

MINUTES

IOWA STATE BOARD OF HEALTH
MARCH 11, 2009 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET, DES MOINES, IA

CALL TO ORDER

Cheryll Jones called the meeting to order.

ROLL CALL

Present:

Gregory Garvin
Jay Hansen
Cheryll Jones
Maggie Tinsman
Hattie Middleton
Rahul Parsa
Elizabeth Kressin
John Stamler
Rowe Winecoff
Heather Adams

Absent:

Justine Morton
Edward Maier

Cheryll Jones introduced Elizabeth Kressin to the Board. Dr. Kressin's term will end June 2011.

A motion was made by Rowe Winecoff to revise the agenda to allow Kate Walton to be our first speaker, Greg Garvin second. Motion carried unanimously.

I. Minutes

A. **Approval of [January 14, 2009 Minutes](#)**

A motion made by Rowe Winecoff and seconded by John Stamler to approve the January 14, 2009 Board of Health minutes. Motion carried unanimously.

II. Rules

A. **Department of Public Health [641]--Barb Nervig**

1. **Adopted and Filed Emergency**

a. **[Chapter 50, "Oral Health"](#)**

In 2008, rules describing the purpose and responsibilities of the State Dental Director and the Oral Health Bureau were promulgated. On August 12th, 2008 the Administrative Rules Review Committee (ARRC) voted to delay the effective date of those rules (ARC 7023B) for seventy days to allow the Department to meet with stakeholders to resolve questions about the possibility of non-dental professionals performing dental treatment under these rules. In October, the ARRC imposed a legislative session delay on the definition of the term "dental home", allowing the remaining provisions of Chapter 50 to go into effect on November 12, 2008. This amendment represents the definition of "dental home" that has been agreed upon by all stakeholders. The emergency filing is necessary to assure the agreed-upon definition becomes effective in a timely manner. A motion was made by Greg Garvin and seconded by Jay Hansen to adopt and file the amendment to Chapter 50. Motion carried unanimously.

2. **Adopted and Filed**

a. **[Chapter 37](#), “Breast and Cervical Cancer Early Detection Program”**

The Iowa Breast and Cervical Cancer Early Detection Program (IA BCCEDP) is funded through a cooperative agreement with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) established under Title XV of the Public Health Service Act. The purpose of the IA BCCEDP is to provide, within available financial resources, breast and cervical cancer screening and diagnostic services to underserved women, to provide public and professional development, and to support community partnerships to enhance statewide cancer control activities. No comments were received on these rules and no changes were made from the Noticed rules. A motion was made by Greg Garvin and seconded by Jay Hansen to adopt and file new Chapter 37. Motion carried unanimously.

b. **[Chapter 194](#), “Nonpayment of State Debt”**

These rules describe the action the Department needs to take upon receipt of a certificate of noncompliance from the centralized collection unit of the Department of Revenue. The rules specify the procedures for denial of issuance or renewal of a license or the suspension or revocation of a license issued by the Department. No comments were received. A motion was made by Greg Garvin and seconded by Jay Hansen to adopt and file new Chapter 194. Motion carried unanimously.

3. **Notice of Intended Action**

a. **[Chapter 15](#), “Swimming Pools and Spas,”**

Federal legislation entitled “The Virginia Graeme Baker Pool and Spa Safety Act” (H.R. 6, 303-309, Title XIV) [VGB] was signed into law on December 19, 2007. The legislation required that the main drains and other outlets of public swimming pools and spas be modified within one year to prevent entrapment incidents. Iowa’s rules need to be amended to include the requirements of VGB to enable the department and its local contractors to enforce those provisions.

b. **[Chapter 73](#), “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)”**

The purpose of these amendments is to be consistent with federal changes being made in the requirements of the WIC food package. As of October 1, 2009 the food package for 74,500 WIC participants will change. The state reserves the right to limit the number of foods for the WIC approved food list based on accessibility, availability, retail value of product, USDA recommendations, increased number of WIC participants, and change in appropriation of funds.

III. **Substance Abuse**

A. **Substance Abuse Licensure – Jeff Gronstal, and Cynthia Kelly**

1. **Licensure Recommendations**

a. **Three, Two and One Year Comprehensive Programs**

A motion was made by Rowe Wincoff to approve a license for a period of three (3) years to Gilbert Alber, PC, Cresco, Iowa, license effective March 17,

2008 to March 17, 2011; to Center for Behavioral Health Iowa, Inc., Des Moines, Iowa, license effective March 12, 2009 to March 12, 2012; to Urban Dreams, S.A.V.E., Des Moines, Iowa, license effective August 5, 2008 to August 5, 2011; and approve a license for a period of two (2) years to Northeast Iowa Behavioral Health Inc., Decorah, Iowa, license effective January 21, 2009 to January 21, 2011; and approve a license for a period of one (1) year to Community and Family Resources, Inc., Fort Dodge, Iowa, license effective February 11, 2009 to February 11, 2010. Motion seconded by Maggie Tinsman. Motion carried unanimously.

b. Three Year Assessment & Evaluation Programs

A motion was made by Maggie Tinsman to approve a license for a period three (3) years to Assessment Services, Inc., Des Moines, Iowa, license effective January 14, 2009 to January 14, 2012; to Employee and Family Resources, Inc., Des Moines, Iowa, license effective April 16, 2009 to April 16, 2012; and to Alternative Interventions, LLC, Des Moines, Iowa license effective March 25, 2009 to March 25, 2012. Motion seconded by Greg Garvin. Motion carried unanimously.

c. Three and One Year Correctional Facility

A motion was made by Maggie Tinsman to approve a license for a period of three (3) years to Newton Correctional Facility, Newton, Iowa, license effective January 13, 2009 to January 13, 2012; and approve a license for a period of one (1) year to Iowa State Penitentiary - Substance Abuse Treatment Program, Fort Madison, Iowa, license effective March 15, 2009 to March 15, 2010; and seconded by John Stamler. Motion carried unanimously.

d. 270 Day

A motion was made by Rowe Winecoff to approve a license for a period of 270 days for Lifeworks Counseling and Education Services, Des Moines, Iowa, license effective March 11, 2009 to December 6, 2009; seconded by John Stamler. Motion carried unanimously.

A motion was made by Jay Hansen to approve a license for a period of 270 days for Creative Counseling Services, Inc., Ames, Iowa, license effective March 11, 2009 to December 6, 2009; and seconded by Rowe Winecoff. Motion carried unanimously.

2. Complaint Investigations

A motion was made by Maggie Tinsman that the Iowa Board of Health accept the Division's report and recommendation regarding complaint #BH-1103-112408, House of Mercy and that no further action be required and the case be closed. Motion seconded by Jay Hansen. Motion carried unanimously.

A motion was made by Rowe Winecoff that the Iowa Board of Health accept the Division's report and recommendation regarding complaint #BH-1101-102808, House of Mercy and that no further action be required and the case be closed. Motion seconded to Maggie Tinsman. Motion carried unanimously.

IV. Department Reports

A. Director's Information – Tom Newton

Director Newton shared that IDPH has a great opportunity to participate in the March 23rd White House Forum on Health Reform. The Department is assisting the Governor's Office in planning logistics for this event. To ensure that public health practitioners' voices are heard and that population-based health services are considered, we are encouraging public health practitioners to attend this event if health reform would occur at the national level.

Director Newton reminded the group that Kate talked briefly about the state budget. Most of the budget will be determined after the Revenue Estimating Conference, scheduled for March 20. The federal stimulus bill plays a part in this as well and there are a lot of unanswered questions. The legislature's target is to close the session by the first part of April.

Director Newton stated that there may be flexibility on how it can be spent when the stimulus money gets into Iowa. Communication needs to occur between the legislative leadership and the Governor's Office on how they propose to use those dollars to backfill areas that had been cut. We are still waiting for guidance on how to access resources and determine the ties.

Director Newton stated that we received an F-map re-designation of 6.2%, meaning less state funds will have to be spent on Medicaid. This will allow us to backfill with federal dollars so more state money may be used for other programmatic areas. \$1B was put into prevention and wellness. \$300M is available for immunization through the 317 Program that IDPH will administer. We've seen estimates that Iowa may receive \$3.7M for immunization. However, CDC is warning not to anticipate that high of revenues. There is to be \$50M for hospital acquired infections that will probably be channeled through CDC and \$650M for clinical and community based prevention strategies to reduce the incidents of chronic disease. There isn't any guidance as to how this money will be distributed or who it will go to. We're hearing that DHS may take \$500M for something big in healthcare reform. DHS is justifying that by saying that was not part of the job stimulus package within the stimulus bill and that this is more on the recovery side; and can be used for healthcare reform. They may use \$100M for healthy communities. This means that individual cities could apply as well as the state for these funds. We are optimistic that they will look at existing block grants but we've haven't received any direction.

There was approximately \$19B in the stimulus bill for Health Information Technology. \$17B was available to Medicaid and Medicare to give providers an incentive to adopt an electronic medical/health records and build the technology infrastructure. DHS is tracking that information as that would apply to Iowa providers. There is \$2B that is specific for state planning and implementation projects. The guidance is that each state would only have one application for these funds. Given that the Healthcare Reform Act last year designated the Iowa Department of Public Health as the responsible party for planning around health information technology, we have taken on the responsibility of submitting the application from the state of Iowa. To formulate a plan, as well as an application for funding, we're using the Advisory Council and the Executive Committee for Health Information Technology. This money will go through the ONC (Office of the National Coordinator for Health Information Technology). Currently they don't have an official director and so it's unclear how quickly they will get grant notifications out or what the grant application needs to include. We're moving ahead to create a plan that we think would be appropriate for Iowa; using the national plan for HIT as an example.

There will also be funding from the stimulus bill that will come down to the (WIC) Women, Infants and Children Program for electronic data management. \$500M for healthcare

workforce; \$300M of that would go to the Public Health Service Corps. Facilities that have shortages could apply for Service Corps members to work within their facilities. There was \$200M for primary care and we're still trying to get information on how that can be spent.

There are two large components to the stimulus money: 1) Accountability – We will need to show how the money is used to prevent job loss or create new jobs. 2) Transparency – Every state needs to create its own Web site to track the stimulus money as it comes into the state, showing what the money was spent on, how many jobs were created, and how many jobs were prevented from being lost. We're working closely with DOM and the Governor's Office to build that Web site.

PHMA was passed out of the House Human Resources Committee (21 vs. 0) two weeks ago. Since there were appropriations tied to it, it was forwarded to the appropriations committee.

B. Staff Reports

1. Governor's & Lieutenant Governor's Priorities – Kate Walton

Kate Walton is a Health and Human Resources Senior Policy Advisor for the Governor and the Lieutenant Governor. In this legislative session she was also asked to take on the responsibility of Senate Liaison.

Kate praised the Department of Public Health for her ability to work with them. Kate informed the BOH that Iowa was one of five states selected to host town hall meetings. Within 18 hours the Department provided support staff and a work plan. It has been seamless and that has been great.

The Governor's health priorities for this legislative session have been an evolution. Due to the economic climate and the issues that the state is currently dealing with (floods, tornados and then the recession) the Governor's office is trying not to reduce services or eligibility for programs for Iowans that depend on them. We're very fortunate to have the federal stimulus money coming into the state

The Governor is striving not to reduce services or eligibility for programs. The Governor and Lieutenant Governor both campaigned on the promise to cover all children in the state with health insurance. Work continues to be done toward healthcare reform that was passed last session, prioritizing medical home, health information technology, and chronic disease management and prevention are three personal interests of the Governor. There may be some federal dollars behind some of these.

Because of the federal funds available, instead of having a 6.5 percent reduction we are now currently looking at a 4 percent reduction in funds.

Kate shared that when there is specific information to share on the March 23 White House Forum on Health Reform she will be sharing that with the BOH. It is tentatively scheduled for 10AM at the Des Moines Conference Center. Iowa will be one of five states (California, Michigan, Vermont, North Carolina, and Iowa) where these forums as being held. And they are currently looking at 500 people to attend.

2. Smokefree Air Act – Review of the first six months – Bonnie Mapes

Bonnie Mapes reviewed with the Board of Health the first six months of the Smokefree Air Act. The Tobacco Prevention and Control Division currently receives an average of 140 complaints per month. In the first six months they received a total

of 1,199 complaints, of which 667 complaints were not valid (outside the jurisdiction of the law or they were unable to contact the owner within 30 days of the original complaint). The highest percentage of complaints is about smoking in a prohibited area. Within the first 90 days, if there was a complaint on signage her division would call the business directly and inform them of the necessary signage. However, now they receive a letter of potential violation and are also provided information on where they can obtain signage.

They receive over half of their complaints electronically, a few are received by phone, and some are faxed in..

The 30% of business types that they receive complaints about are bar & restaurants. However, almost all of the complaints are about smoking inside the restaurant/bar while only 93 have been about smoking on an outside service area.

3. Iowa Health Update – Dr. Quinlisk

Dr. Quinlisk shared that we having a relatively mild flu season. It has been milder than what it has been for the past two years and it's not what we expected going into the year. Now it is getting later in the year, and as the humidity goes up and the weather gets warmer the chance of flu goes down. No state has reported having a bad flu year.

This year we did get more people vaccinated and this is the first year that we focused on the school aged children being vaccinated. We know as more school aged children get vaccinated the lower the prevalence of flu is for everyone in the community.

Dr. Quinlisk also shared with the BOH that the source of salmonella was identified in alfalfa sprouts early on and was intervened quickly which caused the impact not to be as severe as it could have been. The salmonella may have been in the seeds initially prior to sprouting at the company. There was a window of time that the sprouts were recalled and the company cleaned. The company is already back in production.

4. Iowa PH Standards – Joy Harris

Joy Harris provided the BOH an overview of the assessment process. Last October we reviewed the evidence that they had gathered to determine how the Governance criteria of the PH Standards were met by the BOH.

The site review was held in January and we met 76.1% of the criteria for the department. They identified two things to bring to the attention of the board. We had a “cascading effect” where we need to have something in place, for example, a workforce assessment, and then there are additional criteria that relate to the first that we are unable to meet because of how the standards are written. They identified areas throughout the department where they felt we could improve and on what our strengths were.

The BOH met 18 of the 21 criteria of the Governance component. Our strengths are that the State Board of Health plays an instrumental role as a policy leader and advocate for public health. One of the areas they requested that we work on was to clarify if the BOH has authority to approve the IDPH budget. They also wanted to clarify and correct how the BOH receive financial reports from the department. They also thought we should review criteria to better reflect intent and viability of the

criteria themselves and this responsibility would fall to the Public Health Advisory Council.

As a follow-up to the state assessment, an improvement plan will be developed that will indicate what needs to happen in addition to identifying some low hanging fruit.

V. Old Business

None was referenced.

VI. New Business

A. IPHA Legislative Priorities – Jeneane Moody and Dawn Gentsch

Jeneane Moody addressed the BOH and shared that she is currently serving as the Association Coordinator for the Iowa Public Health Association. She is also a former employee of IDPH and she is please to address the Board today.

Dawn Gentsch introduced herself and she is the incoming president of the Iowa Public Health Association. She previously has also been employed by IDPH on several occasions. She is currently with the University of Iowa College of Public Health here in Des Moines for the Institute for Public Health Practice. IPHA would like to grow and explore ways in which they can work with us.

They provided several documents to the BOH to introduce IPHA, its advocacy work and give BOH members the opportunity to join IPHA.

The mission of their organization is to mobilize their membership and to lead and advocate for public health. Their membership includes public health practitioners in a governmental setting, non-profit setting, academia and many others.

IPHA's advocacy work has become much more effective through its evolving partnerships and the acquisition of new technology such as CapWiz, an online advocacy tool. Through their affiliation with the American Public Health Association, IPHA was able to purchase CapWiz which allows them to engage their membership and respond to their legislators at a state and federal level.

Jeneane reviewed with the BOH the information passed out to the group. Please reference *Iowa Public Health Association flyer*, *Iowa Public Health Association 2008 Accomplishments*, *Iowa Public Health Association 2009 Membership Application*, and *Iowa Public Health Association 2009 Statements on Public Health Policy*.

The Iowa Public Health Association hosts an annual Day on the Hill where their members receive a mini-training and have an opportunity to visit with their legislators about their public health policy priorities. This year they sponsored a Virtual Day on the Hill via their online CapWiz tool.

For the past three years they have sponsored a PHAct (Public Health Action) campaign in collaboration with the American Public Health Association during the August congressional recess. IPHA members try to meet with Iowa's congressional delegation during this timeframe to discuss national public health issues and the impact in Iowa.

VII. Next Meeting

A. Items for May 11, 2009 Agenda

1. Heather Adams
 - a) Confidentiality of the complaint process and investigative reports – a comparison of substance abuse programs and other licensed entities
 - b) Annual review to assure that IDPH is in compliance with code, administrative code, and the standards
2. Review of the rules on substance abuse – Dean Austin
3. Annual orientation refresher – Julie McMahon
4. Stimulus package updates

VII. Adjournment

At 12:22 PM a motion was made by Greg Garvin, seconded by John Stamler, to adjourn the meeting - motion carried unanimously.

Thomas Newton, Director
Secretary of the Board
Iowa Department of Public Health

Ramona Cooper
Recording Secretary
Iowa Department of Public Health