

## MINUTES

IOWA STATE BOARD OF HEALTH  
September 10, 2008 10:00 A.M.  
5<sup>TH</sup> FLOOR SOUTH CONFERENCE ROOMS #517-518  
LUCAS STATE OFFICE BUILDING  
321 EAST 12<sup>TH</sup> STREET, DES MOINES, IA

### CALL TO ORDER

Cheryll Jones called the meeting to order.

### ROLL CALL

**Present:**

Gregory Garvin  
Jay Hansen  
Cheryll Jones  
Edward Maier  
Hattie Middleton  
Justine Morton  
Rahul Parsa  
John Stampler  
Rowe Winecoff  
Heather Adams

**Absent:**

Maggie Tinsman

### I. Minutes

A motion made by Justine Morton and seconded by Edward Maier to approve the July 9, 2008, Board of Health minutes with a correction to the paragraph under Old Business to read: Cheryll Jones reported that that she met with Kate Walton, Senior Policy Advisor, and has requested that she attend our Board meeting in November to address the Governor's and the Lt. Governor's health priorities and to hear the priorities of the Board of Health carried unanimously.

A motion made by Rahul Parsa and seconded by Gregory Garvin to approve the July 24, 2008, Board of Health minutes carried unanimously.

### II. Rules

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

**1. Notice of Intended Action**

a) [Chapter 14](#), “Residential Water Treatment Systems”

The proposed rules describe the requirements for water treatment systems claiming to reduce health-related contaminants in drinking water that are advertised or sold in Iowa and procedures and fees for the registration of water treatment systems.

b) [Chapter 131](#), “Emergency Medical Services Provider Education/Training/Certification”

The rules in Chapter 131 describe the standards for the education, training, and certification of emergency medical providers and establish a standard of conduct for training programs, students, and providers. These proposed amendments update disciplinary rules for providers and eliminates the fee for retirement of an EMS certification.

- c) [Chapter 132](#), “Emergency Medical Service—Service Program Authorization”

The rules in Chapter 132 describe the standards for the authorization of EMS services. These proposed amendments clarify definitions for air medical services, describe requirements for driver training and require that services notify the Department when employees are terminated for certain reasons.

### **III. Substance Abuse**

#### **A. Licensure Recommendations – Jeff Gronstal and Cynthia Kelly**

##### **1. Three, Two, One Year, and 270 Day Programs**

A motion made by Rowe Winecoff and seconded by Justine Morton to approve a license for a period of three (3) years to Clarinda Youth Corporation, d.b.a. Clarinda Academy, Clarinda, license effective June 12, 2008 to June 12, 2011; to D/J Assessment & Consultation Services, Inc., West Burlington, license effective June 10, 2008 to June 10, 2011; to Integrated Treatment Services, LLC, Newton, license effective August 9, 2008 to August 9, 2011; to The Other Way, Clarinda Correctional Facility, Clarinda, license effective September 10, 2008 to September 10, 2011; approve a license for a period of two (2) years to Addictions Recovery Center, LLC, Knoxville, license effective July 10, 2008 to July 10, 2010; to Bridges of Iowa, Inc., Des Moines, license effective May 17, 2008 to May 17, 2010; approve a license for a period of one (1) year to Everest Institute, LLC, Urbandale, license effective May 14, 2008 to May 14, 2009; to YWCA Women’s Halfway House, Fort Dodge, license effective April 5, 2008 to April 5, 2009; to New Directions Recovery, Oskaloosa, license effective September 11, 2008 to September 11, 2009; to Alcohol/Drug/DUI/OWI Services, Davenport, license effective April 5, 2008 to April 5, 2009; and approve a license for a period of two-hundred seventy (270) days to The Abbey, LLC, Bettendorf, license effective September 10, 2008 to June 6, 2009 carried unanimously.

##### **2. Denial**

A motion made by Justine Morton seconded by Jay Hansen to refuse the renewal of the license for Gilbert Alber, P.C., Cresco, pursuant to the provision of Iowa Code 125.7 carried unanimously.

#### **B. Deemed Status Programs**

A motion made by Jay Hansen seconded by Hattie Middleton to issue a license through deemed status to Mercy Franklin Center, Mercy First Step, Des Moines, based on an accreditation survey conducted and accreditation awarded by the Joint Commission, effective March 5, 2008 to March 5, 2011; to Horizons Family Recovery Program, Waterloo, based on an accreditation survey conducted and accreditation awarded by the Joint Commission, effective December 10, 2007 to December 10, 2010; to Heartland Family Service, Council Bluffs, based on an accreditation survey conducted and accreditation awarded by the Council on Accreditation, effective December 31, 2007 to December 31, 2010; and to the University of Iowa Hospitals and Clinics, Chemical Dependency Services, Iowa City, based on an accreditation survey conducted and accreditation awarded by the Joint Commission, effective December 12, 2007 to December 12, 2010, John Stamler, Cheryll Jones, Rowe Winecoff abstaining from the vote on University of Iowa Hospitals and Clinics, Chemical Dependency Services, Iowa City and Hattie Middleton abstaining from Horizons Family Recovery Program, Waterloo carried unanimously.

## C. Appeals

### 1. Genesis Substance Abuse Agency, Independence

A motion made by Justine Morton and seconded by Jay Hansen that the Iowa Board of Health accept the Final Order dated August 1, 2008, to refuse to renew the license of Genesis Substance Abuse Agency, LLC. Pursuant to 641 IAC 155.15, Genesis Substance Abuse Agency, LLC may not have the license reissued or reinstated for one year from the date of receipt of the Final Order. After that time, proof of compliance with the licensure standards must be presented to the Board prior to reinstatement or re-issuance of the license. The motion carried unanimously.

### 2. New Horizons, Sioux City

A motion made by Rowe Winecoff and seconded by Rahul Parsa that the Iowa Board of Health accepts the request of New Horizons Recovery Center to continue its hearing before this body to November 12, 2008 carried unanimously.

## IV. Department Reports

### A. Director's Information – Mary Jones

Mary Jones presented each of the Board members with an IDPH Challenge Coin in recognition of their commitment and dedication to public health in Iowa. Thanking them for their work with the department and for the citizens of Iowa. This Challenge Coin is not only to represent the IDPH from a state perspective but also across the state. On the front side of the coin there are four guiding principles that guide our strategic planning efforts. In the outer blue circle you'll see Collaboration, Community, Partnerships, and Innovation. And in the middle you'll see Promote & Protect Iowa Health; promote and protect are in our mission. On the back side of the coin is the State Seal for the Department. These will be presented to each of our critical partners across the state as well as to each of our employees at IDPH.

Mary Jones shared information on the Rebuild Iowa (RIO) Commission Reports. There were a total of nine taskforce that worked through this process and made recommendations to the Commission that developed this 45-Day Report. The Commission Report listed Public Health as one of the top seven immediate priorities for the Commission to address. The executive summary of the 45-day report was provided and the Public Health and Medical Task Force Report was provided to the Board.

Mary reported on budget work being done by the department. The budget is required to be submitted by October 1. All departments have been asked to submit a status quo budget. The three priorities that Director Newton has not swayed from are Preparedness, Wellness, and the Redesign Project. We anticipate having the budget done and ready to submit in October. When the Department of Management gives us permission to share that budget, Director Newton will be presenting to the Board.

### B. Staff Reports

#### 1. Public Health System Modernization Act/Legislative Update – Lynh Patterson

Lynh Patterson updated the Board on new legislation called the Public Health Modernization Act. This particular bill is the result of a work group of local and state public health representatives to implement code changes in support of the Iowa Public Health Standards. We have been actively working on Public Health Standards, but the urgency to implementing this bill is here and now. This has been emphasized in the RIO report with the flooding situation; we need to continue to improve public health system capacity and equitable delivery of public health services. Our intention is to move forward with this legislation during the next legislative session.

Lynh requested that if Board members have any additional comments or questions to please send those to her by September 12.

**2. West Nile – Ann Garvey**

Ann Garvey presented the IDPH West Nile Virus Surveillance report which details the number of human cases, equine cases, mosquito pools and sentinel chickens testing positive for West Nile Virus this year. So far this year, case numbers are consistent with last year's data. Dr. Garvey also presented a chart generated by the Iowa State University Medical Entomology Laboratory which depicts mosquito population trends from 2007 and 2008. Currently statewide mosquito activity remains low, but there have been several large fluctuations this year which correlate with increases in precipitation. Dr. Garvey also mentioned that there have been two cases of LaCrosse Encephalitis Virus in Wisconsin this year. In response, the Iowa State University Medical Entomology Laboratory conducted mosquito trapping in North Eastern Iowa targeting the mosquito most commonly associated with LaCrosse Encephalitis Virus and IDPH discussed the cases in recent outreach to the health care community.

Dr. Garvey also shared with the Board that there has been an interruption in the human rabies vaccine supply. Vaccine continues to be available for rabies exposure treatment and treatment recommendations have not changed. CDC and the vaccine company are requiring health care providers to consult with public health officials to ensure that vaccine is being used in accordance with national recommendations.

**3. Immunization Exemptions – Marnell Kretschmer**

Marnell Kretschmer shared data that was collected at the local public health agencies through their audits in the Immunization and Tuberculosis Bureau. This data was collected over the past several years to track percentages. Number-wise you can see a slight increase or a slight decrease but percentage-wise we are actually quite stable. She also included in her handouts the Certificate of Immunization so the Board is aware of what is required upon entrance to a licensed childcare center, elementary or secondary school. She also shared the Medical and Religious Certificate of Immunization Exemption form. This is the form that needs to be submitted to a school or a licensed childcare center for a child if a religious exemption or if a physician deems that there is medical reason that they cannot receive a vaccine. She also shared with the Board a Provisional Certificate of Immunization form. This is a notice that will need to be submitted in case a child comes into a school and has not completed all the required immunizations. Marnell also provided a copy of the section of Chapter 7, which addresses the medical, religious, and the provisional exemption.

**4. Newborn Screening – Kim Piper**

Kim Piper addressed the Board and discussed waivers for the newborn metabolic screening program. They did a database query for the last seven years and have counted the number of waivers that they had recorded. There was a low of seven recorded in 2003 and 40 so far in 2008. They speculate that the reason for the increase in the number of waivers is that there are more mid-wife deliveries out of the hospital. Some of the waiver forms that were sent in with the birth certificate registration information indicate that the delivery happened at home. On the waiver form there is a place to indicate who attended the delivery. The majority of these list no name. So it appears that they occurred at home by themselves. The bureau speculates that these are being assisted by lay-midwives that are doing the delivery. There is a community in southeastern Iowa that has midwives from Missouri assist

them. The bureau tracks the population pockets to see if there are any trends with provider types for patients that are filling out those waivers. And more times it is the mid-wives. So then they can provide outreach and education to the mid-wives to try to come to some understanding to verify they have accurate information as well as helping us understand their point of view.

They received a grant from HRSA to meet with eight different types of communities, which don't participate in the screening tests. They have visited with Sudanese immigrants, families associated with the Palmer Chiropractic College (International Chiropractic Auxiliary members), two Amish communities, adoptive and foster parents, and providers. The aim is to discover their perception and awareness of the new born screening program and again come to some understanding as to how they feel the program works, ways for them to receive information, discuss a better way for them, and discuss any issues that are barriers for them. For the most part all of these groups support the newborn hearing and metabolic screening program. Iowa has been ahead of the curve on newborn screening.

## **V. Old Business**

### **A. CPR Training for High School Seniors**

This bill was part of the Healthy Kids Act SF 2425. The bill states that all students by the end of grade twelve must complete a certification course for CPR.

The Department of Education will administer the bill. The DE invited IDPH to participate in the physical activity/CPR work group and the nutrition work group. These work groups will help DE establish the administrative rules to implement the bill.

The board requests representation on the workgroup and receives feedback on how this is being accomplished.

## **VI. New Business**

### **A. Election of Officers**

Motion from Edward Maher seconded by Gregory Garvin to re-elect the present chair, Cheryl Jones, and the present Vice-Chair, Justine Morton, to their respective offices carried unanimously.

### **B. Orientation for New Board Members**

Julie McMahan reviewed with the Board that in September of 2007, she provided an orientation for new board members. Julie indicated that she will be scheduling a one-on-one training session with Maggie Tinsman prior to the next board meeting. As part of the November board meeting, Julie will be conducting an orientation update for all of the board members.

### **C. BOH Roster**

Discussion was held if the information contained in the BOH roster is confidential. It was agreed that Ramona is to ask each of the members how they wish to be contacted.

### **D. EPI Pen**

Dr. Garvin addressed the board and expressed his concern for children not having access to an epi-pen in the event of anaphylaxis. Rep. Linda Miller has drafted legislation to mandate the availability of epi-pen and the infrastructure to train nurses and non-nurses statewide to recognize anaphylaxis and treat appropriately.

Lynh Patterson reported to the Board that the version of the bill introduced last legislative session did not move forward.

The Board requested that Kirk Schmitt research and report back to the Board in November how other states are administering this.

**E. Redesign – Joy Harris**

Joy introduced herself as the Redesign Coordinator to the State Board of Health. She has served in this position since November 2007. One of the major things that the Redesign group has undertaken within the last four months is the assessment of how IDPH does at meeting the state criteria in the Iowa Public Health Standards document. There are 14 individuals that are members of the team working to pull the evidence together. Joy wanted to share what they discovered while looking at the role of the State Board of Health, in accordance with the Governance area of the standards. All of the evidence is to be collected by the end of November and in January is scheduled to be reviewed by a team of national public health experts.

The core team is involved in collecting evidence throughout the Department and writes the justifications necessary to demonstrate how IDPH meets the state criteria of the Iowa Public Health Standards. The core team charter was reviewed with the Board and includes the following:

It is necessary for all the members of the core team to have communication, analytical, writing, and organizational skills.

The core team members role is to serve as a liaison between the core team and their respective divisions, facilitate division level meetings that need to take place to gather evidence, gather evidence in a timely fashion, write justifications, represent their divisions taking a broad look at the role of each division in relation to the standards/state criteria rather than a single program, be an active participant, provide honest feedback, and be a team player.

Iowa is the second state to do this. Without a representative from every area of the department at meetings we would not be able to be successful in our job of collecting and justifying evidence. Each team member's role is valued and supported by their division directors, immediate supervisors, and IDPH leadership.

Members of the core team agree to complete the tasks assigned to them to the best of their ability, work together to improve upon the process, assure that what is said in their core team meetings is not shared outside the core team, continuously evaluate the process so that other states may learn from the experience, and resolve differences of opinion quickly and openly, in order to more efficiently meet our goals.

The decisions will be made by a majority rule vote with one representative from the Division of Acute Disease Prevention and Emergency Response (ADPER), Bureau of Communication and Planning (CAP), Division of Environmental Health (EH), Division of Health Promotion and Chronic Disease Prevention (HPCDP), Division of Behavior Health (BHP), Division of Tobacco Use Prevention and Control, Division of Administration, and the core team coordinator will have the right to vote. In the event of a tie, Julie McMahon and/or Ken Sharp will cast the deciding vote.

Discussion was held with the Board on the governance component to discover evidence that proves the SBOH met the criteria described in this section. Joy will update the evidence to

reflect the revisions suggested by the Board and will return to review with the Board in November.

The Board made several requests during this discussion:

- 1) Joy and Ramona to develop a calendar of agenda items for the BOH related to Redesign, to ensure that the BOH meets the criteria
- 2) Ramona e-mail them a link to Chapter 136 for review
- 3) Heather Adams be added to the roll call
- 4) Heather Adams to give an annual presentation to the Board regarding the Boards responsibility to comply with Iowa Code and the Administrative Rules
- 5) Julie clarify GV5b-S (pg. 5) when doing the orientation in November

## **VII. Next Meeting**

### **A. Items for November 12, 2008 Agenda**

1. Epi-Pen Follow-Up
2. CPR Training for High School Seniors
3. Annual Orientation Update
4. Redesign Follow-Up

## **VII. Adjournment**

At 1:37 PM a motion made by Rowe Winecoff seconded by Justine Morton to adjourn the meeting carried unanimously.

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Mary Jones, Deputy Director  
Acting Secretary of the Board  
Iowa Department of Public Health

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Ramona Cooper  
Recording Secretary  
Iowa Department of Public Health