

# JASPER COUNTY

HEALTH DEPT.

116 W 4TH ST SOUTH, NEWTON, IA 50208

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## Agenda: Jasper County Board of Health meeting

**Date:** Thursday, July 15, 2021, 11 AM

**Location:** Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208

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 [bprior@jasperia.org](mailto:bprior@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:** May 13, 2021 (Action)

### Other Agency Reports:

- WIC-MICA Sierra Stevens (attachment 2 pages)

### Agenda Items:

#### 1.) IDPH Grants (Action) (attachments)

A.) Local Public Health Services (LPHS) grant - FY22 activities \$86,948

Seeking approval for LPHS grant and the following activities

- Disease Outbreak
- Local BOH

B.) COVID – Equity grant: \$114,499 (one time funds)

C.) Immunization Services grant: \$11,000

#### 2.) Environmental Health agreement with BOS.

Approved by IDPH & BOS 6/29/21 (Information) (attachment)

#### 3.) Environmental Health employees no longer Board of Health employees- (Action)

#### 4.) County Health Rankings- Jasper ranked #68/99 (Information) (attachment)

### Agency Reports:

- Home Care reimbursement: Melissa Gary (attachment)
- Public Health updates
- Environmental Health update: Kevin Luetters  
-Protocol for dog bites/rabies- Newton Clinic process

### 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, September 9, 2021 at 11 AM **Action:** **Location:** Jasper County EOC

Adjourn: (Action)

# JASPER COUNTY

HEALTH DEPT.

116 W 4TH ST SOUTH, NEWTON, IA 50208

**Minutes:** Jasper County Board of Health

**Date:** Thursday, May 13, 2021, 11 AM

**Location:** Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208 and Zoom

**Call to order:** Time: 11:04 AM

Present: Margot Voshell, Donna Akins, John Van RysWyk, Dr. Cope, Mike Balmer (zoom) Absent: none

Guests: Kristina Winfield, Becky Pryor, Kevin Luetters, Scott Nicholson (attorney), Nicolas Pietrack (attorney), Dennis Parrott

Via Zoom - Kylie Mitchell, American Lung; Nikki Gunn, EFR; Jamie Pierson, Newton Daily News

**Approved minutes for** March 11, 2021

Motion made: Donna to approve the minutes. Second by: John, Motion Passed: unanimously

**Other Agency Reports:**

- MCAH, Julie Miller –report not present
- I-Smile, Melissa Woodhouse – report, not present
- EFR, Nikki Gunn – presentation about “Your Life Iowa” report via Zoom
- American Lung Association, Kylie Mitchell – report via Zoom
- Follow up on dental current needs and challenges- Dr. Jeff Millet, dentist – outreach clinic- not present. Dr. Millet reported to Becky that he made contact with Delta Dental and would like a meeting with I-smile.

**Agenda Items:**

1.) Public Health Systems report (discussion)

**Iowa Local Gov. Public Health. - Highlights**

Employees- Micropolitan Average 14.95 p 7 Total public health employees in Iowa 1210.95 p 39

Budget- Mean \$913,102

Mostly County based-65 counties p 11, 29 have environmental health

Board Members average 7.1 number of years

Administrators- 97 total in Iowa p 17 and p 38

38%- (37) over the age of 55 years old Succession planning is important.

90%- female

Difficulty filling positions

- Public Health Administrators (9 counties)
- Public Health Nurses (29 counties) p 40-41
- Clerical ( 5 counties)

Emerging Issues shift in Sept 2020 p 26

- COVID-19
- Mental Health
- Funding
- Public Health workforce
- Transportation

Barriers p 32

- Funding
- Public Health workforce
- COVID-19
- Time
- Rural status

2.) Budget changes by Board of Supervisors after the 2<sup>nd</sup> budget hearing

- Budget changes made by Board of Supervisors, total budget of \$467,070
  - No allowance for PRN staff or overtime in budget. Did not take into account more revenue for COVID funding.Motion made: Dr. Cope to approve the adapted budget as approved by the Board of Supervisor  
Second by: Donna  
Motion Passed: unanimously
- 2% raise- same as Board of Supervisors approval non-union employees  
Motion made: Dr. Cope to approve the 2% raise for Becky Pryor and Kristina Winfield to begin on July 1, 2021.  
Second by: John  
Motion Passed: unanimously

3.) 28E agreement for Environmental Health/Jasper County Board of Supervisors

Motion made: Dr. Cope approval of the 28E agreement for Environmental Health to subcontract with the Jasper County (Board of Supervisors). 28E will be taken to IDPH, then the Board of Supervisors for approval. Scott Nicholson, County Attorney, also present and discussed the 28E agreement removes the Board of Health as the employer of the Environmental Health staff that was hired by the Board of Health.  
Second by: Donna  
Motion Passed: unanimously

4.) Septic Pumper contract with DNR (Kevin Luetters)

Motion made: Donna, to approve of Septic Pumper contract.  
Second by: John  
Motion Passed: unanimously

5.) Grants to Counties - \$40,400/year subcontract with Jasper County Board of Supervisors (Kevin Luetters)

Motion made: John, to approve Grants to Counties to subcontract with Board of Supervisors.  
Second by: Dr. Cope  
Motion Passed: unanimously

**Agency Reports:**

- Home Care reimbursement: discussed about 15 clients average, about \$3000 month
- Public Health updates: Kristina Winfield, COVID cases and vaccines updates
- Environmental Health report: Kevin Luetters, discussed well plugging, inspections

**Public input:** None

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

Motion made: Donna, to move the next meeting from July 8 to 15.  
Second by: John, Motion Passed: unanimously

Adjourn: Time: 12:31 PM

Motion made: John, second by: Donna, Motion Passed: unanimously

**Chair of Board of Health Signature:** \_\_\_\_\_

**Date: 05/13/2021 Minutes taken by Kristina Winfield.**



# Mid-Iowa Community Action (MICA)

Helping People. Changing Lives. Building Communities.

Serving Families in: Boone, Hardin, Jasper, Poweshiek,  
Marshall, Story and Tama Counties.

## June 2021 Board of Health Newsletter

| WIC Participation | October 2020 |
|-------------------|--------------|
| Eldora            | 80           |
| Iowa Falls        | 132          |
| Marshalltown      | 1336         |
| Grinnell          | 187          |
| Tama              | 232          |
| Colfax            | 66           |
| Newton            | 468          |
| Settlement        | 25           |
| Boone             | 239          |
| Ames              | 1126         |
| Nevada            | 93           |
| Ackley            | 27           |
| Traer             | 36           |
| Brooklyn          | 19           |
| <b>Agency</b>     | <b>4066</b>  |

\*WIC grant requires participation numbers in all BOH newsletters.

July 1<sup>st</sup> Children's Medicaid will transition from Fee for Service to Pre-Ambulatory Health Plans for dental services. Managed Care of North America (MCNA) and Delta Dental of Iowa (DDIA) will be the dental benefit administrators. In June, families should have received a letter with their assigned carrier. Members have until September 30<sup>th</sup> to switch carriers for any reason. After that, families may only switch with 'good cause'.

Since mid-March 2020, WIC has had waivers, which allowed us to complete appointments remotely. We are excited to announce that beginning July 1<sup>st</sup>, MICA's WIC program will be returning to in-person services in all of the counties we serve. Some appointments can still be completed by phone but we anticipate that we will see most families in-person. While we have a high number of vaccinated staff, our agency policy is to continue to wear masks and we are asking families to also wear masks. WIC is issuing Farmers Market checks again this summer. Families can receive \$27 per eligible participant and the checks can be used at approved farmers markets across the state from June 1<sup>st</sup> to October 31<sup>st</sup> to purchase fresh fruits, vegetables, and herbs. Families can pick them up during their WIC appointment or they can call the WIC office to have them mailed. Finally, in March, the American Rescue Plan Act authorized state agencies to provide an additional \$35 per month per participant for fresh/frozen fruits and vegetables for a 4 month period of time. Those benefits were loaded onto the eWIC cards of current participants and families could begin using them on June 1<sup>st</sup>. Families can take advantage of these benefits until September 2021.

Our Breastfeeding Peer Counseling program has grown rapidly since our fiscal year began in October 2021. The program is currently serving approximately 120 women (both pregnant and breastfeeding). In addition to providing one-on-one support to the women on their caseload, the peer counselors have been hosting a monthly virtual breastfeeding support group and prenatal class. We also have an International Board Certified Lactation Consultant within this program. Our IBCLC is able to work one-on-one with mothers who are having difficulties with breastfeeding or pumping that may be out of the scope of practice for the peer counselor or the WIC dietitian. She works with the mothers to help them meet their goal and get through the tough period they are having in their breastfeeding journey. August 1-7<sup>th</sup> is World Breastfeeding Week. In lieu of having a large celebration as we typically do, the peer counselors are working on ways to recognize mothers on their caseload and the mothers who come in for WIC appointments throughout the month of August.

For more information on MICA Health Services call 800-390-5293

## Program Updates:

### Child Care Nurse Consultant Program (CCNC)

MICA's CCNC has been continuing to help childcare providers navigate DHS and CDC guidance regarding COVID protocol. This summer she will be helping childcare providers with various health and safety assessments as well as helping preschool centers gear up for the school year and ensure proper requirements are in place.

### Child Health

Child Health staff are seeing families in person, making sure kids have medical and dental homes, immunizations are up to date and developmental milestones are on track. Child Health staff can help families connect with local providers for routine health care as well as other community resources.

### 1<sup>st</sup> Five

1<sup>st</sup> Five has been working with local clinics to get kids re-connected to early intervention services that may not have been fully available or utilized early in the pandemic. 1<sup>st</sup> Five participated in the Step into Storybooks event at Moore Park in Ames on June 5<sup>th</sup>. This family-friendly event had several books and activities for kids to experience, promoting early literacy and social-emotional development. 1<sup>st</sup> Five read the book **How Do You Feel** and kids were able to identify their feelings on a feelings wheel after hearing the story.

### Maternal Health

Our Maternal Health program will transition back to in-person appointments July 1. We offer support to women during and after pregnancy with services such as prenatal education, social support & resources, dental screenings & referrals, and nutritional guidance. Working in conjunction with regular doctor visits and prenatal care, the Maternal Health Nurse and Social Worker help expectant mothers address barriers that affect them and their unborn baby. We also provide information about what to expect during pregnancy, including how to deal with physical and emotional changes and resources to prepare for the arrival of baby. We can provide prenatal vitamins if needed and connect moms to local health care providers for regular prenatal health care.

### Pick A Better Snack

This summer MICA's Pick a better snack program is working in partnership with MICA's full-service grant in the implementation of Bobcat University, summer school program. The summer school program started on June 14<sup>th</sup> and is currently at all of Marshalltown's six elementary schools through the end of July. Nutrition education will be provided to 225 students in grades k-3<sup>rd</sup>. Lessons consist of nutrition education, fruit or vegetable tasting, and physical activity.





# Protecting and Improving the Health of Iowans

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

Kelly Garcia, Interim Director

|  |   |
|--|---|
| <b>CONTRACT #:</b> 5881CO50  | <b>AMENDMENT :</b> 3                                    |
| <b>CONTRACTOR:</b> Jasper County dba Jasper County Board of Health | <b>PROJECT TITLE:</b> FY21 Local Public Health Services |

Pursuant to the Proclamation of Disaster Emergency for COVID-19, Section 147, the Iowa Department of Public Health (IDPH) is suspending service procurement process for this contract and waiving or altering conditions and expectations of the above-mentioned contract as outlined herein. This flexibility is meant to mitigate the direct and indirect effects of this public health disaster on our contractors and IDPH staff.

The contract is amended to provide for a one-year extension. The contract period for this extension is **July 1, 2021 through June 30, 2022**. The new contract number for the extension period will be **5881CO50E**. The end date of the project period is now **June 30, 2022**. The contract amount for this extension will be **\$ 86,948.00**. The funding source will be State.

Notice: The funds and budget outlined in the SFY21 contract must be expended by **June 30, 2021** or they will revert to the Department. None of those funds will carry over with this extension.

**Article VII – Performance Measure will now read:**

The contract performance measure is the completion and submission of the Public Health System Assessment, conducted by the Iowa Department of Public Health. The LPHS Performance Measure Documentation Report must be completed and submitted by the deadline of August 31, 2021.

The Department will review the Performance Measure Documentation Report for timely submission and for completion. The Department may request additional information to ensure satisfaction of all items in the performance measure document. The Contractor shall follow-up with the additional information or resubmission within the reasonable timeframe provided by the Department. If the Contractor fails to submit the Performance Measure Documentation Report by August 31, 2021 or is unable to verify or re-submit to the satisfaction of the Department within the designated period, a financial disincentive of \$800 will be withheld from the contractors' budget.

Questions concerning the Performance Measure Report should be referred to the assigned Regional Community Health Consultant (RCHC).

The Contractor shall submit any documentation required for the performance measure into the Progress Reports component of the grant site within IowaGrants.gov.



# Protecting and Improving the Health of Iowans

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

Kelly Garcia, Interim Director

## Article VIII – Reports will now read:

The Contractor shall complete and submit the following reports in the grant site located in IowaGrants.

| Report Title                             | Form Type                         | Date Due   |
|--|-----------------------------------|--|
| Subcontract Documents                    | Subcontract Documents             | Submit for Department approval Prior to submission of 1st claim. |
| Local Board of Health Meeting Minutes    | Board Minutes                     | Within 2 weeks of BOH approval                                   |
| Performance Measure Documentation Report | Performance Measure Documentation | August 31, 2021  |

Contractors will be expected to complete the work and service expectations as outlined in the contract and as modified here or through additional contract amendment. Reimbursement is based on provision of services and the contractor shall maintain documentation for expenses in compliance with normal accounting practices and be able to reconcile costs. All other conditions and terms of the contract remain in effect.

All other conditions and terms of the contract remain in effect. The contractor specifies no additional changes have been made to the Special Conditions or General Conditions. The parties hereto have executed this contract amendment on the day and year last specified below.

**For and on behalf of the Department:**

By: \_\_\_\_\_  
 Sarah G. Reisetter, J.D.  
 Deputy Director  
 Iowa Department of Public Health

**For and on behalf of the Contractor:**

By: \_\_\_\_\_  
 Jasper County dba Jasper County Board of Health

|  |   |
|--|---|
| <b>CONTRACT #:</b> 5885BT450                     | <b>AMENDMENT #:</b> 10                                      |
| <b>CONTRACTOR:</b> Jasper County Board of Health | <b>PROJECT TITLE:</b> Emergency Response Multi-Year Program |

This contract is amended to add another response initiative, COVID-19 Vaccine Equity Funding:

**Amendment Amount:** \$114,499

**Match Required:** No

**Specific Initiative:** Equity and Prioritizing Populations Disproportionately Affected by COVID-19 Statewide Funding - Immunization

**Initiative Project Period:** April 1, 2021 - March 31, 2022

**Lead Contact Person:** Karen Quinn (515) 281-5424

**Article V - Statement of Contract Purpose:**

Fund strategies that ensure greater equity and access to COVID-19 vaccine for those disproportionately affected by COVID-19.

**Article VI – Description of Works and Services:**

This funding is intended for local health departments to expand vaccine efforts where populations are disproportionately affected by COVID-19. Funding must be used to implement activities outlined in the list of allowable activities to ensure greater equity and access to COVID-19 vaccine. This requires engaging in additional partnerships, improving access to COVID-19 vaccines and improving and expanding vaccine messaging/education to reach affected populations (such as those who may be vaccine hesitant, those who are in racial and ethnic or other minority groups) (See Appendix 1 – Allowable Activities).

Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 disease, severe illness, and death. As evidenced by the available data to date, populations that have been disproportionately affected by COVID-19 include, but are not limited to:

- People in racial and ethnic minority groups
- People living in communities with high social vulnerability index
- People living in rural communities



- People with disabilities
- People who are homebound or isolated
- People who are underinsured or uninsured
- People who are immigrants and/or refugees
- People with transportation limitations

To address these disparities, the purpose of this contract is to fund strategies that ensure greater equity and access to COVID-19 vaccine by those disproportionately affected by COVID-19. The intent is to leverage existing and cultivate new community-based partnerships to extend reach to vulnerable populations.

- At least fifty percent (50%) of funding must be used to support (fund, reimburse or be expended on activities/events to reach disproportionate populations) community-based organizations (CBOs) for expenses that support this work and meet the needs of the local community.
- Allowable activities are organized by 3 categories; Partnership, Access and Messaging. Performance measures must be collected and reported to IDPH for each activity conducted. See Article VIII-Reports for due dates

**Criteria to help prioritize communities of focus to ensure greater equity and access to COVID-19 vaccine may include:**

- Communities that have experienced disproportionately high rates of SARS-CoV-2 infection and severe COVID-19 disease or death
- Communities that have high rates of underlying health conditions placing them at greater risk for severe COVID-19 disease
- Communities likely to experience barriers to accessing COVID-19 vaccination services
- Communities likely to have low acceptance of or confidence in COVID-19 vaccines
- Communities where COVID-19 mitigation measures (e.g., mask wearing, social distancing) have not been widely adopted
- Communities with historically low adult vaccination rates
- Communities with a history of mistrust in health authorities or the medical establishment
- Communities that are not well-known to health authorities or have not traditionally been the focus of immunization programs

For each identified community of focus, collaborate with other (non-immunization focused) programs within the local health department and/or community-based organization (CBOs) that have established community engagement programs, initiatives, or reach into those communities. Prioritize outreach to programs that have proven or existing community engagement capacity or reach in the identified communities and leverage insights to support COVID-19 vaccination education, outreach, and/or administration (See Appendix 1 – Allowable Activities).

**Article VII – Performance Measure:**

Performance Criteria: The contractor will report on the listed performance measures for each activity conducted under the categories of Partnership, Access and Messaging as listed in Appendix 1.

- Contractors will be given a tool to collect data and will submit reports through an online source. Further information will be sent to the contractors regarding how reporting will be completed.

Withholding: The Department will withhold ten (10) percent of the total amount claimed from each monthly reimbursement claim for the first six-months of the contract until the contractor demonstrates achievement of utilizing at least fifty percent (50%) of funding to support (fund, reimburse or expended on activities/events to reach disproportionate populations) community-based organizations (CBO's) for expenses to support equity and access to COVID-19 vaccine by those disproportionately affected by COVID-19. This will be measured through the progress reports that are required to be submitted.

If the Contractor fails to demonstrate achievement in the Progress Reports or fails to submit the reports by due date, the Department will retain the entire 10% withheld from the prior six months of claims and this amount will not be released back to the contractor. If the contractor meets the performance criteria the 10% withheld will be released on March 31, 2022 or if the funding is expended prior to that date it will be release on the final claim.

**Article VIII – Reports:**

The Contractor shall complete and submit the following reports in the grant site located in IowaGrants.

| Report Title                     | Form Frequency/Type                               | Date Due   |
|----------------------------------|---|--|
| Subcontracts- draft, unsigned    | Type: Subcontract Documents                       | Submit for Department approval prior to obtaining signatures |
| FFATA Report                     | Type: FFATA Report                                | May 26, 2021   |
| Performance Measure Report Dates | April - September 2021<br>October - December 2021 | Due October 31, 2021<br>Due January 31, 2022                 |



# Protecting and Improving the Health of Iowans

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

Kelly Garcia, Interim Director

|  |   |
|--|---|
| <b>DATE:</b> June 29, 2021   | <b>AMENDMENT #:</b> 1E                      |
| <b>CONTRACT #:</b> 58811447E                                       | <b>PROJECT TITLE:</b> Immunization Services |
| <b>CONTRACTOR:</b> Jasper County dba Jasper County Board of Health | <b>TOTAL CONTRACT AMOUNT:</b> \$11,000.00   |

Pursuant to the Proclamation of Disaster Emergency for COVID-19, Section 147, the Iowa Department of Public Health (IDPH) is suspending service procurement process for this contract and waiving or altering conditions and expectations of the above mentioned contract as outlined herein. This flexibility is meant to mitigate the direct and indirect effects of this public health disaster on our contractors and IDPH staff.

This contract is amended to provide for a one year extension. The contract period for this extension is: July 1, 2021 through June 30, 2022. The new contract number for the extension period will be: 58811447E

Notice: The funds and budget outlined in the SFY21 contract must be expended by June 30, 2021 or they will revert to the Department. None of those funds will carry over with this extension.

The following items have changed with the extension:

#### Article VIII – Reports:

The Contractor shall complete and submit the following reports in the grant site located in IowaGrants.

| Report Title    | Form Frequency/Type | Date Due          |
|-----------------|---------------------|-------------------|
| Progress Report | Semi-Annual         | February 28, 2022 |
| Annual Report   | Annual              | July 29, 2022     |

**Article IX - Budget:**

The funds and budget outlined in SFY21 contract must be expended by June 30, 2021 or they will revert to the Department. None of these funds will carry over with this extension.

Immunization Activities (Federal and State)

| Direct Cost Category | Department Budget |
|----------------------|-------------------|
| Salary and Fringe    | \$8,720           |
| Other                | \$300             |
| Subcontract          |                   |
| Indirect             |                   |
| <b>TOTAL:</b>        | \$9,020           |

Pandemic Influenza (Federal)

| Direct Cost Category | Department Budget |
|----------------------|-------------------|
| Salary and Fringe    | \$1,980           |
| Other                |                   |
| Subcontract          |                   |
| Indirect             |                   |
| <b>TOTAL:</b>        | \$1,980           |

**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 13<sup>th</sup> day of May 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(I)(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(I)(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 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 Board of Health.

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(1)(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 4<sup>th</sup> 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

May 13, 2021  
Date

Margot J. Vosshell  
Margot Vosshell, Chairman  
Jasper County Board of Health

JASPER COUNTY  
June 21, 21  
Date

Doug Cupples  
Doug Cupples, Chairman  
Jasper County Board of Supervisor

June 29, 2021  
Date

Dennis Parrott  
Dennis Parrott, Auditor  
Jasper County



Date: 7/15/2021, Board of Health meeting

The following employees were hired as Board of Health employees. Since an agreement with the Board of Supervisors was approved for Environmental Health on 6/29/2021, the following employees have accepted positions with the Board of Supervisors:

- Kevin Luetters- Director of Environmental Health  
He accepted new position with the Board of Supervisors as the Director of Community Development.  
Date of hire- 3/1/99
- Jackie Verwers- Office Coordinator (was for all Board of Health programs).  
She accepted a full time Office Coordinator for Community Development.  
Date of hire – 2/1/17 (union)
- Jamie Elam – part time technician, split position  
Date of hire - 4/10/19 (union)  
He is now 100% Community Development.

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Board of Health Chairperson

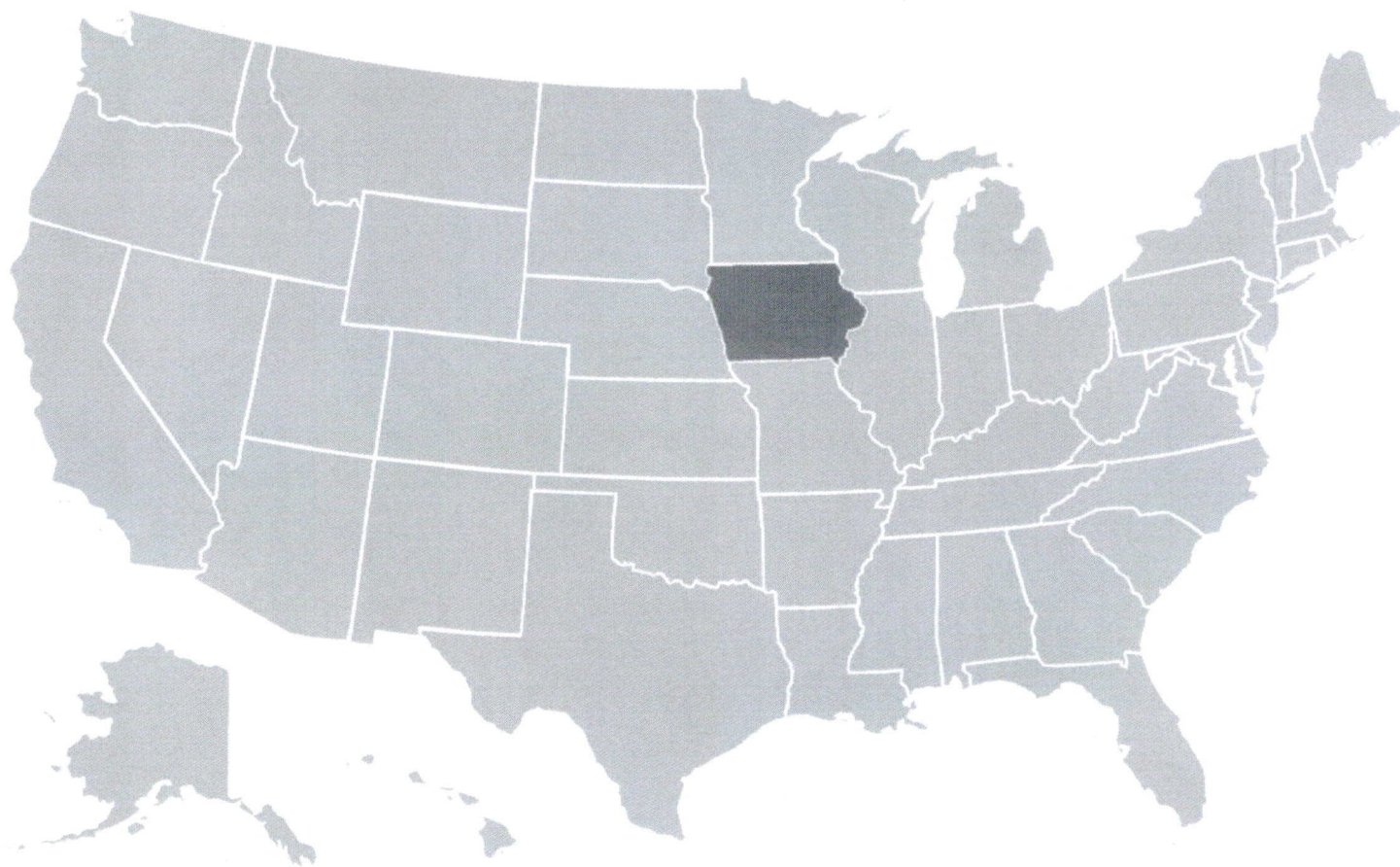
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Date

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

# Iowa



## 2021 State Level Data and Ranks

|   |          |                 |          |          |
|---|----------|-----------------|----------|----------|
| Limited access to healthy foods   | 4%       |                 | 2%       | 6%       |
| Drug overdose deaths  | 10       | 5-18            | 11       | 10       |
| Motor vehicle crash deaths  | 10       | 6-14            | 9        | 11       |
| Insufficient sleep **   | 32%      | 31-34%          | 32%      | 33%      |
| <b>Clinical Care</b>  |          |                 |          |          |
| Uninsured   | 4%       | 4-5%            | 6%       | 6%       |
| Primary care physicians   | 2,480:1  |                 | 1,030:1  | 1,360:1  |
| Dentists  | 1,960:1  |                 | 1,210:1  | 1,450:1  |
| Mental health providers   | 950:1    |                 | 270:1    | 610:1    |
| Preventable hospital stays  | 2,959    |                 | 2,565    | 3,536    |
| Mammography screening   | 51%      |                 | 51%      | 52%      |
| Flu vaccinations  | 60%      |                 | 55%      | 54%      |
| <b>Additional Clinical Care (not included in overall ranking)</b>                 |          |                 |          |          |
| Uninsured adults  | 5%       | 4-6%            | 7%       | 7%       |
| Uninsured children  | 2%       | 1-3%            | 3%       | 3%       |
| Other primary care providers  | 1,550:1  |                 | 620:1    | 920:1    |
| <b>Social &amp; Economic Factors</b>  |          |                 |          |          |
| High school completion  | 94%      | 93-95%          | 94%      | 92%      |
| Some college  | 62%      | 57-67%          | 73%      | 70%      |
| Unemployment  | 2.9%     |                 | 2.6%     | 2.7%     |
| Children in poverty   | 10%      | 6-14%           | 10%      | 13%      |
| Income inequality   | 3.8      | 3.5-4.2         | 3.7      | 4.2      |
| Children in single-parent households  | 20%      | 13-27%          | 14%      | 21%      |
| Social associations   | 16.2     |                 | 18.2     | 15.0     |
| Violent crime   | 253      |                 | 63       | 282      |
| Injury deaths   | 65       | 54-77           | 59       | 68       |
| <b>Additional Social &amp; Economic Factors (not included in overall ranking)</b> |          |                 |          |          |
| High school graduation  | 94%      |                 | 95%      | 91%      |
| Disconnected youth  |          |                 | 4%       | 5%       |
| Reading scores  | 3.1      |                 | 3.3      | 3.1      |
| Math scores   | 3.1      |                 | 3.4      | 3.1      |
| Median household income   | \$67,300 | \$62,700-72,000 | \$72,900 | \$61,800 |
| Children eligible for free or reduced price lunch                                 | 44%      |                 | 32%      | 43%      |
| Residential segregation - Black/White   | 45       |                 | 23       | 61       |
| Residential segregation - non-white/white   | 40       |                 | 14       | 47       |
| Homicides   |          |                 | 2        | 3        |
| Suicides  | 19       | 13-26           | 11       | 15       |
| Firearm fatalities  | 10       | 6-16            | 8        | 9        |
| Juvenile arrests  | 30       |                 |          | 37       |
| <b>Physical Environment</b>   |          |                 |          |          |
| Air pollution - particulate matter  | 7.9      |                 | 5.2      | 7.5      |
| Drinking water violations   | No       |                 |          |          |
| Severe housing problems   | 10%      | 8-12%           | 9%       | 12%      |
| Driving alone to work   | 81%      | 79-82%          | 72%      | 81%      |
| Long commute - driving alone  | 36%      | 33-39%          | 16%      | 21%      |
| <b>Additional Physical Environment (not included in overall ranking)</b>          |          |                 |          |          |
| Traffic volume  | 111      |                 |          | 260      |
| Homeownership   | 75%      | 73-76%          | 81%      | 71%      |
| Severe housing cost burden  | 7%       | 6-9%            | 7%       | 10%      |
| Broadband access  | 80%      | 78-82%          | 86%      | 81%      |

^ 10th/90th percentile, i.e., only 10% are better.

\*\* Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data



The 2021 Rankings includes deaths through 2019. See our FAQs for information about when we anticipate the inclusion of deaths attributed to COVID-19.

**Jasper (JS)  
2021 Rankings**

Download Iowa Rankings Data

|  | <i>Jasper</i><br>State | <i>All of Iowa</i> |
|--|------------------------|--------------------|
| Population                               | 37,185                 | 3,155,070          |
| % below 18 years of age                  | 22.1%                  | 23.0%              |
| % 65 and older                           | 19.5%                  | 17.5%              |
| % Non-Hispanic Black                     | 2.2%                   | 3.9%               |
| % American Indian & Alaska Native        | 0.4%                   | 0.5%               |
| % Asian                                  | 0.6%                   | 2.7%               |
| % Native Hawaiian/Other Pacific Islander | 0.1%                   | 0.2%               |
| % Hispanic                               | 2.8%                   | 6.3%               |
| % Non-Hispanic White                     | 92.9%                  | 85.0%              |
| % not proficient in English              | 0%                     | 2%                 |
| % Females                                | 48.9%                  | 50.2%              |
| % Rural                                  | 57.5%                  | 36.0%              |

|  |       | Error Margin | Top U.S. Performers ^ | Iowa  |
|--|-------|--------------|-----------------------|-------|
| <b>Health Outcomes</b>   |       |              |                       |       |
| Length of Life   |       |              |                       |       |
| Premature death  | 6,700 | 5,800-7,700  | 5,400                 | 6,200 |
| <b>Quality of Life</b>   |       |              |                       |       |
| Poor or fair health **   | 14%   | 12-16%       | 14%                   | 13%   |
| Poor physical health days **   | 3.4   | 3.1-3.8      | 3.4                   | 3.1   |
| Poor mental health days **   | 3.7   | 3.4-4.1      | 3.8                   | 3.5   |
| Low birthweight  | 7%    | 6-8%         | 6%                    | 7%    |
| <b>Additional Health Outcomes (not included in overall ranking)</b>  |       |              |                       |       |
| Life expectancy  | 79.2  | 78.3-80.1    | 81.1                  | 79.4  |
| Premature age-adjusted mortality                                     | 360   | 320-390      | 280                   | 320   |
| Child mortality  | 40    | 20-60        | 40                    | 50    |
| Frequent physical distress **  | 10%   | 9-11%        | 10%                   | 9%    |
| Frequent mental distress **  | 12%   | 11-13%       | 12%                   | 11%   |
| Diabetes prevalence  | 14%   | 11-18%       | 8%                    | 10%   |
| HIV prevalence   | 96    |              | 50                    | 106   |
| <b>Health Factors</b>  |       |              |                       |       |
| <b>Health Behaviors</b>  |       |              |                       |       |
| Adult smoking **   | 20%   | 17-22%       | 16%                   | 17%   |
| Adult obesity  | 38%   | 32-43%       | 26%                   | 34%   |
| Food environment index   | 8.6   |              | 8.7                   | 8.5   |
| Physical inactivity  | 25%   | 20-30%       | 19%                   | 23%   |
| Access to exercise opportunities                                     | 78%   |              | 91%                   | 83%   |
| Excessive drinking **  | 25%   | 24-26%       | 15%                   | 26%   |
| Alcohol-impaired driving deaths                                      | 22%   | 11-34%       | 11%                   | 27%   |
| Sexually transmitted infections                                      | 265.1 |              | 161.2                 | 466.7 |
| Teen births  | 20    | 16-23        | 12                    | 18    |
| <b>Additional Health Behaviors (not included in overall ranking)</b> |       |              |                       |       |
| Food insecurity  | 9%    |              | 9%                    | 10%   |

## 2021 County Health Rankings for Iowa: Measures and National/State Results

| Measure                              | Description   | US      | IA      | IA<br>Minimum | IA<br>Maximum |
|--------------------------------------|---|---------|---------|---------------|---------------|
| <b>HEALTH OUTCOMES</b>               |   |         |         |               |               |
| Premature death*                     | Years of potential life lost before age 75 per 100,000 population (age-adjusted).   | 6,900   | 6,200   | 3,100         | 10,200        |
| Poor or fair health                  | Percentage of adults reporting fair or poor health (age-adjusted).  | 17%     | 13%     | 10%           | 19%           |
| Poor physical health days            | Average number of physically unhealthy days reported in past 30 days (age-adjusted).  | 3.7     | 3.1     | 2.4           | 3.9           |
| Poor mental health days              | Average number of mentally unhealthy days reported in past 30 days (age-adjusted).  | 4.1     | 3.5     | 3.0           | 4.3           |
| Low birthweight*                     | Percentage of live births with low birthweight (< 2,500 grams).   | 8%      | 7%      | 4%            | 8%            |
| <b>HEALTH FACTORS</b>                |   |         |         |               |               |
| <b>HEALTH BEHAVIORS</b>              |   |         |         |               |               |
| Adult smoking                        | Percentage of adults who are current smokers (age-adjusted).  | 17%     | 17%     | 13%           | 23%           |
| Adult obesity                        | Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> .                    | 30%     | 34%     | 26%           | 49%           |
| Food environment index               | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).  | 7.8     | 8.5     | 6.7           | 9.6           |
| Physical inactivity                  | Percentage of adults age 20 and over reporting no leisure-time physical activity.   | 23%     | 23%     | 13%           | 34%           |
| Access to exercise opportunities     | Percentage of population with adequate access to locations for physical activity.   | 84%     | 83%     | 45%           | 94%           |
| Excessive drinking                   | Percentage of adults reporting binge or heavy drinking (age-adjusted).  | 19%     | 26%     | 21%           | 28%           |
| Alcohol-impaired driving deaths      | Percentage of driving deaths with alcohol involvement.  | 27%     | 27%     | 0%            | 60%           |
| Sexually transmitted infections      | Number of newly diagnosed chlamydia cases per 100,000 population.   | 539.9   | 466.7   | 100.0         | 756.9         |
| Teen births*                         | Number of births per 1,000 female population ages 15-19.  | 21      | 18      | 4             | 35            |
| <b>CLINICAL CARE</b>                 |   |         |         |               |               |
| Uninsured                            | Percentage of population under age 65 without health insurance.   | 10%     | 6%      | 4%            | 11%           |
| Primary care physicians              | Ratio of population to primary care physicians.   | 1,320:1 | 1,360:1 | 11,170:1      | 520:1         |
| Dentists                             | Ratio of population to dentists.  | 1,400:1 | 1,450:1 | 7,040:1       | 430:1         |
| Mental health providers              | Ratio of population to mental health providers.   | 380:1   | 610:1   | 11,760:1      | 260:1         |
| Preventable hospital stays*          | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.   | 4,236   | 3,536   | 1,112         | 8,826         |
| Mammography screening*               | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.   | 42%     | 52%     | 33%           | 64%           |
| Flu vaccinations*                    | Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.  | 48%     | 54%     | 11%           | 67%           |
| <b>SOCIAL &amp; ECONOMIC FACTORS</b> |   |         |         |               |               |
| High school completion               | Percentage of adults ages 25 and over with a high school diploma or equivalent.   | 88%     | 92%     | 78%           | 97%           |
| Some college                         | Percentage of adults ages 25-44 with some post-secondary education.   | 66%     | 70%     | 49%           | 87%           |
| Unemployment                         | Percentage of population ages 16 and older unemployed but seeking work.   | 3.7%    | 2.7%    | 1.6%          | 4.5%          |
| Children in poverty*                 | Percentage of people under age 18 in poverty.   | 17%     | 13%     | 4%            | 29%           |
| Income inequality                    | Ratio of household income at the 80th percentile to income at the 20th percentile.  | 4.9     | 4.2     | 3.1           | 5.6           |
| Children in single-parent households | Percentage of children that live in a household headed by single parent.  | 26%     | 21%     | 8%            | 32%           |
| Social associations                  | Number of membership associations per 10,000 population.  | 9.3     | 15.0    | 5.7           | 28.8          |
| Violent crime                        | Number of reported violent crime offenses per 100,000 population.   | 386     | 282     | 10            | 518           |
| Injury deaths*                       | Number of deaths due to injury per 100,000 population.  | 72      | 68      | 39            | 153           |
| <b>PHYSICAL ENVIRONMENT</b>          |   |         |         |               |               |
| Air pollution - particulate matter   | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).   | 7.2     | 7.5     | 6.1           | 8.5           |
| Drinking water violations            | Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.              | N/A     | N/A     | No            | Yes           |
| Severe housing problems              | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. | 18%     | 12%     | 6%            | 21%           |
| Driving alone to work*               | Percentage of the workforce that drives alone to work.  | 76%     | 81%     | 66%           | 87%           |
| Long commute - driving alone         | Among workers who commute in their car alone, the percentage that commute more than 30 minutes.   | 37%     | 21%     | 9%            | 47%           |

\* Indicates subgroup data by race and ethnicity is available

## 2021 County Health Rankings: Disaggregated State-Level Racial/Ethnic Data

| Measure                              | Overall  | AIAN     | Asian    | Black    | Hispanic | White    |
|--------------------------------------|----------|----------|----------|----------|----------|----------|
| <b>HEALTH OUTCOMES</b>               |          |          |          |          |          |          |
| Premature death*                     | 6,200    | 12,000   | 3,600    | 10,800   | 4,000    | 6,200    |
| Life expectancy                      | 79.4     | 77.7     | 86.1     | 74.4     | 90.1     | 79.4     |
| Premature age-adjusted mortality     | 320      | 540      | 180      | 530      | 190      | 320      |
| Child mortality                      | 50       | ---      | 50       | 110      | 50       | 40       |
| Infant mortality                     | 5        | ---      | 6        | 12       | 5        | 4        |
| Low birthweight*                     | 7%       | 7%       | 8%       | 11%      | 6%       | 6%       |
| <b>HEALTH FACTORS</b>                |          |          |          |          |          |          |
| <b>HEALTH BEHAVIORS</b>              |          |          |          |          |          |          |
| Drug overdose deaths                 | 10       | 31       | ---      | 17       | 5        | 11       |
| Motor vehicle crash deaths           | 11       | 18       | 5        | 11       | 9        | 11       |
| Teen births*                         | 18       | 39       | 10       | 41       | 40       | 14       |
| <b>CLINICAL CARE</b>                 |          |          |          |          |          |          |
| Preventable hospital stays*          | 3,536    | 6,898    | 3,129    | 6,258    | 4,466    | 3,485    |
| Mammography screening*               | 52%      | 21%      | 38%      | 41%      | 34%      | 52%      |
| Flu vaccinations*                    | 54%      | 42%      | 49%      | 41%      | 41%      | 54%      |
| <b>SOCIAL &amp; ECONOMIC FACTORS</b> |          |          |          |          |          |          |
| Reading scores <sup>^</sup>          | 3.1      | N/A      | 3.0      | 2.3      | 2.6      | 3.2      |
| Math scores <sup>^</sup>             | 3.1      | N/A      | 3.2      | 2.1      | 2.6      | 3.2      |
| Children in poverty <sup>†</sup>     | 13%      | 32%      | 13%      | 43%      | 27%      | 10%      |
| Median household income              | \$61,800 | \$36,800 | \$59,900 | \$32,100 | \$47,500 | \$62,600 |
| Injury deaths*                       | 68       | 75       | 25       | 68       | 33       | 72       |
| Homicides                            | 3        | ---      | ---      | 17       | 3        | 2        |
| Suicides                             | 15       | ---      | 8        | 8        | 6        | 16       |
| Firearm fatalities                   | 9        | ---      | 3        | 19       | 3        | 9        |
| <b>PHYSICAL ENVIRONMENT</b>          |          |          |          |          |          |          |
| Driving alone to work*               | 81%      | 75%      | 67%      | 70%      | 73%      | 82%      |

\* Ranked measure

<sup>^</sup> Data not available for AK, AZ, LA, MD, NM, NY, VT<sup>†</sup> Data not available for AK, AZ, LA, MD, NY, VT, VA

<sup>‡</sup> Overall county level values of children in poverty are obtained from one-year modeled estimates from the Small Area Income and Poverty Estimates (SAIPE) Program. Because SAIPE does not provide estimates by racial and ethnic groups, data from the 5-year American Community Survey (ACS) was used to quantify children living in poverty by racial and ethnic groups.

N/A indicates data not available for this race/ethnicity.

--- Data not reported due to NCHS suppression rules (A missing value is reported for counties with fewer than 20 deaths or 10 births.)

## 2021 County Health Rankings: Ranked Measure Sources and Years of Data

|                                      | Measure                              | Weight | Source  | Years of Data |
|--------------------------------------|--------------------------------------|--------|---|---------------|
| <b>HEALTH OUTCOMES</b>               |                                      |        |   |               |
| Length of Life                       | Premature death*                     | 50%    | National Center for Health Statistics - Mortality Files               | 2017-2019     |
| Quality of Life                      | Poor or fair health                  | 10%    | Behavioral Risk Factor Surveillance System                            | 2018          |
|                                      | Poor physical health days            | 10%    | Behavioral Risk Factor Surveillance System                            | 2018          |
|                                      | Poor mental health days              | 10%    | Behavioral Risk Factor Surveillance System                            | 2018          |
|                                      | Low birthweight*                     | 20%    | National Center for Health Statistics - Natality files                | 2013-2019     |
| <b>HEALTH FACTORS</b>                |                                      |        |   |               |
| <b>HEALTH BEHAVIORS</b>              |                                      |        |   |               |
| Tobacco Use                          | Adult smoking                        | 10%    | Behavioral Risk Factor Surveillance System                            | 2018          |
| Diet and Exercise                    | Adult obesity                        | 5%     | United States Diabetes Surveillance System                            | 2017          |
|                                      | Food environment index               | 2%     | USDA Food Environment Atlas, Map the Meal Gap from Feeding America    | 2015 & 2018   |
|                                      | Physical inactivity                  | 2%     | United States Diabetes Surveillance System                            | 2017          |
|                                      | Access to exercise opportunities     | 1%     | Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files | 2010 & 2019   |
| Alcohol and Drug Use                 | Excessive drinking                   | 2.5%   | Behavioral Risk Factor Surveillance System                            | 2018          |
|                                      | Alcohol-impaired driving deaths      | 2.5%   | Fatality Analysis Reporting System                                    | 2015-2019     |
| Sexual Activity                      | Sexually transmitted infections      | 2.5%   | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2018          |
|                                      | Teen births*                         | 2.5%   | National Center for Health Statistics - Natality files                | 2013-2019     |
| <b>CLINICAL CARE</b>                 |                                      |        |   |               |
| Access to Care                       | Uninsured                            | 5%     | Small Area Health Insurance Estimates                                 | 2018          |
|                                      | Primary care physicians              | 3%     | Area Health Resource File/American Medical Association                | 2018          |
|                                      | Dentists                             | 1%     | Area Health Resource File/National Provider Identification file       | 2019          |
|                                      | Mental health providers              | 1%     | CMS, National Provider Identification                                 | 2020          |
| Quality of Care                      | Preventable hospital stays*          | 5%     | Mapping Medicare Disparities Tool                                     | 2018          |
|                                      | Mammography screening*               | 2.5%   | Mapping Medicare Disparities Tool                                     | 2018          |
|                                      | Flu vaccinations*                    | 2.5%   | Mapping Medicare Disparities Tool                                     | 2018          |
| <b>SOCIAL &amp; ECONOMIC FACTORS</b> |                                      |        |   |               |
| Education                            | High school completion               | 5%     | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Some college                         | 5%     | American Community Survey, 5-year estimates                           | 2015-2019     |
| Employment                           | Unemployment                         | 10%    | Bureau of Labor Statistics  | 2019          |
| Income                               | Children in poverty*                 | 7.5%   | Small Area Income and Poverty Estimates                               | 2019          |
|                                      | Income inequality                    | 2.5%   | American Community Survey, 5-year estimates                           | 2015-2019     |
| Family and Social Support            | Children in single-parent households | 2.5%   | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Social associations                  | 2.5%   | County Business Patterns  | 2018          |
| Community Safety                     | Violent crime                        | 2.5%   | Uniform Crime Reporting - FBI   | 2014 & 2016   |
|                                      | Injury deaths*                       | 2.5%   | National Center for Health Statistics - Mortality Files               | 2015-2019     |
| <b>PHYSICAL ENVIRONMENT</b>          |                                      |        |   |               |
| Air and Water Quality                | Air pollution - particulate matter   | 2.5%   | Environmental Public Health Tracking Network                          | 2016          |
|                                      | Drinking water violations            | 2.5%   | Safe Drinking Water Information System                                | 2019          |
| Housing and Transit                  | Severe housing problems              | 2%     | Comprehensive Housing Affordability Strategy (CHAS) data              | 2013-2017     |
|                                      | Driving alone to work*               | 2%     | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Long commute - driving alone         | 1%     | American Community Survey, 5-year estimates                           | 2015-2019     |

\*Indicates subgroup data by race and ethnicity is available

## 2021 County Health Rankings: Additional Measure Sources and Years of Data

|                                      | Measure   | Source  | Years of Data |
|--------------------------------------|---|---|---------------|
| <b>HEALTH OUTCOMES</b>               |   |   |               |
| Length of Life                       | Life expectancy*                                  | National Center for Health Statistics - Mortality Files               | 2017-2019     |
|                                      | Premature age-adjusted mortality*                 | National Center for Health Statistics - Mortality Files               | 2017-2019     |
|                                      | Child mortality*                                  | National Center for Health Statistics - Mortality Files               | 2016-2019     |
|                                      | Infant mortality*                                 | National Center for Health Statistics - Mortality Files               | 2013-2019     |
| Quality of Life                      | Frequent physical distress                        | Behavioral Risk Factor Surveillance System                            | 2018          |
|                                      | Frequent mental distress                          | Behavioral Risk Factor Surveillance System                            | 2018          |
|                                      | Diabetes prevalence                               | United States Diabetes Surveillance System                            | 2017          |
|                                      | HIV prevalence                                    | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2018          |
| <b>HEALTH FACTORS</b>                |   |   |               |
| <b>HEALTH BEHAVIORS</b>              |   |   |               |
| Diet and Exercise                    | Food insecurity                                   | Map the Meal Gap  | 2018          |
|                                      | Limited access to healthy foods                   | USDA Food Environment Atlas   | 2015          |
| Alcohol and Drug Use                 | Drug overdose deaths*                             | National Center for Health Statistics - Mortality Files               | 2017-2019     |
|                                      | Motor vehicle crash deaths*                       | National Center for Health Statistics - Mortality Files               | 2013-2019     |
| Other Health Behaviors               | Insufficient sleep                                | Behavioral Risk Factor Surveillance System                            | 2018          |
| <b>CLINICAL CARE</b>                 |   |   |               |
| Access to Care                       | Uninsured adults                                  | Small Area Health Insurance Estimates                                 | 2018          |
|                                      | Uninsured children                                | Small Area Health Insurance Estimates                                 | 2018          |
|                                      | Other primary care providers                      | CMS, National Provider Identification                                 | 2020          |
| <b>SOCIAL &amp; ECONOMIC FACTORS</b> |   |   |               |
| Education                            | High school graduation                            | EDFacts   | 2017-2018     |
|                                      | Disconnected youth                                | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Reading scores**+                                 | Stanford Education Data Archive                                       | 2018          |
|                                      | Math scores**+                                    | Stanford Education Data Archive                                       | 2018          |
| Income                               | Median household income*                          | Small Area Income and Poverty Estimates                               | 2019          |
|                                      | Children eligible for free or reduced price lunch | National Center for Education Statistics                              | 2018-2019     |
| Family and Social Support            | Residential segregation - Black/White             | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Residential segregation - non-White/White         | American Community Survey, 5-year estimates                           | 2015-2019     |
| Community Safety                     | Homicides*  | National Center for Health Statistics - Mortality Files               | 2013-2019     |
|                                      | Suicides*   | National Center for Health Statistics - Mortality Files               | 2015-2019     |
|                                      | Firearm fatalities*                               | National Center for Health Statistics - Mortality Files               | 2015-2019     |
|                                      | Juvenile arrests*                                 | Easy Access to State and County Juvenile Court Case Counts            | 2018          |
| <b>PHYSICAL ENVIRONMENT</b>          |   |   |               |
| Housing and Transit                  | Traffic volume                                    | EJSCREEN: Environmental Justice Screening and Mapping Tool            | 2019          |
|                                      | Homeownership                                     | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Severe housing cost burden                        | American Community Survey, 5-year estimates                           | 2015-2019     |
|                                      | Broadband access                                  | American Community Survey, 5-year estimates                           | 2015-2019     |

\*Indicates subgroup data by race and ethnicity is available

+ Not available in all states


See additional contextual demographic information and measures online at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



## 2021 County Health Rankings for the 99 Ranked Counties in Iowa

| County      | Health Outcomes | Health Factors | County     | Health Outcomes | Health Factors | County     | Health Outcomes | Health Factors | County        | Health Outcomes | Health Factors |
|-------------|-----------------|----------------|------------|-----------------|----------------|------------|-----------------|----------------|---------------|-----------------|----------------|
| Adair       | 59              | 41             | Davis      | 73              | 85             | Jefferson  | 13              | 37             | Pocahontas    | 66              | 58             |
| Adams       | 45              | 22             | Decatur    | 99              | 89             | Johnson    | 7               | 3              | Polk          | 50              | 28             |
| Allamakee   | 51              | 78             | Delaware   | 28              | 25             | Jones      | 19              | 64             | Pottawattamie | 91              | 74             |
| Appanoose   | 98              | 96             | Des Moines | 82              | 99             | Keokuk     | 63              | 80             | Poweshiek     | 43              | 19             |
| Audubon     | 90              | 47             | Dickinson  | 24              | 5              | Kossuth    | 15              | 29             | Ringgold      | 41              | 59             |
| Benton      | 31              | 57             | Dubuque    | 18              | 53             | Lee        | 97              | 95             | Sac           | 68              | 27             |
| Black Hawk  | 72              | 61             | Emmet      | 77              | 52             | Linn       | 35              | 24             | Scott         | 64              | 62             |
| Boone       | 9               | 33             | Fayette    | 47              | 73             | Louisa     | 88              | 93             | Shelby        | 29              | 14             |
| Bremer      | 4               | 7              | Floyd      | 37              | 86             | Lucas      | 79              | 69             | Sioux         | 2               | 2              |
| Buchanan    | 22              | 50             | Franklin   | 65              | 71             | Lyon       | 12              | 9              | Story         | 8               | 4              |
| Buena Vista | 38              | 65             | Fremont    | 89              | 83             | Madison    | 11              | 30             | Tama          | 94              | 84             |
| Butler      | 62              | 56             | Greene     | 67              | 43             | Mahaska    | 58              | 54             | Taylor        | 76              | 63             |
| Calhoun     | 70              | 60             | Grundy     | 17              | 8              | Marion     | 30              | 10             | Union         | 87              | 76             |
| Carroll     | 14              | 13             | Guthrie    | 23              | 49             | Marshall   | 71              | 92             | Van Buren     | 46              | 81             |
| Cass        | 81              | 66             | Hamilton   | 36              | 39             | Mills      | 49              | 40             | Wapello       | 96              | 94             |
| Cedar       | 5               | 20             | Hancock    | 6               | 15             | Mitchell   | 20              | 26             | Warren        | 10              | 12             |
| Cerro Gordo | 74              | 18             | Hardin     | 32              | 48             | Monona     | 92              | 82             | Washington    | 57              | 51             |
| Cherokee    | 34              | 44             | Harrison   | 60              | 42             | Monroe     | 80              | 77             | Wayne         | 86              | 98             |
| Chickasaw   | 44              | 32             | Henry      | 40              | 55             | Montgomery | 95              | 75             | Webster       | 85              | 90             |
| Clarke      | 93              | 88             | Howard     | 53              | 36             | Muscatine  | 55              | 70             | Winnebago     | 26              | 35             |
| Clay        | 27              | 31             | Humboldt   | 42              | 38             | O'Brien    | 21              | 16             | Winneshiekie  | 1               | 6              |
| Clayton     | 25              | 79             | Ida        | 48              | 21             | Osceola    | 61              | 46             | Woodbury      | 75              | 87             |
| Clinton     | 84              | 91             | Iowa       | 16              | 17             | Page       | 52              | 68             | Worth         | 54              | 34             |
| Crawford    | 78              | 97             | Jackson    | 56              | 72             | Palo Alto  | 83              | 23             | Wright        | 39              | 67             |
| Dallas      | 3               | 1              | Jasper     | 69              | 45             | Plymouth   | 33              | 11             |               |                 |                |

For more information on how these ranks are calculated visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



**Stay Up-To-Date with County Health Rankings & Roadmaps**

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## Technical Notes

### How are race and ethnicity categories defined?

Race and ethnicity are different forms of identity but are sometimes categorized in non-exclusive ways. Race is a form of identity constructed by our society to give meaning to different groupings of observable physical traits. An individual may identify with more than one race group. Ethnicity is used to group individuals according to shared cultural elements. Racial and ethnic categorizations relate to health because our society sorts groups of individuals based on perceived identities. These categorizations have meaning because of social and political factors, including systems of power such as racism. Examining the variation among racial and ethnic groupings in health factors and outcomes is key to understanding and addressing historical and current context that underlie these differences.

Data sources differ in methods for defining and grouping race and ethnicity categories. To incorporate as much information as possible in our summaries, County Health Rankings & Roadmaps (CHR&R) race/ethnicity categories vary by data source. With a few exceptions, CHR&R adheres to the following nomenclature originally defined by [The Office of Management and Budget \(OMB\)](#):

**American Indian & Alaska Native (AIAN):** includes people who identify as American Indian or Alaska Native and do not identify as Hispanic.

**Asian:** includes people who identify as Asian or Pacific Islander and do not identify as Hispanic.

**Black:** includes people who identify as Black or African American and do not identify as Hispanic.

**Hispanic:** includes people who identify as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.

**White:** includes people who identify as White and do not identify as Hispanic.

### Note:

- Racial and ethnic categorization masks variation within groups.
- Individuals may identify with multiple races, indicating that none of the offered categories reflect their identity; these individuals are not included in our summaries.
- OMB categories have limitations and have changed over time, reflecting the importance of attending to contemporary racialization as a principle for examining approaches to measurement.
- For some data sources, race categories other than White also include people who identify as Hispanic.

### Learn More:

The above definitions apply to all measures using data from the [National Center for Health Statistics](#) (see Ranked & Additional Measure Sources and Years of Data tables on pages 4 & 5). For this data source, all race/ethnicity categories are exclusive so that each individual fits into only one category.

Other data sources offer slight nuances of the race/ethnicity categories listed above. [The American Community Survey \(ACS\)](#) only provides an exclusive race and ethnicity category for people who identify as non-Hispanic White. An individual who identifies as Hispanic and as Black would be included in both the Hispanic *and* Black race/ethnicity categories. Another difference with ACS data is the separate race categories for people who identify as Asian and people who identify as Hawaiian & Other Pacific Islander. For measures of Children in Poverty and Driving Alone to Work, CHR&R reports a combined estimate for the Asian & Other Pacific Islander categories, while for Median Household Income we only report the Asian race category.

Measures using data from the [Center for Medicare and Medicaid Services](#) (Mammography, Preventable Hospital Stays, Flu Vaccinations) follows the ACS categories with the exception of having a combined Asian/Pacific Islander category. For this data source, race and ethnicity are not self-reported.

The [Stanford Education Data Archive](#) used for the Reading and Math Scores measures follow the [National Center for Education Statistics \(NCES\)](#) definitions of Asian or Pacific Islander, American Indian & Alaska Native, non-Hispanic Black, non-Hispanic White, and Hispanic.

### How do we rank counties?

To calculate the ranks, we first standardize each of the measures using z-scores. Z-scores allow us to combine multiple measures because the measures are now on the same scale. The ranks are then calculated based on weighted sums of the measure z-scores within each state to create an aggregate z-score. The county with the best aggregate z-score (healthiest) gets a rank of #1 for that state. To see more detailed information on rank calculation please visit our methods in **Explore Health Rankings** on our website: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).