



Quick Reads

Dr. Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director, Iowa Department of Public Health

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Budget update

This has been a challenging year, just working through the state appropriations process and understanding the anxiety and uncertainty it has created. Thank you all for responding in a professional manner when addressing legislators during subcommittees or in written format.

IDPH IMS deactivated; flood surveillance continues

Although the flooding in western Iowa surrounding the Missouri River remains significant, IDPH activities related to flood response are manageable within day-to-day duties; therefore, the Incident Management System (IMS) structure was deactivated as of July 12, 2011. Long-term planning efforts will continue and the [Center for Disaster Operations and Response](#) (CDOR) will stand ready to reactivate the IMS should the situation change.

I encourage you to stay informed of the flood situation by visiting [Governor Branstad's Missouri River Flooding](#) web page, and to utilize the flood resources found on the [IDPH Flood Page](#).

Access to Recovery staff selected by SAMHSA

[Access to Recovery](#) (ATR) staff have received approval from the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) to be trained as [Recovery Peer Coaching](#) trainers. Only one other state has received similar approval. Recovery Peer Coaching has been demonstrated as effective in supporting individuals recovering from a substance use disorder. As trainers, ATR staff will be able to directly train peer

coaches. This will help sustain this service in Iowa, and reduce expenditures on more expensive and scarce higher-level practitioners and external training resources.

Rural and Agricultural Health & Resource Plan released

The [IDPH State Office of Rural Health](#) has released the [2011 Iowa Rural and Agricultural Health and Resource Plan](#) (RAHSRP), which includes a survey of individuals in Iowa who have expertise and interest in rural health. The survey results helped to identify priority topic areas and concerns for rural and agricultural health and safety in Iowa. The RAHSRP includes seven sections that focus on “rural”. Each section is designed to reveal information, data, graphics, and resources at the national and state level. Most important, each section highlights “**in Iowa**” information and promising practices which assist the reader to an understanding of the issues, challenges, complexities, and community victories associated with health, safety, and wellness in rural Iowa

CADE report released

The [IDPH Center for Acute Disease Epidemiology](#) (CADE) has issued the [2010 Iowa Surveillance of Notifiable and Other Diseases Report](#). The annual report provides a yearly snapshot of what, how, and when events impact the public’s health.

I want to thank and congratulate the CADE staff and local public health agencies for another year of exemplary service to Iowans. In 2010, more than 60,000 reports of infectious disease were submitted to the IDPH disease surveillance programs. In 2010, the number of vaccine-preventable diseases decreased compared to the three-year average; however, the number of mumps and pertussis cases increased. Compared to the three-year average, mumps had a 73 percent increase and pertussis cases increased by 229 percent.

The yearly report produced by CADE is a tangible example of how CADE works to protect and promote the health and safety of Iowans from infectious disease through disease surveillance, investigation of acute outbreaks, as well as education and consultation to county, local, and private health agencies in regards to infectious disease.

Congratulations and kudos

Congratulations to Mark Vander Linden, [Gambling Treatment Program](#) manager in the [IDPH Behavioral Health](#) division. Mark was elected President of the [Association of Problem Gambling Service Administrators](#) (APGSA). Mark’s expertise and knowledge is an asset to IDPH; now he will share that expertise on a national level.

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

— Dr. Miller-Meeks