

JASPER COUNTY BOARD OF HEALTH

Jasper County Health Department: (641)787-9224

Date of Meeting: **Thursday, May 11, 2023** Time of Meeting: **11:00 AM**

Location of Meeting: Jasper Co. Office Building, 315 W 3rd St N, large conference #006, Newton, IA 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:

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.

Zoom or phone by calling (312) 626-6799, ID 97157736051# or link <https://jasper.zoom.us/j/97157736051>

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: (Action) (Attachment, 1 page)

Item 3: Approval of Minutes: March 9, 2023 (Action) (Attachment, 2 pages)

Item 4: Other Outside Agency Reports: (Information)

- 1.) Environmental Health report: Jamie Elam, Community Development (Attachment, 1 page)

Old Business

Item 5: Budget FY24 update (Information) Board of Supervisors 4/25/2023 -approved

New Business

Item 6: Immunization Grant FY24 (Action, Attachment, 7 pages)

Item 7: FY24 Local Public Health Services Application Planning Process (Action, Attachment, 20 pages)

Item 8: County Health Rankings and Roadmaps (Attachment, 4 pages)

Item 9: Board of Health meeting move from September 14 to September 7 (Action, Attachment, 1 page)

Item 10: Program reports

Item 11: 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 policies 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 research the matter or have the matter placed on a subsequent agenda.

Item 12: Next meeting Date: Thursday, July 13, 2023, 11:00 AM

Location: Jasper County Office Building, 315 W 3rd St N, large conference room #006, Newton, Iowa 50208

Item 13: Motion to Adjourn: (Action)

504424 - Jasper- FY24 Immunization Services

Application Details

Funding Opportunity: 500547-FY24 Immunization Services BOH/BOS Application Guidance
Funding Opportunity Due Date: Apr 20, 2023 4:00 PM
Program Area: Immunization & TB
Status: Submitted
Stage: Final Application

Initial Submit Date: Mar 9, 2023 2:19 PM
Initially Submitted By: Rebecca Pryor
Last Submit Date:
Last Submitted By:

Contact Information

Primary Contact Information

First Name*: Rebecca Ann Pryor
First Name Middle Name Last Name

Title: Administrator

Email*: bpryor@jasperia.org

Address*: 315 W 3rd St N, Suite 100

Newton Iowa 50208
City State/Province Postal Code/Zip

Phone*: (641) 787-9224 Ext.
Phone
###-###-####

Fax: ###-###-####

Organization Information

Name*: Jasper County Board of Health

Organization Type*: County Government

DUNS: ##-###-####

Tax Id:

Unique Entity Identifier (UEI):

Organization Website: <http://www.co.jasper.ia.us>

Address*: 101 1st St N

Newton Iowa 50208
City State/Province Postal Code/Zip

Phone*: (641) 787-9224 Ext.
#####

Fax: (641) 275-3708
#####

Cover Sheet-General Information

Cover Sheet-General Information

Authorized Official

Name*: Rebecca Pryor

Title*: Administrator

Organization*: Jasper County Board of Health
If you are an individual, please provide your First and Last Name.

Address*: 315 W 3rd St N, Suite 100

City/State/Zip*: Newton Iowa 50208
City State Zip

Telephone Number*: 641-787-9224

E-Mail*: bpryor@jasperia.org

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.
If you are an individual, please provide your First and Last Name.

Name*: Rebecca Pryor

Title: Administrator

Organization: Jasper County Board of Health

Address: 315 W 3rd St N, Suite 100

City/State/Zip: Newton Iowa 50208
City State Zip

Telephone Number: 641-787-9224

E-Mail: bpryor@jasperia.org

County(ies) Participating, Involved, or Affected by this Proposal*: Jasper County

To find your district, click on the "Congressional Map" link. On the left hand side of the page, click on the drop-down list and click on "State of Iowa". Then, enter an address for the county/ies you serve in the Search bar. Click "Enter." This will provide you with your Congressional District, Iowa Senate District and Iowa House District.

Congressional District(s) Involved or Affected by this Proposal*: 1st - Rep. Mariannette Miller-Meeks
[Congressional Map](#)

Iowa Senate District(s) Involved or Affected by this Proposal*: 19
[Iowa Senate Map](#)

Iowa House District(s) Involved or Affected by this Proposal*: 38
[Iowa House Map](#)

Business Organization

Business Organization Form - Contact Information

Provide the legal name of the eligible applicant. (examples include: XYZ County DBA XYZ County Board of Health, XYZ Community Action Organization, etc.) Please contact the fiscal officer of the applicant organization if you are unsure of the legal name registered with the Federal Internal Revenue Services (IRS).

Legal Name of Eligible Applicant*: Jasper County Board of Health

Provide the legal address of the eligible applicant. This is the address associated with the Federal Tax ID Number.

Applicant Legal Address*: 315 W 3rd St N, Suite 100

Applicant City*: Newton

Applicant State*: Iowa

Applicant Zip Code*: 50208

Applicant's Last 4 digits of Federal Tax ID Number*: 5041
Enter only the last 4 digits of your Federal Tax ID Number

Applicant's Phone Number*: 641-787-9224

Applicant's Fax Number:

Include the name of the Executive Director or Chief Executive Officer of the Applicant Organization. If the Applicant is a Board of Health/Board of Supervisors, include the name of the Board's authorized signatory.

Executive Director/CEO Name*: Rebecca Pryor

Select Title.

Title*: Board Authorized Signatory

Alternate Mailing Address for Warrant/Payment, as applicable

This section is optional and will be used by IDPH if the applicant is awarded a contract. As applicable, applicant may enter an alternate address (if different from legal address above) for IDPH to mail warrants/payments for provision of services.

Attention to: Rebecca Pryor

Insert alternate address, as applicable: 101 1st St N
Street or PO Box

City: Newton

State: Iowa

Zip Code: 50208

Business Organization Form - Business Structure

Identify the legal structure of the applicant. If the applicant is not a governmental organization, the applicant must be registered with the Iowa Secretary of State's office to do business in Iowa or agrees to register if awarded a contract.

Legal Business Structure of Applicant*: Government- County

Identify the state of incorporation or registration of the applicant.

State of Incorporation*: Iowa

Business Organization Form - Organization History

Provide a brief history of the agency.

History*:

The Jasper County Board of Health was established in 1968. Public Health came back to County based in 2016.

This field is limited to 20,000 characters.

Include the agency's mission statement.

Mission Statement*:

Protecting and improving the health of Jasper County

This field is limited to 500 characters.

Include the agency's vision statement.

Vision Statement*:

Healthy residents and communities in Jasper County

This field is limited to 500 characters.

Business Organization Form - Table of Organization

Attach a current table of organization.

Table of Organization*: [Organizational Chart 1.pdf](#)

Business Organization Form - Disclosure of Litigation

Answer ?no? or ?yes? as to whether the applicant has any pending or threatened litigation, administrative or regulatory proceedings or similar matters which could affect the applicant?s ability to perform required services.

Is there any litigation, administrative, or regulatory proceedings pending or threatened against your agency or subcontractor?* **No**

If ?yes?, list and summarize any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the applicant?s ability to perform required services.:

Business Organization Form - Disclosure of Contract Default

Has your agency or a subcontractor defaulted on a contract?	Contract or subcontract	Contact person	Telephone	Brief description of incident
No				

Business Organization Form - Disclosure of Terminated Contract

Has your agency or subcontractor terminated a contract?	Identify if it was contract or subcontract	Contact person	Telephone Number of Contact Person	Email Address of Contact Person	Brief description of incident
No					

Business Organization Form - Disclosure of Contract Termination

Has your agency or a subcontractor had a contract terminated?	Identify if it was a contract or subcontract	Contact Person	Telephone Number of Contact	Email Address of Contact Person	Brief Description of Incident
No					

Business Organization Form - Disclosure of Financial Accountability

Have any irregularities of financial records been discovered to the applicant's accounts?	Identify each irregularity	Date of finding	Corrective action	Current status of resolution
No				

Business Organization Form - Disclosure of Financial Accountability Contact Information

Contact Person*: Rebecca Pryor
Telephone Number of Contact*: 641-787-9224
Email Address of Contact Person*: bpryor@jasperia.org

Application Certification and Conditions BOH/BOS

Application Certification and Conditions

The information contained in the Application Forms is accurate, to the best of my knowledge.

Yes

Under no circumstances will any personnel, employee or independent contractor of the contractor, be paid by the programs applied for in this grant application or by any other programs administered by the contractor to an extent that would translate to a full-time equivalency of greater than 1.0. Furthermore, no

time will be "double-charged".

Yes

The organization has the resources to meet the goals and objectives included in this application for the amount of funds applied for.

Yes

If a contract is awarded, based on my authority, the organization is committed to fulfilling the contract conditions from the Iowa Department of Health and Human Services.

Yes

If a contract is awarded, it is the contractor's sole responsibility to ensure appropriate individual(s) have registered within IowaGrants.gov and are granted access to the Grant Tracking site at www.IowaGrants.gov. The contractor acknowledges that all assigned individuals will have full rights (add, modify, and delete) for all Grant Tracking components including contractual forms, reporting forms, and claims submission.

Yes

If a contract is awarded, I designate the following individual as the Grantee Contact with full responsibility for assignment of appropriate individuals to this grant in IowaGrants.gov

Rebecca Pryor

I certify that my agency is not suspended or debarred or otherwise excluded from participating in provision of services in the event application is approved.

Yes

I have read and understood the applicable Scope of Work for this Funding Opportunity.

Yes

The BOH or BOS Authorized Signatory must complete this form and sign it by typing in their name.

Signature*: Rebecca Pryor

Select your title.

Title of Signatory*: Board Authorized Signatory

Insert the date the Board Authorized Signatory completed and signed this form. Click 'Save' at the top of the page.

Date form completed and signed*: 03/09/2023

Optional: This area is provided for the uploading of Transmittal Letter or other communication to IDPH as applicable to this application. IDPH reserves the right to make the determination of the applicability of the communications at its sole discretion.

Attachment:

Personnel

Personnel

Title/Position Description*: Administrator

First Name*: Rebecca

Last Name*: Pryor

Email Address*: bpryor@jasperia.org

Describe this person's role and responsibilities for this project.

Role and Responsibilities*:

Oversee the overall day-to-day operations of Jasper County Health Dept

Include this staff person's education, experience and expertise related to the proposed services. Be sure to address any minimum qualifications as required in Section for this project.

Experience and Education*:

RN, BS

Credentials License #: 127575

Enter all personnel information in the above fields, then click save and then click on the icon in the Personnel Resume field to attach a resume or CV if required by the application guidance/instructions.

Personnel Resume: [info grants .pdf](#)

Title/Position Description*: Public Health RN

First Name*: Kristina

Last Name*: Winfield

Email Address*: kwinfield@jasperia.org

Describe this person's role and responsibilities for this project.

Role and Responsibilities*:

Oversees all aspects of the immunization program, VFC, and school audits.

Include this staff person's education, experience and expertise related to the proposed services. Be sure to address any minimum qualifications as required in Section for this project.

Experience and Education*:

RN, BSN

Credentials License #: 130409

Enter all personnel information in the above fields, then click save and then click on the icon in the Personnel Resume field to attach a resume or CV if required by the application guidance/instructions.

Personnel Resume: [Kristina Winfield Resume.docx](#)

Immunization Service Work Plan

Immunization Services Required Objectives

County	24 months of age	13 - 17 years of age	HPV 13 - 17 years of age
	Percent	Percent	Percent
Jasper County	72	81	51

Pandemic Vaccine Required Objectives

County	0 - 6 years of age	7 - 18 years of age	19 years of age and older	Month POD submitted	Year POD submitted
	Percent	Percent	Percent		
Jasper County	24	14	31	November	2022

Identify Agency

County	Name of Agency	Address (include street, city and zip)	County where agency resides
No Data for Table			

BOH/BOS

Check this box if the BOH/BOS is unsure of No agency at this time:

Immunization Services Budget FY24

SALARY & FRINGE

Staff Name	Title	Percent of FTE	Salary and Fringe Amount
Rebecca Pryor	Administrator	2.00	\$1,000.00
Kristina Winfield	RN	10.00	\$8,020.00
		12.00	\$9,020.00

OTHER

Item	Amount
No Data for Table	

EQUIPMENT >\$5,000

Item	Amount
No Data for Table	

SUBCONTRACT: OVER \$2000.00

Subcontractor	Activities	Amount Budgeted
No Data for Table		

INDIRECT/ADMINISTRATION RATE

Rate	Amount Budgeted
No Data for Table	

Total Immunization Budget

TOTAL: \$9,020.00

Pandemic Vaccine Response Budget FY24

SALARY & FRINGE

Staff Name	Title	Percent of FTE	Salary and Fringe Amount
Kristina Winfield	RN	2.00	\$2,180.00
		2.00	\$2,180.00

OTHER

Item	Amount
No Data for Table	

EQUIPMENT >\$5,000

Item	Amount
No Data for Table	

SUBCONTRACT: OVER \$2000.00

Subcontractor	Activities	Amount Budgeted
No Data for Table		

INDIRECT/ADMINISTRATION RATE

Rate	Amount Budgeted
No Data for Table	

Total Pandemic Budget

TOTAL: \$2,180.00

509217 - FY24 Local Public Health Services- Jasper

Application Details

Funding Opportunity: 502021-FY24 Local Public Health Services Application Guidance
Funding Opportunity Due Date: Apr 21, 2023 4:00 PM
Program Area: Local Public Health Services
Status: Submitted
Stage: Final Application

Initial Submit Date: Apr 13, 2023 11:12 AM
Initially Submitted By: Rebecca Pryor
Last Submit Date:
Last Submitted By:

Contact Information

Primary Contact Information

First Name*: Rebecca Ann Pryor
First Name Middle Name Last Name

Title: Administrator

Email*: bpryor@jasperia.org

Address*: 315 W 3rd St N, Suite 100

Newton Iowa 50208
City State/Province Postal Code/Zip

Phone*: (641) 787-9224 Ext.
Phone
###-###-####

Fax: ###-###-####

Organization Information

Name*: Jasper County Board of Health

Organization Type*: County Government

DUNS: ##-###-####

Tax Id:

Unique Entity Identifier (UEI):

Organization Website: <http://www.co.jasper.ia.us>

Address*: 101 1st St N

Newton Iowa 50208
City State/Province Postal Code/Zip

Phone*: (641) 787-9224 Ext.
###-###-####
Fax: (641) 275-3708
###-###-####

Cover Sheet-General Information

Cover Sheet-General Information

Authorized Official

Name*: Rebecca Pryor
Title*: Administrator
Organization*: Jasper County Board of Health
If you are an individual, please provide your First and Last Name.
Address*: 315 W 3rd St N, Suite 100

City/State/Zip*: Newton Iowa 50208
City State Zip
Telephone Number*: 641-787-9224
E-Mail*: bpryor@jasperia.org

Fiscal Officer/Agent

Please enter the "Fiscal Officer" for your Organization.
If you are an individual, please provide your First and Last Name.

Name*: Rebecca Pryor
Title:
Organization: Jasper County Board of Health
Address: 315 W 3rd St N, Suite 100

City/State/Zip: Newton Iowa 50208
City State Zip
Telephone Number: 641-787-9224
E-Mail: bpryor@jasperia.org

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[Congressional Map](#)

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[Iowa Senate Map](#)

Iowa House District(s) Involved or Affected by this Proposal*: 37,38
[Iowa House Map](#)

Business Organization

Business Organization Form - Contact Information

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Applicant City*: Newton

Applicant State*: Iowa

Applicant Zip Code*: 50208

Applicant's Last 4 digits of Federal Tax ID Number*: 5041
Enter only the last 4 digits of your Federal Tax ID Number

Applicant's Phone Number*: 641-787-9224

Applicant's Fax Number:

Include the name of the Executive Director or Chief Executive Officer of the Applicant Organization. If the Applicant is a Board of Health/Board of Supervisors, include the name of the Board's authorized signatory.

Executive Director/CEO Name*: Rebecca Pryor

Select Title.

Title*: Board Authorized Signatory

Alternate Mailing Address for Warrant/Payment, as applicable

This section is optional and will be used by IDPH if the applicant is awarded a contract. As applicable, applicant may enter an alternate address (if different from legal address above) for IDPH to mail warrants/payments for provision of services.

Attention to: Rebecca Pryor

Insert alternate address, as applicable: 315 W 3rd St N, Suite 100
Street or PO Box

City: Newton

State: Iowa

Zip Code: 50208

Business Organization Form - Business Structure

Identify the legal structure of the applicant. If the applicant is not a governmental organization, the applicant must be registered with the Iowa Secretary of State's office to do business in Iowa or agrees to register if awarded a contract.

Legal Business Structure of Applicant*: Government- County

Identify the state of incorporation or registration of the applicant.

State of Incorporation*: Iowa

Business Organization Form - Organization History

Provide a brief history of the agency.

History*:

Jasper County Board of Health was established in 1968. Jasper County BOH subcontracts Environmental Health Services with Jasper County. In 2020, we subcontracted services for home care. We currently have 3 staff members, two of which are nurses.

This field is limited to 20,000 characters.

Include the agency's mission statement.

Mission Statement*:

Protecting and improving the health of Jasper County

This field is limited to 500 characters.

Include the agency's vision statement.

Vision Statement*:

Healthy residents and communities in Jasper County

This field is limited to 500 characters.

Business Organization Form - Table of Organization

Attach a current table of organization.

Table of Organization*: [Organizational Chart- current 1.pdf](#)

Business Organization Form - Disclosure of Litigation

Answer ?no? or ?yes? as to whether the applicant has any pending or threatened litigation, administrative or regulatory proceedings or similar matters which could affect the applicant?s ability to perform required services.

Is there any litigation, administrative, or regulatory proceedings pending or threatened against your agency or subcontractor?* **No**

If ?yes?, list and summarize any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the applicant?s ability to perform required services.:

Business Organization Form - Disclosure of Contract Default

Has your agency or a subcontractor defaulted on a contract?	Contract or subcontract	Contact person	Telephone	Brief description of incident
No				

Business Organization Form - Disclosure of Terminated Contract

Has your agency or subcontractor terminated a contract?	Identify if it was contract or subcontract	Contact person	Telephone Number of Contact Person	Email Address of Contact Person	Brief description of incident
No					

Business Organization Form - Disclosure of Contract Termination

Has your agency or a subcontractor had a contract terminated?	Identify if it was a contract or subcontract	Contact Person	Telephone Number of Contact	Email Address of Contact Person	Brief Description of Incident
No					

Business Organization Form - Disclosure of Financial Accountability

Have any irregularities of financial records been discovered to the applicant's accounts?	Identify each irregularity	Date of finding	Corrective action	Current status of resolution
No				

Business Organization Form - Disclosure of Financial Accountability Contact Information

Contact Person*: Rebecca Pryor
Telephone Number of Contact*: 641-787-9224
Email Address of Contact Person*: bpryor@jasperia.org

Application Certification and Conditions BOH/BOS

Application Certification and Conditions

The information contained in the Application Forms is accurate, to the best of my knowledge.

Yes

Under no circumstances will any personnel, employee or independent contractor of the contractor, be paid by the programs applied for in this grant application or by any other programs administered by the

contractor to an extent that would translate to a full-time equivalency of greater than 1.0. Furthermore, no time will be "double-charged".

Yes

The organization has the resources to meet the goals and objectives included in this application for the amount of funds applied for.

Yes

If a contract is awarded, based on my authority, the organization is committed to fulfilling the contract conditions from the Iowa Department of Health and Human Services.

Yes

If a contract is awarded, it is the contractor's sole responsibility to ensure appropriate individual(s) have registered within IowaGrants.gov and are granted access to the Grant Tracking site at www.IowaGrants.gov. The contractor acknowledges that all assigned individuals will have full rights (add, modify, and delete) for all Grant Tracking components including contractual forms, reporting forms, and claims submission.

Yes

If a contract is awarded, I designate the following individual as the Grantee Contact with full responsibility for assignment of appropriate individuals to this grant in IowaGrants.gov

Rebecca Pryor

I certify that my agency is not suspended or debarred or otherwise excluded from participating in provision of services in the event application is approved.

Yes

I have read and understood the applicable Scope of Work for this Funding Opportunity.

Yes

The BOH or BOS Authorized Signatory must complete this form and sign it by typing in their name.

Signature*: Rebecca Pryor

Select your title.

Title of Signatory*: Board Authorized Signatory

Insert the date the Board Authorized Signatory completed and signed this form. Click 'Save' at the top of the page.

Date form completed and signed*: 04/13/2023

Optional: This area is provided for the uploading of Transmittal Letter or other communication to IDPH as applicable to this application. IDPH reserves the right to make the determination of the applicability of the communications at its sole discretion.

Attachment:

Personnel

Personnel

Title/Position Description*: Administrator

First Name*: Rebecca

Last Name*: Pryor

Email Address*: bpryor@jasperia.org

Describe this person's role and responsibilities for this project.

Role and Responsibilities*:

Overall day-to-day operations, supervises all programs, budgets, meetings, and grants.

Include this staff person's education, experience and expertise related to the proposed services. Be sure to address any minimum qualifications as required in Section for this project.

Experience and Education*:

Public Health since 1996

Credentials License #: 127575

Enter all personnel information in the above fields, then click save and then click on the icon in the Personnel Resume field to attach a resume or CV if required by the application guidance/instructions.

Personnel Resume: [info grants Becky Pryor.pdf](#)

Title/Position Description*: Public Health RN

First Name*: Kristina

Last Name*: Winfield

Email Address*: kwinfield@jasperia.org

Describe this person's role and responsibilities for this project.

Role and Responsibilities*:

Oversees immunization and communicable diseases.

Include this staff person's education, experience and expertise related to the proposed services. Be sure to address any minimum qualifications as required in Section for this project.

Experience and Education*:

Public Health for almost 7 years.

Nurse for 18 years.

Credentials License #: 130409

Enter all personnel information in the above fields, then click save and then click on the icon in the Personnel Resume field to attach a resume or CV if required by the application guidance/instructions.

Personnel Resume: [Kristina Winfield Resume for grants.docx](#)

Title/Position Description*: Assistant

First Name*: Melissa

Last Name*: Gary

Email Address*: mgary@jasperia.org

Describe this person's role and responsibilities for this project.

Role and Responsibilities*:

Assists Administrator. Covers front desk. Answers calls. Safe Kids

Include this staff person's education, experience and expertise related to the proposed services. Be sure to address any minimum qualifications as required in Section for this project.

Experience and Education*:

Public Health for 3 years.

Home care aide for 17 years.

At Jasper County for 20 years.

Credentials License #: None

Enter all personnel information in the above fields, then click save and then click on the icon in the Personnel Resume field to attach a resume or CV if required by the application guidance/instructions.

Personnel Resume:

LPHS Work Plan

Title*: FY24 LPHS Work Plan Jasper

LPHS Work Plan*: Jasper Local Public Health Services LPHS FY24 Work Plan 2.pdf

IDPH Subcontract Plan

Subcontracts Proposed

Are Subcontracts proposed for work and services of this project?*: No

Subcontract Plan

Population Health Budget - No Equipment

Grant Funds

Budget Category	Grant Funds Total
Salaries/Fringe	\$86,628.00
Subcontract	\$0.00
Other	\$0.00
Indirect or Administrative Costs	\$0.00
Total	\$86,628.00

Budget Justification

Budget Category	Details	Grant Funds
A. Salaries/Fringe	Rebecca Pryor, Administrator, FTE .30	\$39,644.00
A. Salaries/Fringe	Kristina Winfield, Public Health Nurse, FTE .30	\$29,600.00
A. Salaries/Fringe	Melissa Gary, Assistant, FTE .25	\$17,384.00
Subtotal		\$86,628.00
		\$86,628.00

Indirect or Administrative Costs

Federally Approved Indirect Cost or Administrative Cost or Not Applicable (N/A)	Rate	Grant Funds	Details	Federally Approved Indirect Cost Rate Agreement
N/A	0.00%	\$0.00		

Performance Measure

Non-Population Health Budget - No Equipment

Grant Funds

Budget Category	Grant Funds Total
Salaries/Fringe	\$0.00
Subcontract	\$0.00
Other	\$0.00
Indirect or Administrative Costs	\$0.00
Total	\$0.00

Budget Justification

Budget Category	Details	Grant Funds
	No Data for Table	

Indirect or Administrative Costs

Federally Approved Indirect Cost or Administrative Cost or Not Applicable (NA)	Rate	Grant Funds	Details	Federally Approved Indirect Cost Rate Agreement
NA	0.00%	\$0.00		

LBOH Membership Form

County Information

County #: 50

County Name: Jasper County

Provide the name of the person who is responsible for submitting the minutes. This does not have to be a LBOH member.

Name*: Rebecca Pryor

Provide a agency contact email address to receive key communications from the Department.

Email*: bprior@jasperia.org

Member Information

Date	Revised	Select one	Full Name	County	Address	City	State	Zip	New Member	Term Exp. Date	Phone	Medical Professional	Medical License #	E-Mail
04/13/2023		MEMBER	Jody Eaton	Jasper	411 S 28th Ave E	Newton	Iowa	50208	Yes	12/31/2025	5641-521-2072	No		eaton.jody@gmail.com
04/13/2023		CHAIRPERSON	Julie Smith	Jasper	1204 South Taylor Street	Monroe	Iowa	50170	No	12/31/2024	515-210-3161	No		julies@capstonebh.com
04/13/2023		MEMBER	Donna Akins	Jasper	304 Hoover Ave	Baxter	Iowa	50028	No	12/31/2023	641-417-9004	No		dmakins@partnercom.net
04/13/2023		MEMBER	Dr. Andrew Cope	Jasper	014 W 16th St S	Newton	Iowa	50208	No	12/31/2024	541-521-2965	Yes	4101	drcopea@gmail.com
04/13/2023		MEMBER	Michael Balmer	Jasper	276 N 49th Ave W	Newton	Iowa	50208	No	12/31/2023	541-792-4872	No		mbalmer28@gmail.com

Minority Impact Statement (2020)

Minority Impact Statement

Does the proposed grant program or policy have a disproportionate or unique positive impact on minority persons? *: Yes

Describe the positive impact expected from this project.:

JCHD serves everyone in Jasper County and helps advocate for a positive impact by providing linkage to resources.

Detail the rationale for the existence of the proposed program or policy.:

We serve all people in Jasper County including minorities such as women, those with disabilities, and all races.

Indicate the group(s) positively impacted.: African Americans, Latinos, Persons with a Disability, Women

Could the proposed grant program or policy have a disproportionate or unique negative impact on minority persons? *: No

Describe the negative impact expected from this project.:

Detail the rationale for the existence of the proposed program or policy. :

Indicate the group(s) negatively impacted.:

Explain how you provided consultation with representatives of the minority groups impacted.:

I hereby certify the information above is complete and accurate to the best of my knowledge.*:

Yes

Administrator Rebecca Pryor
Title First Name Last Name

Local Public Health Services (LPHS) SFY24 Work Plan

Jasper County Health Department complete 4/13/2023

For SFY24, at least 25% of the LPHS program funds must be spent on population health activities. The distribution of 25% must be between the required objectives listed within areas of work 1-3 as designated in the green shading. Use of more than 25% for population health activities is acceptable and encouraged.

LPHS program funds may be used for Optional Area of Work: Non-Population Health Activities as designated by the blue shading. Utilization of funds for non-population health activities shall not exceed 75%.

The utilization of funds between population health activities and non-population health activities will be identified on the budget justification form.

Please complete the work plan below by indicating the activities the contractor will address in SFY24.

POPULATION HEALTH ACTIVITIES

For SFY24, at least 25% of the LPHS program funds must be spent on population health activities.

Required Area of Work #1: Leadership and Governance			
Understand the priorities, policy positions, opinions, and actions of the governing entity/local board of health in order to continually improve communication and effectiveness, leading to a quality governing entity-health department relationship.			
Required Objective 1: Engage in health policy, plan, and/or law development, discussion, adoption, and implementation with the agency's governing body and other local policymakers.			
You must select a minimum of two activities from the list below by placing an 'X' in the box corresponding with that activity. At least one of the activities selected must be a CHA & CHIP activity.–Mark the appropriate box(es) with an 'X' to indicate if staff time will be spent on planning for the implementation of selected activities (i.e., the agency needs time for planning) and/or staff time will be spent implementing the selected activities (i.e., the agency is ready to implement the activities starting July 1, 2024). Note: You may develop activities, not included in the list below, to meet this objective. Type in the activity and its related essential service in the boxes below.			
Click on the box(es) below to indicate how staff time will be spent for this objective.			
Staff time will be spent on planning for the implementation of the activities selected below.		Staff time will be spent on implementing the activities selected below.	X
Click on the box below to select an activity	Activity		Essential Service (if applicable)

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	Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations.	Essential Service #1
	Work with the community to understand health status, needs, assets, key influences, and narrative. (CHA)	Essential Service #1
	Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action. (CHA)	Essential Service #1
X	Investigate, diagnose, and address health problems and hazards affecting the population.	Essential Service #2
X	Develop and champion policies, plans, or laws that guide the practice of public health. (CHA)	Essential Service #5
	Examine and improve existing policies, plans, or laws to correct historical injustices.	Essential Service #5
	Ensure that policies, plans, or laws provide a fair and just opportunity for all to achieve optimal health.	Essential Service #5
	Provide input into policies, plans, or laws to ensure that health impact is considered.	Essential Service #5
	Continuously monitor and develop policies, plans, or laws that improve public health and preparedness, and strengthen community resilience. (CHIP)	Essential Service #5
	Collaborate with all partners, including multi-sector partners, to develop and support policies, plans, or laws. (CHA & CHIP)	Essential Service #5
	Ensure that applicable laws are equitably applied to protect the public's health.	Essential Service #6
	Conduct enforcement activities that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure related diseases identified in occupational and community settings.	Essential Service #6
	Include health considerations in laws from other sectors (e.g., zoning).	Essential Service #6
X	Foster leadership skills at all levels.	Essential Service #8
	Use research, evidence, practice-based insights, and other forms of information to inform decision-making. (CHA)	Essential Service #9

Local Public Health Services (LPHS) SFY24 Work Plan

	Evaluate services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm. (CHIP)	Essential Service #9
	Value and use qualitative, quantitative, and lived experience as data and information to inform decision-making. (CHA & CHIP)	Essential Service #9
	Develop an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)	Essential Service #10
	Ensure that appropriate, needed resources are allocated equitably for the public's health. (CHIP)	Essential Service #10
	Be accountable, transparent, and inclusive with all partners and the community in all aspects of practice	Essential Service #10
X	Provide vaccines that prevent diseases for adults and children. (Immunizations)	Essential Service #7
Activity:		
Activity:		
<p>You may also develop additional objectives, and the objective's corresponding activities, for this required area of work. Type in your additional objective(s), the corresponding activities, and the related essential service in the boxes below.</p> <p>You will be required to report on the activities below in your quarterly progress reports.</p>		
Additional Objective #1:		
Activity #1:		
Activity #2:		
Activity #3:		
Additional Objective #2:		

Local Public Health Services (LPHS) SFY24 Work Plan

Activity #1:		
Activity #2:		
Activity #3:		

Required Area of Work #2: Health Promotion			
Promote public health topics and initiatives, and engage and empower people within communities to take action for their own health.			
Required Objective 1: Develop and implement proactive health education/health promotion strategies, with multi-sector partners, which meet the unique needs of the population.			
<p>You must select a minimum of two activities from the list below by placing an 'X' in the box corresponding with that activity. At least one of the activities selected must be a CHA & CHIP activity.–Mark the appropriate box(es) with an 'X' to indicate if staff time will be spent on planning for the implementation of selected activities (i.e., the agency needs time for planning) and/or staff time will be spent implementing the selected activities (i.e., the agency is ready to implement the activities starting July 1, 2024). Note: You may develop activities, not included in the list below, to meet this objective. Type in the activity and its related essential service in the boxes below.</p>			
Click on the box(es) below to indicate how staff time will be spent for this objective.			
Staff time will be spent on planning for the implementation of the activities selected below.	<input type="checkbox"/>	Staff time will be spent on implementing the activities selected below.	X
Click on the box below to select an activity	Activity		Essential Service (if applicable)
X	Develop and disseminate accessible health information and resources, including through collaboration with multi-sector partnerships. (CHIP)		Essential Service #3
	Develop and deploy culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials.		Essential Service #3

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	Employ the principles of risk communication, health literacy, and health education to inform the public, when appropriate.	Essential Service #3
	Actively engage in two-way communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies. (CHA & CHIP)	Essential Service #3
	Ensure public health communications and education efforts are asset-based and do not reinforce narratives that are damaging to disproportionately affected populations.	Essential Service #3
	Work across partners and with the community to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans. (CHIP)	Essential Service #5
	Use research, evidence, practice-based insights, and other forms of information to inform decision-making. (CHA & CHIP)	Essential Service #9
Activity:		
Activity:		
<p>Required Objective 2: Disseminate timely and accurate information to the public using a variety of communication methods (including electronic methods).</p> <p>You must select a minimum of two activities from the list below by placing an 'X' in the box corresponding with that activity. At least one of the activities selected must be a CHA & CHIP activity.–Mark the appropriate box(es) with an 'X' to indicate if staff time will be spent on planning for the implementation of selected activities (i.e., the agency needs time for planning) and/or staff time will be spent implementing the selected activities (i.e., the agency is ready to implement the activities starting July 1, 2024). Note: You may develop activities, not included in the list below, to meet this objective. Type in the activity and its related essential service in the boxes below.</p>		
Click on the box(es) below to indicate how staff time will be spent for this objective.		
Staff time will be spent on planning for the implementation of the activities selected below.	<input type="checkbox"/>	Staff time will be spent on implementing the activities selected below. <input checked="" type="checkbox"/>
Click on the box below to select an activity	Activity	Essential Service (if applicable)
	Develop and disseminate accessible health information and resources, including through collaboration with multi-sector partners. (CHIP)	Essential Service #3

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X	Use appropriate communications channels (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations.	Essential Service #3
	Develop and deploy culturally and linguistically appropriate and relevant communications and educational resources, <u>which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials.</u> (CHA)	Essential Service #3
Activity:		
Activity:		
<p>You may also develop additional objectives, and the objective’s corresponding activities, for this required area of work. Type in your additional objective(s), the corresponding activities, and the related essential service in the boxes below.</p> <p>You will be required to report on the activities below in your quarterly progress reports.</p>		
Additional Objective #1:		
Activity #1:		
Activity #2:		
Activity #3:		
Additional Objective #2:		
Activity #1:		
Activity #2:		
Activity #3:		

Local Public Health Services (LPHS) SFY24 Work Plan

Required Area of Work #3: Strengthen Local Public Health Infrastructure			
Develop local partnerships, and engage and collaborate with partners to create sustainable systems.			
<p>Required Objective 1: Create, convene, and maintain partnerships to protect and improve the health of people in the community.</p> <p>You must select a minimum of two activities from the list below by placing an 'X' in the box corresponding with that activity. At least one of the activities selected must be a CHA & CHIP activity.–Mark the appropriate box(es) with an 'X' to indicate if staff time will be spent on planning for the implementation of selected activities (i.e., the agency needs time for planning) and/or staff time will be spent implementing the selected activities (i.e., the agency is ready to implement the activities starting July 1, 2024). Note: You may develop activities, not included in the list below, to meet this objective. Type in the activity and its related essential service in the boxes below.</p>			
Click on the box(es) below to indicate how staff time will be spent for this objective.			
Staff time will be spent on planning for the implementation of the activities selected below.		Staff time will be spent on implementing the activities selected below.	X
Click on the box below to select an activity	Activity		Essential Service (if applicable)
	Engage community members as experts and key partners.		Essential Service #1
	Convene and facilitate multi-sector partnerships and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.). (CHA)		Essential Service #4
X	Foster and build genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population. (CHA)		Essential Service #4

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	Authentically engage with community members and organizations to develop public health solutions. (CHIP)	Essential Service #4
	Learn from, and support, existing community partnerships and contributing public health expertise. (CHIP)	Essential Service #4
	Collaborate with all partners, including multi-sector partners, to develop and support policies, plans, or laws. (CHIP)	Essential Service #5
Activity:		
Activity:		
<p>Required Objective 2: Assess and monitor population health status, factors that influence health, and community needs and assets</p> <p>You must select a minimum of two activities from the list below by placing an 'X' in the box corresponding with that activity. At least one of the activities selected must be a CHA & CHIP activity.–Mark the appropriate box(es) with an 'X' to indicate if staff time will be spent on planning for the implementation of selected activities (i.e., the agency needs time for planning) and/or staff time will be spent implementing the selected activities (i.e., the agency is ready to implement the activities starting July 1, 2024). Note: You may develop activities, not included in the list below, to meet this objective. Type in the activity and its related essential service in the boxes below.</p>		
<p>Click on the box(es) below to indicate how staff time will be spent for this objective.</p>		
<p>Staff time will be spent on planning for the implementation of the activities selected below.</p>	<input type="checkbox"/>	<p>Staff time will be spent on implementing the activities selected below.</p> <p style="text-align: right;">X</p>
<p>Click on the box below to select an activity</p>	<p>Activity</p>	<p>Essential Service (if applicable)</p>
	Maintain an ongoing understanding of health in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations.	Essential Service #1
	Use data and information to determine the root causes of health disparities and inequities.	Essential Service #1
	Work with the community to understand health status, needs, assets, key influences, and narrative.	Essential Service #1

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	Collaborate and facilitate data sharing with partners, including multi-sector partners.	Essential Service #1
	Use innovative technologies, data collection methods, and data sets.	Essential Service #1
	Utilize various methods and technology to interpret and communicate data to diverse audiences.	Essential Service #1
	Analyze and use disaggregated data (e.g., by race) to track issues and inform equitable action.	Essential Service #1
X	Engage community members as experts and key partners. (CHA & CHIP)	Essential Service #1
	Value and use qualitative, quantitative, and lived experience as data and information to inform decision-making.	Essential Service #9
Activity:		
Activity:		
<p>You may also develop additional objectives, and the objective’s corresponding activities, for this required area of work (see the Work Plan Objectives and Activities appendix for ideas for additional objectives and related activities). Type in your additional objective(s), the corresponding activities, and the related essential service in the boxes below.</p> <p>You will be required to report on the activities below in your quarterly progress reports.</p>		
Additional Objective #1:		
Activity #1:		
Activity #2:		
Activity #3:		
Additional Objective #2:		
Activity #1:		

Local Public Health Services (LPHS) SFY24 Work Plan

Activity #2:		
Activity #3:		

NON-POPULATION HEALTH ACTIVITIES (OPTIONAL)= N/A

For SFY24, no more than 75% of the LPHS program funds may be spent on non-population health activities.

Optional Area of Work: Non-Population Health Activities	
<p>Objective #1: Provide such personal health services as deemed necessary for the promotion and protection of the health of individuals in the community.</p>	
<p>You may select one or more of the activities below as part of your work plan.</p>	
<p>You will be required to report the number of unduplicated people served, for each of the selected activities below, in your quarterly progress reports.</p>	
<p>Click on the box below to select an activity</p>	<p>Activity</p>
	Provide community-based services that promote the well-being of children ages 0-5 through support to the family utilizing an evidence-based program.
	Assess an individual's needs within their home.
	Provide homemaker services to consumers who, due to the absence, incapacity or limitations of the usual homemaker or caregiver need assistance to remain in their home.
	Provide personal health services under the direction of nursing and/or medical staff.

Local Public Health Services (LPHS) SFY24 Work Plan

	Provide skilled nursing services for the acutely ill, or to those individuals with a chronic condition that if left unmonitored would potentially become an unstable condition (a diagnosis with a plan of care from a licensed physician is required).
	Provide nursing services to help clients manage chronic conditions (e.g., medication and medical supply management).
	Provide basic foot care and referrals as needed.
	Provide screenings, assessments and or testing for individuals who may be at risk.

COUNTY

2023 ▼

Jasper, IA

Rank **#49** of 99 ranked counties in Iowa

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Jasper (JS) is ranked in the higher middle range of counties in Iowa (Higher 50%-75%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Jasper (JS) is ranked in the higher middle range of counties in Iowa (Higher 50%-75%).





County Demographics

The health of a place results from past and present policies and practices. The land known as Jasper County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."






Jasper County, Iowa is Metropolitan (intersecting an urban core area of 50,000 or more population). In Jasper County, 57.5% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people).








[Show More](#)

County Snapshot

- Show areas to explore
- Show areas of strength

 Trends Available

Health Outcomes					
		Jasper (JS) County	Iowa	United States	
Length of Life					—
Premature Death		6,200	6,500	7,300	
Quality of Life		Jasper (JS) County	Iowa	United States	—
Poor or Fair Health		12%	12%	12%	
Poor Physical Health Days		2.9	2.8	3.0	
Poor Mental Health Days		4.4	4.4	4.4	
Low Birthweight		7%	7%	8%	
Additional Health Outcomes (not included in overall ranking)					+
Health Factors					
		Jasper (JS) County	Iowa	United States	
Health Behaviors					—
Adult Smoking		19%	17%	16%	
Adult Obesity		39%	37%	32%	
Food Environment Index		8.8	8.6	7.0	
Physical Inactivity		23%	23%	22%	
Access to Exercise Opportunities		75%	79%	84%	
Excessive Drinking		25%	25%	19%	
Alcohol-Impaired Driving Deaths		23%	27%	27%	
Sexually Transmitted Infections		309.3	478.5	481.3	
Teen Births		18	16	19	
Additional Health Behaviors (not included in overall ranking)					+
		Jasper (JS) County	Iowa	United States	
Clinical Care					—
Uninsured		4%	6%	10%	
Primary Care Physicians		2,480:1	1,360:1	1,310:1	

Dentists		1,890:1	1,430:1	1,380:1	
Mental Health Providers		860:1	530:1	340:1	
Preventable Hospital Stays		1,610	2,400	2,809	
Mammography Screening		46%	47%	37%	
Flu Vaccinations		64%	57%	51%	
Additional Clinical Care (not included in overall ranking)					+
Social & Economic Factors		Jasper (JS) County	Iowa	United States	-
High School Completion		94%	93%	89%	
Some College		59%	70%	67%	
Unemployment		4.3%	4.2%	5.4%	
Children in Poverty		11%	12%	17%	
Income Inequality		3.9	4.2	4.9	
Children in Single-Parent Households		22%	21%	25%	
Social Associations		16.7	14.5	9.1	
Injury Deaths		68	70	76	
Additional Social & Economic Factors (not included in overall ranking)					+
Physical Environment		Jasper (JS) County	Iowa	United States	-
Air Pollution - Particulate Matter		7.8	7.4	7.4	
Drinking Water Violations		No			
Severe Housing Problems		9%	12%	17%	
Driving Alone to Work		80%	79%	73%	
Long Commute - Driving Alone		37%	21%	37%	
Additional Physical Environment (not included in overall ranking)					+

Note: Blank values reflect unreliable or missing data.

JASPER COUNTY

HEALTH DEPT.

Board of Health dates 2023

January 12

March 9

May 11

July 13

~~September 14~~ September 7

November 9

Time: 11AM

Jasper County Adm, Large Conference Room

315 W 3rd St N, Newton, IA 50208

(Required to have 6 per year)