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October 12, 2011

Influenza season surveillance underway

I want to acknowledge and thank all our public health partners and local public health agencies for their hard work organizing and conducting influenza vaccination clinics this fall. The flu vaccine remains the single best way to avoid influenza; still, it can be challenging to convince some individuals to take a break from their normal routine to get a flu shot. I applaud the creativity and flexibility many of our partners have shown in making this immunization as convenient as possible; vaccination clinics in schools, workplaces, airports and even 'drive-through' flu shots are truly making public health 'public.'

Thanks also to the physicians, hospitals, schools, child care centers, businesses, long term care facilities, and all partners participating in the IDPH <u>Influenza Surveillance Network</u>. This important network helps track influenza activity, virus type and strain, age group impacted, outbreaks, and severity of the seasonal influenza viruses. During the 2010-2011 influenza season, approximately 200 surveillance sites reported data to the Iowa Department of Public Health.

Public Health Modernization

I'm pleased to let you know that Page and Linn counties are currently in the process of piloting an Iowa accreditation process developed through the Public Health Modernization initiative. The two counties have already submitted applications, and are currently working on collecting evidence to show how they meet the Iowa Public Health Standards. All evidence is due in December. Each county will host a site visit in January. We hope this pilot will tell us a lot about the Iowa accreditation process! The plan is to

make it available to any county that wants to participate in 2012. Resources available to Page and Linn counties for the purposes of the pilot are also available to you.

Health disparities

Everyone in Iowa should have the chance to live a healthy life, regardless of whom they are or where they live. I strongly encourage all grantees and public health professionals to become aware of and help end health disparities in Iowa. These disparities are related to social, economic and environmental factors that have a negative impact on health. While this issue is far-reaching, and may seem beyond the influence of one person, or even one state, there are actions we can all take to make changes for the better. Raise awareness in your communities about health disparities and encourage others in conversations about the problem and solutions. The U.S. Department of Health and Human Services (HHS) has produced the HHS Action Plan to Reduce Racial and Ethnic Health Disparities Toolkit for Community Action in response to the community-driven National Stakeholder Strategy for Achieving Health Equity. Together, these plans will guide public and private efforts to reduce disparities in health care and health outcomes.

Successful grant applications

IDPH has received a notice of award for the extremely competitive <u>Community Transformation Grant!</u> The five-year project period will provide over \$3 million each year to expand community health initiatives, build health infrastructure, and develop innovative health programming to create healthier and stronger Iowa communities. Local communities working through health coalitions will assess health status, identify health improvement priorities and implement strategies for active living and healthy eating, tobacco free living and high impact and quality preventive services.

A notice of award has also been received for the <u>Coordinated Chronic Disease</u> <u>Prevention and Health Promotion Program</u>. The award is \$600,000 annually, for a 36-month period. The grant will support activities outlined in the eight component areas: Program Management and Leadership; Surveillance and Epidemiology; Evaluation; Chronic Disease Prevention and Health Promotion Plan; Organizational Structure; Collaboration; Communication and Policy.

The <u>Health Resources and Services Administration (HRS) Office of Rural Health Policy</u> has awarded IDPH \$746,036 for the <u>Small Rural Hospital Improvement Program</u> (SHIP). The project period runs from October 1, 2011 through August 31, 2012. The SHIP Grant Program assists small rural hospitals in meeting the costs of implementing data systems required under the Medicare program in accordance with amendments made in the Balanced Budget Act of 1997. Specifically, the 84 participating Iowa hospitals use SHIP funds to support costs related to value-based purchasing (VBP) programs,

accountable care organizations (ACO), the national pilot program on payment bundling, and the implementation of prospective payment systems (PPS).

IDPH home page launched

Take a moment during your busy day to check out the 'new and improved' <u>IDPH home page</u> on the Internet. The new page includes an interactive, clickable <u>map</u> of local public health contacts across the state, as well as a 'Popular Links' tab that provides easier access to the department's web pages that receive the most traffic. A rotating photo element has been added that highlights how public health makes a difference in the lives of Iowans and each week, a health trivia question encourages visitors to learn a little more about their personal health.

Congrats and kudos

Congratulations to the IDPH <u>Center for Disaster Operations and Response</u> (CDOR), which received accolades from the CDC for an outstanding Public Health Emergency Preparedness grant submission. CDOR was recognized nationally during the 7th annual <u>Directors of Public Health Preparedness</u> meeting in St. Louis last month. CDOR has conducted the Public Health Emergency Preparedness Grant Rollout across the state; FY11-12 begins a new five-year project period encompassing 15 new <u>preparedness capabilities</u> designed to accelerate state and local preparedness planning, provide guidance and recommendations for preparedness planning, and, ultimately, assure safer, more resilient, and better prepared communities across lowa.

The IDPH Access to Recovery (ATR) program has reached their client admission goal almost a month early. As part of the grant award, SAMHSA required admission of 1,495 clients by September 30, 2011. IDPH had 1,614 admitted ATR clients as of September 20. In addition, IDPH ATR staff has been asked by SAMHSA to present on best practices at two upcoming technical assistance webinars for all 30 ATR grantee programs across the country. Topics include Systems Change and Working with the Criminal Justice System.

And finally, congratulations to the more than 291,000 lowans who participated in a 'Start Somewhere' walk last Friday. It was a beautiful fall day and I enjoyed my walk with my colleagues at IDPH. This walk was the first step in what I hope will be a successful journey to better health for all lowans. Together, we can make lowa the <u>healthiest state</u> in the nation over the next five years.

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

— Dr. Miller-Meeks