

Jasper County Board of Health

Mission: Protecting and improving the health of Jasper County.

Thursday, September 12, 2024, at 11 AM

Jasper Co. Office Building, 315 W. 3rd St. N., Large Conference Room, Newton, Iowa
Zoom via the link at the end of the agenda

=====

Tentative Agenda:

1. **Call to Order** (by Chair) Time:

2. **Roll call**

Jasper County Board of Health members.

- Julie Smith
- Dr. Andrew Cope - *unable to attend*
- Donna Akins
- Jody Eaton
- Denny Stevenson

3. **Introduction of others present:**

4. **Approval of Minutes:** (Action)

July 11, 2024 (Attachment, 2 pages)

Request to Add Policies: Immun. + Standing Orders

5. **Consider and approve the agenda:** (Action) (Attachment, 2 pages). Add VFA 9/6/2024 agreement to agenda.

6. **Citizen comments:** The public may comment on public health items. (Limit to 3 minutes.)

7. **Other Outside Agency Reports:** (Information)

1.) **Environmental Health:** (Attachment, 1 page) July and August report

Jamie Elam: Community Development, subcontract Environmental

Old Business:

8. **IHHS updates:** New behavioral health districts map 8.2024. (Attachment, 1 page)
Numerous meetings are scheduled.

9. **Board of Health members:** planning for the end of the year. (Action) for recommendations for Board of Supervisors by end of the year (Attachment, 1 page)

- Denny Stevenson will be departing the Board of Supervisors in November but is willing to stay on Board of Health.
- Julie Smith's term ends 12/31/2024. Last meeting said she is willing to serve.
- Dr. Andrew Cope term ends 12/31/2024. Also serves as medical director. *He will serve.*

New Business:

10. **Chapter 21, Open Meeting, IPIB changes** (Information) (Attachment, 11 pages)

<https://ipib.iowa.gov/24ao0006-chapter-21-recent-law-changes>

11. **Environmental Health-** a new subcontract for Private Well grants due to staff change.

Board of Supervisors approved the change on 8.27.2024. (Action) (Attachment, 4 pages)

12. **Public Health Emergency Preparedness POD Plan 9.2024** (Action) (Attachment, 1 page)

13. **Public Health Emergency Preparedness NIMS Structure 9.2024** (Action) (Attachment, 1 page)

14. **Annual report for FY24** (Action) (Attachment, 1 page summary)

15. **Strategic Planning for FY25** (Action) (Attachment, 1 page)

16. **Vaccine for Adults (VFA) agreement** (Action) (Handout during meeting)

Administrator report- Information only. Becky Pryor

- Jasper County Health Department monthly report (Attachment, 1 page)
- Foundational Public Health Services PHAB (Attachment, 6 pages) Info only.
- Local Public Health Services and Immunization grants for FY25 started.

- Community Health Assessment & Town Hall meeting 9.11.2024 (Attachment, 1 page) Strengths and Gaps of Service from meeting.
- Opioid Settlement new funding awarded. (Attachment, 1 page)
- Jasper County Cares Coalition updates. Online agenda, resource guide.
- Kristina: Immunizations: Back to school immunizations and scheduling school audits; will start next week, and daycare to follow. New VFA (Vaccine for Adults) added to agenda, enrollment complete.
Planning employee influenza vaccines and blood draw for County.
- Melissa: Homecare updates. Working on CPPC projects, inventory and Stop the Bleed kits complete. Cares updates and events. Office coverage.

17. **Next meeting:** Date: Thursday, November 14, 2024, 11:00 AM.

- a. Set dates for 2025.

18. **Motion to Adjourn:** (Action) Time:

Join Zoom meeting *Note new Zoom link

<https://jasper.zoom.us/j/81049310464>

By phone dial (309) 205-3325 Meeting ID: 810 4931 0464

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.

Contact: Becky Pryor, bpryor@jasperia.org

Posted on website, courthouse, and Health Department office bulletin board 9.5.2024



Jasper County Board of Health Minutes- July 11, 2024

1. **Call to order** Time: 10:59 AM
2. **Roll call**
Jasper County Board of Health members: Julie Smith, Donna Akins, & Denny Stevenson
Jasper County Health Department Staff: Becky Pryor, Kristina Winfield, & Melissa Gary
Outside Agencies: Community Development: Jamie Elam; Zoom: Jamee Pierson, Newton News
3. **Approval of Minutes:**
May 9, 2024, See 3-page attachment
Motion: Denny Stevenson
Second by: Donna Akins
Motion passed: unanimously
4. **Consider and approve the agenda:** See 1-page attachment
Motion: Donna Akins
Second by: Denny Stevenson
Motion passed: unanimously
5. **Citizen comments:** None
6. **Other Outside Agency Reports:**
 - 1.) **Environmental Health:** See 1-page attachment May and June report Jamie Elam
Jamie stated all outdoor pool inspections are completed and all of them passed. One pool is having issues but has nothing to do with the inspection. 2 new tattoo establishments have opened in the area, and both have passed inspection. With the better weather, he has been able to get out for a lot more septic inspections and has had a couple of well fills. He stated there has been quite a few nuisance complaints and a few dog bites.
 - 2.) **American Lung Iowa:** FY24 Q4 report. See 4-page Attachment (Not present)
 - 3.) **MICA:** Newsletter See 3-page attachment (Not present)

Old Business:

7. **IHHS changes** See 3-page attachment
Website: <https://hhs.iowa.gov/initiatives/system-alignment>
 - Behavioral Health Service System Transition Timeline for 2024- 2025
 - Map of Behavioral Health Districts, draft, from IHHS
 - Disability Services Transition Timeline 2024-2025
 - Administrator meeting on 9.17.2024; Regional meeting on 7.26.2024.
Dr. Kruse is holding meetings with Administrators. Last meeting two key points 1.) There will be Public Health in all 99 counties. 2.) No plans to change legislation in 2025.
Julie stated the new Behavioral Health Regional Map is supposed to be available on August 1, 2024.
There is discussion, Public Health may closely align with the regions, but it is unknown.

New Business:

8. **LPHS end of the year report:** See 9-page attachment
9. **HVA- Hazard Vulnerability Assessment FY25:** See 1-page attachment
Motion: Denny Stevenson
Second by: Donna Akins
Motion passed: unanimously
10. **PHERP (Public Health Emergency Response Plan)**

Motion: Donna Akins
Second by: Denny Stevenson
Motion passed: unanimously

11. Jasper County Health Department/Policy Handbook with changes: See 2-page attachment

Motion: Denny Stevenson
Second by: Donna Akins
Motion passed: unanimously

12. Board of Health members- planning for member terms at the end of the year.

- a. Denny Stevenson will be departing the Board of Supervisors but is willing to stay on Board of Health until end of his term.
- b. Dr. Andrew Cope's term ends 12/31/2024, Medical Director. Not present today.
- c. Julie Smith's term ends 12/31/2024, Chair. Julie would be willing to serve another term.

Other:

13. Administrator report- information only

- Strategic Plan for FY24. See 9-page attachment
- Community Health Assessment survey had 373 complete on May 31, 2024.
- Community Health Assessment Town Hall meeting, Save the date, 9.11.2024
- Opioid Settlement applications were due on 6.30.2024. Meeting 7.9.2024. Interviews 7.25.2024.
- Jasper County Cares Coalition updates. Next meeting in August.
- Emergency Preparedness updates: Stop the bleed kits distributed with the help of EMA, along with education to organizations. Jasper County EMS grant purchased training manikins and supplies. PHERP took time. HVA complete with EMS. Planning to organize the emergency preparedness trailer and PPE on July 16. Working on PPE par levels at EOC. Plan to work with Steve from EMA to better organize the PPE we have and create a better inventory system in Salamander.
- Immunizations: Kristina explained a new industrial immunization refrigerator was ordered because the other one kept freezing, updating log tag system, back to school immunizations in August, school audits will start in September, and daycare to follow. New Vaccine for Adults (VFA) program. The State's video DOT Program for the TB patient is up and working well. It has been saving here a lot of time not having to drive everyday.
- Jasper County Health Department monthly report. See 1-page attachment
- Homecare payments: Melissa report there are 8 clients. 7 to 8 is the average. Depending on how many weeks are in a month depends on the cost for each month.

14. Next meeting: Date: Thursday, September 12, 2024, 11:00 AM

Location: Jasper County Office Building, 315 W 3rd St N, large conference

15. Motion to Adjourn: Time: 11:36 AM

Motion: Denny Stevenson, **Second by:** Donna Akins, **Motion passed:** unanimously

Board of Health Member Signature
Minutes taken by Melissa Gary on 7/11/2024.

Date

FY25 (7.1.2024 to 6.30.2025)

Environmental Reporting Jasper Co. Board of Health

Environmental Reporting	Jul	Aug
Septic Eval & Inspections	5	6
Time of Transfer Inspections	6	4
New Water Wells	0	2
Plugged Water Wells	3	5
Water Tests	3	2
Pool/Spa Inspections	0	0
Tanning Facility Inspections	0	0
Tattoo Facility Inspections	0	0
Septic Tank Pumper Inspections	0	0
Nuisance Complaints	4	4
Rabies / Dog Bites	0	0
Radon Test Kits Sold	1	1
Any Issues or Complaints	0	0

22

24

Grants to Counties

	Wells Plugged	Wells Tested	Results of Test	Well Permits	GTC Quarterly Re	Amt Submitted
1st Quarter	07/11 Chapman	07/02 Winn		08/09 Parks		
	07/11 Chapman	07/05 Beyer		08/20 Daniels		
	07/23 Newberg	07/12 Hammond				
	08/12 Poole	08/26 Bowman				
	08/12 Poole	08/26 Davis				
	08/13 Dunsbergen					
	08/19 Roush					
	08/21 Key Coop					

Public Health System Alignment
2024

IOWA

1

Why System Alignment?

In the current systems:

- Iowans do not know how to access services
- Health outcomes for Iowans are not satisfactory
- There's a large amount of duplicative administration system-wide

Through alignment, HHS plans to:

- Ensure Iowans have consistent access to health and human services
- Use funding more effectively to achieve outcomes
- Consolidate and streamline contracting and administration

IOWA

2

Assessment

HHS worked with Health Management Associates (HMA) to conduct an assessment.

- Town Halls
- Stakeholder Interviews
- Stakeholder Surveys
- Director Roundtables

IOWA

3

HHS System Snapshots

State Snapshot

IOWA

4

HHS System Snapshots

Snapshots are available for all 99 counties.

IOWA

5

Case for Public Health System Alignment

Significant Need

- Life expectancy varies by 8.6 years between the county with the lowest life expectancy and the county with the highest life expectancy.
- Over a third of Iowans have an unhealthy body weight which can lead to serious health issues.
- Iowa's cancer incidence rate (the number of new cancer diagnoses per year) is 10% higher than the national cancer incidence rate.

IOWA

6

Case for Public Health System Alignment

2022 Funding for Local Public Health

- \$42.6 million from local county investment (at least 47% spent on home health; half of the funds spent on primary prevention came from 8 counties).
- \$7.88 million from state investment (16% spent on primary prevention; 25% spent on home health).
- \$13 million from federal and state sources to local boards of health for immunizations, preparedness, and environmental health.
- Additional dollars are allocated to local public health partners to provide targeted public health activities and services such as maternal health, child and adolescent health, childhood lead poisoning prevention, HIV/STD prevention and care, cancer screening services, etc.

IOWA

7

Case for Public Health System Alignment

Local Variability

- 99 county boards of health - each county's structure is unique as it relates to workforce, services, and governance. In this home rule model, your zip code determines your level of access to public health services

System-wide Redundancies Exist

- Prevention and early intervention activities and services take place independently throughout the HHS system; there is not a coordinated, system-wide approach for providing these activities and services for Iowans.
- Alignment also provides an opportunity to integrate public health practice in other HHS service systems.

IOWA

8

Goals for Public Health System Alignment

- A well coordinated system with clear access points for Iowans → Iowans will have access to the same set of public health services across the state no matter where they live
- Reduce system redundancies by linking federal, state and local governance → Eliminate administrative red tape and duplicative efforts

IOWA


9

Current State → Future State

Funding a variety of things not linked to outcomes

→


Funding tied to measurable outcomes



10

Focused on advancing the local public health system to:

- Bolster the system's ability to ensure Iowans receive all 10 Essential Public Health Services and local public health agencies meet all of the foundational public health capabilities; and
- Strengthen the system's capacity for enhanced data analysis using county-level data.



11

Public Health Support Teams

Public Health Support Teams include staff from:

Center for Acute, Chronic, Epidemiology

Health Statistics

Immunizations
Emergency Preparedness and Response

Communicable Disease

Local Public Health Performance

Other applicable areas




12

Data Modernization

Expand current data modernization efforts beyond reportable diseases to include additional public health datasets within the department.


- Invest in more modern and efficient data infrastructure
- Work toward increased data interoperability
- Increase availability and use of public health data
- Hire skilled staff to improve the use of data across the HHS system



13

Next Steps

- Continue to seek feedback and input on structure, function, governance and authority for the Public Health system.
- Work alongside the HHS team implementing other system alignment initiatives and keep Public Health engaged in that process.



14

Jasper County Board of Health Roster as of 9.5.2024

Dr. Andrew Cope, Medical Director
Term Expires: December 31, 2024
Member since 2018 – 7 years

Donna Akins
Term Expires: December 31, 2026
Member since 2019- 7 years

Julie Smith, Chair
Term Expires: December 31, 2024
Member since 1/2022- 3 years

Jody Eaton
Term Expires: December 31, 2025
Member since 1/2023- 2 years

Denny Stevenson
Term Expires: December 31, 2026
Member since 2024- 1 year



24AO:0006 - Chapter 21 – Recent Law Changes

Related Topics:

[Advisory Opinions](#)

[Advisory Opinions: Meeting](#)

Advisory Opinion 24AO:0006

DATE: June 27, 2024

SUBJECT: Chapter 21 – Recent Law Changes

This Advisory Opinion provides information regarding recent amendments to Chapter 21 to ensure public awareness of and compliance with the changes.

During the 2024 legislative session, the Iowa Legislature passed Senate File 2385, an Act relating to boards, commissions, committees, councils, and other entities of state government that was more than 200 pages. This legislation was signed into law by Governor Kim Reynolds on May 17, 2024.

Division VII was included within Senate File 2385. (“Amendments”) It amends Chapter 21 of the Iowa Code as it relates to electronic meetings and requires options for electronic meetings for all governmental bodies. The Amendments also define the types of electronic meetings that can be utilized by all governmental bodies. This law takes effect on July 1, 2024.

We note at the outset that the IPIB’s jurisdiction is limited to the application of Iowa Code chapters 21, 22 and 23, as well as rules in Iowa Administrative Code chapter 497. Advice in a Board opinion, if followed, constitutes a defense to a subsequent complaint based on the same facts and circumstances.

This advisory opinion is provided to assist governmental bodies regarding application of and compliance with the new Amendments.

CHAPTER 21 AMENDMENTS:

The following Amendments have been made to Chapter 21. Governmental bodies conducting public meetings must comply with these changes effective July 1, 2024:

Amendments to section 21.8, subsection 1: The Amendments mandate that, “A governmental body shall provide for hybrid meetings, teleconference participation, virtual meetings, remote participation, and other hybrid options for the members of the governmental body to participate in official meetings.” This law change requires that governmental bodies provide for electronic meetings for members of the governmental body and establishes options to be utilized. These options are defined in the new subsection 4 of section 21.8, below.

Amendments to section 21.8, subsection 1, paragraph c: The Amendments eliminate the requirement that minutes include a statement explaining why a meeting in person was impossible or impracticable.

New subsection 4 to section 21.8: This new subsection creates definitions for the following types of meetings:

- “Hybrid meeting” means a meeting involving both remote participation and in-person participation by members.
- “Remote participation” means real-time participation by a remotely located individual in a meeting which is being held in a different physical location using integrated audio, video, and other digital tools.
- “Teleconference participation” means participation using audio conference tools involving multiple participants in at least two separate locations.
- “Virtual meeting” means a meeting involving real-time interaction using integrated audio, video, and other digital tools, in which participants do not share physical location.

Governmental bodies should carefully review these definitions and the requirements for each type of meeting.

Is a governmental body required to provide electronic access to meetings for members of the governmental body pursuant to the new law?

Yes. Effective July 1, 2024, Iowa Code § 21.8 requires that a governmental body provide for electronic meeting options for members of the governmental body. The new law states, “A governmental body *shall* provide for hybrid meetings, teleconference participation, virtual meetings, remote participation, and other hybrid options for the members of the governmental body to participate in official meetings.” The use of the word “shall” requires that electronic meetings, in at least one of the forms identified by the new law, be made available to members of the governmental bodies.

Is a governmental body required to provide electronic meeting options if none have been requested or it is believed none will be utilized?

The language is mandatory that the option be provided for official meetings of the governmental body. A governmental body, therefore, must make an

electronic meeting option available for participation of the members of the governmental body. The law does not use the terminology “may” and does not distinguish between governmental bodies that will and will not utilize an electronic meeting for participation. For this reason, governmental bodies should provide an electronic meeting option for all meetings.

Is a governmental body required to provide *all* electronic meeting options?

No. A governmental body is not required to utilize all options for every meeting. The amended language includes a variety of options and defines what could be considered an electronic meeting. Several of the types of meetings would be contradictory.

For instance, a “hybrid meeting” involves both remote and in-person participation by members of the governmental body, but a “virtual meeting” involves members that do not share a physical location. By definition, it would be impossible to use all available options for each meeting of the governmental body because a governmental body could not hold a “hybrid meeting” and a “virtual meeting” at the same time.

The governmental body should choose the electronic meeting option that best meets the needs of the members of the governmental body. For example, if all members of the governmental body will be participating from differing remote locations, and the governmental body has the technical ability, the governmental body should consider holding a virtual meeting. If some members of the governmental body will be in-person and others will be attending from alternative locations, the governmental body should consider holding a hybrid meeting or teleconference participation.

The governmental body should utilize the electronic meeting method(s) that allows for participation of members of the governmental body while also ensuring the meeting meets Iowa Code chapter 21 requirements.

Are there new requirements for governmental bodies related to quorum and voting that must be observed when meeting electronically?

No. The Amendments do not change quorum or voting requirements. Members of governmental bodies should be allowed to vote electronically utilizing the electronic method chosen by the governmental body. A member of a governmental body participating in an electronic meeting and following existing requirements of Iowa Code chapter 21 should be considered in attendance and counted toward quorum.

What are the requirements for public participation in an electronic meeting pursuant to the new law?

The new law does not change existing requirements as it relates to public access to the meeting and compliance with public notice requirements. Iowa Code § 21.8(a) still requires “The governmental body provides public access to the conversation of the meeting to the extent reasonably possible.” The law also does not change requirements that minutes be produced, but does eliminate the requirement that minutes include a statement as to why a meeting in person was impossible or impracticable. Governmental bodies should continue to adhere to public participation and notice requirements within Iowa Code Chapter 21.

Must the general public be granted access to the electronic meeting options. For example, if a member of the governmental body uses remote participation, must the public be granted the same remote participation options?

A cornerstone of Chapter 21 is that members of the public must have access to open sessions of meetings of governmental bodies. “Open session” is defined as a meeting to which all members of the public have access. Iowa Code § 21.2(3). Chapter 21 does not provide a definition of public access or provide specific detail on how the public must access open sessions.

Governmental bodies should carefully consider public access to meetings depending on the electronic meeting method utilized. For example, governmental bodies utilizing the “hybrid meeting” should allow public access at the in-person location and should also consider allowing an option for the public to listen remotely. Governmental bodies may consider providing live-streaming options to allow the public to observe hybrid or virtual meetings. If governmental bodies provide teleconference options for the members of the governmental body, consideration should be given as to whether the teleconference will be provided as an option for the public to utilize or whether the members participating through the teleconference will be placed on speaker for the public to hear at the in-person location.

A related question involves “remote participation.” Remote participation may represent that a singular member of the governmental body is participating from a remote location or could include a situation in which a specialist presenter appears remotely. This has prompted the question of whether the public must be provided remote participation if a member of the governmental body or a presenter appears in such a manner. Iowa Code § 21.8 requires only that the members of the governmental body be given electronic meeting access. The law differentiates the type of access granted to the public by stating that the governmental body provide “public access to the **conversation of the meeting** to the extent reasonably possible.” Iowa Code § 21.8(1)(a) (emphasis added). The law does not specifically require that the public be given a virtual platform to make public comment or otherwise participate. Governmental bodies should determine how to accommodate public participation based on the unique circumstances of each case and the scope of the electronic method used within the requirements of Iowa Code Chapter 21.[\[1\]](#)

The amendments do not change how access to the public is provided. It is the responsibility of the governmental body to comply with public access requirements pursuant to Iowa Code § 21.8. Governmental bodies should

carefully consider the electronic meeting approach utilized and the best methods to ensure public access to open sessions of meetings.

How should notice of the meeting with electronic participation options be handled?

Iowa Code § 21.4 requires that a governmental body give notice of the tentative agenda, the time, date, and place of each meeting. Iowa Code § 21.8(b) states that for notice requirements “the place of the meeting is the place from which the communication originates or where public access is provided to the conversation.” If the governmental body will be holding a “hybrid meeting,” then the public should be notified where the in-person meeting will occur. If a live-streaming, teleconference, or other electronic option will be provided to the public, that should also be included within the notice of the meeting. If a “virtual meeting” is being held, then the public should be given notice of the electronic or telephonic location in which the public can watch and/or participate in the meeting.

If a “virtual meeting” is scheduled, must a governmental body provide an in-person location for the public?

Nothing within the new Iowa Code § 21.8 language requires a governmental body include an in-person option for the public. In fact, the amended language allows the governmental body to provide the option of a “virtual meeting” to its members in which participants do not share physical location. The amended language also eliminated the need for the governmental body to have a specific reason why it could not meet in person. It would be impractical if the governmental body members could meet virtually, but would still be required to host an in-person location for the public to watch the “virtual meeting.” So long as notice of how to watch and/or participate in the virtual meeting is provided to the public as required under Iowa Code §§ 21.4 and 21.8, there is no requirement an in-person option be provided to the public when a virtual meeting is held.

BY DIRECTION AND VOTE OF THE BOARD:

Joan Corbin

E.J. Giovannetti

Barry Lindahl

Luke Martz

Joel McCrea

Monica McHugh

Jackie Schmillen

SUBMITTED BY:

Kimberly Murphy, J.D.

Legal Staff

Iowa Public Information Board

ISSUED ON:

June 27, 2024

Pursuant to Iowa Administrative Rule 497-1.3(3), a person who has received a board opinion may, within 30 days after the issuance of the opinion, request modification or reconsideration of the opinion. A request for modification or reconsideration shall be deemed denied unless the board acts upon the request within 60 days of receipt of the request. The IPIB may take up modification or reconsideration of an advisory opinion on its own motion within 30 days after the issuance of an opinion.

Pursuant to Iowa Administrative Rule 497-1.3(5), a person who has received a board opinion or advice may petition for a declaratory order pursuant to Iowa Code section 17A.9. The IPIB may refuse to issue a declaratory order to a person who has previously received a board opinion on the same question, unless the requestor demonstrates a significant change in circumstances from those in the board opinion.

[1]When balancing the interests of public participation, governmental bodies should consider Iowa Code § 21.7. “Nothing in this chapter shall prevent a governmental body from making and enforcing reasonable rules for the conduct of its meetings to assure those meetings are orderly, and free from interference or interruption by spectators.” Iowa Code § 21.7. While several electronic options are convenient for the public, disruptions to meetings of governmental bodies can occur over electronic platforms and can interfere with the ability of members of the public to participate and observe governmental meetings. This can be a consideration in determining whether and how to grant participation by electronic access while ensuring the security and conduct at the public meeting can be maintained. *See, e.g.* “Zoom call organized by Black Iowa lawmakers reportedly interrupted by racist incident”, WHO News, January 8, 2022; “Zoom bombings’ disrupt Iowa Senate meetings with profanity, pornography and racial slurs”, The Des Moines Register, February 14, 2023.

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Fiscal Year 25 (7/1/2024-6/30/2025)
Subcontract for Private Well Grant (PWG)
Jasper County Board of Health
and
Jasper County (Environmental Health)

This Agreement is made and entered into by and between Jasper County Board of Health, (hereinafter the Contractor) and Jasper County (Environmental Health), (hereinafter the Subcontractor) to carry out the provisions of the Public Well Grant.

I. Statement of Purpose

This subcontract is for the Private Well Grants program.

II. Name and Address of Subcontractor

Jasper County Environmental Health
DBA: Jasper County Community Development
315 W 3rd Street North, Suite 150
Newton, Iowa 50208

III. Scope of Work to be Performed

Services covered by this application include testing private water wells, reconstructing private water wells, and plugging abandoned private water wells within the jurisdiction of the Jasper County Board of Health. This program promotes health equity by offering all Iowans equal opportunity, regardless of jurisdiction, to ensure access to safe private well water through testing, reconstruction, or plugging of abandoned wells that are no longer used.

IV. Estimated Dollar Amount

The projected subcontract amount will be \$50,505. This is subject to change and the final amount will be reflected on the contract face sheet. Payment will be sent from the Iowa Department of Health and Human Services to the contractor as claims are filed. The payment will be passed on to the subcontractor from Jasper County.

V. Subcontractor Qualifications

1. Project Director – Kevin Luetters, Director of Community Development.
 - a. Role/responsibility: Responsible for the overall project management of Environmental Health. Has authority to manage the resulting contract and the legal responsibility to assure compliance with all contract conditions.
 - b. Extensive experience with well plugging, cistern, abandonment well, and water test collection.
 - c. Employed with Jasper County since 3/1/1999.

- d. BS degree.
 - e. Completed the well plugging certification with Russ Tell of Iowa DNR.
 - f. 12 hours of continuing education every year as approved by the Iowa Environmental Health Association's Environmental Health Registry Program.
2. Qualified Staff – Jamie Elam, Environmental Health Technician
- a. Responsible for conducting water well sampling, providing oversight of well or cistern plugging, providing oversight of well reconstructions, or providing technical assistance.
 - b. High school diploma and previous employment as a septic installer.
 - c. Well Contractor Certification from DNR. Operator ID 12415.
 - d. 12 hours of continuing education every year as approved by the Iowa Environmental Health Association's Environmental Health Registry Program.

VI. Responsibilities of the Contractor

The Contractor will make available to the Subcontractor all documents related to the contract with the Iowa Department of Health and Human Services. This includes but may not be limited to:

- Subsequent contract amendments and modifications
- All budget or work plan revisions
- All IDPH required reports.
- Maintain ongoing communication regarding the grants and keep all local officials and subcontractors appropriately informed.

VII. Responsibilities of the Subcontractor

The Subcontractor agrees to perform the work and to provide the services described in the Special Conditions for consideration stated herein. The duties, rights, and obligations of the parties to this Agreement shall be governed by the contract documents which include the Special Conditions, General Conditions, and Request for Proposal and Application.

The Subcontractor shall provide the Iowa Department of Health and Human Services, the Contractor, and any of their duly authorized representatives with access, for audit and examination, to any documents, paper, and records of the subcontractor pertinent to the subcontract.

The Subcontractor project officer/grantee contact will be responsible for reporting goals achieved for the approved plan and budget for the grant at an annual Jasper County Board of Health meeting.

VIII. Term and Termination

This Agreement shall be effective beginning July 1, 2024, and shall be effective for one year ending on June 30, 2025, unless terminated as provided below. Either party may terminate this Agreement with or without cause upon thirty (30) days advanced written notice prior to the final termination date of the Agreement.

In the event local, state or federal government agencies promulgate regulations which may affect these terms or if adequate funds are not appropriated or available, this Agreement shall be immediately subject to renegotiation upon the initiative of either party.

Upon termination of this agreement, neither party shall have any further obligation under this agreement except for obligations accruing prior to the date of termination and obligations nor covenants contained herein which are expressly made to extend beyond the term of the agreement.

IX. Compliance with Law/Insurance

The subcontractor shall perform the work under this Agreement in full compliance with all applicable laws, rules, and regulations of any kind, which apply to such work. The subcontractor agrees to maintain liability insurance, which provides coverage for the work and services that the subcontractor provides to the contractor under this Subcontractor Agreement.

X. Entire Agreement/Modifications

This contract constitutes the entire agreement between the parties. This contract may only be modified in writing and signed by both parties.

XI. Governing Law

This Agreement shall be governed by the laws of the State of Iowa.

XII. Amendment and Waiver

No change or modification of this Agreement shall be valid unless the same is in writing and signed by each of the parties to be bound.

XIII. Severability


If any portion(s) of this Agreement shall be, for any reason, invalid or unenforceable, the remaining portion(s) shall nevertheless be valid and enforceable and carried into effect unless to do so would violate the present legal intentions of the parties hereto.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the above-specified date. The individual signing this Agreement on behalf of the Contractor and Subcontractor represents and warrants that he/she has the right, power, and authority to do so.

CONTRACTOR
Jasper County Board of Health

SUBCONTRACTOR
Jasper County

By: _____

By: 
Chairperson
Brandon Talsma

Date: _____

Date: 27 Aug 2024


Attest: County Auditor
Jenna Jennings

8-27-24
Date

NIMS Compliance Statement

Jasper County Health Department

For the grant year: **24-25**

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 hospital and 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 submitted to the Service Area Fiscal Agent. Verification of NIMS compliance 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:	September 12, 2024

Jasper County Health Dept Annual Report FY24

Purpose: Protecting & improving the health of Jasper Co.

Team: Board of Health, staff, subcontracts, patients, community partners, residents, and beyond.

Connecting: patients, those in need, Jasper Co. Cares, meetings, resource guide & table, referrals, social media, website, emails, events

Impact: Programs

Goals: Strategic Planning, Health Improvement Plan, Outcomes, and Reports

Public Health Services

Immunizations: **212**, Audits **7236**

Comm. Disease/TB: **39**, medications **355**

Events/Education - **8267** contacts + **61** car seats installs

Referrals made: **210**

Other: Emergency Prep, Jasper County Cares, Opioids. Health Improvements/Meetings- Mental Health, Substance Misuse, Homelessness, Transportation, Safety Wellness, Childcare, Staffing, etc.

Media: **2.5** million impressions.

Budget: \$443,650, grants \$136,000

Actual \$397,330, grants \$162,686 per report.

Under expenses \$46,320. Over on revenue \$26,686.

Subcontracts:

Environmental Health: **262** services

Homemaker: 11 clients, \$22,925 (**655** hours)

JASPER
Health Dept.



Jasper County Health Department
GOALS FY25: Strategic Planning

State IHHS

- Monitor the Iowa Health and Human Services changes in public health. Meetings 9/17,10/25.

Emergency Preparedness

- Clean out Emergency Preparedness Trailer. Clean, seal, & cots and linens in trailer. Done 7/2024, finish 9/4/2024
- Inventory PPE para levels and distribution of excess. Yearly inventory in Salamander. Done 9/2024.
- Update Emergency Plans (PHERP) as changes happen. HVA complete 7/10/2024. Media plan 8/2024, updated 9/2024.
- Monthly radio test, communication drills, meetings, and training. Complete Jul, Aug, Sep
- Regular PHEP billing and tasks on time. Approvals for Zoom and Salamander 7/2024. Billed July and Aug.
- Help with FEMA post flooding 7/2024, meeting. Complete.

Community Health Assessment and Health Improvement Plan – New FY25

- Survey results from May 2024. Secondary Date complete. Townhall meeting on 9/11/2024. Complete
- CHA report. Starting now.
- Establish a Health Improvement for 2025-2028. Starting now.

Immunizations/clinic

- School & daycare immunization audits: September 2024 school & January 2025 daycares. Scheduled schools starting 9/18.
- Plan flu clinic and annual blood draws for Jasper County employees. Scheduled 10/2 and 10/31/2024.
- Back to school immunization clinic on 8/16/2024. Complete.
- Improve Immunization rates from previous year. In progress
- Explore new Vaccine for Adult (VFA). Meeting 9/5/2024. In progress.
- Fix the refrigerator at EOC. 8/2024. Complete.
- Complete timely the immunization contract, reports, quality, records, VFC reenrollment 7/15/2024, etc. Complete.

Communicable Disease

- Use video direct observation for TB clients. In progress
- Complete investigations in a timely manner. Ongoing
- Community education on disease prevention and public health concerns. Ongoing

Jasper County Cares Coalition

- Plan meetings for year. Coordinate agendas, packets, and spotlight agencies. Meeting Aug, Sep, Oct, Nov, Dec, Feb, Mar, Apr, May, June. August and September complete.
- Update resource guide, Facebook, and contact list. - Ongoing.
- CPPC- Red Ribbon Week, Child Abuse Prevention, Car Seats, Trick or Treat bags, Foster Care outreach, Event, Kids Day YMCA, books. Attend meetings. First meeting 7/2024. New contact Meredith. Ongoing.

Public Relations- ongoing

- Regular social media posts. Ongoing.
- Attend health fairs. Plan spring 2025
- Answer and return phone calls and emails. Ongoing.

Administrative & Board of Health

- Monitor budgets for current FY25 and planning for FY26. Ongoing.
- Regular billing and auditing of grants. Monthly, FY24 reviewed in 7/2024. July and August review 9.3.2024
- Annual employee evaluations in Spring of 2025.
- Annual report complete FY24. 9/12/2024 Today!
- 6 Board of Health meetings per contract year- July, Sep, Nov, Jan, Mar, May.
- Employee update CEU including, but not limited to, CPR, Bloodborne pathogen, Mandatory reporter, VFC required education, nursing license education. Other: drivers license and insurance. Kristina complete Mandatory reporter on 9.4.2024
- Employee handbook review with BOH and employees 7/2024. Complete
- Audit all revenue and expenses monthly and yearly. Complete 7/2024. State Auditors 7/2024.
- Evaluate Environmental Health subcontract and grants. New Environmental Health subcontract 9/12/2024.
- Evaluate and audit home care reimbursement program. Ongoing.
- FY26 Union negotiations and pay scales for FY26. Melissa additional raise on 7/27/2024.
- Local Public Health Services: contract, billing, reports, requirements. Up to date. Reports due January and July.

Opioid Settlement Committee

- Round 3 of applications deadline was 6/30/2024. Interviews complete 7/25/2024, Board of Supervisors 8/6/2024. Complete
- Opioid reports due quarterly, along with tracking funding and state reports. July reports complete, next October.
- The Administrator will help with the Opioid Settlement Committee. Ongoing.

Vaccines for Adults Program Overview

The Iowa Vaccines for Adults (VFA) program is operated by the Iowa Department of Health and Human Services (Iowa HHS). The VFA Program aims to increase adult vaccination rates and decrease disparities in immunization coverage by providing no-cost vaccine for uninsured or underinsured adults 19 years of age and older.

VFA VACCINES

VFA program vaccines are purchased with limited federal and state funds. The following vaccines are currently available through the program:

- COVID-19
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, and rubella (MMR)
- Meningococcal
- Pneumococcal
- RSV
- Tetanus, diphtheria, and pertussis (Tdap)
- Varicella

ELIGIBILITY CRITERIA FOR VFA VACCINES

Adults 19 years of age and older who are:

- Uninsured - Has no health insurance
- Underinsured - Has insurance that does not cover vaccines (eligible only for the specific vaccine that insurance does not cover), caps prevention services (eligible after cap is reached), or does not provide first-dollar coverage for vaccines (first-dollar means coverage of ACIP recommended vaccines without cost sharing to the patient)

VFA PROVIDERS

To participate in the VFA program, providers must:

- Be a local public health agency
- Have the capacity to serve as a safety net for uninsured and underinsured adults
- Be enrolled in the Iowa Immunization Registry (IRIS)
- Agree to comply with program requirements outlined in the VFA Provider Agreement and VFA Operations Guide

JASPER COUNTY PUBLIC HEALTH

POLICY AND PROCEDURE

Subject: Immunizations
Section: Public Health

Updated: 9/12/2024
Reviewed: Triennial

Sources: cdc.gov, ACIP, immunize.org, VFC, VFA

Page 1 of 1

I. POLICY: To reduce morbidity and mortality of vaccine preventable diseases by vaccinating those who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

II. PURPOSE: Jasper County Health Department may participate in the Vaccine for Children Program, Vaccine for Adults Program, the Jasper County Employee Wellness Program, and other State of Iowa immunization programs. Jasper County Health Department only provides vaccines to the public to fill in the gaps of service for those that qualify for VFC or VFA.

III. PROCEDURE:

1. Jasper County Health Department will encourage the public to establish a Primary Care Provider including for immunizations if available.
2. Jasper County Health Department will follow the most current CDC, Iowa's Vaccine for Children, or Vaccine for Adult Program Operation Guide.
3. Jasper County Health Department will not charge an administration fee per vaccine. Jasper County Public Health does not accept or bill any Medicaid, Medicare or insurance plans.
4. Jasper County Health Department does not carry any private pay vaccines for the public.
5. Licensed, trained nurses will administer the vaccines.
6. The Public Health Coordinator will be responsible for the overall activities, reports, requirements, data needed for the grant, newest VIS and storage and handling guidance, and regulations of the Immunization Program.

**JASPER COUNTY HEALTH DEPARTMENT
POLICY AND PROCEDURE**

Subject: **Immunizations (vaccinations) Standing Orders**

Revised 9/12/2024

Section: Public Health

Source: Immunize.org, CDC, VFC, VFA, ACIP

Medical Director Signature: _____

Date: _____

POLICY: All immunizations will be given according to these standing orders following www.immunize.org guidelines and Iowa laws.

PROCEDURE:

- 1.) The public health nurse will assess the patient for the need for vaccinations, screen contraindications and precautions, provide and educate on current Vaccine Information Statements, prepare to administer vaccine, administer vaccine, document vaccination, enter the record into IRIS, be prepared to manage medical emergencies or management, and report adverse events to VAERS and to the ordering physician.
- 2.) The office staff may prepare paperwork, enter into IRIS and print records into IRIS. The office staff will also check supplies, temperature logs, and do inventory.
- 3.) The following vaccines can be given under the standing orders:
 - COVID-19
 - DTaP
 - Hepatitis A, B, or combination
 - Hib
 - HPV
 - Influenza
 - MMR
 - Meningococcal
 - Monkey Pox/Smallpox
 - Pneumococcal Conjugate
 - Pneumococcal Polysaccharide
 - Polio
 - Rotavirus
 - RSV
 - Tetanus: Td and Tdap
 - Varicella
 - Zoster
 - And any combination of the above.
- 3.) The standing orders for the medical management of vaccine reactions is attached:
 - Children/teens (pages 2-3)
 - Adults (pages 4-5) Source: www.immunize.org.
- 4.) More details for each vaccine can be found at www.immunize.org
- 5.) An Iowa licensed medical provider will oversee the standing orders and will be notified of any adverse reaction,
- 6.) The standing orders will be in effect until rescinded. The medical provider's signature on the top of this policy will be the signature for all the standing orders attached.

Medical Management of Vaccine Reactions in Children and Teens in a Community Setting

The table below describes steps to take if an adverse reaction occurs after vaccination.

Administering any medicine, including vaccines, can cause an adverse reaction. Always verify container labels to ensure the correct product is being administered. To reduce the risk an adverse reaction, screen patients for vaccine contraindications and precautions before vaccination (see “Screening Checklist for Contraindications to Vaccines for Children and Teens” at www.immunize.org/catg.d/p4060.pdf).

When adverse reactions do occur, they can range from minor (e.g., soreness, itching) to serious (e.g., anaphylaxis). Be prepared.

Vaccinators should know how to recognize allergic reactions, including anaphylaxis. Have a plan and supplies ready to provide appropriate medical care if an event occurs.

REACTION	SIGNS AND SYMPTOMS	MANAGEMENT
Injection site	Soreness, redness, itching, or swelling	Apply a wet cloth to the injection site. Consider giving medication to reduce pain (e.g., Tylenol) or itching (e.g., Benadryl) if needed.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient’s heart.
Psychological fright and syncope (fainting)	Anxiety before injection	Have patient sit or lie down for the vaccination.
	Paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient’s face and neck. Keep patient under close observation until full recovery.
	Fall, without loss of consciousness	Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover promptly.
Anaphylaxis	Skin and mucosal symptoms such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. Respiratory symptoms such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. Gastrointestinal symptoms such as nausea, vomiting, diarrhea, cramping abdominal pain. Cardiovascular symptoms such as collapse, dizziness, tachycardia, hypotension.	See next page for details on treating anaphylaxis.

CONTINUED ON THE NEXT PAGE ►

Page 2 | 5



For your convenience, approximate dosages based on weight and age are provided in the following charts. Please confirm that you are administering the correct dose for your patient.

Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated at 5–15 minute intervals up to 3 times while waiting for EMS to arrive.

First-Line Treatment: Epinephrine				Epinephrine Dose	
	Age group	Range of weight (lb)	Range of weight (kg)*	1 mg/mL aqueous solution (1:1000 concentration); intramuscular. Minimum dose: 0.05 mL	Epinephrine autoinjector (0.1 mg, 0.15 mg, 0.3 mg)
Infants and children	1–6 months	9–19 lb	4–8.5 kg	0.05 mL (or mg)	off label
	7–36 months	20–32 lb	9–14.5 kg	0.1 mL (or mg)	0.1 mg [†]
	37–59 months	33–39 lb	15–17.5 kg	0.15 mL (or mg)	0.15 mg/dose
	5–7 years	40–56 lb	18–25.5 kg	0.2–0.25 mL (or mg)	0.15 mg/dose
	8–10 years	57–76 lb	26–34.5 kg	0.25–0.3 mL (or mg)	0.15 mg or 0.3 mg/dose
Teens	11–12 years	77–99 lb	35–45 kg	0.35–0.4 mL (or mg)	0.3 mg/dose
	13 years & older	100+ lb	46+ kg	0.5 mL (or mg) – max. dose	0.3 mg/dose

NOTE: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

* Rounded weight at the 50th percentile for each age range

† 0.1 mg autoinjector is approved for use in 7.5 to 14 kg infants and children

► commonly known as Benadryl

Recommended dose is 1–2 mg/kg body weight every 4–6 hrs[†]

Optional Treatment: Diphenhydramine				Diphenhydramine dose calculations based on 1 mg/kg [†]	
	Age group	Range of weight (lb)	Range of weight (kg)*	Liquid: 12.5 mg/5 mL	Capsules or tablets: 25 mg or 50 mg
Infants and children	7–36 months	20–32 lb	9–14.5 kg	10–15 mg/dose [†]	
	37–59 months	33–39 lb	15–17.5 kg	15–20 mg/dose [†]	
	5–7 years	40–56 lb	18–25.5 kg	20–25 mg/dose [†]	
	8–12 years	57–99 lb	26–45 kg	25–50 mg/dose [†]	
Teens	13 years & older	100+ lb	46+ kg	50 mg/dose (up to 50 mg or 100 mg single dose) [†]	

NOTE: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

* Rounded weight at the 50th percentile for each age range

† AAP. Red Book: 2021–2024, 32nd ed. (p. 66). Diphenhydramine maximum single dose for children younger than age 12 years is 40 mg, for children age 12 years and older, 100 mg.

This policy and procedure shall remain in effect for all patients of the _____
NAME OF PRACTICE OR CLINIC

effective _____ until rescinded or until _____ .
DATE DATE

Medical Director _____ / _____
PRINT NAME SIGNATURE DATE

Medical Management of Vaccine Reactions in Adults in a Community Setting

The table below describes steps to take if an adverse reaction occurs after vaccination.

Administering any medicine, including vaccines, can cause an adverse reaction. Always verify container labels to ensure the correct product is being administered. To reduce the risk of an adverse reaction, screen patients for vaccine contraindications and precautions before vaccination (see “Screening Checklist for Contraindications to Vaccines for Adults” at www.immunize.org/catg.d/p4065.pdf).

When adverse reactions do occur, they can range from minor (e.g., soreness, itching) to serious (e.g., anaphylaxis). Be prepared.

Vaccinators should know how to recognize allergic reactions, including anaphylaxis. Have a plan and supplies ready to provide appropriate medical care if an event occurs.

REACTION	SIGNS AND SYMPTOMS	MANAGEMENT
Injection site	Soreness, redness, itching, or swelling	Apply a wet cloth to the injection site. Consider giving medication to reduce pain (e.g., Tylenol) or itching (e.g., Benadryl) if needed.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure. Raise the bleeding injection site (e.g., arm) above the level of the patient’s heart.
Psychological fright, presyncope, and syncope (fainting)	Anxiety before injection	Have patient sit or lie down for the vaccination.
	Patient feels “faint” (e.g., light-headed, dizzy, weak, nauseated, or has visual disturbance)	Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient’s face and neck. Keep patient under close observation until full recovery.
	Fall, without loss of consciousness	Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover promptly.
Anaphylaxis	Skin and mucosal symptoms such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. Respiratory symptoms such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. Gastrointestinal symptoms such as nausea, vomiting, diarrhea, cramping abdominal pain. Cardiovascular symptoms such as collapse, dizziness, tachycardia, hypotension.	See next page for details on treating anaphylaxis.

CONTINUED ON THE NEXT PAGE ►

Page 4 | 5



Supply List for Managing Anaphylaxis

FIRST-LINE medication

- Epinephrine** 1 mg/mL aqueous solution (1:1000 concentration) in prefilled autoinjector or various vials or ampules. At least three epinephrine doses should be available onsite.

OPTIONAL medications: H₁ antihistamines

- Diphenhydramine** (e.g., Benadryl) oral, 12.5 mg/5 mL liquid, 25 or 50 mg capsules or tablets

Additional emergency supplies

- Syringes (1 and 3 mL) and needles (22 and 25 g, 1", 1½", and 2") if needed for epinephrine
- Alcohol wipes
- Stethoscope
- Blood pressure measuring device (with a variety of cuff sizes as needed)
- Light with extra batteries (for examination of the mouth and throat)
- A timing device, such as wristwatch, for measuring pulse
- Cell phone or access to onsite phone
- CPR rescue mask with one-way valve
- Oxygen (if available)

See also "Supplies You May Need at an Immunization Clinic" at www.immunize.org/catg.d/p3046.pdf.

REFERENCES

Campbell RL, Kelso JM, Anaphylaxis: Emergency treatment, updated August 4, 2022 in UpToDate, www.uptodate.com/contents/anaphylaxis-emergency-treatment

Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

Emergency medical protocol for managing anaphylaxis in adults

- 1 If itching and swelling are limited to the injection site, observe patient closely for the development of generalized symptoms.
- 2 If symptoms are generalized, alert the lead clinical healthcare professional on-site and call 911. A healthcare professional should assess the airway, breathing, circulation, and level of consciousness of the patient. Monitor vital signs at 5-minute intervals.

3 DOSING INFORMATION: The most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.

- a **First-line treatment: EPINEPHRINE is the first-line treatment for anaphylaxis.** Use **epinephrine** in a 1 mg/mL aqueous solution (1:1000 concentration). Administer a 0.3 mg dose IM using an autoinjector in the mid-outer thigh. If using another epinephrine formulation, the recommended dose is 0.01 mg/kg, ranging for adults from 0.3 mg to maximum dose of 0.5 mg. Administer IM, preferably in the mid-outer thigh.

Epinephrine doses may be repeated 2 additional times at 5–15 minute intervals while waiting for EMS to arrive.

- b **Optional treatment: H₁ ANTIHISTAMINES** relieve itching and urticaria (hives). These medications **DO NOT** relieve upper or lower airway obstruction, hypotension, or shock. Consider giving diphenhydramine (e.g., Benadryl) for relief of itching and hives. Administer orally 1–2 mg/kg every 4–6 hours, up to a maximum single dose of 100 mg.

- 4 Monitor blood pressure and pulse every 5 minutes. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs.
- 5 Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- 6 Notify the patient's primary care physician.
- 7 Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov/reportevent.html.

This policy and procedure shall remain in effect for all patients of the _____
NAME OF PRACTICE OR CLINIC

effective _____ until rescinded or until _____ .
DATE DATE

Medical Director _____ / _____
PRINT NAME SIGNATURE DATE

Page 5/5

Jasper County Health Dept FY25		
Public Health	July	Aug
Communicable Disease	5	3
TB medication per day	31	31
Immunization given	5	86
School Audits		
Daycare Audits		
Health Fair/Com Ed.- # people	27	56
Car seat installed	2	2
Promotions/Outreach		
Instagram impressions	23	231
Instagram followers	509	512
Facebook impressions	14118	41221
Facebook followers	5105	5150
Twitter impressions		
Twitter followers	239	239
Media-articles,ad,mentions	6	9
Media reach: appr15,000	90000	135000
Website reach	406	617
Home Care Aide - reimbursement		
Total Clients	7	7
Hours	66	56
Cost	\$2,310	\$1,960
# referrals	10	21
Grant billing		
Local Public Health Services	\$18,191	\$18,925
Emergency Prep- PHEP	\$4,910	\$1,967
Immunization grant	\$882	\$3,048
Other	\$500	\$0
Total billed for month	\$24,483	\$23,940

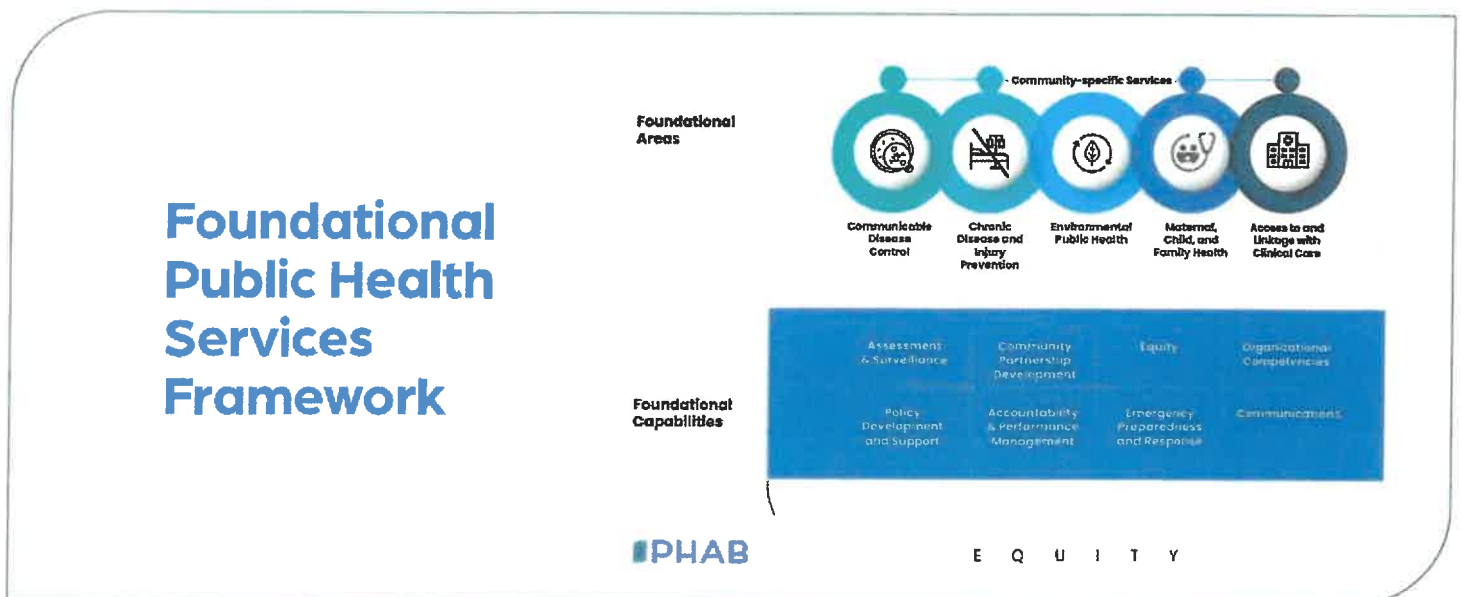
Foundational Public Health Services



Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

JASPER CO HEALTH ASSESSMENT

Health Areas: pick 2 GAPS per area (use #s)

1. Access to Medical Care	2. Mental Health or Substance Use Disorders	3. Active Living, Healthy Eating, & Lifestyle	4. Social, Economic, & Environmental
<ul style="list-style-type: none"> 1. Healthcare Staff Shortage 2. Lack of Transportation 3. Insurance Issues 4. Dental Care: Medicaid 5. Lack of Preventive Healthcare 6. Medications Costs 7. Poor Quality of Care 8. Home Care or Hospice 9. Hospital 10. Emergency Care/Urgent 11. Specialty Care 12. OB and Prenatal 13. Senior & Disability Care 14. Pediatric Care 	<ul style="list-style-type: none"> 1. Mental Health Professional Shortage 2. Lack of Crisis Intervention 3. Suicide Prevention 4. Drug Overdose Prevention 5. Prevention Programs 6. Schools & Children 7. Treatment / Inpatient Care 8. Binge Drinking Prevention 9. Impaired Driving Prevention 10. Legal Issues 11. Low Reimbursement MH 12. Stigma 13. Lack of Support 14. Tobacco & Vaping Prevention 	<ul style="list-style-type: none"> 1. Built Environment 2. Wellness Programs 3. Physical Activity 4. Prevention of Chronic Diseases/Cancer 5. Obesity 6. Food Insecurities 7. Injury Prevention 8. Socialization 9. Independent Aging 10. Sexual Health 11. Premature Death 12. Breastfeeding Ed./Support 13. Stress 14. Lack of Health Educ. 	<ul style="list-style-type: none"> 1. Lack of Available Resources 2. Lack of Job Training 3. Unaffordable Housing or Homeless 4. Lack of food, utilities, clothes, insurance, or transportation 5. Violence or Abuse Prevention 6. Lack of Childcare 7. Parenting Programs 8. Lack of Education/College 9. Lack of Health Equity 10. Poverty/Economic Instability 11. Vulnerable Population



PRESS RELEASE

RE: Jasper County Opioid Settlement Funds- Third Distribution

Date: 8/6/2024

To: Media

From: Jasper County Opioid Settlement Committee & Jasper County Board of Supervisors

The Jasper Board of Supervisors approved the Jasper County Opioid Settlement Committee's recommendation to fund the following organizations:

- Capstone Behavioral Health: Justice-involved substance treatment - \$70,000
- Clearview Recovery: Substance treatment program for women - \$82,000
- Colfax-Mingo Schools: Drug prevention programs in school - \$32,000
- Sheepgate: To expand services with a new building - \$100,000

More information about the newly funded organizations is below.

Capstone Behavioral Health, Newton

Contact: Julie Smith, Director

Telephone: (641)792-4012

Email: julies@capstonebh.com

Website: <http://www.capstonebh.com/>

Clearview Recovery, Inc., Prairie City

Contact: Scott Pritchard, Executive Director

Telephone: (515)994-3562

Email: scott.pritchard@clearviewrecoveryinc.org

Website: <https://www.clearviewrecoveryinc.org/>

Colfax-Mingo Community School District, Colfax

Contact: Tim Salmon, Superintendent

Telephone: (515)674-3646

Email: tsalmon@colfaxmingo.org

Website: <https://colfax-mingo.k12.ia.us/>

Sheepgate, A division of Adult and Teen Challenge of the Midlands, Colfax

Contact: Michael Hunsberger, President

Telephone: (515)674-3646

Email: mhunsberger@mysheepgate.org

Website: <https://www.mysheepgate.org/>

We aim to eliminate obstacles to assist individuals in need of substance treatment. The Jasper County Opioid Settlement Funds are presently funding various treatment programs at the organizations mentioned above, as well as providing support services at Open Arms of Jasper County, House of Mercy in Newton, and Discover Hope 517. If you or a loved one need assistance, we encourage you to contact one of these organizations, refer to the Jasper County resource guide for additional options, or call the Jasper County Health Department and we can help get you connected to treatment.

Jasper County Resource Guide: https://www.jasperia.org/resources/substance_misuse_and_treatment/