



Quick Reads

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Medical Cannabidiol Act

The Medical Cannabidiol Act took effect on July 1, 2014. This Act provides that a person may recommend, possess, use, dispense, deliver, transport, or administer cannabidiol if in accordance with Iowa Code, Chapter 124D, which was created by [Senate File 2360](#). The law allows use of cannabidiol (a non-psychoactive derivative of cannabis) specifically for the compassionate treatment of intractable epilepsy.

IDPH is working with the [Iowa Department of Transportation](#) (DOT) in consultation with the [Iowa Department of Public Safety](#) and the [Governor's Office of Drug Control Policy](#) to establish the administrative rules for the Act, and to ensure the safety of all Iowans. I encourage you to [learn more](#) about the Act and the way in which it will be administered and enforced in Iowa.

Zero Fatalities

More than 32,000 people are killed in traffic crashes each year in the United States – the equivalent of one airplane crash, killing more than 90 people, every single day. In Iowa, motor vehicle crashes are the second most frequent cause of trauma-related death and hospitalization. IDPH is proud to partner with the Iowa Department of Transportation on the [Zero Fatalities](#) initiative. The goal of this effort is to change the perception that traffic fatalities are inevitable. If you've traveled on Iowa's Interstate highway system recently, you may have seen digital signs listing the number of people who have died on Iowa's roads so far this year. It's a reminder to everyone to end motor vehicle crash deaths in Iowa – we are all part of the solution. I encourage you to

follow the Zero Fatalities initiative on [Facebook](#) and [Twitter](#) and to be careful when traveling this summer.

15x15 Challenge

IDPH is one of 39 states to join the [Association of State and Territorial Health Officials](#) (ASTHO) President's [15 by 15 Challenge](#). The 15 by 15 Challenge seeks to reduce the rate of nonmedical use and the number of unintentional overdose deaths involving controlled prescription drugs by 15 percent by 2015. A study by the [National Institute on Drug Abuse](#) (NIDA) found that more than 210 million prescriptions were filled for opioid pain relievers in 2010—the equivalent of giving every American 5 mg of hydrocodone, a typical adult dose for pain, every four hours around the clock for a month. It's clear that while pain treatment is a medical necessity, the misuse of prescription pain medications has become a public health concern. IDPH is proud to join partners around the nation in addressing this issue. ASTHO's Inventory of State Action on Prescription Drug Abuse/Overdose is collecting information across all states to understand the full scope of this public health problem and to create an inventory of policies and activities to prevent prescription opioid abuse and overdose.

Local Public Health Services

The IDPH [Bureau of Local Public Health Services](#) will hold six regional public health meetings this month. The quarterly meetings allow the [Regional Community Health Consultants](#) an opportunity to update our public health partners on Local Public Health Service Contract issues and to provide IDPH updates. The FY15 Local Public Health Services Contracts will be executed to all 99 [Local Boards of Health](#). These contracts will provide over \$8 million to 99 Local Boards of Health to assist with essential public health services at the local level.

Quality Improvement Success

A rapid cycle [Plan-Do-Check-Act](#) (PDCA) Quality Improvement initiative has been completed for the IDPH Brain Injury program's outreach process. After implementing a new process methodology, the time lapse from time of injury to outreach was reduced by an average of four months. For more information on this project or assistance with future projects, please contact [Paul Watson](#), Planning and Performance Analyst in the Bureau of Communication and Planning or [Maggie Ferguson](#), Brain Injury and Disability Program Manager.

Congrats and kudos

[Dr. Wayne Rouse, MD](#), retired from the [Boone County Board of Health](#) this month. Dr. Rouse joined the Boone County Board of Health in 1985 and served as the chairman for 28 years. Thank you for your service!

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

— Gerd