

MINUTES

IOWA STATE BOARD OF HEALTH
SEPTEMBER 8, 2010 10 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, conducted roll call and introduced Donald Skinner.

ROLL CALL

Members Present:

Cheryll Jones, Chair
Donald Skinner
Elizabeth Kressin
Gregory Garvin
Hattie Middleton
Jay Hansen
Justine Morton, Vice-Chair
Michael Wolnerman
Rowe Winecoff

Members Absent:

Maggie Tinsman

Other Attendees:

Heather Adams, Assistant Attorney General
Mary Jones, Acting Secretary
Ramona Cooper, Recording Secretary

I. Minutes

A motion made by Justine Morton and seconded by Jay Hansen to approve the July 14, 2010 Board of Health minutes carried unanimously.

A motion made by Justine Morton and seconded by Donald Skinner to approve the July 19, 2010 Board of Health minutes carried unanimously.

II. Rules

A. Department of Public Health [641]—Barb Nervig

1. Adopted and Filed

a) Chapter 91, “Iowa Domestic Abuse Death Review Team”

The rules in this chapter outline the duties and responsibilities for the Iowa Domestic Abuse Death Review Team. These amendments are intended to bring the rules into compliance with Iowa Code changes, including the composition of the team and the frequency with which reports are issued. A motion was made by Jay Hansen and seconded by Donald Skinner to adopt and file the amendments to Chapter 91. Motion carried unanimously.

2. Notice of Intended Action

- a) **Chapter 9, “Outpatient Diabetes Education Programs”**
The rules in Chapter 9 describe the standards for outpatient diabetes self-management education programs and the procedures programs must follow for certification by the Iowa department of public health that will allow for third-party reimbursement. The proposed amendments expand credentialing bodies, clarify curriculum, add definitions and update bureau and division references and contact information.

Dr. Kressin asked why chiropractor is not included in the definition of physician on page two. Heather will review the language of the statute prior to the next board meeting. Heather will review the rules to determine if nurse practitioners and physician assistants need to be included in the definition as well.

- b) **Chapter 111, “Iowa Needs Nurses Now Infrastructure Account”**
These rules provide for the awarding of grants for infrastructure to improve the education of nurses and nurse educators in Iowa and to enhance the clinical experience for nurses. These rules shall be implemented only to the extent funding is available.

- c) **Chapter 186, “Governmental Public Health Advisory Bodies”**
The Iowa Public Health Modernization Act was established to modernize the governmental public health system to meet the challenges of the 21st century and improve governmental public health system capacity in order to provide the equitable delivery of public health services across the state. Pursuant to 2009 Iowa Code Supplement chapter 135A, the department has established an advisory council and evaluation committee to enhance the governmental public health system and evaluate progress toward the accreditation of local and state public health agencies.

B. Department of Inspection and Appeals [481] – David Werning

1. Notice of Intended Action

- a) **Chapter 51, 2010 Hospital Construction Standards Notice**
The proposed amendments adopt the *2010 Guidelines for Design and Construction of Health Care Facilities* produced by the Facility Guidelines Institute as the minimum construction standards for hospitals and off-site premises licensed under Iowa Code chapter 135B.

- b) **Chapter 51, DNV Accreditation Notice**
The purpose of the proposed amendments is to add Det Norske Veritas (DNV) to the list of hospital accreditation organizations. Current rules specify only two accreditation organizations, The Joint Commission and the American Osteopathic Association. The third organization, Det Norske Veritas, was recently approved by the federal Centers for

Medicare & Medicaid Services (CMS) as a hospital accreditation organization.

c) **Chapter 51, Hospital Food Code Notice**

The proposed amendment updates the Department's administrative rules dealing with food services provided in hospitals by adopting the Iowa food code as authorized in Iowa Code chapter 137F.2. Adoption of the Iowa food code will bring hospital food service requirements into conformance with all other food establishment requirements in the State of Iowa.

III. **Substance Abuse**

A. **Substance Abuse Licensure –**

Cynthia Kelly and Robert Kerksieck

1. **Licensure Recommendations**

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

A motion was made by Rowe Winecoff and seconded by Justine Morton to approve a license for a period of three years to Zion Recovery Services, Atlantic, Iowa license effective August 11, 2010 to August 11, 2013; to approve a license for a period of two years to Area Substance Abuse Program of Iowa City and Ames, license effective September 15, 2010 to September 15, 2012; to approve a license for a period of one year to Lloyd's Counseling, Inc., Des Moines, Iowa license effective September 14, 2010 to September 14, 2011. Motion carried unanimously.

b) **Three and Two Year Assessment and Evaluation Program**

A motion was made by Justine Morton and seconded by Elizabeth Kressin to approve a license for a period of three years to Ditmeyer Counseling Services, Sioux City; license effective September 11, 2010 to September 11, 2013; to approve a license for a period of two years to Franklin County Alcoholism Service Center, Hampton license effective September 11, 2010 to September 11, 2012. Motion carried unanimously.

c) **Two Year Correctional Facility**

A motion was made by Justine Morton and seconded by Jay Hansen to approve a license for a period of two years to the Anchor Center Outpatient Services, Cedar Rapids license effective August 14, 2010 to August 14, 2012. Motion carried unanimously.

d) **Deemed Status**

A motion was made by Donald Skinner and seconded by Justine Morton to approve a license through deemed status to Cornerstone Recovery, Ankeny, Iowa; based on the accreditation survey conducted and accreditation awarded by Council on Accreditation effective September

30, 2010 to September 20, 2013; and to Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa, based on the accreditation survey conducted and accreditation awarded by the Joint Commission effective May 8, 2010 to May 8, 2013; and to Sedlacek Treatment Center, Mercy Medical Center, Cedar Rapids, Iowa, based on the accreditation survey conducted and accreditation awarded by the Joint Commission effective April 23, 2010 to April 23, 2013; and to VA Central Iowa Health Care Systems, Des Moines, Iowa based on the accreditation survey conducted and accreditation awarded by the Joint Commission effective March 23, 2010 to March 23, 2013; and to ALLP Institute, Des Moines, Iowa based on the accreditation survey conducted and accreditation awarded by the Council on Accreditation of Rehabilitation Facilities effective September 8, 2010 to February 28, 2013. Motion carried unanimously.

IV. Department Reports

A. Deputy Director's Information – Mary Jones

Mary Jones shared a handout, *Iowa Department of Public Health Financial Fact Sheet 09.01.10*, with the board members. This monthly financial tracking document is shared with all IDPH supervisors and shows a comparison between our 2010 and 2011 budgets. In addition, this fact sheet is sent to all board members bi-monthly (prior to meetings).

Mary also shared a handout, *Iowa Department of Public Health FY2011 Budget Estimates as of July 1, 2011*, which introduces the board to the department's fiscal year 2011 budget. This form outlines the program profile name within the department, the page which it is referred to in our 2009 annual report, the number of full time employees that are dedicated to each particular program, amount of state appropriated funds, "other" state appropriated funds used to fund the program (outlined on the back of the sheet), amount of federal dollars, "other" funds (listed on the back of the sheet), and the total amount used to fund this program. IDPH's budget is considered an estimate until the end of the current year and all expenses are accounted for. There was approximately a \$29 million decrease in our annual budget from 2010. This report is provided annually to the board for review of the department's budget.

In review, the department had a decrease of \$3 million in ARRA funding which was identified by the Governor as one time funding in 2010. Additionally, IDPH received almost \$15 million onetime funding to respond to H1N1 in 2010.

Mary shared that our legislative pre-file documentation has been submitted by Lynh Patterson to the Governor's office requesting permission to move forward with our legislative package. Our pre-file request is made up of three bills: 1) e-health, 2) omnibus, and 3) gambling diversion. The final language each for each of the bills is under development.

B. Staff Reports

1. Iowa Health Update – Dr. Ann Garvey

Dr. Garvey shared the following information and updates:

The recent egg-related *Salmonella* recall was prompted by several epidemiologic investigations conducted by public health officials in several states. These investigations revealed several instances where more than one person became ill with this specific type of *Salmonella* Enteritidis. Information from these investigations suggests that shell eggs were the likely source of infection in many of these cases and the eggs were traced back to the facilities issuing recalls. More than 500 million eggs are now involved in the nationwide recall. According to the CDC, from the beginning of May to the end of August nationwide, there were approximately 2,400 reported illnesses due to the strain of *Salmonella* Enteritidis associated with the egg recall. But this strain of *Salmonella* Enteritidis is common. So, it is unknown how many of these cases are actually related to the recalled eggs. Based on the number of cases seen in the last five years, we would expect to have about 933 total illnesses due to this strain in the United States during this time. In Iowa, there were 48 reported illnesses due to this strain of *Salmonella* Enteritidis during this time period. During the same time period in 2009, 22 illnesses were reported. No clusters of illnesses associated with the recalled eggs have been identified in Iowa. Iowa has not been able to definitively trace any of the illnesses back to the recalled eggs. However, there has been an increase in the number of illnesses due to this strain of *Salmonella* Enteritidis compared to the number seen last year and we continue to investigate all cases of *Salmonella*.

This year's influenza vaccine is being recommended for all people six months of age and older. It is anticipated that more vaccine will be available this year than ever before, approximately 165 million doses. Again there are three strains in the vaccine, including the 2009 H1N1 virus. At this point, we have no reason to suspect that there will be any problems with the vaccine strain match. We are starting to see vaccine distribution to private clinics, and about 30 million does are available nationwide at this time.

We are seeing some West Nile virus activity, which is to be expected this time of year. There have been two human cases reported so far this season.

2. Update on Law Suits – Heather Adams

Heather Adams shared an update on the two lawsuits filed against the Iowa Department of Public Health and Iowa Board of Nursing, because they involve the Iowa State Board of Health. The Iowa Society of Anesthesiologist and the Iowa Medical Society are suing both listed parties. The Iowa Board of Health is specifically named in the petition, over the rule regarding supervision of fluoroscopy.

The lawsuits and answers have been filed. Currently there are two other associations -- the Iowa Nurses Association, and the Iowa Association of Nurse Anesthetists -- which have moved to intervene on the state's behalf in the

lawsuits. A judge will hear those motions the first part of October and will decide if those parties will be allowed to intervene. From there a judge will establish a briefing and a submission schedule.

IDPH anticipates that the suits will be heard on their merits later this year or early next year. The decision will be somewhat delayed because of the motions to intervene.

3. Lead Based Paint Activities – Rita Gergely

Rita Gergely shared a handout with board member, ***Background on Certified Lead Professionals (641 – Chapter 70)***, giving the board an overview of the Lead Program. In order to become *authorized* states needed to pass enabling legislation, adopt regulations, and apply to the U.S. Environmental Protection Agency (EPA) for authorization.

Iowa was the second state in the nation to get authorized on January 20, 2010. There are currently nine authorized states (Wisconsin, Iowa, North Carolina, Mississippi, Kansas, Rhode Island, Utah, Oregon, and Massachusetts) and there are other states considering it. If Iowa had not EPA authorization, lead inspectors and lead abatement contractors would be certified by IDPH, but renovators would be certified by EPA.

When the board adopted these rules, it was required that lead renovator contractors be certified by April 22, 2010. Currently, IDPH is allowing approximately one year for compliance assistance. We are hopeful that by 2011 most of our contractors will be trained and certified.

V. Old Business

A. Substance Abuse Subcommittee – Kathy Stone and Heather Adams

Kathy Stone addressed the board providing a handout, ***State Board of Health Substance Abuse/Problem Gambling Treatment Program Committee FINAL DRAFT for Board Vote – September 2010.***

Heather Adams noted that once approval has been received for this document we need to make changes to Chapter 155 (Substance Abuse Chapter) and we will need to add language, relative to the subcommittee, into the area of the rules where the State Board of Health is discussed (Chapter 170). Once the Board of Health has approved this document we will be putting it into rule form and appointing a committee to start working.

A motion was made by Jay Hansen seconded by Justine Morton to approve the State Board of Health Substance Abuse/Problem Gambling Treatment Program Committee FINAL DRAFT as submitted to us. Motion carried unanimously.

Heather addressed the board again stating that the State Board of Health's chairperson will recommend and the State Board of Health will approve the members appointed to this committee.

Cheryll Jones recommended the appointment of Jay Hansen, Rowe Winecoff, and Justine Morton to this committee. A motion was made by Donald Skinner seconded by Gregory Garvin to approve the appointment of Jay Hansen, Rowe Winecoff and Justine Morton to the State Board of Health Substance Abuse/Problem Gambling Treatment Program Committee. Motion carried unanimously.

Heather addressed the board again stating that the State Board of Health Substance Abuse/Problem Gambling Treatment Program committee could look at having a meeting prior to the November 10, 2010 Board of Health meeting.

Cheryll Jones recommended that Jay Hansen serve as the committee chairperson to the State Board of Health Substance Abuse/Problem Gambling Treatment Program Committee. A motion was made by Rowe Winecoff seconded by Gregory Garvin that Jay Hansen be recommended and approved by the State Board of Health as the committee chairperson for the State Board of Health Substance Abuse/Problem Gambling Treatment Program Committee. Motion carried unanimously.

It was requested that Ramona provide Jay Hansen, Rowe Winecoff, and Justine Morton with each other's contact information.

B. National Association of Local Boards of Health (NALBOH) – Cheryll Jones

Cheryll shared her experience attending the August NALBOH meeting in Omaha; which was dedicated to State Boards of Health. She found it interesting to hear how boards from different states were structured. NALBOH is looking for more support for State Boards of Health and asked the states represented (Oregon, Washington, Nebraska, and Iowa) if they would be willing to discuss further how NALBOH might assist State Boards of Health. The organization wishes to establish an Iowa chapter. NALBOH's 19th annual conference will be held in Coeur d'Alene, Idaho September 7-9, 2011.

VI. New Business

A. Annual Review of Regulatory Plan - Barb Nervig

Barb shared with the Board of Health the Regulatory Plan which is prepared pursuant to Executive Order Number Nine. The Regulatory Plan is an annual listing of all rules which the department plans to adopt or amend during the fiscal year. Rules not on the plan may still be considered or amended.

The Regulatory Plan (please refer to the handout, *Iowa Department of Public Health Regulatory Plan Fiscal Year 2011*) has been organized by department division listing the 1) Chapter Number & Title, 2) Description of Action, Reason & Alternatives, 3) Legal Basis for Action, 4) Schedule for Action, and 5) Contact Person.

Barb also explained the tracking document the department uses to monitor all chapters under 641 in the Iowa Administrative Code. It is the department's goal to have all chapters current within a five-year period. Jim Goodrich assists with the tracking process.

Only rules that fall under Chapter 641 come before the State Board of Health (excluding plumbing and tobacco rules).

B. Review of the Public Health Standards – Joy Harris

1. Administration

Joy addressed the board sharing that the goal of Public Health Modernization is to ensure that every Iowan has access to a basic level of public health services and the Iowa Public Health Standards were put in place to ensure that access.

The board previously asked her to provide insight on how IDPH is accomplishing the state-level criteria across the department. So she has asked personnel from across the department, to present evidence on how the department is meeting the Iowa Public Health Standards.

Today they will be sharing examples of how we are meeting these goals –

- Administration

- *Standard One: Provide public health services – Joy Harris*

Joy shared that the provision of public health services occurs across the department. Much of this is demonstrated through technical assistance reports, reporting on availability of staff to provide technical assistance, how many contacts are provided, what kind of technical assistance is provided, written policies and procedures regarding confidentiality of public health records, the continuity of operations and government plan, and within our own state agency we have our “own” Lucas State Office Building Emergency Response Plan.

Under this standard it is stated that the department has the responsibility for assuring that the Lucas State Office Building meets fire code and that building maintenance meets specifications. This is beyond the scope of the department and these services are actually provided by the Department of Administrative Services.

IDPH recently began using webinar technology to provide technical assistance and this has been well received by our stakeholders since they no longer always have to drive into the Lucas State Office Building.

The Bureau of Local Public Health Services has six community health consultants who do orientations for new local public health administrators and new local public health members.

- *Standard Two: Develop and maintain written contracts with entities providing services -Cheryl Christie*

Cheryl shared that all programs within the Iowa Department of Public Health are responsible for the development and the execution of service contracts for providers under their individual programs.

The Bureau of Finance is fortunate to have two staff employees who are contract administrators and provide oversight to the programs in the development of those documents. To assist programs they have developed service contract templates. The two contract administrators provide formal training sessions available to all IDPH employees on a quarterly basis.

Our general conditions, which are considered public information, are posted on the internet and can be viewed by all current contractors as well as potential contractors. These are continually updated and reviewed. The last changes (past nine months) were implemented due to recommendations received from the Attorney General's Office

Our service contract listing (providing the county, contractor name, program, amount issued) is posted on the internet each January on an annual basis and is considered public information. This provides a complete list of all service contracts issued the previous year.

In November 2009 the department held a quality improvement activity (Kaisen) event to explore our process to develop a new plan move towards an electronic application/execution process (SharePoint) which has been purchased and is being utilized by the department.

- *Standard Three: Comply with and enforce public health laws, rules, and regulations – Charlene Craig*

Charlene presented the tanning program within the Bureau of Radiological Health. The Division of Radiological Health contracts with the county environmental health departments (except two) to perform annual tanning inspections, monitor the violations and corrective actions, investigate compliance, and monitor the tests performed. The bureau is tasked with overseeing the enforcement of this program within the county and the training of the county inspectors. They have reduced the number of complaints and reported burns from ten to twelve per year down to one every two years. Since IDPH conducts inspections in two counties this helps inspectors to stay current with the industry and monitor how well the rules are working. Upon inspection IDPH require tanning facilities to be code-compliant with all state and local regulations. The Tanning Program recently updated their tracking system to follow the owner/manager test that is required every five years. This list is then posted on the IDPH website for counties to track.

- *Standard Four: Use a human resource management system and compensation plan – Martha Gelhaus*

Martha addressed the board stating that within state government, human resources functions are shared between departments and the Department of Administrative Services (DAS). DAS determines State of Iowa employment policies, determines and maintains a classification system, compensation plan, qualifies applicants for the hiring process, and manages the benefits program.

At the department level supervisors hire employees based on personnel being qualified through DAS, supervise/manage employees, coach, counsel and discipline employees as needed. IDPH's human resource policies and employment policies are located on the department's intranet. Policies are communicated to employees through the department's *All Staff* page (an internal communication process). Policies are reviewed and updated on a three year cycle. Employees are told during their initial orientation that they are expected to read the policies and review our *All Staff* page at least once a month.

The department holds the position descriptions which delineate position responsibilities and essential functions. Supervisors review and update these position descriptions annually and at the time of the employee's annual performance evaluation. IDPH human resources staff track performance evaluations and supervisors are notified monthly of evaluations coming due. Quarterly reports are generated to track supervisors' completion for performance evaluation and performance planning.

There are three parts to the IDPH employee orientation process: 1) initial orientation with human resources staff, 2) Bureau level with the supervisor (check list) and co-workers, and 3) an orientation to the department as a whole (quarterly with IDPH education coordinator).

At three and six months the education coordinator checks with employees to see how they are doing, ask if they have questions, and asks for feedback on how IDPH is doing as an organization.

- *Standard Five: conduct organizational strategic planning activities – Martha Gelhaus*

Martha shared that the IDPH website displays the department's vision, mission and guiding principles, strategic planning framework (contains goals and strategies), annual report and budget summary, program profiles (updated at least annually and covers activities and performance of approximately 85 programs). Some of this information was previously shared by Jonn Durbin during a previous Board of Health meeting. The strategic planning information is electronic to be available to policy makers as well as the public.

- *Standard Six: Practice fiscal management – Cheryl Christie*
Cheryl shared that our accounting practices and financial management are mandated by policy and procedures established by the Department of Administrative Services (DAS) for state government. In support of this they provided as evidence a copy of their comprehensive audit report which is published by the State Auditor. Auditors spend approximately nine months with IDPH exploring vouchers, payment processes, examining accounting codes, and insuring that the processes established by DAS are applied to every claim approved for payment.

IDPH is required by federal rules and by Iowa Administrative Code to maintain a list of all equipment with a value of \$5,000 or greater and with the life span of one year or greater.

The Bureau of Finance produces a monthly financial specific expenditure report to each of our cost centers (approximately 200) within the department. These are tied to the timeframe for the funding.

- *Standard Seven: Collect and manage public health data – Victoria Hutton*
Victoria shared that part of the role of vital records is to collect statistical health data from birth, death, and marriage certificates. The bureau collects data from hospitals, funeral directors, physicians, and medical examiners. Iowa's data is reported to the National Center for Health Statistics (NCHS), which is a division of CDC, and can be used for issuance of grants. One example of the use of this data is for school districts in Iowa will review this data and project the need for additional classrooms, teachers and other services. In 2007 the bureau adopted a new birth certificate data collection form and it expanded the kind of data that we collect and mirrored the U.S. Census standard. In 2011 Iowa will move to a new death certificate form.

2. **Prevent Injuries**

- **Prevent Injuries**

- *Standard One: Monitor for intentional and unintentional injuries – Binnie LeHew*

Binnie stated that to provide evidence for Standard IN1, monitoring intentional and unintentional injuries, they included copies of the following reports: Domestic Abuse Death Review Team, Burden of Injury in Iowa, Iowa Plan for Suicide Prevention, and some of the BRFSS data that their programs collect for surveillance.

Injuries are a leading cause of death in Iowa, and the fifth highest cause of death following heart disease, cancer, stroke, and respiratory conditions. It is the leading cause of death for those ages one to thirty-four.

The four main types of injury deaths in Iowa are motor vehicle related, falls (people over 65), suicide, and unintentional poisoning. Iowa does have a higher suicide rate than the national average.

IDPH does not have a comprehensive injury program (dedicated staff and funding for injury prevention). However, these activities are integrated into every division within IDPH. In 2007 the Executive Team authorized the department to create a Burden of Injury Report. IDPH uses this data to support grant and programmatic activities, and updates it annually. In partnership with the University of Iowa Injury Prevention Research Center, IDPH also produced county level reports. This summer, IDPH was able to submit our injury data to CDC, to be included in their national database, for the first time.

- *Standard Two: Provide leadership involving community stakeholders in efforts to prevent intentional and unintentional injuries – Cindy Heick*

Cindy shared the mission of EMS is to promote and protect the health of Iowans through EMS. Cindy shared that the Bureau of EMS has an advisory council, Trauma System Advisory Council, Emergency Medical Services Program for Children, Occupant Protection Program, the “Love our Kids” license plates that they sell for funding, as well as the bicycle/pedestrian safety program.

Cindy highlighted the child restraint program. This program was started in 1998 and currently has 400 certified technicians who stay current on child restraint installation as well as informing the public of the dangers that happens when a vehicle crashes. They provide technicians four days of training at six locations per year where technicians learn to educate parents on properly using child restraints.

3. Annual Orientation Refresher for Board Members – Julie McMahon

Julie shared an annual continuing orientation in the form of an “open book test” for the State Board of Health members. The orientation highlighted agenda items addressed over the past year, updates regarding Public Health Modernization, and additional information relating to the roles and responsibilities of State Board of Health members.

It was requested that Ramona send copies to Elizabeth Kressin and Rowe Winecoff, who joined the meeting by phone, and Maggie Tinsman, who wasn’t able to be present.

VII. Next Meeting

A. Items for November 10, 2010 Agenda

1. Executive Summary of the PHAB Report – Joy Harris
2. Review Public Health Standards – Joy Harris
3. Healthcare Reform Update and Impact on Public Health – Tom Newton

VIII. Adjournment

At 1:06 p.m. a motion was made by Justine Morton, seconded by Greg Garvin, to adjourn the meeting. Motion carried unanimously.

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

Ramona Cooper
Recording Secretary
Iowa Department of Public Health