



# *Quick Reads*

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## **Happy and healthy holidays**

With the holiday season upon us, I want to take a moment to thank each of you for your continued efforts to promote and protect the health of all Iowans. As I near the completion of my first year as director of the Iowa Department of Public Health, I am grateful for the dedicated individuals who are passionate about health. This passion is not swayed by challenging budget conditions or other hurdles. I'm excited about the possibilities as we build upon the success of IDPH's involvement in [Live Healthy Iowa](#), and find new opportunities for partnership with Governor Branstad's [Healthiest State Initiative](#). Each initiative and each individual plays an important role in achieving the common goal of improving the health and wellness of all Iowans.

## **Accreditation update**

I'm pleased to announce that IDPH has been awarded the [Accreditation Support Initiative](#) grant from [NACCHO](#) and its funding partner, [CDC](#). Of the 130 applications submitted resulting in 12 grant awards, Iowa was the only state selected for funding; the other awardees are local public health departments. IDPH received \$23,858 to develop our capacity to provide technical assistance regarding performance management to local public health departments in preparation for [accreditation](#).

## **IDPH leads veteran's behavioral health initiative**

Governor Branstad has designated IDPH as the Iowa team lead for [SAMHSA's 2011 Service Members, Veterans and their Families Policy Academy](#). This effort brings together federal, state and local partners to improve behavioral health services for veterans and members of the military, reserves, National Guard, and their families.

Through the Policy Academy, Iowa and nine other states will strengthen their behavioral health care systems and related services and supports for this important population.

While Iowa's strategic plan will involve a broad range of both public and private stakeholders, the initial team attending a three-day Policy Academy with national level experts in Washington, DC this month includes representatives from DHS (co-lead), Iowa Association of Community Providers, Iowa Behavioral Health Association, [IDPH Division of Behavioral Health](#), Iowa Primary Care Association, Iowa Workforce Development, National Guard, VA Hospital, and the Vet Center.

## **A climb to the top**

Jeanna Jones, Community Health Consultant in the [Iowa Get Screened Colorectal Cancer Program](#) with the [IDPH Chronic Disease Prevention and Management Bureau](#), has been selected to hike and summit Mount Kilimanjaro with the [Above and Beyond Cancer](#) organization. Starting January 1st, the organization led by Dr. Richard Deming will take 15 cancer survivors and 12 to 15 caregivers on a ten-day trip to the summit, 19,431 feet above sea level. Once at the summit, the team will raise memorial flags in remembrance of friends and family who were unable to make the trek. The team will then participate in the highest ever [Relay for Life](#). Jeanna was selected to participate based on her past work as a radiation therapist, her current work with the colorectal cancer program, and her physical fitness for the trip.

## **Cancer plan**

With funding and staff support from the [Comprehensive Cancer Control Program](#), a new five-year state cancer plan, [2012-2017 Iowa Cancer Plan](#), has been released. The [Iowa Cancer Consortium](#), a statewide cancer partnership, was responsible for this collaborative effort. Working with cancer partners across the state, this new plan creates a road map for reducing the burden of cancer over the next five years.

## **Congrats and kudos**

I am always pleased to receive real-life public health success stories from the 'trenches.' One I'd like to share this month comes from a maternal child health (MCH) nurse from [Visiting Nurse Services of Iowa](#) in Des Moines. She was among a group of nurses who attended training by the IDPH [I-Smile](#) coordinator, Gayla Moore.

*So there we were, sitting politely, attending the training. I know I was not the only one thinking Gayla has four years of education – how am I going to learn what I need to know in one afternoon? Besides, when will this (dental screenings) ever come up in my work?*

*It did, several months later in a referral from the WIC nutrition program. The dietitian had seen a 3-year-old child that was underweight and refusing to eat. She peeked in his*

*mouth and saw decay. The mother was concerned, but didn't know what to do. The dietitian called a dentist and they gave him an appointment – for next month.*

*Thinking he couldn't wait that long, she also referred him to VNS. I arrived with a pen light and a tiny mirror. I am not a dentist, I told them. The mother was grateful anyway. The child was quiet and cooperative, and I was horrified to see over half of his 20 teeth were decayed. Some were just tiny nubs of brown at the base of his gums. I called Gayla. She gave me the name of a pediatric dental clinic that was qualified to work with such a young child. I called, described his teeth, and they gave him an appointment for the next day. VNS transportation got him there. Within a week, he had oral surgery. A few days after that he was exuberant, eating, gaining weight, and showing off his cartwheels.*

*MCH nurses are not dentists, nor dental hygienists, but an afternoon's training has enabled us to bring dental screenings to families that we are already serving. We can start the process of prevention, identify a child in need of immediate care, and identify the resources to help that child.*

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

*— Dr. Miller-Meeks*