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AGENDA
IOWA STATE BOARD OF HEALTH
JULY 11, 2012 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET, DES MOINES, IA

In accordance with its statutory duties, the Iowa State Board of Health is the policy-making body for the Iowa Department of Public Health. The board's mission is to protect and promote the health of all Iowans by reviewing the field of public health and making recommendations to the department, the Iowa General Assembly, and the governor on a wide range of public health issues. The board also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

CALL TO ORDER

ROLL CALL

I. Minutes

- A. Approval of May 9, 2012 Minutes
Correction was requested for one (1) typographical error that was made in the draft of the May 9, 2012 meeting minutes.

A motion was made by Justine Morton and seconded by Mr. Wolnerman to approve the minutes as corrected. Motion carried.

1. Introduction of new BOH members
Dr. Miller-Meeks introduces her new assistant, Natalie Ginty, and the new Tobacco Use and Prevention Director, Meghan O'Brien.
All members of the board listed their name, how long they have been on the board, where they are from, and what they do for a living.
2. Acknowledgement of outgoing BOH members
Thank you notes were sent to Hattie Middleton, Rowe Winecoff, and George Garvin for their service on the Board of Health.

I. Rules – Barb Nervig

- A. 1. Notice of Intended Action

A hard copy of the rules will be sent to all members before the next meeting.

Email Barbara.nervig@idph.iowa.gov with any questions, comments or concerns regarding these rules before the next Board of Health meeting.

- a)Chapter 76, “Maternal and Child Health Program”

The proposed amendments update references; add a heading for the Maternal and Child Health Advisory Council while incorporating the Council's current bylaws into the rules; and clarify services provided through the maternal and child health programs.

b) Chapter 155, “Licensure Standards for Substance Abuse and Problem Gambling Treatment Programs”

The proposed amendments replace current language requiring all client/patients admitted to residential, inpatient or halfway house services and high-risk outpatient client/patients have a tuberculosis skin test, simplifying some requirements and dropping the requirement to test high-risk outpatient client/patients. The proposed amendments add a requirement that residential, inpatient or halfway house staff have a tuberculosis skin test. To protect the health and safety of Iowans, these changes will bring Iowa into compliance with tuberculosis testing recommendations from the United States Center for Disease Control (CDC) in this area.

The Regulatory Plan will be presented at the next meeting.

III. Substance Abuse

A. Report from Substance Abuse/Problem Gambling Treatment Program sub- Committee -
Jay Hansen

The Substance Abuse/Problem Gambling Treatment Program sub-Committee met on the telephone on June 13th and earlier today in persons. Approved numerous and varying lengths of programs. No complaints were filed during this discussion.

IV. Department Reports

A. Director’s Information – Mariannette Miller-Meeks, MD

The Legislature directed the creation of a Chronic Disease sub group that will meet on August 1st and a statewide vision screening policy. The Department of Public Health is working on electronic death records. Will be a three year process in Vital Records. We are also working on the Health Information Network. Michael Wolnerman is the Board of Health member on the HIN board.

Dr. Miller-Meeks informed the board that the Preparedness Grant from the CDC will be now broken down in to smaller components, from the regional concept. This will provide more engagement at the local level. The hospital side of the grant saw a 50% reduction.

IDPH will be working on statewide OB strategies. We will be working with DHS because of Medicaid, and groups like March of Dimes. Dr. Miller-Meeks attended the National Conference of State Legislators with Representative Heaton and Representative L. Miller. The Conference focused on reducing teen pregnancy statewide.

Wellmark selected Spencer, Mason City, Waterloo, and Cedar Falls for Blue Zones. They will still select 6 more communities in Iowa. Previously the communities had to be over 50,000 people, but in Iowa they will be modified to be more representative of Iowa. 50% of Iowa’s communities are less than 10,000 people. Dr. Miller-Meeks has noticed through her county public health visits that communities that applied, but were not selected, have improved significantly through their new connections made for the application. The Blue Zones application has helped many more communities and the impact is greater than just those selected.

The Community Transformation Grant, from the Affordable Care Act, is also significantly helping communities across Iowa. Natalie will be sending out a map of the overlap of CTG communities and the Blue Zones.

B. Behavior Health Licensure Update – Kathy Stone

There were 5 issues from the 2012 State legislative session that directly involve the Division of Behavioral Health.

SF 2038 directs the Dept of Veterans Affairs to collaborate with IDPH and others to provide assistance to veterans and their families to reduce substance use problems and suicide and to make counseling available. The assistance program will include public education and awareness resources and referral services. It appears at this time that DVA activities will align with the plan currently in place through IDPH's Military Policy Academy, which addresses the same issues.

HF2465 directed IDPH to establish a Youth Suicide Prevention program, particularly for youth who are targets of bullying. To implement the program, IDPH must release an RFP to develop an anti-bullying website with suicide prevention resources, internet-based communications including text messaging and a 24/7 telephone helpline. IDPH has released the RFP with proposals due in September. IDPH will submit a report on the program and recommendations to the Governor and legislature by January 15, 2013.

The three remaining legislative directives are all associated with the mental health and disabilities system redesign being conducted by DHS. IDPH will lead a Workforce Workgroup to address barriers to assuring an adequate workforce to address service system needs. The work group must submit a preliminary report to the Governor and legislature by December 14, 2012, with a final report due in December 2013.

Kathy Stone will participate in two workgroups led by DHS to address redesign regulatory requirements including data management and performance measures and will represent IDPH on a separate Judicial Workgroup to consolidate 3 separate chapters of Iowa law related to involuntary commitment process: Chapter 229 for mental illness and Chapter 222 for intellectual disability, both under the purview of DHS, and Chapter 124 for substance use disorders, under the purview of IDPH. Reports are required to the Governor and legislature in December 2012.

V. Old Business

A. Fluoroscopy: Update on Stay Request – Heather Adams

Litigation involves a scope of practice issue. It is on appeal to the Supreme Court. Once there is a decision from the Supreme Court, we will add Fluoroscopy back on the BOH agenda. It will most likely need a rule change.

VI. New Business

Elections of New Officers – Chair and Vice-Chair

Jay Hansen nominates Justine Morton for Chair. Ted George seconds the nomination. Justine Morton is elected Chair by a vote of acclamation.

Jay Hansen suggests nominating someone from Des Moines, Michael Wolnerman. Election is delayed till Michael returns from a phone call. Dr. George is interested if Mr. Wolnerman does not want to do it. Michael accepts nomination from Jay Hansen. Kenneth Wayne and Karen Woltman second the nomination. Michael Wolnerman is elected Vice-Chair by a vote of acclamation.

Appointment to the Substance Abuse/Problem Gambling Sub-committee – Diane Thomas

Vote for Jay Hansen to stay as Chair of the Substance Abuse/Problem Gambling Sub-committee. Diane Thomas moves the motion. Kenneth Wayne seconds the motion. Jay Hansen remains as Chair by a vote of acclamation.

A. Review of the Public Health Standards – Joy Harris

Healthy Behaviors: Actively participate in collaborative partnerships to address health behaviors. The department receives 3,007,856/yr for five years from CDC for the Community Transformation Grant (CTG). Two thirds of the money is passed through to local agencies. Our CTG strategy mirrors the National Prevention Strategy released by the National Prevention Council (coordinated by the Surgeon

General) in June of 2011. The focus of the CTG is to bring about systems-level and environmental changes.

In Iowa we have adopted 4 strategic directions to pursue: Tobacco Free Living, Active Living and Healthy Eating, Increased Use of High Impact Quality Clinical Prevention Services, and Health and Safe Physical environments (Health Streets). We are pursuing this through three avenues:

1. Statewide Awareness – We are working to expand the Live Healthy Iowa program, providing messaging about the four key areas to providers statewide, and implementing an “I” messaging campaign.
2. Targeted interventions – In partnership with 26 counties (representing over ½ of Iowa’s population and 70% of the disparate populations). (counties based on interest, readiness, and CHNA HIP results)
3. Statewide systems level changes – Partnering with dentists, pharmacists, educators, planners and others to Iowanize best practices around things like food in schools, controlling costs for self-insured employers, and the built environment.

This summer they will release their logo, and a website. This fall messaging will begin on billboards, radio stations, and in doctors’ offices all across the state.

Evaluation: Establish and maintain an agency performance management policy.

We are actively working to establish how performance management should be done in the department. Currently there is a lot of activity, but it lacks formality and so would be difficult to document and prove. We are working through a pilot process with programs from across the department to formalize the following steps of performance management.

1. Assessment and Planning
2. Performance Measurement
3. Analysis and Evaluation
4. Reporting
5. Quality Improvement

We have learned a lot from the pilots, and are also learning a lot from other state health departments through our participation in the National Public Health Improvement Initiative funded through the Centers for Disease Control and Prevention. The focus is to implement performance management practices across the country and institute quality improvement practices into public health.

B. Review of Health Information Network – Kim Norby

Next meeting Dr. Miller-Meeks will be presenting a budget for the Health Information Network. The Legislature directed the State Board of Health to be the governing body of HIN. The purpose is to set up an exchange of health information to make records more accessible. IHIN went live July 2nd with the direct secure messaging – a set of standards that allows providers to push messages to each other in a secure fashion. Sign up is available today. Stay informed at iowaehealth.org. The funding was mostly federal with a state match, but the program should be self-sustainable by state fiscal year 2016 by collecting fees.

VII. Next Meeting

A. Items for September 12, 2012 Agenda

Orientation for the new Board of Health members is usually done before the meeting, but it will have to be adjusted for Diane.

Usually we hold a meeting on an offsite location once a year. Looking to have the September meeting at the State Hygienic Lab.

VII. Adjournment

Note: PHHS Advisory Committee meeting to immediately follow the Board of Health meeting.

Notes were sent out to all Board of Health members.

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