scores. Ask "What features of the route raised the score?" and "What lowered the score?"

### FEATURES TO OBSERVE:

#### Sidewalks

1. Missing sidewalks, broken, cracked
2. Width of sidewalk
3. Buffered from traffic
4. Vegetation/cars blocking path
5. Appropriate curb ramps

#### Intersections

1. Traffic-control devices (stop lights, pedestrian-lights, etc)
2. Clear view of traffic
3. Number of lanes, bike lanes
4. Painted crosswalks
5. Medians (slow traffic, help pedestrians cross safely)



*Photos: Twenty-five communities participated in a group walk audit with national transportation and community design expert, Mark Fenton. Some participating state partners included the Iowa Department of Transportation, Iowa Chapter of the American Planning Association, and Iowa Public Health Association.*

### Route

1. Attractive landscape, pleasant conditions
2. Transit use
3. Adequate lighting
4. Connection to residential, retail, schools, recreation, worksites
5. Behavior of pedestrians and drivers
6. Speed and amount of traffic

For other tips on how to conduct a walk audit, please visit the Iowans Fit for Life "Walking with a Purpose" toolkit at [www.idph.state.ia.us/iowansfitforlife/community.asp](http://www.idph.state.ia.us/iowansfitforlife/community.asp).



### ***Why did the chicken cross the road? To get to the other side.***

This proverbial childhood joke questions the motive - the why - behind the chicken's desire to cross the street. Perhaps, though, the more interesting question is the how. How did the chicken cross to the other side safely? What things are in place within the landscape that helps anyone safely walk across the street and be more physically active around their community?

The *Complete Streets* methodology addresses these issues by designing roads with all users in mind, including pedestrians, bicyclists, transit users, and motorists. It supports all ages and persons with disabilities into its use as well. When implemented correctly, the *Complete Streets* design can increase not only safety, but it can also promote more physical activity.

According to the Iowa Department of Public Health, *Complete Streets* are designed uniquely for each community. Not all *Complete Streets* within a community will have the same level of accommodation for all users, and there may be variations between rural and urban communities. Urban *Complete Streets* may have bike lanes, pedestrian crossing signals, median islands, and covered, easily accessible bus stops. Rural *Complete Streets* may only encompass a paved shoulder, proper signage, or an adjacent multiuse path. Furthermore, some rural streets have light vehicular traffic and need no modification. Even when a street requires no additional improvements, it should be evaluated in the context of the entire community transportation system.

In both Decatur and Marion counties, initiatives for increased biking and walking opportunities were established. Both counties partnered with their city officials and made improvements to make areas more walkable. Bike racks were also added around the community. "Although these are small, lower cost changes, they make a significant impact to walking and biking throughout the community," stated Jennifer Bourbonnais, CTG Coordinator at Marion County.

Similarly, Webster County partnered with the City of Fort Dodge to implement a new pedestrian walking system. The coalition conducted a Walking and Biking Sustainability Assessment (WABSA) to determine locations in need for a crossing signal. The entrance to the new Rosedale Aquatic Center was selected for new crossing signals. The crossing signals now help connect the aquatic center to the park and the city's expanding bike trail system, which could encourage more physical activity. Providing more opportunities for walking and biking in community by connecting to trails is an excellent way to

promote increased physical activity. Many communities have also started to market their trails and physical activity in general to their citizens. For instance, in the city of Mount Ayr, "Way Finding" signs have been posted along trails and paths. These creative signs have helpful tips for being more physically active and living healthier lives.

Doctor's offices have also promoted the benefit of trail use and accessible landscapes for increased physical activity. In Decatur County, the CTG staff consulted with area medical clinics to include exercise and trail prescriptions for patients who have high blood pressure, obesity, or depression. The exercise and trail prescription can now be included in a patient's electronic health record.

Other methods of having a more accessible walking and biking community have incorporated public transit users. Wapello County Public Health worked with the Ottumwa Transit agency to equip all of the city's buses with bicycle racks. This upgrade to the bus system helps many individuals with lower incomes - whose only modes of transportation may be only by bus or bicycle - travel more efficiently throughout their city. Novice and avid bicyclists now also have the option of easily adding biking into their daily transportation. The bicycle racks equally promote both the use of city transportation and physical activity, and Wapello County Public Health is already hearing that people plan to use the buses to ride to their local bike trail system. Wapello County Public Health and the Ottumwa Transit also anticipate that this initiative will help the city's revenue through increased ridership, will reduce air pollution, and will provide a cost savings to individuals who may otherwise drive their own vehicles.

Local CTG programs have helped communities look at planning and infrastructure through a health perspective. From this inclusion, more communities across the state have increased opportunities to create environments that encourage physical activity, accessibility, and a reduction of obesity and chronic disease. *And, chickens can continue to safely cross the road without the worry of how it can be done.*

**A Complete Streets** guide and Active Community Design Toolkit can be found at:  
[www.idph.state.ia.us/ctg/SafeAndHealthyEnvironments.aspx](http://www.idph.state.ia.us/ctg/SafeAndHealthyEnvironments.aspx).

*PHOTO: These bike racks for Lee County promote physical activity in both use and design. The bike racks were placed around the community.*



## accessibleplay

Recreational activities can be a fun way for anyone to spend less time on the couch and more time being active. However, walking, biking, and other recreational activities greatly depend on how accessible an environment is. Physical barriers within the community, such as lack of curb cuts, pedestrian crosswalks, and lights, impact all users, but especially persons with disabilities and their opportunities for being more active.

In fact, people with disabilities are already reporting less activity than their non-disabled peers (BRFSS 2011). "In Iowa, 34 percent of individuals with disabilities report not having any physical activity within the last month," stated Karin Ford, Disability and Health Program Coordinator at the Iowa Department of Public Health. "This is significant and puts them more at-risk for chronic disease and obesity."

The Disability and Health Program has been working with various community groups across the state to ensure that people with disabilities are considered during any community project planning. One such project included a new accessible addition to the Des Moines-area Grey's Lake. An EZ Launch, which provides access for people with mobility disabilities, was added to assist canoes, kayaks, and other watercraft enter the lake safely.

The EZ Launch has a built-in transfer bench and transfer boards that can be used to slide over and drop into the boat. Handrails help provide transfer and pulling themselves on and off the boat. A canoe or kayak is piloted onto the EZ Launch using the roller system on the bottom of the equipment. Users transfer down into the watercraft and launch onto the water using the handrails as leverage. When returning, users pull the watercraft back onto the equipment and transfer on the dock.



promoting active living





**PHOTOS**

*Opposite Page: A new sign at Grey's Lake promotes accessible entry.  
Current Page Top: EZ Launch dedication ceremony was held last fall.  
Current Page Bottom: Watercraft entry is now accessible.*

Along with people with disabilities, children, pregnant women, persons with temporary disabilities, and older adults can benefit from the EZ Launch. Rehabilitation Specialists attending the dedication in the fall of 2013 were excited to find another way to motivate clients who may be recuperating from injury or illness, especially returning injured veterans. "This project really has increased the user-ability at Grey's Lake," said Ford. "Thanks to The

Friends of Des Moines Parks for helping fund and install this great accessible feature."

The EZ Launch addition provides a wonderful recreational opportunity for people with disabilities and others in the community.





## respectingsharedspace

Within every community, individuals learn how to co-mingle and share public space and resources, and often, guidelines are established to help ensure that everyone is protected and safe within the shared space. Policies that limit or eliminate tobacco and nicotine use fit into the idea of shared space protection – for health. The Division of Tobacco Use Prevention and Control at the Iowa Department of Public Health provides technical assistance to parties looking to become tobacco and nicotine-free, and over the years have seen community places such as businesses, parks, fairs, local events, and multi-unit housing properties prohibit the use of tobacco and nicotine.

Places have chosen to implement tobacco and/or nicotine-free policies for a variety of reasons:

- It helps protect children and adults from being exposed to products which are detrimental to health.
- It creates a setting where tobacco use is not the norm.
- It helps maintain clean public spaces. All types of tobacco and nicotine products, once consumed, are often discarded on the ground requiring additional maintenance expense, diminishing the beauty to both indoor and outdoor facilities, and posing a risk to small children, pets, and other animals if ingested.

“Tobacco and nicotine use negatively affects people in a shared community space in a number of ways,” said Sieglinde Prior, Executive Officer for the Division of Tobacco Use Prevention and Control. “It doesn’t just affect the user.

That’s why guidelines and voluntarily-implemented policies can help protect everyone.”

An example of a successful tobacco and nicotine-free business policy language can state, “Smoking or other use of tobacco/nicotine products (examples include but are not limited to cigarettes, electronic cigarettes, cigars, chewing tobacco, snuff, pipes, snus, etc.) during business hours or on company property, at any time, is strictly prohibited. This includes all nicotine products not regulated or approved by the Food and Drug Administration (FDA). Prohibition includes any and all buildings, owned, leased, rented and areas maintained by (business name); any grounds, parking lots, ramps, plazas or contiguous sidewalks; and in vehicles owned or leased by (business name). Use of tobacco and nicotine products in any vehicle of any employee, contractor, vendor or visitor when on (business name) property is prohibited. This policy applies to all off-campus sites including clinics, office buildings or any (business name) programs operated offsite. The distribution or sale of tobacco and nicotine products is prohibited.”

One such success comes from Mills County. Currently, all county parks and spaces are tobacco and nicotine free, and the Board of Supervisors recently decided to adopt a policy to have all county business properties become tobacco and nicotine-free as well. “This is a great outcome for the residents in Mills County,” stated Prior.



PHOTOS OF TOBACCO-FREE PARKS IN MILLS COUNTY, IOWA

Opposite Page: Mills County Mile High Lake

Current Page: Top: Mills County Pony Creek Park

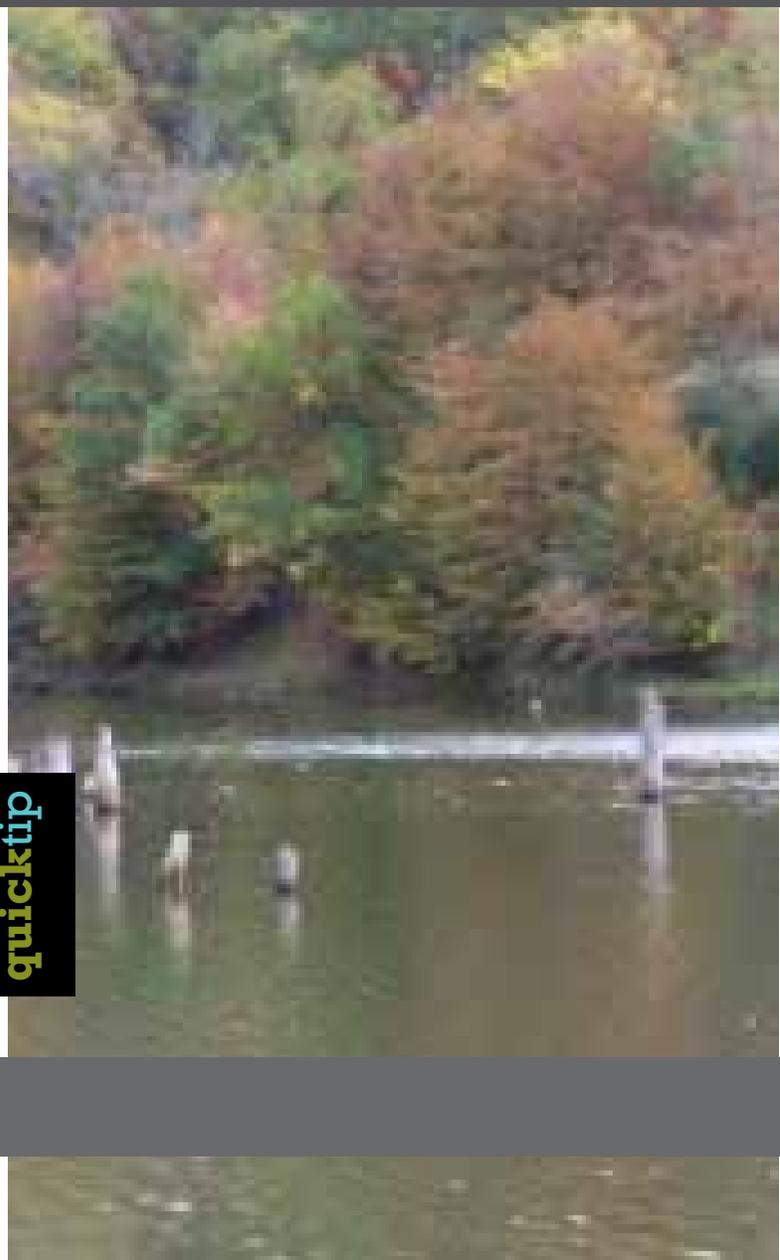
Current Page Bottom: Mills County West Oak Forest

Similarly, the city of Perry in Dallas County also faced concerns with tobacco use in their parks. Since parks are a shared community resource and a free opportunity that encourages physical activity, making them a safe and healthy environment for children – including eliminating tobacco use – was a priority. In partnership with other community efforts, the CTG program provided education on smoke-free living, and after months of discussion, the Perry City Council voluntarily passed a resolution prohibiting any form of tobacco in city parks, playgrounds, athletic fields and complexes, skate parks, aquatic areas, shelters, restrooms, trails, and parking areas. “The success of this effort is due to the continued emphasis on health by leaders and community members in the city of Perry,” said Jennifer Walters, Community Transformation Grant Coordinator for Dallas County.

Due to the success in the Perry, other communities within Dallas County have also voluntarily implemented tobacco-free parks. Adel, Dallas Center, Redfield, and Van Meter now have tobacco-free parks.

**Tobacco** is the leading preventable cause of death in Iowa. Each year, approximately 4,400 adults die. See how the Division of Tobacco Use Prevention and Control helps Iowa reduce the use of tobacco at [www.idph.state.ia.us/TUPAC/](http://www.idph.state.ia.us/TUPAC/).

quicktip





quicktip

tobacco-free living

## ourplace

When you live in a communal location, such as an apartment complex, duplex, or retirement community, you can share a lot of things with your neighbors besides just the hallways and walls. Loud music, barking dogs, and strange food smells can also creep into your home from other nearby units. While these things are definitely unwanted, they can usually be written off as a minor nuisance. However, secondhand smoke is the one shared issue that could be more dangerous and deserves more active attention.

According to the Iowa Department of Public Health-Smoke Free Homes website, secondhand smoke can lead to lung cancer and heart disease in adults, and to serious health problems in children. Research shows up to 65 percent of air can be exchanged between connected living units. Tobacco smoke can move through walls, duct work, windows, and ventilation systems and potentially affect residents in other units far removed from the smoking area.

Along with the negative health effects, secondhand smoke can also greatly impact the multi-unit housing rental business. Apartment turnover costs can be nearly seven times greater when smoking is allowed due to the amount of cleaning and maintenance required for an apartment once used by a smoker. There is no safe level of secondhand smoke within complexes, and ventilation systems cannot remove the cancer-causing chemicals. Also, smoking in complexes poses a potential fire hazard as an estimated 350 lives and over \$286 million were lost in smoking-related fires across the U.S. in 2010. "There are so many reasons for a multi-unit housing complex to go smoke-free," said Sieglinde Prior, Executive Officer for the Division of Tobacco Use Prevention and Control at the Iowa Department of Public Health. "In fact, apartment complexes that have a smoke-free policy and reduced claims for fire damage can dramatically reduce insurance costs."

As a result, multi-unit housing complexes across the state are slowly beginning to jump on-board with voluntary smoke-free policies. In Cerro Gordo County, the Iowa Community Transformation Grant (CTG) program worked with the North Iowa Regional Housing Authority (NIRHA) to combat secondhand smoke in low-income housing units. The NIRHA oversees 121 housing units in Cerro Gordo and surrounding counties, and they assist several hundred families with housing assistance. The Cerro Gordo CTG program helped the NIRHA conduct resident surveys on the issue and analyzed the best approach to solutions. The NIRHA voluntarily adopted a resolution to require all NIRHA units to be

A list of **smoke-free apartment sites** can be found at [www.smoke-freehomes.iowa.gov/](http://www.smoke-freehomes.iowa.gov/).



*PHOTO: The Five Seasons Senior Housing complex in Linn County went smoke-free this year.*

smoke free. "This resolution impacts approximately 300 tenants as well as countless visitors to the buildings," said Kelli Huinker, CTG Coordinator for Cerro Gordo County. "This is a big win in the fight against secondhand smoke."

In Washington, Iowa, similar large change initiatives on smoking have occurred within housing complexes. Previously, low-income housing through the Hawkeye Area Community Action Program (HACAP) prohibited smoking outdoors on their property but still allowed smoking inside the rental units. After consultation with the Washington County CTG Coordinator, the HACAP director met with their advisory council to discuss ways the housing units could become smoke-free. After multiple meetings and workgroup discussions, the advisory council voluntarily approved a smoke-free policy for the housing units.

Along with apartment complexes, senior housing can also be affected by secondhand smoke. Hilltop Manor and Five Seasons Senior Housing, two affordable senior living multi-unit residential complexes in Linn County, became 100 percent smoke-free recently this spring. To initiate this change, the Linn County CTG program met with HOMZ Management, the managing agency of the two complexes, and provided information about the benefits of going smoke-free. Sample documents, resources, and Quitline information were provided to HOMZ Management for their use. As a result of this intervention, HOMZ Management ended their grandfather clause on smoking for residents and informed their residents that all units would become smoke-free on March 1, 2014, for Hilltop Manor and on April 1, 2014, for Five Seasons Senior Housing. This voluntarily-implemented policy on smoke-free units impacted 108 residents and units.

Many multi-unit housing complexes who have implemented the smoke-free initiatives have also benefitted from this change by being able to market themselves as a property that offers smoke-free living. Along with free marketing materials, smoke-free properties can also list their complex on the Smoke-Free Homes website. This makes it easy to distinguish themselves to new renters who are looking to avoid any shared secondhand smoke from their neighbors.



## healthyschools

When school is in session, it often times becomes a second home and major influence on our children's lives. Traditional academic study is not the only thing learned from school anymore either. Eating habits and physical activity levels are also influenced by what happens at school. As a result, schools across Iowa have been busy updating and evaluating their local school wellness policies. Local school wellness policies have been required for several years in Iowa, but with the implementation of the federal Healthy, Hunger-Free Kids Act, those policies are being strengthened and updated. "There is a renewed spirit around promoting health and wellness in schools," said Sarah Taylor Watts, Physical Activity Coordinator for the Iowa Department of Public Health. "Both adults and students are committed to this."

One local initiative included a partnership between the Iowa Team Nutrition, the Alliance for a Healthier Generation, and the Centers for Disease Control and Prevention's Health Promotion and Chronic Disease Control Partnership Grant. This partnership presented two regional workshops in Des Moines and Cedar Rapids and brought together adults and middle school and high school students to learn more about the updated school wellness policy requirements. By working together, the teams were able to complete a wellness policy assessment tool, evaluate their current policy, add missing components, and delete old or outdated language. School teams developed action plans to present to their local school district. "Most teams were able to map out a detailed game plan," said Carol Voss, Nutrition Coordinator for the Iowa Department of Public Health. "They added language on how the wellness policy would be evaluated, who would evaluate the policy, and how that information would be shared with district stakeholders and the public."

All teams were invited to apply for funds to help support the implementation of their goals. Using these funds, teams were able to purchase helpful health promotion materials and equipment to support their efforts. Examples of these materials included:

- Nutrition education materials including posters and food-form models.
- Water promotion supplies, such as water bottle filling stations to adapt current drinking fountains.
- Physical education equipment including a range of fitness equipment.

The school's wellness policy will be evaluated every three years as part of the school's nutrition programs administrative reviews. By including a variety of people on the wellness team (physical education teacher, administration, students, parents, food service staff, board member, community members, health professionals), the wellness policy is more well-rounded and meets all of the required criteria. The local school wellness policy is one way to help ensure that school is a safe, happy, and healthy place for students to learn and grow.



*PHOTOS: Adults and students worked together to update school wellness policies.*



The design of the average work week is leading to more employees spending most of their waking hours at the office. In turn, sedentary lifestyles and poor diets are becoming the new normal while chronic disease and obesity are on the rise. To combat these negative effects – and to reduce health insurance premiums and sick leave – worksites are becoming more health conscious and are incorporating more opportunities for healthy options onsite. "Worksite wellness initiatives can really impact an employee's health," said Kala Shipley, Project Director for the Iowa Community Transformation Grant (CTG). "The Iowa Community Transformation Grant has consulted on wellness projects with numerous worksites – in both the public and private sectors."

In Linn County, the CTG program assisted the county government by providing technical assistance in the voluntary adoption of an employee wellness policy. The policy, which affects approximately 750 employees, provides flex-time and a lactation room for new mothers, promotion of regular physical activity - including information about on- and off-site fitness centers, and a requirement for healthy food and beverage options at meetings when food is served. "The new policy is helping us to become healthier by improving the environment," said Katie Jones, CTG Coordinator for Linn County. "So, healthy choices are easier to make."

Many county governments are also going tobacco-free to increase wellness. For example, Lee County initially only had a smoke-free policy, and it solely applied to the building office space. The Lee County CTG program provided information to the county Benefits Clerk and the Board of Supervisors on the benefits of replacing their existing smoke-free policy with a tobacco-free policy. Consequently, the Board of Supervisors voluntarily amended the policy to state that all government worksites and property – including vehicles and other county sites – would prohibit tobacco use.

Other successful county government wellness initiatives included a partnership between the Ringgold County Health Department's CTG program and the local county hospital. Ringgold County Hospital was already working on a marketing campaign that would change how the community viewed its use of the hospital. Historically, the hospital was mainly perceived as a destination for only the sick or injured, and they wished to re-establish their image as more of a community partner in health.

To help change the hospital's image within the community, a worksite wellness initiative became highly important. Designated wellness activities were seen as a way the hospital could promote a new brand image to the public. The Ringgold County CTG program met with hospital staff and their marketing

**Taking the stairs will  
burn almost 5 times**



**as  
many  
calories  
as  
taking**

**the elevator!**



Decatur County Public Health  
www.decaturcountyia.org  
Funding from the Centers for Disease Control & Prevention

firm to brainstorm further on worksite wellness ideas. As a result of their collaboration, the hospital developed several themes for a healthy worksite and voluntarily worked to craft a worksite plan. One activity in the plan designated the hospital's hallways as walking routes. Not only can their employees use the walking routes for physical activity breaks, but the community has also been invited to use them. "The walking routes have been very popular with employees and the public," said Vicki Sickels, CTG Coordinator for Ringgold County. "What a great way to encourage physical activity in a workplace."

Worksite wellness initiatives have extended outside of county government, too. In Cass County, the CTG program worked with a local manufacturing company on their food options and provided an assessment to the employer. From the results, the company implemented a food market system which increased the opportunities to provide healthier options such as fresh fruits, salads, and wraps to employees. "Since the introduction of the new market system, fresh fruit sales have increased significantly," stated Teddi Grindberg, CTG Coordinator for Cass County.

CTG programs have encouraged physical activity within private sector worksites, too. Along with stairwell campaigns, elevator wraps, educational materials, and walking meetings, CTG programs across the state have also promoted the Live Healthy Iowa 10-Week Wellness Challenge to worksites. The challenge promotes physical activity and weight loss and provides a fun competition for its participants.

In Grundy County, the CTG program partnered with the Grundy County Wellness Community and the Grundy County Wellness Coalition to promote Live Healthy Iowa and increase participation. Marketing materials were delivered to businesses across the county. The partners also applied for a small Live Healthy Iowa Community Outreach grant through the Iowa Sports Foundation to provide incentives to participate in the 10-week challenge. By using part of the small Live Healthy Iowa grant, the committee and council were able to supply a healthy breakfast to a local worksite, which had the most employees complete the 10-week challenge. Oatmeal with toppings, yogurt, fruit, and juice were served to the site's employees as a reward. "This worksite won the Corporate Cup Challenge for businesses," said Wendy Monaghan, CTG Coordinator for Grundy County. "Because of all of the worksites and schools that participated, Grundy County finished second in the Community Cup Challenge."

With an increase in worksite wellness initiatives, more people will have healthier food options, opportunities for physical activity, and a tobacco-free environment during the workday.

Other notable worksite initiatives across the state have included the following CTG projects:

#### **Black Hawk County**

With information from CTG staff, the Black Hawk County Board of Supervisors voluntarily passed a wellness policy. One of the components of the policy stated that "Black Hawk County shall promote and give preference in all county-owned facilities to the access of healthy food and beverages for employees and the public during the workday in a manner that makes the healthy choice the easy choice."

#### **Hancock County**

A manufacturing company in Hancock County wanted to kick start a new employee wellness program and encourage healthier eating while at work. The Hancock CTG program provided consultation to the company and conducted a NEMS-V assessment to measure the availability of healthy food and beverages in their vending machines. The company and CTG staff worked with the vending machine food vendor to provide more healthy options, and they also strategized how to market and place the healthy food choices. After implementing these changes, a second assessment found that 25 percent of the vending options were categorized as healthy.

#### **Marion County**

With assistance from the Marion County CTG program, a large manufacturing company voluntarily implemented a healthy vending and catering policy. Now, the company offers healthy food choices at all company meetings, and special events must include a low-fat entrée along with a fruit and vegetable. All campus vending machines also include a variety of healthy snack and beverage alternatives, and free water stations are available for employees.

#### **Scott County**

From a Community Health Assessment and Group Evaluation (CHANGE), Scott County CTG staff identified that the lactation room accommodations could be improved for Scott County employees. Through collaboration of CTG staff and Scott County, a comfortable, private area is now available for new mothers to nurse and store milk.

**quicktip**

**Live Healthy Iowa** holds a wellness challenge each year. Find more information at [www.livehealthyiowa.org](http://www.livehealthyiowa.org).

Body & Soul is a wellness program designed for African-American churches. This evidence-based program encourages a healthy lifestyle in the supportive community of the church. Churches that embrace Body & Soul help their members take care of their bodies as well as their spirits. The program works by combining four elements called pillars to provide the momentum, strength and guidance needed to sustain an effective change effort.

### **History**

Over fifteen years ago two successful nutrition programs, Black Churches United for Better Health and Eat for Life, were combined and developed into Body & Soul. With funding from the National Cancer Institute (NCI) the modified program was piloted as a partnership of the NCI, the American Cancer Society (ACS), the University of North Carolina, and the University of Michigan. The pilot gathered 16 churches in North Carolina and Georgia (Emory University) – over 1,000 church members – and assessed their diet and motivation to eat healthier. At the end of the four-year project, evaluations demonstrated high satisfaction with the program as well as improved diets, and increased activity levels.

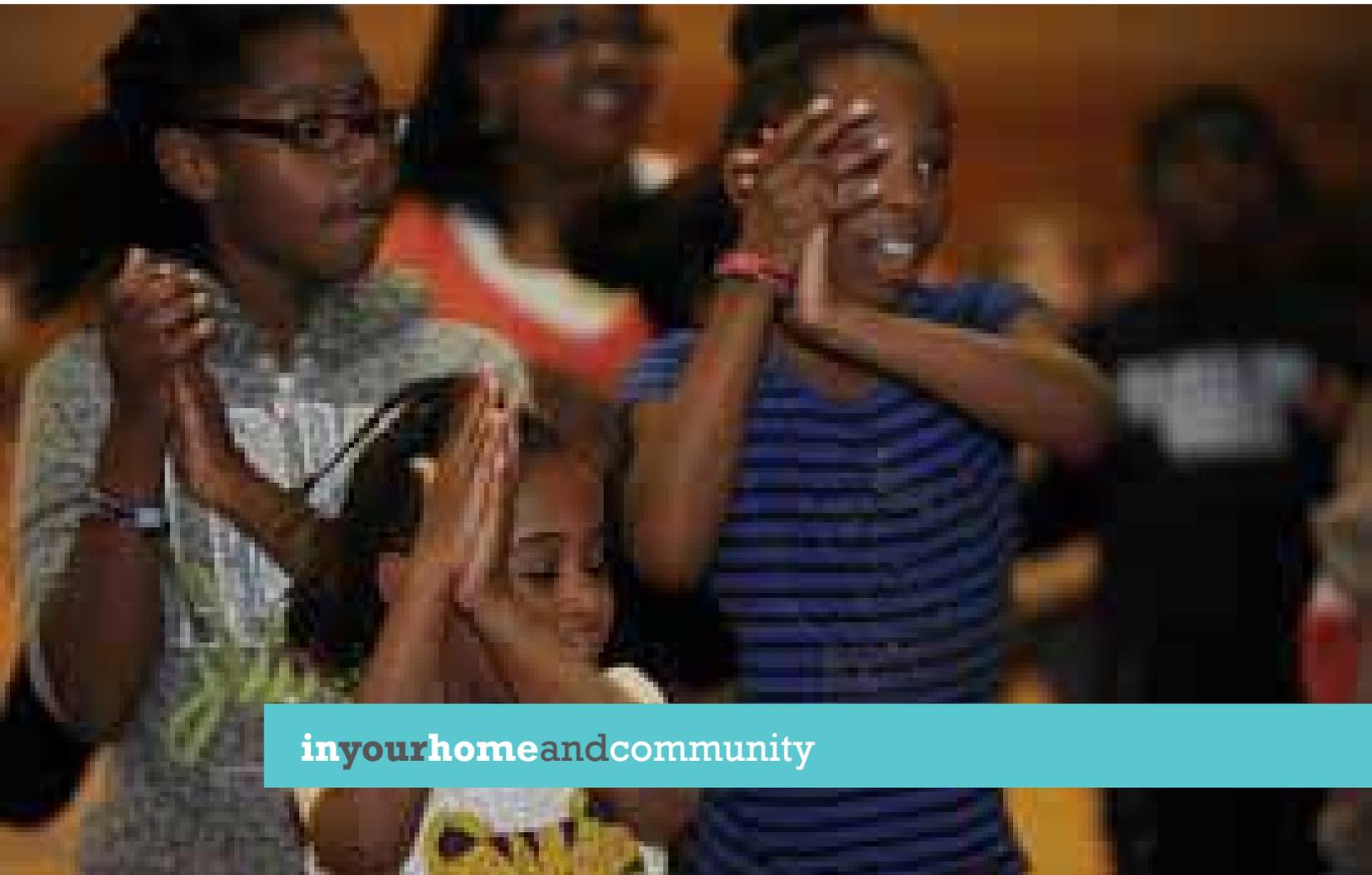
In particular, the participants credited the education and attendance at church-wide health events with the most significant impact on healthy eating. Body & Soul is a program that incorporates healthy lifestyle education, church events, and peer counseling to help church members become healthier

and to reduce their risk of chronic disease. Over the last decade, hundreds of church communities have implemented successful programs benefitting thousands of their members.

With its proven success, the American Cancer Society has embraced Body & Soul as one of its national cancer control programs. Body & Soul is included in the National Cancer Institute's Research Tested Intervention Programs (RTIP), and lists the program in their database of effective, peer-reviewed cancer control programs. Currently, resource materials are located at the Body and Soul website.

### **Developing a Body & Soul Program**

As with all projects, the development of a Body & Soul program in the church begins with identifying the key support persons and assessing the resources available for the project. The support group then develops and implements a plan to establish the Body & Soul program. Activities are planned and implemented to meet the goals of the program. Participation is measured to assure engagement of the congregation and church leaders are asked to identify how the program impacted their whole church. A number of roles are important, including that of pastor and church coordinator. These two roles lead a planning team of volunteers and establish the peer counseling program. The pastor appoints the Body & Soul church coordinator and together they select the peer counseling coordinator. All positions are key roles.





*PHOTOS: Body & Soul events occur in church congregations around the country.*

### **What are Program Pillars?**

A Body & Soul program is made up of four parts called “pillars” because they are like the pillars of a church. Just as a church building needs support on all four sides, a successful Body & Soul program needs all four of its “pillars” to be active and strong. All four pillars must be in place to build an effective Body & Soul program.

- A pastor who is committed and involved
- Church activities that promote healthy eating and active living
- A church environment that promotes healthy eating and active living
- Peer counseling that motivates church members to eat a healthy diet and live active lives

### **Pillar I: The Pastor**

As the leader of the church, the pastor sends a clear message to the congregation. The pastor’s support shows that the program is keeping with the mission of the church. It helps church members see the link between physical health and spiritual well-being. Activities for the pastor may include: Launch a kickoff event; Sign “the Church Commitment to Good Health” pledge; Be a role model by eating more fruits and vegetables and being visibly more active; Deliver inspirational messages about the link between good health and spirituality; Include messages related to living a healthy life in the church bulletin and newsletters including Bible verses that refer to healthy living; Ask that more fruits and vegetables be served at church functions; Start Body & Soul Sunday, once a month; Recognize the Body & Soul planning team; and Praise the church members who have improved their health.

The first step is to engage the pastor’s blessing for the program. Plan how the pastor is to be involved and confirm his/her activities early because pastor’s schedules fill up quickly. The pastor should appoint the Program Coordinator and make suggestions for the program planning team. The more the pastor can be involved, the better.

### **Pillar II: Promote healthy eating and physical activity**

Church events are the heart of congregations and are expressions of their culture. Plan events that will encourage church members to eat more fruits and vegetables and to be more physically active. These can include workshops, cooking demonstrations, taste tests and recipe exchanges for healthier eating. They could include sports events, group exercise sessions, church relays or youth contests. These strategies should be designed to help church members learn about health, give them a chance to try new types of fruits and vegetables and help them gain the skills necessary to change their eating habits and physical activity routines. The more events that can be scheduled the stronger the message and the greater the chance to make behavior change. Some ideas for events include:

- Workshops on healthy eating; weight control; container gardening; preventing and controlling high blood pressure, diabetes, heart disease, and cancer; financial planning and budgeting.
- Nutrition education activities in Sunday schools, men’s meetings, or other group meetings.
- Tours of the produce department in a local grocery store, presentations about healthy eating by the Registered Dietitians, where available.
- Demonstrations and classes on healthy ways to prepare and cook food.

*(continued on page 43)*

- Tasting parties with fruits and vegetables.
- Messages about healthy eating and wellness in church bulletins and newsletters, and on the church's web site.
- Celebrating successes by recognizing the planning team during service, providing certificates for participation, hosting a healthy luncheon or dinner and picnic/cookout.

**Pillar III: A church environment that promotes healthy eating and active living**

Success in eating healthy and being active is helped by a supportive environment and culture. The church needs to teach by example and serve more fruits and vegetables and healthy foods at events. Some ideas that support a healthy church environment include: Serving healthy foods after services and at all events that involve children and establishing church policies that ensure more fruits and vegetables are served at church functions. The policies should include vending machines and church stores as well. Iowa Healthy Vending resources are available at: [www.nems-v.com/NEMS-VResourcesSuccessStory.html](http://www.nems-v.com/NEMS-VResourcesSuccessStory.html).

Another environmental change would include making changes in the church kitchen – training for the kitchen committee, changing recipes and menus, stocking the pantry with more fruits and vegetables. Other healthy ideas include:

- Encourage members to share produce from their gardens with the church family and use fresh produce for food pantries.
- Sponsor a farmer's market -- contact the Iowa Department of Agriculture Land and Stewardship to get started. [www.iowaagriculture.gov/default.asp](http://www.iowaagriculture.gov/default.asp)
- Ask local markets or convenience stores to stock more fruits and vegetables.
- Start a garden committee to create a church garden.
- Create a sports team for children.
- Build a playground and support church members who participate in runs, bike rides or on sports teams.

**Pillar IV: Peer counseling that motivates members to live healthier lifestyles**

Peer counseling helps motivate church members to eat healthier and be more active. Interested church members sign up to talk with a trained volunteer; by phone, by computer or in person. Church members talk with their peer counselors about how living healthier relates to their life goals and personal values. Peer counselors tailor the talk to the person's readiness to change. Together, they come up with a health improvement action plan. This approach empowers people to take more control over their own health.

Each church chooses members to be peer counselors. The counselors learn skills for talking about health habits. A program to train peer counselors is available on an interactive DVD and can be ordered by calling 1-800-422-6237.

## 2014 **body&soul** awards

The peer counseling pillar is based on the principles of motivational interviewing, which is a proven method for changing health behavior. Peer counseling helps individuals integrate the changes necessary for personal health improvement. As a program all of the pillars help the body of the church become healthier.

### **Iowa church success stories\***

No church plan is like the other because each is uniquely and distinctly different from each other. The planning groups at the church identify the needs and build the programs, activities and strategies that their church needs to build their own improvements.

- Pilgrim Baptist created a walking program as a church activity that coordinated with the former Iowans Fit for Life program at the Iowa Department of Public Health. They also created a church garden and celebrated the produce from it.
- First Light integrated cooking demonstrations into a personal health workshop that was very successful in motivating change in foods served at church events. In their second year with the project, they planned and held a health fair that engaged a large percentage of the congregation.
- Mount Zion brought in a personal trainer for weekly physically active sessions and used cooking classes for youth to teach about eating a healthy diet. The pastor committed to making personal health behavior changes that modeled that behavior for all members.

### **Resources**

Visit the Body & Soul website at <http://pubweb.fccc.edu/bodyandsoul/wordpress/> for more information on this community health initiative.

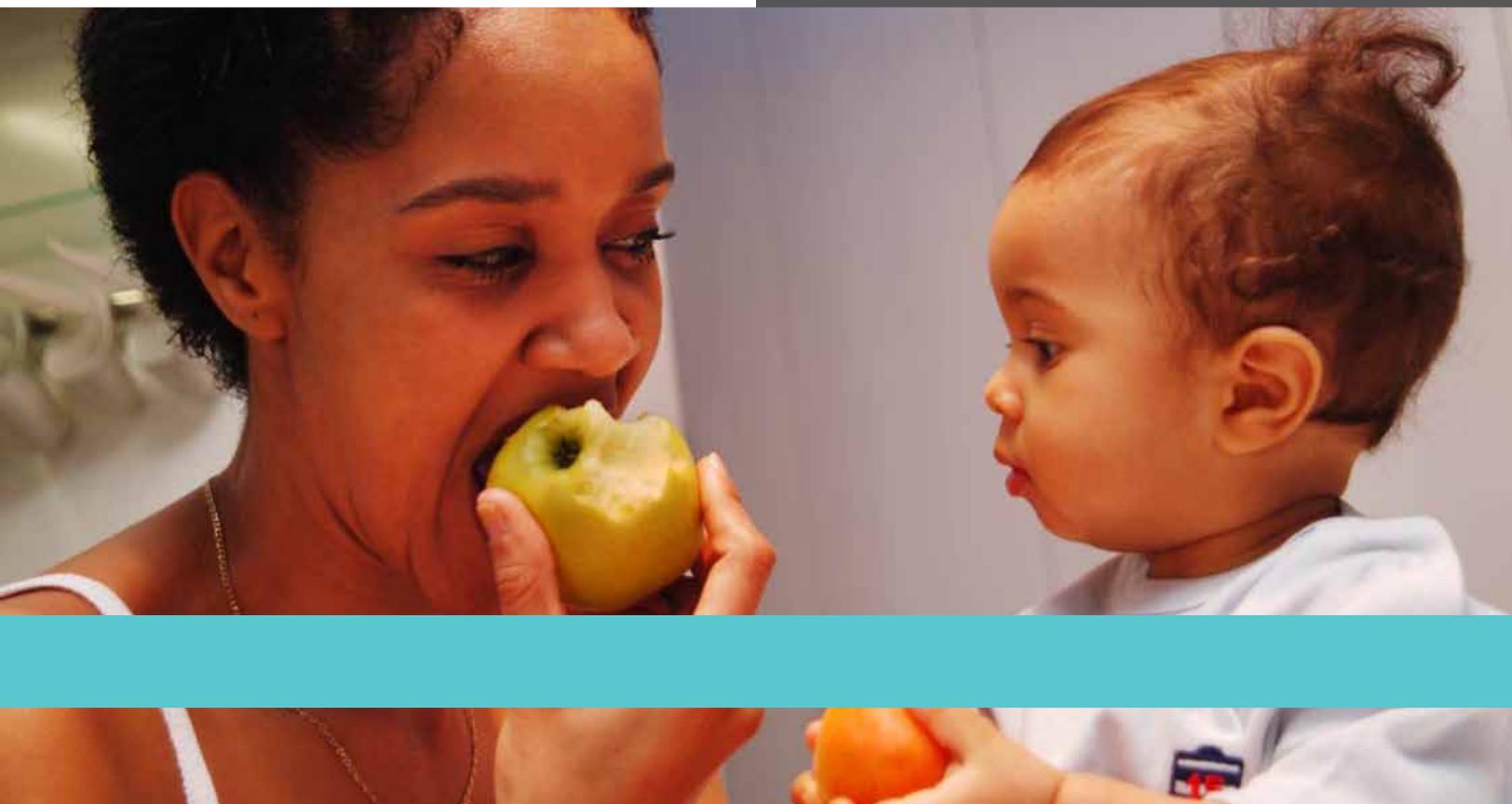
*\*Local Iowa Body & Soul initiatives were funded by the Iowa Comprehensive Cancer Control Program.*

The 2014 Body & Soul Grants have been awarded from the Iowa Department of Public Health, Comprehensive Cancer Control Program. Eight Iowa Churches are recipients of small grants to develop health improvement initiatives within their congregation or communities. Each church created their own activities plan including nutrition education, physical activities, wellness programming and health messages. "We are absolutely delighted that we can offer these grants in the Body & Soul Program," said Jill Myers-Geadelmann, Chief of the Bureau of Chronic Disease Prevention and Management.

According to the State Data Center of Iowa and the Iowa Commission on the Status of African-Americans, 97,080 Iowans are African-Americans. Over half (53,165) live in five Iowa cities – Des Moines, Davenport, Waterloo, Cedar Rapids and Iowa City. 2014 Body & Soul awardees are listed in the table below:

<b>Church Name</b>	<b>Community</b>
Union Missionary Baptist Church	Waterloo
Mount Zion Missionary Baptist Church	Sioux City
Mount Zion Missionary Baptist Church	Cedar Rapids
New Birth Missionary Baptist Church	Des Moines
Gospel Mission Temple	Davenport
Oakhill Jackson Community Church	Cedar Rapids
Antioch Baptist Church	Waterloo
Pilgrim Missionary Baptist Church	Des Moines

The smallest of these churches serves 150 families, and the largest has over 600 congregants. Together their health messages will reach almost ten percent of the African-American population in their communities.





**in**yourhomeandcommunity

**quicktip**

For over 60 years, many American communities have welcomed community water fluoridation efforts to lower the risks for dental decay for their children and their families. There was an initial trust that public health and regulatory authorities were monitoring for any potential for harm in this practice. There was also a general sense that should new information prove the practice as harmful, it would be revealed due to ongoing and regular research.

Today, a rising skepticism has emerged with reports from various sources that fluoridation may cause harm. While public health and the majority of scientific authorities continue to support the benefits of fluoridation and lack of any proved harm, there continues to be some doubt among some of the public in these claims.

Often cited feared harmed includes a claim that water fluoridation may be related to decreasing Intelligence Quotient or IQ levels in children. This claim was based on several small international studies performed in poor, highly polluted communities. The primary study often quoted by skeptics, resulted from a study performed in China<sup>1</sup>.

American and other leading national researchers immediately questioned the findings in this study citing weaknesses in the research methods used and lack of consideration for the background environmental pollution rates in China, which greatly exceeds that in the United States. Furthermore, the Chinese comparison or control group that was considered "normal IQ" in the study was exposed to fluoride levels meeting or exceeding the standards for water fluoridation in the USA.

A further claim of the potential, but not proof of, lowered IQ based on high fluoridation levels was brought forth closer to home in a Harvard-based comparison review on a sampling of children<sup>2</sup>.

Other studies of larger samplings both in the USA and international have come to refute both the Harvard study



and the Chinese-based findings<sup>3</sup>.

In a more recent and vigorous Switzerland-based study on IQ and the impact of fluoride use in water systems, it was concluded that there was no indication of IQ decrease among children receiving optimum levels of fluoride from community water sources<sup>4 5</sup>.

From these ongoing efforts, it should ease the public's mind that indeed, water fluoridation is a highly researched and reviewed activity leaving nothing to chance, faulty science, or guessing. The scientific and public health communities are well aware of the need for safety and security when it comes to the health of the public.

**Fluoridation** of community drinking water was named by the Centers for Disease Control and Prevention as one of the top 10 achievements in public health. For more information on fluoride and its benefits for oral health, visit [www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Fluoride](http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Fluoride).



## spreading the word

Here's a riddle for you. What is something you can't see, smell, or taste but may be in your home?

Need more clues? It is the first leading cause of lung cancer in nonsmokers and the second leading cause of lung cancer in smokers. Give up? **The answer is radon.**

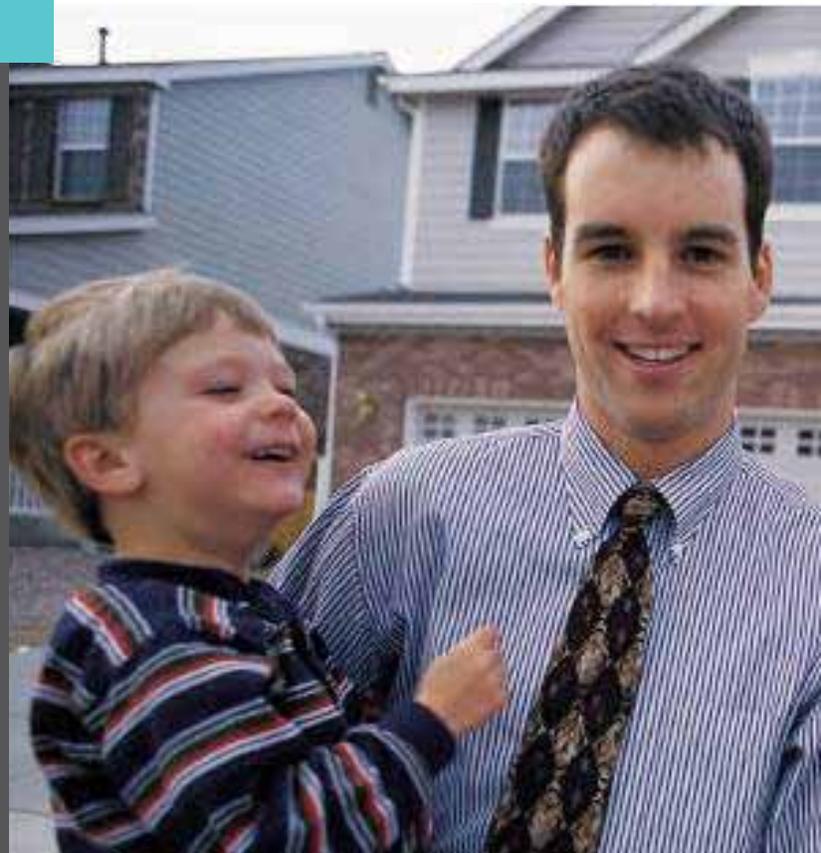
Radon is a naturally-occurring radioactive gas that can cause lung cancer. You can't see, smell, or taste it, but radon may be in your home. Radon enters our homes when it rises up through the soil and is pulled into the house through a mechanism called stack effect. Stack effect is created when warm air rises in a building and spaces become depressurized. As warm air rises, colder air is pulled in to replace it. This constant movement of air flow creates pressure differences throughout a building, which increase the opportunity for radon gas to enter the building. Since radon gas moves around freely in soil around the foundation of a building, it can also enter the home.

*PHOTO: Monona County charcoal test kit and Healthy Homes Guide*

## mononacounty

Monona County used social media sites, Facebook and Twitter, to provide information regarding radon. Monona County has also used new social media venues to inform the public about food recalls, training, zoning, and disaster preparedness. Monona County's social media approach to radon awareness has propelled coordination with the county's information technology steering committee to develop policy and procedures to develop best practices and training. For more information on radon contact the Monona County Environmental Health office at 712/433-3400 or visit [www.mononacounty.org](http://www.mononacounty.org).

You can now follow Monona County Environmental Health on Facebook, Monona County Zoning/ Environmental Health, and Twitter @MononaCoEnviron.



**inyourhomeandcommunity**

The Surgeon General's National Health Advisory on Radon states that "indoor radon is the second-leading cause of lung cancer in the United States and breathing it over prolonged periods can present a significant health risk to families all over the country." For over twenty years, the Iowa Department of Public Health has received a State Indoor Radon Grant from the Environmental Protection Agency. A major piece of this grant is the education and outreach which occurs through local mini-grants. In 2014, seven counties (Boone, Calhoun, Marion, Mills, Monona, Warren, and Winnebago) received funding from the Iowa Department of Public Health to promote radon testing during radon action month. A new component of this year's mini-grant program was to use social media to reach residents through Facebook, Twitter, and YouTube.

Two mini-grant awardees communicated their message about the dangers of radon and home testing through social media outlets like Facebook, Twitter, and YouTube.



PHOTO: Marion County YouTube video on radon included residents.



## marioncounty

Marion County Environmental Health Specialist Cory Frank recruited students to develop a YouTube video encouraging residents to have their homes tested for radon.

Visit <http://bit.ly/1s2TwQn> to view the video and learn more about radon.

quicktip

The entire state of Iowa is considered at high risk for **radon** gas in homes by the EPA. Visit [www.idph.state.ia.us/Radon/](http://www.idph.state.ia.us/Radon/) for more information.

Public health tracking is the ongoing collection, integration, analysis, interpretation, and dissemination of data on environmental hazards, exposures to those hazards, and health effects that may be related to the exposures. The goal of tracking is to provide information that can be used to plan, apply, and evaluate actions to prevent and control environmentally related diseases. The Iowa Public Health Tracking (IPHT) can provide useful health data to the public, including local public health agencies and other community parties. Below is an example of how the IPHT has been used.

## **Injury Prevention Gap in Iowa's Public Health System**

In 2011, the Iowa Department of Public Health published the Local Governmental Public Health Baseline Report. The survey that informed the report had a 71 percent response rate and was distributed to all local public health administrators and environmental health administrators. The findings identified that only 15 percent of respondents provide intentional injury prevention services and only 42 percent of respondents provided unintentional injury prevention services.

In order to address this gap in Iowa's public health system, the Iowa Department of Public Health developed a Request for Proposal for local health departments to conduct a quality improvement project to improve their

ability to meet standards related to unintentional and intentional injury prevention. Four counties, Calhoun, Mills, Sioux, and Washington, were funded under that proposal. To complete their quality improvement projects, counties requested injury data from IDPH. IDPH did not have standardized measures in place for injuries at the time of the request, and the IDPH Office of Disability, Violence, and Injury Prevention did not have access to injury surveillance data.

## **How was Iowa Public Health Tracking involved?**

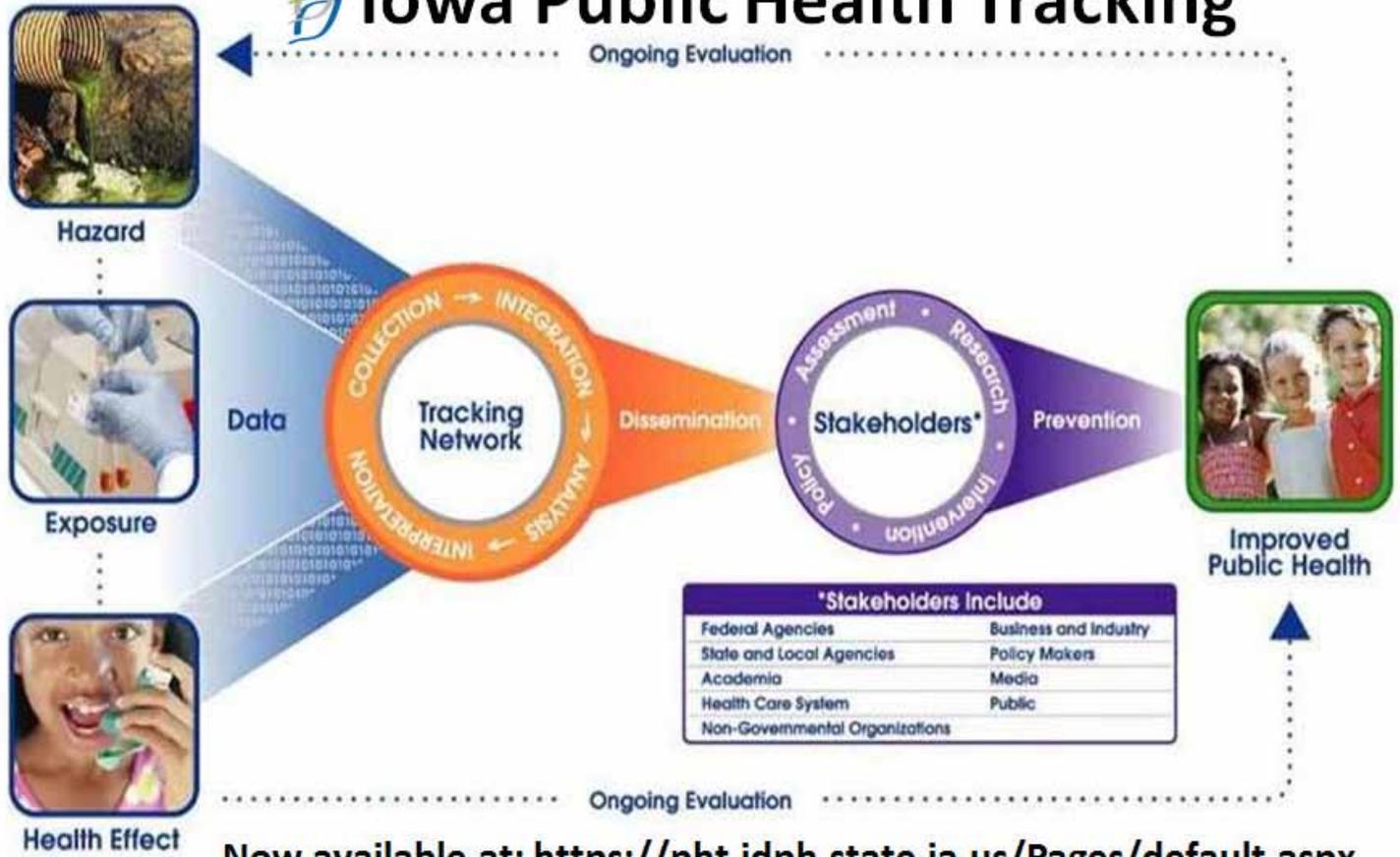
IPHT was initially consulted to determine what sources of data related to injury data were available, and assist in fulfilling the data request. IPHT staff worked with the IDPH Office of Disability, Violence, and Injury Prevention to identify measures related to injury incidence that would be useful to the four counties.

To provide data at the county level in Iowa, the matrix of ICD-9-CM external cause of injury codes for presenting injury mortality and morbidity data used by the Web-based Injury Statistics Query and Reporting System (WISQARS) was identified as a standardized mechanism for classifying and reporting injury statistics. WISQARS is maintained by the CDC Injury and Violence Prevention and Control program for reporting injury related data at a national and state level.



quicktip

# Iowa Public Health Tracking



## What action was taken to solve the problem?

IPHT constructed a custom query of the Iowa Hospital Association Inpatient Discharge database to pull counts by injury cause and intent. Injury counts were then loaded into an Excel dashboard template developed by IPHT for self-contained interactive reporting and messaging of measures. The injury dashboard was configured to calculate and display crude rates of injury hospitalizations by County for 2007-2011, and counts by

age group, gender, and race/ethnicity. Data was provided to the four requesting counties, and the dashboard was made available to the IDPH Office of Disability, Violence, and Injury prevention to facilitate future requests from additional counties.

**Iowa Public Health Tracking** is available for use! Visit <https://pht.idph.state.ia.us/Pages/default.aspx> to access the site and health data.

## grantexpansion

Great news! The Iowa Department of Public Health (IDPH) recently received an expansion of funds from the Centers for Disease Control and Prevention (CDC) for the Preventive Health and Health Services (PHHS) Block Grant.

The PHHS Block Grant is unique by providing states with flexible funding to allocate (as determined by each individual health department) based on their state's needs and priority health issues. In general, funds may be used for planning, administration, education, monitoring, and evaluation activities related to achieving Healthy People 2020 objectives. All funded activities must align with Healthy People 2020.

PHHS Block Grant funds allow Iowa to use dollars where we need them and when we need them to protect the public's health. This flexibility is critical and serves Iowa's unique rural health needs.

Iowa's final total award for the FFY 2014 PHHS Block Grant is \$1,691,515; an increase of \$827,185 from the FFY 2013 allocation. FFY 2014 spending of PHHS Block Grant funds is allowed for two years through September 30, 2015. Iowa will begin spending FFY 2014 dollars at the beginning of the second year, in October 2014.

The Iowa Department of Public Health and the PHHS Block Grant State Advisory Committee worked together to identify new opportunities where the funding could be applied. Along with internal collaborations, public hearings were held to actively seek and collect input from the public, stakeholders, and local partners.

As a result, IDPH and the PHHS Block Grant State Advisory Committee identified several program areas as priority health needs in the state and approved them for funding with the increased allocation amount. The program areas were identified as areas of need as they are critical for ensuring IDPH promotes and protects the public's health in Iowa. Additionally, these programs are essential for meeting Iowa's unique rural health needs; including the development of a strong public health infrastructure at both the state and local levels (all 99 Iowa counties) to provide the basis for solid health policy decisions and priority setting. Funding for the programs identified below will provide the necessary support to assist IDPH with development and maintenance of a comprehensive, efficient, and effective statewide public health system.



### Summary of IDPH Plan for Allocation of New PHHS Block Grant Dollars

HP 2020 Objective	New Program Area	Proposal	Funding	Purpose
OH-13: Community Water Fluoridation	Oral Health/ Environment Health	Community Water Fluoridation	\$110,000	Strengthen community water fluoridation support systems. Rebuild public awareness and local fluoridation support infrastructure via community organizational partnerships.
PHI-8: Tracking of HP 2020 Objectives	Injury Prevention	Burden of Injury Report	\$15,000	Produce and disseminate an updated Burden of Injury Report for the State of Iowa; for use by local public health agencies.
PHI-7: Data for HP 202 Objectives	Data and Information Systems	Data Management	\$50,000	Research and identify a model for structuring, managing, and resourcing IDPH's data management/informatics functions for its 96 program areas.
V-1: Vision Screening for Children	Vision Screening	Vision Screening Start-Up	\$50,000	Provide start-up funding for the Iowa Child Vision Screening Program. Develop resources to educate and inform parents about child vision screening requirements.
AHS-1: Persons with Health Insurance	Access to Health Services	I-HAWP Healthy Behaviors	\$100,000	Provide assistance to I-HAWP (Iowa Health and Wellness Plan) members in completing healthy behavior activities, through contracts with local public health agencies.
PHI-17: Accredited Public Health Agencies	Public Health Infrastructure	Public Health Accreditation	\$200,000	Prepare IDPH and the state's local health departments for accreditation. Provide education, resources, and/or consultation regarding accreditation preparation and the PHAB Version 1.5 standards to local public health agencies.
<b>Additions to Currently Funded Programs</b>				
AHS-8: Rapid Pre-hospital Emergency Care	Emergency Medical Services	Trauma Study	+\$50,000	Conduct an American College of Surgeons consultation visit for the Iowa trauma system.
PHI-15: Health Improvement Plans	Strengthening Public Health	RCHC Personnel	+\$50,000	Provide support for Regional Community Health Consultants previously covered by CTG funding
PHI-15: Health Improvement Plans	Strengthening Public Health	CHNA&HIP Support	+\$202,185	Provide support to local boards of health to implement strategies addressing unmet needs from their CHNA&HIPs (Community Health Needs Assessment and Health Improvement Plan).

**Total New Funding: \$827,185**

### Summary of Base Programs Supported by the PHHS Block Grant

HP 2020 Objective	Program Area	Current Plan	Funding	Purpose
PHI-15: Health Improvement Plans	Strengthening Public Health	Strengthen Local Public Health Infrastructure	\$313,222	Provide support for regional field staff to provide education, ongoing technical assistance, monitoring, and support to 99 local boards of health, local public health agencies, and other community-based agencies delivering public health services.
AHS-8: Rapid Pre-hospital Emergency Care	Emergency Medical Services (EMS)	Emergency Medical Services	\$339,323	Provide Iowa's 118 trauma care facilities and over 800 emergency medical service programs with technical assistance and resources that will help develop and maintain a comprehensive, efficient and effective statewide EMS system. Funds will be used by the IDPH Bureau of EMS for regional field staff to provide education, ongoing technical assistance, monitoring, and support to the state's 800+ EMS service programs.
IVP-40: Sexual Violence (Rape Prevention)	Sexual Violence (Rape Prevention)	Sexual Violence Prevention	\$64,027	Provide support to the Iowa Coalition Against Sexual Assault (Iowa CASA) to coordinate sexual assault services, prevention, and resources in Iowa. *This total is a mandatory allocation.
N/A	Administration	Administrative Costs	\$147,758	Cover costs that are incurred for common or joint objectives, and therefore cannot be identified readily and specifically with a sponsored program, i.e., human resources, health statistics, information technology and finance services.

**Total FFY 2014 Funding: \$1,691,515**

## credits

### **A Million Hearts® Align - page 8**

<sup>1</sup>HCUP State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP). 2011, Agency for Healthcare Research and Quality, Rockville, MD. [www.hcup-us.ahrq.gov/sidoverview.jsp](http://www.hcup-us.ahrq.gov/sidoverview.jsp)

<sup>2</sup>Centers for Disease Control and Prevention, national Centers for Injury prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) online. (2012) Years of Potential Life Lost (YPLL) Reports, 1999-2010. {cited 2013 Mar 18}. Available from <http://webappa.cdc.gov/sasweb/ncipc/ypll10.html> .

<sup>3</sup>Behavioral Risk Factor Surveillance System (BRFSS), 2011 .

### **Food Gardening Feeds Iowans - page 16**

<sup>1</sup>Growing Solutions. Cultivating Health & Food Security Through Gardening in Iowa. Available from [www.cultivateiowa.org](http://www.cultivateiowa.org).

### **Conducting Walk Audits - page 28**

<sup>1</sup>[www.cdc.gov/VitalSigns/Walking/](http://www.cdc.gov/VitalSigns/Walking/)

<sup>2</sup>[www.markfenton.com](http://www.markfenton.com)



## Safe Water - page 46

<sup>1</sup>Wang SX, Wang ZH, Cheng XT, et al. Arsenic and fluoride exposure in drinking water: children's IQ and growth in Shanyin County, Shanxi Province, China. *Environmental Health Perspectives*. 2007; 115(4):643-7.

<sup>2</sup>Anna L. Choi, Guifan Sun, Ying Zhang, Philippe Grandjean. Developmental Fluoride Neurotoxicity: A Systematic Review and Meta-Analysis. *Environmental Health Perspectives* July 2012 doi: 10.1289/ehp.1104912

<sup>3</sup><http://www.ilikemyteeth.org/fluoridation/dangers-of-fluoride/3/> (accessed June 2, 2014)

<sup>4</sup>Jonathan M. Broadbent, W. Murray Thomson, Sandhya Ramrakha, Terrie E. Moffitt, Jiaxu Zeng, Lyndie A. Foster Page, and Richie Poulton. (2014). Community Water Fluoridation and Intelligence: Prospective Study in New Zealand. *American Journal of Public Health*. doi: 10.2105/AJPH.2013.301857

<sup>5</sup><http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301857> (accessed June 2, 2014)



Promoting and Protecting the Health of Iowans



