JASPER COUNTY
HEALTH DEPT.
116 W 4TH ST SOUTH, NEWTON, IA 50208

Agenda: Jasper County Board of Health

Date: Thursday, May 13, 2021, 11 AM
Location: Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208
In person must wear mask and socially distance
or join Zoom https://jasper.zoom.us/j/97157736051
or join via zoom by via phone by calling (312)626-6799 & enter ID 97157736051# .
Participation: Must remain on mute until recognized/via phone dial *9 (star 9), this will notify staff that you have "raised your hand" for public comment) or questions may be submitted via email to bpryor@jasperia.org before 4:00 PM the day before the meeting

Call to order: Roll call of Jasper County Board of Health members
Approval of minutes: March 11, 2021 (Action) (attachment 1)
Other Agency Reports:

- MCAH, Julie Miller (attachments 2)
- I-Smile, Melissa Woodhouse (attachments 3)
- EFR, Nikki Gunn – presentation
- American Lung Association, Kylie Mitchell (attachment 4)
- Follow up on dental current needs and challenges- Dr. Jeff Millet, dentist – outreach clinic

Agenda Items:
1.) Public Health Systems report (discussion) (attachment 5) (2) 5a
2.) Budget changes after the 2nd budget hearing

- Budget changes – another budget cut of -$51,180 for a total budget of $467,070 (Action) (attachment 6)
  - No allowance for PRN staff or overtime in budget- COVID response grant
- 2% raise- same as Board of Supervisors (Action, Chair sign payroll change form) (attachment 7)

3.) 28E agreement for Environmental Health/Jasper County Board of Supervisors (Action) (attachment 8)
4.) Septic Pumper contract with DNR (Action) (attachment 9)- Kevin Luetters
5.) Grants to Counties - $40,400/year subcontract with Jasper County (Action) (attachment 10)- Kevin Luetters
Agency Reports: (attachment 11)

- Home Care reimbursement:
- Public Health updates: Kristina Winfield
- Environmental Health report: Kevin Luetters

Public input:
This is the time of the meeting that a citizen may address the Board on matters that are included in the agenda or a matter that is not on the regular agenda. After being recognized by the Chair, each person may be given three (3) minutes to speak as time allows. Comments and/or questions must be related to the polices or services and shall not include derogatory statements or comments about any individual. Except in cases of legal emergency, the Board cannot take formal action at the meeting, but may ask the staff to research the matter or have the matter placed on a subsequent agenda.

Next meeting: Date: Thursday, July 15, 2021, 11 AM- Note different date at the Jasper Co. EOC (Action)
Adjourn: (Action)

JASPER COUNTY
HEALTH DEPT.
116 W 4TH ST SOUTH, NEWTON, IA 50208

Minutes: Jasper County Board of Health

Jasper County Board of Health meeting details

- **Date:** Thursday, March 11, 2021, 11 AM
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Call to order: Roll call of Jasper County Board of Health members 11:00am

Margot Voshell, Donna Adkins, John Van RysWyk, Dr. Cope Mike Balmer – absent

Approval of minutes: January 14, 2021

Motion made: Dr. Cope

Second by: John Van RysWyk,

Motion Passed: unanimously

Other Agency Reports:

- Environmental Health: Kevin Luetters
- Dental current needs and challenges- Dr. Jeff Millet, dentist

Dr. Millet plans to work on a dental outreach clinic for those in need in Jasper County. A connection will be made with Delta Dental.

- EFR, update from Nikki Gunn

Agenda Items:

- COVID-19 Crisis Response Supplemental Funding- Immunization:
  Motion made: Dr. Cope
  Second by: Donna Akins
  Motion passed: unanimously
- Jasper County Health Department policy updates:
  Motion made: Dr. Cope
  Second by: John Van RysWyk
  Motion passed: unanimously

Agency Reports:

- Administrator reports: COVID-19 status. All schools will be complete on 3/26/2021. Currently on phase 1B, tier 1, and those with certain medical conditions from the ages of 18-64. All school clinics will be complete with second doses on 3/26/2021. We are currently getting about 500 doses of COVID vaccine a week.
- Home Care reimbursement: FY21, Estimated to need about $50,000 per year.
- Public Health updates

Public input:

This is the time of the meeting that a citizen may address the Board on matters that are included in the agenda or a matter that is not on the regular agenda. After being recognized by the Chair, each person may be given three (3) minutes to speak as time allows. Comments and/or questions must be related to the polices or services and shall not include derogatory statements or comments about any individual. Except in cases of legal emergency, the Board cannot take formal action at the meeting, but may ask the staff to research the matter or have the matter placed on a subsequent agenda.

Next meeting:

Date: Thursday, May 13, 2021 at 11 AM

Location: Jasper County EOC

- American Lung Association – Kylie Mitchell
- EFR grant reports – Nikki Gunn (BOH request)
- Dental Outreach Follow up (BOH request)

Adjourn: 12:00pm

Motion made: Donna Akins

Second by: John Van RysWyk

Motion Passed: unanimously

Chair of Board of Health Signature:_____

Date: 05/13/2021

To: Becky Pryor, Jasper County Public Health Director, & the Jasper County Board of Health

From: Julie Miller, WIC Coordinator + Maternal, Child, & Adolescent Health Project Director

Subject: FY21 2nd Quarter MCAH Report (January 1, 2021-March 31, 2021)

Here is the data for Child Health:

Services	
Care Coordination	0
Presumptive Eligibility	0
Lead Draws	0
Vision Screens	0
Developmental Screens	2
Caregiver Risk Assessments	0
Initial Informing	0
Inform Complete	54

Here is the data for Maternal Health:

Services	
Care Coordination	0
Presumptive Eligibility	0
Domestic Violence Assessment	0
Prenatal Risk Assessment	0
Depression Screens	0
MH Counseling	0
Health Education	0
Program Admits	0
Program Discharges	0

Other News:

*We continue to serve clients over the phone, providing developmental screens, care coordination, & presumptive eligibility. The USDA waiver which allows WIC to serve clients remotely was extended through May 20, 2021; however, we're hearing some rumblings that the waiver might be extended through August 2021. We'll keep you posted! If the waiver expires, we hope to return to MICA's WIC clinics during the last week of May 2021. We are awaiting word of when MICA will reopen their Jasper County WIC clinics.

*Per IDPH, there will be no RFA for FY22, which means we won't be writing a grant for the next fiscal year. I don't know if that's ever happened before, but it's definitely interesting! That means that our next WIC & MCAH grants will be RFP's for FY23 (October 1, 2022-September 30, 2023). It will be a competitive grant year, & Jasper County will not be included in our assigned service area beginning FY23.

*Please keep in touch; let me know how we can best serve your county. We are here to help however we can!

I-Smile™ Program BOH Report: 2nd Quarter FY21

January-March 2021

Marion County Public Health's I-Smile™ program proudly provides preventive dental service to Appanoose, Clarke, Decatur, Jasper, Lucas, Marion, Monroe, Poweshiek, Ringgold and Wayne Counties!

⇒ I-Smile™ Early Childhood Fluoride Program

I-Smile™ Fluoride program serves all preschool and head start programs, ages3-5, in ten counties twice per school year, fall & spring. We provide a dental screening, fluoride varnish application and age appropriate dental education.

Care coordination is provided to families when a child has suspected decay, a high-risk screening. *Each child must have parental consent to participate.*

I-Smile™ Fluoride Program (Data from Oct-March 2021)				
County Served	# Children Receiving Dental Screenings	# Children Suspected Dental Decay	Decay Rate	# Children Receiving Fluoride Varnish
Appanoose	104	10	9.6%	100
Clarke	80	6	7.5%	80
Decatur	61	6	9.8%	60
**Jasper	136	8	5.9%	133
Lucas	68	9	13.2%	65
**Marion	142	7	4.9%	139
Monroe	65	5	7.7%	58
**Poweshiek	54	4	7.4%	53
Ringgold	68	2	2.9%	68
**Wayne	27	3	11.1%	26
MCPH I-Smile Totals	805	60	Average Decay Rate 7.45%	782

**** Some preschools/Head Start programs chose to skip fall I-Smile service due to the pandemic. Preschools are served Sept-November and March-May, service continues April and May for preschools and will be reflected in the 3rd Quarter BOH report.**

The I-Smile™ Fluoride Program works closely with the local JMP & 4CFK Early Childhood Iowa boards to provide gap-filling preventive service to children ages 3-5 years.

I-Smile™ Program BOH Report: 2nd Quarter FY21

➡ I-Smile™ @ School Sealant Program

The I-Smile™ @ School Sealant Program serves eligible elementary schools (higher than 40% free & reduced lunch rate) in MCPH ten-county service area once per school year. The dental teams set up a mini-dental clinic and provide FREE preventive dental services. Dental screening, fluoride varnish applications, sealants applied if needed and individualized oral hygiene instruction. ***Each child must have parental consent to participate.***

I-Smile™@School Program (Data from Oct-Dec 2020)

County	Student Participation	# Dental Screenings	# Suspected Dental Decay	Decay Rate	# Dental Sealants Placed
** Appanoose	37.1%	29	4	13.8%	48
Clarke	31.8%	166	26	15.7%	65
Decatur	24.5%	115	22	19.1%	159
/* Jasper	20.6%	175	21	12%	181
Lucas	23.8%	112	16	14.3%	204
/*Marion	27.8%	216	17	7.9%	232
***Monroe	0	0	0	--	0
*** Poweshiek	25.8%	61	6	9.8%	8
Ringgold	36.2%	99	10	10.1%	29
*/** Wayne	61.4%	45	7	15.6%	120
Totals		354	49	13.8%	132

***Some schools declined due to pandemic ** Not all schools completed ***Ineligible schools in county**

Schools still to be served for 2020-21 school year:

Centerville: Lakeview Elem and Howar Middle

Moravia Melcher Seymour Colfax-Mingo

MCPH I-Smile @ School team consists of a registered dental hygienist, Teri Kobussen and a registered dental assistant, Courtney McCarty.

➡ What is new with the MCPH I-Smile™ Program?

We now offer online registration for the I-Smile™@ School Program:

https://is.gd/ismileconsentmcph

*The online link was piloted last year, 2019-20 school year. Our hope is online registration will eliminate the need for schools to pass out & collect forms and reduce printing cost for the program. We will supply each school with a minimal number of copies for the families without access to internet. The online registration is for the school-based sealant program only.

I-Smile™ Program BOH Report: 2nd Quarter FY21

➡ Partnerships and Outreach

The I-Smile™ Program is kicking off a pilot project, partnering with DHS to better serve the foster care system. We are all very excited to see how we can help the children and foster families.

MCPH I-Smile staff are putting together a coloring contest event and excited to partner with grocery stores this summer.

I-Smile™ is grateful for the help and support from the school nurses, school administration and parents.

I-Smile™ will continue to partner with dental & medical providers and community members to build a strong referral network that provides families the services they need. I-Smile™ will continue to keep Iowa families healthy by providing care coordination to over-come barriers that may be preventing access to necessary medical and dental treatment.

MCPH Service area - Dental Offices currently accepting newly eligible Medicaid patients:

Appanoose County: River Hills, Centerville

Decatur County: Community Health Centers of Southern Iowa, Leon

Lucas County: Chariton Dental, Chariton

Wayne County: Prairie Trails Dental, Corydon (Wayne County residence only

Many dental providers serve existing Medicaid children & families that are established with the dental office in MCPH ten-county service area. Thank them for all they do to keep underserved families healthy!

Iowa Medicaid data @ Iowa Public Health Dental Tracking Portal website:

https://tracking.idph.iowa.gov/Health/Oral-Health/Child-Dental-Services-Medicaid-Data

Check out the number of Medicaid enrolled children in your county on this site. Plus, lots of other great information can be filtered out using different data drop downs.

Hawki

The Children's Health Insurance Program (CHIP) is offered through the Healthy and Well Kids in Iowa program, also known as Hawki. Iowa offers Hawki health coverage for uninsured children of working families.

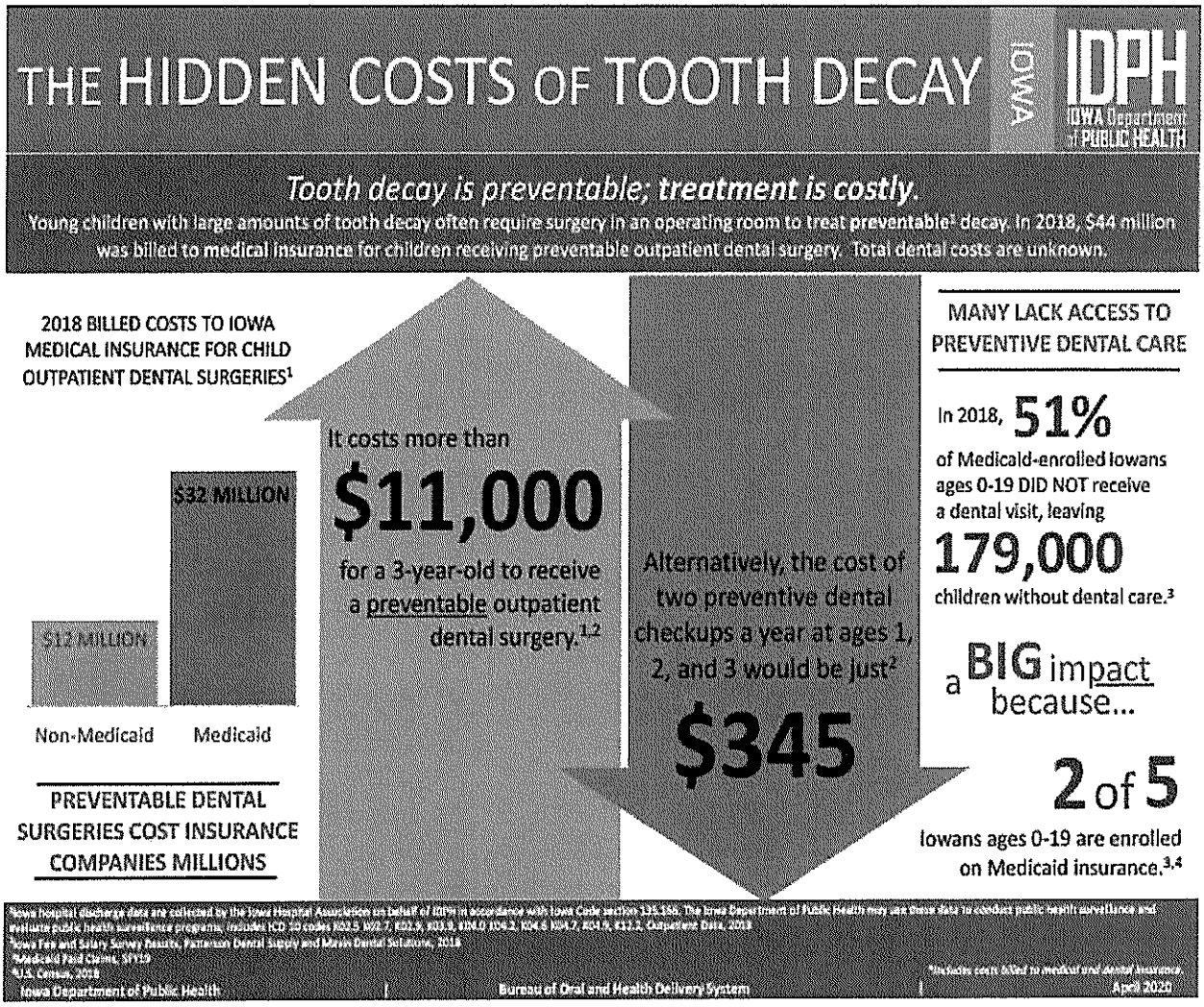
No family pays more than $40 a month. Some families pay nothing at all. A child who qualifies for Hawki health insurance will get their health coverage through a Managed Care Organization (MCO).

https://dhs.iowa.gov/hawki

I-Smile™ Program BOH Report: 2nd Quarter FY21

The Hidden Cost of Tooth Decay

Tooth decay is preventable. Dental restorative treatment is avoidable, costly and more invasive than preventive dental care. Young children with large amounts of tooth decay often require surgery in an operating room to treat the disease. This graphic demonstrates Iowa's medical costs for dental disease reinforcing the importance of reducing preventable decay through early preventive care.



The above infographic can be found at this website: https://idph.iowa.gov/ohds/reports

If you have questions or concerns about the data or information enclosed in this report, please email me. Thank you.

Melissa A. Woodhouse, RDH

I-Smile™ & I-Smile™ @ School Coordinator

Marion County Public Health

2003 N. Lincoln St. PO Box 152 Knoxville IA 50138

641-828-2238 mwoodhouse@marioncountyiowa.gov

American Lung Association.

(4)

Jasper County TUPC Grant
BOH Update
5/13/21

The American Lung Association holds the Community Partnership grant funded by the Iowa Department of Public Health, Division of Tobacco Use Prevention & Control for eight counties in Iowa. We serve Adair, Dallas, Jasper, Madison, Marshall, Polk, Union, and Warren Counties and follow best practices for tobacco control outline by the CDC:

1. *Prevent the Initiation of tobacco use among young people*
2. *Eliminate non-smokers exposure to secondhand smoke*
3. *Promote quitting among young people and adults*
4. *Identify and eliminate tobacco-related disparities among population groups.*

FY2021 Initiatives for Jasper County
July 2020 – June 2021
County Funding: $31,051

Tobacco & Nicotine-free Childcare:

- ✓ 2 policies implemented
  - Diamond Trail Children's Center
  - Inspirations Childcare & Preschool center
- ✓ 26 employees reached
- ✓ 130 children reached

Tobacco & Nicotine Free Worksites:

- ✓ 2 policies implemented:
  - Cornfed CrossFit
  - Advantage Credit Union
- ✓ 17 employees reached

Quitline Iowa:

- ✓ 8 Enrolled
- ✓ Pregnancy Outreach
  - Pregnancy Center of Central Iowa
  - MercyOne Newton
  - Newton Clinic
  - Medical Clinic in Prairie City
- ✓ 2 AARs provided

American Lung Association.

- ✓ 7 employees trained
- ✓ 12,934 individuals reached through advertising
  - Facebook
  - Newton Daily News

Coalition Development:

- ✓ Coalitions attended:
  - Jasper County Cares
  - SYNC
  - YPA

(5)
68 pages

Iowa Local Governmental Public Health

A Report on the Results of Iowa's Local Public Health Systems Survey

Bureau of Public Health Performance
March, 2021

Protecting and Improving the Health of Iowans

IDPH
IOWA Department of PUBLIC HEALTH

Acknowledgements

Suggested Citation:
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https://idph.iowa.gov/mphi

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Acknowledgements:
The department wishes to thank Public Health Administrators for their time in completing the Local Public Health System Survey.

Table of Contents

List of Acronyms

CHNA&HIP	Community Health Needs Assessment and Health Improvement Plan
EH	Environmental Health
FTE	Full Time Equivalent
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IDPH	Iowa Department of Public Health
IRIS	Immunization Registry Information System
LBOH	Local Board of Health
MCH	Maternal and Child Health
PH	Public Health
PPE	Personal Protective Equipment
PHAB	Public Health Accreditation Board
QI	Quality Improvement
RFP	Request for Proposal
STI	Sexually Transmitted Infections
SFY	State Fiscal Year
WIC	Women, Infants, and Children

Introduction and Background

This report details the findings of the Iowa Department of Public Health's (IDPH) effort to collect baseline data about the local governmental public health system in Iowa. The Public Health Modernization Initiative and the Local Public Health Services program in the Bureau of Public Health Performance led this effort. The local governmental public health system includes local boards of health and the designated local public health agencies who provide services on behalf of each local board of health (as identified by each local board of health).

By conducting the survey, IDPH aimed to:

- Share information about the infrastructure of the local governmental public health system;
- Describe the local governmental public health workforce and the barriers they face;
- Describe the governance structure of the local governmental public health system;
- Describe the services provided by the local governmental public health system;
- Discover emerging issues being faced by the public health system as identified by local public health administrators;
- Describe, at a high level, how the local governmental public health system is funded; and
- Better understand the local governmental public health system's ability to meet the foundational capabilities that have been identified in Iowa as core to public health practice.

Methodology

IDPH staff developed the survey, and IDPH leadership approved the final version of the survey. A small group of public health administrators piloted completing the survey. The final version of the survey was distributed by email and was accompanied by a short video explaining the survey. The email was sent to the public health administrator of the designated local public health agency in each of Iowa's 99 counties. The survey tool Cognito was used as it allowed administrators to go in and out of the survey as needed. Survey responses were collected mid-August through early October 2020. Additional information missing from the survey responses was collected through correspondence with specific local public health administrators.

In addition to the data collected from local public health administrators, some IDPH programmatic data were included in the data collection process to provide a snapshot of the role of the local governmental public health system in service delivery. The data provided is not all inclusive of programming that takes place at the local level. The data were collected from IDPH program staff either via email or shared Google documents.

The Iowa Department of Public Health intends to continue to collect data that describe the local governmental public health system and the public health workforce annually. For the purposes of this report, all data, unless otherwise noted, are for the time period of July 1, 2019 - June 30, 2020 or State Fiscal Year 20 (SFY20).

Data Limitations

The following are the data limitations of the survey:

1. The survey required the input of the local public health administrator. Local boards of health or other public heath staff were not surveyed.

2. Approximately one-third of Iowa's local environmental health departments are included in the data. This is because the majority of environmental health departments are organized separately from the local public health agency.

3. Data about public health funding was sought at a high level but conclusions are difficult to draw as counties track and account for funds using different charts of accounts and funding systems.

4. Administrators were not asked to do a formal review of their ability to meet the foundational public health services but instead were asked to self-identify their department's ability to meet the requirements.

Public Health Infrastructure

For-the purposes of this survey, the department (IDPH) looked at the following components of the local governmental public health system infrastructure:

- Number of full-time equivalents (FTEs) to carry out the work of public health
- Budget data
- Local public health (PH) agencies organization
- Location of environmental health (EH) in the public health table of organization
- Agencies that provide home health services
- Accreditation status

FTE's Employed by Local Public Health Agencies

Administrators were asked to identify the total number of FTEs employed in their agency. Table 1 below provides information about FTE's as they relate to county population.

County Population	Average Number of FTEs	Range of FTEs
Rural Counties - Population <20,000 (n=64)	8.92	0.9 - 25.13
Micropolitan Counties - Population 20,000-49,999 (n=19)	14.95	1.2 – 41.9
Metropolitan Counties - Population >50,000 (n=11)	32.36	2.75 – 62.7

Budgets

Administrators were surveyed for high-level information about budgets. Budgets from one public health agency are difficult to compare to another public health agency because budgets vary based on staffing, services provided, governing entity, organizational structure, and other factors. Upon reviewing the results of the survey, IDPH staff worked with public health administrators to clarify the data. Due to the pandemic, staff were not able to verify every figure. The data contained below should be viewed with that limitation in mind. Range, mean and median are provided because of several outliers.

Table 2: Total Revenue State Fiscal Year (SFY) 20	
Statewide Statistics (n= 95)	**Amount of Revenue**
Range:	$24,255 - $6,589,627
Mean:	$913,102.70
Median	$445,855
Revenue Amount	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	15
$200,001- $400,000	26
$400,001 -$600,000	12
$600,001 -$800,000	12
$800,001 - $1,000,000	9
$1,000,001 - $3,000,000	15
>$3,000,001	5

Table 3: Total Expenditures SFY 20	
Statewide Statistics (n= 96)	**Expenditure Amount**
Range:	$23,064 - $6,377,839
Mean:	$1,203,259.21
Median	$643,961
Expenditure Amount	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	6
$200,001- $400,000	16
$400,001 -$ 600,000	21
$600,001 - $800,000	6
$800,001 - $1,000,000	14
$1,000,001 - $3,000,000	22
>$3,000,001	10

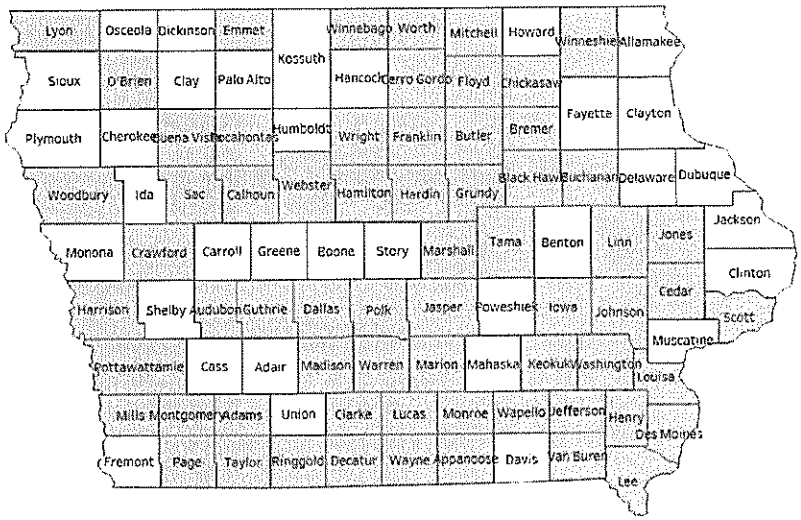
Table 4: County Allocation of Tax Dollars	
Statewide Statistics (n=99)	**Amount**
Range:	$0 - $7,701,760
Mean:	$530,363.46
Median	$257,091
Allocation Amount	**# of Counties in Each Category**
<$50,000	6
$50,000- $200,000	37
$200,001- $400,000	26
$400,001 - $600,000	12
$600,001 - $800,000	7
$800,001 - $1,000,000	2
$1,000,001 - $3,000,000	6
>$3,000,001	3

In addition to the questions on revenue, expenditures, and county allocation, administrators were asked if their agency had a public health fund that allows them to accumulate fund balances from year to year and carry forward those balances to the next year. Of the 98 counties who answered the question, 14 report they have a public health fund that allows this.

County-Based Public Health Agencies

The majority of Iowa's local public health agencies (65) are county-based. The map below shows which agencies are organized as part of county government. The remaining counties are health-system based, which means the local board of health in those counties enters into a contract with a health system for delivery of public health services.

Structure of Local Public Health Agencies

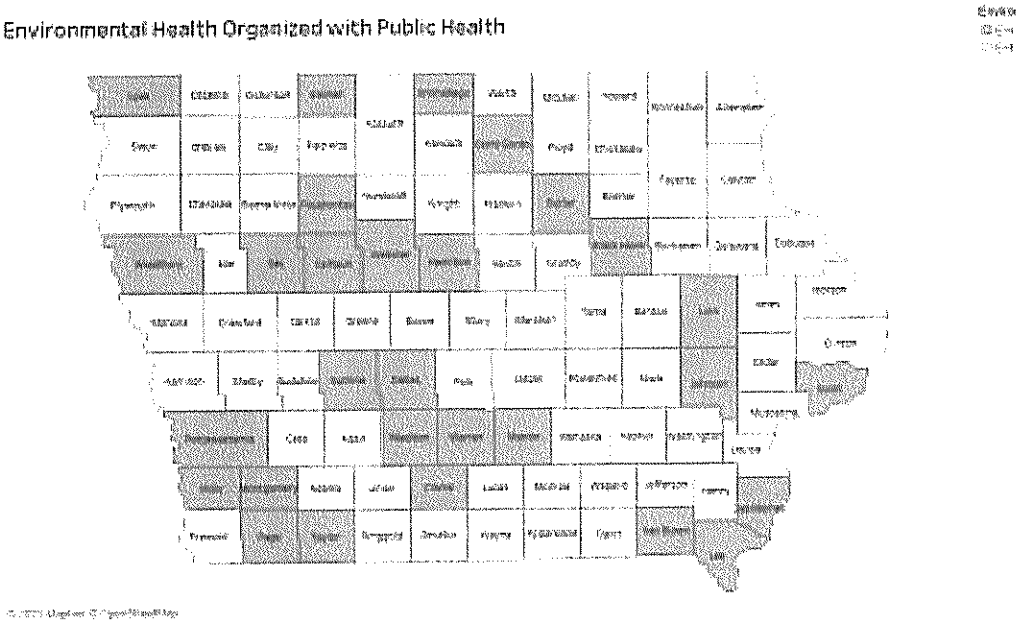


Structure

☐ County Based Public Health Agency
☐ Health System Based Public Health Agency

Environmental Health Organized with Public Health

As shown on the map below, 29 of Iowa's local governmental public health agencies provide both public health and environmental health under the same organizational structure.



Home Health Delivery vs. Public Health Service Delivery

Table 5: Percentage of Local Public Health Work Spent on Home Care Nursing or Home Health Care Aide Services	
Number of counties (n=96)	**Percentage of agency/department work providing home care nursing and/or home health care aide services directly**
51	0-24%
9	25-49%
20	50-74%
16	75-100%

The provision of home health services has long been a part of public health service delivery in Iowa. Home health services are provided to individuals in the home, whereas public health activities and services are delivered to the entire community. The survey asked each administrator to estimate the percentage of their agency's time spent on home health services.

Accreditation Status

Five local public health agencies have received national accreditation from the Public Health Accreditation Board (PHAB). In order to achieve accreditation, agencies must show that they are able to meet national standards in twelve domains. The twelve domains include:

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and address health problems
5. Develop public health policies and plans
6. Enforce public health laws
7. Promote strategies to improve access to health care
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Maintain capacity to engage the public health governing entity

The local public health agencies who to date have achieved accredited status include: CG (Cerro Gordo) Public Health, Johnson County Public Health, Linn County Public Health, Scott County Health Department and Siouxland District Health Department.

Local Boards of Health

Iowa's local public health system is governed by local boards of health (LBOH). Iowa Code Chapter 137.104 states that local boards of health shall have the following powers and duties:

"A local board of health shall:

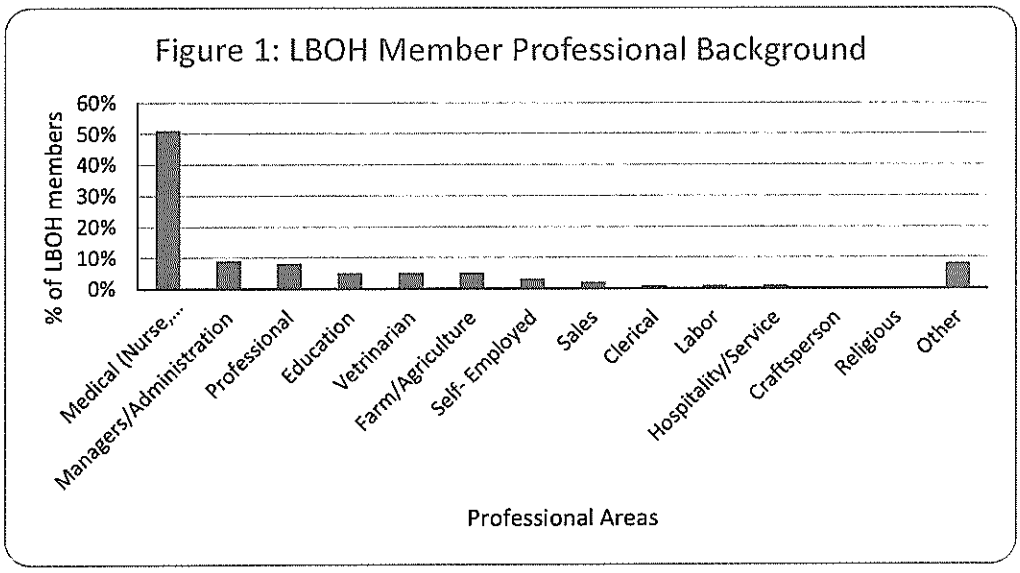
a) *Enforce state health laws and rules and lawful orders of the state department*
b) *Make and enforce such reasonable rules and regulations not inconsistent with the law and the rules of the state board as may be necessary for the protection and improvement of the public health….*
c) *Employ persons as necessary for the efficient discharge of its duties."*

Iowa has 99 local boards of health. The board of supervisors in each county appoints local board of health members who serve a three-year term. Members are volunteers who participate in regular board meetings and may serve their communities representing public health with partner organizations. Iowa Code requires all counties have at least five members on their local board of health; however, a county may choose to have additional members.

Board Member Qualifications

During the time period this survey represents (SFY20), Iowa Code Chapter 137 required one board of health member to be a physician. However, Iowa Code section 137.105 was amended and effective July 1, 2020, a physician, physician assistant, advanced registered nurse practitioner or advanced practice registered nurse may serve as the health officer on a local board of health. For the purposes of this report, IDPH identified the number of boards that met the requirement of Iowa Code section 137.105 prior to July 1, 2020. As of June 30, 2020, 97 counties had a physician member on the board of health.

Iowa Administrative Code 641--77.4(1) states that all members should have experience or education related to the core public health functions, essential public health services, public health, environmental health, personal health services, population-based services, or community based initiatives. Administrators provided information on the professional background of 503 local board of health members. Results are in Figure 1.



By far, the dominant professional background was in the medical field. The category was defined broadly so members may have backgrounds as nurses, physicians, pharmacists, dentists, etc. Administrators reported that 136 local board of health members are retired professionals serving on the LBOH.

Local Board of Health Membership and Service

Board of Health members agree to serve a three-year term. Board members may serve more than one term.

Table 6: Local Board of Health Membership (July 1, 2019- June 30, 2020)	
Membership of the Local Board of Health (n=99)	**Number**
Counties with a board of supervisor member as a voting member on the LBOH	57
LBOH members turnover (left the board)	49

Table 7: Local Board of Health Length of Service	
Length of service (n=97)	**Average number of years**
LBOH Chair	11.4
All LBOH Members	7.1

Workforce

This section of the report looks specifically at the local governmental public health workforce in Iowa.

Public Health Administrator

The role of the Public Health Administrator is an important one. Depending on the size and structure of the local public health agency, an administrator may serve several different roles. Examples of these roles include:

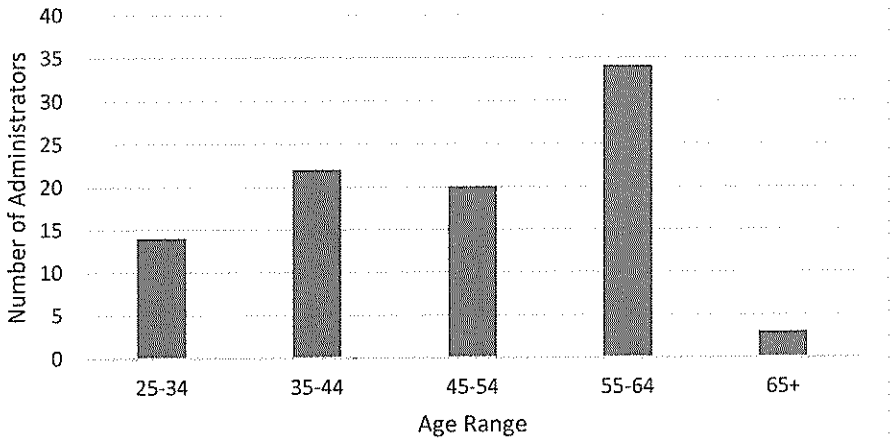
- Supervising agency services and administrative services;
- Enforcing federal, state and local public health regulations;
- Supervising/evaluating the work of staff;
- Developing an annual budget;
- Establishing and maintaining working relationships with other county officials and public health partners;
- Setting the strategic vision for public health;
- Providing recommendations to the local board of health.

Due to the importance of the role, demographic information was collected from the administrators who completed the local public health system survey.

There are 97 administrators serving Iowa's 99 counties. In southwest Iowa, one administrator serves Taylor and Adams counties. In eastern Iowa, one administrator serves Clinton and Jackson counties. Four administrators did not provide demographic information about themselves.

Survey results show local public health administrators are predominantly female. Eighty-four of the 93 administrators whom data were collected from identified as female. Administrators identified themselves as predominantly white, with fewer than five administrators identifying as another race or ethnicity.

Figure 2: Age of the Public Health Administrator



The Local Public Health Services program tracks the number of public health administrators that leave local public health agencies each year. For the SFY20, 19 public health administrators left their role.

Public Health Positions

In the survey, administrators were asked to identify the number of FTEs for their agency based on pre-identified positions common to public health practice. Total FTEs for the system appear in Table 8.

The limitation of the data presented in Table 8 is that it only represents the local governmental public health system and does not represent environmental health departments that are organized separately from the local public health agency or public health partners who provide essential public health services.

Table 8: FTEs by Public Health Position

Public Health Position	Total # of FTEs	# of counties reporting this position
Home Health Aide (providing direct care)	175.82	63
Public Health Nurse	166.14	83
Clerical	156.63	88
Home Health Nurse (providing direct care)	135.91	53
Public Health Administrator	101.72	96
Environmental Health Specialist (non-managers)	64.07	29
Care Administrator/Coordinator (MCH)	43.87	34
Non STD Infectious Disease Investigator	42.93	37
Financial Specialist	41.85	38
Emergency Preparedness	30.06	48
Health Educator	29.15	25
Dental Hygienist	26.94	14
Social Worker	26.86	14
Environmental Health Administrator	26.12	27
Dietician	14.05	7
Behavioral Health	10.58	9
Chronic Disease Care Coordinator	10.2	8
Physician/Nurse Practitioner/Physician Assistant	4.99	7
Other * no further clarification was requested for this category	142.96	42

Administrators identified which positions were difficult to fill when there was a vacancy. Sixty-five counties identified at least one position was difficult to fill. Table 9 identifies the positions identified and the number of administrators that identified the position as difficult to fill.

Table 9: Positions Difficult to Fill	
Public Health Position	**# of counties reporting difficulty filling position**
Public Health Nurse	29
Home Health Aide	27
Home Health Nurse	20
Public Health Administrator	9
Emergency Preparedness	6
Clerical	5
Dental Hygienist	4
Dietician	4
Behavioral Health	2
Health Educator	2
Care Administrator/Coordinator MCH	1
Chronic Disease Coordinator	1
Environmental Health Specialist (non-manager	1
Financial Specialist	1
Other	10

Interns

Internships in public health provide valuable experience to students studying various public health careers like epidemiology, environmental health, or health education. Interns also provide public health with assistance to enhance public health delivery. Administrators were asked whether they hosted an intern in their department to help collect and analyze data, and/or develop and implement public health activities in SFY20. Twenty-seven counties indicated that they had hosted an intern.

Contract Staff

Administrators may choose to contract for personnel. Twenty-eight counties contracted for non-COVID related personnel. Twelve counties contracted for personnel to address COVID-specific activities.

Public Health Service Delivery

This section of the report provides information about some of the services provided by the local governmental public health system.

Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP)

Table 10: Local Public Health CHNA & HIP Frequency	
# of Counties (n=99)	**Frequency of CHNA & HIP**
56	Every five years
43	Every three years

The CHNA & HIP process systematically looks at health and what in the community impacts health. Through the process, public health priorities for a community are identified and implementation steps to address those priorities are established. Historically, IDPH has asked local public health agencies to complete the CHNA & HIP process at least every five years. Federal requirements for nonprofit hospitals to conduct a community health needs assessment every three years provide an opportunity for taking on the work in partnership. Sixty-seven administrators indicated that they coordinate the CHNA & HIP with a hospital.

The most recent version of CHNA & HIPs are available on the IDPH website.

Service Delivery

Table 11: Provision of Direct Services	
Service Areas	**# of counties who provide direct services**
Chronic Disease Prevention (n=96)	61
Injury Prevention, including falls (n=95)	51
Nutrition (n=95)	40
Case Management (n=94)	34
Diabetes (n=94)	28
Physical Activity (n=95)	28
Mental Health (n=94)	17

Public health service delivery looks different from county to county. Not all public health services are provided by the local governmental public health system. In order to describe the impact of the system, the survey data was coupled with data compiled from IDPH programs to provide a snapshot of the role of the local governmental public health system in service delivery. The data provided is not all inclusive of programming that takes place at the local level.

If an agency directly provides services, they secure the funding and staff to conduct the program. In the survey, administrators were asked to indicate which direct services their agency provides by selecting from a predetermined list as identified in Table 11.

Table 12 identifies the number of local public health agencies who IDPH contracts with directly to provide services in additional areas of public health practice. In some cases agencies subcontract with other local public health agencies to provide services within a service area. The table below is not inclusive of all program areas where IDPH contracts with local public health agencies.

Table 12: Public Health Program Areas that IDPH Contracts with Local Public Health Agencies to Provide

Public Health Program Area	Number of local public health agencies who contract with IDPH to provide services*	Total number of contractors
Child Health	12	23
Childhood Lead Poisoning and Prevention	19	19
Maternal Health	11	23
Oral Health (I-Smile)	12	23
Oral Health (I-Smile Silver)	3	3
Sexually Transmitted Infections (Investigations and Partner Services for HIV and other STIs)	4	0
Sexually Transmitted Infections (STI clinical services)	11	55
Tobacco Use Prevention and Control (Community Partnership Grants)	17	35
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	4	20

*The word contract includes contracts, MOAs, MOUs and other governmental agreements.

Each public health program is delivered to a certain number of individuals each year. Table 13 outlines the percent of a program's population served by local public health. For example, 1,355,766 doses of influenza vaccine were administered between August 1, 2019, and May 31, 2020.* Of those doses 67,354 or 4.97% were administered by a local public health agency.

Table 13: Percent of program population served by local public health agencies

Public health program provided by local public health	Percent of population served by local public health agencies
Flu vaccine	4.97% of all flu vaccine given
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	15.26% of all WIC participants
Oral Health (I-Smile)	57.3% of all kids served by I-Smile
Oral Health (I-Smile Silver)	100% of all individuals served by I-Smile Silver
Maternal Health	24.4% of all Maternal Health clients
Child Health	41.5% of all Child Health clients

*The information may be an underestimation of the total number of influenza vaccine doses. Reporting to IRIS is not mandatory for all healthcare providers so doses administered may not be reported to IRIS or may be listed as historical on a record if it was entered by another healthcare provider at a later date.

Foundational Public Health Services

In June 2019, the Public Health Advisory Council recommended a set of foundational public health services measures, identified as core to public health practice, which could be used to assess Iowa's local governmental public health system. The measures identified were included in the Local Public Health System Survey. The full descriptions of each measure are included in the survey tool found in Appendix A of this report.

In the survey, administrators were given a description of each measure and asked to self-assess whether the local public health agency could fully meet, partially meet, or would not be able to meet each measure.

More than 90 administrators identified their agency could fully meet one measure:

- Information provided to the LBOH about the important public health issues facing the community, the health department and/or recent actions of the health department

Ten or more administrators identified their agency could not meet the requirements of the following measures:

- Data analysis and public health conclusions drawn
- Community summaries or fact sheets of data to support public health improvement planning
- Implement a strategic plan
- Implement culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences
- Workforce development strategies
- Implemented performance management system
- Establish a quality improvement program
- Implement quality improvement activities

Emerging Issues and Barriers

This section of the survey asked administrators to identify emerging issues in public health practice as well as barriers to providing public health services. In February 2020, prior to COVID-19 the department sent an abbreviated survey to local public health administrators asking most of the questions in this section. The questions were repeated in September 2020, during the pandemic. The results of the February data were not published until they could be compared with data received in September. Administrator responses were analyzed for commonalities and assigned to larger themes. Themes that appeared most frequently appear in Tables 14 and 20.

Emerging Issues and Unmet Needs

Table 14: Top 5 Emerging Issues in Public Health Practice

Emerging Issue (Feb. 2020)	# of times issue was identified	Emerging Issue (Sept. 2020)	# of times issue was identified
Mental Health	40	COVID-19	60
Funding	16	Mental Health	25
Transportation	15	Funding	23
Substance Abuse	12	Public Health Workforce	16
Obesity	11	Transportation	14

For additional context on responses provided by administrators, see below for a sampling of individual administrator quotes for the top five emerging issues.

COVID-19

- "The ongoing COVID response and trying to keep up with other grants and program needs." (October 2020)
- "COVID-19 pandemic has strained our staff, resources, and fiscal stability." (October 2020)

Mental Health

- "Availability of local mental health services" (October 2020)
- "Mental health issues (specifically anxiety and depression" (October 2020)
- "Mental health issues, lack of services. We see a need for suicide prevention." (October 2020)

Funding

- "Funding for local public health response efforts during a public health pandemic" (October 2020)
- "Lack of funding for basic infrastructure." (October 2020)
- "Narrow focus of funding" (October 2020)

Transportation

- "In our county we have experienced increased issues with transportation for people with limited transportation and family even to in town appointments. It becomes especially difficult when they have appointments out of town." (October 2020)
- "Affordable transportation" (October 2020)

The Public Health Workforce

- "When you have a very small staff it is difficult to run 7 days a week." (October 2020)
- "During this time of COVID we have definitely felt that we need more staff who are trained in public health and disease follow up and management." (October 2020)
- "Hiring staff has become a challenge" (October 2020)

Substance Abuse

- "Mental health continues to rise to the top along with drug use" (February 2020)
- "Increasing meth use" (October 2020)

Obesity

- "Childhood obesity" (February 2020)
- "Limited healthy options – dine out, healthy foods more expensive, conflicting dietary messages between organizations/nutrition professionals (October 2020)

Cross-Jurisdictional Sharing

Nationally, a potential emerging issue in public health is cross-jurisdiction sharing. Questions from the survey related to cross-jurisdictional sharing are identified in tables 15 and 16. The questions were meant to assess the current status of sharing arrangements and potential interest in pursuing future sharing relationships.

Table 15 indicates that majority of local public health agencies are not sharing or minimally sharing the responsibility for the delivery of public health services, home health services, and staff. However, Table 16 shows that there is potential interest in sharing delivery of public health services, home health services and staff. About one-third of counties said that they would not interested at all in sharing home health services and staff.

Table 15: Current Status of Sharing	
To what extent do you share the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	34
Minimally	20
Somewhat	33
Significantly	9
Completely	1
To what extent do you share the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	60
Minimally	10
Somewhat	8
Significantly	8
Completely	11
To what extent do you share staff with another agency?	**# of administrators responding (n = 97)**
Not at all	75
Minimally	9
Somewhat	10
Significantly	2
Completely	1

Table 16: Future Interest in Sharing	
To what extent would you consider sharing the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	17
Minimally	18
Somewhat	43
Significantly	11
Completely	8
To what extent would you consider sharing the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	38
Minimally	15
Somewhat	20
Significantly	8
Completely	16
To what extent would you consider sharing staff with another agency?	**# of administrators responding (n = 97)**
Not at all	30
Minimally	22
Somewhat	29
Significantly	8
Completely	16

Health Equity

Health equity is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic, and other conditions in which all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

The focus on health equity in public health is not new. However, the emphasis on health equity has grown over the past several years as evidenced by the inclusion of health equity requirements in the Public Health Accreditation Board's National Standards and Measures and most recently in the refresh of the Ten Essential Services of Public Health.

Three broad questions as noted in tables 17, 18, and 19 were asked in the survey in order to begin to understand local public health's capacity related to health equity. An initial assessment of these questions took place in February 2020, those results are shared for the first time in this report. Due to the different number of respondents for each survey, there are limitations on the conclusions that can be drawn.

Table 17: Capacity to Address Social Determinants of Health		
My department/agency has the capacity (human resources, funding, training of staff) to address social determinants of health.	**# of administrators responding in Feb. 2020 (n= 74)**	**# of administrators responding in Sept. 2020 (n = 96)**
Very True	2	10
Somewhat True	40	58
Not True	29	25
I Don't Know	3	3

Table 18: Engagement with Other Agencies to Support Policies and Programs		
My department/agency has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity.	**# of administrators responding in Feb. 2020 (n= 74)**	**# of administrators responding in Sept. 2020 (n=97)**
Very True	21	34
Somewhat True	45	47
Not True	7	12
I Don't Know	1	4

Table 19: Health Equity in Program Planning and Implementation		
My department/agency considers health equity issues in program planning and implementation.	**# of administrators responding in Feb. 2020 (n= 74)**	**# of administrators responding in Sept. 2020 (n=97)**
Very True	30	50
Somewhat True	39	39
Not True	2	5
I Don't Know	3	3

Barriers

Table 20: Top 5 Barriers to Providing Services			
Barriers experienced in providing services (Feb. 2020)	**# of times issue was identified**	**Barriers experienced in providing services (Sept. 2020)**	**# of times issue was identified**
Funding	57	Funding	59
Public Health Workforce	32	Public Health Workforce	50
Time	12	COVID-19	19
Community Support/Collaboration	10	Time	13
Engaging vulnerable populations	8	Rural Status	13

For additional context on responses provided by administrators, see below sampling of individual administrator quotes for the top five barriers.

Funding
- "Funding. We need sustainable funding." (October 2020)
- "Continue to expect the same level of service with less funds." (October 2020)

Public Health Workforce
- "Sufficient time to complete tasks, our nursing staff 'wear a lot of hats'." (October 2020)
- "Getting the right workers for a price we can afford/appropriate compensations" (October 2020)
- "Limited capacity, more needs than current staff and funding can address." (October 2020)

COVID-19
- "COVID has made it difficult to provide many services." (October 2020)
- "Not enough time in the day to do other programs other than COVID" (October 2020)

Time
- "Too much to do in too little time." (October 2020)
- "Not enough staff and not enough hours in the day for work/life balance." (October 2020)

Rural Status
- "Due to the rural location of the communities within the county it makes it difficult to refer to services in outlying counties that are not offered here." (October 2020)
- "Distance to get to mental health or specialty clinics"(October 2020)
- Not enough providers to meet community needs – rural" (October 2020

Community Support/Collaboration

- "Community engagement/general community collaboration" (October 2020)
- "Conflicting feedback from partners" (October 2020)
- "Public cooperation/education and follow through" (October 2020)

Engaging Vulnerable Populations

- "Engaging with the disadvantaged in community health planning" (October 2020)
- "Language and cultural barriers"(October 2020)

Next Steps

This report looks at one segment of Iowa's public health system and provides high-level information about the local governmental public health system at a point in time. IDPH will use the results of this report to build and support public health infrastructure. IDPH will share the report broadly with elected officials and the public. IDPH intends to repeat the Public Health System Survey in the future to identify changes in the system over time.

Appendix A: Definitions

After Action Report
An After Action Report is a narrative report which captures observations of an exercise (for example: table top, functional exercise or full scale exercise) and makes recommendations for post-exercise improvements; this is supplemented by an Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Community Health Assessment
Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Community Health Improvement Plan
A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

This plan is used by health and other governmental education and human services agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Core Public Health Functions
The core public health functions are assessment, policy development, and assurance.

Essential Public Health Services
The ten essential public health services describe the public health activities that all communities should undertake.
(https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html, 12.13.20)

Foundational Public Health Services
The foundational public health services are defined as a "minimum package of services" that must be available in health departments everywhere for the health system to work anywhere. (Public Health National Center for Innovation *Foundational Public Health Services Planning Guide*, January 2019.)

Governing Entity (Local Board of Health)
A governing entity is the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government, or region, or district or reservation as established by state, territorial, tribal, constitution or statute. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Local Public Health Services
The Local Public Health services program provides funding to each local board of health on an annual basis and promotes and supports local boards of health, local public health administrators and the local governmental public health infrastructure. This program is seated in the Bureau of Public Health Performance at the Iowa Department of Public Health.

Performance Management
A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Public Health Accreditation Board (PHAB)
The Public Health Accreditation Board is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Public Health Advisory Council (PHAC)
The Public Health Advisory Council was established as part of Iowa Code Chapter 135A the Public Health Modernization Act to make recommendations to the Iowa Department of Public Health about the governmental public health system. The PHAC was disbanded on July 1, 2019.

Public Health Emergency Operations Plan
A public health emergency operations plan outlines core roles and responsibilities for all-hazard responses, as well as plans for scenario- specific events, such as hurricanes. A public health specific emergency operations plan outlines how to work with the community in an emergency for the community's sustained ability to withstand and recover from an emergency event. (Public Health Accreditation Board Standards and Measures: Version 1.5, December 2013)

Public Health Modernization
Public Health Modernization is an initiative led by the Iowa Department of Public Health focused on Iowa's governmental public health system. This program is seated in the Bureau of Public Health Performance at the Iowa Department of Public Health.

Quality Improvement
Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Social Determinants of Health
Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Appendix B: Data Tables

Demographics

Q1. What county are you reporting for?
Administrators selected the county they were reporting for from a drop down list of all Iowa counties.
Q2. What is the title of the individual completing this survey?
Administrators typed in their job title. This field was used to assure only one response per county.
Q3. Please identify your race.
Administrators answered for themselves. Exact numerical values are suppressed to protect the identities of survey respondents. Fewer than 5 respondents identified as a race other than white.

Q4. Please identify your age.	
# of Administrators (n=93)	**Age Range**
14	25-34
22	35-44
20	45-54
34	55-64
3	65+

Q5. Please identify your gender.	
# of Administrators (n=93)	**Gender**
84	Female
9	Male

Q6. Which of the following statements best describe your agency's/department's personnel policies?	
Number of Counties (n=98)	**Personnel Policies**
22	LBOH adopts county wide personnel policies/handbook
47	LBOH adopts county wide personnel policies with additions
29	None of the above

Q7. How often does your agency/department conduct the CHNA&HIP process?	
# of Counties (n=99)	**Frequency of CHNA & HIP**
56	Every five years
43	Every three years
Q8. Do you coordinate the CHNA&HIP with a hospital?	
# of Counties (n=99)	**CHNA & HIP is coordinated with a hospital**
67	Yes
32	No

Workforce

Q9. What was the total number of FTEs in your agency/department at the conclusion of FY 20? (Please include permanent full time, permanent part time, and temporary staff.		
1,210.95 FTEs		
Q10. What number of FTEs (as reported in question 9) are allocated to each of the job categories below?		
Job Category	**Total # of FTEs**	**# of counties reporting**
Public Health Administrator	101.72	96
Environmental Health Administrator	26.12	27
Care Administrator/Coordinator (MCH)	43.87	34
Clerical	156.63	88
Behavioral Health	10.58	9
Chronic disease care coordinator	10.20	8
Dental Hygienist	26.94	14
Dietician	14.05	7
Emergency Preparedness	30.06	48
Environmental Health Specialist (non managers)	64.07	29
Financial Specialist	41.85	38
Health Educator	29.15	25
Home Health Aide (providing direct care)	175.82	63
Home Health Nurse (providing direct care)	135.91	53

Non STD infectious disease investigator who enters data into IDSS	42.93	37
Physician/Nurse Practitioner/Physician Assistant	4.99	7
Public Health Nurse	166.14	83
Social Worker	26.86	14
Other	142.96	42

Q11. What is the total number of employees in your agency/department at the conclusion of FY 20? (# of people including permanent full time, permanent part time, and temporary staff (e.g. whole numbers, no decimals)
1,421

Q12. Please identify which jobs you have had difficulties filling in your agency/department in the last year.	
Job Category	# of counties reporting difficulty
Public Health Administrator	9
Environmental Health Administrator	0
Care Administrator/Coordinator (MCH)	1
Clerical	5
Behavioral Health	2
Chronic disease care coordinator	1
Dental Hygienist	4
Dietician	4
Emergency Preparedness	6
Environmental Health Specialist (non managers)	1
Financial Specialist	1
Health Educator	2
Home Health Aide (providing direct care)	27

Home Health Nurse (providing direct care)	20
Non STD infectious disease investigator who enters data into IDSS	0
Physician/Nurse Practitioner/Physician Assistant	0
Public Health Nurse	29
Social Worker	0
Other	10

Q13. Did you use interns to help collect and analyze data, and/or develop and implement public health activities?

# of counties (n=95)	Used an intern
27	Yes
68	No

Q14. Did you contract for non-COVID personnel in FY20?

# of counties (n=96)	Contracted for non-COVID personnel
28	Yes
68	No

Q15. Did you contract for COVID related personnel in FY20?

# of counties (n=96)	Contracted for COVID personnel
12	Yes
84	No

Q16. How many years has each member been serving on the local board of health? If using partial years please use decimals. For example, six months of service would be recorded as 0.5.

BOH Member	Total Years of Service	# of members
Chair	1103.4	97

Member 2	947.03	97
Member 3	645.48	97
Member 4	486.31	97
Member 5	299.84	92
Member 6	27.17	9
Member 7	14.27	6
Member 8	9	1
Member 9	15	1

Q17. Please indicate the number of board of health members who represent the following occupations. Each board member should only be counted once.	
Occupation	**# of Board Members**
Medical (Nurse, Physician, Pharmacy, Dentist, etc.)	259
Managers/Administration	45
Sales	9
Clerical	6
Labor	3
Farm/Agriculture	26
Hospitality/Service	5
Self- Employed	17
Craftsperson	0
Religious	2
Education	27

Veterinarian	23
Professional	39
Other	42
Q18. How many current local board of health members are retired?	
136	

Services

Q19. What percentage of your agency/department's work is providing home health care nursing and/or home health care aide services directly?		
# of counties (n=96)	**Percentage of agency/department work providing home care nursing and/or home health care aide services directly**	
51	0-24%	
9	25-49%	
20	50-74%	
16	75-100%	

Q20. Does your agency/department directly provide services in the following areas? (This is not an all inclusive list but will be incorporated with other data sources.)			
# of counties who provide direct services (Yes)	**# of counties who do not provide direct services (No)**	**# of counties who left the field blank**	**Service Areas**
61	35	3	Chronic Disease Prevention (n=96)
51	44	4	Injury Prevention, including falls (n=95)
40	55	4	Nutrition (n=95)
34	60	5	Case Management (n=94)
28	66	5	Diabetes (n=94)
28	67	4	Physical Activity (n=95)
17	77	5	Mental Health (n=94)

Q21. Please indicate which answer best reflects the agency/department's current practice. A. To what extent do you share the delivery of public health services with another agency?	
To what extent do you share the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	34
Minimally	20
Somewhat	33
Significantly	9
Completely	1

Q21. Please indicate which answer best reflects the agency/department's current practice. B. To what extent do you share the delivery of home health services with another agency?	
To what extent do you share the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	60
Minimally	10
Somewhat	8
Significantly	8
Completely	11

Q21. Please indicate which answer best reflects the agency/department's current practice. C. To what extent do you share staff with another agency?	
To what extent do you share staff with another agency?	**# of administrators responding (n = 97)**
Not at all	75
Minimally	9

Somewhat	10
Significantly	2
Completely	1
Q22. Please indicate which answer best reflects the agency/department's current practice. **A. To what extent would you consider sharing the delivery of public health services with another organization.**	
To what extent would you consider sharing the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	17
Minimally	18
Somewhat	43
Significantly	11
Completely	8
Q22. Please indicate which answer best reflects the agency/department's current practice. **B. To what extent would you consider sharing the delivery of home health services with another organization.**	
To what extent would you consider sharing the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	38
Minimally	15
Somewhat	20
Significantly	8
Completely	16

Q22. Please indicate which answer best reflects the agency/department's current practice. C. To what extent would you consider sharing the staff with another organization.	
To what extent would you consider sharing staff with another agency?	**# of administrators responding (n = 97)**
Not at all	30
Minimally	22
Somewhat	29
Significantly	8
Completely	16

Emerging Issues

Q23. What are the emerging issues and unmet needs you've experienced in your county over the past year?
Administrators were able to write in a short answer in a blank field. Responses were analyzed and a summary of the most frequent answers appear in the final report section Emerging Issues and Barriers.
Q24. What barriers do you experience in providing services to your community?
Administrators were able to write in a short answer in a blank field. Responses were analyzed and a summary of the most frequent answers appear in the final report section Emerging Issues and Barriers.
Q25. Do you have staff available during business hours to collect and transport patient samples associated with outbreaks and high priority issues?

Time-frame (n=96)	Have staff ability to collect and transport patient samples	Do not have staff availability to collect and transport patient samples
During Business Hours	78	18

Q26. Do you have staff available after hours to collect and transport patient samples associated with outbreaks and high priority issues?		
Time-frame (n=96)	**Have staff ability to collect and transport patient samples**	**Do not have staff availability to collect and transport patient samples**
After Business Hours	65	31

Health Equity

Q27. My health department has the capacity (human resources, funding, training of staff) to address social determinants of health.		
	# of administrators responding in Feb. 2020 (n= 74)	# of administrators responding in Sept. 2020 (n = 96)
Very True	2	10
Somewhat True	40	58
Not True	29	25
I Don't Know	3	3

Q28. My health department/agency has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity.	
	# of administrators responding (n=97)
Very True	34
Somewhat True	47
Not True	12
I Don't Know	4

Q29. My health department/agency considers health equity issues in program planning and implementation.	
My department/agency considers health equity issues in program planning and implementation.	# of administrators responding (n=97)
Very True	50
Somewhat True	39
Not True	5
I Don't Know	3

Budget

Q30. What was your agency's/department's total revenue for FY20 (July 1, 2019 - June 30, 2020)?	
Statewide Statistics (n= 95)	**Amount of Revenue**
Range:	$24,255 - $6,589,627
Mean:	$913,102.70
Median	$445,855
Distribution	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	15
$200,001- $400,000	26
$400,001 -$600,000	12
$600,001 -$800,000	12
$800,001 - $1,000,000	9
$1,000,001 - $3,000,000	15
>$3,000,001	5
Q31. What were your agency's/department's total expenditures for FY20?	
Statewide Statistics (n= 96)	**Amount**
Range:	$23,064- $6,377,839
Mean:	$1,203,259.21
Median	$643,961
Distribution	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	6
$200,001- $400,000	16
$400,001 -$ 600,000	21
$600,001 - $800,000	6
$800,001 - $1,000,000	14
$1,000,001 - $3,000,000	22
>$3,000,001	10

Q32. What were your agency's/department's county allocation for FY20?	
Statewide Statistics (n=99)	**Amount**
Range:	$0 - $7,701,760
Mean:	$530,363.46
Median	$257,091
Distribution	**# of Counties in Each Category**
<$50,000	6
$50,000- $200,000	37
$200,001- $400,000	26
$400,001 - $600,000	12
$600,001 - $800,000	7
$800,001 - $1,000,000	2
$1,000,001 - $3,000,000	6
>$3,000,001	3
Q33. Does your agency/department have a public health fund that allows the agency/department to accumulate fund balances from year to year and carry forward fund balances from year to year in your budget?	
# of counties (n=98)	**Have a public health fund that carries over year to year**
14	Yes
84	No

Foundational Public Health Services

Q34. Please self-score your agency's/department's ability to demonstrate each of these foundational public health services.				
Public Health Service (n=97)	**Fully Meet**	**Partially Meet**	**Not able to meet**	**Did not answer**
A Community Health Assessment that includes: • Data from multiple sources • Demographics of the population served • Factors that contribute to health challenges • A description of community assets and resources to address health issues • Community input in the process	70	23	3	3
24/7 Surveillance System • Processes and protocols in place to collect, review and analyze comprehensive surveillance data on multiple health conditions from multiple sources • Processes and protocols to assure confidential data is maintained in a secure manner • A system for the agency/department to receive data 24/7 • The 24/7 system is tested	61	31	4	3
Data Analysis and Public Health Conclusions Drawn • Able to analyze qualitative, quantitative, primary and secondary data • Compares data to other agencies, the state, the nation, or other similar data over time. • Shares data analysis • Combines primary and secondary data	25	57	14	3
Community Summaries or Fact sheets of data to support public health improvement planning processes • Provide summaries or fact sheets of community health data that condense public health data to public health system partners, community groups, and key stakeholders.	31	53	12	3
Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues • Have established partnerships with other governmental agencies/ departments and/or key community stakeholders that play a role in investigations or have direct oversight.	71	25	0	3
Complete After Action Reports • Have a protocol to describe the process used to determine when events rise to the significance for the development and review of an After Action Report • Complete After Action Reports according to the protocol.	51	38	6	4

Efforts to specifically address factors that contribute to specific population's higher health risks and poorer health outcomes • Identify and implement strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity • Analyze factors that contribute to higher health risks and poorer health outcomes of specific populations • Identify community factors that contribute to specific population's higher health risks and poorer health outcomes • Have internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes	21	67	6	5
Communication procedures • Have a communication plan/procedure that details: ▪ How information will be disseminated to different audiences ▪ How messaging will be coordinated with community partners ▪ A contact list of media and key stakeholders ▪ Responsibilities of the public information officer and any other staff interacting with the news media	55	38	2	4
Information available to the public • An agency/department website that includes ▪ A 24/7 contact number for reporting emergencies ▪ Information about notifiable/reportable conditions ▪ Health data ▪ Links to public health laws ▪ Program information and materials ▪ Links to CDC and other public health related agencies ▪ Names of agency leadership • Use at least two other mechanisms to make information available to the public (newspaper, radio, facebook, newsletter, etc.)	33	59	4	3
Community health improvement plan • Links to the community health needs assessment • Details priorities for action • Includes strategies to be implemented and who is responsible for carrying those out	53	39	3	4
Health improvement plan implemented in partnership with others • Have a process to track implementation of the strategies included in the community health improvement plan.	45	45	5	4
Monitor and revise as needed the community health improvement plan	42	46	8	3

• Do an annual report on progress made in implementing the strategies in the community health improvement plan. • Revise the health improvement plan based on the findings of the annual report.				
Implement a strategic plan • Have a strategic plan • Develop reports documenting progress toward meeting the goals and objectives in the strategic plan	26	54	15	2
Testing and revision of the public health emergency operations plan • Review and test the plan through the use of exercises and drills • Develop After-Action Report after an exercise or drill • Revise the public health emergency operations plan based on the findings of the After-Action Report	61	30	4	2
Access to legal counsel • Have access to legal counsel review and advice.	80	14	1	2
Procedures and protocols for routine and emergency situations requiring enforcement and complaint follow-up • Formally document actions taken as a result of investigations or follow up of complaints. • Have standards for follow up. • Communicate with regulated entities regarding a complaint or compliance plan.	68	26	2	1
Implement strategies to increase access to health care services • Work collaboratively to assist the population in obtaining health care services.	51	39	4	3
Implement culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences • Implement initiatives or collaborate with others to ensure access and barriers are addressed in a culturally competent manner.	36	50	10	1
Workforce development strategies • Have a workforce development plan • Have workforce development strategies that are implemented • Conduct regular assessments of the workforce.	21	54	22	0
Performance management policy/system • Adopt a performance management system that includes: ▪ Performance standards (goals, targets, outcomes) ▪ Communication of expectations regarding performance ▪ Performance measurement (including how data is collected)	30	59	8	0

▪ Progress reporting ▪ Analysis of data ▪ A process to identify opportunities for quality improvement based on analysis of data				
Implemented performance management system • Have a team monitoring performance standards (goals, objectives) • Implement a process for monitoring performance of goals and objectives • Identify areas of need • Identify next steps for goals and objectives	36	48	12	1
Establish a Quality Improvement (QI) Program • Have a written quality improvement plan that includes: ▪ Key quality terms ▪ A description of the current culture of quality and the desired future state for QI ▪ A structure for QI (Who is responsible?) ▪ QI Training ▪ QI Goals ▪ Communication of QI Activities ▪ Process to assess the effectiveness of the QI Plan	35	51	11	0
Implement QI activities • Implement the QI Plan • Be able to describe the process and outcomes of QI work	38	46	12	1
Policies regarding confidentiality, including applicable HIPAA requirements • Have written confidentiality policies and procedures • Train staff on confidentiality policies	89	7	0	1
Financial and programmatic oversight of grants and contracts • Complete regular agency- wide/department-wide financial audit reports • Complete required program reports to funding organizations	86	11	0	0
Financial management system • Have an approved health budget • Conduct quarterly financial reports	84	11	0	2
Communicate with the Local Board of Health (LBOH) about the responsibilities of the department and the responsibilities of the LBOH • Communicate with the LBOH about the responsibilities of the public health	87	10	0	0

agency/department as set forth in code, administrative rule, and local rules and regulations • Communicate with the LBOH about their responsibilities as set forth in code, administrative rule, and local rules and regulations • Have an orientation process for new LBOH members				
Information provided to the LBOH about important public health issues facing the community, the health department and/or recent actions of the health department • Communicate with the LBOH about important public health issues and/or recent actions of the health agency/department.	92	4	0	1
Communicate with the governing entity about health department performance assessment and improvement • Communicate with the LBOH on plans and processes for improving health agency/department performance • Communicate with the LBOH on performance improvement efforts	79	17	1	0

*N= 97 The portion of the survey related to foundational public health services was answered by Taylor Co. for Adams Co. and by Clinton Co. for Jackson county due to the organization of public health in those four counties.

Local Public Health Survey Tool

INTRODUCTION Iowa Code Chapter 135A.3 states that the department shall have evaluation and quality improvement measures for the governmental public health system. In order to meet this requirement IDPH will begin regularly surveying local governmental public health departments and provide summary reports of the results. The summary report will incorporate data from this survey as well as data collected internally from department programs in order to more fully describe Iowa's local governmental public health system. Your answers to the survey are not confidential but IDPH will only publish findings at the state level or at the Local Public Health Services region level.

This survey should take approximately 45-60 minutes. A pdf of the survey instrument was emailed to you by your RCHC. It would be helpful for you to have information related to your budget and workforce close by while you complete the survey.

Please complete the following survey by September 18, 2020. If you have any questions about the survey please contact your RCHC or Joy Harris at joy.harris@idph.iowa.gov.

DEMOGRAPHICS These questions will collect demographic information needed in order to describe the governmental public health system.

1. What county are you reporting for?
2. What is the title of the individual completing this survey?
3. Please identify your race.
4. Please identify your age.
5. Please identify your gender.
6. Which of the following statements best describes your agency's/department's personnel policies?
    a. LBOH adopts county wide personnel policies/handbook
    b. LBOH adopts county wide personnel policies with additions
    c. None of the above

2. How often does your agency/department conduct the CHNA & HIP process?
    a. Every three years
    b. Every five years
    c. None of the above

3. Do you coordinate your CHNA & HIP with a hospital?
    a. Yes
    b. No

WORKFORCE These questions will collect information that will be used to describe the local governmental public health workforce and challenges they face.

9. What was the total number of FTEs in your agency/department at the conclusion of FY 20? Please include permanent full time, permanent part time, and temporary staff. *# of FTEs (e.g. 1.5, 7)*

10. What # of FTE's (as reported in question 9) are allocated to each of the job categories below?

Position	**Number of FTE's** *(e.g. 1.5, 7)*
PH Administrator	
EH Administrator	
Care Administrator/Coordinator (MCH)	
Clerical	
Behavioral Health	
Chronic disease care coordinator	
Dental Hygienist	
Dietician	
Emergency Preparedness	
Environmental Health Specialist (non-managers)	
Financial Specialist	
Health Educator	
Home Health Aide (providing direct care)	
Home Health Nurse (providing direct care)	
Non STD infectious disease investigator who enter data into IDSS	
Physician/Nurse Practitioner/Physician Assistant	
Public Health Nurse	
Social Worker	
Other	

11. What is the total number of employees in your agency/department at the conclusion of FY 20? *# of people including permanent full time, permanent part time, and temporary staff (e.g., whole numbers, no decimals)*

12. Please identify which jobs you have had difficulties filling in your agency/department in the last year?

Position	
PH Administrator	
EH Administrator	
Care Administrator/Coordinator (MCH)	
Clerical	
Behavioral Health	
Chronic disease care coordinator	
Dental Hygienist	
Dietician	
Emergency Preparedness	
Environmental Health Specialist (non-managers)	
Financial Specialist	
Health Educator	
Home Health Aide (providing direct care)	
Home Health Nurse (providing direct care)	
Non STD infectious disease investigator who enter data into IDSS	
Physician/Nurse Practitioner/Physician Assistant	
Public Health Nurse	
Social Worker	
Other	

13. Do you use interns to help collect and analyze data, and/or develop and implement public health activities?
    a. Yes
    b. No

14. Did you contract for non-covid related personnel in FY 20?
    a. Yes
    b. No

15. Did you contract for covid related personnel in FY 20?
    a. Yes
    b. No

GOVERNANCE These questions will collect information that will be used to describe the structure of the local governmental public health system.

16. How many years has each member been serving on the local board of health? *If you are using partial years, please use decimals. For example, six months of service would be recorded as .5*

Member	Years of Service
Chair	
Member 2	
Member 3	
Member 4	
Member 5	
Member 6	
Member 7	
Member 8	
Member 9	

17. Please indicate the number of board of health members who represent the following occupations. Each board of health member should only be counted once.

Profession	Number of Board members
Medical (Nurse, Physician, Pharmacy, Dentist, etc.)	
Managers/Administration	
Sales	
Clerical	
Labor	
Farm/Agriculture	
Hospitality/ Service	
Self-employed	
Craftsperson	
Religious	
Education	
Veterinarian	
Professional	
Other	

18. How many current local board of health members are retired?

SERVICES These questions will collect information that will be used to describe services provided by the local governmental public health system.

19. What percentage of your agency's/department's work is providing home health care nursing and/or home health care aide services directly?
    1. 0-24%
    2. 25-49%
    3. 50-74%
    4. 75-100%

20. Does your agency/department directly provide services in the following areas? (This is not an all inclusive list but will be incorporated with other data sources).

Mental Health Services	Yes	No
Physical Activity	Yes	No
Diabetes	Yes	No
Chronic Disease Prevention	Yes	No
Injury Prevention (including falls)	Yes	No
Nutrition	Yes	No
Case Management	Yes	No

21. Please indicate which answer best reflects the agency/department's current practice.

	Not at all	Minimally	Somewhat	Significantly	Completely
To what extent do you share the delivery of public health services with another agency?					
To what extent do you share the delivery of home health services with another agency?					
To what extent do you share staff with another agency?					

22. Please indicate which answer best reflects what you may be willing to consider sharing in the future.

	Not at all	Minimally	Somewhat	Significantly	Completely
To what extent would you consider sharing the delivery of public health services with another organization.					
To what extent would you consider sharing the delivery of home health services with another organization.					
To what extent would you consider sharing staff with another organization.					

EMERGING ISSUES These questions will collect information that will be used to describe emerging public health issues the governmental local public health system is facing.

23. What are the emerging issues/unmet needs in your county you can identify from/you have experienced the past year?

24. What barriers do you experience in providing services to your community?

25. Do you have staff available during business hours to collect and transport patient samples associated with outbreaks and high priority issues?

a. Yes
b. No

24. Do you have staff after hours to collect and transport patient samples associated with outbreaks and high priority areas?

a. Yes
b. No

HEALTH EQUITY These questions will collect broad information that will be used to describe how the local governmental public health system is incorporating concepts of health equity into practice.

Please indicate which answer best reflects the agency/department's current practice.

27. My health department has the capacity (human resources, funding, training of staff) to address social determinants of health.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

28. My health department/agency has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

29. My health department/agency considers health equity issues in program planning and implementation.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

BUDGET These questions will collect information that will be used to describe at a high level how the local governmental public health system is funded.

30. What was your agency's/department's total revenue for FY 20 (July 1, 2019 - June 30, 2020)?

31. What were your agency's/department's total expenditures for FY 20?

32. What was your agency's/department's county allocation for FY 20?

33. Does your agency/department have a public health fund that allows the agency/department to accumulate fund balances from year to year and carry forward fund balances from year to year in your budget?
    a. Yes
    b. No

FOUNDATIONAL PUBLIC HEALTH SERVICES These questions will collect information that will be used to describe the local governmental public health system's ability to meet the foundational capabilities that have been identified as core to public health practice.

31. Please self-score your agency's/department's ability to demonstrate each of these Foundational Public Health Services.

Public Health Service	Fully Meet	Partially Meet	Not able to meet
A Community Health Assessment that includes: • Data from multiple sources • Demographics of the population served • Factors that contribute to health challenges • A description of community assets and resources to address health issues • Community input in the process			
24/7 Surveillance System • Processes and protocols in place to collect, review and analyze comprehensive surveillance data on multiple health conditions from multiple sources • Processes and protocols to assure confidential data is maintained in a secure manner • A system for the agency/department to receive data 24/7 • The 24/7 system is tested			
Data Analysis and Public Health Conclusions Drawn • Able to analyze qualitative, quantitative, primary and secondary data • Compares data to other agencies, the state, the nation, or other similar data over time. • Shares data analysis • Combines primary and secondary data			
Community Summaries or Fact sheets of data to support public health improvement planning processes • Provide summaries or fact sheets of community health data that condense public health data to public health system partners, community groups, and key stakeholders.			
Collaborative work through established governmental and community partnerships on investigations of reportable			

diseases, disease outbreaks, and environmental public health issues • Have established partnerships with other governmental agencies/ departments and/or key community stakeholders that play a role in investigations or have direct oversight.			
Complete After Action Reports • Have a protocol to describe the process used to determine when events rise to the significance for the development and review of an After Action Report • Complete After Action Reports according to the protocol.			
Efforts to specifically address factors that contribute to specific population's higher health risks and poorer health outcomes • Identify and implement strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity • Analyze factors that contribute to higher health risks and poorer health outcomes of specific populations • Identify community factors that contribute to specific population's higher health risks and poorer health outcomes • Have internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes			
Communication procedures • Have a communication plan/procedure that details: ▪ How information will be disseminated to different audiences ▪ How messaging will be coordinated with community partners ▪ A contact list of media and key stakeholders ▪ Responsibilities of the public information officer and any other staff interacting with the news media			
Information available to the public • An agency/department website that includes ▪ A 24/7 contact number for reporting emergencies			

▪ Information about notifiable/reportable conditions ▪ Health data ▪ Links to public health laws ▪ Program information and materials ▪ Links to CDC and other public health related agencies ▪ Names of agency leadership • Use at least two other mechanisms to make information available to the public (newspaper, radio, facebook, newsletter, etc.)			
Community health improvement plan • Links to the community health needs assessment • Details priorities for action • Includes strategies to be implemented and who is responsible for carrying those out			
Health improvement plan implemented in partnership with others • Have a process to track implementation of the strategies included in the community health improvement plan.			
Monitor and revise as needed the community health improvement plan • Do an annual report on progress made in implementing the strategies in the community health improvement plan. • Revise the health improvement plan based on the findings of the annual report.			
Implement a strategic plan • Have a strategic plan • Develop reports documenting progress toward meeting the goals and objectives in the strategic plan			
Testing and revision of the public health emergency operations plan • Review and test the plan through the use of exercises and drills • Develop After-Action Report after an exercise or drill • Revise the public health emergency operations plan based on the findings of the After-Action Report			

Access to legal counsel • Have access to legal counsel review and advice.			
Procedures and protocols for routine and emergency situations requiring enforcement and complaint follow-up • Formally document actions taken as a result of investigations or follow up of complaints. • Have standards for follow up. • Communicate with regulated entities regarding a complaint or compliance plan.			
Implement strategies to increase access to health care services • Work collaboratively to assist the population in obtaining health care services.			
Implement culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences • Implement initiatives or collaborate with others to ensure access and barriers are addressed in a culturally competent manner.			
Workforce development strategies • Have a workforce development plan • Have workforce development strategies that are implemented • Conduct regular assessments of the workforce.			
Performance management policy/system • Adopt a performance management system that includes: ▪ Performance standards (goals, targets, outcomes) ▪ Communication of expectations regarding performance ▪ Performance measurement (including how data is collected) ▪ Progress reporting ▪ Analysis of data ▪ A process to identify opportunities for quality improvement based on analysis of data			
Implemented performance management system • Have a team monitoring performance standards (goals, objectives)			

• Implement a process for monitoring performance of goals and objectives • Identify areas of need • Identify next steps for goals and objectives			
Establish a Quality Improvement (QI) Program • Have a written quality improvement plan that includes: ▪ Key quality terms ▪ A description of the current culture of quality and the desired future state for QI ▪ A structure for QI (Who is responsible?) ▪ QI Training ▪ QI Goals ▪ Communication of QI Activities ▪ Process to assess the effectiveness of the QI Plan			
Implement QI activities • Implement the QI Plan • Be able to describe the process and outcomes of QI work			
Policies regarding confidentiality, including applicable HIPAA requirements • Have written confidentiality policies and procedures • Train staff on confidentiality policies			
Financial and programmatic oversight of grants and contracts • Complete regular agency- wide/department-wide financial audit reports • Complete required program reports to funding organizations			
Financial management system • Have an approved health budget • Conduct quarterly financial reports			
Communicate with the Local Board of Health (LBOH) about the responsibilities of the department and the responsibilities of the LBOH • Communicate with the LBOH about the responsibilities of the public health agency/department as set forth in code,			

administrative rule, and local rules and regulations • Communicate with the LBOH about their responsibilities as set forth in code, administrative rule, and local rules and regulations • Have an orientation process for new LBOH members			
Information provided to the LBOH about important public health issues facing the community, the health department and/or recent actions of the health department • Communicate with the LBOH about important public health issues and/or recent actions of the health agency/department.			
Communicate with the governing entity about health department performance assessment and improvement • Communicate with the LBOH on plans and processes for improving health agency/department performance • Communicate with the LBOH on performance improvement efforts			

5a

Iowa's Local Public Health System Survey Report

April 2021

From August to October of 2020, public heath administrators, representing each of Iowa's 99 counties, responded to a survey aimed at collecting baseline data about Iowa's local governmental public health system. The goal of the survey was to collect at a high-level information about:

- The infrastructure of the local governmental public health system;
- The local governmental public health workforce and the barriers they face;
- The local board of health;
- Services provided by the local governmental public health system;
- Emerging issues facing administrators;
- Funding of the local governmental public health system and;
- Ability of the system to meet foundational capabilities that have been identified in Iowa as core to public health practice.

A few of the key findings of the survey include:

- The local governmental public health system is comprised of 1,421 employees throughout Iowa.
    - Home health aides, public health nurses, clerical staff, and home health nurses are the positions held by the largest number of employees.
- Local board of health members had an average of 7.1 years of experience on the board.
    - Almost 20% of local board of health members had less than two years of experience.
- COVID-19, mental health, and funding were reported most frequently as emerging issues in public health practice.
- Funding, public health workforce, and COVID-19 were identified most frequently as barriers experienced by administrators in providing services.
- The majority of counties felt they could not fully meet criteria for a strategic plan, quality improvement plan, performance management system, or workforce development plan.

In response to the survey, the Iowa Department of Public Health has committed to provide targeted technical assistance in the following areas:

- Developing foundational plans like strategic plans, workforce development plans, and quality improvement plans;
- Board of health education;
- Succession planning, and;
- Financial planning.

The report is available at https://idph.iowa.gov/mphi/local-public-health-system-survey.

Budget FY22 (6)

	Board of Health budget	FY22			
	Account Name	**Current Budget**	**BOH approved**	**amount cut**	
	WAGES-ELECTED/DEPT HEAD	89320	89320		
	WAGES-DEPUTY/ASSISTANT	65000	99680	-34680	no PRN, no overtime
	WAGES-CLERK/SECRETARY	44000	51000	-7000	no overtime, no shift dif
	AUTO EXPENSE	2000	4000	-2000	ok
	OFFICE SUPPLIES	1800	1800		
	MEDICAL/LAB SUPPLIES	2000	2000		
	APPAREL/UNIFORMS	400	400		
	PUBLICATIONS/NOTICES/ADVERT	500	500		
	POSTAGE/MAILING	600	600		
	EMPLOYEE MILEAGE/MEALS	2200	2200		
	TELEPHONE SERVICES	3000	3000		
	CONTRACT SERVICES	50000	50000		
	EDUCATIONAL/TRAINING SERV	1000	1000		
	MAINT-OFFICE/COMPUTER EQUIP	3000	3000		
	DUES/MEMBERSHIPS	750	750		
	OFFICE EQUIP/FURNITURE	2000	2000		
	PASS-THRU STATE GRANTS	100000	100000		
	FICA-COUNTY PORTION	15500	19000	-3500	
	IPERS-COUNTY PORTION	19000	23000	-4000	
	EMPLOYEE GROUP INSURANCE	65000	65000		
		Approved		CUT another	
		$467,070	$518,250	-$51,180	

7

JASPER COUNTY

HEALTH DEPT.

5/13/2021

The Board of Supervisors approved a 2% raise with the budgets for FY22.

The Board of Health has 3 employees.

Melissa Gary- Union contract previously approved.

Kristina Winfield, Non Department Head pay scale- 2% on 7.1.2021

Becky Pryor, Department Head pay scale- 2% on 7.1.2021

_____ _____

Board of Health Chair, Margot Voshell Date

AGREEMENT BETWEEN JASPER COUNTY BOARD OF HEALTH AND JASPER COUNTY FOR ENVIRONMENTAL HEALTH SERVICES IN JASPER COUNTY UNDER CHAPTER 28E & CHAPTER 137 OF THE CODE OF IOWA

This Agreement is entered into this ____ day of _____ 2021, under authority of both Iowa Code Chapter 28E and Iowa Code Chapter 137, between, the Jasper County Board of Health ("Board of Health") and Jasper County, Iowa ("Jasper County").

1. **Purpose.** The Board of Health and Jasper County enter into this Agreement to provide for the employment of an Environmental Health Officer for the jurisdiction of Jasper County, Iowa.

2. **Employment**. The Board of Health agrees to delegate its authority to hire an Environmental Health Officer under Iowa Code§ 137.104(l)(c) to Jasper County. Jasper County agrees to employ and equip an Environmental Health Officer in accordance with the requirements of Iowa Code §137. 104(l)(c) and all other applicable local, state, and federal laws, including labor laws. Jasper County shall pay for said employment and equipment from such funds as it deems lawful and appropriate.

3. **Office and Supplies**. Jasper County agrees to provide the necessary office space, utilities and supplies required for the Environmental Health Officer position. Computers, tools, equipment, or other items previously purchased by the Board of Health shall remain property of the Board of Health.

4. **Government Agency Contracts**.

A. The Board of Health reserves its right and authority to continue to be the contracting body with other private and public agencies for matters relating to services provided by the Environmental Health Officer. The Board of Health shall be authorized to utilize the Environmental Health Officer in any function necessary to facilitate contracts with other private or public agencies so long as said functions do not create duties which would be in violation of the Environmental Health Officer's employment agreement with Jasper County. Any funds received by the Board of Health related to fees charged for the services of the Environmental Health Officer, reimbursement of wages or salary paid to the Environmental Health Officer, or reimbursement of expenses incurred by the Environmental Health Officer shall be promptly remitted either to Jasper County or the Environmental Health Officer, depending on (1) the conditions or requirements of the private or public agency distributing those funds and (2) the payment and reimbursement policies of Jasper County. Jasper County agrees to ensure any funds distributed to it under this paragraph are lawfully disbursed in accordance with the requirements of the public or private agency which distributed those funds.

B. Jasper County agrees to assume all responsibilities of existing contracts, 28Es, and Memorandums of Understanding in existence relating to the Environmental Health in Jasper County or with other government agencies relating to Environmental Health.

C. Jasper County agrees to comply with any "Grants to Counties" or other Grantor requirements for previously award and future awarded grants to Jasper County.

5. **Reports to Board of Health and Attending of Board of Health Meetings**. Jasper County agrees to require the Environmental Health Officer to provide the Board of Health monthly reports concerning information related to all areas of environmental health including but not limited to: Septic Evaluation and Inspections, Time of Transfer Inspections, New Water Wells, Plugged Water Wells, Water Tests, Pools and Spas, Tanning Beds, Tattoo Parlors, Septic Tank Pump Inspections, Nuisance Complaints, Rabies/Dog Bites, and Radon Kits. Reports shall include information related to number of inspections and any issues or complaints related to such areas. In addition, Jasper County agrees to require the Environmental Health Officer to attend all Board of Health Meetings. Further, the Environmental Health Officer will attend any Special Meetings of the Board of Health if requested by the Board of Health.

6. **Fee Schedule.** The Fee Schedule related to Environmental Health services/inspections within Jasper County shall be determined by Jasper County.

7. **Administrator**. The Administrator responsible for overseeing this Agreement as contemplated by Iowa Code §28E.6(l)(a) shall be the Jasper County Board of Supervisors, 101 1st Street N Room 203 Newton, IA 50208. Jasper County shall pay for the administrative costs of recording this Agreement pursuant to Iowa law.

8. **Manner of Holding Property.**

A. **Real Property**. The Board of Health and Jasper County do not contemplate the necessity of ownership of any real property under this agreement other than the office location provided for the Environmental Health Officer. The office location provided for the Environmental Health Officer shall be owned by Jasper County.

B. **Personal Property**. Any personal property, other than the funds described in Paragraph 4, which may be necessary for the employment of the Environmental Health Officer shall be owned by Jasper County unless previously provided by the Board of Health as described in Paragraph 3.

C. **Distribution of Property Upon Termination of the Agreement.** At the time of termination of this Agreement, any interest in real property or interest in personal property other than money shall be distributed to the party holding ownership. Those monetary funds, including accounts receivable, which are in the possession of the Board of Health or are to be paid to the Board of Health for services already performed or expenses already incurred by the Environmental Health Officer shall be distributed to Jasper County as soon as may be lawful and practicable without undue prejudice to the Board of Health. All other monetary funds in the possession of the Board of Health or by third parties to be paid to the Board of Health shall be considered the property of the Board of Health. Any monetary funds which are in the possession of Jasper County shall be the property of Jasper County unless they are fees charged for services not yet performed by the Environmental Health Officer or expenses advanced to Jasper County by the Board of Health which have not yet been incurred by the Environmental Health Officer or Jasper County. Any such fees or advanced expenses shall be distributed to the Board of Health as soon as may be lawful and practicable without undue prejudice to Jasper County. In all events

both parties agree that any funds received by either Jasper County or the Board of Health from other private or public agencies, whether directly or indirectly, shall be returned to those private or public agencies by the holder of those funds if said private or public agencies have a lawful right to those funds and said private or public agencies require repayment.

9. **Duration and Termination**. This Agreement shall be perpetual in nature and annual renewing of the Agreement will not be required. However, either party may unilaterally terminate this Agreement by ninety (90) days written notification to the other party. Upon termination, all delegation of authority shall revert back to the Board of Health.

10. **Amendment**. This Agreement may be amended only by written agreement of the Board of Health and Jasper County.

11. **Addresses for Notices**. Jasper County may be served notice under this Agreement by ordinary mail addressed to: Jasper County Supervisors, 101 1st Street N Room 203 Newton, IA 50208. The Board of Health may be served notice under this Agreement by ordinary mail addressed to: Jasper County Board of Health c/o Board of Health Administrator, 116 W 4th St S,, Newton, IA 50208.

12. **Jurisdiction and Venue**. This Agreement shall be construed and enforced under the laws of the State of Iowa. Venue for any dispute between the parties shall be in Jasper County, Iowa.

13. **Severability**. If any portion of this Agreement or the application of this Agreement to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provisions or applications and, to this end, the provisions of this Agreement are declared as severable.

14. **Approval by Boards**. The execution of this Agreement by the Board of Health and Jasper County shall constitute adoption of this Agreement. This Agreement may be executed only pursuant to authority granted by resolution or motion of the Board of Health and of the Jasper County Board of Supervisors.

JASPER COUNTY BOARD OF HEALTH

_____ _____

Date Margot Voshell, Chairman
Jasper County Board of Health

JASPER COUNTY

_____ _____

Date Doug Cupples, Chairman
Jasper County Board of Supervisor

_____ _____

Date Dennis Parrott, Auditor, Jasper County

(9)

IOWA DEPARTMENT OF NATURAL RESOURCES

Amendment Number 2 to
CONTRACT NUMBER 17ESDWQBTGROT0001-50

Between

Iowa Department of Natural Resources
And
Jasper County Board Of Health

IN WITNESS THEREOF, the parties hereto have executed this Contract Amendment on the day and year last specified below.

DEPARTMENT OF NATURAL RESOURCES

By: _____ Date: _____
Eric Wiklund, Supervisor, NPDES Section

CONTRACTOR

By: _____ Date: _____
Jasper County Board of Health

This Contract Amendment shall not begin until it has been either (1) signed by both parties or (2) the Contract Amendment start date has occurred, whichever is later.

For DNR use only:
Retain a signed copy of the Contract in the project file and send a hardcopy with 1st invoice to Budget & Finance.

This Contract Amendment is entered is between the Iowa Department of Natural Resources (DNR) and Jasper County Board of Health (Contractor). The parties agree as follows:

Section 1 STATEMENT OF PURPOSE

1.1 Purpose. The purpose of the Contract Amendment is to continue the annual tasks identified in the Original Contract for two additional years for commensurate compensation accordingly.

Section 2 DURATION OF CONTRACT AMENDMENT

2.1 Term of Contract Amendment. The term of this Contract Amendment shall be from August 1, 2021 through May 31, 2021 unless terminated earlier in accordance with the Termination section of the Original Contract. However, this Contract Amendment shall not begin until it has been signed by both parties. DNR shall have the sole option to amend this Contract to add up to no more than six years total from the beginning date of the Original Contract.

2.2 Approval of Contract Amendment. If the amount of compensation to be paid by DNR according to the terms of the Original Contract together with this Contract Amendment is greater than $25,000.00 and the Contract was never approved by the commission; or if this Contract Amendment increases the value of the Contract by $25,000 or by more than 10% of the previous Contract approved by the commission, whichever is greater, then performance shall not commence unless by May 31, 2021 this Contract Amendment has been approved by the Environmental Protection Commission.

Section 3 CONTRACT AMENDMENT STATEMENT OF WORK

3.1 Statement of Work. As part of this Contract Amendment, Contractor shall perform the following Tasks by the Task Milestone Dates set out below.

Obligation	Task Milestone Date
Amendment Task 1: Annual records reviews 2021-2022 **Description:** The Contractor shall conduct during the period August 1, 2021 to May 31, 2022 a records review of the current license application and waste management plan for each septic tank cleaner (licensee) located within its contracted area. The review shall check for accuracy and verify the information provided by the licensee. Particular attention shall be paid to where the septage is collected and where it is disposed. The Contractor shall verify that the septage collected is disposed of in the method described by the licensee. Publicly owned treatment works (POTW) designated as disposal sites shall be contacted to ensure they allow deposition of septage from the licensee. If the licensee does not report any land application, the Contractor shall confirm they have no record of land application sites used by the licensee. If the licensee reports land application sites, the Contractor shall confirm that the licensee has ownership of the sites, or has permission to land apply septage on the sites. The Contractor shall verify that the licensee has accurately reported the correct number of vehicles used in the collection and disposal of septage.	The Contractor's obligations shall remain throughout the term of the Contract and shall be completed no later than: May 31, 2022

Amendment Task 2: Equipment inspections **Description:** The Contractor shall during the period August 1, 2021 to May 31, 2022 inspect each vehicle used by a septic tank cleaner (licensee) within its contracted area for the pumping, transport or land application of septage for compliance with 567 IAC chapter 68 requirements. The Contractor's inspection shall do all of the following: 1. Ensure that the connections on the vehicle are sound and not leaking. 2. Ensure that the vehicle has the ability to agitate and properly remove all of the septage in a septic tank. 3. Ensure that the vehicle is properly identified with 3" lettering as described in 567 IAC chapter 68. 4. Verify that the vehicle identification and licensing information matches the information provided on the license. 5. Ensure that each vehicle has the appropriate license in the vehicle. 6. Ensure any storage facilities for septage are watertight and are used for septage only. 7. Otherwise verify compliance with the applicable parts of 567 IAC 68.9. The Contractor shall annually provide the DNR Project Manager with a report that identifies the commercial septic tank cleaners inspected and the date inspected.	The Contractor's obligations shall remain throughout the term of the Contract and shall be completed no later than: May 31, 2022
Amendment Task 3: Land application site inspections **Description:** The Contractor shall during the period August 1, 2021 to May 31, 2022 inspect each land application site used by a septic tank cleaner (licensee) within its contracted area to ensure compliance with 567 IAC chapter 68 requirements. The Contractor's inspection shall do all of the following: 1. Ensure that the maximum application rate of 30,000 gallons per acre per year is not exceeded. 2. Ensure that a crop is grown on the site at a minimum of every three years or after the application of the maximum allowable amount. 3. Ensure that all applicable separation distances are met as described in 567 IAC chapter 68. 4. Ensure that the maximum slope of the application site does not exceed 9% (5% for frozen ground at a rate of 2500gallons/day). 5. Ensure the tank cleaner has the ability to properly mix lime with the septage to raise the pH to 12 and the ability to measure pH. 6. If lime stabilization is not used, the Contractor shall ensure that the licensee has the equipment available to properly inject or incorporate the septage in the time allotted in 567 IAC chapter 68. 7. Otherwise verify compliance with 567 IAC 68.10. 8. The Contractor shall annually provide the DNR Project Manager a report that identifies the commercial septic tank cleaner, the land application site(s) and the date inspected.	The Contractor's obligations shall remain throughout the term of the Contract and shall be completed no later than: May 31, 2022

Section 4 COMPENSATION

4.1 Source of Funding. The source of funding for this Contract Amendment is as follows: fund number 0947, annual license and license renewal fees collected pursuant to Iowa Code section 455B.172.

4.2 Not-to-exceed total amount of contract. Payment for work performed by the Contractor according to the terms of this Contract Amendment, shall not exceed $10,000 annually. Payment shall be for satisfactory completion

of the statement of work outlined in this Contract Amendment, provided that Contractor has complied with the terms of the Original Contract and this Contract Amendment.

Task	Amount of compensation in Original Contract	Amount of compensation CURRENT CONTRACT AMENDMENT	Grand Total
Task 1, 2, and 3: Annual inspection of equipment, records and land application site(s) (if applicable)	***$250*** for the first vehicle of each licensee, ***$150*** for each subsequent vehicle of each licensee, $7 per 1000 gallons septage land applied at each site.	***$250*** for the first vehicle of each licensee, ***$150*** for each subsequent vehicle of each licensee, $7 per 1000 gallons septage land applied at each site.	***$250*** for the first vehicle of each licensee, ***$150*** for each subsequent vehicle of each licensee, $7 per 1000 gallons septage land applied at each site
Total	**Not to exceed** funds available from the collection of commercial septic tank cleaner license fees described in Section 2.1.	**Not to exceed $10,000.00** annually dependent on funds available from the collection of commercial septic tank cleaner license fees as described in Original Contract Section 2.1	**Not to exceed $10,000.00** annually dependent on funds available from the collection of commercial septic tank cleaner license fees as described in Original Contract Section 2.1

An original invoice shall be submitted to DNR in accordance with the table below. All other provisions of Section 7.5 "Submission of Invoices" of the Original Contract shall remain in full force.

Task Milestone Date	Amount Due Not to Exceed $10,000 Annually	Invoice Due No Later Than
Task 1, 2, 3: Annual inspection of equipment, records and land application site(s) (if applicable)	***$250*** for the first vehicle of each licensee, ***$150*** for each subsequent vehicle of each licensee, **$7** per 1000 gallons septage land applied at each site.	No later than: May 31, 2022

Section 5 OTHER AMENDMENT PROVISIONS

RESERVED

Section 6 EFFECT OF AMENDMENT ON ORIGINAL AGREEMENT PROVISIONS

All provisions of the Original Contract shall remain in full force and effect unless specifically changed by this Contract Amendment.

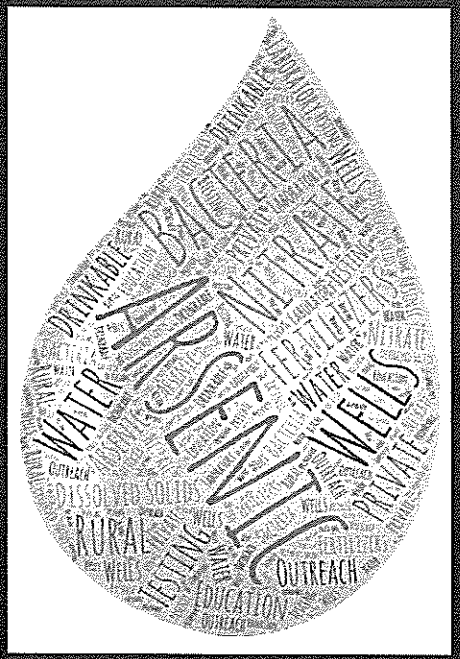
e-1

Grants to Counties Program Hangout

4/29/2021

Kelly Barge
Bureau of Environmental Health Services
kelly.barge@idph.iowa.gov

Mindy Uhle, MPH
Bureau of Environmental Health Services
melinda.uhle@idph.iowa.gov



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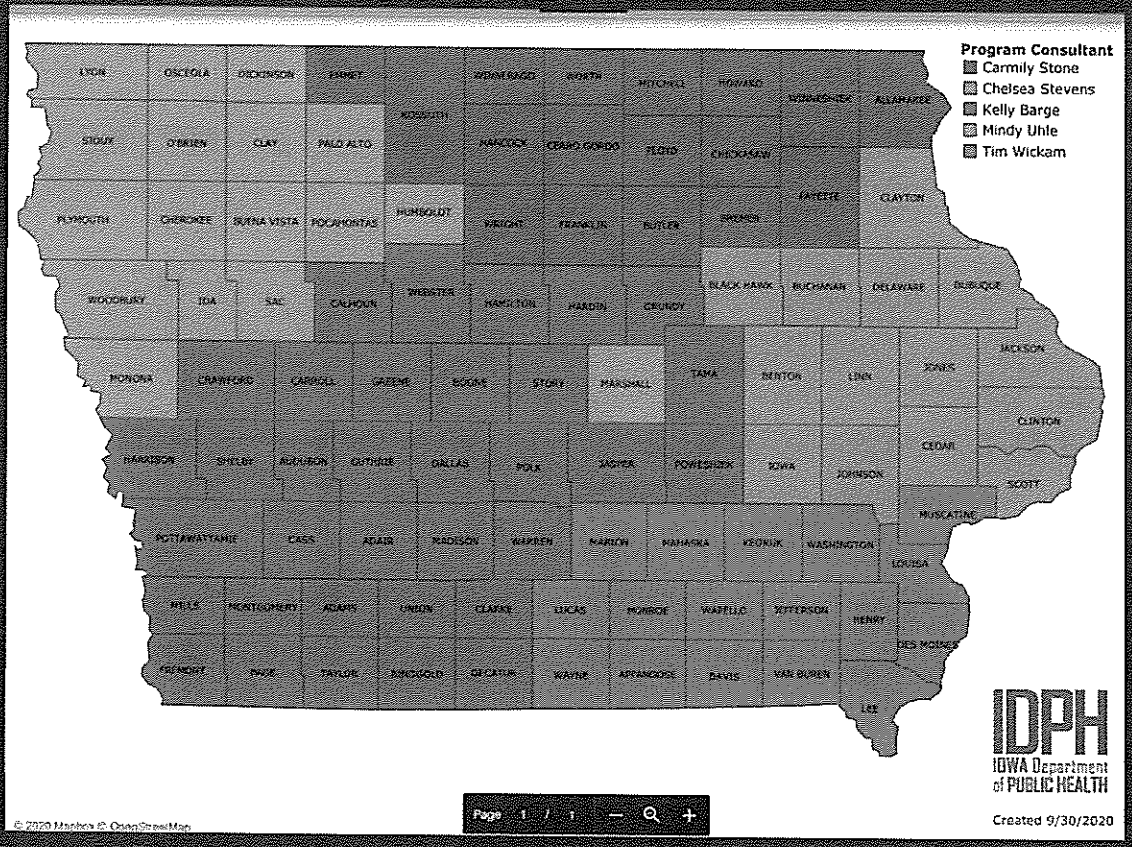
IDPH Introductions

- EHS Bureau Chief
- Claims Reviewer

- Program Consultant
- Claims Reviewer

- Program Contract Manager
- Claims Reviewer



- Claims Reviewer

- Claims Reviewer

IDNR Introductions

Erik Day | Environmental Specialist Senior
Water Supply Engineering Section
Iowa Department of Natural Resources
P: 515-725-0237
502 E. 9th Street, Des Moines, IA 50319
erik.day@dnr.iowa.gov.

The Role of Partnerships

Iowa DNR
- -Technical/construction aspects of well plugging, rehabilitation
- -Troubleshooting well issues
- -Nexus between IDNR rules for plugging/rehabilitations & GTC

SHL
- -Training with local public health on water sample collection
- -Troubleshooting sampling issues, *hits* on contaminants
- -Guidance and publications

IDPH
- -Contract management for 89 contracts
- -Financial aspects/payments to counties

CHEEC
- -Emerging contaminants of concern
- -Program evaluation

Introduction to GTC

Code vs Rules: A Primer

Iowa Code

- Passed by the legislature and signed by Governor
- Establishes statutory authority
- Aka. *Iowa Law*
- For GTC: Iowa Code 455E

Iowa Administrative Code

- Enabled by Iowa Code
- Written by agency responsible
- Each agency has an identification number (641 - IDPH, 567 - DNR)
- Aka. *Rules or Administrative Rules*
- For GTC: 641 IAC 24

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Groundwater Protection Act 1987

- Established Groundwater Protection Fund: Iowa Code 455E.11
- Counties receive the same allocation
- Provided for the testing, plugging, and rehabilitation of private wells

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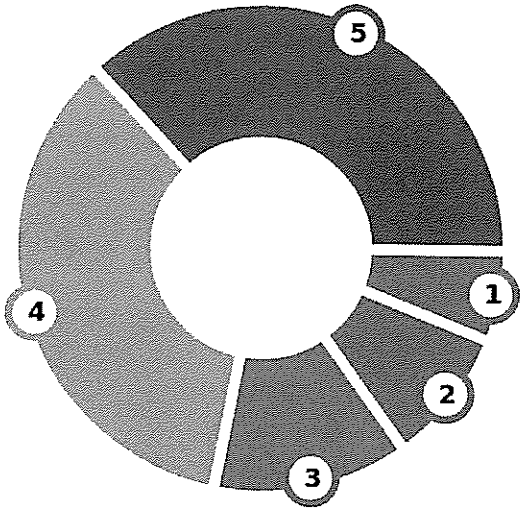
Groundwater Protection Act



1	State Hygienic Lab	6%
2	CHEEC	9%
3	IDALS	13%
4	Leopold Center-ISU	35%
5	IDNR (IDPH)	37%

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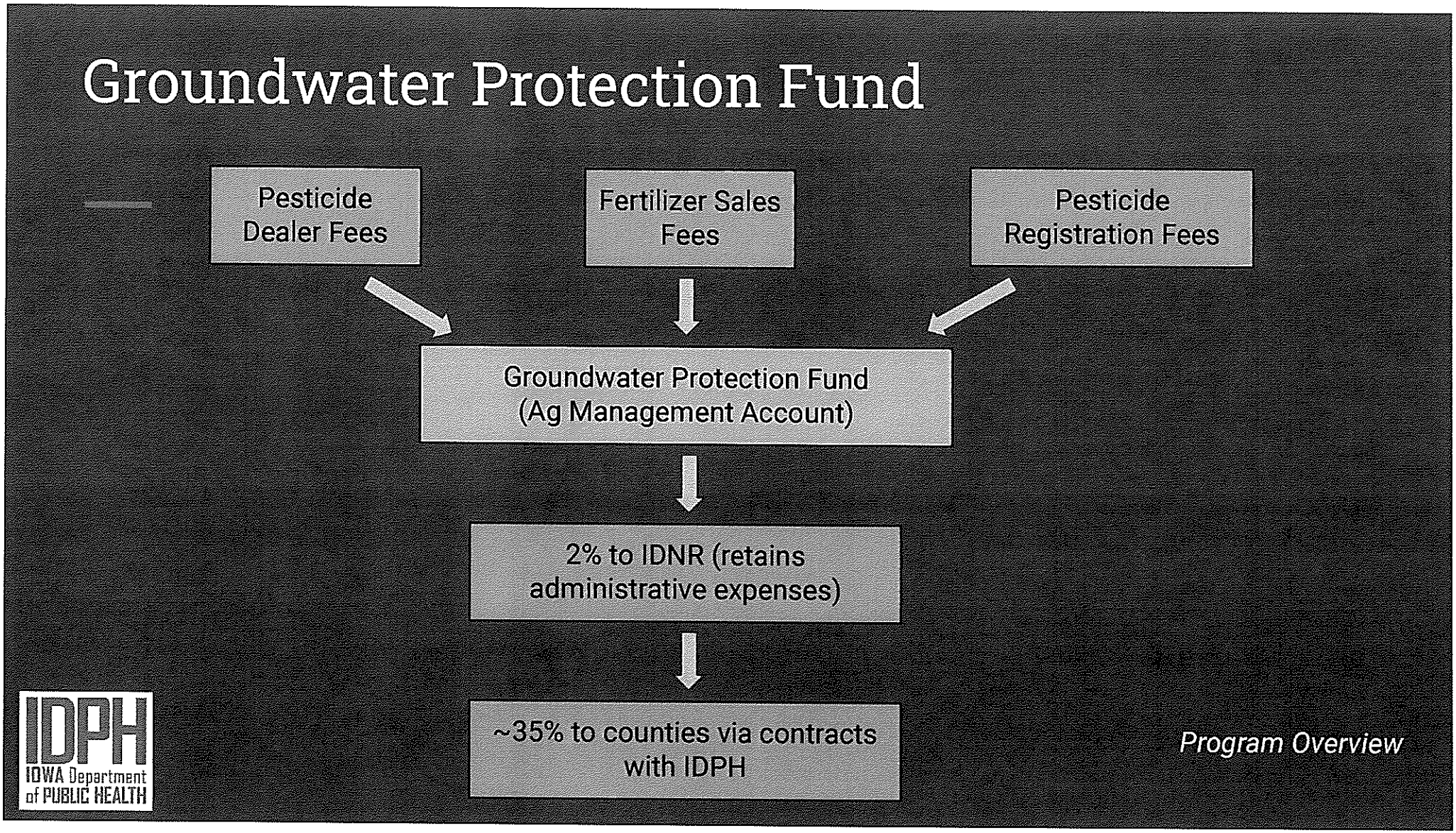
health for carrying out the departmental duties under section 135.11, subsections 18 and 19, and section 139A.21.

(2) Of the remaining moneys in the account:

(a) Thirty-five percent is appropriated annually to the Iowa nutrient research fund created in section 466B.46.

(b) Two percent is appropriated annually to the department and, except for administrative expenses, is transferred to the Iowa department of public health for the purpose of administering grants to counties and conducting oversight of county-based programs for the testing of private rural water supply wells, private rural water supply well sealing, and the proper closure of private rural abandoned wells and cisterns. Not more than thirty-five percent of the moneys is appropriated annually for grants to counties for the purpose of conducting programs of private rural water supply testing, private rural water supply well sealing, the proper closure of private rural abandoned wells and cisterns, or any combination thereof. An amount agreed to by the department of natural resources and the Iowa department of public health shall be retained by the department of natural resources for administrative expenses.

Groundwater Protection Fund



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Program Overview

GTC Program Management

- Contracts managed by IDPH since 2006
- 89 Annual contracts with Boards of Health with reallocation options
- Claims are submitted to IDPH
- Reimbursement program

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IOWA Department of PUBLIC HEALTH

GTC Program Eligibility

- Contract with LBOH
- 641-IAC 24.7(3) *Qualified Staff: Staff conducting water well sampling, providing oversight of well or cistern plugging, providing oversight of well reconstructions, or providing technical assistance under this agreement shall complete a minimum of 12 hours of continuing education every year as approved by the Iowa Environmental Health Association Environmental Health Registry Program.*

Resources

Found in Iowa Grants>Contract Documents

- Current FY 2021 Contract
- Expenditure Guidance Document
- Training Expenditure Detail

Program Aspects

Services

Item	Payable to Well Owner	Administrative Fee	Maximum Unit Cost
Well Testing	Actual cost of nitrate, bacteria, or arsenic analysis	$60	Actual cost plus $60
Well Testing	Actual cost of Other Water Tests	$60	Actual cost plus $60
Well Plugging	Actual cost up to $500	$75	$575
Cistern Plugging	Actual cost up to $300	$75	$375
Well Reconstruction (including well assessment)	Actual cost up to $1000 • **Actual cost for shock chlorination up to $300** • **Actual cost for well assessment up to $500**	33% of actual cost	$1,330

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Program Aspects

Infrastructure

Item	Description	Maximum Budget
Training	Actual costs related to training event, including registration, miles, lodging and meals. Up to $500 may be used for septic-related training.	$1,000
Supplies	Actual cost	$500
Promotional	Actual cost	$1,000

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Due Dates And Documentation

Document	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Subcontracts – Draft (Unsigned)	Submit for IDPH approval prior to execution.			
Due Date	10/30/20	2/15/21	4/30/21	7/30/21
Claim Voucher	X	X	X	X
Procedures Manual	X			
IEHA Registry Certificate		X		
Receipts/documentation for the following expenses claimed: Infrastructure • Training • Supplies • Advertising/Promotional	X	X	X	X
Receipts/documentation for the following expenses claimed: Well Assessments and Shock Chlorination for Flooded Wells (See below for guidance on reimbursement)	X	X	X	X
Receipts/documentation for Other Water Tests (See below for guidance)	X	X	X	X
Receipts/documentation for the following expenses claimed: Services • Water Tests • Well/Cistern Plugging • Well Reconstruction	As requested by the department			

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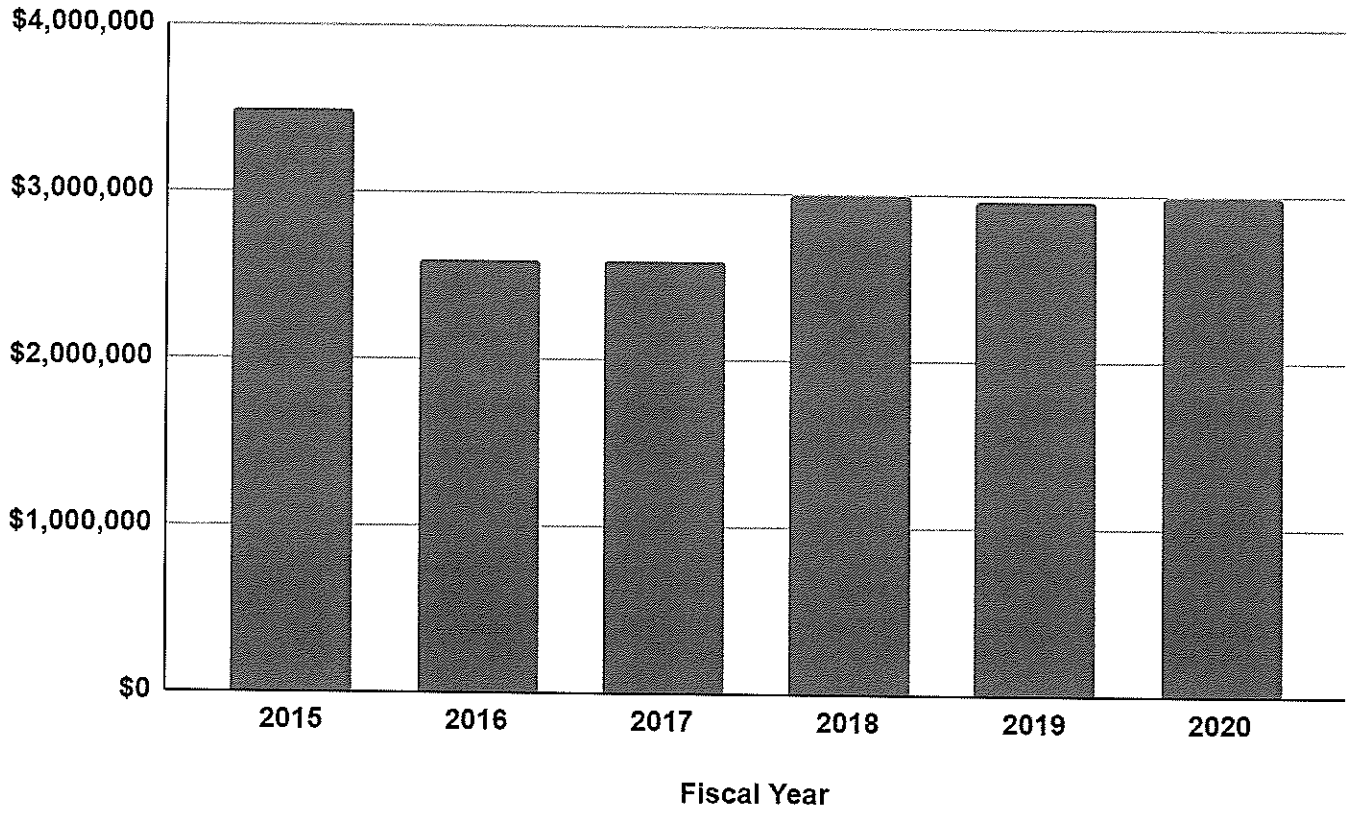
Budget



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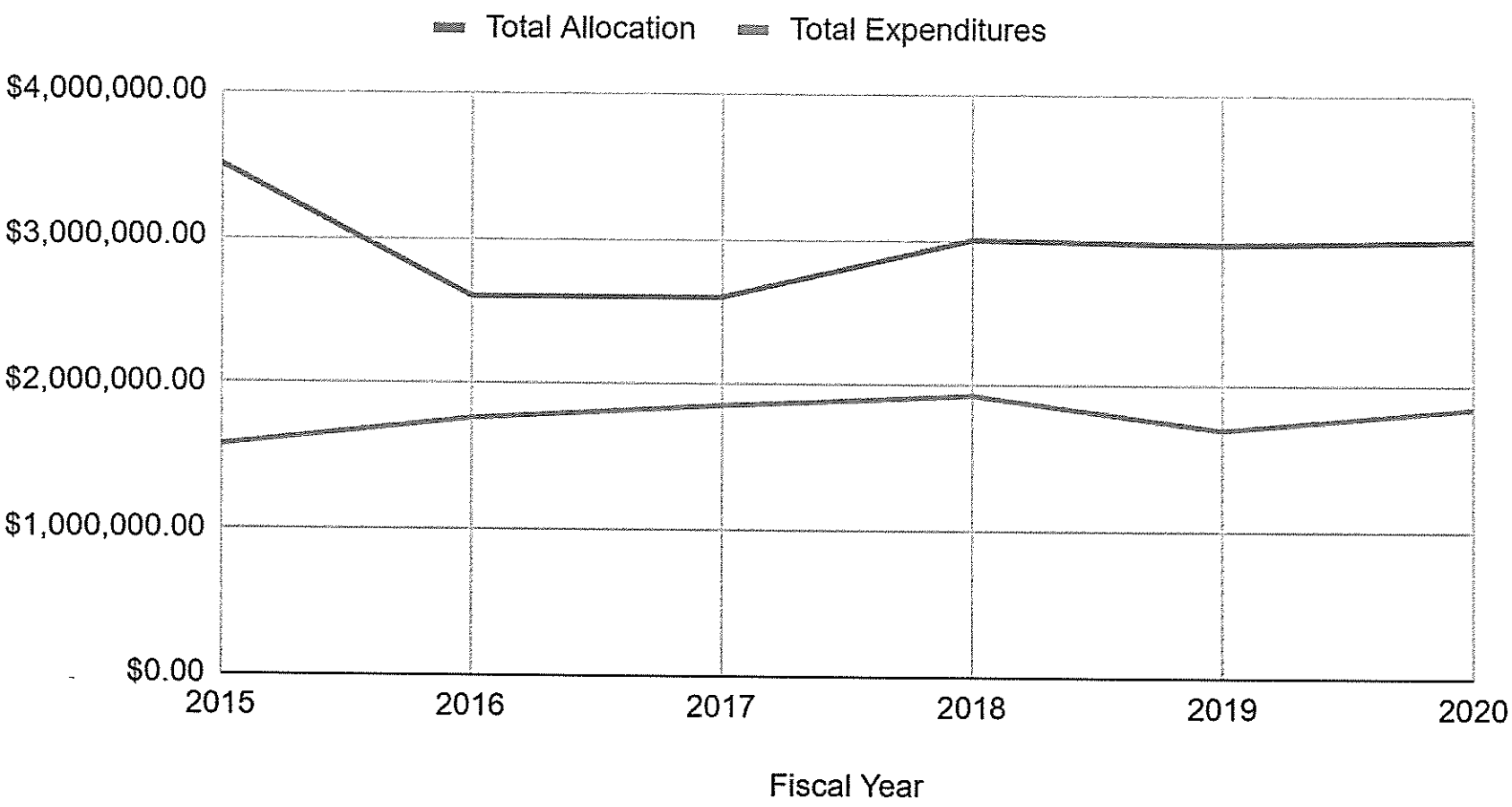
Total Allocation and Total Expenditures



Rural Water in Iowa

Source: *Iowa's Grants to Counties Program: A Valuable but Underutilized Program for Protecting the Public Health of Private Well Users*, CHEEC, 2019.

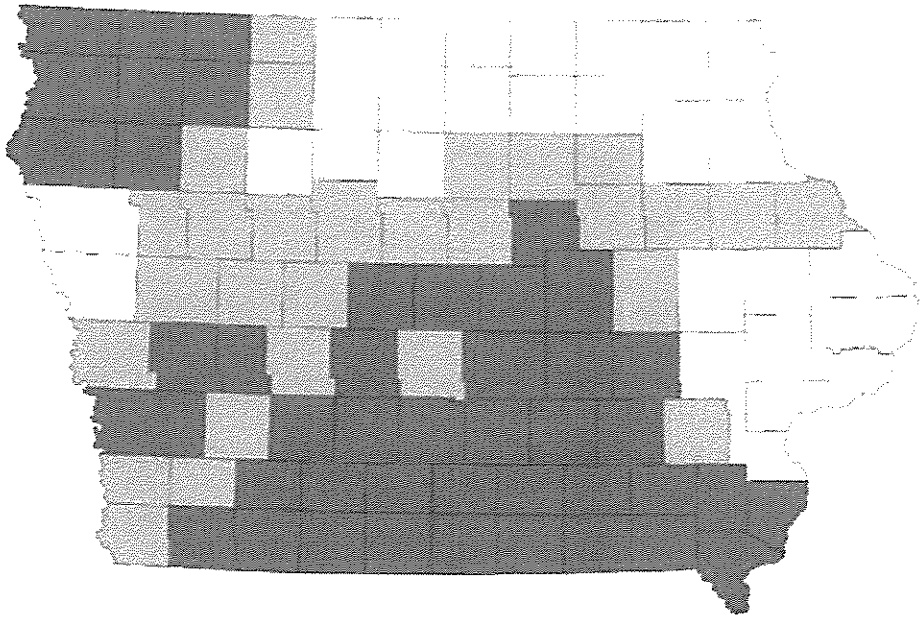


FIGURE 2. County access to Rural Water. Counties entirely in Rural Water districts are shown in dark green and counties partly in Rural Water districts are shown in light green.

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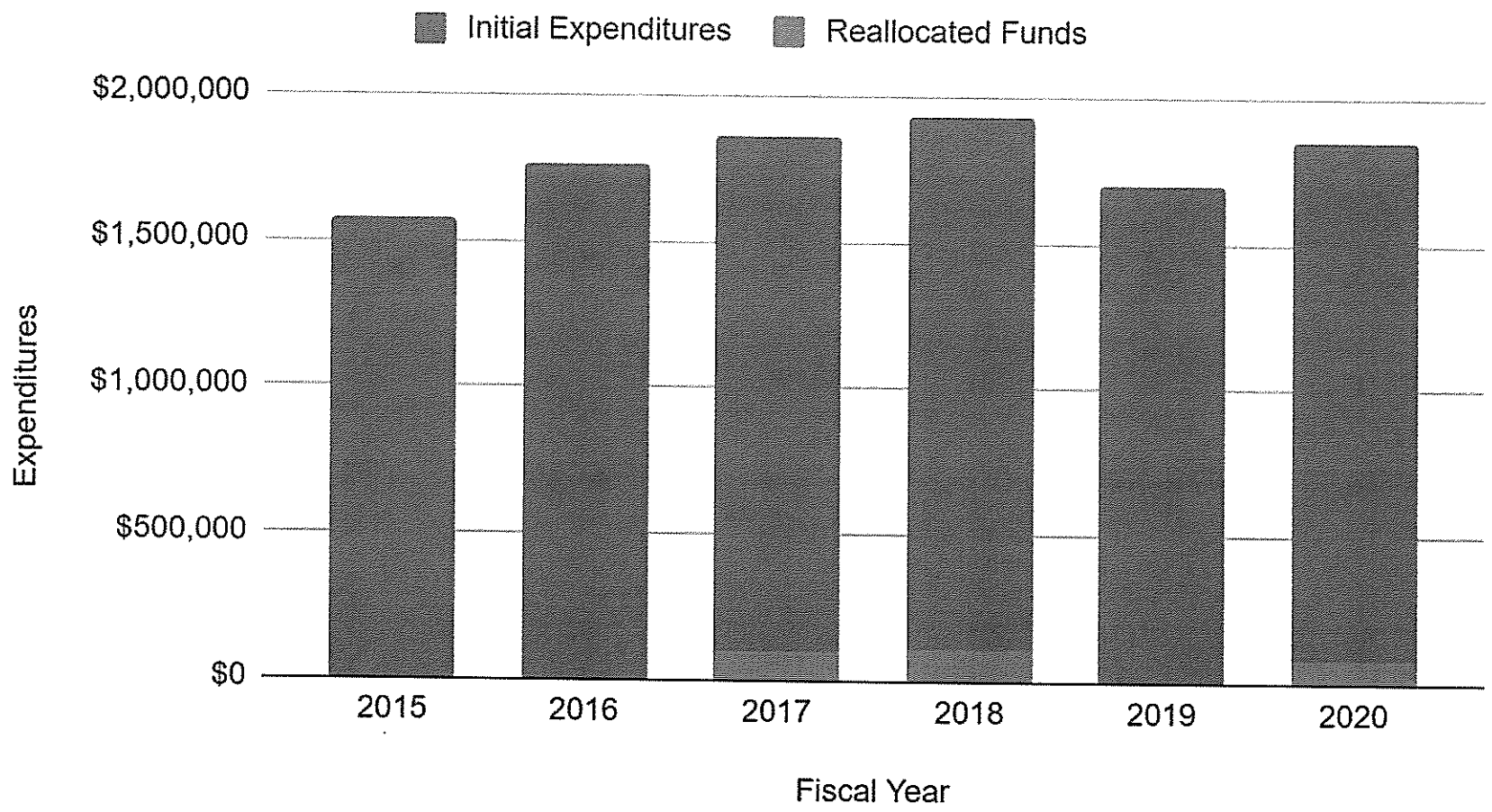
Rural Water in Iowa

TABLE 4. COMPARISON OF GRANTS TO COUNTIES EXPENDITURES IN COUNTIES WITH FULL, PARTIAL OR NO ACCESS TO RURAL WATER.

	TOTAL FUNDS AWARDED FY13–18	TOTAL UNSPENT FUNDS FY13–18	% OF FUNDS UNSPENT FY13–18	TOTAL FUNDS AWARDED FY16–18	TOTAL UNSPENT FUNDS FY16–18	% OF FUNDS UNSPENT FY16–18
Counties with full access to Rural Water	$6,890,404	$3,338,256	48%	$3,356,048	$1,373,570	41%
Counties with partial access to Rural Water	$5,132,852	$2,036,292	40%	$2,498,369	$776,436	31%
Counties without Rural Water access	$4,797,923	$1,459,597	30%	$2,345,439	$498,939	21%

Source: *Iowa's Grants to Counties Program: A Valuable but Underutilized Program for Protecting the Public Health of Private Well Users*, CHEEC, 2019.

Impacts of Reallocation



Providing Flexibility of GTC Funds

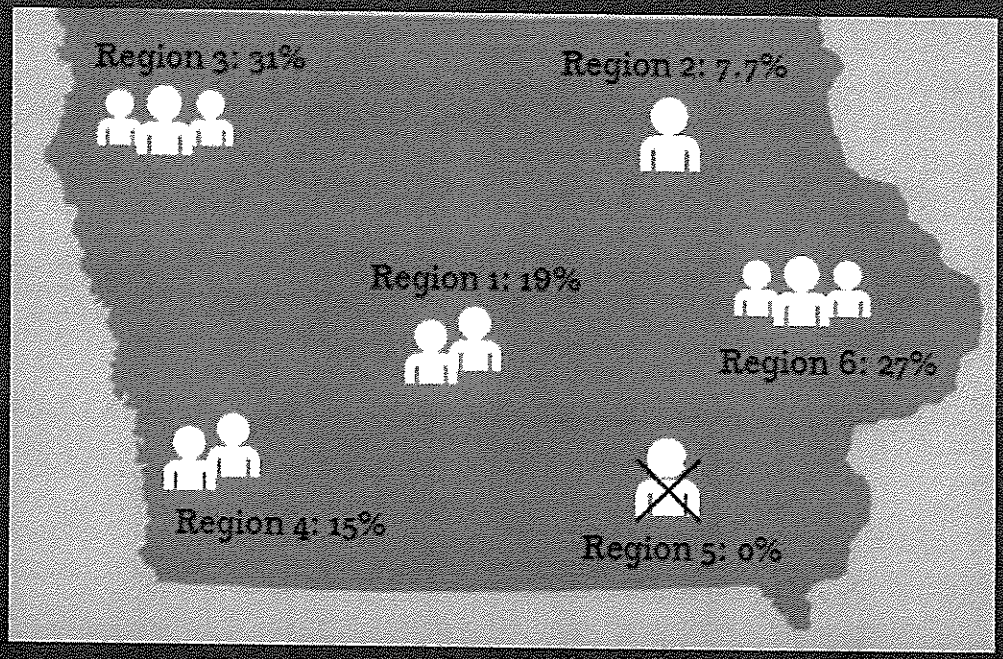
When	Type of Change	Justification	Description
FY 2016	Administrative rule change	MCL, testing trends in northern Iowa	IAC 641- 24.5(4)...*Optional analyses may also include arsenic.*
FY 2017	Administrative rule change	FY Expenditure Data vs. Allocation	IAC 641-24.13 ***Grant amendments.*** *Grant agreements which have been approved may be amended, if funds are available, to increase or decrease the program scope or to increase or decrease the program costs.*
FY 2019	Contract amendment	• Reduce administrative burden	Allowed for reimbursement of shock chlorination/well assessment activities in flood-impacted areas
FY 2020	Contract language	• Reduce administrative burden • MCL/Health Advisories	Allowed for reimbursement of shock chlorination/well assessment activities in flood-impacted areas Develop a process for the reimbursement of *Other Water Tests* • Manganese • Gross Alpha • PFOS/PFAS

GTC Program Evaluation 2020

Jan-March 2020

29 participants

10 in-depth phone interviews



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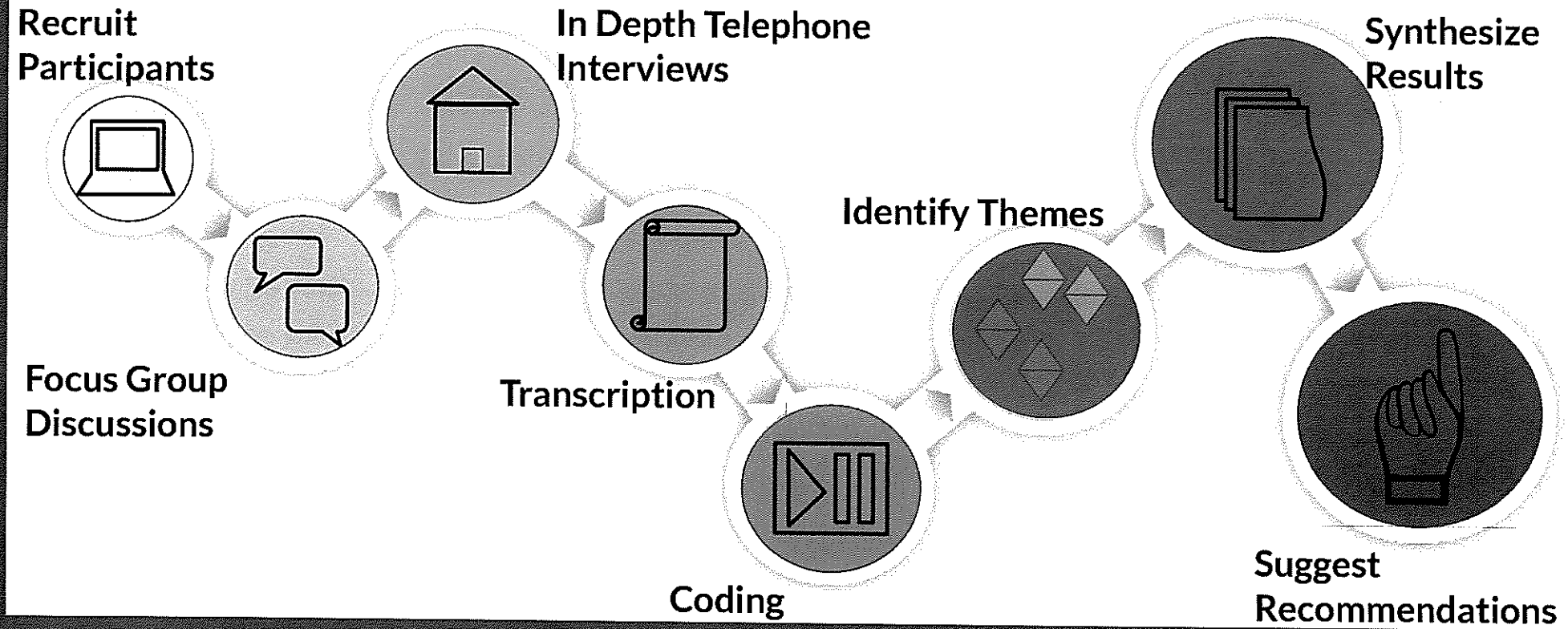
GTC Program Evaluation 2020



Evaluation Questions

1. What are barriers that impact the program services of the Grants to Counties program?

2. What other resources in the program can be identified to improve the Grants to Counties program?

3. What are the beliefs, attitudes, and opinions of the Grants to Counties program in Iowa communities?

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Focus Group Discussions

Education/Support

- Staffing and program training are limited in the state
- Counties support one another for program updates with financial and technical assistance from program administrators

Program Activities

- Program promotion varies in method and success rates, yet counties feel the need for templates for all to use
- The Private Well Tracking System is helpful but has too many issues with data entry and output for staff

Program Perception

- Staff comment that the program is very beneficial and they enjoy helping private well owners
- Participants would like to see more engagement from homeowners as well as find ways to reach out to communities that are unknown.

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Focus Group Discussions

"So my first experience was actually going to do a water test... and learned about the program later on which was backwards."

"I would love to promote it [Grants to Counties program] more, but if somebody just sent something that was ready to go, it would be great."

"It's a great program. I mean, you know, there's other states that don't have this, and I always feel fortunate when I talk to people from other states about, you know what, they're trying to convince someone to test their well and they've got to pay for it."

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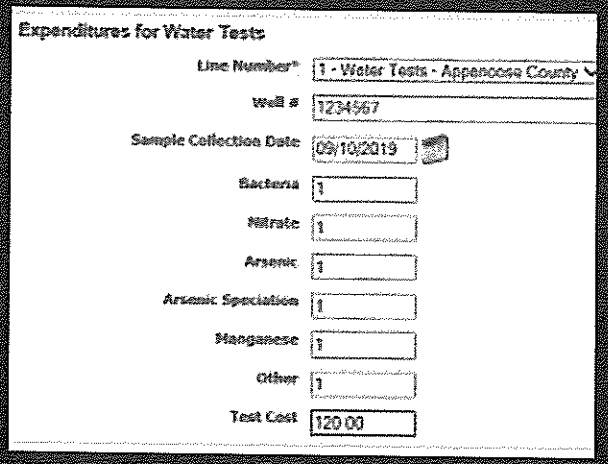
FY 2021 Claim/Expenditure Reminders

Due Dates

- Q3 Claim is due 4/30/2021
- Q4 Claim is due 7/30/2021

Training

- Seek *prior* approval for lodging costs exceeding limits
- Include training expenditure detail form for *each* staff member



Water Tests

- Include paid invoices when claiming manganese and other water tests
- Do not put the results in claim; enter a "1" in the field

FY 2022: What to Expect

- Budget increases to $40,400
- No application process; similar to FY 2021
  - Be sure when entering FY 2022 claims that you select the FY 2022 grant title
- Shock Chlorination/Well Assessments
- Procedures Manual Guidance
- Contracts will be emailed to the Project Director by June 1
- More information to come from Kelly Barge
  - Kelly will be emailing our contract workbook to you so you can review the information we have for your county. You can then let her know if there are any changes needed (staff, address, email, etc).

Questions

Kelly Barge
Bureau of Environmental Health Services
kelly.barge@idph.iowa.gov
515-281-3548

Mindy Uhle, MPH
Bureau of Environmental Health Services
melinda.uhle@idph.iowa.gov
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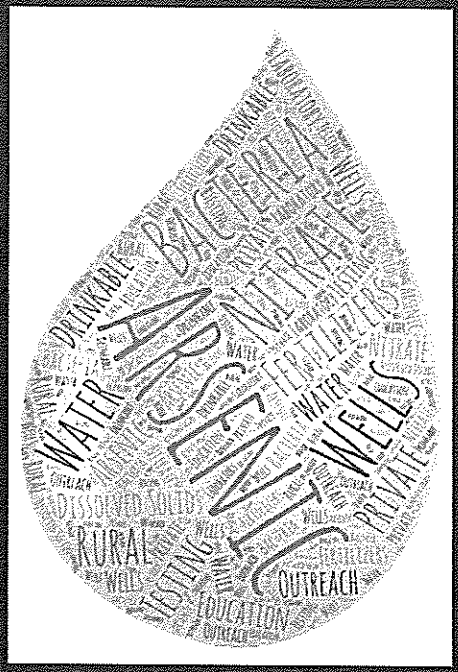

IDPH
IOWA Department of PUBLIC HEALTH

Jasper County Health Dept FY21

Home Care Aide - reimbursement	Jan	Feb	Mar
Total Clients	16	15	15
Hours	60	81	70
Public Health			
Communicable Disease #	2	1	2
COVID cases			
Immunization given	8	3	5
School Audits	682		
Day care Audits	818		
Health Fair/Community Education			
Car seat installed	3	0	1
Promotions/Outreach			
Instagram followers	358	377	398
Facebook impressions	110319	169764	87096
Twitter impressions	24	92	78
Media-articles,ad,mentions	11	9	11
Media reach: appr15,000			
Environmental			
Septic Eval & Inspections	10	8	12
Time of Transfer Inspect.	2	0	4
New Water Wells	0	0	0
Plugged Water Wells	1	1	8
Water Tests	3	3	2
Pool/Spa	0	0	0
Tanning	0	0	0
Tattoo	0	0	0
Septic Tank Pumper Inspect	0	0	0
Nuisance Complaints	2	2	4
Rabies / Dog Bites	0	1	1
Confinements	0	0	0
Radon kits	1	2	2
Covid Website Tracking			
www.jasperia.org/588/2019-Novel-Coronavirus-COVID-19		7828	6732
www.jasperia.org/629/COVID-19-Vaccine-Phase-1B		2254	1587
www.co.jasper.ia.us/626/COVID-19-Vaccine-Phase-1A		1006	434
www.jasperia.org/285/Health-Department		1413	1263