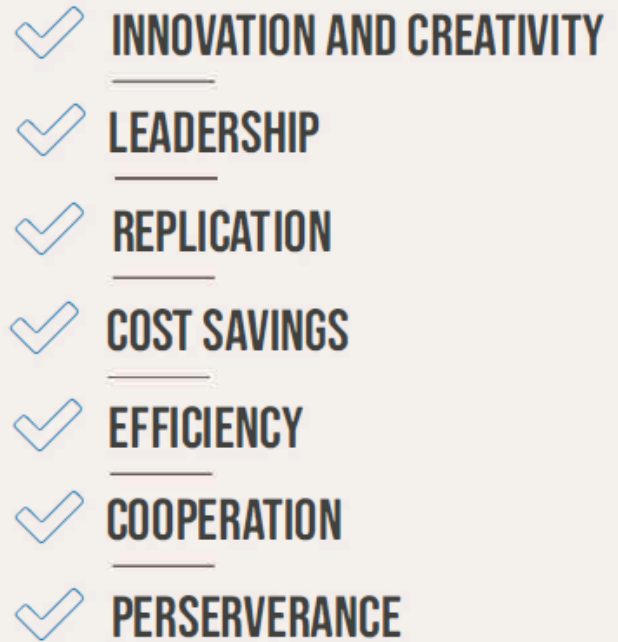




ISAC EXCELLENCE IN ACTION PROGRAM

A competitive awards program that seeks to identify and recognize innovative county government employees, programs, and ISAC affiliates.

The ISAC Excellence in Action Award Committee will rate each nomination based on the following seven attributes: innovation and creativity; leadership; replication; cost savings; increased efficiency; cooperation with others; and perseverance. Awards will be presented at the 2025 ISAC Annual Conference General Session on August 20 in Des Moines. Winners will also be recognized on the ISAC website and in a news release.



- Attach a narrative of the program or individual (three page limit). Criteria and guidelines are included on the next page.
- Return all nominations by June 2, 2025 (postmarked date) to:

Iowa State Association of Counties
Attn: Jacy Ripperger
5500 Westown Parkway, Suite 190
West Des Moines, IA 50266

- OR email your application form (containing all the information on the form below) to jripperger@iowacounties.org.

Please fill out each field completely:

Please indicate nomination type: Program: X Individual:

Name of program/individual: Johnson County Public Health Communicable Disease Program County or affiliate: Johnson County

Name of nominator: Sam Jarvis Title: Community Health Division Manager

Nominator's phone: 319-688-5884 Nominator's email: sjarvis@johnsoncountyiowa.gov

CRITERIA

Programs nominated must be innovative and do one or more of the following:

- Offer a new service to county residents, fill gaps in the availability of existing services, or tap new revenue sources.
- Improve the administration or enhance the cost effectiveness of an existing county government program.
- Upgrade the working conditions or level of training for county employees.
- Enhance the level of citizen participation in, or the understanding of, government programs.
- Provide information that facilitates effective public policy making.
- Promote intergovernmental cooperation and coordination in addressing shared problems.
- Provide a model from which other counties or affiliates may learn.

Nominated individuals must demonstrate innovative thinking and do one or more of the following:

- Offer a new service to county residents, fill gaps in the availability of existing services, or tap new revenue sources.
- Improve the administration or enhance the cost effectiveness of an existing county government program.
- Upgrade the working conditions or level of training for county employees.
- Enhance the level of citizen participation in, or the understanding of, government programs.
- Provide information that facilitates effective public policy making.
- Promote intergovernmental cooperation and coordination in addressing shared problems.
- Provide a model from which other counties or affiliates may learn.

JUDGING

The Excellence in Action Award Committee will rate each application based on the following seven attributes: creativity; innovation; cost savings; replication; leadership; increased efficiency; cooperation with others; and perseverance.

GUIDELINES

- Nominated programs must have become operational after January 1, 2024.
- Individual nominations should reflect the individual actions of the last 24 months.
- Nominations must be made using included application form.
- A detailed narrative of the county program or individual's actions must be included.
 - One page minimum; three-page maximum
- Please include two pictures to accompany your narrative.

AWARDS PRESENTATION

Awards will be presented during the 2025 ISAC Annual Conference General Session on August 20 in Des Moines. Winners will also be recognized on the ISAC website and in a news release sent to local or statewide media. When appropriate, an ISAC staff member will also attend the board of supervisors meeting to present the award.

CONTACT

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“Lassa Fever Response: A scalable and innovative approach for large scale communicable disease investigation by Johnson County Public Health”

About

The Communicable Disease Program at Johnson County Public Health (referred to as the department) by Iowa Code, investigates communicable diseases that are required by law. The process involves disease prevention specialists at the department contacting the person who tests positive for a communicable disease, providing public health guidance, and determining the circumstances and which people have been exposed to and could become ill. The goal is to provide education and local resources so that a person can make informed decisions about their illness or exposure and to stop transmission. With this context in mind, an ill person with an average daily routine with a highly contagious disease would increase this workload exponentially, requiring the department to be able to contact many people in a timely manner. A disease, like Lassa fever, a viral hemorrhagic fever, is a severe viral illness that comes on quickly once someone is infected. In the past 55 years, there have only been 8 travel-associated cases in the U.S. In 2024, Iowa had the 9th case in the U.S.

Given the skill and capacity, as well as proximity to one of the nation’s special pathogen units, Johnson County Public Health’s Communicable Disease Program was requested to support monitoring of several dozen contacts over the 28-day monitoring period. The timeframe for this event was from October through November 2024. Given the complex nature of supporting a statewide response, coordinating information rapidly with Iowa Health and Human Services, medical providers, EMS, and many others, this application will demonstrate the program’s scalability to fill a gap, improve the administration of an existing county government program, promote the inter-governmental cooperation and coordination in addressing a shared problem, and provide a model from which other counties may learn. This application focuses on the department’s use of a text-based monitoring system, an innovative approach to disease investigation, powered via Qualtrics and staff who lead the response.

While several pieces of the response were owned by different agencies, it was crucial that all pieces were able to be communicated effectively to create a common operating picture. Staff participated in multiple planning and response calls with all partners to ensure that information was shared and received, as best as possible, given the urgency and criticality of the situation. The department was able to provide this information quickly and confidently based on its capacity to scale contact monitoring for so many people and the

skill of staff who created the workflow. Critical information about individual symptoms could be shared with key partners to be ready to respond appropriately due to the department's innovative process. This led to the ability to address patients who became symptomatic and undergo processes to rule out Lassa fever through appropriate testing and follow-up by our hospital partners.

The department's ability to conduct daily and twice-daily contact monitoring via text-based workflow provided the ability to scale time-sensitive and time-burdensome tasks rapidly to several dozen people for a month by three staff members. The text-based monitoring of contacts also provides a level of citizen participation that is streamlined for patient participation. Each person was initially contacted and informed of the process and patients were able to provide the required information digitally and quickly. Due to the disease, there was a sense of urgency each day to gather the required information along with the need for consistency and accuracy, making the response highly stressful. Staff responded every day, weekends and holidays, to ensure the process met the demands of the response.

Cost Effectiveness of Monitoring Process: Cost Analysis

A text-based monitoring workflow that utilized Qualtrics was created and the workflow was utilized for the timeframe of monitoring for each individual during response. If a patient did not respond to the monitoring survey sent via text, that person would be called for follow-up immediately.

- Total number of contact attempts during the timeframe = 1,287 (includes twice daily monitoring instances)
- Total number of follow-up calls made = 70
- A total of 5% required follow-up calls

If we assume each call takes an estimated 5 minutes:

- Actual time for follow-up calls: 350 minutes (5.8 hours)
- Theoretical time for follow-up calls without text-based workflow: 6,435 minutes (107.3 hours)
- Total of 101.4 hours saved
- Cost saved based on average staff hourly and fringe rate: \$5,622.63
- The time offset from these tasks can also be spent on duties related to the response or other communicable diseases

Note: total cost of staff time was roughly: \$16,126.82

Innovation

The ability to conduct a day-to-day task like contact monitoring by local public health at scale not only provides the ability to support large disease response and outbreaks, it can provides data to the appropriate partners quickly to make informed and effective decisions

and it provides a level of service to community members that is lower burden and supports the overall mission to stop disease transmission in communities. This practice by skilled staff with the appropriate tools could be easily adopted by other departments for outbreak management or highly infectious disease response.

Images

Image 1: Text-based Monitoring Workflow

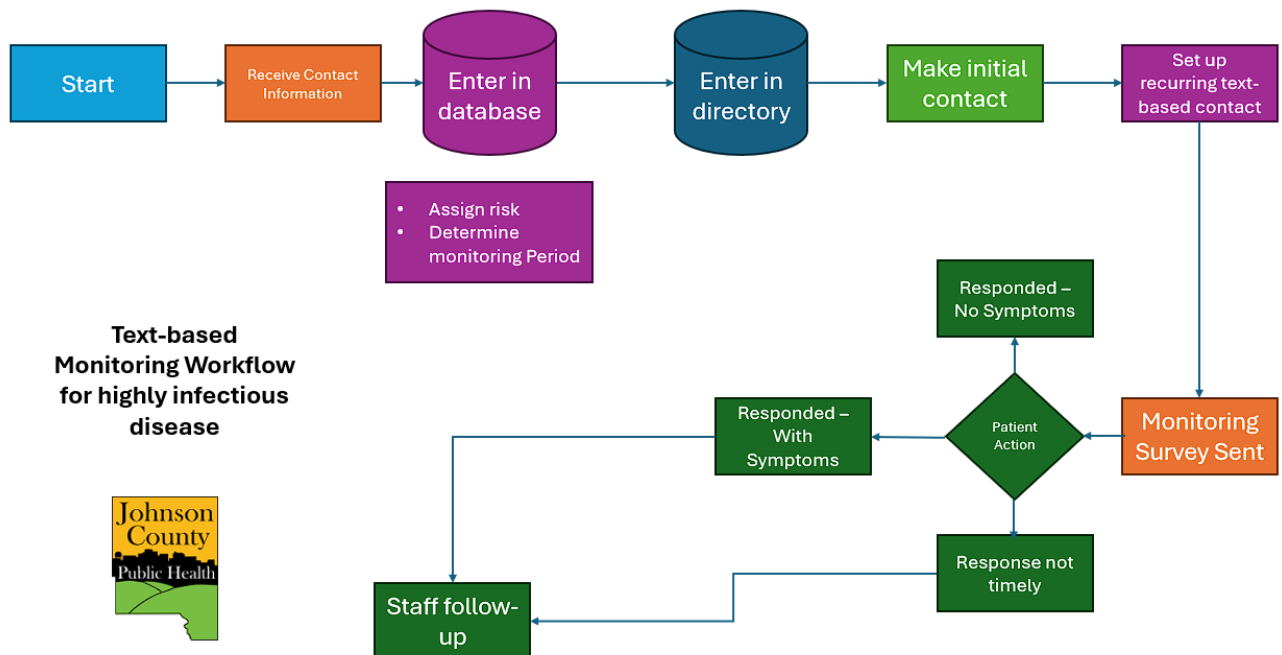


Image 2: Disease Prevention Specialist Team at Johnson County Public Health



Pictured left to right: Amelia Slaichert, Rachel Quinn, and Jennifer Miller