

Appendix I: Data Sources

Fact Book Item	Data Source
Introduction	
Healthy People 2010 Leading Health Indicators	State Center for Health Statistics, Iowa Department of Public Health and website: http://wonder.cdc.gov/data2010
Demographics	
State Population Distributions for 1970-2000	Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database, National Cancer Institute, DCCPS, Surveillance Research Program, Cancer Statistics Branch, released April 2003.
State Population Distributions for 2001-2002	US Census Bureau Website: http://www.census.gov
Health and Social Behaviors	
Behavioral Risk Factor Surveillance System (BRFSS)	Centers for Disease Control & Prevention Website: http://www.cdc.gov/brfss/
Iowa Youth Tobacco Survey	Iowa Department of Public Health Division of Tobacco Use Prevention & Control in cooperation with the Centers for Disease Control and Prevention Office on Smoking and Health
Substance Abuse Treatment	Iowa Consortium for Substance Abuse Research
Marriages	Iowa Department of Public Health Vital Statistics
Dissolutions	
Domestic Abuse Cases	Department of Public Safety, Uniform Crime Report
Driving Under the Influence	
Juvenile Arrests	
Juvenile Vandalism	

Prenatal and Infant Health

Live Births	Iowa Department of Public Health, Vital Statistics, Birth Certificates
Out-Of-Wedlock Births	
Mothers Under Age 20	
Low Birth Weight	
Mothers Who Began Prenatal Care in the First Trimester	
Mothers Who Smoked During Pregnancy	
Mothers Who Drank During Pregnancy	Iowa Department of Public Health, Vital Statistics, Death Certificates
Fetal Deaths	
Neonatal Deaths	
Perinatal Deaths	
Infant Deaths	
Congenital Malformations	
Birth Defects	Iowa Center for Congenital and Inherited Disorders, The University of Iowa
Selected Birth Defects in Iowa	

Infectious Diseases

Sexually Transmitted Diseases	Bureau of Disease Prevention and Immunization via Iowa Department of Public Health
Infectious Diseases	Bureau of Infectious Diseases via Iowa Department of Public Health

Cancer Incidence and Mortality

All Sites of Cancer	<i>All cancer incidence data from:</i> The University of Iowa, Iowa Cancer Registry via NCI's SEER*Stat Program.
Prostate	
Lung	<i>All cancer mortality data from:</i> “Cause of Death” codes on death certificates filed with Vital Records, Iowa Department of Public Health via NCHS and NCI's SEER*Stat Program, version 6.1.4.
Female Breast	
Colorectum	
Non-Hodgkin's Lymphoma	
Leukemia	
Skin Melanoma	
Oral Cavity (Excluding Lip)	
Cervical	

Injury Mortality

All Transportation
 Motor Vehicle Traffic
 Suicide
 Firearms
 Falls
 Homicide
 Poisoning
 Burns
 Drowning
 All Other Unintentional

“Cause of Death” codes on death certificates filed with Vital Records, Iowa Department of Public Health. Analyses conducted by The University of Iowa, Iowa Cancer Registry.

Youth Injury Mortality

All Transportation Ages 0-14
 All Transportation Ages 15-19
 Motor Vehicle Traffic Ages 0-14
 Motor Vehicle Traffic Ages 15-19
 Suicide Ages 0-14
 Suicide Ages 15-19
 Homicide Ages 0-14
 Homicide Ages 15-19

“Cause of Death” codes on death certificates filed with Vital Records, Iowa Department of Public Health. Analyses conducted by the University of Iowa, Iowa Cancer Registry.

Other Mortality

All Causes
 Heart Disease
 Stroke
 Chronic Obstructive Pulmonary Disease
 Pneumonia/Influenza
 Diabetes Mellitus
 Atherosclerosis
 Infectious/Parasitic
 Nephritis, Nephrotic Syndrome, Nephrosis
 Chronic Liver Disease and Cirrhosis
 Congenital Anomalies
 Conditions Originating in the Perinatal Period
 Alzheimer’s

“Cause of Death” codes on death certificates filed with Vital Records, Iowa Department of Public Health via NCHS and NCI’s SEER*Stat Program.

Health Care Providers

Total Physicians	Office of Statewide Clinical Education Programs (OSCEP), College of Medicine, The University of Iowa
Primary Care Physicians	
Family Practice Physicians	
Internal Medicine Physicians	
Pediatric Physicians	
Obstetrics/Gynecology Physicians	
General Surgeons	
Other Specialty Physicians	
Physician Assistants	
Nurse Practitioners	
Pharmacists	
Dentists	
Chiropractors	
Registered Nurses	Board of Nursing via Iowa Department of Public Health
Licensed Practical Nurses	
Advanced Practical Nurses	Bureau of Emergency Medical Services via Iowa Department of Public Health
Emergency Care Providers: Total	
First Responders	
Emergency Medical Technicians: Basic	
Emergency Medical Technicians: Intermediate	
Emergency Medical Technicians: Paramedic	
Emergency Medical Technicians: Paramedic Specialist	
Iowa Law Enforcement Emergency Care Provider	

Health Care Facilities

Hospitals	Department of Inspections and Appeals via Iowa
Hospital Beds	Department of Public Health
Nursing Facilities	
Nursing Facility Beds	
Chronic Confusion or Dementing Illness Units	
Chronic Confusion or Dementing Illness Beds	
Intermediate Care Facilities for the Mentally Retarded	
Intermediate Care Facilities for the Mentally Retarded Beds	
Residential Care Facilities	
Residential Care Facilities Beds	
Residential Care Facilities for Persons with Mental Illness	
Residential Care Facilities for Persons with Mental Illness Beds	
Residential Care Facilities for the Mentally Retarded	
Residential Care Facilities for the Mentally Retarded Beds	
3 to 5 Bed Units for the Mentally Retarded	
3 to 5 Bed Units for the Mentally Retarded Beds	
Psychiatric Medical Institutions for Children	
Psychiatric Medical Institutions for Children Beds	
Total Trauma Facilities	Bureau of Emergency Medical Services via
Community Trauma Care Facilities	Iowa Department of Public Health
Area Trauma Care Facilities	
Regional Trauma Care Facilities	
Resource Trauma Care Facilities	

Environmental Indicators

Childhood Lead Poisoning	Iowa Department of Public Health Bureau of Lead Poisoning Prevention
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Appendix II: Glossary of Terms

Glossary of Terms

Age-Adjusted Rate (Direct Method): A weighted average of the age-specific incidence or mortality rates from the targeted population(s) where the weights are the proportions of persons in the corresponding age groups of a standard population. In this document, the Year 2000 US population is used as the standard population. Calculating an age-adjusted rate allows for comparisons across targeted populations after accounting or “adjusting” for possible differences in the age-distribution of these populations.

Area Trauma Care Facility: Provides initial evaluation and stabilization, including surgical intervention for the severely injured patient. An area trauma care facility provides comprehensive inpatient services to patients who can be maintained in a stable or improving condition without specialized care. Critically injured patients who require specialized care are transferred to a resource or regional trauma care facility. An organized trauma team including a general surgeon, emergency physician, CRNA and/or anesthesiologist, nursing and ancillary personnel are promptly available to meet the patient upon arrival at the emergency department. The general surgeon, emergency physician, and ancillary personnel may be on-call from outside the hospital but with a clear commitment to meet a patient upon arrival at the emergency department when given timely notice by out-of-hospital EMS providers. Some area trauma care facilities elect to provide in-house 24-hour emergency physician coverage. In addition to direct patient care, area trauma care facilities provide community and outreach education and injury prevention programs.

Chronic Confusion or Dementing Illness Units: “Chronic Confusion or Dementing Illness” is a special license classification for nursing facilities or a special unit within such a facility providing care to persons who suffer from chronic confusion or dementing illness. Reference to Chronic Confusion or Dementing Illness Units is made in the acts and joint resolutions of the 1990 regular session of the Seventy-Third General Assembly of the State of Iowa.

Community Trauma Care Facility: Provides initial evaluation and stabilization of the severely injured patient. Stabilization may include surgical intervention. Most patients needing surgical intervention and/or specialty care are transferred to resource or regional trauma care facilities. Community trauma care facilities have the necessary equipment and diagnostic resources to resuscitate the severely injured patient. An organized team including a physician, nursing and ancillary personnel are promptly available to meet the patient upon arrival at the emergency department if given timely notice by out-of-hospital EMS providers. In addition to patient care, a community trauma care facility provides continuing education and injury prevention programs.

Crude Rate: The number of events or occurrences of disease in a give time period divided by the population at risk for that event or disease over the same time period.

Emergency Medical Technician – Basic: The EMT-B course emphasizes the development of student skills in patient assessment and examination; the recognition of signs and symptoms of illness or injury; proper procedures when rendering emergency medical care including patient assisted medications, automated external defibrillation, maintenance of a non-medicated IV, and the use of an advanced airway device. General topics covered include: human anatomy and physiology, bleeding and shock, bandaging and splinting, medical/behavior emergencies, obstetrics/gynecology, extrication from automobiles, farm, industrial and environmental emergencies, and ambulance operations.

Emergency Medical Technician – Intermediate: The EMT-I course involves additional training in patient assessment, intravenous therapy, advanced airway management techniques and automated defibrillation.

Emergency Medical Technician – Paramedic: This level covers additional emergency medical care skills including cardiac evaluation and treatment, medication effects and treatment, and advanced airway management techniques.

Emergency Medical Technician – Paramedic Specialist: This level identifies individuals who have successfully completed a program of training that used, as a minimum, the 1985 EMT-P national standard curriculum (NSC), plus documentation of completion of the objectives to the 1998 EMT-P NSC, or completed the 1998 EMT-P NSC and have successfully completed the department's testing requirements.

Fetal Death: A birth that fails to show any sign of life after delivery. Reportable fetal deaths in Iowa are those greater than 20 weeks gestation. The responsibility for determining if a birth meets this definition is that of the attending physician. "Fetal death" and "stillbirth" are synonymous terms.

First Responder: The First Responder is trained in patient stabilizing techniques and basic emergency medical care prior to the arrival of an ambulance. Skills in this program include patient assessment, vital signs, automated external defibrillation, oxygen delivery, and use of an advanced airway device.

Hospital: Any place which is devoted primarily to the maintenance of facilities for the diagnosis, treatment, or care of two or more non-related individuals suffering from illness, injury, or deformity for a period exceeding 24 hours. It is also a place which is devoted primarily to the rendering of obstetrical or other medical/nursing care for two or more non-related individuals for a period exceeding 24 hours. It can be any institution, place, building or agency in which any accommodation is primarily maintained, furnished or offered for the care of two or more non-related aged or infirmed person requiring or receiving chronic or convalescent care for a period exceeding 24 hours. Hospitals shall include sanitariums or other related institutions within the meaning of the federal Hill-Burton Act. A hospital shall include, in any event, any facilities wholly or partially constructed, or constructed with federal assistance pursuant to Public Law 725, 79th Congress, approved August 13, 1946. Definition is found in Title 42 in the Code of Federal Regulations and 135J of the Iowa Administrative Code.

Infant Death: Death of a liveborn infant under one year of age. This includes both neonatal and postneonatal deaths.

Intermediate Care Facilities for the Mentally Retarded: Institutions or distinct parts of institutions whose primary purpose is to provide health or rehabilitative services to three or more individuals who primarily have mental retardation or a related condition. Intermediate Care Facilities for the Mentally Retarded must meet the requirements of Iowa Code Chapter 135C and federal standards codified in 42 United States Code 1936d, which is contained in Title 42 of the Code of Federal Regulations, Part 483, Subpart D, 410-480. Definition is found in Chapter 135C of the Code of Iowa.

Intermediate Care Facilities for Persons with Mental Illness: Institutions, places, buildings or agencies whose primary purpose is to provide accommodation, board and nursing care for a period exceeding 24 consecutive hours to three or more individuals who primarily have mental illness. Definition is found in Chapter 135C of the Code of Iowa.

Iowa Law Enforcement Emergency Care Provider: This EMS provider level is for Iowa peace officers who successfully complete a program of training that uses the department approved curriculum and have successfully completed the required testing as outlined in IAC 641—139. This training is not as extensive as the Emergency Medical Technician – Basic (EMT-B) training, but includes basic procedures for helping individuals breathe, CPR, hemorrhage control, immobilization techniques and assistance in child birth.

Live Birth: A birth that shows any sign of life after delivery. The World Health Organization considers a sign of life as being the breathing or showing of any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. The responsibility for determining if a birth meets this definition is that of the attending physician.

Metropolitan Statistical Area (MSA): An area with one city of 50,000 or more inhabitants or a Census defined urbanized area and a total metropolitan population of at least 100,000 (75,000 in New England).

Neonatal Death: Death of a liveborn infant occurring within the first 27 days of life.

Nursing Facilities: Institutions or distinct parts of institutions housing three or more individuals for a period exceeding 24 consecutive hours, whose primary purpose is to provide health-related care and services, including rehabilitation, for individuals who because of mental or physical condition, require nursing care and other services in addition to room and board. Nursing facilities do not engage primarily in providing treatment or care for mental illness or mental retardation. Definition is found in Chapter 135C of the Code of Iowa.

Perinatal Death: Death of a fetus of greater than 20 weeks gestation or death of a liveborn infant under 28 days of life.

Primary Care Physicians: Includes Family Practice, Internal Medicine, Pediatric, and Obstetrics/Gynecology physicians.

Public Access Defibrillation: An EMS provider level for nontraditional providers of emergency medical care who have successfully completed a program that uses a curriculum that meets the approved Iowa objectives regarding Public Access Defibrillation and have successfully completed the department's testing requirements.

Residential Care Facilities: Institutions, places, buildings, or agencies providing accommodation, board, personal assistance and other essential daily living activities for a period exceeding 24 consecutive hours. Individuals living in a residential care facility are unable to sufficiently or properly care for themselves because of illness, disease, or physical or mental infirmity, but do not require the services of a registered or licensed practical nurse, except for emergencies. Definition is found in Chapter 135C of the Code of Iowa.

Residential Care and Specialized 3-5 Bed Facilities for the Mentally Retarded: Facilities that provide accommodations, board, personal assistance, essential activities of daily living and habilitation services to three or more individuals with mental retardation. Residents of a Residential Care Facility for the Mentally Retarded are unable to sufficiently or properly care for themselves, but do not require the services of a registered or licensed practical nurse. The specialized license is for Residential Care Facilities which serve persons with mental retardation, chronic mental illness and other developmental disabilities having five or fewer residents as specified in Iowa Code Section 225C.26. The facility is exempt from Iowa Code Section 135.63. Definition is found in Chapter 135C of the Code of Iowa.

Regional Trauma Care Facility: Provides comprehensive care for the severely injured patient with complex multisystem trauma. An organized trauma team including a general surgeon, emergency physician, anesthesiologist, nursing and ancillary personnel are immediately available to the patient upon arrival at the emergency department. The general surgeon and anesthesiologist are immediately available to the patient upon arrival at the emergency department. The general surgeon and anesthesiologist may take call from outside the hospital, but with a clear commitment to meet the patient upon arrival at the emergency department. A broad range of physician specialists are on-call and promptly available to provide care and/or consultation. In addition to direct patient care, regional trauma care facilities are responsible for community and outreach education and injury prevention.

Resource Trauma Care Facility: Provides the most comprehensive care for the severely injured patient with complex multisystem trauma. An organized trauma team including a general surgeon, emergency physician, anesthesiologist, nursing and ancillary personnel are immediately available to the patient upon arrival at the emergency department. Physician specialists may also respond immediately with the trauma team. A broad range of physician specialists are on-call and promptly available to provide care and/or consultation. In addition to direct patient care, resource trauma care facilities are responsible for resident training, research, community and outreach education and injury prevention.

Appendix III: Coding and Classifications

Cancer Incidence and Mortality

Type of Cancer	Incidence	Mortality	
	ICD-O 2 ¹	ICD-9 ² (1979-1998)	ICD-10 ³ (1999-2002)
All Sites	C00.0-C80.9	140-208, 238.6	C00-C97
Cervical	C53.0-C53.9	180	C53
Colorectum	C18.0-C18.9, C19.9, C20.9, C26.0	153, 159.0, 154.0-154.1	C18, C26.0, C19-C20
Female Breast	C50.0-C50.9	174-175	C50
Leukemia	M9800-M9804, M9820-M9828, M9830, M9840-M9842, M9850, M9860-M9864, M9866-M9868, M9870-M9874, M9880, M9890-M9894, M9900, M9910, M9931-M9932, M9940-M941	202.4, 203.1, 204.0-204.2, 204.8-205.3, 205.8-206.2, 206.8-207.2, 207.8, 208.0-208.2, 208.8-208.9	C90.1, C91.0-C91.5, C91.7, C91.9-C92.5, C92.7, C92.9-C93.2, C93.7, C93.9-C94.5, C94.7, C95.0- C95.2, C95.7, C95.9
Lung & Bronchus	C34.0-C34.9	162.2-162.5, 162.8-162.9	C34
Non-Hodgkin's Lymphoma	M9590-M9595, M9670-M9677, M9680-M9688, M9690-M9698, M9700-M9717, M9823, M9827	200, 202.0-202.2, 202.8-202.9	C82-C85, C96.3
Oral Cavity (Excluding Lip)	C01.9-C02.9, C07.9-C08.9, C04.0-C04.9, C03.0-C03.9, C05.0-C05.9, C06.0-C06.9, C11.0-C11.9, C09.0-C09.9, C10.0-C10.9, C12.9, C13.0-C13.9, C14.0, C14.2-C14.8	141-149	C01-C14
Prostate	C61.9	185	C61
Skin Melanoma	C44.0-C44.9	172	C43

¹International Classification of Diseases for Oncology

²International Statistical Classification of Diseases and Related Health Problems, Ninth Revision

³International Statistical Classification of Diseases and Related Health Problems, Tenth Revision

Injury Mortality

Injury Mortality Classification	ICD-9 ² (1979-1998)	ICD-10 ³ (1999-2002)
Unintentional Poisoning	E850-E869	X40-X49
Unintentional Burn	E890-E899, E924	X00-X09, X10-X19
Unintentional Transportation	E800-E848, E929.0, E929.1	V01-V99, Y85
Motored Vehicle Traffic	E810-E819	V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19(.4-.6) V20-V28(.3-.9), V29(.4-.9) V30-V79(.4-.9), V80(.3-.5), V81.1, V82.1, V83-V86(.0-.3), V87(.0-.8), V89.2
Unintentional Drowning	E830, E832, E910	V90, V92, W65-W74
Firearm Mortality	E922, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4	W32-W34, X72-X74, X93-X95, Y35.0, Y22-Y24
Homicide and Legal Intervention Mortality	E960-E969, E970-E978	X85-Y09, Y87.1, Y35, Y89.0
Suicide Mortality	E950-E959	X60-X84, Y87.0
Deaths or Injuries from Falls	E880-E886.9, E888	W00-W19
All Other Unintentional Injury	E849, E870-E879, E887, E889, E900-E909, E911-E921, E923, E925-E928, E929.2-E929.9, E930-E949	W20-W31, W35-W45, W49-W60, W64, W75-W81, W83-W94, W99, X20-X39, X50-X54, X57-X59, Y40-Y66, Y69-Y84, Y86, Y88

²International Statistical Classification of Diseases and Related Health Problems, Ninth Revision

³International Statistical Classification of Diseases and Related Health Problems, Tenth Revision

Other Mortality

Mortality Classification	ICD-8 ⁴ (1968-1978)	ICD-9 ² (1979-1998)	ICD-10 ³ (1999-2002)
Heart Disease	390-398, 402, 404-429	390-398, 402, 404-429	I00-109, I11, I13, I20-I51
Stroke	430-438	430-438	I60-I89
COPD	490-493	490-496	J40-J47
Pneumonia/Influenza	470-486	480-487	J10-J18
Diabetes	250	250	E10-E14
Infectious/Parasitic	001-089, 090-136	001-018, 020-088, 090-139	A00-A09, A15-A19, A20-A39, A40-A41, A42-A49, A50-A53, A54-B19, B20-B24, B25-B99
Chronic liver disease and cirrhosis	571	571	K70, K73-K74
Diseases of arteries, arterioles, and capillaries	440, 441, 442-448	440, 441, 442-448	I70-I78
Diseases of the Kidney and ureter	580-584	580-589	N25-N27
Congenital anomalies	740-759	740-759	Q00-Q99
Certain conditions originating in the perinatal period	760-779	760-779	P00-P96

² *International Statistical Classification of Diseases and Related Health Problems, Ninth Revision*

³ *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*

⁴ *International Statistical Classification of Diseases and Related Health Problems, Eighth Revision*

Appendix IV: Iowa Health Data Information Resources

Iowa Health Data Information Resources

ADULT BLOOD LEAD EPIDEMIOLOGY AND SURVEILLANCE: LEAD POISONING PREVENTION PROGRAM: Rita Gergely, Division of Environmental Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 242-6340. Fax: (515) 281-4529. E-mail: rgergely@idph.state.ia.us.

ANNUAL REPORT OF PUBLIC HEALTH NURSING ACTIVITIES: Judy Naber, Center for Public Health Services and Health Improvement, Division of Family and Community Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-7016. Fax: (515) 242-6384. E-mail: jnaber@idph.state.ia.us.

BACKFLOW ASSEMBLY TESTER REGISTRATION: Michael Magnant, Division of Environmental Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-8722. Fax: (515) 281-4529. E-mail: mmagnant@idph.state.ia.us.

BARRIERS TO PRENATAL CARE SURVEY: Mary Losch, PhD., Center for Social and Behavioral Research, University of Northern Iowa, Cedar Falls, IA 50614. Phone: 319-273-2105 Email: mary.losch@uni.edu.

BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS): Donald Shepherd (BRFSS Coordinator), State Center for Health Statistics, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-7132. Fax: (515) 281-6475. E-mail: dshepher@idph.state.ia.us.

BIRTHS: Rosemary Hicks, Vital Records, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-4952. Fax: (515) 281-4958. E-mail: rhicks@idph.state.ia.us. Jill France, Bureau Chief, Vital Records, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone (515) 281-6762. Fax (515) 281-0479. E-mail: jfrance@idph.state.ia.us.

BOARD DISCIPLINARY ORDERS: Constance L. Price, Executive Director, Board of Dental Examiners, 400 SW 8th Street, Des Moines, IA 50309. Phone (515) 281-5157. Fax: (515) 281-7969. E-mail: ibde@bon.state.ia.us.

BOARD OF MEDICAL EXAMINERS ANNUAL REPORTS: Ann Mowery, Iowa State Board of Medical Examiners, Iowa Dept. of Public Health, 400 SW 8th Street, Suite C, Des Moines, IA 50309. Phone: (515) 242-6039. Fax: (515) 242-5908. E-mail: ann.mowery@ibme.state.ia.us.

CANCER INFORMATION SERVICE: Contact Joan Felkner, University of Iowa for more details. E-mail: joan-felkner@uiowa.edu.

CARDIOVASCULAR SCREENING PROGRAM DATA: Arlene Johnson, Division of Health Promotion, Prevention and Addictive Behaviors, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-7097. Fax: (515) 281-4535. E-mail: ajohnson@idph.state.ia.us.

CENTER FOR HEALTH EFFECTS OF ENVIRONMENTAL CONTAMINATION (CHEEC) Data Management Center (CDMC): Pete Weyer, Center for Health Effects of Environmental Contamination, The University of Iowa, 100 Oakdale Campus N203 OH, Iowa City, IA 52242. Phone: (319) 335-4550. Fax: (319) 335-4747. E-mail: cheec@uiowa.edu.

CENTRAL REGISTRY FOR BRAIN AND SPINAL CORD INJURIES: Mark McMahon, Bureau of Information Management, Iowa Dept. of Public Health, 401 SW 7th Street, Suite D, Des Moines, IA 50309. Phone: (515) 725-0321. Fax: (515) 725-0318. E-mail: mmcmahon@idph.state.ia.us.

CERTIFIED OUTPATIENT AND DIABETES EDUCATION PROGRAMS, SUMMARY DATA: Melissa Winter, Diabetes Control Program, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 242-6204. Fax: (515) 281-4535. E-mail: mwinter@idph.state.ia.us.

CHILD AND FAMILY HOUSEHOLD HEALTH SURVEY: Gretchen Hageman, Bureau of Family Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone (515) 281-7585. Fax (515) 281-6384. E-mail: ghageman@idph.state.ia.us.

CHILD HEALTH DATA SYSTEM – CHILD & ADOLESCENT REPORTING SYSTEM (CAREs): Lucia Dhooge, Bureau of Family Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-4653. Fax: (515) 242-6384. E-mail: ldhooge@idph.state.ia.us.

CHILDHOOD LEAD POISONING PROGRAM: Rita Gergely, Division of Environmental Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 242-6340. Fax: (515) 281-4529. E-mail: rgergely@idph.state.ia.us.

DAY CARE/HEAD START IMMUNIZATION LEVELS: Tina Patterson, Immunization Bureau, Division of Family and Community Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-7053. Fax (800) 831-6292. E-mail: tpatters@idph.state.ia.us.

DEATHS: Rosemary Hicks, Vital Records, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-4952. Fax: (515) 281-4958. E-mail: rhicks@idph.state.ia.us. Jill France, Bureau Chief, Vital Records, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-6762. Fax: (515) 281-0479. E-mail: jfrance@idph.state.ia.us.

DENTAL HEALTH CENTER DATA REPORT: Tracy Rodgers, Division of Family and Community Health, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-7715. Fax: (515) 242-6384. E-mail: trodgers@idph.state.ia.us.

DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS: Constance L. Price, Executive Director, Board of Dental Examiners, 400 SW 8th Street, Des Moines, IA 50309. Phone (515) 281-5157. Fax: (515) 281-7969. E-mail: ibde@bon.state.ia.us.

DIVORCES: Rosemary Hicks, Vital Records, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-4952. Fax: (515) 281-4958. E-mail: rhicks@idph.state.ia.us. Jill France, Bureau Chief, Vital Records, Iowa Dept. of Public Health, Lucas State Office Building, Des Moines, IA 50319. Phone: (515) 281-6762. Fax (515) 281-0479. E-mail: jfrance@idph.state.ia.us.

EMERGENCY MEDICAL SERVICES CERTIFICATION DATABASE: Joe Ferrell, Bureau of Emergency Medical Services, Iowa Dept. of Public Health, 321 E. 12th Street, Des Moines, IA 50319-0075. Phone: (515) 725-0319. Fax: (515) 725-0318. E-mail: jferrell@idph.state.ia.us.

EMERGENCY MEDICAL SERVICES SERVICE DATABASE: Ray Jones, Bureau of Emergency Medical Services, Iowa Dept. of Public Health, 321 E. 12th Street, Des Moines, IA 50319-0075. Phone: (515) 725-0322. Fax: (515) 725-0318. E-mail: rjones@idph.state.ia.us.

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