

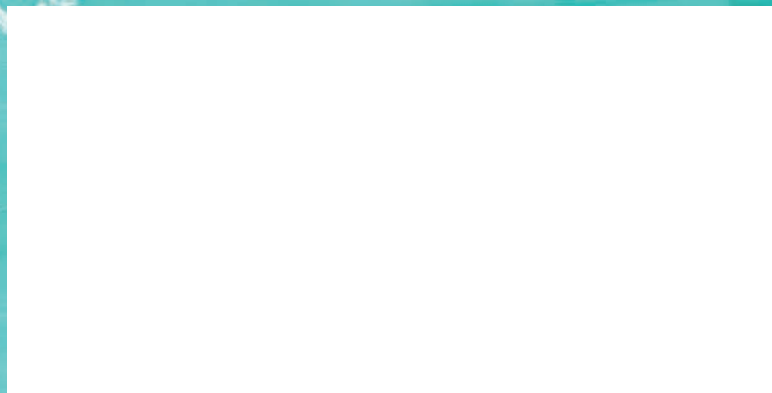
# The Iowa County

magazine



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February 2021  
Public Health



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# The Iowa County

February 2021 \* Volume 50, Number 2

The Iowa County: The official magazine of the  
Iowa State Association of Counties

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### ISAC's Mission:

To promote effective and responsible county government  
for the people of Iowa.

### ISAC's Vision:

To be the principal, authoritative source of representation,  
information and services for and about county government  
in Iowa.

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ISAC members are elected and appointed county officials  
from all 99 counties. The Iowa County (ISSN 0892-3795, USPS  
0002-150) is published monthly by the Iowa State Association of  
Counties, 5500 Westown Parkway, Suite 190, West Des Moines,  
IA 50266. Periodicals postage paid at Des Moines, IA 50318.  
POSTMASTER: Send address changes to [rbennett@iowacounties.org](mailto:rbennett@iowacounties.org). Subscriptions: \$25 per year.

# Feature - Public Health in Iowa

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## Importance of Public Health in Iowa

Public Health in Iowa did exist before 2020, and the COVID-19 pandemic struck! In 1866 The Original Local Health Law was passed. This law designated the mayor and members of the town council or the township trustees in the rural areas as the local board of health. The law gave board members the authority to establish regulations for public health and safety, to control nuisances, and to regulate sources of filth and causes of sickness in communities. Over the course of the next 154 years, changes have been made, but the core of public health has been to reduce the impact of disease on the residents of Iowa.

The structure and governance of the local public health system is outlined in Iowa Code. In the state of Iowa, there are 99 county public health agencies and two city health departments. Each public health agency is governed by a board of health, which is appointed by the respective board of supervisors or city councils. This is to assure that local control is maintained and recognizes the need for public health services to address locally identified health issues. With the authority to designate the local public health provider, there are multiple structures of local public health agencies; county health departments, hospital based public health, and contracted private public health agencies. Examples of these three structures are discussed in individual articles on pages 9-12. As is many times said, "If you have seen one local public health agency in Iowa, you have seen one public health agency." No two look alike!

Even with these differences, they all strive to achieve what public health is defined to accomplish as reflected in the Centers for Disease Control's (CDC's) definition:

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases.

The term "mitigation" has become commonplace over the course of the last 12 months, but it is not only appropriate in the event of a pandemic, but as a course of discussion when we are working in our counties and local communities. Mitigation is the action of reducing the severity, seriousness, or painfulness of something. The partner term to mitigation would be "prevention", or the action of stopping something from happening or arising. If we consider these two terms as we plan for our local jurisdictions, we will see how public health can have an impact.



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# Feature - Public Health in Iowa

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Over the course of time, many jurisdictions have completed public facility construction or modifications. It is important that we recognize how different features that can be incorporated into these projects support public health practice. Over the course of the pandemic, many expenses have been incurred related to reducing transmission of the virus through surface contact. This has involved frequent sanitizing of common places of contact by individuals, door handles, restrooms, and other items. If any of you have been in a newer elementary school, have you recognized how public health concepts have been planned into the facility? Most designs have doorless entry access to the restroom, there are auto flush fixtures, the handwashing sink and soap dispensers are automatic, and there is also touchless paper towel dispensers or hand dryers. With these types of design features, look at how many “surfaces” no longer require human touch, which reduces the incidence of spread of many diseases in this fashion.

The following example is reflective of an urban approach, but is meant to illustrate how public health considerations need to be included in many decisions that we may not have previously understood. When a city is planning a street improvement project, focus is on how to create a safer environment at the end of the project. This focus evolves around how to provide as much space as possible to allow the vehicles to pass safely by each other. This results in a plan that widens the street. But if we look at other factors related to safety and health, wider streets can result in higher speeds by vehicles; higher speeds cause pedestrians to feel less safe in crossing the street; if pedestrians don’t feel safe walking, they are less likely to walk, which can reduce daily physical activity, and then we begin to see an increase in health issues.

Both examples are illustrations of incorporating public health concepts into our built environment with a goal of reducing the spread of disease and encouraging healthier lifestyles. So the question that may arise is “Where doesn’t public health play a role and have an impact?” We want to provide for our residents safe water, safe food, safe housing, and protection from vaccine preventable diseases, along with developing healthy communities. This can only be made possible when we enter into broad range planning for the jurisdictions we serve, and develop plans that reflect sound public health practices.

COVID-19 has thrust public health into the spotlight and created an awareness of the role that we play, like never before. We have been engaged and consulted with by multiple organizations from across the state as we have dealt with this pandemic. As we move forward into the recovery phase and returning to a new normalcy, public health hopes that the conversations can continue and the partnerships can be strengthened to continue the great work we have always done for the residents of Iowa.

# Feature - Public Health in Iowa

## Iowa Public Health Association

As the Executive Director of the Iowa Public Health Association (IPHA), it is my honor to call all due attention to the expertise, commitment, and passion of our local public health professionals. Their dedication, community relationships, and adherence to evidence-based practice have seen Iowans through the COVID-19 pandemic. There will be plenty of time in the years to come for study and review of what went well and what could be improved. One thing I am confident of, everyday, is that Iowans are better and our communities are healthier because of our local public health professionals. The pandemic has highlighted the need for, and the underappreciation of, a strong public health infrastructure.

IPHA is the member organization of public health professionals and advocates across the state. Our mission is to unite and strengthen the voice for public health in Iowa; our vision is a healthy and thriving Iowa. When I share our mission and vision statements, I like to point out two powerful words that get to the heart of public health: *for* and *thrive*. Public health professionals work *for* others. We apply principles of epidemiology, community development, and policy analysis *for* the benefit of Iowans. We do this so our communities and individuals can *thrive*. You can't *thrive* without health, and it is the call of public health professionals to assure that our communities are places where people can reach their full potential of health, wellness, and prosperity.

Throughout the pandemic IPHA has spoken out on the need for evidence-based and equitable decision making in both our response and recovery efforts. We know that even after COVID-19 vaccines have been widely administered and the pandemic is declared over, the consequences of the months of anxiety, isolation, economic instability, food insecurity, and more will be felt by many in our communities. We will remain the independent voice for public health in Iowa, calling attention to the public health needs of our communities and for the investment in the public health workforce.

This is a monumental time in public health. Our practice is at the forefront of the pandemic. At the same time that the world is heralding the science behind a vaccine that will protect us from COVID-19, we are facing growing anti-public health sentiment and vaccine hesitancy. Both are a threat to the health and prosperity of Iowans and our communities. While transparency and debate are always welcome, the discussion must be grounded in evidence and public good. This is the call of public health professionals in Iowa, across the country, and globally.

In January 2020, the World Health Organization named epidemic preparedness, controlling infectious disease through vaccination, and earning public trust among the most urgent health needs of this decade. Our local public health professionals and Iowa Public Health Association are leading the way on all these fronts in Iowa by advocating for increased funding for local public health, building a statewide immunization coalition, and opening a social media community of practice to share best practices in health literacy.

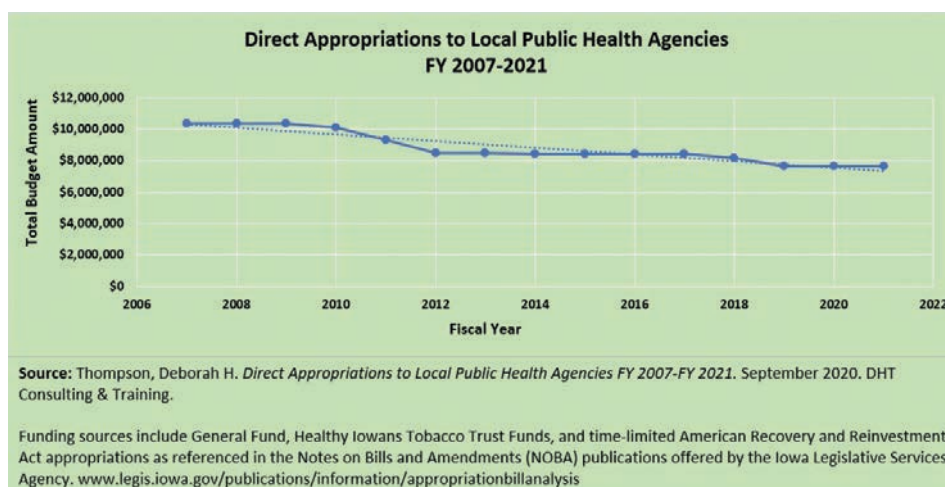


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Each of Iowa's local health departments and boards of health have been tasked with providing a continuum of support during the pandemic: keep the public informed about the pandemic's toll, implore Iowans to take seriously the mitigation measures proven to effectively curb the spread of the disease, conduct contact tracing, and now, administer the vaccine roll-out. These tasks are completed in addition to their regular efforts to address community health needs at large.

# Feature - Public Health in Iowa

Despite the invaluable role local public health departments have not only during the pandemic, but in advancing the health and livelihoods of Iowans, they are chronically underfunded. The direct appropriation to local public health has fallen 26% since its peak of \$10.4 million in 2007. IPHA is calling on Governor Reynolds and Iowa's legislators to restore funding for local public health to the 2007 level, adjusted and earmarked to inflation. Such a restoration would result in an average increase of \$53,913 per county, with two-thirds of our counties receiving an increase in the range of \$20,000 to \$40,000.

We asked local public health departments what such an increase would mean to their departments. Directors provided a range of responses from "the ability to focus on needs identified on our community needs assessment" to "offer a postpartum home visit for every birth." While needs vary across counties, additional funding remains the key to implementing targeted solutions that improve the lives and health of Iowans.

Immunizations are one of the most powerful public health tools we have to avoid unnecessary illness, potential death, and rising health care costs. According to the Iowa Department of Public Health, for every \$1 we spend on the 11 vaccines routinely given to children, we save \$10.10 in avoidable medical costs. Iowa maintains an overall childhood vaccination rate at or above the national average, yet we have pockets of unvaccinated individuals that may compromise our collective ability to prevent epidemics of preventable diseases. In 2019, Iowa recorded two cases of measles and 2,019 cases of pertussis. Had these outbreaks occurred in communities with a high number of unvaccinated individuals, rapid disease spread could have threatened many more, including those with compromised immune systems.

We know that one of the consequences of the pandemic is an increased number of children who missed their regular immunizations. Iowa's public health professionals are working hard to ensure that all children and adults receive their primary and booster vaccines per CDC schedules. To assist their efforts and celebrate Iowa's culture of vaccination, IPHA facilitates Iowa Immunizes, a statewide coalition of individuals and organizations committed to protecting the health of Iowans through vaccination of children and adults. We do this through education, advocacy, and statewide partnerships. We are grateful to ISAC for their partnership in this important area of public health. Learn more at [www.iowaimmunizes.org](http://www.iowaimmunizes.org).

To support and share all of this work, IPHA recently launched a [social media community of practice](#) to help increase health literacy and build trust in public health as a field and a critical infrastructure. This open group, supported by grant funds from Delta Dental Foundation of Iowa, will discuss current issues and share best practices around a range of outreach, promotion, and marketing topics relevant to local public health. Like and follow your local public health department and share their public health messages.



In closing, today's public health professionals are Chief Health Strategists (see ref. below) - change leaders who engage public and private partners across sectors (e.g. education, transportation, workforce development, housing, etc.) to address the needs of their communities. When government, business, and community recognize their part within the public health infrastructure, we can create a community-based health safety net. The goals are to assure everyone has what they need to make the best possible decisions for their health and livelihood; and to make sure that people have local access to high-quality, affordable, culturally-appropriate prevention and care services when needed. The unofficial motto of public health is "make the healthy choice the easy choice."

Doing so means that the work of public health is often unseen, and therefore underappreciated. The unwavering grit and perseverance of Iowa's public health professionals during the pandemic is a testament to their dedication to a healthy and thriving Iowa, and the critical need for investment in a strong public health infrastructure. Investing in public health is wise and worthwhile now and in the future.

Learn more about [Iowa Public Health Association](#) and our [legislative priorities for 2021](#).

*Ref. (DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. Prev Chronic Dis 2017;14:170017. DOI: <http://dx.doi.org/10.5888/pcd14.170017>)*



# Feature - Public Health in Iowa

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## Iowa Department of Public Health

2020 was a truly unprecedented year for public health in Iowa, including the Iowa Department of Public Health (IDPH). As a lead agency for the state's COVID-19 response, 2020 was a year of incredible challenge and teamwork. As we embark on 2021, the agency is still investing tremendous effort toward COVID-19 response, including ensuring testing capacity, supporting contact tracing, data accuracy and transparency, and vaccine deployment.

The work of responding to the pandemic has not been an isolated endeavor. The department is incredibly grateful for our partnerships with local public health agencies and a myriad of other agencies, at the local, state, and federal levels. Responding to the COVID-19 pandemic has been unlike anything IDPH has experienced in recent history and has proved the importance of strong partnerships for our agency. It has also highlighted the critical need for ongoing investments in and support for Iowa's public health system.

In addition to the agency's ongoing focus on the COVID-19 pandemic response, we are committed to protecting and improving the health of all people who live, learn, work, and play in Iowa. IDPH fulfills our mission by ensuring Iowans have access to the resources and services needed to be healthy. In addition to infectious disease investigation and mitigation, IDPH provides oversight for a wide variety of public health activities in Iowa, including substance use disorder prevention and treatment, emergency medical services, maternal and child health, tobacco use prevention and control, and environmental health.

As an accredited public health agency, we approach our work with an equity lens, striving to ensure that we drive scarce resources to address health disparities, wherever they exist. The COVID-19 pandemic has further highlighted gaps in health and human service delivery, underscoring the need for strategic investment in these systems that better ensures Iowans have equitable access to resources.

In order to target services more precisely and effectively, we are partnering with our colleagues at the Department of Human Services to participate in an evaluation of services provided to Iowans by both agencies. This work will be focused on identifying opportunities to work collaboratively toward clear, shared program goals, align and integrate programs, practices and policies to improve delivery of services and most effectively leverage available funding sources. This initiative seeks to identify community-based stakeholders and other stakeholders to provide input and guidance to the Departments' programmatic and policy efforts, engage all levels of staff to inform the departments' established goals and project plans, and create an organizational structure that optimizes delivery of services, supports efficiency and ease of work for staff, and integrates the departments' programs and services with community and other available resources.

We are optimistic that with the introduction of the COVID-19 vaccine, 2021 will bring a return to life as we've always known it. It is our hope though, that as this transition occurs, Iowans will continue their focus on health and wellness. Our teams at IDPH are eager to use this opportunity to find new ways to engage Iowans in conversation about health, and to connect them with resources to make informed decisions about their health, and the health of their loved ones.

While we all eagerly anticipate this return to normalcy, IDPH continues to stress the absolute importance of the virus mitigation tactics that we know work; socially distance, wash your hands frequently, stay home if you feel sick, and wear a mask.



**Kelly Garcia**

Director, Iowa Department of Public Health

<https://idph.iowa.gov>

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# Feature - Public Health in Iowa

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## Three Public Health Structures: County and Local Hospital Partnerships

In Iowa, every public health agency delivers essential public health services and has the goal of protecting and improving their communities' health. Each public health agency is also unique to the different programs they provide and their basic structure.

Emmet County Public Health is a relatively small public health agency in northwest Iowa serving an estimated population of 9,208. Our agency is county-based, meaning we are not affiliated with a hospital, but rather operate within the county government. Although we are not hospital-affiliated, we partner with our local critical access hospital, Avera Holy Family, on many projects and programs. Collaboration is necessary for any public health agency, but in our small agency, it is essential.

We currently have nine employees, including nurses, office staff, an environmental health specialist, and home care aides.

Emmet County Public Health Programs Include:

- Vaccinations
- Health Screenings
- Communicable Disease Control/Follow Up
- Health Maintenance Program (education and nursing interventions that assist clients in managing chronic health conditions)
- Healthy Beginnings (prenatal and postnatal home visitation)
- 1st Five Healthy Mental Development Initiative (a program to support children ages zero to five years old and their families)
- Maternal Child Adolescent Health Program
- Lactation Counseling
- Lead Poisoning Prevention
- Homemaker Program (home visits by nurse's aides to assist clients to have a clean and safe environment)
- Preparedness Program
- Grants to Counties Program (private well water testing; cost share program for well closures, well rehabilitation, and cistern closing)
- Septic and Well Permits
- Radon and Indoor Air Quality
- Pool and Tattoo Inspections



**Kathy Preston**

Nurse Administrator

Emmet County Public Health

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There is sufficient staff for an average day, but the current pandemic stretches our resources. Because of the long-standing relationships in our county with the hospital and other entities, including emergency management, emergency responders, community leaders, schools, and businesses, it was not challenging to pull everyone together to respond to this public health emergency.

Public health is required to do a Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP) every five years, and critical access hospitals are required to complete a CHNA/HIP every three years. Because of their requirement, we partner with the hospital, community leaders, residents, and other entities every three years to assess our local health needs and create a plan to improve the health and wellbeing of the people residing in the county. This joint effort makes common goals and combines local resources to improve outcomes. Public health services and programs are aligned with this plan.

# Feature - Public Health in Iowa

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## Three Public Health Structures: County Public Health Department

I will echo Kevin, there is a saying in public health, “If you have seen one health department, you have seen only one health department.” Iowa’s public health structure functions under a decentralized state system where local public health departments provide services in each county based on their local needs; however, the needs and how to address them vary. Cerro Gordo County Department of Public Health, or CG Public Health, has five divisions with programs that all work to meet our mission of supporting healthy communities through prevention, promotion, and protection. Divisions include Home Care Services, Disease Prevention and Health Promotion, Environmental Health and Preparedness, Research, Innovation and Education, and Administration. From these divisions, multiple population health programs or services are offered through approximately 46 employees.

There are many similarities as well as differences when comparing CG Public Health to other local public health programs in Iowa. Generally, many programs provided by CG Public Health are considered “traditional” public health programs. These programs include home care services such as bathing, home chores, and skilled nursing, immunizations for preventable diseases, community education, cancer and chronic disease screenings, and tobacco use prevention. Until the last decade, home health services were some of the most consistent and financially viable programs in local public health.

There has been a paradigm shift nationally and within CG Public Health towards Public Health 3.0. This change in ideology shifts the focus from traditional public health toward becoming the chief health strategist for the North Iowa area to make data accessible and understandable, expanding our partnerships, making decisions based on data, and ensuring equity. Another focus is becoming an academic health department thereby influencing the student-to-public health professional pipeline, solidifying relationships with universities and colleges, and contributing to research.

CG Public Health is governed by a five-member board of health, one of whom is a physician licensed in the state of Iowa. Members serve a rotating three-year term and are often reappointed for additional terms. They approve our annual operating budget and have broad authority through the Code of Iowa to “provide such population-based and personal health services as may be deemed necessary for the promotion and protection of the public.” The extent to which the local board of health utilizes its power can vary; the Cerro Gordo County Board of Health believes in our employees and takes on a supportive relationship with CG Public Health.

Since 9/11, most public health agencies have developed plans for responding to emergencies, like tornadoes, floods, and pandemics like COVID-19. CG Public Health regularly updates and tests our response plans to ensure readiness for real events like hosting a mass vaccination clinic. CG Public Health also serves as the fiscal agent and housing agency for a 12-county regional preparedness program and staff that includes Public Health Emergency Preparedness and Emergency Medical Systems Preparedness (PHEP) and Hospital Preparedness Programs (HPP).



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# Feature - Public Health in Iowa

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Iowa Code and the Iowa Administrative Code require that counties provide mandated environmental protection and health programs that include permitting and inspections for privately owned groundwater wells and onsite wastewater treatment systems, enforcement of nuisance ordinances, and animal bite investigations for rabies control. Along with mandated programs, CG Public Health also contracts to administer retail food safety inspections and Transient Non-Community (TNC) water well inspections. Both programs protect consumers. Our staff methodically and aggressively seeks grant funding to address known health issues plaguing our residents and visitors. Previously we have received multiple federal grants to address arsenic in groundwater which led to statewide policy changes and increased awareness of the threat of arsenic in water. Another health hazard we have determinedly sought funding for is childhood lead poisoning prevention. Continued federal awards will provide more than \$4 million dollars for lead-based paint hazard control. Additional federal funding for environmental health programming has helped advance food safety efforts, develop database infrastructure, pinpoint gaps in well testing, and more.

One reason behind our success with grant awards is our division team in Research, Innovation, and Education (RIE). RIE is responsible for ensuring that the thread of need aligns with programming, and positive outcomes are achieved. This team facilitates our community health needs assessment plan as well as strategic plan, builds and evaluates innovative programming, and coordinates performance management and quality improvement. They also research unique ways to educate the public and market public health information, recommend system policies, and maintain accreditation. RIE has didactically focused our department on the Robert Wood Johnson Foundation's "Public Health 3.0".

CG Public Health is one of four health departments across Iowa to achieve PHAB accreditation, a national recognition. The Public Health Accreditation Board (PHAB) awards accreditation to departments that meet nationally recognized, practice-focused, and evidence-based standards to best serve constituents across the nation.

CG Public Health is funded by three primary sources: local tax funds, fees for services, and grant awards. Through grant funds and third-party reimbursement, we match every local tax dollar with nearly three dollars from external funding sources. Moreover, CG Public Health established a fund in the early 1990s that allows unspent revenues to be placed into an account for use in subsequent years. Through fiscal management, conservative budgetary principles, and aggressive grant writing, the balance of the public health fund has grown which allows the department to fund expenses that fall outside of the normal budget without asking for additional tax support. The fund has been very useful during times of emergency (flood of 2008, the roof collapse of our office building in 2019, and the current pandemic).

Over the years, I have met with countless people who after learning about the vast programs we provide, respond with, "Wow, I had no idea how many programs and services CG Public Health offers." Often the public does not learn about our programs until they need them. CG Public Health is working hard to change that and enhance visibility through partnership building, vigorous marketing, and advocacy efforts. The COVID-19 pandemic has certainly given us the spotlight, and we are taking full advantage of this opportunity to enhance our visibility and build on relationships that will improve population health outcomes.



# Feature - Public Health in Iowa

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## Three Public Health Structures: Contract with a Local Provider

A lot has changed over the past forty years in regards to public health in Story County. A brief overview of the past several decades shows that at one time, both the City of Ames and Story County, each had their own Boards of Health and Sanitarians. Providers addressing public health needs included: Story County Public Health Nursing, Homemaker Health Aide, and the Ames Visiting Nurses program. As one can imagine, a challenge with having two Boards of Health sometimes meant that the two were not always coordinating with each other resulting in a disjointed focus and delivery system.

In the 1980s, the Story County Board of Health voted on the merger of Story County Public Health Nursing, Story County Homemaker Health Aide, and the Ames Visiting Nurse Service of Mary Greeley Medical Center. At a later date, the Story County Board of Health voted to recommend to the Board of Supervisors, that they contract with Mary Greeley Medical Center to provide public health services.

Currently, Story County Public Health, which is under the jurisdiction of the Story County Board of Health, are employed by Mary Greeley Medical Center and provide the following services:

- Emergency preparedness planning and prevention
- Response to disasters and assist in recovery
- Disease prevention, surveillance, and follow-up
- Senior health
- Disease surveillance and follow-up
- Immunization programs
- Tuberculosis (TB) Control Program
- Lead Poisoning Prevention Education

Contracting turned out to be very advantageous for Story County. It has offered:

- A greater level of expertise due to using a large health care provider – Mary Greeley Medical Center
- Improved recruitment capabilities – health care workers (e.g., nurses) can be difficult to recruit and may have a higher turnover rate vs. other positions within the county
- Better coordination and oversight of nursing staff
- Efficiency and continuity of services, as the contractor would provide services regardless of staffing levels or vacancies
- Greater coordination of all locales throughout Story County
- A set cost of contract vs variable employment costs, resulting in improved budgetary projections
- Improved capabilities for monitoring HIPAA compliances, as the health care provider would be the HIPAA compliance/security officer for public health



**Lisa Heddens**

Story County Supervisor

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# Feature - Public Health in Iowa

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Challenges can occur with contracting for these services, particularly if the local public health agency has any questions or situations that require immediate response from the board of health. So far, that type of delay has not been an issue. On the contrary, the Story County Board of Health has been very responsive to answer questions and have been available to hold special meetings, if necessary, to respond to situations that may need rapid input and approval.

The current pandemic has highlighted the degree of collaboration between the Board of Health, Board of Supervisors, and Story County Public Health. The Board of Health, which generally meets bimonthly has held 14 special meetings since March 2020 to address issues related to the pandemic. The Director of Public Health, or her staff, have been present at every meeting providing pertinent information related to Covid-19. Contact tracing, face coverings, emergency surge plan, voluntary quarantines, vaccine updates, and CARES funding allocation options are some of the topics related to the pandemic that have been presented for discussion and consideration.

Last Spring, Story County Public Health collaborated on a joint messaging campaign with the county, the City of Ames, Iowa State University, and Mary Greeley Medical Center on the Center for Disease Control's (CDC) guidelines to minimize exposure and transmission of the coronavirus. Most recently, the Director of Public Health has taken the lead in working with the Board of Health, and the Public Information Officer at Mary Greeley Medical Center on another public information campaign to further emphasize Story County's mask ordinance and the need to continue following public health guidance even with the rollout of vaccines.

While each entity has a different role in addressing public health, the overall goal is promoting and protecting the health of Iowans. A strong contractual relationship between Story County and Mary Greeley Medical Center has provided a high level of expertise and services that matter to the citizens of Story County.

# Feature - Public Health in Iowa

## Aging in Place: Revitalizing Small Communities for Aging Population in Iowa

**Introduction:** According to AARP (2017), 87% of adults, age 65 and older in the U.S. want to stay in their current home and community as they age. This is referred to as ‘aging in place.’ However, aging homeowners may experience challenges when pursuing aging in place due to health and family issues and/or financial situation during their retirement period. Especially, falls at home are one of the most common concerns of people who want to age in place. In Iowa, falls are the leading cause of unintentional injury-related deaths among Iowans aged 65 or older. From 2008 through 2017, fall-related deaths among older Iowans increased by 28% (CDC WISQARS, 2019). Home modification can provide improvements in the physical environment to reduce the fall risk of older adults, which help older adults remain in their places without relocation. The major challenge however is how to implement the necessary modifications, especially in small communities.

As part of a funded project, our research investigates the challenges associated with making home modifications, especially in a small town context in Iowa. The main objectives of this applied research are: 1) to collect and analyze data (county residential property tax assessment data at parcel level, socio-demographic data from U.S. Census) using Geographic Information System (GIS) that will help categorize existing housing types at the community scale; 2) to determine specific home modification strategies based on older individual’s needs; and 3) to make pragmatic policy recommendations that could be used to address the challenges related to modification and allow for successful aging in place. This article presents a summary of the findings so far and seeks to build partnerships with communities in Iowa to implement prototype pilot projects.

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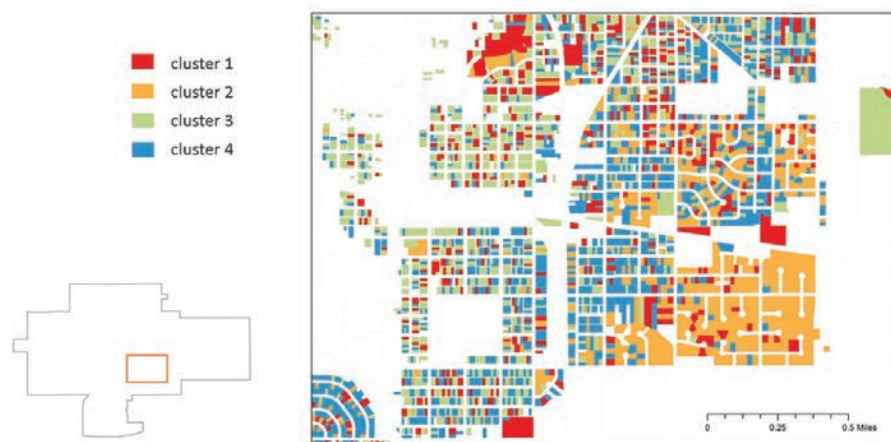
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**Study Findings:** The first phase of this study focused on developing a housing classification system that helps determine specific home modification strategies based on individuals’ needs. This phase involved factor and cluster analysis using Cerro Gordo County’s residential property tax assessment data at a parcel level that includes detailed information about home structure (i.e., housing-built year, details of housing structure, etc.). The analysis results revealed four different types of residential buildings in the county (Cluster 1-4, Figure 1). Residential buildings classified in Cluster 1 (21% of residential parcels in Cerro Gordo County) tend to have homes with a greater number of rooms on upper floors and many additions such as deck and garage space. Cluster 2 involves 18% of residential buildings in the county that tend to include a greater number of rooms in the basement and were relatively newly built. Residential buildings in Cluster 3 (25%) have a relatively old building structure with more porch area. Cluster 4 involves 36% of a residential building in the county that has a relatively smaller living area with more deck and garage area. Identifying different characteristics of residential buildings help contextualize home modification strategies using a home modification assessment tool developed in the second phase of this study, described below.

*Figure 1. An area in Mason City: this map illustrates locations of residential parcels classified into 4 clusters.*

Next, a home modification assessment tool was developed to identify problems and offer appropriate solutions to the hazardous areas in homes inhabited by older adults. In order to do that, we reviewed more than 1,500 items from 11 different home assessment tools. The identified home modification strategies are expected to be helpful for older adults to iden-





# Feature - Public Health in Iowa

tify environmental problems and offer pragmatic solutions at the same time. Toward improving the efficiency of the tool, we are developing a series of home modification cards that visually illustrate home modification problems and the appropriate solutions. Figure 2 illustrates a few sample cards. The cards will be useful as educational resources for different stakeholder groups working toward keeping older adults safe in their homes as well as older adults themselves. We are in the process of developing a website to disseminate the entire range of home modification strategies. This webpage will be used as a tool for engaging community members and increasing awareness of home modification among older adults, especially in small towns across Iowa.

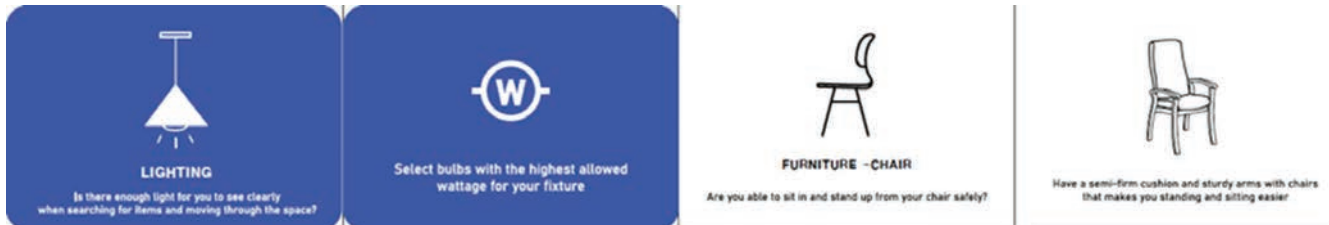


Figure 2. Home modification strategy example

Another component of the study involves using the findings to engage communities and relevant stakeholder groups in Iowa. The effort is to offer pragmatic solutions to the challenges the older population face in rural communities by bringing together academia, local governments, and private vendors who specialize in home modifications. So far, we have established a partnership with the Iowa chapter of the American Association of Retired Persons (AARP) to reach out to their membership and other stakeholder groups. In addition, we also expect to work with specific interested cities and counties to create an application framework aimed at assisting select older households make minor modifications. For example, a city may subsidize home modification costs with select older households based on need (economic criteria) on an ongoing basis. Similarly, a city may consider property tax relief as an indirect way of assisting select older households, using a need-based criterion. We also expect to engage with Iowa Fall Prevention Coalition, Iowa State Association of Counties, and the Iowa League of Cities to reach a wider audience.

**Implementation Opportunities:** While the study itself used Cerro Gordo County as the area of research, the findings present opportunities for communities throughout Iowa. Moving forward, as communities continue to witness growing proportion of older households, there is a growing need for strategic and pragmatic responses to assist these older residents. While it can be expected that many of them may have already been planning or already made home design modifications, we recognize that there are a growing number of households that may need assistance to be better prepared. Prior studies document the high positive correlation between socioeconomic status and home preparedness, meaning older households with economic challenges may not be as prepared as those households who are reasonably well placed, financially. While our study offers solutions for all older households, the current effort to engage communities in Iowa is geared toward creating opportunities for those older households that may have economic, family-related, or health and access challenges to move forward with any type of home design modifications.

Given the context, the findings of the study provide critical insights not only to design changes but also the cost implications. With the older population numbers rising fast, the time to act on this is now. Communities need to plan and implement strategies to keep their older population in their homes and communities that they love. Our study provides a robust and practical understanding of the issue, and it is our hope that Iowa communities can consider adopting the recommended framework. While cost may not be an issue for many older households, we hope that cities, counties, and other stakeholders will consider providing financial incentives on a need-based, case-by-case basis to a few older households every year. This will address the twin issues of keeping community members to stay in their homes and continue to be a part of the community (retain and build social capital). As a next step, we are currently requesting communities in Iowa to share their willingness with us to participate in a pilot project. We will be able to discuss additional details and be willing to work with local stakeholder groups and local governments to create and implement a pilot project.

#### References:

AARP. (2017). *The policy book: AARP public policies 2017-2018: Livable communities*. Retrieved from <http://www.aarp.org/livable-communities/net>  
Centers for Disease Control and Prevention's WISQARS. (2019). *Injury Prevention & Control*. Retrieved from <https://www.cdc.gov/injury/wisqars/index.html>

# Feature - Public Health in Iowa

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## Familiar Faces Program

The Polk County Data Driven Justice (DDJ) Familiar Faces program was featured on The Council of State Government Justice Center website in November of 2020. In September of 2018, Polk County Health Services (PCHS) partnered with emergency medical services, law enforcement, Polk County jail, Broadlawns Medical Center, Primary Health Care, Board of Supervisors, Polk County Information Technology, Eyerly Ball, and Community Support Advocates (CSA) to create a program for those in consistent contact with first responders.

A core group of leaders from Polk County created the DDJ Familiar Faces program to divert community members who consistently call emergency services to appropriate community-based services that meet their physical and brain health needs.

A critical component of a successful program is collaboration among first responders and care providers. This includes professional development such as Crisis Intervention Team (CIT) Training, where law enforcement officers are trained to identify and respond to behavioral health calls effectively.

With COVID-19, it is imperative that first responders and emergency rooms are receiving fewer non-emergency contacts. This program connects individuals to services and supports so those calls are reduced.

To date, over 350 Polk County law enforcement officers have received CIT Training. The DDJ Familiar Faces diversion team is developing a data platform that aggregates a list of the top 100 people with the most frequent jail bookings and/or 9-1-1 calls. First responders are identifying individuals who may benefit from DDJ Familiar Faces, in order to reduce the calls for emergency service and arrests.

The DDJ Familiar Faces program continues development in other sectors such as homelessness and the over-utilization of emergency rooms. This team plans to analyze the most recent data, to determine the program's effectiveness, as well as connecting those who have multiple jail bookings to DDJ Familiar Faces for prevention efforts.

You can view the whole article and learn more about DDJ Familiar Faces here: [https://csgjusticecenter.org/2020/11/17/site-snapshot-how-three-counties-are-serving-high-needs-populations/?mc\\_cid=e1b0a0fec5&mc\\_eid=397ff67a1d](https://csgjusticecenter.org/2020/11/17/site-snapshot-how-three-counties-are-serving-high-needs-populations/?mc_cid=e1b0a0fec5&mc_eid=397ff67a1d)



*pictured left to right*

### **Annie Uetz**

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### **Kelsey Woodruff**

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# Feature - Public Health in Iowa

## **NAMI South Central Iowa presents first Compassion in Crisis Intervention Award**

NAMI South Central Iowa presented the 2020 Compassion in Crisis Intervention Award to Sheriff Gary Anderson, Appanoose County Sheriff. NAMI affiliates around the country host annual events to honor the work of police officers and emergency personnel who demonstrate compassion and understanding when dealing with individuals in mental health crisis. This award presented today is believed to be the first such one given in Iowa, according to Dewey McConville, President of NAMI South Central Iowa.

NAMI values the opportunity to say thank you and raise the profile of successful crisis intervention trained officers, like our police force in Appanoose County. Sheriff Anderson was the overwhelming choice for this inaugural award, as he has for many years treated our citizens with dignity and respect, seeking treatment options first if possible, rather than incarceration for persons in mental health crisis.

Due to the excellent example provided by Sheriff Anderson and his insistence that all officers take the 40-hour crisis intervention training, Appanoose County citizens are very fortunate to have a police force that shows our citizens respect and compassion at a time of crisis.



*pictured left to right*

**Stephanie Koch**

NAMI member

Coordinator of Disability Services

Appanoose County

**Sheriff Gary Anderson**

Appanoose County

**Dewey McConville**

President, NAMI South Central Iowa



# ISAC Brief

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## **Summary of ISAC Board of Directors Minutes - Friday, January 15 (via Zoom conference call)**

ISAC President Carla Becker called the meeting to order and led the Board in the Pledge of Allegiance.

Marge Pitts, ISAC Past President, Golden Eagle, and former Clay County Auditor, swore in Carla Becker as president. Marge then swore in: Richard Crouch, Mill County Supervisor, as 1<sup>st</sup> vice president; Brian Gardner, Linn County Sheriff, as 2<sup>nd</sup> vice president; and Kris Colby, Winnebago County Recorder, as 3<sup>rd</sup> vice president. All board members in attendance were then sworn in by Marge.

The meeting minutes of the November 18, 2020 ISAC Board of Directors were unanimously approved as written, and the Iowa Counties Technology Services Board of Directors meeting minutes from the same date were reviewed for informational purposes.

Kelsey Sebern reported that registration numbers for the 2021 ISAC NCO School, which will be a library of presentations and materials made available in late January, are good.

Rachel Bennett presented options for an in-person and virtual 2021 ISAC Spring Conference. The in-person proposal had previously been approved and included splitting affiliate sessions between two separate days to decrease those on-site at any time. The virtual proposal included a month-long series of virtual events including live NCO school question and answer sessions, two events with exhibitors, a general session, and many options for affiliate time. (See full schedule on next page.) Rachel gave financial considerations for both options including contract cancellation liability. The discussion continued later in the meeting.

Josh Nichols presented on behalf of CRMS, Inc. representing the Iowa Municipalities Workers' Compensation Association (IMWCA) and Iowa Communities Assurance Pool (ICAP). He shared its history and partnership with ISAC and Iowa counties. Josh gave an overview of IMWCA and ICAP, and the services they offer to counties. He reviewed their current outreach strategies and changes due to the COVID-19 pandemic. Bill thanked Josh for CRMS, Inc.'s partnership and support of the Association as long-time Endorsed Elite Preferred Vendors.

The Board discussed the ISAC Spring Conference proposal amply and asked questions related to financials, safety concerns, and scheduling. Many board members expressed support for the virtual option. The Board unanimously approved holding the conference virtually as proposed.

Kelsey reviewed the first quarter calendar of ISAC events and the 2021 ISAC Board schedule.

Rachel shared information about the ISAC Illustrated Essay Contest that is open to Iowa children ages 12 and under with a deadline of February 12.

Brad Holtan reviewed the highlights of the financial report for the six months ending December 31, 2021. He gave updates on the ISAC general fund, health insurance fund, and the Iowa County Attorneys Case Management Project (ICACMP). The financial report was unanimously approved as presented.

Brad reviewed the Conflict of Interest Statement and asked that it be signed and returned electronically.

Kristi Harshbarger gave an update on legal matters.

Jamie Cashman and Lucas Beenken discussed updated Capitol safety protocols related to the COVID-19 pandemic. They gave an overview of the first week of session including ISAC's positive reaction to the Governor's Condition of the State Address and budget that included three of ISAC's priorities: mental health and disability services funding; full funding of the backfill; and emergency medical services. Staff and board members discussed public health and vaccinations at length.

President Becker adjourned the meeting.

# ISAC Meetings Update

Below we've included an updated list of our first quarter events. We'll be sure to communicate with you via email as further details become available.

Don't get our emails? Send a request to be added to our list to [support@iowacounties.org](mailto:support@iowacounties.org).

## **ISAC New County Officers School**

Online Library of Recorded Presentations and Materials

This Basecamp site will also offer message boards where questions can be asked, information can be shared, and networking can be accomplished. Registration available at any time for \$150. NCO registrants will receive a discount on ISAC Virtual Spring Conference registration.

## **County Day at the Capitol and Public Health Webinar**

FREE Live Virtual Events - More information at [www.iowacounties.org](http://www.iowacounties.org)

**County Day at the Capitol**

9:00 am | February 17, 2021

**Public Health Webinar**

1:00 pm | February 17, 2021

## **ISAC Virtual Spring Conference**

Save the Dates! The ISAC Spring Conference will be held virtually throughout the month of March. The following is a sneak peek of the events that will be held virtually for all Spring Conference registrants. There will be a reduced registration rate for members who registered for the ISAC NCO School online library. We hope to open registration on February 2, and more information is available at [www.iowacounties.org](http://www.iowacounties.org)

### **ISAC Spring Conference Virtual NCO Live Events**

- March 2 | 1:00 pm - Budgeting
- March 2 | 2:30 pm - Ethics
- March 3 | 9:00 am - Open Meetings/Open Records
- March 3 | 1:00 pm - Human Resources

March 4 | 1:00 pm - **ISAC Spring Conference Virtual Exhibit Hall and Vendor Prize Drawing**

March 10-12 - **ISAC Spring Conference Virtual Affiliate Time**

- We are currently working with each affiliate on the date/s and time/s that they will meet.

March 24 | 1:00 pm - **ISAC Spring Conference Virtual General Session**

March 25 | 3:30 pm - **ISAC Spring Conference Virtual Exhibitor Social and Closing Celebration**





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# 2021 Calendar

## **February 2021**

- 10 ISAC Board of Directors Meeting  
(Virtual)
- 17 ISAC County Day at the Capitol  
(Virtual)
- 17 ISAC Public Health Webinar  
(Virtual)

## **March 2021**

See ISAC Virtual Spring Conference Schedule on page 19!

## **April 2021**

- 5-9 Iowa Governor's Conference on Public Health  
(Virtual)
- 11-14 ISSDA Civil School  
(Holiday Inn Airport, Des Moines)
- 28 ISAC Board of Directors Meeting  
(YTBD)

## **May 2021**

- 11-14 Treasurers May School  
(Doubletree Hilton Conference Center,  
Cedar Rapids)

## **June 2021**

- 23 ISAC Scholarship Golf Fundraiser  
(Toad Valley, Pleasant Hill)

## **July 2021**

- 7 ISAC Board of Directors Meeting  
(YTBD)

## **August 2021**

- 25-27 ISAC Annual Conference  
(Veterans Memorial Community Choice Credit  
Union Convention Center, Des Moines)

- 26 ISAC Casino Night Fundraiser  
(Hilton Des Moines Downtown)

## **September 2021**

- 12-15 ISSDA Fall Jail School  
(Airport Holiday Inn, Des Moines)
- 15-17 ISAC Board of Directors Retreat  
(Delaware County)

## **October 2021**

- 12-14 Records Annual School  
(Dubuque)

## **November 2021**

- 17 ISAC Board of Directors Meeting  
(YTBD)

## **December 2021**

- 1-3 ICEA Conference  
(Veterans Memorial Community Choice Credit  
Union Convention Center, Des Moines)
- 5-8 ISSDA Winter School  
(Holiday Inn Des Moines Airport)

If you have any questions about the meetings listed above or would like to add an affiliate meeting to the ISAC calendar, please contact Kelsey Sebern at [ksebern@iowacounties.org](mailto:ksebern@iowacounties.org).

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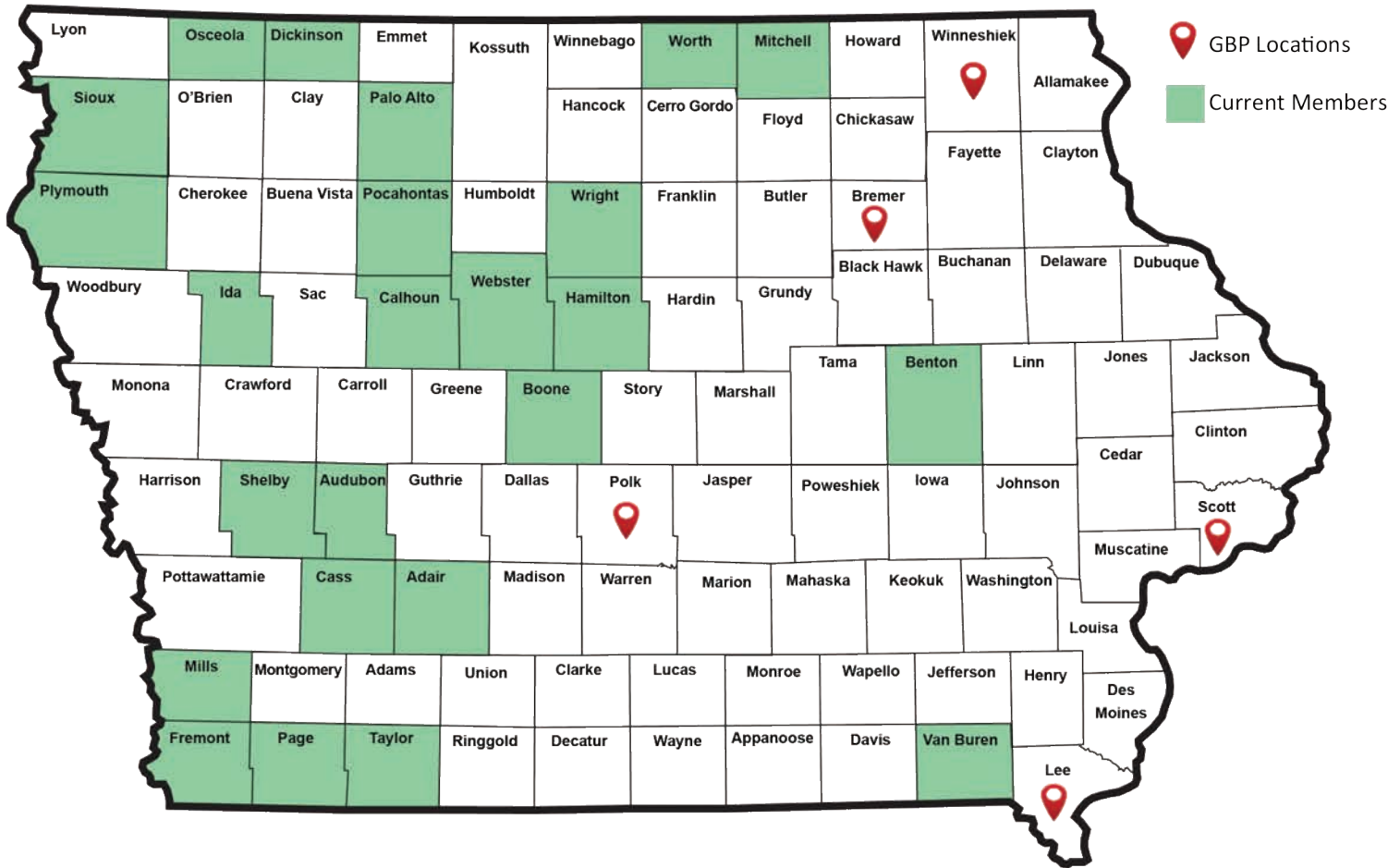
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