JASPER COUNTY BOARD OF HEALTH

116 W 4th St. S, Newton, Iowa 50208
Jasper County Health Department: (641)787-9224

Date of Meeting: Thursday, November 4, 2021
Time of Meeting: 11:00 AM
Location of Meeting: Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208

PUBLIC NOTICE IS HEREBY GIVEN THAT THE ABOVE-MENTIONED GOVERNMENTAL BODY WILL MEET AT THE DATE, TIME AND PLACE ABOVE SET OUT. THE TENTATIVE AGENDA NOTICE, OF WHICH THE CONTENT CAN BE SUBJECT TO CHANGE, (PER CHAPTER 21, CODE OF IOWA), FOR SAID MEETING IS AS FOLLOWS:

This meeting may be attended virtually at:
Join Zoom https://jasper.zoom.us/j/97157736051
or join via zoom by via phone by calling (312) 626-6799 & enter ID 97157736051#
The virtual meeting option is provided for convenience and cannot guarantee access; if a member of the public wishes to ensure participation in the meeting, they should attend in person.

Tentative Agenda: Jasper County Board of Health

Item 1: **Call to order:** Roll call of Jasper County Board of Health members

Item 2: **Approval of the Agenda: (Discuss/Action)**

Item 3: **Approval of Minutes:** September 9, 2021 **(Discuss/Action)**

Item 3: **Other Outside Agency Reports:** (information only)
1.) Environmental Health report: Kevin Luetters (report/attachment)
2.) I-smile, Melissa Woodhouse Coordinator, Marion Co. PH (5-page report/attachment)
3.) Nikki Gunn, EFR, FY21 report for SPF-RX grant (report/attachment)

Item4: **Board of Health member recommendations to the Board of Supervisors (Discuss/Action)**
A.) Dr. Andrew Cope 12/31/2021: Dr. Cope would like to continue to serve.
B.) John Van Ryswyk 12/31/2021. John does not want to be reappointed.
*We would like to honor John for 16 years of service to the Jasper County Board of Health.
C.) Julie Smith from Monroe would like to be considered for the Board of Health.

Item 5: **Dates for 2022:** (attachment) **(Discuss/Action)**

Item 6: **NIMS compliance:** Public Health Emergency Preparedness (attachment) Becky Pryor, Administrator **(Discuss/Action)**

Item 7: **Jasper County Health Department Agency Report: (Information)**

- Administrative updates: Board of Health report for FY22, Quarter 1 (Becky Pryor)
- Home Care reimbursement report: (Melissa Gary)
  Available home care agencies serving Jasper County. (attachment)
- Other Public Health updates: (Kristina Winfield)
  - COVID updates (data, booster doses, ultracold freezer, test kits)
  - Immunization audits: 5 school districts and daycare
  - Misc: Books to Lynnville Sully Schools and Reasnor Trick or Treat, hand soaps give away. Car seats: 7 (July- October)
  - County employee flu and blood draws this month.

Item 8: **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.

Item 9: **Next meeting** Date: Thursday, January 13, 2022

Time: 11:00 AM

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

Item10: **Motion to Adjourn:** (Action)

If you are unable to attend in person and would like to call or via Zoom, please contact Becky Pryor at bpryor@jasperia.org or call (641)787-9224, extension 3, and leave a message.

JASPER COUNTY
HEALTH DEPT

110 W 4TH ST SOUTH, NEWTON, IA 50208

Minutes: Jasper County Board of Health
Date: Thursday, September 9, 2021, 11:00 AM
Location: Jasper County EOC, 1030 W 2nd St S, Newton, Iowa 50208
Call to order: Time: 11:00 AM
All BOH Members Present: John Van Ryswyk, Mike Balmer, Donna Akins, Dr. Andrew Cope, Margot Voshell
Present: Stacey Haas (Marion County PH, First Five), Becky Pryor (Administrator), Kristina Winfield (Nurse), Melissa Gary (Assistant), Kevin Luetters (Community Development)
Via Zoom: Nicole Gunn (EFR), Heather Bombei (IDPH Regional Public Health Consultant), Jamee Pierson (Newton Daily News), and Kylie Mitchell (American Lung Association)
Approval of minutes: July 15, 2021
Motion made: Donna Akins Second by: Mike Balmer Motion passed: unanimously
Other Agency Reports:

- Environmental Health Report- Kevin Luetters, Community Development Director: Septic inspections and well fills are normal. He stated a normal uptick in animal bites including a raccoon bite. He stated dry weather is good for septic inspections. Question about Maytag Pool. They did fine but had an accident beginning of the season. No handouts given.
- 1st Five- Stacy Haas MCPH (presentation and handout): Data in attachment shows all sites in service area including Jasper County downtick in referrals (for Maternal and Child Health) since last year but has come back up to 12. 1st Five works with all clinics in Jasper County including Sully Clinic, Prairie City Clinic, and Newton Clinic. Speech, development delays, and some behavioral and social delays for under age 5 are the most common referrals they receive. A comparison from a year ago to now shows a decrease in referrals in July and went through December. The main referral facility, in Jasper County, is Newton Clinic. Dr. Cope stated he feels the program shows value in a wide range of delays and he likes only needing to make one referral. Stacy reported fewer Spanish-speaking referrals since Dr. Gaurin left (Newton Clinic) Dr. Cope commented that he has taken some of his adult patients as he is fluent in Spanish. Report: Year Data FY20 – 71 and FY21-36
- Kylie Mitchell- American Lung Association (presentation and attachment): End of Grant year review, completed assisting two daycare centers and two businesses with smoking, tobacco, and nicotine-free policy. Referred three pregnant women to Quitline Iowa. The numbers are a bit lower due to COVID. Continue to attend Coalition meetings in Jasper County.
  This grant year the strategic plan is to
  1: Continue to find and work with the daycares to implement a policy.
  2: Continue to find and work with businesses to implement a policy.
  3: Goal is to have 22 people to calls to Quitline Iowa.
  4: Continue coalition participation.
  There has been a 15%-20% decrease in adults and a 16%- 18% decrease of tobacco usage in youth, but a big increase in e-cigarettes use in youth.

Agenda Items:

1. Annual Report FY21: (Handout and posted on jasperia.org website) Report from Becky Pryor, Administrator. Motion to approve Annual Report for FY21.

-Board of Health, staff, programs, accomplishments, plans, budget.

Motion made: Mike Balmer Second by: John Van Ryswyk Motion passed: unanimously

2. Hazard Vulnerability Assessment (HVA) 2021-2011: (handout) HVA presented by Becky Pryor, Administrator. It was completed on 7/26/2021 with Jasper County Emergency Preparedness team to determine top hazards with the 1.) pandemic 2.) weather 3.) lack of medical staffing 4.) medical surge 5.) supply shortage-good at this time. Motion to approve HVA as presented.

Motion made: Donna Akins Second by: Mike Balmer Motion passed: unanimously

3. Board Health Members terms ending 12/31/2021: John Van Ryswyk and Dr. Andrew Cope

A.) John Van Ryswyk's term will end on 12/31/2021 and he has served for 16 years. John stated he does not want to seek another term due to his age. BOH agreed to discuss replacements at the November meeting. The Board is considering who would be good to serve on the BOH with the health needs of Jasper County. If the Board of Health members have nominations for new members, they will have the person fill out a Board of Health application and have it returned to the Administrator prior to the next meeting.

B.) Dr. Andrew Cope's term will end on 12/31/2021. Dr. Cope has agreed to stay on for another term as the medical director. Dr. Cope is requesting reappointment by the Board of Supervisors.

No action.

4. County Health rankings follow up and comparison to surrounding counties. (handout and discussion)

-Marion, Marshall, Poweshiek, Polk

-smoking discussed by American Lung, free dental clinic being offered, high school completion

-agreed that this was important information for the Community Health Needs Assessment that will be complete in 2022 with Mercy One Newton.

No action.

Agency Reports:

- Home Care funding: Melissa reports 8 clients with one currently in a facility. Melissa working with two previous clients that have a homecare agency with no response. She emailed the homecare agency with no response. Total cost was about the same in July and August with approximately $1140 per month.
- Referral for services 11 in July, 24-30 in August. (per Melissa Gary) The Board discussed eliminating barriers to services.
- Safe Kids: Melissa stated she also installed one car seat and has been working on promotions.
- Public Health: Kristina reports immunization audits are due by October 29, 2021, per IDPH. Kristina and Becky will start with school audits by the end of the month. They are working with the 5 school district's school nurses to schedule them now. Daycares audits are not due until January 2022, and she plans to start those after the school audits are finished.
- COVID data for July and August cases continue to increase since school reopened, % by age, schools absenteeism rates, talked about when sick stay home, CDC does recommend masks, schools are working hard, no mask mandates at this time, lack of mitigation measures except vaccine for over age 12. For healthcare, they are lacking healthcare staff. Discussion about hospitalized and ICU, the rate is very high among the unvaccinated. COVID vaccine remains the best mitigation. 1 LTC outbreak currently. Delta variant was discussed. 49% full vaccinated in Jasper County currently. COVID vaccine at Newton Clinic and they will be offering 100 doses of J&J vaccine. Medicap and HyVee offering vaccine also. We are working on booster dose planning. We did run out of at-home, COVID test kits, but we received another shipment yesterday. Newton Schools is being very transparent. The recommendations continue to change as we learn more about COVID. The school absenteeism is over 10%, is a report to IDPH and this is nothing new. Schools are screening for symptoms per parent reports. The trend is upward. BOH recommends the vaccine for flu and COVID, stay home if sick, wear a mask, if anyone has symptoms, they should get tested for COVID

Public input:

Heather Bombei and Donna Akins told Becky that she did a great job on her interview about COVID with WHO TV 13.

Nikki Gunn from EFR reported she will be giving the FY21 report for the SPF- RX grant, which has ended last month, at the next meeting.

Next meeting:

Date: Thursday, November 4, 2021, at 11 AM

This is a change in dates due to holiday on November 11, 2021. This will be John Van Ryswyk's last Board of Health meeting.

Location: Jasper County EOC

Adjourn time: 12:11 PM

Motion made: John Van Ryswyk Second by: Mike Balmer Motion passed: unanimously

Chair of Board of Health Signature: _____ **Date: 11/4/2021**

Notes: taken by Melissa Gary

Environmental Reporting to Jasper County Board of Health
For FY2022

Environmental Reporting FY2022	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Septic Eval & Inspections	19	14	16									
Time of Transfer Inspections	9	8	12									
New Wells Constructed	-	1	-									
Plugged Abandoned Wells	3	5	6									
Water Tests	1	-	1									
Pool/Spa Inspections	-	-	-									
Tanning Facility Inspections	-	-	-									
Tattoo Facility Inspections	-	-	-									
Septic Tank Pumper Inspections	-	-	-									
Nuisance Complaints	2	1	2									
Rabies / Dog Bites	0 / 2	0 / 2	0 / 3									
Radon Test Kits Sold	2	-	1									
Any Issues or Complaints	-	-	1									

E 2 V

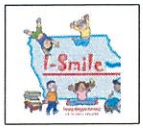
I-smile 5pages

I-Smile™ Program BOH Report: 4th Quarter FY21

July-Sept 2021: FY21 Year End

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, ages 3-5, in all 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.*

FY21 I-Smile™ Fluoride Program (October 2020-Sept 2021)				
County Served	# Children Receiving Dental Screenings	# Children Suspected Dental Decay	Decay Rate	# Children Receiving Fluoride Varnish
Appanoose	219	19	8.7%	209
Clarke	278	22	7.9%	271
Decatur	182	16	8.8%	176
Jasper	274	22	8.0%	269
Lucas	172	18	10.5%	160
Marion	398	26	6.5%	395
Monroe	210	16	7.6%	191
Poweshiek	191	14	7.3%	183
Ringgold	191	13	6.8%	186
Wayne	79	6	7.6%	71
MCPH I-Smile Totals	2194	172		2111

Preschools are served Sept-November and March-May.

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

Number Preschool & Head Start Programs served per County:

Appanoose= 6 Clarke= 5 Decatur= 4 Jasper= 14 Lucas= 2 Marion= 11 Monroe= 4 Poweshiek= 6 Ringgold= 3 Wayne= 4

I-Smile™ Program BOH Report: 4th 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 (Oct 2020- Sept 2021)

County	Student Participation	# Dental Screenings	# Suspected Dental Decay	Decay Rate	# Dental Sealants Placed
Appanoose	33.7%	287	54	18.8%	417
Clarke	31.8%	166	26	15.7%	65
Decatur	24.5%	115	22	19.1%	159
*** Jasper	18.7%	212	22	10.4%	218
Lucas	23.8%	112	16	14.3%	204
***Marion	26.1%	243	17	7%	242
***Monroe	0	0	0	--	0
*** Poweshiek	27.4%	106	14	13.2%	68
Ringgold	36.2%	99	10	10.1%	29
**Wayne	48.8%	81	10	12.3%	198
Totals		1421	191	13.4%	1600

****Some schools did not participate due to the pandemic ***Ineligible schools in county**

Elementary Schools with 40% or higher Free & Reduced Lunch Rate are eligible for the I-Smile @ School sealant program. Schools are served October-May, once per school year.

MCPH I-Smile @ School team consists of a registered dental hygienist and a registered dental assistant. Working closely with the school nurse and seeing each student individually allowing the dental team to do one-on-one oral hygiene education. Each participant receives a new toothbrush, pencil and a letter for their parents explaining results of screening.

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

We are excited to welcome new team members, meet Kaitlin McClain, RDH and Courtney McCarty, RDA. Kaitlin, our registered dental hygienist, previously worked at a pediatric office and is excited to continue serving children in public health. Courtney, our registered dental assistant, has previous experience in private practice and coaches' softball in her spare time, she communicates well with children. Both are assets to our program, so exciting!

I-Smile™ Program BOH Report: 4th Quarter FY21

MCPH I-Smile staff sent out coloring sheets to Fareway grocery stores in MCPH service area. Participation was less than expected but our intention is for the Coloring Contest to be an annual event and anticipate a better result during FY22.

MCPH I-Smile coloring contest winners were announced in July 2021.

Coloring contest winners received books, a dodge ball, school supplies and electric toothbrushes & toothpaste.

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

https://is.gd/ismileconsentmcph

We are now utilizing this QR code for families to use. Just can this with you cell phone camera and it takes you directly to the I-Smile @ School consent form.

2020-21 school year went very well using the online consent, trying to go touchless due to pandemic concerns. Most schools and parents appreciated less paperwork sent home and collected by teachers.

➡ Partnerships and Outreach

The I-Smile™ Program is kicking off a pilot project, partnering with DHS to better serve the foster care system, offering dental referrals to find dental homes for the children. This pilot affects only a few of MCPH counties, I-Smile has received multiple referrals and have been able to provide referrals and/or screenings for families to find dental homes for these kiddos.

I-Smile™ Program BOH Report: 4th Quarter FY21

MCPH I-Smile™ continues to partner with WIC agencies to provide preventive dental services during scheduled WIC clinics.

Since the July 1, 2021, resuming in-person clinics I-Smile has served 224 children with screenings at WIC clinics in the MCPH service area. Expecting a very busy FY22!

MCPH 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, and 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 I-Smile™ continues to partner with family support groups and school districts to participate at various community events.

In July & August I-Smile participated at Back-to-School events in Marion, Lucas, Appanoose, Decatur, and Clark Counties.

In July I-Smile participated at Roll-N-Read events hosted by PAT parenting program in Marion and Jasper Counties.

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

Appanoose County: River Hills, Centerville

Clarke County: Community Health Centers of Southern Iowa, Osceola (satellite office)

Decatur County: Community Health Centers of Southern Iowa, Leon

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!

IMOM
IOWA MISSION OF MERCY
FREE DENTAL CARE DAY!

Due to the pandemic multiple offices in the state are offering free dental services for a day in place of the traditional IMOM event. For event locations and dates please visit: https://www.iowamom.org/

I-Smile™ Program BOH Report: 4th Quarter FY21

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

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

EFR 2021-22 Work Plan
2 pages

EFR EMPLOYEE & FAMILY RESOURCES

Introduction to the Integrated Provider Network Work Plan For Jasper and Marion Counties

Goal: Collaborate with the Iowa Department of Public Health to utilize each step of the Strategic Prevention Framework (SPF) to guide Integrated Provider Network (IPN) prevention Services.

Strategic Prevention Framework

- Step 1 - Assess Needs: What is the problem?
- Step 2 – Build Capacity: What are your resources?
- Step 3 – Plan: What works, and how to build on it.
- Step 4 – Implement: Put a plan into action.
- Step 5 – Evaluate: Is my plan succeeding?

Central Principles that must be integrated into each step:

- Cultural competence: The ability to interact effectively with members of diverse populations.
- Sustainability: The process of achieving and maintaining long-term results.

Priority Areas: 1. Alcohol, 2. Marijuana, 3. Prescription Medication/Opioids, 4. Problem Gambling, 5. Tobacco

Optional Additional Areas: 6. Suicide, 7. Methamphetamine.

1. Alcohol

- Strategy 1D: Begin the Planning Step of the SPF
  - Complete the Planning Workbook Deliverable
- Strategy 1E: Alcohol Media Campaign, "What do you Throw Away"
  - Partner with media sources to deliver this campaign
- Strategy 1F: Technical Assistance to Community Events/Coalitions Planning Alternative Activitries for Seasonal Celebrations
  - Partner with coalitions to promote healthy alternatives for fall, winter and spring celebrations

2. Marijuana

- Strategy 2A: Drug Free Workplace Training
  - Sessions cover substance use trends in Iowa including Marijuana
  - Companies will also have an opportunity to have their drug free workplace policy reviewed and updated.
  - Post-tests will show 80% of participants will have an increased knowledge regarding substance use trends in Iowa
- Strategy 2B: Marijuana Education in Drivers Education Class
  - Deliver driver's education information to local classes
  - Post-tests will show 80% of participants will have an increased knowledge of risks and harms of marijuana use/abuse

3. Prescription Medication

- Strategy 3A: Generation Rx Training
  - Deliver Evidence-based curriculum
  - Post-tests will show 80% of participants will have an increase in knowledge of the harms of Rx medications
- Strategy 3B: Social Host
  - Sessions will cover Social Host Laws in Iowa
  - Post-tests will show 80% of participants will have an increase knowledge of social host paws in Iowa.

4. Problem Gambling

- Strategy 4A: Social Media Campaigns, #1 at Getting Help & Responsible Gifting
  - Partner with media sources to deliver this campaign
- Strategy 4B: Stacked Deck
  - Deliver evidence-based program to students
  - Post-tests will show 80% of participants will have an increased knowledge of risk/harm of problem gambling

5. Tobacco

- Strategy 5A: Small Group Sessions
  - Sessions will cover the harms of tobacco use
  - Sessions will be directed at indicated populations
  - Post-test will show 80% of participants will have an increased knowledge of the risk/harm of tobacco use.
- Strategy 5B: Curriculum Based Support Group
  - Deliver evidence-based program to students
  - Sessions will be directed at selective populations
  - Post-tests will show 80% of participants will have an increased knowledge of harm of substance abuse/misuse.

EFR SPF Final Numbers
1 page

Strategic Prevention Framework Steps:

- Step 1 - Assess Needs: What is the problem?
- Step 2 – Build Capacity: What are your resources?
- Step 3 – Plan: What works, and how to build on it.
- Step 4 – Implement: Put a plan into action.
- Step 5 – Evaluate: Is my plan succeeding?

Central Principles that must be integrated into each step:

- Cultural competence: The ability to interact effectively with members of diverse populations.
- Sustainability: The process of achieving and maintaining long-term results

SPF Rx Grant, Final Numbers

- CDC Guideline Information Dissemination
  - Materials Sent: 61*
  - Presentations Given: 2
  - Total Surveys: 41
    - 61% increase in knowledge of the CDC Guidelines
- Prescription Drugs are Still Drugs Media Campaign
  - FY19
    - Billboard Impressions: 25701, Facebook Impressions: 4740, Radio Plays: 1472, Brochures: 275
  - FY20
    - KCCI Plays: 101021, AudioGo** Impressions: 13607, Spotify Impression: 36067, Facebook Impressions: 208, Radio Plays: 1981
  - FY21
    - Snapchat Reach: 135, Audiogo** Impressions: 13892, Radio Plays: 2070
  - Total Surveys: 219
    - 96% increase/maintenance of knowledge regarding the dangers of prescription drug misuse due to the media campaign
- LifeSkills Program for High School Students
  - Groups Taught: 5 (9)
  - Total Surveys: 115 (221)
    - 77% increase/maintenance of perceived ability to resist peer pressure
- Strengthening Families 10-14
  - Groups Taught: 2 (3)
  - Total Surveys: 8 (17)
    - 100% increase perceived ability to resist peer pressure
- Your Life Iowa & Good Samaritan Law Information Dissemination
  - FY21
    - Presentations Given: 3
    - Materials Sent: 597*
    - AudioGo**/Spotify Impressions: 29479, Radio Plays: 1099, Snapchat Impressions: 126373, Facebook Impressions: 254

*Virtual materials sent not included in final total

**Audiogo advertises through Pandora, IHeartRadio, PodcastOne, Univision, & Spreaker

Workbook
Assessment
63 pages

Integrated Provider Network Grant
County Assessment Workbook

Jasper County
Employee and Family Resources

Prevention Priority Areas

Alcohol, Marijuana, Methamphetamine, Prescription Medication/Opioids, Problem Gambling, Suicide and Tobacco

Iowa Department of Public Health, Bureau of Substance Abuse

IDPH
IOWA Department of PUBLIC HEALTH

December 2020

County Assessment Workbook Contributors

List the names of County Assessment Workbook (CAW) contributors, the organizations they represent and the specific contributions they made to complete this workbook (such as providing data, assistance with interpreting data, conducting interviews, etc.) in Table 1 below. This table should reflect that a diverse group of county stakeholders were engaged in the completion of the workbook, including representatives from the Community Partnership grant identified coalition or a subcommittee of the coalition. In the event a workbook contributor does not want their name shared publicly, simply indicate N/A in the Name column. Please do not include the names here of anyone whose contributions or responses should be kept confidential or anonymous, such as the names of focus group attendees.

Table 1. Workbook Contributors

Name	Organization	Contribution
Dr. Toby V. Yak	Iowa Department of Public Health	Collection and analysis of state and county indicators
Nichole Gunn	Employee and Family Resources	Data collection, analysis, and organization
Allison Kupka	Employee and Family Resources	Data collection, analysis, and organization
Hannah McMunn	Employee and Family Resources	Data collection, analysis, and organization
Caedyn Krahling	Employee and Family Resources	Data collection, analysis, and organization
UCS Healthcare	SUD and MH Treatment Provider, MAT, Primary Care	Data collection
House of Mercy	SUD and MH treatment Provider	Data collection
Jasper County Jail	Law Enforcement	Data collection
Jasper County Sheriff's Office	First Responders/Law Enforcement	Data collection, analysis, interviews
Newton Police	First Responders/Law Enforcement	Data collection, analysis, interviews
MercyOne Newton	Healthcare Professionals	Data collection, interview

Jasper County Public Health	Public Health	Data collection, interview
Capstone Behavioral Health	Healthcare Professional/SUD Treatment Center	Interview
Discover Hope	Religious	Interview
Four Oaks	DHS/Youth Serving	Interview
ISU Extension	Civic/Voluntter	Data collection, Interview
YMCA Newton	Youth Serving	Interview
Newton Schools	Schools	Interviews
American Lung Association	Substance Abuse Prevention Grantee	Data collection, analysis
Jasper County Cares Coalition	Additional Sectors: • Youth • Business Owners • Parents • Military • Civic/Volunteer • Elected Officials • Media	Data collection, analysis, interviews

Data Sources

The Table below provides a list of the data sources used in this workbook as well as a description of the data and where it came from.

To help support the data collection and review process, the Iowa Department of Public Health (IDPH) has provided a variety of county-level data which focus in the priority areas in the CAW available through the Integrated Provider Network (IPN) CAW Data Spreadsheet. Data sources with counts of five people or less were suppressed or not included in the spreadsheet to protect confidentiality. This suppression is noted with an asterisk (see the notes section at the bottom of each sheet where applicable).

In addition to the data provided by IDPH, other local data sources should be reviewed to support this process. Please add rows at the end of the table to describe each additional source from which local data were collected.

Table 2. CAW Data Sources

Data Source	Data Description	Data Location
Alcoholic Beverages Division (ABD) 2019 Annual Report and Licensing Information	The Iowa Alcoholic Beverages Division is responsible for the regulation, control and enforcement of state and federal laws and regulations regarding the sale and use of alcohol and tobacco products.	https://abd.iowa.gov/annual-reports
Behavioral Risk Factor Surveillance System (BRFSS)	BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.	Data provided by IDPH
Centers for Disease Control and Prevention (CDC) Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER)	CDC WONDER a public resource application that manages nearly 20 collections of public-use data for U.S. births, deaths, cancer diagnoses, tuberculosis cases, vaccinations, environmental exposures, and population estimates.	Data provided by IDPH
Central Data Repository (CDR)	CDR is a data repository containing substance use disorder treatment data as reported by Iowa's licensed SUD treatment providers.	Data provided by IDPH

Criminal & Juvenile Justice Planning (CJJP): Iowa Easy Access to Adult Court Data (EZAACD)	Iowa EZAACD provides access to multiple years of adult court disposed charges and convictions, including information on the district, county, age, sex, and race of defendants, and charge details (level, type and subtype).	Data provided by IDPH
Inpatient & Outpatient (IPOP) and Vital Records data	The Iowa Department of Public Health (IDPH) through the Inpatient & Outpatient (IPOP) and Vital Records data provide incidence and consequence related data for emergency department visits, hospitalizations, and deaths.	Data provided by IDPH
Iowa Lottery Annual Report	Shows net sale and fiscal year sales for a five year period by county.	https://www.pageturnpro.com/Iowa-Lottery/93204-FY-2019-Annual-Report/sdefault.html#page/24
Iowa Prescription Monitoring Program (PMP)	Iowa PMP collects and monitors prescription data for all Schedule II, III, and IV controlled substance dispensed by the pharmacy to ambulatory patients.	Data provided by IDPH
Iowa Youth Survey (IYS)	IYS is a statewide school survey of 6th, 8th, and 11th graders.	http://www.iowayouthsurvey.iowa.gov/
Iowa Racing and Gaming Commission 2019 Annual Report and Licensing Information	Iowa Gaming and Racing Commission have full jurisdiction over and supervises all race meetings and gambling excursions governed by Iowa Code Chapters 99D and 99F.	https://irgc.iowa.gov/sites/default/files/documents/2020/03/annual_report_2019.pdf https://irgc.iowa.gov/licensing-information
United States Census Bureau	The Census Bureau provides quality data about the nation's people and economy.	Data provided by IDPH State level data available at https://data.census.gov/cedsci/
Local Data (to be added)		
Department of Human Services	Instances of Substances Mentioned in CPS Assessment Reports	Data provided by DHS
Iowa Lottery	Number of Retailers by County Lottery Sales	https://ialottery.com/Pages/AboutUs/FindARetailer.aspx https://ialottery.com/Pages/AboutUs/AnnualReport.aspx
Iowa Department of Public Safety	Uniform Crime Reporting Program, Juvenile Arrests by County	Data provided by IDPS
Iowa Department of Public	Vital statistics of Iowa, Suicide	https://idph.iowa.gov/health-

Health	Rates by County	statistics/data
UCS Healthcare	Identified Substance of Use	Data provided by UCS
Your Life Iowa	Contacts by Topic by County	Data provided by IDPH
Iowa Department of Inspections & Appeals	Social and Charitable Gambling License Numbers	Data provided by IDIA
Jasper County Jail	Arrest Data	Data provided by the Jasper County Jail
Newton Police Department	Arrests 2019/2020 Suicide Data Mobile Response	Data provided by the Newton Police Department
Poison Control	Codes by Category by Reason	Data provided by Poison Control
CICS	Crisis Call Data	Data provided by CICS
House of Mercy	Identified Drug of Choice	Data provided by House of Mercy
County Health Rankings	Drunk Driving Deaths Binge Drinking Smoking Numbers	https://www.countyhealthrankings.org/explore-health-rankings

Section 1: County Description

This first section of the workbook will highlight information about the county, including data specific to demographics and a county overview. Complete Table 3 using the data IDPH provided for the county.

Demographics and Socioeconomic Status Data

Table 3. Demographics and Socioeconomic Status

Demographics (2018)	Description	Jasper County (N)	Jasper County (%)	Iowa (N)	Iowa (%)
Sex	Male	18996	51.14	1570807	49.77
	Female	18151	48.86	1585338	50.23
	Total	37147	100	3156145	100
Age (in years)	≤ 14	6820	18.36	607897	19.26
	15 to 24	4218	11.35	441900	14.00
	25 to 44	9003	24.24	777650	24.64
	45 to 64	9997	26.91	788868	24.99
	65+	7109	19.14	539830	14.10
Race	White	35694	96.09	2896007	91.76
	Black or African American	1017	2.74	146954	4.66
	American Indian or Alaska Native	147	.40	18872	.60
	Asian or Pacific Islander	289	.78	94312	2.99
Ethnicity	Hispanic or Latino	480	2.46	101126	6.16
	Not Hispanic or Latino	18516	97.54	1469681	93.84
Socioeconomic Status (2018)					
Income	Median Household Income	55727	n/a	58580	n/a
Economic Insecurity (16 years or older)	Current Unemployment	n/a	4.9	n/a	3.9
Educational Attainment (18 to 24 years)	Less than High School Graduate		12.5		10.2
	High School Graduate		45.5		27.1
	Some College or Associate Degree		36.6		51.6
	Bachelor's Degree or Higher		5.4		11.1

Jasper County Opportunity Map

Source: Casey Family Programs, Opportunity Maps

Education Indicators

4-Year High School Graduation Rate
93%
Within 1 Selected School District

Age 25+ without GED
26%
Within 9 Selected Tracts

Age 25+ with HS Diploma/GED
94%
Within 9 Selected Tracts

Age 25+ with a Bachelor's Degree+
19%
Within 9 Selected Tracts

Housing Indicators

Work Hrs/Week to Rent 2-Bed Home at Minimum Wage
75.4
(Within 1 County)

Housing Cost Burden
18%
Within 35 Selected Block Groups

Resident Turnover
14%
Within 9 Selected Tracts

Vacant Housing
11%
Within 35 Selected Block Groups

Covid-19

3,882
Confirmed Total Cases
(Within 1 County)

67
Confirmed Deaths
(Within 1 County)

Covid Trend
What does this mean?
Increasing
(Within 1 County)

10,500
Cases/100k Residents
(Within 1 County)

Accessibility

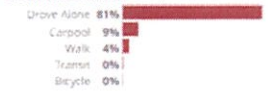
Good Access to Healthy Food
Within 9 Selected Tracts

Accessing SNAP Benefits
14%
Within 9 Selected Tracts

Computer and Internet Access
92%
Within 9 Selected Tracts

Reduced and Free Lunch Eligibility
40%
Within 1 Selected School District

Commute Mode



Children and Family Well-Being

Children under 5 in Poverty
4%
Within 9 Selected Tracts

Children without Health Insurance
1%
Within 35 Selected Block Groups

Individuals without Health Insurance
3%
Within 9 Selected Tracts

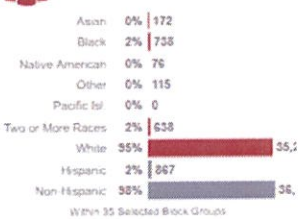
Child to Adult Ratio
1:3
Within 35 Selected Block Groups

Single Mother Families
14%
Within 9 Selected Tracts

People 65 and Over
19%
Within 35 Selected Block Groups

Foreign Born
2%
Within 9 Selected Tracts

Race & Ethnicity



Within 35 Selected Block Groups

Economic Indicators

Unemployment Rate
4%
Within 9 Selected Tracts

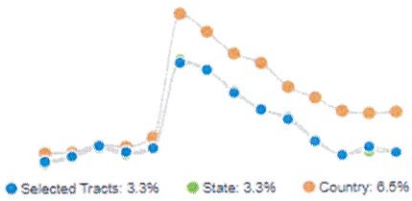
Poverty Rate
9%
Within 9 Selected Tracts

Alternative Work Rate
9%
Within 1 Metro

Households under 200% Poverty
28%
Within 35 Selected Block Groups

Median Household Income
$63,805
Within 35 Selected Block Groups

Current Unemployment Rate Estimate



*Estimates based on most recent Bureau of Labor Statistics: December 2020 - Preliminary

County Health Rankings

	2015	2016	2017	2018	2019	2020
Health Behaviors Rank	73	67	39	38	35	42
Health Outcomes Rank	83	65	58	68	71	68

*Ranks are out of 99 counties, with 99 being the lowest and 1 being the highest

County Description

Utilizing the information above, provide a brief description of the county. Include the following:

- What makes it unique?
- What are some particular barriers or conditions that may exist that are noteworthy in relation to alcohol, marijuana, methamphetamine, prescription medication/opioids, problem gambling, suicide and tobacco?
- What are the particular assets or strengths that are particular to the county?

Jasper County has a total population of 37,147 people. Of these, 51.1% are male and 48.9% are female. In terms of age, 19.1% of the population is over 65, 51.2% are between 25 and 61, and 29.7% are under 24. Additionally, the top three largest race percentages in the county are White, African American, and Asian or Pacific Islander at 96.1%, 2.7% and .8% respectively.

The county has an average income is lower than the state, at 55,727 and unemployment is higher than the state at 4.9%. Of the population between 18 to 24 years of age 12.5% have not graduated high school, 45.5% did graduate high school, 36.6% have had some collage, and 5.4% have a bachelor's degree or higher.

Within Jasper county are nine communities, with Newton being the largest and county seat. This county was once home to the Maytag Corporation, but when it closed in 2007 the county took a economic hit. Today, wind energy manufacturing companies TPI Composites and Trinity Structural Towers employ over 2,000 people, helping to stabilize the economy.

Jasper County has a strong network of community resources that communicate and collaborate well with one another on a variety of community issues. There are several monthly meetings that engage all sectors together, brainstorm, network, and learn about the work of one another so each provider can better serve the community. In addition, MercyOne in Newton offers a full spectrum of services, from family health and primary care to survey.

Some issues that could present a challenge are transportation, stigma, lack of resources for immediate needs (other than the jail and hospital), and lack of long term treatment

Section 2: County Issues

This section of the workbook focuses on the current county substance misuse and problem gambling issues and will to help identify concerns in the county. The following substances and issues that are priority areas within the Integrated Provider Network (IPN) grant will be examined. Only data that focuses on the areas below are provided and should be included this workbook:

Priority Area	**Priority Focus**
Alcohol	Heavy Drinking (Ages 25-65)
Marijuana	Youth Marijuana Use (Ages 12-20)
Methamphetamine	All Ages
Prescription Medication Opioids	Adult Prescription Medication Misuse (Ages 65 and older) All Ages
Tobacco	Youth Tobacco Use (Ages 12-20)
Problem Gambling	Adults (Ages 21 and older)
Suicide	All Ages

Prescription medication and opioids are combined in this CAW. Contractors will need to identify local data related to each priority area and focus area in this document.

Data included in this CAW are data available to IDPH and available at the county level. These data are not exhaustive and some priority areas have more data than others. Please help IDPH identify other data sources you are aware of and offer suggestions on how the data gaps may be closed. In places where no or limited data are available, discuss any information available to begin identifying possibilities while the IPN assesses other data options.

Alcohol

Adult Drinking

Tables 4 and 5 look at adult past 30-day alcohol use and heavy drinking. Complete Tables 4 and 5 using the data IDPH provided for the county.

Table 4. Percentage of Adults (18 Years and Older) Who Reported Past 30-Day Alcohol Use, BRFSS, 2011-2018

Geographic Area	2012-2015	2014-2017	2015-2018
State of Iowa	57.9	59.8	58.1
Jasper County	50.6	51.8	53.1

Table 5. Percentage of Adults (18 Years and Older) Who Reported Heavy Drinking, BRFSS, 2011-2018

Geographic Area	2012-2015	2014-2017	2015-2018
State of Iowa	5.9	7.3	8.2
Jasper County	5.5	6.7	7.4

Other Local Data

Consider and analyze other local data that will help identify and detail county experiences around adult heavy drinking. If there are other local data available, describe the source and results below.

Community Readiness Interviews.

Type	Score
Knowledge of Efforts	2.0 Denial/Resistance
Leadership	3.9 Vague Awareness
Community Climate	4.1 Preplanning
Knowledge of Issue	2.0 Denial/Resistance
Resources	2.3 Denial/Resistance
Average Overall Readiness Score	2.8 Denial/Resistance

Average Overall Readiness Score 2: Denial/Resistance

- Leadership and community members believe that this issue is not a concern in the community, or they think it cannot or should not be addressed.
- Community members have misconceptions or incorrect knowledge about current efforts.

- Only a few community members have knowledge about the issue and there may be many misconceptions among community members about the issue
- Community members and/or leaders do not support using available resources to address this issue

Themes from the Interviews:

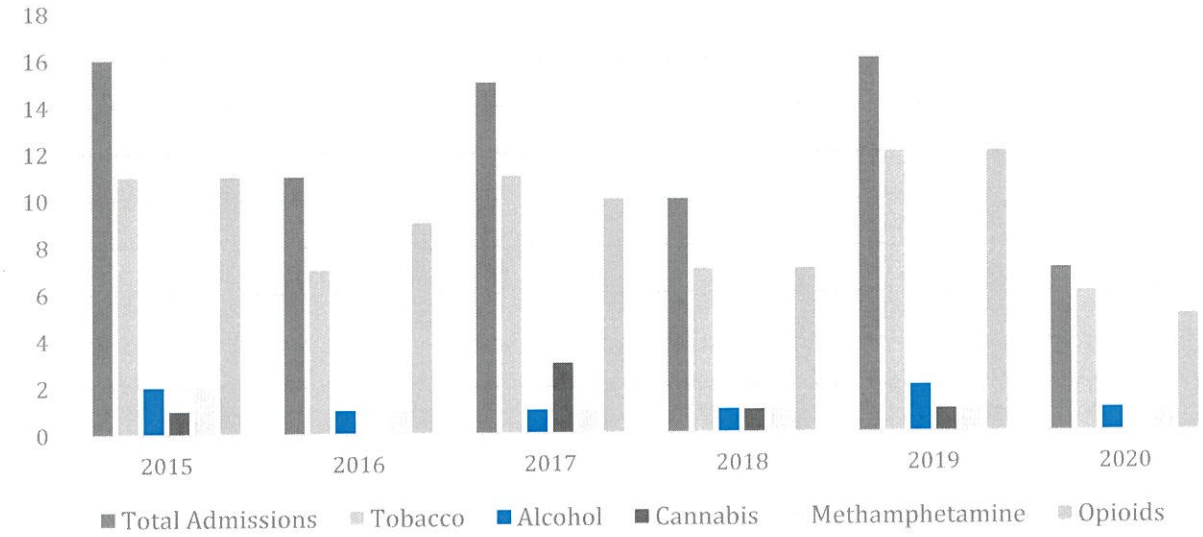
- e community is not concerned about alcohol use and believe other issues (methamphetamine, prescription drugs/Opioids, and marijuana) are more important at this time.
- While there is alcohol education for youth, there is no education for adults. Most community members are not familiar with what binge drinking is.
- Many adults in the community are social drinkers and believe drinking is the only option for social interaction.
- Alcohol is sometimes used as an incentive for adult participation in different types of events.
- Transportation is an issue

Percent of Adults Reporting Binge or Heavy Drinking in Jasper County by Year, County Health Rankings

2015	2016	2017	2018	2019	2020
19%	19%	19%	20%	20%	21%

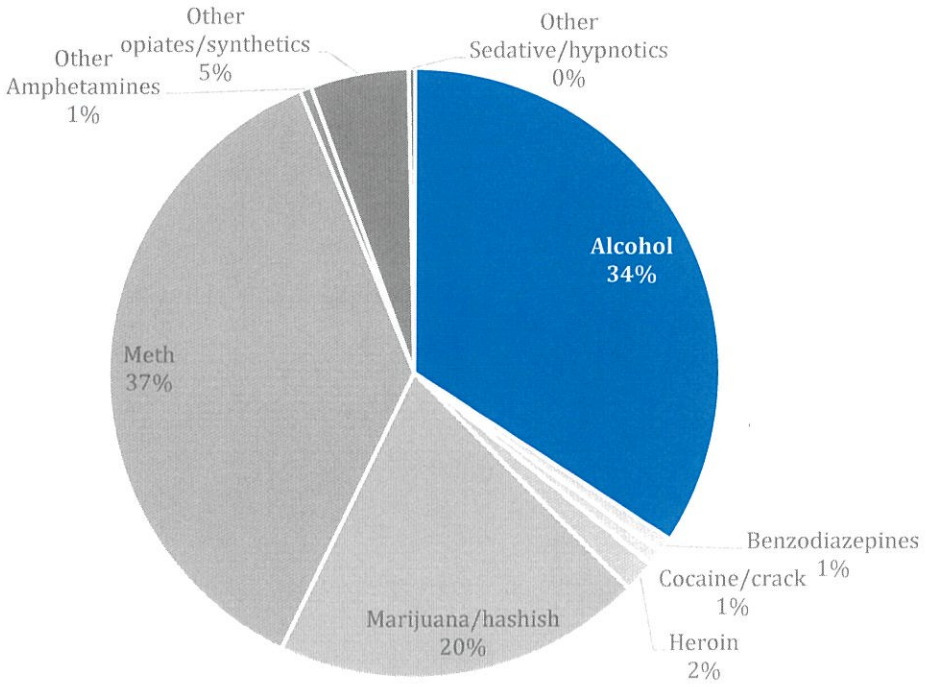
Note: data should not be compared with previous years

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

*Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Based on Table 4, along with other county data, how does adult past 30-day alcohol use compare to adult past 30-day alcohol use across the state? Discuss the differences.

Jasper county continually has lower rates of past 30-day use compared to the state.

In the 2015-2018 date range, 53.1 percent reported past 30 day use of alcohol in Jasper County compared to 58.1 percent in the state.

Based on Table 5, along with other county data, how does adult heavy drinking compare to adult heavy drinking across the state? Discuss the differences.

Jasper county continually has lower rates of adult heavy drinking in comparison to the state.

In the 2015-2018 date range, 7.4 percent of adults reported heavy drinking compared to 8.2 percent at the state level.

Final Alcohol Consumption Question
Based on the alcohol consumption data analyzed, what are the county's major concerns surrounding the impact of adult past 30-day alcohol use and adult heavy drinking? Justify the response.

Jasper county continually has lower rates of past 30-day use and adult heavy drinking in comparison to the state. However, heavy drinking has been steadily increasing at both the state and county level and could be cause for concern. In addition, over the past five years 20% of adults in the county have steadily reported binge or heavy drinking in the past thirty days, according to the county health rankings. Alcohol is the second highest mentioned drug of choice over a five-year span at a local treatment center.

Jasper County has an average overall readiness score of 2 for alcohol awareness. This score shows a denial/resistance to change and that community members and leadership may have misconceptions about the issue.

Local interview data points to the fact that other substances may be of a higher priority than alcohol in Jasper County. Interview questions also mention that more education to the adult population about what binge/heavy drinking may be beneficial.

Marijuana

Youth Marijuana Use

Table 6 looks at youth past 30-day marijuana use. Complete Table 6 using the data IDPH provided for the county.

Table 6. Percent of Youth Who Reported Past 30-Day Marijuana Use; IYS, 2014-2018

Geographic Area	Grade	2014 [IYS B40]	2016 [IYS B40]	2018 [IYS B40]
State of Iowa	6th Grade	0	1	1
	8th Grade	2	5	3
	11th Grade	11	21	11
	All Grades	4	9	4
Jasper County	6th Grade	0	1	0
	8th Grade	1	3	2
	11th Grade	6	22	10
	All Grades	2	8	4

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around youth marijuana consumption. If there are other local data available, describe the source and results below.

Community Readiness Interviews.

Type	Score
Knowledge of Efforts	3.6 Vague Awareness
Leadership	5.0 Preparation
Community Climate	4.3 Preplanning
Knowledge of Issue	3.3 Vague Awareness
Resources	3.8 Vague Awareness
Average Overall Readiness Score	3.9 Vague Awareness

Average Overall Readiness Score 3: Vague Awareness

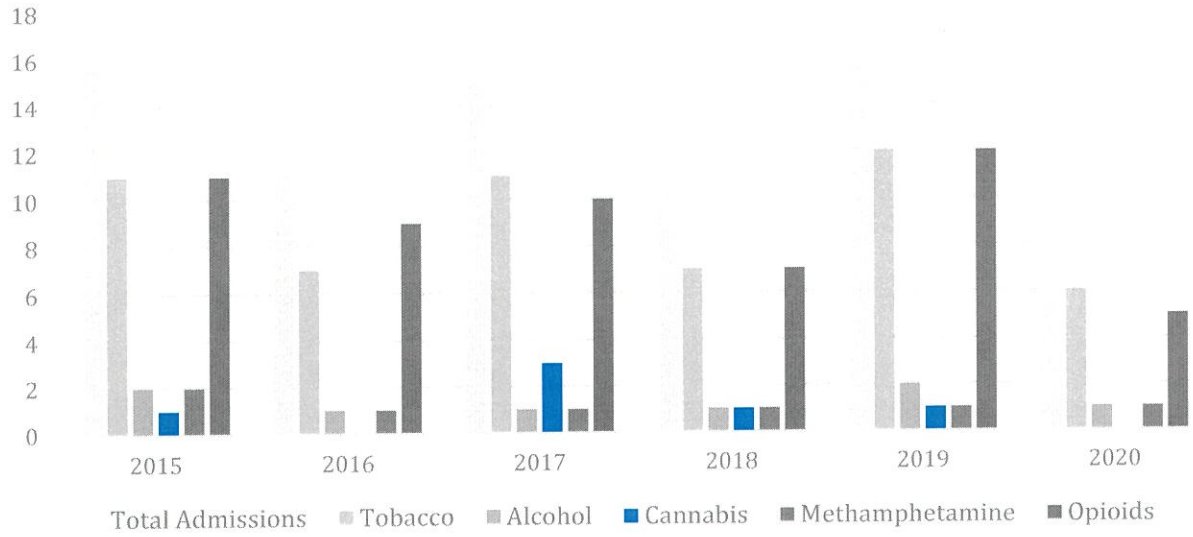
- A few community members have at least heard about local efforts, but know little about them.
- Leadership and community members believe that this issue may be a concern in the community. They show no immediate motivation to act
- Community members have only vague knowledge about the issue (e.g. they have some awareness that the issue can be a problem and why it may occur).
- There are limited resources (such as a community room) identified that could be

used for further efforts to address the issue.

Themes from the interviews:

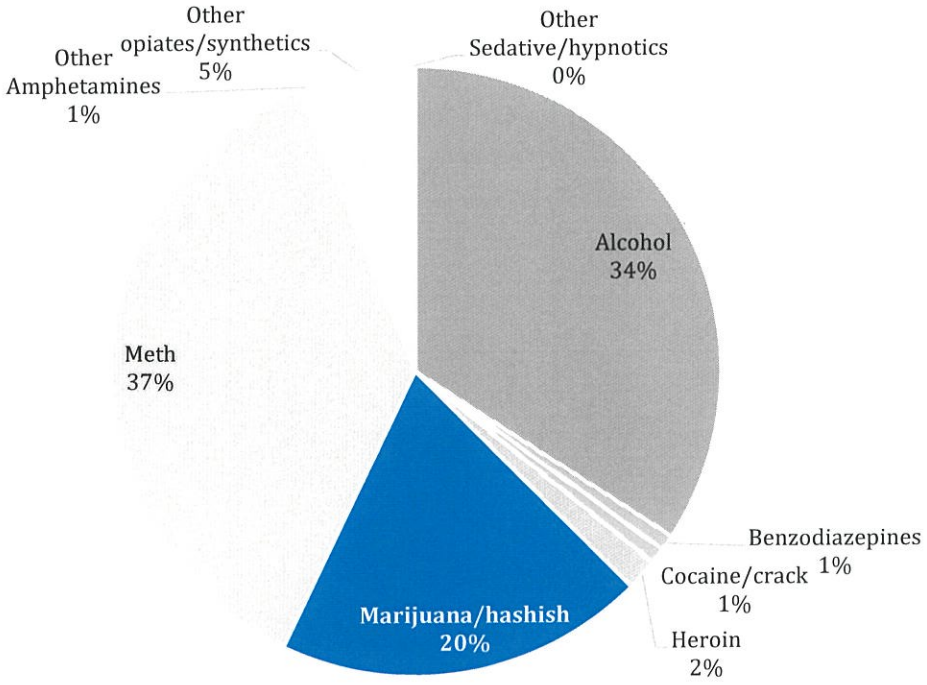
- Middle and high school aged youth have reported marijuana use of some kind to trusted adults, which is concerning. The community believes a lot of use occurs locally with youth.
- The police have implemented a drug taskforce, and the community believes it has been helpful. Local officers were also recognized for their work in schools.
- Community members recognize a local coalition, a Christian organization, public health, and a prevention organization and believes they are making a difference.
- Limited funding and practitioners are a concern

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Youth Marijuana Use

Based on Table 6, along with other county data, how does youth past 30-day marijuana use compare to youth past 30-day marijuana use across the state? Discuss the differences.

In Jasper county youth past 30-day marijuana use is very similar to state numbers.

Jasper county is equal to or a percentage point less than the state in every section except for 11th graders in 2016, when it was a percentage point higher.

Final Marijuana Consumption Question

Based on the marijuana consumption data analyzed, what are the county's major concerns surrounding the impact of youth marijuana use? Justify the response.

Jasper county numbers from the Iowa Youth Survey are very similar to state numbers. At a local treatment facility, 20% of individuals identified Marijuana as their identified

drug of choice.

Jasper County has an average overall readiness score of 3 for marijuana awareness. This score shows that there is a vague awareness of the issues surrounding marijuana use. While community members and leadership may believe this issue is a concern, there is no motivation to act.

According to interview data, county residents are concerned with marijuana use among teens. Many community members believe marijuana is being used more than is reported to IYS. With marijuana being easier to conceal as a vape and there isn't an identifying smell as there is with other methods, there is a lot of local concern for youth.

Methamphetamine

Youth Methamphetamine Use

Table 7 looks at youth past 30-day methamphetamine use. Complete Table 7 using the data IDPH provided for the county.

Table 7. Percent of Youth Who Reported Past 30-Day Methamphetamine Use; IYS, 2014-2018 **[IYS Question B48, B49 & B47]**

Geographic Area	Grade	2014 [IYS B48]	2016 [IYS B49]	2018 [IYS B47]
State of Iowa	6th Grade	0	1	1
	8th Grade	1	0	1
	11th Grade	1	1	1
	All Grades	1	1	1
Jasper County	6th Grade	0	0	0
	8th Grade	0	1	0
	11th Grade	2	1	0
	All Grades	1	1	0

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around methamphetamine use in the county. If there are other local data available, describe the source and results below.

Key Informant Interview Themes:

- There is concern that there is an increase in Methamphetamine use due to COVID and a lack of resources (personal computers, devices, etc) while treatment is moved to a virtual setting.
- Methamphetamine use is being seen in high school age to individuals in their thirties.
- There is concern that with a lack of homeless shelters, there is a rise in use due to individuals gathering for shelter in other places.

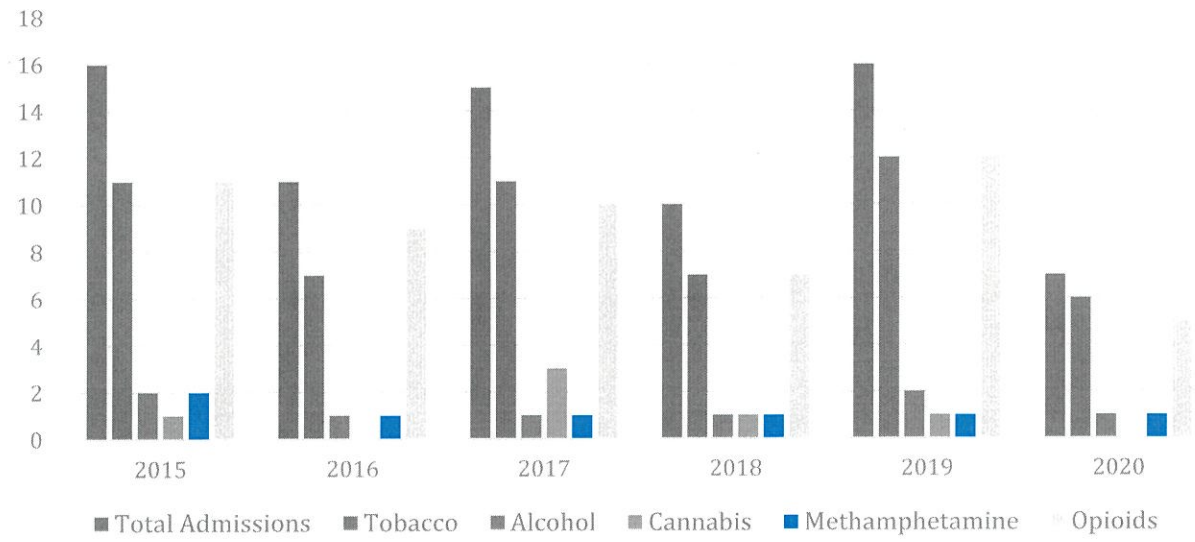
Methamphetamine Themes in Community Readiness Surveys:

- There is more of a concern with methamphetamine than with other substances interviewed about

Iowa Average Methamphetamine Price Per Gram and Purity, Iowa Counterdrug Task Force

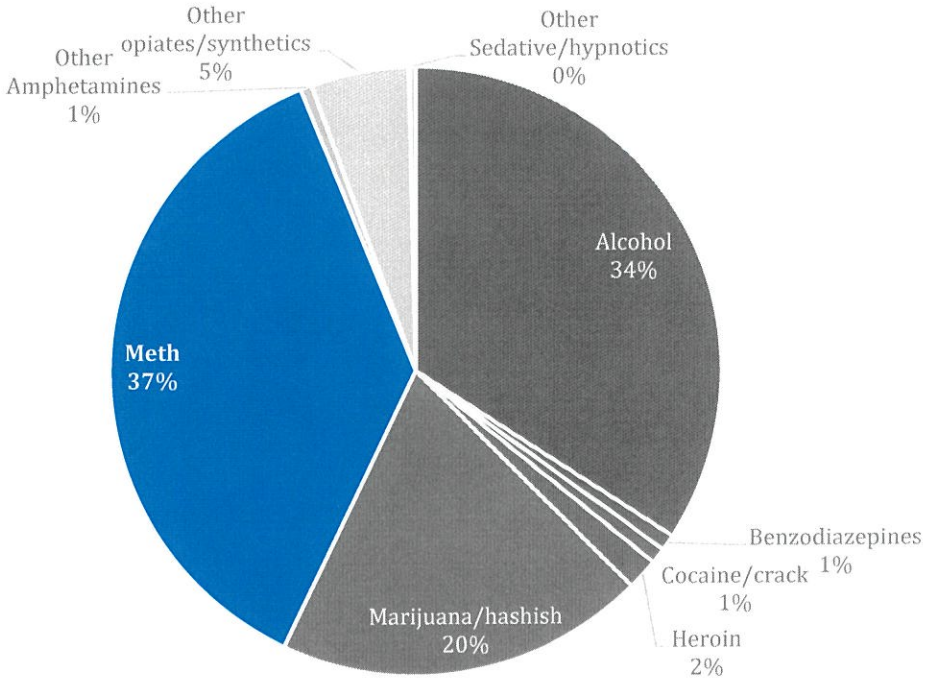
	2010	2012	2014	2016	2017
Price	$130	$135	$125	$105	$115
Purity	79%	87%	95%	97%	97%

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Based on Table 7, along with other county data, how does methamphetamine use compare to methamphetamine use across the state? Discuss the differences.

Youth methamphetamine use in Jasper County is equal to or less than the state report.

In 2018, 0 percent of youth reported past 30 day methamphetamine use compared to 1 percent at the state level.

Final Methamphetamine Use Question
Based on the methamphetamine data analyzed, what are the county's major concerns surrounding the impact of methamphetamine use? Justify the response.

According to the IYS survey data, Jasper County is at or less than the state's data points. However, methamphetamine was reported as the drug of choice by 37% of individuals visiting a local treatment center and is the largest percentage reported.

During many community readiness interviews Methamphetamine was mentioned as more of a concern than the substance being asked about. Individuals contacted during key informant interviews expressed concern for the youth and young adult population in Jasper County for methamphetamine use, as they are seeing an increase in use in that population. This is different than what IYS data points to.

Prescription Medications/Opioids

Table 8 looks at opioid prescriptions filled. Complete Table 8 using the data IDPH provided for the county.

Adult Prescription Medication/Opioids Use

Table 8. Number and Rate of Opioid Prescriptions Filled; Prescription Monitoring Program, 2016-2018.

Geographic Area	2016		2017		2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	1971276	628.9	1801173	572.6	1608676	509.7
Jasper County	29480	803.1	25966	702.4	23453	631.4

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around prescription medication/opioids use in the county. If there are other local data available, describe the source and results below.

Community Readiness Interviews.

Type	Score
Knowledge of Efforts	2.5 Denial/Resistance
Leadership	3.8 Vague Awareness
Community Climate	3.6 Vague Awareness
Knowledge of Issue	2.3 Denial/Resistance
Resources	2.3 Denial/Resistance
Average Overall Readiness Score	2.9

Average Overall Readiness Score 2: Denial/Resistance

- Leadership and community members believe that this issue is not a concern in the community, or they think it cannot or should not be addressed.
- Community members have misconceptions or incorrect knowledge about current

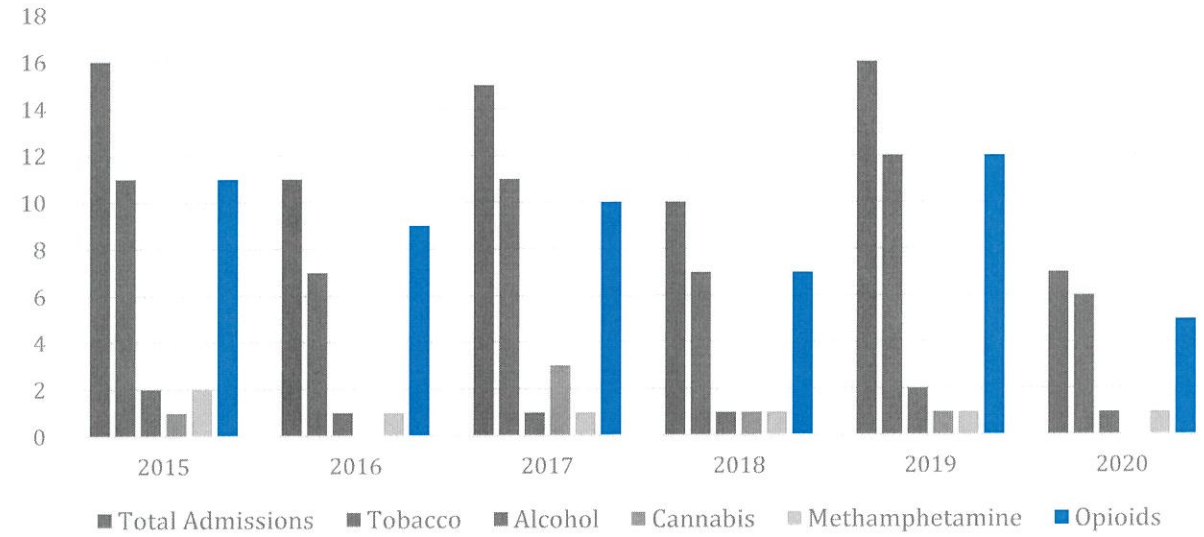
efforts.

- Only a few community members have knowledge about the issue and there may be many misconceptions among community members about the issue
- Community members and/or leaders do not support using available resources to address this issue

Themes from the Interviews:

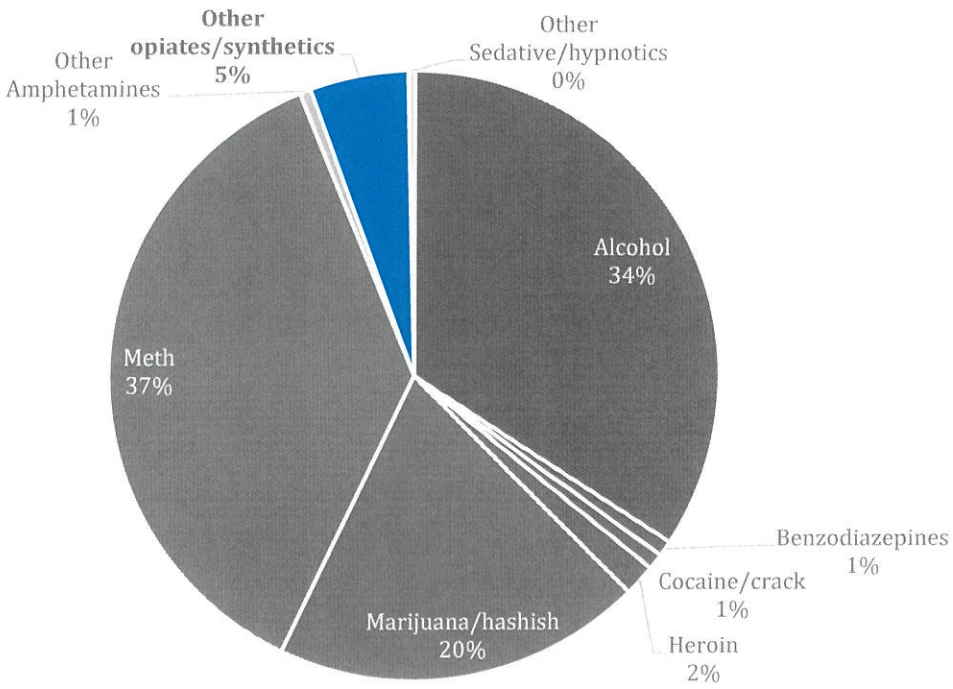
- One thing that has helped with prescription misuse in this population is blister packs, medication that is sorted into Morning, Noon, and Night packages.
- There is a medication drop available in Jasper County
- Taking prescription medication incorrectly is not considered that big of a deal
- The county coalition was identified as a helpful in addressing issues

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Based on Table 8, along with other local data, how does prescription medication/opioids use compare to prescription medication/opioids use across the state? Discuss the differences.

The rate of opioids being prescribed in Jasper County has been steadily decreasing, from 803.1 in 2016 to 631.4 in 2018. However, that rate is still much higher in 2018 than the state, which was 509.7 One thing to note is that Jasper County has a higher percentage of individuals over 65 than the state, 19.1% and 14.1% respectively, and this could play a part in the higher number of prescriptions.

Final Prescription Medication/Opioids Question

Based on the prescription medication/opioids data analyzed, what are the county's major concerns surrounding the impact of prescription medication/opioid use? Justify the response.

Opioid prescription rates in Jasper county are steadily declining, yet still higher than those of the state. At a local treatment facility, opioids have constantly been the highest

reported substance of use. It is important to note that this facility offers medicated assisted treatment.

Jasper County has an average overall readiness score of 2 for prescription awareness. This score shows a denial/resistance to change, and that community members and leadership may have misconceptions about the issue.

In the interview data, the major concern with prescription medication in Jasper County is that misuse is not always taken seriously by an individual if the medication is prescribed to them.

Problem Gambling

Adult Problem Gambling

Table 9 looks at adult problem gambling. Complete Table 9 using the BRFSS data IDPH provided for the county.

Table 9. Percentage of Adults (18 Years and Older) Who Reported That They Gambled or Bet for Money or Possessions in the Past 12 Months, BRFSS, 2011-2018.

Geographic Area	2012-2015	2014-2017	2015-2018
State of Iowa	26.5	22.9	22.5
Jasper County	37.2	25.8	22.9

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around adult gambling behaviors. If there are other local data available, describe the source and results below.

Community Readiness Interviews.

Type	Score
Knowledge of Efforts	1.4 No Awareness
Leadership	2.9 Denial/Resistance
Community Climate	3.0 Vague Awareness
Knowledge of Issue	2.6 Denial/Resistance
Resources	2.4 Denial/Resistance
Average Overall Readiness Score	2.5

Average Overall Readiness Score 2: Denial/Resistance

- Leadership and community members believe that this issue is not a concern in the community, or they think it cannot or should not be addressed.
- Community members have misconceptions or incorrect knowledge about current efforts.
- Only a few community members have knowledge about the issue and there may be many misconceptions among community members about the issue
- Community members and/or leaders do not support using available resources to address this issue

Themes from the Interviews:

- There is not much knowledge out there about problem gambling
- Various types of substance abuse are made priority over problem gambling

- Local coalition sometimes has information on problem gambling and awareness campaigns and is seen as a resource
- Gambling, even problem gambling, is considered a personal choice. Or the individual with the issue isn't considered a "good person."
- Lottery tickets, bingo, and online gambling were identified as possible places locals could have an issue
- There are multiple individuals in the county that have an issue with gambling and have come close to or gone bankrupt as a result.

Iowa Lottery Sales Per Year

Source: Iowa Lottery Website

	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Iowa	324,767,416	366,910,924	352,242,810	370,956,887	390,895,551	371,953,494
Jasper	3,109,961	3,743,896	3,570,272	3,646,719	3,891,755	3,836,030

Number of Iowa Lottery Retailers

County	Number
Jasper	30

License for Social & Charitable Gambling, State of Iowa

License Type	FY20	FY19	FY18	FY17	FY16	FY15
Amusement Concession License (One Year)	583	474	478	537	513	469
Bingo at a Fair or Community Festival	11	17	10	19	12	14
Bingo/Electronic Raffle Manufacturer or Distributor (One Year)	10	7	10	8	8	8
Qualified Organization License (14 day)	481	620	766	685	697	693
Qualified Organization License (90 day)	239	286	782	622	370	403
Qualified Organization License (180 day)	41	54	68	49	69	62
Qualified Organization License (1 year)	27	34	382	357	28	22
Qualified Organization License (2 year)	625	591	49	48	672	623
Very Large Raffle License	1	1	2	2	2	2
Social Gambling License - Beer & Liquor Establishments (Two year)	182	193	267	257	347	314
Social Gambling License - Public Places, No Alcohol Allowed (Two year)	2	0	3	1	6	4
Total	2202	2277	2817	2585	2724	2614

***= Prior to FY17 there were a few license types that were combined or eliminated.

FY16--There were 5 Annual Game Night licenses sold and 10 Raffle at a Fair licenses sold that were not part of the 2,724 total.

FY15--There were 158 Annual Game Night licenses sold, 40 Raffle at a Fair licenses sold, and 6

Veteran's Card Tournament licenses that were not part of the 2,296 total.

Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Adult Problem Gambling

Based on Table 9, along with other county data, how does adult problem gambling compare to adult gambling across the state? Discuss the differences.

Jasper County has a higher percentage of adults who report that they have gambled in the past thirty days than the state of Iowa.

In the 2015 to 2018 date range, 22.9 percent of adults reported that they gambled or bet for money or possessions in the past twelve months, compared to 22.5 percent at the state level. This is down from 37.2 percent in jasper county in the 2012-2015 date range.

Final Problem Gambling

Based on the gambling data analyzed, what are the county's major concerns surrounding the impact of adult gambling? Justify the response.

The percentage of adults who reported that they gambled or bet for money or possessions in the past 12 months are steadily higher in Jasper County than the state. There are also calls into Your Life Iowa for problem gambling, indicating that there are those in Jasper County who need help.

Jasper County has an average overall readiness score of 2 for problem gambling awareness. This score shows a denial/resistance to change, and that community members and leadership may have misconceptions about the issue.

According to interview data, the county's major concerns surrounding the impact of problem gambling is that there is not very much concern about it in the county nor is there any widespread knowledge of any issues with it. There are individuals in the county who have issues with gambling, but it may be seen as more of a choice than an addiction.

Suicide

Youth Suicide

Table 10 looks at youth who seriously considered suicide in the past 12 months. Complete Table 10 using the IYS data IDPH provided for the county.

Table 10.1 Percent of Youth Who Reported That They Seriously Considered Suicide in Past 12-Months; IYS, 2014-2016 **[IYS Question B66 & B68]**

Geographic Area	Grade	2014 [IYS B66]	2016 [IYS B68]
State of Iowa	6th Grade	9	10
	8th Grade	15	13
	11th Grade	16	17
	All Grades	13	13
Jasper County	6th Grade	5	12
	8th Grade	12	18
	11th Grade	24	23
	All Grades	13	17

Table 10.2. Percent of Youth Who Reported That They Considered Suicide in Past 12-Months; IYS, 2018 **[IYS Question B63]**

Geographic Area	Grade	2018 [IYS B63]
State of Iowa	6th Grade	15
	8th Grade	23
	11th Grade	26
	All Grades	21
Jasper County	6th Grade	13
	8th Grade	27
	11th Grade	28
	All Grades	23

Adult Mental Health

Table 11 looks at adults who reported mental health issues in the past 30 months. Complete Table 11 using the data IDPH provided for the county.

Table 11. Percent of Adults (18 Years and Older) Who Reported That Their Mental Health Was Not Good in the Past 30 Months; BRFSS, 2012-2018

Geographic Area	2012-2015	2014-2017	2015-2018
State of Iowa	9.5	10.8	10.2

Jasper County	10.9	13.2	11.6

Other Local Data
Consider and analyze other local data that will help identify and detail impacts around suicide in the county. If there are other local data available, describe the source and results below.

Themes from key informant interviews:

- There is a need for more mental health providers in the county
- Students had trouble connecting with needed school counselors during COVID, causing an increase in suicidal thoughts, anxiety, and depression.
- School-based therapists could be very helpful for students

Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	**18**
2019	32	1	0	3	11	24	**2**
2018	18	N/A	N/A	N/A	9	5	**4**

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

2020 Crisis Call Data
Total Calls: 106 (87 from Newton)
Youth Calls: 15

Referrals:

- Self: 56
- Law Enforcement: 15
- Family/Friend: 17
- Other: 18

Disposition:

- Counsel/Stabilize: 47
- Hospital: 9
- Phone Consult: 34

Presenting Concern:

- Anxiety: 6
- Depression: 0
- Behavioral Concern: 21
- Suicidal ideation: 6
- Homelessness: 1
- Domestic Violence: 1
- Substance Use: 1

Newton Suicide Comparison, Newton Police Department

	2019	2020
Suicides	4	0
Suicide Attempts	7	4

Based on Tables 10.1 And 10.2, along with other county data, how does youth suicide thoughts compare to youth suicide thoughts across the state? Discuss the differences.

Jasper County has higher rates of suicidal thoughts than the state, especially at the 11th

grade level.

In 2016, 23 percent of youth reported that they seriously considered suicide in the past twelve months in Jasper compared to 17 percent at the state level. When the question changed to percent of youth who reported they considered suicide in the past twelve months, 28 percent of 11th graders felt this way compared to 26 percent at the state level.

Based on Table 11, along with other county data, how does adult mental health compared to adult mental health across the state? Discuss the differences.

Jasper county has a higher percentage of adults who report that their mental health was not good in the past thirty months than the state.

In the 2015-2016 year rage, 11.6 percent of adults reported their mental health was not good in Jasper County compared to 10.2 percent at the state level.

Final Suicide Question
Based on the youth suicide thoughts data and adult mental data analyzed, what are the county's major concerns surrounding the impact of suicide? Justify the response.

The percent of youth who reported that they considered suicide in the past 12 months is consistently higher than the state levels. In addition, adults who reported their mental health was not good in the past 30 months is also often higher than the state as well. This indicates that Jasper County residents may be struggling with mental health.

Adults and youth in Jasper County have been utilizing Your Life Iowa for mental health reasons. Of 106 crisis calls made in Jasper County, 15 of them were youth. There were also multiple suicide attempts and completions in Newton, Iowa alone.

Based on data collected from key informant interviews the county's concern with suicide is the lack of availability to a provider. This issue may have been negatively impacted further by COVID, as access became more difficult for individuals who may not have access to technology. Youths are especially having issues accessing services, as they may not have access to school counselors they once had, due to attending classes at home. Something identified that could be beneficial to students is have additional school-based therapists.

Tobacco

Youth Tobacco Use

Tables 12 and 13 look at youth past 30-day cigarette and electronic cigarette use. Complete Tables 12 and 13 using the data IDPH provided for the county.

Table 12. Percent of Youth Who Smoked Cigarettes in the Past 30-Days; IYS, 2014-2018 **[IYS Question B32 & B34]**

Geographic Area	Grade	2014 [IYS B34]	2016 [IYS B32]	2018 [IYS B32]
State of Iowa	6th Grade	1	0	1
	8th Grade	3	2	2
	11th Grade	9	6	4
	All Grades	4	3	2
Jasper County	6th Grade	0	0	0
	8th Grade	1	2	1
	11th Grade	11	9	6
	All Grades	4	3	2

Table 13. Percent of Youth Who Used Electronic Cigarettes in the Past 30-Days; IYS, 2014-2018

Geographic Area	Grade	2014 [IYS B38]	2016 [IYS B39]	2018 [IYS B38]
State of Iowa	6th Grade	3	1	3
	8th Grade	4	3	9
	11th Grade	11	10	23
	All Grades	6	5	11
Jasper County	6th Grade	0	1	2
	8th Grade	3	4	9
	11th Grade	17	14	29
	All Grades	6	6	13

Other Local Data

Please consider and analyze other local data that will help identify and detail impacts around youth tobacco consumption. If there are other local data available, describe the source and results below.

Community Readiness Interviews.

Type	Score
Knowledge of Efforts	1.8 No Awareness
Leadership	4.2 Preplanning
Community Climate	3.8 Vague Awareness
Knowledge of Issue	3.3 Vague Awareness
Resources	2.9 Denial/Resistance
Average Overall Readiness Score	3.2 Vague Awareness

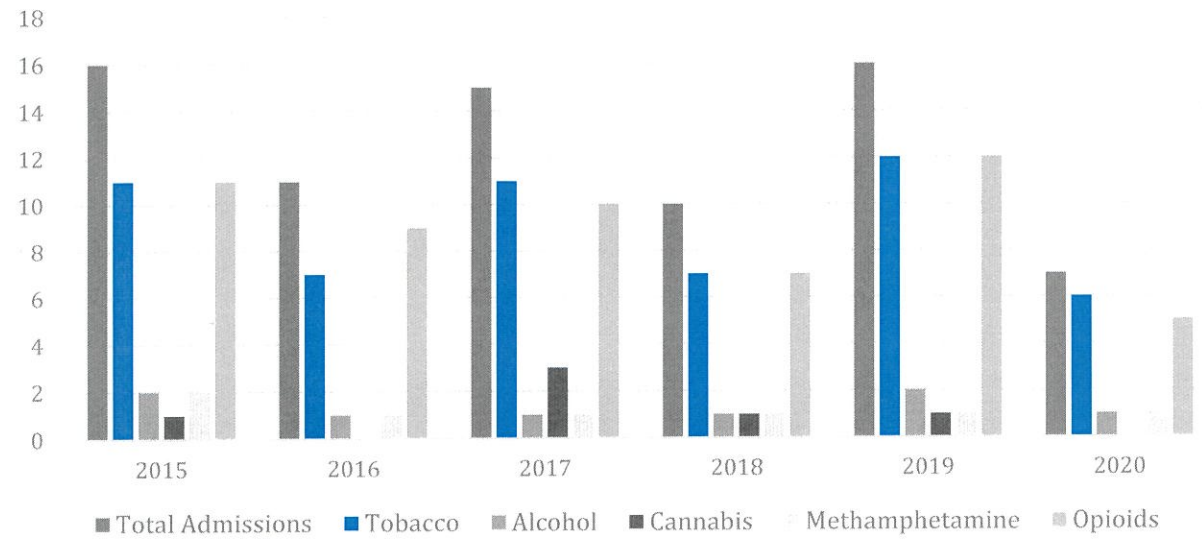
Average Overall Readiness Score 2: Denial/Resistance

- Leadership and community members believe that this issue is not a concern in the community, or they think it cannot or should not be addressed.
- Community members have misconceptions or incorrect knowledge about current efforts.
- Only a few community members have knowledge about the issue and there may be many misconceptions among community members about the issue
- Community members and/or leaders do not support using available resources to address this issue

Themes from the Interviews:

- Some individuals don't believe the Leadership/Community sees tobacco as an issue, but schools do and actively try to work towards prevention.
- Individuals, including youth, who chew or vape may not realize that it is other forms of tobacco (nicotine) use.
- When adult smoking isn't seen as that big of an issue, kids don't consider it one.
- There is a lot of youth tobacco use in Jasper County, especially in middle and high school. Youth are developing addictions
- Education of parents could be good prevention as it's harder to identify use in children due to vaping and some parents may not see tobacco (nicotine) use as an issue
- There is easy access to vaping

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Youth Tobacco Use

Based on Table 12, along with other county data, how does youth past 30-day cigarette use compare to youth past 30-day cigarette use across the state? Discuss the differences.

In general, Jasper County and the state are very similar in numbers of past 30-day cigarette use.

Jasper County is slightly higher than the state when focused on the 11th grade population alone, 6 percent and 4 percent in 2018 respectively.

Based on Table 13, along with other county data, how does youth e-cigarette use compare to youth e-Cigarette use across the state? Discuss the differences.

Jasper County numbers are slightly higher than the state for e-Cigarette use.

In 2018, 29% of 11th graders used electronic cigarettes in the past 30 days, compared to 23% at the state level.

Final Tobacco Consumption Question

Based on the tobacco consumption data analyzed, what are the county's major concerns surrounding the impact of youth tobacco use? Justify the response.

Jasper county the percent of youth who smoked cigarettes in the past 30 days is very similar to the state. However, the percent of you who used electronic cigarettes in the past 30 days in Jasper county the numbers are slightly higher.

Jasper County has an average overall readiness score of 2 for tobacco use awareness.

This score shows a denial/resistance to change, and that community members and leadership may have misconceptions about the issue.

A concern identified in multiple interviews was that there may be some confusion with youth and understanding that nicotine is the addictive component in tobacco. In addition, children who have parents as who smoke may see less harm in smoking themselves. Interviews identified parent education as something that could be useful.

Section 3: Consequences

Section three looks at substance use and problem gambling consequence data. This information will help identify which substance use and problem gambling related consequences are of greatest concern in the county. Substance and gambling related consequences are defined as the social, economic, and health problems associated with substance use and problem gambling.

Alcohol

Adult Alcohol-Related Crimes

Tables 14 and 15 look at adults who were convicted for liquor law violation and operating while intoxicated (OWI). Complete Tables 14 and 15 using the data IDPH provided for the county.

Table 14. Adult Operating While Intoxicated (OWI) Convictions, CJJP, 2016-2018

Geographic Area	2016		2017		2018	
	N	Rate Per 10,000	N	Rate Per 10,000	N	Rate Per 10,000
State of Iowa	10399	331.7	10584	336.5	10887	344.9
Jasper County	127	346	99	267.8	83	223.4

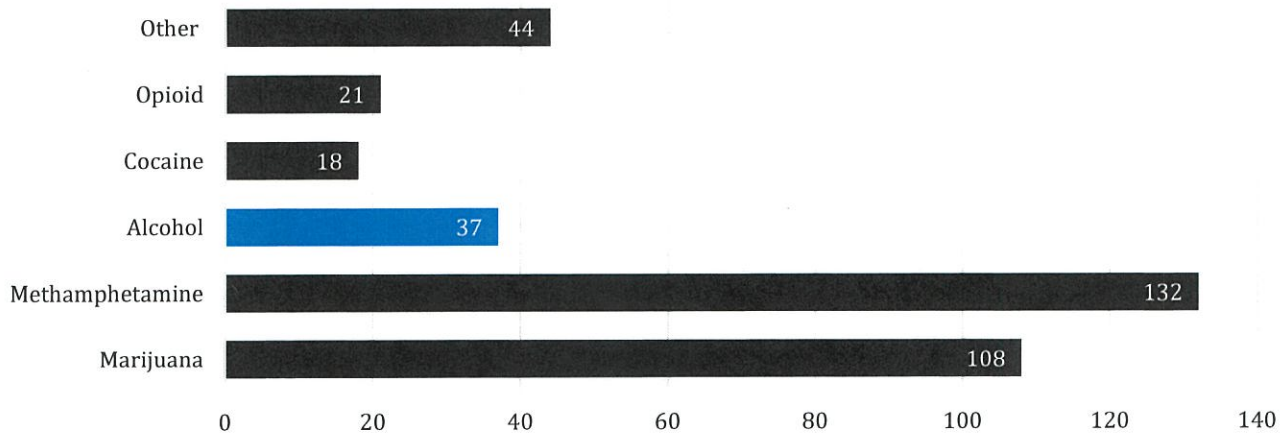
Table 15. Adult Liquor Law Violations Convictions, CJJP, 2016-2018

Geographic Area	2016		2017		2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	11730	374.2	10966	348.6	9426	298.7
Jasper County	81	220.7	102	275.9	83	223.4

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around adult alcohol-related crimes. If there are other local data available, describe the source and results below.

Instances of Substances Mentioned in CPS Assessment Reports, 2020



Number of Reported Juvenile Arrests

	2017		2018		2019	
	Total	**Rate**	**Total**	**Rate**	**Total**	**Rate**
Drug/Narcotic Violation	118.00	1310.38	94.00	1035.56	55.00	604.90
Drug Equipment Violation	9.00	99.94	13.00	146.22	4.00	44.00
Driving Under the Influence	**0**	**0**	**1.00**	**11.89**	**1.0**	**11.80**
Drunkenness	**0**	**0**	**0**	**0**	**2.00**	**23.60**
Liquor Law Violations	**0**	**0**	**6.00**	**71.37**	**0**	**0**
Total Arrests	14	155.47	12	132.20	3	33.00

City of Newton Arrests, Newton Police

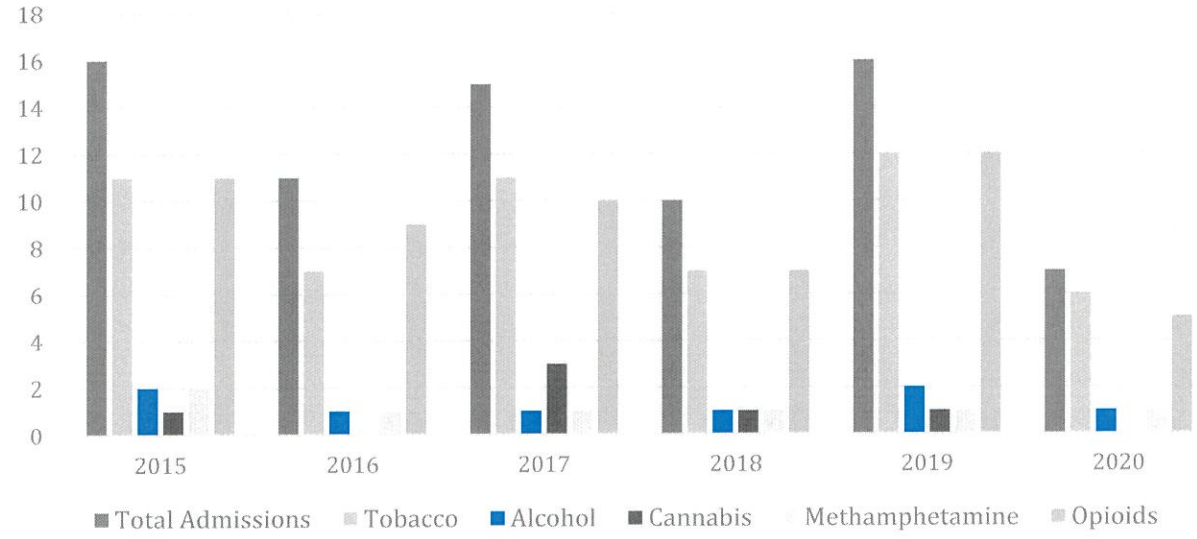
	2019	**2020**
Drug Arrests	36	36
OWI Arrests	**25**	**46**
Public Intoxication Arrests	**46**	**38**

Arrests, Jasper County Jail

Arrest Type	**2017**	**2018**	**2019**	**2020**
Operating a Vehicle While Intoxicated	9	8	6	6
OWI-1st Offense	64	70	69	80
OWI- 2nd Offense	16	29	21	21
OWI- 3rd Offense	11	5	6	7
OWI/Drugged 1st-3rd Offense	44	8	*	*
Public Intoxication	52	36	47	

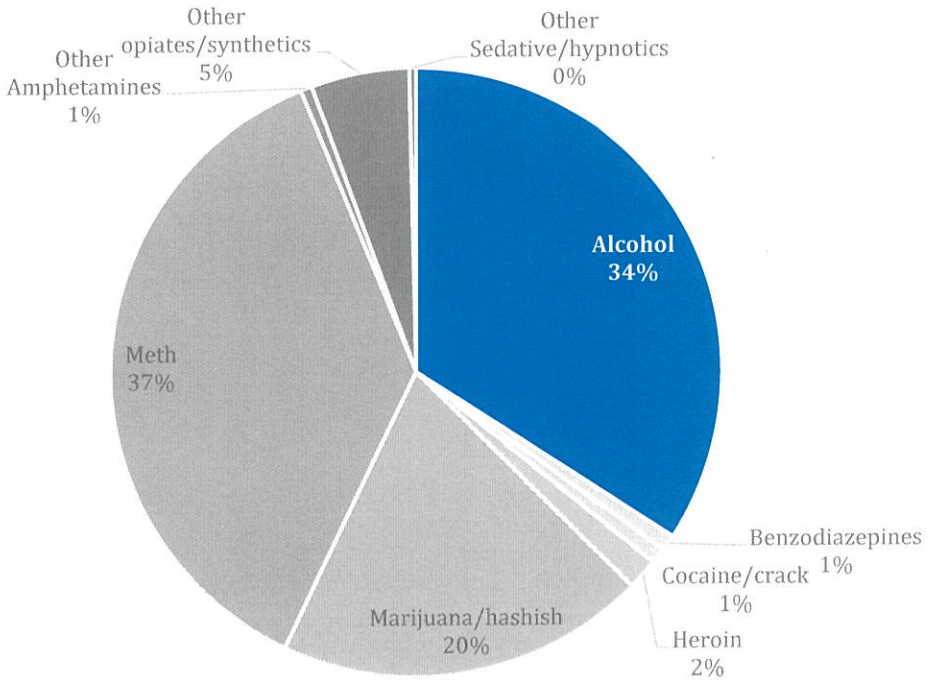
*Numbers less than five omitted for confidentiality.
Note: OWI/Drugged 1st-3rd Offense category is a combination of arrest codes 321J.2/1st, 321J.2/2nd, and 321J.2/3rd for smaller numbers to protect confidentiality.

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	**26**	18
2019	32	1	0	3	11	**24**	2
2018	18	N/A	N/A	N/A	9	**5**	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Community Health Rankings

		2015	2016	2017	2018	2019	2020
Jasper	% of Driving Deaths with Alcohol Involvement	13%	9%	11%	12%	12%	14%
	% of Adults reporting Binge of Heavy Drinking	19%	*19%*	*19%*	*20%*	*20%*	*21%*
Iowa	% of Driving Deaths with Alcohol Involvement	27%	24%	25%	27%	13%	28%
	% of Adults reporting Binge of Heavy Drinking	11%	*22%*	*21%*	*22%*	*22%*	*22%*

Note: Italicized data should not be compared with previous years.

2020 Poison Control Calls, Poison Control

	Unintentional	Intentional	Other	Adverse Reaction	Unknown/ Invalid	Total
Alcohol: Ethanol, Beverage	**0**	**7**	**0**	**0**	**0**	**7**
Amphetamine	0	2	0	1	3	6
Marijuana: Concentrated Extract	0	3	0	0	0	3
Methylphenidate (Ritalin)	0	1	0	0	0	1
Synthetic Tryptamine ("Shrooms")	2	0	0	0	0	2

Alcohol Consequence Questions

Based on Table 14, along with other county data, how does adult OWI convictions in the county compare to adult OWI convictions across the state? Discuss the differences.

Adult Operating While Intoxicated (OWI) convictions are consistently lower in Jasper County than at the state level.

In 2018, Jasper county had a rate of 223.4 compared to the state at 344.9.

Based on Table 15, along with other county data, how does adult liquor law violation convictions in the county compare to adult liquor law violation convictions across the state? Discuss the differences.

Adult liquor law violation convictions are consistently lower in Jasper County than at the

state level.

In 2018 Jasper County had a rate of 223.4 per 100,000 compared to the state at 298.7.

Final Alcohol Consequence Question
Based on the alcohol consequence data analyzed, what are the county's major concerns surrounding adult alcohol-related consequences? Justify the response.

Adult operating while intoxicated convictions and adult liquor law violation convictions are consistently lower in Jasper County than they are at the state level. However, alcohol is the second highest identified drug of choice at a local treatment facility and the third highest mentioned substance in Child Protective Services Reports. Additionally, arrests for OWI's in Jasper County have been steadily increasing each year, up to 80 in 2020 from 64 in 2017. In 2020 7 calls were made to poison control due to intentional alcohol consumption. While alcohol may not be the county's biggest concern, interview data pointed to a concern at how normalized alcohol is in social situations.

Marijuana

Youth Marijuana-Involved Consequences

Table 16 looks at youth marijuana-related consequence. Complete Table 16 using the data IDPH provided for the county.

Table 16. Youth (10-17 years) Marijuana-Related Treatment Admissions, IDPH, 2012-2018

Geographic Area	2012-2016		2013-2017		2014-2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	1160	71.3	1058	64.8	896	54.6
Jasper County	21	109.3	13	67.3	12	61.7

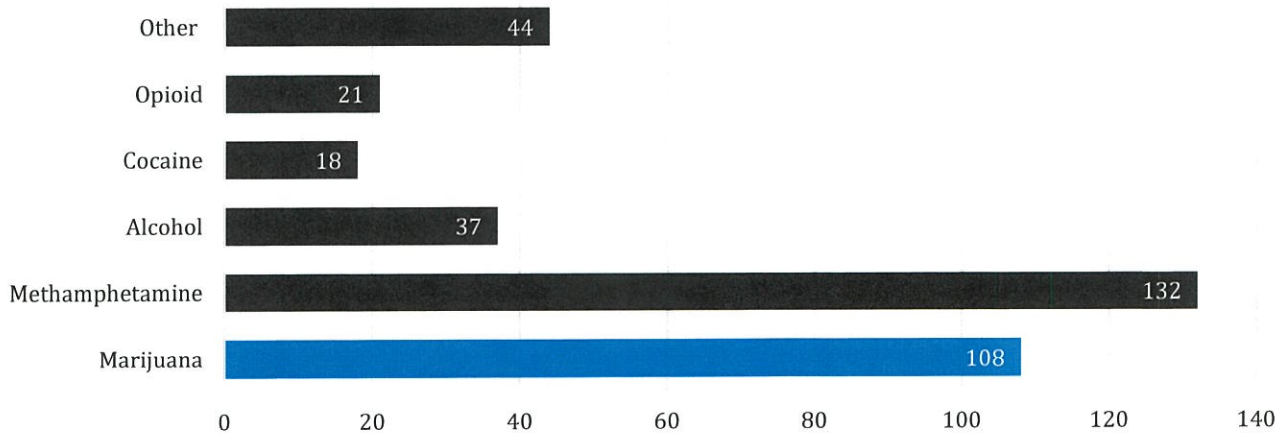
Other Local Data

Consider and analyze other local data that will help identify and detail impacts around marijuana crimes and marijuana dependence and misuse. If there are other local data available, describe the source and results below.

2020 Poison Control Calls, Poison Control

	Unintentional	Intentional	Other	Adverse Reaction	Unknown/ Invalid	Total
Alcohol: Ethanol, Beverage	0	7	0	0	0	7
Amphetamine	0	2	0	1	3	6
Marijuana: Concentrated Extract	**0**	**3**	**0**	**0**	**0**	**3**
Methylphenidate (Ritalin)	0	1	0	0	0	1
Synthetic Tryptamine ("Shrooms")	2	0	0	0	0	2

Instances of Substances Mentioned in CPS Assessment Reports, 2020



Number of Reported Juvenile Arrests

	2017		2018		2019	
	Total	**Rate**	**Total**	**Rate**	**Total**	**Rate**
Drug/Narcotic Violation	**118.00**	**1310.38**	**94.00**	**1035.56**	**55.00**	**604.90**
Drug Equipment Violation	**9.00**	**99.94**	**13.00**	**146.22**	**4.00**	**44.00**
Driving Under the Influence	0	0	1.00	11.89	1.0	11.80
Drunkenness	0	0	0	0	2.00	23.60
Liquor Law Violations	0	0	6.00	71.37	0	0
Total Arrests	14	155.47	12	132.20	3	33.00

Arrests, Jasper County Jail

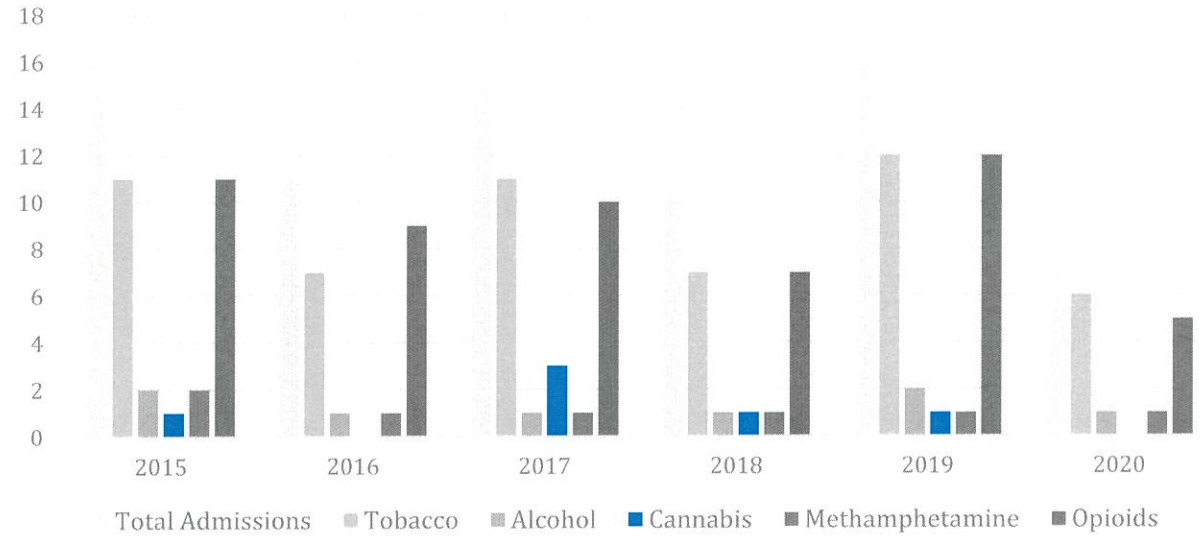
Arrest Type	**2017**	**2018**	**2019**	**2020**
Sale/Manufacture: Controlled Substance*	19	16	13	18
Possession: Marijuana	**97**	**104**	**68**	**67**
Possession: Other Dangerous Substance**	25	22	33	30
Possession: Synthetic Narcotic***	35	19	14	13
Drug Trafficking: 5GM-100KG Methamphetamine	6	7	6	11
Possession: Controlled Substance 1,2,3rd****	16	14	19	20
Possession: Drug Paraphernalia	183	170	124	121

*Generally used for Methamphetamine or Large Quantity Marijuana Charges
**Generally used for Heroin, Cocaine, Mushrooms, etc
***Mostly used for Methamphetamine, Amphetamine, Ecstasy, etc
****Generally used for second or third offense possession of any drug
Note: Sale/Manufacture: Controlled substance category is a combination of arrest codes 124.401(A), 124.401(B), 124.401(C), 124.401(D), and categories with less than 5 were omitted for confidentiality

City of Newton Arrests, Newton Police

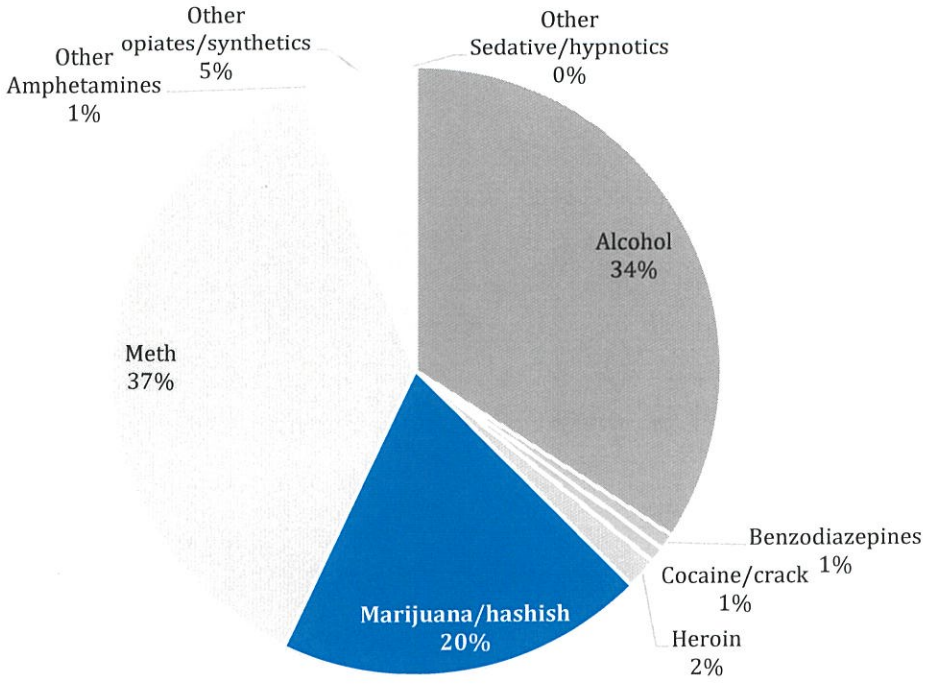
	2019	**2020**
Drug Arrests	**36**	**36**
OWI Arrests	25	46
Public Intoxication Arrests	46	38

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

*Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Marijuana Consequence Question
Based on Table 16, along with other county data, how does youth marijuana treatment-related admissions in the county compare to marijuana-related treatment admissions across the state?

Youth marijuana-related treatment admissions are higher in Jasper County in comparison with state rates.

In the 2014-2018 time frame, the rate in Jasper County was 61.8 per 100,000 while the state is 54.6

Final Marijuana Consequence Question
Based on the marijuana consequence data analyzed, what are the county's major concerns surrounding youth treatment admissions? Justify your decision.

Youth marijuana-related treatment admissions are higher in Jasper County than the state consistently each year. Marijuana was the second most mentioned substance in CPS assessment reports in 2020. There were three calls to poison control due to intentional ingestion of concentrated marijuana. These data backs the county's concern about youth marijuana use. On a positive note, arrests from marijuana possession have been steadily decreasing in Jasper county, down to 67 in 2020.

Methamphetamine

Adult Methamphetamine Consequences

Tables 17 and 18 look at psychostimulant-involved deaths and methamphetamine-related treatment admissions. Complete Tables 17 and 18 using the data IDPH provided for the county.

Table 17. Number and Rates of Psychostimulant-Involved Deaths, IDPH, 2012-2018

Geographic Area	2012-2016		2013-2017		2014-2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	247	1.6	328	2.1	371	2.4
Jasper County	*	*	*	*	*	*

Note: An asterisk (*) represents counts of five or less and rates associated with those counts. Counts of five or less and rates were suppressed to protect confidentiality.

Table 18. Number and Rates of Methamphetamine-Related Treatment Admissions, IDPH, 2012-2018

Geographic Area	2012-2016		2013-2017		2014-2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	28677	184.8	31960	205.0	35317	225.6
Jasper County	754	410.9	792	430.6	787	426.9

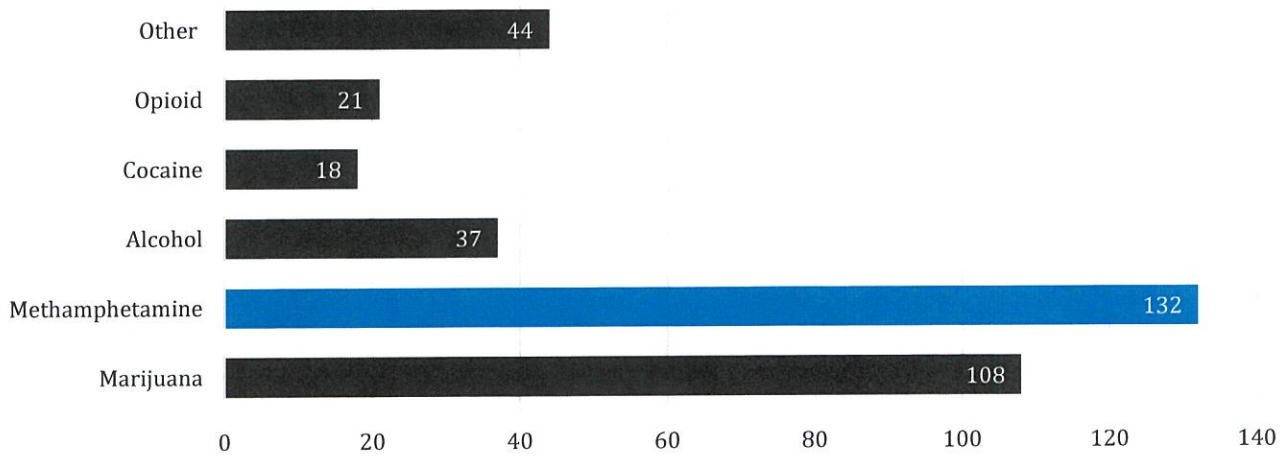
Other Local Data

Consider and analyze other local data that will help identify and detail impacts around methamphetamine consequences in the county. If there are other local data available, describe the source and results below.

Poison Control – 2020

	Unintentional	Intentional	Other	Adverse Reaction	Unknown/ Invalid	Total
Amphetamine	**0**	**2**	**0**	**1**	**3**	**6**
Marijuana: Concentrated Extract	0	3	0	0	0	3
Methylphenidate (Ritalin)	0	1	0	0	0	1
Synthetic Tryptamine ("Shrooms")	2	0	0	0	0	2

Instances of Substances Mentioned in CPS Assessment Reports, 2020



Number of Reported Juvenile Arrests

	2017		2018		2019	
	Total	**Rate**	**Total**	**Rate**	**Total**	**Rate**
Drug/Narcotic Violation	**118.00**	**1310.38**	**94.00**	**1035.56**	**55.00**	**604.90**
Drug Equipment Violation	**9.00**	**99.94**	**13.00**	**146.22**	**4.00**	**44.00**
Driving Under the Influence	0	0	1.00	11.89	1.0	11.80
Drunkenness	0	0	0	0	2.00	23.60
Liquor Law Violations	0	0	6.00	71.37	0	0
Total Arrests	14	155.47	12	132.20	3	33.00

Arrests, Jasper County Jail

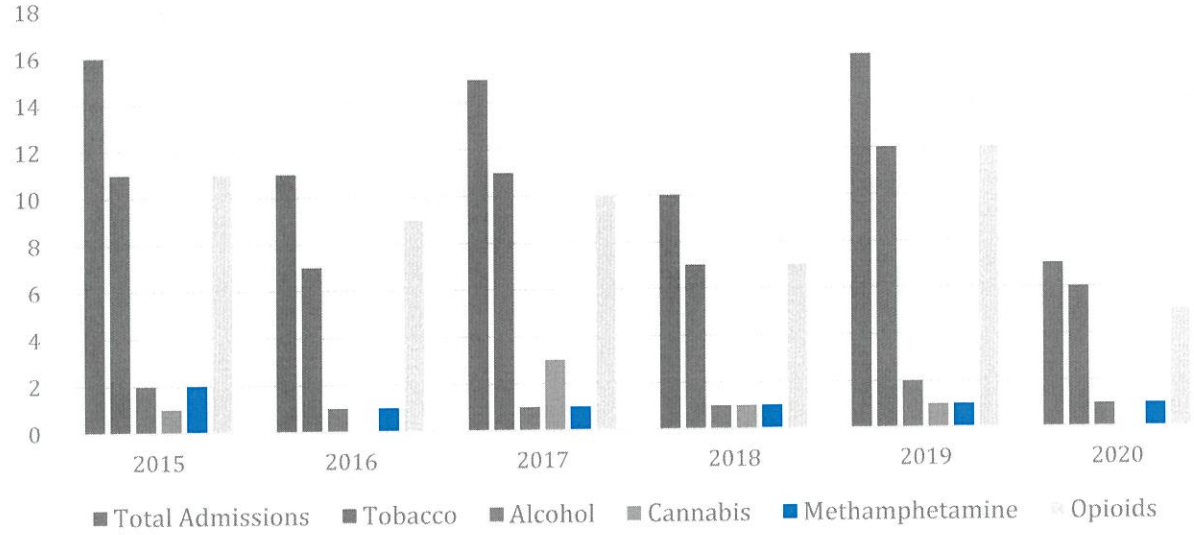
Arrest Type	**2017**	**2018**	**2019**	**2020**
Sale/Manufacture: Controlled Substance*	**19**	**16**	**13**	**18**
Possession: Marijuana	97	104	68	67
Possession: Other Dangerous Substance**	25	22	33	30
Possession: Synthetic Narcotic***	**35**	**19**	**14**	**13**
Drug Trafficking: 5GM-100KG Methamphetamine	**6**	**7**	**6**	**11**
Possession: Controlled Substance 1,2,3rd****	16	14	19	20
Possession: Drug Paraphernalia	183	170	124	121

*Generally used for Methamphetamine or Large Quantity Marijuana Charges
**Generally used for Heroin, Cocaine, Mushrooms, etc
***Mostly used for Methamphetamine, Amphetamine, Ecstasy, etc
****Generally used for second or third offense possession of any drug
Note: Sale/Manufacture: Controlled substance category is a combination of arrest codes 124.401(A), 124.401(B), 124.401(C), 124.401(D), and categories with less than 5 were omitted for confidentiality

City of Newton Arrests, Newton Police

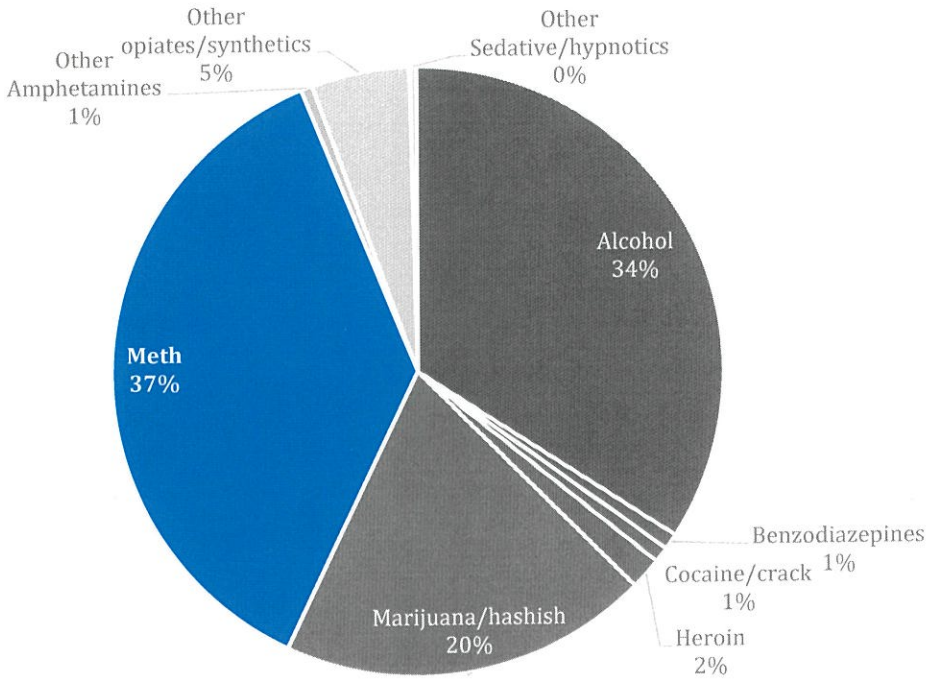
	2019	2020
Drug Arrests	**36**	**36**
OWI Arrests	25	46
Public Intoxication Arrests	46	38

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy

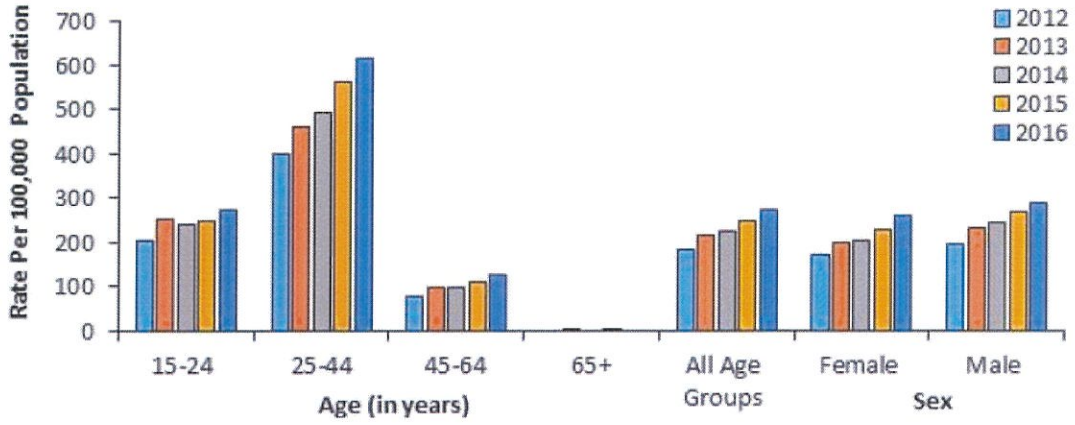


Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	**26**	18
2019	32	1	0	3	11	**24**	2
2018	18	N/A	N/A	N/A	9	**5**	4

*Note: One contact can have more than one topic associated with it. MH data not collected in 2018

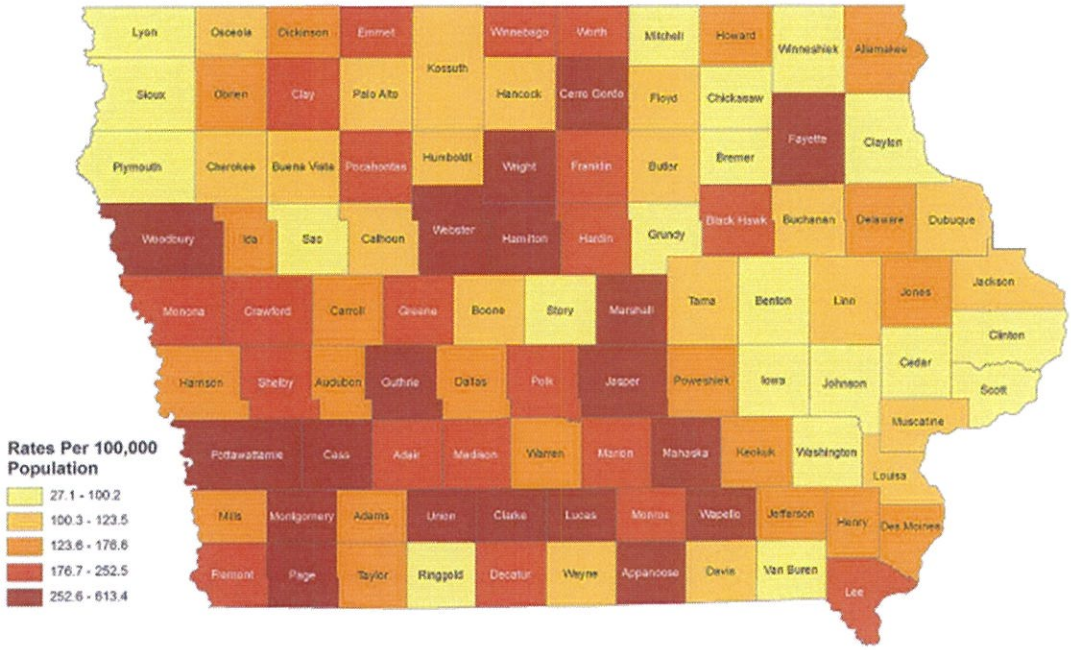
Methamphetamine Treatment Admissions - Iowa



Number of Methamphetamine-Related Deaths

	2013	2014	2015	2016	2017
Iowa	49	44	61	78	96

Average Rate of Methamphetamine-Related Treatment Admissions, 2012-2016



Consumption Proxy – Substance Use Disorder Treatment Admissions

Area	2012	2013	2014	2015	2016
Iowa	1.8	2.2	2.2	2.5	2.8
Jasper County	4.6	5.2	4.7	5.6	5.1

Based on Table 17, along with other county data, how does psychostimulant-involved deaths compare to psychostimulant-involved deaths across the state? Discuss the differences.

Due to low numbers, we do not know the rates or numbers for psychostimulant-involved deaths in Jasper county.

Based on Table 18, along with other county data, how does methamphetamine-related treatment compare to methamphetamine-related treatment across the state? Discuss the differences

The rate of methamphetamine-related treatment admissions in Jasper County is nearly double the state rate, consistently.

In the 2014-2018 date rate, Jasper County has 426.9 per 100,000 individuals seeking treatment compared to 225.6 at the state level.

Final Methamphetamine Consequences Question

Based on the methamphetamine consequence data analyzed, what are the county's major concerns surrounding methamphetamines? Justify the response.

The rate of methamphetamine-related treatment admissions is nearly double the state rates. In 2020 there were six calls to poison control for amphetamine. Methamphetamine had the highest instance rate in CPS assessment reports in 2020 and was the largest percentage drug of choice at a local treatment facility, at 37%.

With police arrest records, it is hard to narrow down Methamphetamine use, as charges are not always substance specific and instead are generally used for certain substances. However, it appears as though the number of arrests for methamphetamine drug trafficking (5gm-100kg) is steadily increasing, to 11 in 2020.

This data combined with how often methamphetamine is mentioned in various community readiness interviews about other substances makes methamphetamine a likely priority in Jasper County.

Prescription Medication/Opioids

Prescription Medication Consequences **- All Ages**

Tables 19 through 21 look at prescription medication-involved deaths, prescription medication-related emergency department visits, and prescription medication-related hospitalizations. Complete Tables 19 through 21 using the data IDPH provided for the county.

Table 19. Prescription Medication-Involved Deaths, IDPH, 2012-2018

Geographic Area	2012-2016		2013-2017		2014-2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	439	2.8	433	2.8	381	2.4
Jasper County	9	4.9	11	6.0	10	5.4

Table 20. Prescription Medication-Related Emergency Department Visits, IDPH, 2016-2018

Geographic Area	2016		2017		2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	5874	187.3	6409	203.7	6350	201.1
Jasper County	114	310.5	123	332.7	104	279.9

Table 21. Prescription Medication-Related Hospitalizations, IDPH, 2016-2018

Geographic Area	2016		2017		2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	3607	115	3333	105.9	3086	97.7
Jasper County	31	84.4	32	86.5	38	102.2

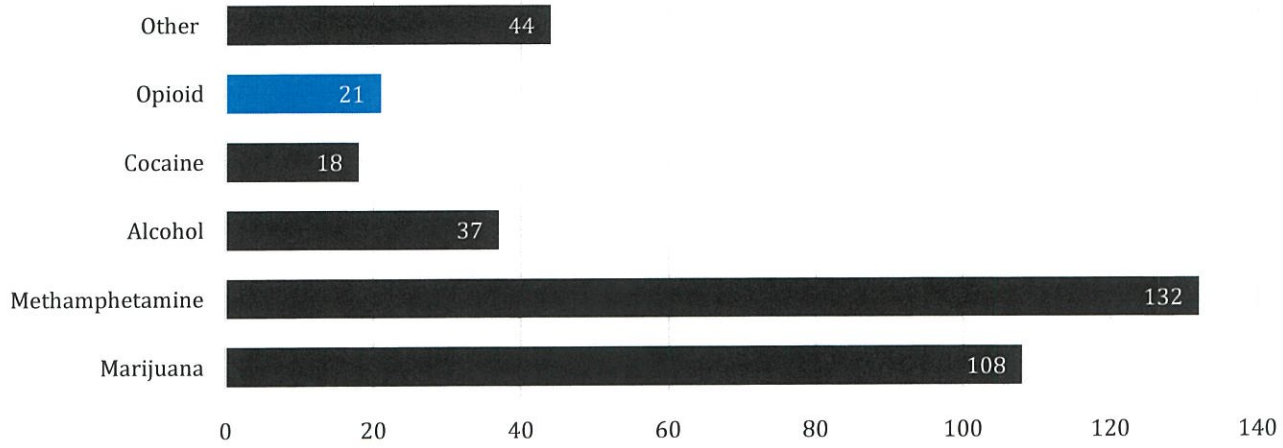
Other Local Data

Consider and analyze other local data that will help identify and detail impacts around prescription medication/opioids. If there are other local data available, describe the source and results below.

Poison Control – 2020

	Unintentional	Intentional	Other	Adverse Reaction	Unknown/ Invalid	Total
Amphetamine	0	2	0	1	3	6
Marijuana: Concentrated Extract	0	3	0	0	0	3
Methylphenidate (Ritalin)	**0**	**1**	**0**	**0**	**0**	**1**
Synthetic Tryptamine ("Shrooms")	2	0	0	0	0	2

Instances of Substances Mentioned in CPS Assessment Reports, 2020



Number of Reported Juvenile Arrests

	2017		2018		2019	
	Total	Rate	Total	Rate	Total	Rate
Drug/Narcotic Violation	**118.00**	**1310.38**	**94.00**	**1035.56**	**55.00**	**604.90**
Drug Equipment Violation	**9.00**	**99.94**	**13.00**	**146.22**	**4.00**	**44.00**
Driving Under the Influence	0	0	1.00	11.89	1.0	11.80
Drunkenness	0	0	0	0	2.00	23.60
Liquor Law Violations	0	0	6.00	71.37	0	0
Total Arrests	14	155.47	12	132.20	3	33.00

Arrests, Jasper County Jail

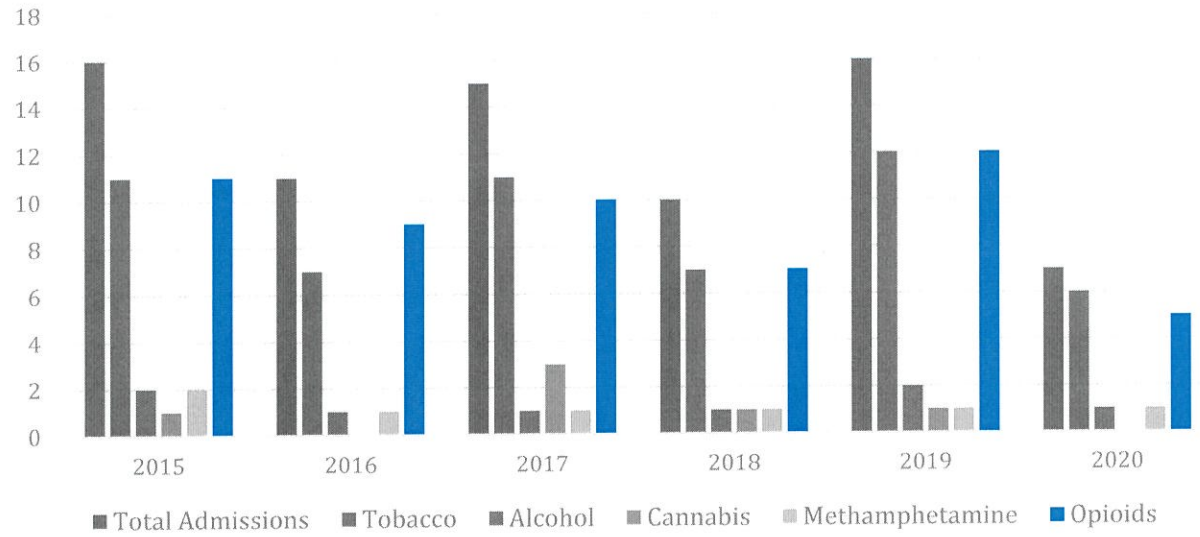
Arrest Type	2020	2019	2018	2017
Sale/Manufacture: Controlled Substance*	18	13	16	19
Possession: Marijuana	67	68	104	97
Possession: Other Dangerous Substance**	**30**	**33**	**22**	**25**
Possession: Synthetic Narcotic***	13	14	19	35
Drug Trafficking: 5GM-100KG Methamphetamine	11	6	7	6
Possession: Controlled Substance 1,2,3rd****	20	19	14	16
Possession: Drug Paraphernalia	121	124	170	183

*Generally used for Methamphetamine or Large Quantity Marijuana Charges
**Generally used for Heroin, Cocaine, Mushrooms, etc
***Mostly used for Methamphetamine, Amphetamine, Ecstasy, etc
****Generally used for second or third offense possession of any drug
Note: Sale/Manufacture: Controlled substance category is a combination of arrest codes 124.401(A), 124.401(B), 124.401(C), 124.401(D), and categories with less than 5 were omitted for confidentiality

City of Newton Arrests, Newton Police

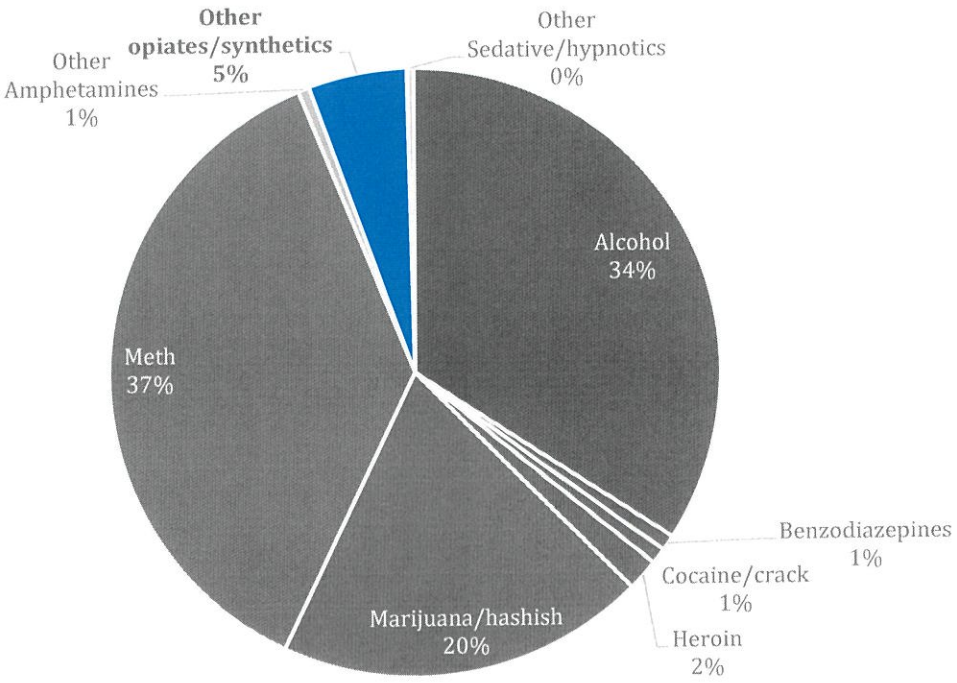
	2019	2020
Drug Arrests	**36**	**36**
OWI Arrests	25	46
Public Intoxication Arrests	46	38

Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Identified Drug of Choice 2015-2020, House of Mercy



Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	18
2019	32	1	0	3	11	24	2
2018	18	N/A	N/A	N/A	9	5	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Prescription Medication Consequence Question

Based on Table 19, along other county data, how does prescription medication-involved deaths compare to prescription-involved deaths across the state? Discuss the differences.

Jasper County continuously has higher rates of prescription medication-involved deaths when compared to the state.

In the 2014-2018 date range Jasper County had a rate of 5.4 per 100,000 compared to the state at a rate of 2.4,

Based on Table 20, along with other county data, how does prescription medication-related emergency department visits compare to prescription medication-related emergency department visits across the state? Discuss the differences.

Jasper county continuously has higher rates of prescription medication-related

emergency department visits, when compared to the state.

In 2018 Jasper County had a rate of 279.9 per 100,000 compared to the state at a rate of 201.1

Based on Table 21, along with other county data, how does prescription medication-related hospitalizations compare to prescription medication-related hospitalizations across the state? Discuss the differences.

Jasper County maintained a lower rate of prescription medication-related hospitalizations until 2018 when they were higher than the state.

In 2018 Jasper County had a rate of 102.2 per 100,000 compared to the state at 97.7.

Final Prescription Medication/Opioid Consequence Question

Based on the prescription medication consequence data analyzed, what are the county's major concerns surrounding prescription medication-involved deaths, prescription medication-related emergency department visits, and prescription medication-related hospitalizations? Justify the response.

Jasper County continuously has higher rates of prescription medication-involved deaths and prescription-medication-related emergency department visits compared to the state. Until 2018, Jasper county had lower prescription medication-related hospitalizations. In CPS reports, Opioids were mentioned a total of 21 times in 2020. At a local treatment facility, opioids were the highest identified substance of use over the last five years. However, it's important to note that this facility offers medicated assisted treatment (MAT).

It is hard to parse out prescription medication data in arrest or charge records, as often times substances are lumped into one category. Narcan data was excluded to protect individuals as numbers were low.

Problem Gambling

Adult Problem Gambling Consequences

Table 22 looks at adult gambling convictions. Complete Table 22 using the data IDPH provided for the county.

Table 22. Adult Gambling Convictions, CJJP, 2016-2018

Geographic Area	2016		2017		2018	
	N	Rate Per 10,000	N	Rate Per 10,000	N	Rate Per 10,000
State of Iowa	61	1.9	51	1.6	80	2.5
Jasper County	0	0	0	0	0	0

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around adult gambling crimes. If there are other local data available, describe the source and results below

Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	**3**	26	18
2019	32	1	0	3	**11**	24	2
2018	18	N/A	N/A	N/A	**9**	5	4

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

Problem Gambling Consequence Questions

Based on Table 22, along with other county data, how does adult gambling convictions compare to adult gambling convictions across the state? Discuss the differences.

There were no problem gambling convictions in Jasper county in the 2016-2018 time frame.

Final Problem Gambling Consequence Question

Based on the problem gambling consequence data analyzed, what are the county's major concerns surrounding adult problem gambling? Justify your decision.

While there have not been any problem gambling convictions, there were calls made to Your Life Iowa from Jasper County indicating that there are individuals that have issues with gambling. Additionally, interviews show that there are individuals in Jasper County who are struggling with gambling issues.

Suicide

Suicide Deaths – All Ages

Table 23 looks at suicide deaths. Complete Table 23 using the data IDPH provided for the county.

Table 23. Number and Rates of Suicide Deaths, IDPH, 2012-2018

Geographic Area	2012-2016		2013-2017		2014-2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	2092	13.5	2187	14.0	2226	14.2
Jasper County	28	15.3	32	17.4	29	15.7

Other Local Data

Consider and analyze other local data that will help identify and detail impacts around suicide deaths in the county. If there are other local data available, describe the source and results below.

Calls made to Your Life Iowa by Year, Iowa Department of Public Health

Year	Contacts	Adult MH	Youth MH	Non MH Crisis	Problem Gambling	SUD	Suicide
2020	336	215	16	103	3	26	**18**
2019	32	1	0	3	11	24	**2**
2018	18	N/A	N/A	N/A	9	5	**4**

Note: One contact can have more than one topic associated with it. MH data not collected in 2018

2020 Crisis Call Data

Total Calls: 106
Youth Calls: 15

Referrals:
- Self: 56
- Law Enforcement: 15
- Family/Friend: 17
- Other: 18

Disposition:
- Counsel/Stabilize: 47
- Hospital: 9
- Phone Consult: 34

Presenting Concern:
- Anxiety: 6
- Depression: 0
- Behavioral Concern: 21
- Suicidal ideation: 6
- Homelessness: 1
- Domestic Violence: 1
- Substance Use: 1

Newton Suicide Comparison, Newton Police Department

	2019	2020
Suicides	4	0
Suicide Attempts	7	4

Based on Table 23, along with other county data, how does suicide death rate compare to suicide death rate across the state? Discuss the differences.

Rates of suicide deaths are continuously higher in Jasper County than they are in the state.

In the 2014-2018 time frame Jasper County had a rate of 15.8 per 100,000 compared to the state at 14.2.

Final Suicide Consequence Question

Based on the suicide consequence data analyzed, what are the county's major concerns surrounding suicides? Justify the response.

Jasper County continuously has higher rates of suicide deaths when compared to the state. There were six mobile crisis calls for suicidal ideation in Jasper in 2020 and 18 calls involving suicide made to Your Life Iowa that same year. Interview data showed that there is a lot of community concern with youths in Jasper County.

Tobacco

Tobacco-Related Consequence - All Ages

Table 24 looks at tobacco consequence. Complete Table 24 using the data IDPH provided for your county.

Table 24. Number and Rates of Lung Cancer Mortality Attributed to Tobacco Use, CDC WONDER, 2016-2018

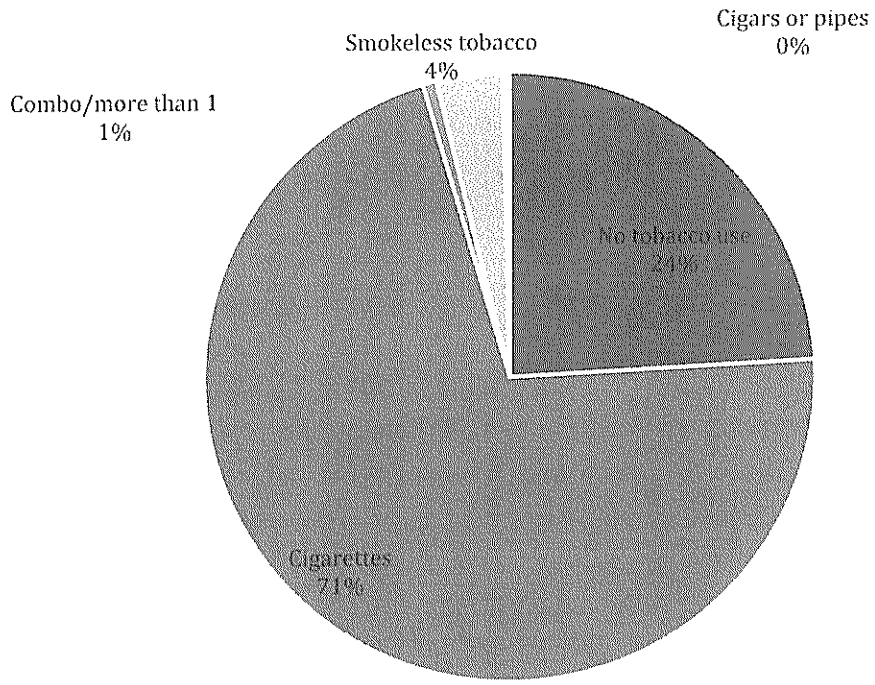
Geographic Area	2016		2017		2018	
	N	Rate Per 100,000	N	Rate Per 100,000	N	Rate Per 100,000
State of Iowa	1671	53.3	1620	51.5	1573	49.8
Jasper County	22	59.9	*	*	21	56.5

Note: An asterisk (*) represents counts of five or less and rates associated with those counts. Counts of five or less and rates were suppressed to protect confidentiality.

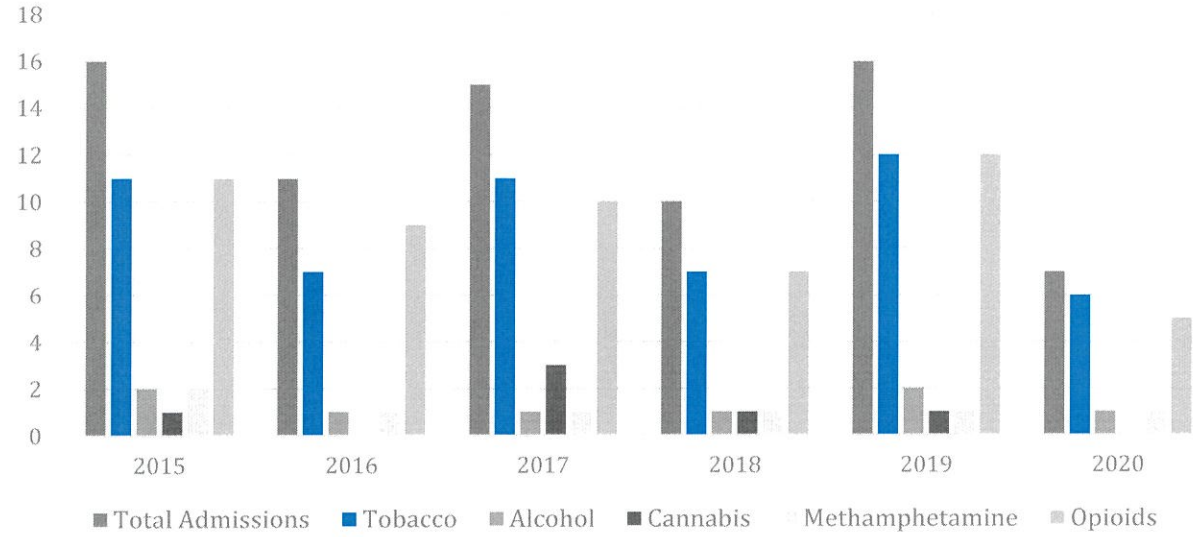
Other Local Data

Consider and analyze other local data that will help identify and detail impacts around tobacco-related consequences. If there are other local data available, describe the source and results below.

Tobacco Use 2015-2020, House of Mercy



Identified Substance of Use by Year, UCS Healthcare



Note: UCS is a provider of Medicated Assisted Treatment (MAT).

Tobacco Consequence Questions
Based on Table 24, along with other county data, how does lung cancer mortality in the county compare to lung cancer mortality across the state? Discuss the differences.

Jasper County has higher rates of lung cancer mortality attributed to tobacco use than the state.

In 2018 mortality rate in Jasper county was 56.5 per 100,000 compared to the state at 49.8. Jasper did experience a drop in mortality rate in 2017, less than 5 individuals.

Final Tobacco Consequence Question
Based on the tobacco consequence data analyzed, what are the county's major concerns surrounding lung cancer mortality attributed to tobacco use? Justify the response.

Jasper County continuously has higher rates of lung cancer mortality attributed to tobacco use when compared to the state. At both local treatment facilities, the majority of patients use some form of tobacco. These data combined along with interview data point to high concern with tobacco use among youth in Jasper County.

Section 4: Intervening Variables and Underlying Conditions

The last part of this workbook focuses on identifying intervening variables and underlying conditions. This will build upon what has been learned and help focus further information gathering efforts.

After the review of available data, stop and consider what has been learned thus far:

- What are the common themes *across* the data sources?
- What findings from previous needs assessments agree or conflict with the data you have examined?
- What do the findings show regarding consumption patterns and consequences in the county?

At this point, consider the data reviewed in terms of the **intervening variables** that influence the use and consequences of each IPN priority. Remember, intervening variables represent a group of factors that social scientists have identified as influencing the occurrence and magnitude of substance misuse/problem gambling and the consequences. The Strategic Prevention Framework is built on the idea that making changes to these variables at the county level will cause changes in substance misuse/problem gambling and related problems. Intervening variables that may be identified as priorities in the IPN grant include:

- Community norms;
- Individual factors;
- Laws and policies;
- Promotion;
- Retail availability and
- Social availability.

Intervening variables ask "why here" and are broad concepts that manifest differently in different counties.

IPN contractors will need to define the intervening variables that contribute to substance misuse/problem gambling in the county.

Underlying conditions ask "but why here" and further defines the intervening variables occurring in the county.

Identifying

The next stage involves identifying intervening variables for each priority. They are purposely listed in generic terms to allow the county to review, analyze or collect additional data in order to determine direction. The intervening variables, underlying conditions and data sources are listed below.

Then work to decide what combination of intervening variables would be best to focus on to address the IPN grant priorities. Consider other mitigating factors like special community characteristics that influence these grant priorities. Keep in mind that selecting intervening variables and underlying conditions should not be solely based on anecdotal information or stories, but are data driven, when possible and based on county or community level data only.

If using anecdotal data, consider ways to confirm that the stories are true. Some options include:

- One on one interviews
- Develop and disseminate surveys
- Observation
- Reviewing existing data

Contact the IPN Help Desk at ipn@idph.iowa.gov for assistance if needing support or ideas regarding anecdotal data.

Intervening Variables and Underlying Conditions

IPN contractors should only choose from the options below when identifying intervening variables to be addressed through the IPN grant. Intervening variables that are identified in the Assessment step but are not on the list below may be addressed separately through the coalition.

Selection Process

For intervening variable selection, choose a minimum of one and a maximum of two for each the priority from the list provided below. For underlying condition selection, choose a minimum of one and a maximum or two for each intervening variable identified from the list provided below. Data sources that IDPH identified which support the intervening variables and underlying conditions are also listed but other local data can be used and included. **Due to the Substance Abuse and Mental Health Service Administration (SAMHSA) regulations, enforcement strategies cannot be funded through the IPN project so enforcement is not included as an intervening variable.**

Intervening Variables	Definition	Underlying Conditions	Data Source
Community Norms	Extent to which substance use/gambling is accepted, or	Perception of community problem Community acceptance	Iowa Youth Survey [Questions: F14, F16, & F18]

	perceived to be accepted		
Individual Factors	Individuals' behaviors, beliefs and knowledge	Early initiation Perception of risk/harm Perceived risk of detection Perception of disapproval Favorable attitudes Knowledge	County-level surveys Iowa Youth Survey [Questions: B15, B41, C9, C11, C17, D5, D7, & D11]
Laws and Policies	County or community rules, policies, procedural guidelines, MOUs or codes of conduct	Local ordinances Campus policies Workplace policies School policies	Collection of ordinances or policies currently available
Promotion	Monetary costs of substance/gambling options, extent to which substances/gambling are promoted, and exposure to promotion	Sponsorships Variety/frequency of advertising Targeted promotion Product placement Location Glamorization in media Pricing	County-level surveys Point of Sale Data
Retail Availability	Extent to which substances and/or gambling options are available for purchase and within the county, and how easy it is to purchase	Retail outlet density Compliance with laws/regulations Product placement Retailer beverage service/training Third party purchase	Alcoholic Beverages Division [retail licenses & permits] Iowa Lottery [net sales by county] Iowa Racing and Gaming Association [retail locations]

Social Availability	Extent to which substance/gambling options can be obtained from friends, associates, family members, residences or other adults	Ease of obtaining Lack of knowledge of penalties	Iowa Youth Survey [Questions: G2, G3, & G8] [Questions: B22 & B25]

Final Step

Include the identified intervening variables and underlying conditions as well as the supporting data sources for each IPN priority. This information will be added in the logic model template per Department direction during the Planning step. The Department will also provide additional guidance after review of all CAW documents.

Priority	**Intervening Variable(s)**	**Underlying Condition(s)**	**Supporting Data Source(s)**
Alcohol	Community Norms	Community Acceptance	Interview Data
Marijuana	Community Norms	Community Acceptance	IYS & Interview Data
Methamphetamine	Community Norms	Community Acceptance	Interview Data
Prescription Drugs/Opioids	Social Availability	Ease of Obtaining	Interview Data
Problem Gambling	Community Norms	Community Acceptance	Interview Data
Suicide	Individual Factors	Knowledge	IYS & Interview data
Tobacco	Social Availability	Ease of Obtaining	IYS & Interview Data

JASPER COUNTY

HEALTH DEPT.

Board of Health dates 2022

January 13

March 10

May 12

July 14

September 8

November 10

Time: 11am

Location: Jasper County EOC until we move to the new office

(Required to have 6 per year)

NIMS 6 pages

NIMS Compliance Statement

Jasper County Health Department

For the grant year: 21-22

In accordance with Homeland Security Presidential Directive (HSPD-5), the National Incident Management System (NIMS) provides a consistent approach for federal, state, and local governments to work together to prepare for, prevent, respond to, and recover from domestic incidents; regardless of cause, size or complexity. As a condition of receiving emergency preparedness funds, service areas are required to meet NIMS compliance elements as outlined in the NIMS Compliance Metrics and the NIMS Training Record. The following documents are provided to assist members in effectively implementing NIMS and documenting compliance. Copies of compliance documentation shall be maintained by the public health agency or hospitaland by the service area fiscal agent.

1. Public Health or Hospital Compliance Metrics (NIMSCAST) – This document serves as a tool to assess NIMS compliance and was developed to be consistent with the format used by the county emergency management coordinator to determine NIMS compliance. The metrics and questions form the basis of NIMS requirements. This tool must be completed by the public health agency or hospital. All questions require answers in the affirmative to achieve compliance by the end of the grant year identified above. Fiscal agents should maintain copies of this document.

2. NIMS Training Record – This document serves as a tool to determine if all staff has completed the appropriate training and to identify training gaps. This tool must be completed by the public health agency or hospital. The Training Record for all Public Health and Hospital members must be submitted to the fiscal agent. The fiscal agent must ensure that the document is fully completed.

This document is REQUIRED to be signed by the individual in charge of NIMS for the Agency and submited to the Service Area Fiscal Agent. Verification of NIMS compliancy is required for future release of preparedness funds to the public health agency or hospital.

I certify that my agency has completed items 1 and 2 above.

Signature of person in charge of NIMS for Agency:	Rebecca "Becky" Pryor
(please insert a typed or digital signature in the area above)	
Printed Name:	Rebecca Pryor
Title:	Administrator
Agency Name and County:	Jasper County Health Department, Jasper County
Date Signed:	November 4, 2021

NIMS Adoption

Compliance Requirement: Adopt NIMS at the agency level for all departments; as well as promote and encourage NIMS adoption by others.

1. Has the public health agency formally adopted NIMS as the all-hazards, incident management system?

☒ Yes
☐ No
- If "yes", what legal authority was used to adopt NIMS: (check all that apply)

Jasper County Board of Health

☐ Other
- The date NIMS was formally adopted through a BOH meeting or the date the BOH approved the plans that included NIMS adoption language?

4-Nov-2021

- Is there a process for renewing / maintaining the approval of plans that includes NIMS adoption language?

☒ Yes ☐ No
- If 'no", which of the following impedes adoption: (check all that apply)

☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

2. Has the public health agency promoted and encouraged the adoption of NIMS internally?

☒ Yes
☐ No
- If "no", which of the following impedes adoption:

☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

Compliance Requirement: Designate a single point of contact within the public health agency to serve as the principal coordinator for NIMS implementation.

3. Has the public health agency designated a single point of contact with the authority to serve as the principal coordinator for overall NIMS implementation?

☒ Yes
☐ No
- If "yes", who has been designated: Rebecca Pryor
- If "no", which of the following impedes designated a single point of contact for NIMS implementation: (check all that apply)

☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

Preparedness Planning

Compliance Requirement: Revise and update emergency operations plans (EOPs) and standard operating procedures (SOPs) to incorporate NIMS and National Response Framework (NRF) components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.

1. Indicate in the table below if public health departments with an emergency management or emergency response function that have incorporated NIMS into the following activities:

	Yes	No
Planning	☒	
Training Programs	☒	
Response Activities	☒	
Exercise Program	☒	
Equipment Acquisition	☒	
Evaluations	☒	
Corrective Actions	☒	

2. To what extent have the following NIMS concepts and principles been incorporated into incident management policies and SOPs:

	Not Incorporated	Fully Incorporated
Flexibility		☒
Scalability		☒
Standardization		☒
Interoperability & Compatibility		☒

Compliance Requirement: Participate in and promote mutual aid agreements, to include agreements with the private sector and non-governmental organizations.

3. Does the public health agency participate in mutual aid agreements?

☒ Yes
☐ No
- If "no", explain:
- Which of the following impedes the participation and promotion of mutual aid agreements: (check all that apply)

☐ Plans
☐ Policy
☐ Personnel
☐ Funding

☐ Exercise
☐ Education
☐ Other impediments, explain:

4. What actions have been taken by the public health agency to promote mutual aid agreements?
☒ Developed working groups and/or committees
☒ Signed MOUs/MOAs
☐ IMAC signatory
☒ Engaged in regular correspondence via phone/email
Developed mutual aid templates
☐ Other actions taken by the public health to promote mutual aid agreements, explain:
☐ No actions have been taken, explain:
· Which of the following impedes promoting mutual aid agreements: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

5. What actions have been taken by the public health agency to promote mutual aid agreements with private sector and non-governmental organizations (check all that apply):
☒ Developed working groups and/or committees
☒ Signed MOUs/MOAs
☒ Engaged in regular correspondence via phone/email
☒ Developed mutual aid templates
☐ Other actions taken by the public health to promote mutual aid agreements with private sector and non-governmental organizations, explain:
☐ No actions have been taken, explain:

6. Indicate the types of mutual aid agreements for which the public health has trained or Exercised:

	Intrastate	Interagency
Training		☒
Exercises		☒

Preparedness Training

Compliance Requirement: Ensure that the appropriate personnel complete IS-700a NIMS: An Introduction; IS-800b National Response Framework; ICS 100a: Introduction to ICS; ICS 200a: ICS for Single Resources and other applicable training

****Refer to NIMS Training Record for training requirements and recommendations**

1. Does the public health agency document training status of personnel for NIMS compliance?
☒ Yes
☐ No
· If "no", explain:
· Which of the following impedes incorporating NIMS/ICS into public health training and Exercises: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Preparedness Exercises

Compliance Requirement: Incorporate NIMS/ICS into all training and exercises.

1. Does the public health agency incorporate NIMS into all training and exercises?
☒ Yes
☐ No
· If "no", explain:

Compliance Requirement: Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines.

2. Did the public health agency complete an after-action report and improvement plan for every exercise?
☒ Yes
☐ No
· If "no" which of the following impedes the completion of the after-action report and improvement plan: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

3. Did the public health agency participate in functional exercises that involved a multi-disciplinary and/or multi-jurisdictional component?
☒ Yes
☐ No
· If "yes", which disciplines were included Hospital, EMA, EMS, Health Department
· If "no", explain:

4. Does the public health agency have an all-hazards Exercise program?
☒ Yes
☐ No
· If "no", which of the following impedes developing an all-hazards Exercise program (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Compliance Requirement: Incorporate corrective actions into preparedness and response plans and procedures.

5. Public health agency incorporates corrective action plans, after-action reports, and/or lessons learned into which of the following (check all that apply):
☒ Plans
☒ Procedures
☐ None, explain:
· What impedes incorporating corrective action plans, after-action reports and/or lessons learned (check all that apply):
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

6. Does the public health agency utilize improvement plans and after-action reports to maintain a Corrective Action Program?
☒ Yes
☐ No
· If "no", which of the following impedes developing an all-hazards Exercise program (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Communication and Information Management

Compliance Requirement: Apply common and consistent terminology as used in NIMS, including the establishment of plain language communications.

1. During an event, does the public health agency implement the following communication standards:

	Yes	No
Plain Language	☒	
Standardized terminology (verbal communications)	☒	
Standardized terminology (print communications)	☒	

Compliance Requirement: Utilize systems, tools and processes to present consistent and accurate information during an incident/planned event.

2. During an event, does the public health agency present consistent and accurate information:

	Yes	No
Communications	☒	
Information Management (computers)	☒	
Intelligence/Surveillance	☒	
Information Sharing (radios)	☒	
Resource Status (PODs, PPE, meds/vaccines)	☒	

Resource Management

Compliance Requirement: Inventory response assets.

1. Has the public health agency inventoried and maintained its response resources?
☒ Yes
☐ No
· If "no", which of the following impedes inventorying and maintaining response assets (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

2. Is interoperability considered prior to purchase of equipment?
☒ Yes
☐ No
· If "no", which of the following impedes inventorying and maintaining response assets (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Command and Management

Compliance Requirement: Public Health Incident Command System (ICS): Manage all emergency incidents and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine and procedures, as defined in NIMS. ICS implementation must include the consistent application of Incident Action Planning and Common Communications Plans, as appropriate.

1. Does the public health agency implement NIMS-prescribed ICS for all-hazards incident response?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

2. Does the public health agency implement NIMS-prescribed ICS for managing preplanned events?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy

☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

3. Does ICS implementation include the consistent application of incident action planning?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

4. Does ICS implementation include the consistent application of common communications plans?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

5. Do incident action plans incorporate the following ICS concepts:

	Yes	No
Designation of measurable objectives	☒	
· If "no", explain:		
Designation of command staff positions	☒	
· If "no", explain:		
Manageable span of control	☒	
· If "no", explain:		
Clear chain of command	☒	
· If "no", explain:		
Use of plain language	☒	

6 Do common communication plans address:

	Yes	No
Utilization of communications equipment and facilities assigned to the incident	☒	
· If "no", explain:		
Installation and testing of all communications equipment	☒	
· If "no", explain:		
Supervision and operation of the incident communications	☒	
· If "no", explain:		
Distribution and recovery of communications equipment assigned to the incident	☒	
· If "no", explain:		
Maintenance and repair of communications equipment on site	☒	
· If "no", explain:		

Compliance Requirement: Multi-agency Coordination System(MACS): Coordinate and support emergency management and incident response objectives through the participation in multi-agency coordination systems, i.e. – develop and maintain connectivity capability between local Incident Command Posts, local 911 Centers, and local Emergency Operations Centers.

7. Does the public health agency support the participation of multi-agency coordination systems where appropriate, during incidents/planned events?

	Yes	No
Framework (e.g. emergency operations procedures and disaster plans)	☒	
If "no" , explain:		
Training Curriculum	☒	
· If "no" , explain:		
Exercises	☒	
· If "no" , explain:		

8. Does the public health lead or participate in a multi-agency coordination system or utilize a multi-agency coordination system for:

	Yes	No
Preplanned events (recurring or special)	☒	
· If "yes", explain how it has been successfully utilized to manage preplanned events: Nursing Facilitiy drill		
No-notice events	☒	
· If "yes", explain how it has been successfully utilized to manage no-notice events: call back drill		

· If 'no", which of the following impedes adoption: (check all that apply)
☒ Plans
☐ Policy
☐ Personnel
☒ Funding
☒ Exercise
☒ Education
☐ Other impediments, explain:

9. Which of the following primary functions is coordinated by the public health agency multi-agency coordination system (check all that apply):

☒ Situation assessment
☒ Critical resource acquisition and allocation
☒ Local/tribal disaster support
☐ Coordination with elected and appointed officials
☒ Coordination of summary information
☐ Incident priority determination
☐ Other, please explain:

Compliance Requirement: Public Information System: Implement processes, procedures, and/or plans to communicate timely, accurate information to the public during an incident through a Joint Information System and/or Joint Information Center.

10. Does the public health agency's Emergency Operations Plan include processes and procedures for utilizing a Public Information System, including establishment of a

☒ Yes
☐ No

- If "yes", how many individuals are trained in using the public information system: Kristina Winfield, John Halferty, Becky Pryor
- If "no", explain:
- Which of the following impedes the inclusion of processes and procedures for utilizing a public information system into the public health Emergency Operations Plan:

☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

Compliance Requirement: Ensure that the Public Information System can gather, verify, coordinate, and disseminate information during an incident/planned event.

11. During incidents, can the public health public information system gather, verify, coordinate and disseminate the following types of information:

	Gather	Verify
Critical Emergency Information	☒	☒
Crisis Communication	☒	☒
Public Affairs	☒	☒
Other types of information	☒	☒

This document should be revised as changes to the above answers occur, or at least yearly in conjunction with your NIMS compliancy statement submission. Record reviews and revisions in the table below.

Date Reviewed	Printed Name	Signature
11/7/2019	Rebecca Pryor	Rebecca Pryor
11/12/2020	Rebecca Pryor	Rebecca Pryor
11/4/2021	Rebecca Pryor	Rebecca Pryor

2 pages

Jasper County Elderly Resources

Home Care Services

Comfort Keepers	(641) 752-0715
Every Step Home Care	(515) 558-9591
Home Instead	(641) 792-1800
Iowa Home Care	(515) 222-9995
Mercy Home Care	(515) 643-8383
Optimae Home Health Services	(515) 277-0134
Recover Health	(877) 597-0808
Senior Helpers	(515) 251-7444
Unity Point at Home	(515) 557-3100
Universal Pathways	(515) 270-5000
Wesley Life at Home	(515) 978-2777

Assistance (Financial, Utilities, Food Clothing, Etc)

Aging Resources	(515) 255-1310
Care for Yourself (for women 40-60)	(515) 286-2095
DHS (PACE Program)	(641) 792-1955
General Assistance	(641) 791-2609
IMPACT	(515) 518-4707
MICA	(641) 752-7162
Progress Industries	(641) 792-6119
Q Link (government phone program)	(855) 754-6543
Salvation Army	(641) 792-6131
United Way	Dial 211
Willowbrook Adult Day Center	(641) 791-4500

Transportation Assistance

HIRTA	(877) 686-0029
Jasper County Rides	(641) 787-3078
RSVP	(641) 792-6433

Consultation, Counseling & Mental Health Services

Capstone	(641) 792-4012
CICS (funding for services)	(641) 791-2304
CICS Crisis Line	(844) 258-8858
Community Support Advocates	(515) 883-1776
Connections Peer Support Drop-In Center	(641) 275-3516
Discover Hope	(641) 841-0598
VA Crisis Line	(800) 273-8255

Home Delivered Meals

Homestyle Direct	(866) 735-0921
Jasper County Elderly Nutrition	(641) 792-7102
Mom's Meals	(877) 508-6667
Sister's Homestyle Entrees	(515) 332-1928
Tony's Meals	(515) 280-6800

At Home Equipment

Active Style (Medicaid incontinence supplies)	(800) 651-6223
Nucara Home Medical	(641) 792-9339
Phillips Life Line	(800) 635-6159
Salvation Army Loan Closet	(641) 792-6131
Unity Point Audiology (Medicaid hearing aids)	(515) 241-8265