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Iowa gears up for pandemic

The 2009 H1N1 influenza outbreak is the first pandemic of the 21st century and the first pandemic in 40 years. Although we cannot predict its course in Iowa, IDPH is working diligently to plan for multiple scenarios. The only thing we do know is that the public health response will require the hard work of many partners, especially at the local level. To support and enhance the state and local public health infrastructure that is critical to preparing for and responding to a pandemic of this kind, the IDPH Center for Disaster Operations and Response has already secured \$6.5 million from the Centers for Disease Control and Prevention. More funding may be forthcoming. The bulk of this money will go to local public health agencies for H1N1 vaccination clinics and other community-based disease mitigation activities.

While none of us look forward to dealing with pandemic influenza (or a busy flu season, for that matter), I am glad that we have a public health workforce and partnerships that are as well-prepared and willing as you all are. Please do not hesitate to contact us with any questions, concerns, or comments regarding H1N1 via our recently launched e-mail account, influenzaAH1N1@idph.state.ia.us.

I also encourage you to look over the recently released Novel Influenza A (H1N1) July 2009 After Action Report (AAR), which was compiled following this spring's outbreak. This important publication organizes and discusses information obtained from local public health, hospitals, state agencies, the media, and IDPH employees regarding the department's response. It details the sequence of actions regarding the actual response, methods by which information for the report was gathered, the results discovered through review of the response, a discussion of those findings, a conclusion

and an improvement plan. To view the report, visit www.idph.state.ia.us/h1n1 and look under "Action Report and Improvement Plan."

Accreditation questions? New one-pager can help!

Thank you to all our local public health partners who have reached out to their boards of health and other stakeholders about Iowa's public health modernization efforts. No doubt you've told them that Public Health Modernization in Iowa is part of a nationwide quality improvement movement based on an accreditation process. Recently, the Multi-State Learning Collaborative produced an easy-to-read, one-page document I think you'll find helpful in describing voluntary accreditation to decision makers, colleagues, or other individuals wishing to learn more. To access this valuable resource, visit www.idph.state.ia.us/mphi, click on the Fact Sheets tabs, and look under On Accreditation. Feel free to use this as is, or copy and paste the content into your own letterhead.

Update on Health Care Reform Committees

Several Health Care Reform Committee documents recently presented to the Iowa State Board of Health are now available online. The Iowa Health Information Technology Plan describes the strategies and activities necessary to advance the adoption of electronic health records (EHR) and develop a statewide health information exchange (HIE). In the coming year, IDPH and the e-Health Executive Committee, Advisory Council, and workgroups will continue to advance project activities. They will also pursue a federal grant program made available through the American Recovery and Reinvestment Act to secure startup and ongoing funding for the statewide HIE. To view the executive summary and the plan, visit

www.idph.state.ia.us/hcr_committees/electronic_health_info.asp.

The Prevention and Chronic Care Management Advisory Council Initial Report received some helpful recommendations from the State Board of Health. Among them, the board recognized the need for evidence-based, population-based public health strategies in future efforts, as well as the addition of substance abuse and hepatitis to the prioritized list for chronic conditions. The council was also encouraged to include a focus on pediatric/childhood prevention and chronic disease management strategies, and to be mindful of newer populations entering the state. To view the report, visit www.idph.state.ia.us/hcr_committees/prevention_chronic_care_mgmt.asp and scroll to the bottom of the page.

The Medical Home System Advisory Council Progress Report #1 gives four building block recommendations that the council considers top-priority in building, spreading, and sustaining Iowa's patient-centered medical home (PCMH) system. They are: continue promoting the PCMH concept as a standard of care for all Iowans; support a multi-payer reimbursement model that supports the PCMH; encourage expansion of the

PCMH through existing infrastructures that educate providers and demonstrate best practices; and support initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management. To view the report, visit www.idph.state.ia.us/hcr_committees/medical_home.asp and scroll to the bottom of the page.

2009 Iowa Health Fact Book now available

The 2009 Iowa Health Fact Book, a broad-ranging report covering the health and health-related behaviors of Iowans, has recently been released by IDPH and the University of Iowa, College of Public Health. New to the book this year is a section called "The Social Determinants of Health," which focuses on behavioral conditions and coincides with the upcoming release of Healthy People 2020. Many of the data sets are presented by county and can be tracked longitudinally, so readers can follow Iowans' health and behaviors over time. To access the Fact Book online, visit www.publichealth.uiowa.edu/factbook. A limited number of free hard copies and CDs of the book are also available. Call 319-335-7005.

IDPH partners with Komen to address barriers in rural areas

The Susan G. Komen Des Moines Affiliate reports that they recently received praise from the national Komen office for their 2009 Community Profile Report, due in part to collaboration with the IDPH State Office of Rural Health and other partners. The report was the result of four months of work examining breast cancer disparity as affected by rural factors in Iowa. Despite a 10 percent increase nationally in mammograms since 1994, the report noted that women in remote rural areas are less likely to receive timely mammograms. Already funding entities which offer breast cancer screening and detection services in 81 counties in Iowa, the Des Moines Affiliate used the report to identify priority areas for future strategic planning. Among them, this is the first time the Des Moines Affiliate has prioritized overall disease prevention measures, realizing the unique opportunity women have during office visits to discuss and inquire about other health factors with their health care providers. For a copy of the report, call 515-309-0095.

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To everyone in public health and all our partners, keep up the great work!

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