



# *Quick Reads*

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## **New publication asks “What does ‘patient-centered’ care look like?”**

The concept of patient-centered care is gaining attention and has become a central aim for our nation’s health system. Despite growing recognition of the importance of patient-centered care, as well as evidence of its effectiveness, however, the nation’s health care system falls short of achieving it.

To dig deeper into this important topic, the Iowa Medical Home System Advisory Council has released its first issue brief. Titled “[Patient-Centered: What Does it Look Like?](#)” this document summarizes what patient-centered care encompasses and how it can be achieved. The new publication targets both health care practices and systems in implementing patient-centered care. To read the new brief, visit [www.idph.state.ia.us/hcr\\_committees/medical\\_home.asp](http://www.idph.state.ia.us/hcr_committees/medical_home.asp) and scroll down the page to “Issue Briefs.”

## **Two Iowa communities among top four in nation for health, safety**

Congratulations to Des Moines and Cedar Rapids for being among the top metro areas leading the nation in providing basic necessities that support healthy and safe communities. Ranked third and fourth respectively, Des Moines and Cedar Rapids received high marks in the [2009 Gallup and Healthways Basic Access Survey](#).

The survey included 187 metro areas, and was based on responses from 353,000 American adults interviewed by telephone in 2009. Residents were asked about their access to 13 basic necessities, many of which relate directly to public health. Those include access to clean and safe water; affordable fruits and vegetables; medicine; and safe places to exercise. Rankings were also based on whether residents: could afford

healthcare/medicine; had visited a dentist in the past year; had a personal doctor; and had health insurance. Public health, along with other factors, plays an important role in these indicators as well.

In addition to the outstanding performance of Des Moines and Cedar Rapids, the report shows that public health in general is an important pillar in creating communities in which people want to live, work, play and raise a family. Public health creates value well beyond our primary mission of promoting and protecting people's health. For example, researchers found a very clear link between meeting residents' basic needs and crime in their areas; metro areas with the best basic access index scores had lower violent crime and property crime rates than cities with lower scores. This shouldn't surprise anyone working in public health, but it is a statistic that should be shared with community leaders and policy makers to ensure that they understand that a strong public health system means a strong community.

To view various results of the survey, visit <http://www.gallup.com/poll/wellbeing.aspx>. For more information on the survey and its methodology, visit [www.well-beingindex.com](http://www.well-beingindex.com).

### **2010 Legislative Summary now available**

The 2010 legislative session was one to be remembered for a number of reasons. In addition to a tough economy and tight state budget, the shortened session (80 days versus 100 days) presented its own challenges and opportunities. For a complete public health-specific overview of this year's session, see the recently posted 2009 Legislative Summary on the IDPH Legislative Updates page. Visit [www.idph.state.ia.us/adper/legislative\\_updates.asp](http://www.idph.state.ia.us/adper/legislative_updates.asp). There you will also find a PowerPoint [presentation](#) about the 2010 session, as well as a [summary](#) of the Enrolled State Government Reorganization bill.

### **H1N1 response report released**

IDPH recently released its [2009 H1N1 Influenza After Action Report and Improvement Plan](#). The in-depth analysis of the department's July 2009 to March 2010 response to the first influenza pandemic seen in 40 years includes a summary of response activities, methods used to gather information to compile the report, results discovered through the review of the response, a discussion of these results, a conclusion, and a detailed improvement plan. In gathering the data for the new report, staff in the IDPH [Center for Disaster Operations and Response](#) (CDOR) conducted on-line surveys and face-to-face debriefings. Partners interviewed included public health agencies, hospitals, state agencies, media partners, and IDPH employees. To read the report, visit [www.idph.state.ia.us/h1n1](http://www.idph.state.ia.us/h1n1).

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

— Tom