

2015



Promoting and Protecting
the Health of Iowans

**ANNUAL REPORT: DIVISION OF ACUTE
DISEASE PREVENTION, EMERGENCY
RESPONSE, AND ENVIRONMENTAL HEALTH**

Introduction

The Acute Disease Prevention, Emergency Response, and Environmental Health (ADPER & EH) Division of the Iowa Department of Public Health provides support, technical assistance, and consultation to local public health agencies, local boards of health, local environmental health professionals, hospitals, emergency medical service programs, local health care providers, licensees/permit holders, and Iowans regarding environmental health, infectious diseases, disease prevention and control, injury prevention and control, and public health and healthcare emergency preparedness and response. Within the division, we also provide services such as licensing businesses and professionals, regulate medical services and radioactive materials, and provide funding through contracts to promote and protect the health of Iowans. Five bureaus make up ADPER & EH: Center for Acute Disease Epidemiology (CADE), Bureau of Emergency and Trauma Services (BETS), Bureau of Environmental Health (EHS), Bureau of Immunization and Tuberculosis (ITB), and Bureau of Radiological Health (BRH).



This report is a result of the ADPER & EH division management team retreat that was held on July 30 and 31, 2015 where a gap was identified in our communication with customers, especially when it came to sharing information about planning efforts. The purpose of this report is to provide a comprehensive look at what ADPER & EH has accomplished in the past year as well as what we are working on for the future. It also serves as an annual informational resource for stakeholders, local partners, policy makers and the general public.

Within the pages of this report, you will find information about division funding, successes and areas of improvement, challenges we faced in 2015, and information about each bureau and its programs. While each bureau has its own programs, customers, and staff, we know that each of the bureaus interacts with each other regularly and in unique circumstances as well. For example, in 2015, BETS and CADE worked together on Ebola planning and response; CADE and ITB worked together on measles and mumps outbreaks; and BRH, EHS, and BETS have been collaborating on a division wide licensing software program.

Collaboration between the division's bureaus in 2015 brought together our strong leaders and incredible staff to achieve and maintain the health and safety of Iowans. We hope this report gives you some insight into the story of the Division of Acute Disease Prevention, Emergency Response, and Environmental Health, and a better understanding of what we do to *"Promote and Protect the Health of Iowans"*.

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2015 Division Highlights

Division Customer Satisfaction Survey

In the fall of 2015, many of you participated in the division customer satisfaction survey. The goal for this survey was to gather input from our customers to help us identify our strengths and weaknesses in communication, in the products we provide, and in the trainings/education we offer. We sent the survey to an estimated 8,543 customers including healthcare providers, licensees, Local Public Health Agencies (LPHA), and labs. There were 860 customers who responded to the survey (10% response rate). The majority of the respondents were licensees (31.59%) followed closely by healthcare providers (31.47%).

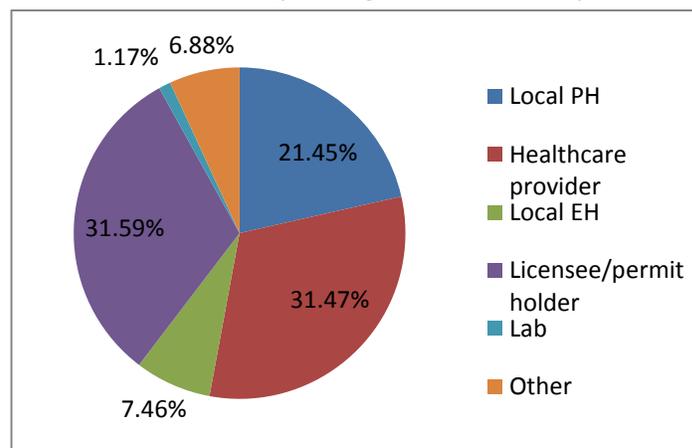


Figure 1 Breakdown of respondents by discipline

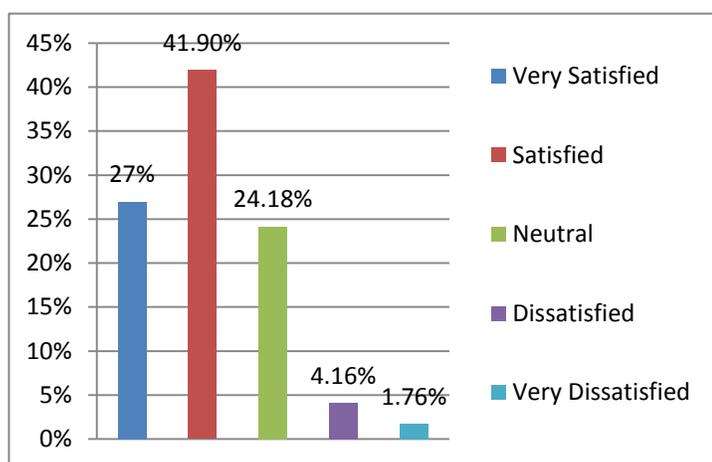


Figure 2 Customer satisfaction with business relationship

The result of the survey showed that overall our customers were satisfied or very satisfied with their business relationship with ADPER & EH (68.9%). Customers agreed that overall communication from the division was satisfactory, *“Timely and important information [is] received in a manner that keeps me and our organization well informed with clear action plans when appropriate”*, and *“IDPH stays abreast of new and changing guidelines and informs promptly of new developments of potential diseases or threats of diseases in the local area and state.”*

One area that received lower marks than others was the division’s ability to communicate about strategic planning, *“In general an update of what initiatives are being worked on and what the progress of them is - and how others can support it [would improve communication from the division]”* and *“The reference to strategic planning was intriguing, however I am not familiar with what is being done in that regard.”* One of the goals of the division annual report is to provide our customers with information about what we have accomplished, what we are working on, and what you can do to support the division.

In light of the information you provided in the survey, each bureau was tasked with identifying priority issues to address and identify how we can turn your feedback into quality improvement initiatives to work on this next year and into the future. For example some customers brought up concerns with enforcement activities. As one customer said, *“The enforcement of those working in the state without licenses is almost nonexistent and fines are not nearly punitive enough”*. In an effort to increase awareness of and consistency in enforcement actions some programs have plans to review enforcement procedures and complete improvement activities in 2016. In addition, Appendix A (Table A2), provides links to enforcement action webpages by program.

We will continue to look for opportunities to improve relationships with our customers and once again appreciate the time you took to give us your feedback. If you would like to see complete survey results you can find a report at the end of this document in Appendix B.

Preparing for a Highly Infectious Disease in Iowa: Ebola

With the threat of Ebola ever present in 2015, our division worked to build relationships, implement procedures, and apply for funds to plan for the risk that this disease may come to our state. ADPER & EH worked with our local public health agencies to monitor travelers coming from West Africa; in total, 130 individuals were monitored from September 1, 2014 to December 31, 2015. All individuals completed monitoring without developing the disease. Currently all 3 West African countries are free of Ebola and monitoring has ceased. Should the need for testing, quarantine, transportation, or treatment have arose in Iowa we developed, along with key partners, a system of designated hospitals and EMS services trained and equipped to give the highest level of care to a suspect Ebola patient and to ensure the safety of the community.

Type of Action/Risk Level	orders issued
Self-Monitoring Order/Low Risk	128
Quarantine Order/Some Risk	2
Isolation Order/High Risk	0

Table 1 Ebola related public health orders issues since 9.1.14

While Ebola was a challenge to work through, we took the opportunity to learn more about the state's ability to respond to highly infectious disease. In 2016, we will continue to work with our partners to prepare and train for this and other emerging highly infectious diseases coming to the state of Iowa. The division participation in this endeavor includes organizing and facilitating a highly infectious disease work group, partnering with agencies and organizations like hospitals, local public health agencies, emergency management agencies, State Hygienic Laboratory (SHL), Department of Public Safety (DPS), and the Iowa Hospital Association (IHA) to plan, implement, and exercise a highly infectious disease response system in Iowa that integrates with both the regional and national infectious disease response system.

Time Critical Care Systems Planning

BETS was on a mission in 2015 to start gathering information on time critical care systems across the state. Results from the division wide survey showed that many of our customers were struggling with communication and support from the bureau on service areas; "... We are working to revamp from single entities into coalitions with minimal assistance".

Location	Public Health	Hospital/Trauma	EMS	EMA	Total
Northwest Iowa-Cherokee	15	9	7	5	36
Central Iowa-Johnston	26	9	12	9	56
North Central Iowa-Mason City	12	4	17	6	39
South West Iowa- Atlantic	12	7	20	3	42
South East Iowa- Ottumwa	11	6	11	6	34
Eastern Iowa-Cedar Rapids/Marion	26	23	26	9	84
Total Attendance	102	58	93	38	291

Table 2 Number of attendees by region and profession

During the summer 2015 Division Director, Ken Sharp, and the BETS Bureau Chief, Rebecca Curtiss, hosted meetings in six locations across the state to discuss the Preparedness Program, the Trauma Program, and Emergency Medical Services. These meetings were instrumental for ADPER & EH to inform a proposal for realignment of funding to support these critical system's development efforts.

In each region there were a number of

challenges that were presented to IDPH, a few common themes were frustration with current response networks (areas) including lack of unification; resource limitations (people and funding); communication with IDPH and between local

partners; and quality evaluation and performance improvement. Along with challenges solutions were discussed and in 2016 you can expect that IDPH will be working with partners on how to address some of the challenges that were expressed. Development of a Time Critical Care System strategy is among those efforts. Be on the lookout for more information on the proposals for this system in the summer of 2016.

Increasing Human Papillomavirus (HPV) Vaccination Rates among Adolescents

In 2014, Iowa received a grant award from the Prevention and Public Health Fund (PPHF) to assist in increasing HPV vaccination rates among adolescents through September 2015. The Immunization Program HPV project initiatives included the development and implementation of a statewide media campaign, participation and coordination of state stakeholder meetings and projects, coordination of trainings and conferences, funding reminder/recall activities conducted by local public health agencies (LPHAs) and conducting HPV immunization assessments at Vaccines for Children (VFC) program provider sites. When the project started, 27% of females and 15% of males, aged 11-18, had received the three doses of HPV vaccine recommended for full protection. In comparison 66% of 11-18 year olds in Iowa received the Tdap vaccine (protects against tetanus, diphtheria, and pertussis). As of December 31, 2015 the rates for HPV vaccinations were at 26% for females and 17% for males. For more information on these rates please see the ITB section of this report.

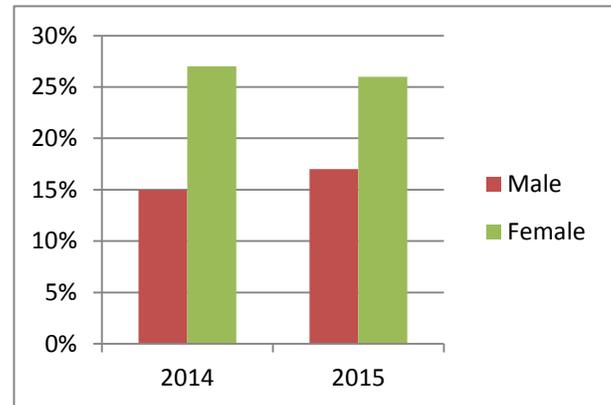


Figure 3 Percent of adolescents with three doses of HPV vaccine by gender

Preparing for Transition to Online Licensing

ADPER & EH began preparation in 2015 for transitioning all of our regulatory programs to an online licensing system. Many hours of planning went into making sure we found the right people and had the funding available to accomplish such a large project. Utilizing both internal staff and contractors we worked to understand the complexity of this project, including how the technology works, as well as the cost it would take to create and maintain the system.

The project will have implementation costs of approximately \$2.6 million dollars through the end of FY17. In 2015 project leadership identified how the project would be paid for including seeking out funding opportunities available to us like the Iowa Access Fund, which is used to support electronic projects that will benefit the citizens of Iowa at a state, county or local level. After submitting our proposal to create a one stop electronic gateway for our licensees, we were successful in receiving an award of \$500,000 to help pay for the project over a two year period. We are proud of the work staff did to recognize a need, establish a work plan, and find funds to help support the project.

During the early stages of planning, the project team also saw the opportunity to make improvements in the processes plumbing and mechanical contractors undergo when applying for a license. These contractors are required to license with us as well as with Iowa Workforce Development (IWD). In 2015, and continuing into 2016, we have worked with IWD to determine how we can use our new online system to streamline the processes for plumbing and mechanical contractors.

While these projects were considered accomplishments in 2015, many of them will continue to keep us busy in 2016. In the next section we would like to tell you a little bit more about some of our other initiatives for 2016.

2016 Division Priorities

Online Licensing and Certifications

ADPER & EH initiated a project in 2015 that will change the way we issue and manage licenses/permits for our customers. Currently we have 16 regulatory programs that are statutorily required to administer licenses and only three of these programs currently have online capabilities. The software licensing project team has been working with a vendor to build a software application that can accommodate all of the licensing programs within the ADPER & EH Division. The project is being built in 2 phases and the goal is to have all regulatory programs using the new system by the end of 2016.

The system will allow our licensees to apply for or renew a license, update information, and pay for their license electronically. There will also be a search function available for the public to obtain a list of licensees by type, status, and disciplinary actions. Finally, this online system will serve as a centralized training information area for the division.



Bureau	Program	Bureau	Program
EHS	Backflow Prevention	BRH	Radiation Machines
EHS	Plumbing & Mechanical Systems	BRH	Industrial Radiographic Operations
EHS	Lead Poisoning Prevention	BRH	Mammography
EHS	Swimming Pool & Spas	BRH	Medical Physicists
EHS	Tattoo	BRH	Permit to Practice
EHS	Water Treatment Devices	BRH	Radioactive Materials
BETS	Emergency Medical Services - Providers	BRH	Radon
BETS	Emergency Medical Services - Services	BRH	Tanning
BETS	Emergency Medical Services – training providers		

Table 3 Programs by bureau that will be moving to the online licensing system

Administrative Rules

In 2016, the division will be working on updating Iowa Administrative Code rules that are in need of review or have had statutory obligations to update. With the announcement of IDPH applying for public health accreditation from the Public Health Accreditation Board (PHAB), we realize that we need to make a stronger effort to ensure we review and update rules under our jurisdiction at least every 5 years. As of December, 2015, there are 63 Chapters within ADPER & EH and 26 of them are up for review. Some bureaus have chapters that need minor revisions and others are receiving a major overhaul. Some topics of interest for our customers include the rules for practice of tattooing, pools and spas, tanning facilities, radon, as well as the rules for the trauma, EMS, and preparedness advisory committees. Many times when we are working on rule changes we will also enlist the help of our stakeholders, including individuals from local public health, investigators, and licensees. If you are not asked to participate in a work group do not worry, there is always opportunity for you to give written input, in opposition or support of the changes, during public comment periods.

Incident Management System (IMS)

Additionally in 2016, we are working on expanding our capacity to respond to emergencies through the use of IDPH's Incident Management System (IMS). All levels of government should be prepared to prevent, protect against, respond to, and recover from any number of events, large or small. The week of January 11th to the 15th, 2016 the division participated in the 2016 Vigilant Guard exercise to identify our strengths and weaknesses in responding to an emergency

situation. This exercise is initiated by the Iowa National Guard as a way to practice statewide collaboration in the event of an emergency. In 2015 we noticed a slight deficiency in our numbers of staff that have participated in implementing the IDPH IMS structure and decided as a division that we needed to address this concern and make it one of our priorities for 2016; to expand our employee resource potential to manage an emergency situation. Emergencies across the state that would activate our department IMS include tornados, flooding, or other severe weather; or a highly infectious disease outbreak. IDPH has already identified opportunities for staff to take trainings both internally and externally and will be practicing the activation of the IMS at IDPH more frequently in 2016 and beyond.

ADPER & EH Funding Sources and Expenditures

In state fiscal year 2015 (FY15), July 1, 2014 to June 30, 2015, the division received funds from federal grants, state general funds, fees, and other sources to carry out the mission of promoting and protecting the health of Iowans totaling \$32,104,762.13 (Table 4).

Funding Source:	Amount of Funds
Federal	\$18,136,599.95
State	\$4,400,504.00
Fees	\$6,938,887.58
Other	\$2,628,780.60
Total	\$32,104,762.13

Table 4 Division funding sources

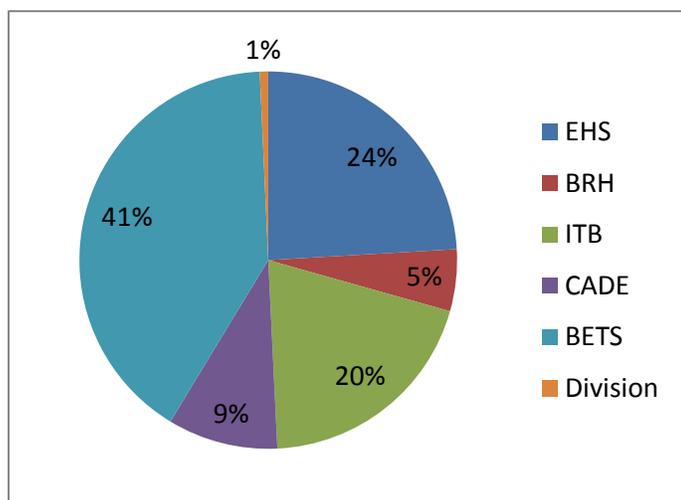


Figure 4 Breakdown of division expenditure by bureau

Figure 4 demonstrates the percentage of expenditures for the division by bureau. Overall, there were 4 main categories for how funds within the division were expended in FY15: personnel, contracts with local partners and other outside services, Information management/software creation and maintenance (IDSS, IRIS, online licensing project), and program related expenses (e.g. vaccines, in-state travel related to inspections/technical assistance, etc.).

Within the Division we supported 101.75 full time employees (FTEs) in FY15 to accomplish our mission of promoting and protecting the health of Iowans. Figure 5 shows the breakdown of the number of FTEs by Bureau.

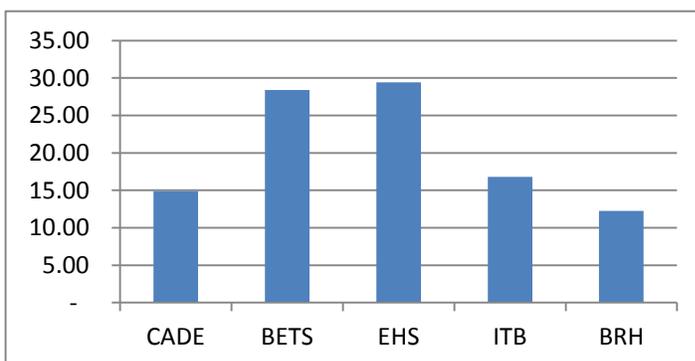


Figure 5 FTEs by bureau

Center for Acute Disease Epidemiology (CADE)

CADE conducts infectious disease surveillance; coordinates with local public health to investigate infectious diseases cases and outbreaks; provides infectious disease consultation to healthcare providers, local public health partners and the general public; reports infectious disease data to CDC; and provides infectious disease education and outreach to a wide variety of audiences. For more information about CADE or to see the EPI manual please see our webpage at <https://idph.iowa.gov/CADE>

2015 Highlights

Collaboration with Partners: In 2015, in partnership with Local Public Health partners across Iowa, CADE investigated 118 infectious disease outbreaks impacting nearly 2,000 Iowans. Approximately 6,000 infectious disease reports were submitted to CADE in 2015 (Figure 6), CADE provides support and consultation to Local Public Health partners who investigate the majority of the cases. Several high priority infectious disease issues arose in 2015, highlights include:

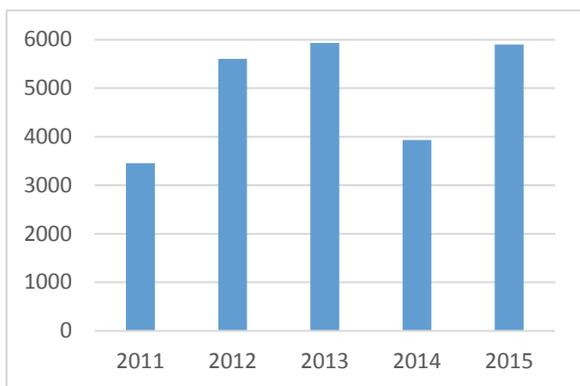


Figure 6 Infectious disease reports to CADE by year

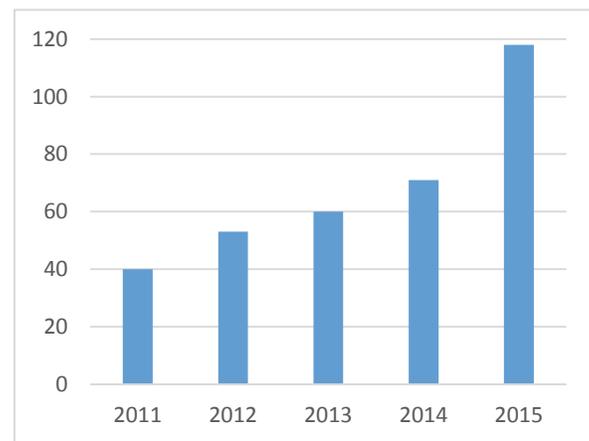


Figure 7 Outbreaks investigated in collaboration with local partners by year

- Working with Local Public Health partners to monitor over 130 travelers returning from Ebola affected countries in West Africa.
- Coordinating with Local Public Health partners to monitor over 200 agricultural producers/workers responding to the Highly Pathogenic Avian Influenza outbreak that had catastrophic impacts on our state's poultry industry.
- Supporting Local Public Health and healthcare partners as they provide care for and investigate over 500 cases of Mumps. The majority of cases occurred in Johnson County.
- Consulting with healthcare providers and the State Hygienic Laboratory to rule out over 75 suspected measles cases during the 2015 nationwide measles outbreak.
- Over 680 cases of *Shigella* were reported to IDPH in 2015. About 40% of the cases occurred in Linn County and the majority of the remaining cases were spread across the following counties Black Hawk, Dubuque, Polk and Scott. CADE provided support to these Local Public Health departments as they investigated cases and implemented disease control measures.

Outreach and Education: CADE conducts outreach through various routes. CADE issues a weekly electronic newsletter, called the Epi Update. Each week, the Epi Update reaches several thousand healthcare and public health partners across the state. CADE also communicates critical and time sensitive information to public health and healthcare partners through use of the Health Alert

Network. Additionally, CADE hosted Fall EPI updates in 4 locations across the state to deliver information about infectious disease surveillance, investigation, and control. Feedback from the division wide survey shows that these updates are well received, CADE plans to continue these annually. CADE also hosts webinars on a variety of emerging and re-emerging infectious disease issues, more than ten webinars were hosted in 2015.

Administrative Rules: Chapter 1 of the Iowa Administrative Code, “Reportable Diseases, Poisonings, and Conditions, and Quarantine and Isolation” was updated in 2015. Language was added to protect the confidentiality of a subject during a contested case hearing; references to outdated guidance documents was removed; language was added about specimens for which the fee charged by the state hygienic laboratory shall be waived to clarify Iowa Code section 263.8 and 681 IAC 5.3(1); and several updates were made to the list of diseases that are reportable. The updated rules went into effect on January 13, 2016.

2016 Priorities

In 2016, CADE will be distributing a customer satisfaction survey to local public health and infection prevention partners. An improvement plan will be developed based upon the survey findings and suggestions.

Bureau of Emergency and Trauma Services (BETS)

BETS provides leadership, direction, and resource support to build a comprehensive, sustainable, efficient, and effective statewide emergency medical services (EMS) system including EMS system development, EMS service program authorization, and certification of EMS personnel. The bureau is responsible for the management of Iowa's trauma system, Emergency Medical Services for Children, injury prevention initiatives, EMS and Trauma data acquisition and management, and EMS and Trauma education coordination. Additionally, the bureau provides management and oversight of Iowa's public health and hospital preparedness program. This includes administration of federal grants and assistance to the multi-disciplinary coalitions in the state. BETS has responsibility and oversight for the IDPH emergency response plans and operating procedures, Emergency Coordination Center (ECC), Continuity of Operation's Plan, Iowa Disaster Medical Assistance Teams (IA-DMAT), the Strategic National Stockpile (SNS), and the Health Alert Network (HAN) system. For more information about BETS you can visit our website at <https://idph.iowa.gov/BETS>

2015 Highlights

Filling Gaps. The 2015 General Assembly reallocated \$200,000 of IDPH's budget to the Emergency Medical Services program to create three new positions in the bureau: Medical Director, EMS Field Coordinator, and Statistical Analyst. At the end of 2015, BETS began the search to fill these positions. In early 2016, the EMS Field Coordinator and Statistical Analyst were hired. The EMS Field Coordinator provides technical assistance to EMS services and providers while the Statistical Analyst assists in the collection, evaluation, and reporting of EMS and Trauma data. BETS is working to fill the Medical Director position.



Picture 1 Please welcome Jeff Eastman, EMS Coordinator (left), and Danny Dowd, Statistical Analyst (right)

Making Improvements: American College of Surgeons Visit. A great success for the bureau in 2015 was the trauma system consultation visit conducted by the American College of Surgeons (ACS) in February. The purpose of this visit was to review the entire trauma system continuum through prevention, preparedness, pre-hospital care, definitive care, rehabilitation services, and system improvement.

Over 100 individuals from across the state participated in the consolation visit. In collaboration with the Trauma Systems Advisory Council (TSAC), the bureau has taken the recommendations from ACS and formulated a comprehensive work plan. Several subcommittees have been established to review and evaluate the entire trauma system in Iowa, as well as

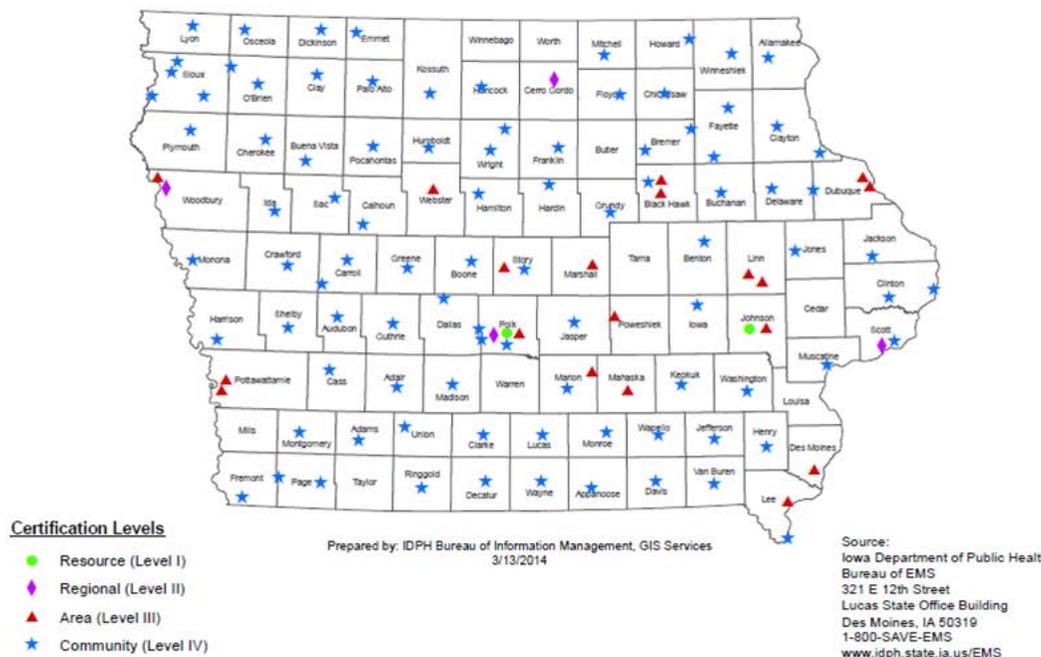


Figure 8 Iowa's trauma care facilities as of March 2014.

Note: All 118 Iowa hospitals receive a trauma level designation.

2016 Priorities

Administrative Rules. Time Critical Care Systems planning and hiring a medical director are among our top priorities in 2016, but another initiative that is being undertaken in the bureau is reviewing and updating administrative rules. A state government agency is authorized to adopt administrative rules after a bill becomes a law. These rules are the regulations which the responsible agency puts into action to implement the law. Within the Bureau of Emergency and Trauma Services there are 19 rule chapters we are tasked with reviewing and updating. The main chapters that are being reviewed and updated in 2016 are Ch. 131 (Emergency Medical Services-Provider Education/Training/Certification), Ch. 132 (Emergency Medical Services-Service Program Authorization), Ch. 114 (Preparedness Advisory council), Ch. 130 (Emergency Medical Services Advisory Council), and Ch. 138 (Trauma System Advisory Council). Additionally, in 2016, the data dictionaries for EMS and Trauma data registries are being updated to ensure compliance with national data submission standards.

Bureau of Environmental Health Services (EHS)

The Bureau of Environmental Health Services strives to ensure the protection of public health from environmental exposures by providing technical assistance and services to local environmental health departments, local boards of health, and all Iowans. Bureau staff safeguards the protection of public health in swimming pools and spas, tattoo establishments, and migrant labor camps; verifies that water treatment devices, such as water filters, perform appropriately and as claimed by the manufacturer; provides training to new county environmental health professionals on related topic areas; performs epidemiology and surveillance of environmental and occupational health related diseases; childhood lead poisoning prevention; provide toxicological and risk assessment evaluations; issue licenses to

implement key recommendations from the ACS report. As one participant from the division customer satisfaction survey said, "[I] Feel that there have been many positive changes to the Trauma Programs, [the bureau is] heading in the right direction". The bureau hopes the ACS visit, and the improvements that can come from the ACS recommendations, will help increase satisfaction with the program.

many professionals, facilities and devices; and performs inspections to ensure the health and safety of Iowans. For more information about these programs please visit our website at <https://idph.iowa.gov/ehs>

2015 Highlights

Collaborating with Partners: Making Good Uses of Data. In 2015, the Environmental Public Health Tracking Program and the IDPH Data Management Program worked together to make improvements to the Iowa Public Health Tracking Portal. The updates to the portal included several new dashboards, reports, and updated navigation. The 2015 updates included: new Population, Climate, and Oral Health Dashboards; new Top Causes, and At-a-Glance reports; updated Childhood and Adult Lead, and Reproductive Outcomes dashboards; and updated County Health Snapshot reports and data workbooks. In 2016, the Tracking Program will continue working to expand access to public health data in Iowa; already in 2016 we launched Private Water Well dashboards. This endeavor included developing Environmental Health Profiles, and the overall portal design and mapping functions will be improved.



Picture 2 A screenshot of the Iowa Public Health Tracking Portal Website

Please visit the portal to learn more! <https://pht.idph.state.ia.us/Pages/default.aspx>

Making Improvements: Grants to Counties. The Grants to Counties (GTC) program updated rules in 2015 to increase the amount of funding that is reimbursable for activities and to add arsenic testing to the list of activities that are reimbursable. Although data on arsenic in Iowa's well water is incomplete, it is naturally-occurring and may be present in ground water throughout Iowa. In 2016 we aim to further the effective use of these funds by reallocating money from counties that do not have a demonstrated use of the funds, to counties that have a demonstrated need for more money. We anticipate this will be effective for contracts issued for fiscal year 2017 as we are working on rule changes now with an estimated effective date of July 13, 2016. Figure 9 shows a breakdown of the activities that were conducted in FY15 (July 1, 2014 to June 30, 2015).

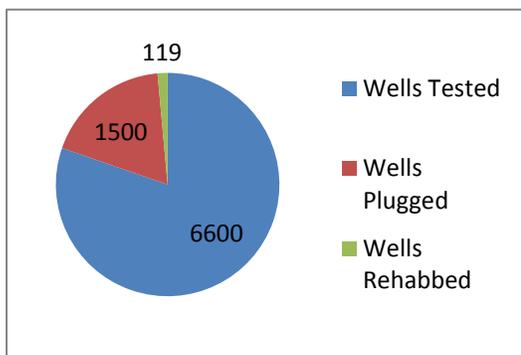


Figure 9 Activities completed with Grants to Counties funding in FY15.

2016 Priorities

Making Improvements: Variances. In August, 2015 the Swimming Pool & Spas program implemented a streamlined variance review process. From August to December, the program issued responses for 12 variance requests. Our goal in 2016 is to fine-tune a standardized process where all variance requests receive a response of approval or denial within 60 days of receipt by IDPH (which includes a review by bureau and division management, and our assistant attorney general). To accomplish this goal we will create workflows and streamline processes to make sure our customers are receiving feedback and guidance from us regarding variance requests to ensure the health and safety of all Iowans.

Administrative Rules. The Bureau of EHS is responsible for 32 chapters in the Iowa Administrative Code (IAC) and five of our chapters have been identified as priority areas to review and update rules: 1) tattoo (Ch. 22); 2) swimming pools and spas (Ch. 15); 3) backflow tester registration (Ch. 26); and two chapters under the Plumbing and Mechanical Systems Board (Ch. 23, Licensee Practice and Ch. 29, Application, Licensure, and Examination). We take pride in updating rules to ensure the health and safety of Iowans and that customer needs are met. Each of the programs have met with stakeholders and licensees to review and revise the rules in 2015 and early 2016. Programs staff has also reviewed and considered the use of national model programs (e.g. Model Aquatic Health Code) in making rule changes. During rule making, challenges are encountered and it can delay the rule making process, but we expect good progress in updating and aligning our rules with current public health and industry needs.

Collaboration with Partners: Childhood Lead Poisoning Prevention Program (CLPPP). In 2016 EHS staff is working to revamp the Childhood Lead Poisoning Prevention Program. After a significant loss of funding from CDC in 2013, the bureau had to decrease funding that is awarded to our local partners. As a result the CLPPP would like to update program policies and guidance to help our local contractors deal with this loss of funding. The EHS staff has already received feedback from local partners when a focus group was held on November 4, 2015. Regional meetings will be held in 2016 to show updates we have been working on in collaboration with local partners, review the Healthy Homes Lead Poisoning Prevention System (HHLPPS), and showcase the work we have done with the Environmental Public Health Tracking Network. The program will continue to review and revise the program to match activities with current resources available.

Bureau of Immunization and Tuberculosis (ITB)

The Bureau of ITB works to reduce the impact of communicable diseases in Iowa and to eliminate the morbidity associated with these diseases. Programs within the bureau monitor current infectious disease trends; prevent transmission of infectious diseases; provide immunizations for public health clinics and Vaccine for Children recipients; provide early detection and treatment for infected persons; and ensure health care access for refugees. For more information (including an annual report for Immunization and TB programs) about the Bureau of Immunization and Tuberculosis please see our website at <http://idph.iowa.gov/immtdb>

2015 Highlights

Outreach and Education: One of our bureau's achievements in 2015 was hosting the Epidemiology and Prevention of Vaccine-Preventable Diseases (CDC Pink Book) course in conjunction with the Iowa Immunization Conference. On October 28 and 29, 2015 the Pink Book course and the conference were held in Des Moines. Approximately 650 attendees experienced the conference highlights: the history of vaccines; using social media to promote vaccinations; vaccine recommendations; and strategies to increase immunization rates. During these two days there were opportunities for networking between health care professionals, public health staff, and anyone interested in learning more about immunizations. Planning has already begun for the next immunization Summit which will be held June 7 and 8, 2017.

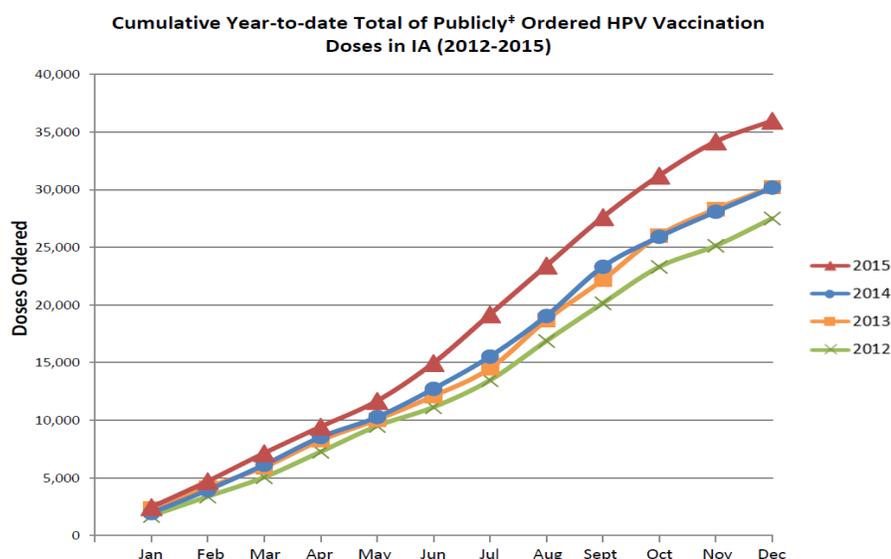
Collaboration with Partners: IRIS. Iowa's Immunization Registry Information System (IRIS) is a confidential, computerized repository of individual immunization records from participating public and private health care providers. IRIS includes patient records from all ages and is used to keep patients on schedule for their recommended immunizations by storing immunization records, documenting vaccine contraindications and reactions, validating immunization history, providing vaccine recommendations, producing patient reminder and recall notices, and managing vaccine inventory. A successful immunization registry must be widely used by health care providers and

include a large portion of the state's population. The number of patients in IRIS has steadily increased over the past years. More than 290,000 patient records were added in 2015 with an associated 3.1 million new immunizations. The increasing number of patients in IRIS is directly contributed to the hard work and commitment of Iowa's health care providers who understand the benefits of IRIS. Electronic data exchange has also significantly increased the number of providers sending immunization information to IRIS. As of December 31, 2015 there were 731 health care provider organizations routinely exchanging immunization data with IRIS.

2016 Priorities

Making Improvements: Data Collection. Approximately, 600-800 refugees are designated to resettle in Iowa yearly. Upon arrival, refugees receive a health screen and health care providers submit results of these screenings to the bureau. Currently, screening results are tracked and managed through a spreadsheet. In 2015, approval was received through Iowa administrative rule changes to move reporting and management of program data to the Immunization Registry Information System (IRIS). The module will allow the Department to more efficiently monitor health screening information and disease trends, and provide targeted education and resources to health care providers serving these populations. These rules become effective on May 4, 2016. To prepare for this change, Bureau staff have been working with Hewlett Packard to develop the refugee health module in IRIS.

During 2016, the Immunization Program will continue to work to increase HPV vaccine rates among Iowa adolescents. The Immunization Program will continue the statewide billboard media campaign, participate in and coordinate state stakeholder meetings and projects, hold regional trainings and conduct HPV immunization assessments at Vaccines for Children (VFC) program provider sites. The Bureau will continue to promote HPV vaccine as the "Key to Cancer Prevention". In 2014, 27% of females and 15% of males, aged 13-15, had received the three doses of HPV vaccine recommended for full protection. In comparison 74% of 13-15 year olds in Iowa received the Tdap vaccine (protects against tetanus, diphtheria, and pertussis). As of December 31, 2015 rates for HPV vaccine was 26% for females and 17% for males. Although there appears to be a slight decline in female vaccination rates, Iowa has actually ordered and distributed more HPV vaccines in 2015 than in prior years (Figure 9). Vaccine distribution data directly correlates with overall vaccination rates and serves as a real time indicator of immunization trends. One reason the percentage of adolescents receiving the vaccine has dropped (for females) and only increased by 2% (for males) is due to a significant increase in the number of adolescent records (denominator) created in IRIS.



Cumulative Year-to-Date Total of Publicly* Ordered HPV Vaccination Doses, IA (2014-2015)

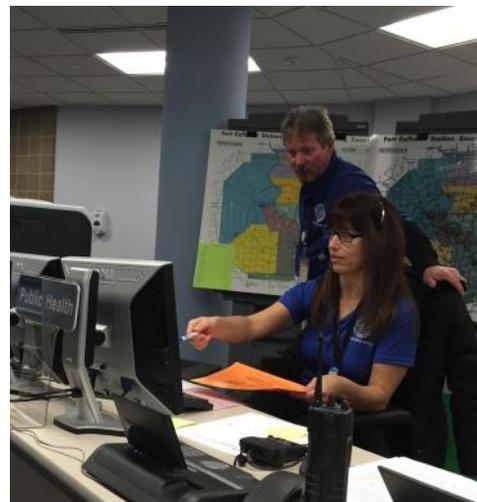
	2014	2015	% change
Jan	1,960	2,470	26.0%
Feb	3,950	4,720	19.5%
Mar	6,140	7,150	16.4%
Apr	8,540	9,440	10.5%
May	10,280	11,680	13.6%
Jun	12,730	14,970	17.6%
Jul	15,530	19,180	23.5%
Aug	19,050	23,410	22.9%
Sept	23,310	27,620	18.5%
Oct	25,910	31,220	20.5%
Nov	28,080	34,160	21.7%
Dec	30,170	35,970	19.2%

CDC. Vaccine Tracking System (VTrckS). January 2016.
 *Defined as orders for publicly funded vaccine (i.e. Vaccines for Children, 317, state/local, or CHIP doses).

Figure 10 HPV vaccination ordering trends in Iowa.

Bureau of Radiological Health (BRH)

The mission of the Bureau of Radiological Health is to protect Iowans from excessive exposure to radiation. Each year, Iowans are exposed to an average of 300 millirem of natural radiation and an additional 300 millirem of manmade radiation (including medical radiation exposures). The Bureau works to accomplish this mission through program activities like the Agreement State functions of licensure and inspection of radioactive materials, the accreditation and certification oversight of mammography facilities, registration of facilities that use radiation-producing machines, and registration of tanning facilities. The bureau also credentials individuals whom administer radioactive materials or operate radiation-emitting machines, as well as individuals who test and mitigate for radon. The bureau is the designated radiation authority for the state and provides technical dose assessment advice for radiological emergency response for all radiation events, including offsite response for nuclear power plants in and around Iowa. In the bureau we have 7 programs that work to enforce these regulations: Mammography; Permits to Practice; Radioactive Materials; Radiation Emergency Response; Radon; Tanning; and X-Ray Machines. For more information about each program please see our website at <http://idph.iowa.gov/radiological-health>



Picture 3 Bureau staff participates in a nuclear power plant drill.

2015 Highlights

Making Improvements. The division wide licensing project will impact all individuals and facilities that are regulated by the bureau in 2016. Major efforts took place in 2015 to identify efficiencies in business practices and to create communication plans to assist licensees with applying for and renewing licenses online. We expect the new system to make licensing actions easier and quicker for the licensee as well as provide a means for easier data gathering regarding license statistics and enforcement actions.

Along with the work necessary to plan for and design the new licensing system, bureau staff have continued to provide for the day-to-day regulatory functions, which include: routine communications with the Nuclear Regulatory Commission, communication and reporting to the FDA, processing license and registration applications and renewals, performing inspections and audits to ensure compliance with regulations, investigating complaints and violations and initiating appropriate enforcement actions, and ongoing technical training for staff to ensure staff are prepared to assess and respond to any type of radiological emergency. We were pleased with the results from the division customer satisfaction survey that indicated we do good work within the bureau and in working with our partners. One customer stated, “Any time I have a question about rules or regulation[s] within Mammography or Radiology the staff is always willing to help me find the answers...”. Among the positive and supportive feedback there were areas of concern that have led to further program evaluation and quality improvement initiatives.

Outreach and Education: Radon. In addition to the regulatory functions of the bureau, the radon program also provides funds to support public outreach to increase radon awareness and encourage the public to test and mitigate radon in their homes and schools. Our bureau applies annually for the State Indoor Radon Grant (SIRG) from the Environmental Protection Agency (EPA). With these funds, the bureau contracts with entities that can provide outreach and education services to citizens in Iowa. Mini-grants to counties fund radon specific activities. The radon awareness grant, currently granted to the American Lung Association of the Upper Midwest, provides for many outreach and training activities such as staffing of a toll-free call line for the public to ask radon specific questions and selling of low-cost test kits. The bureau

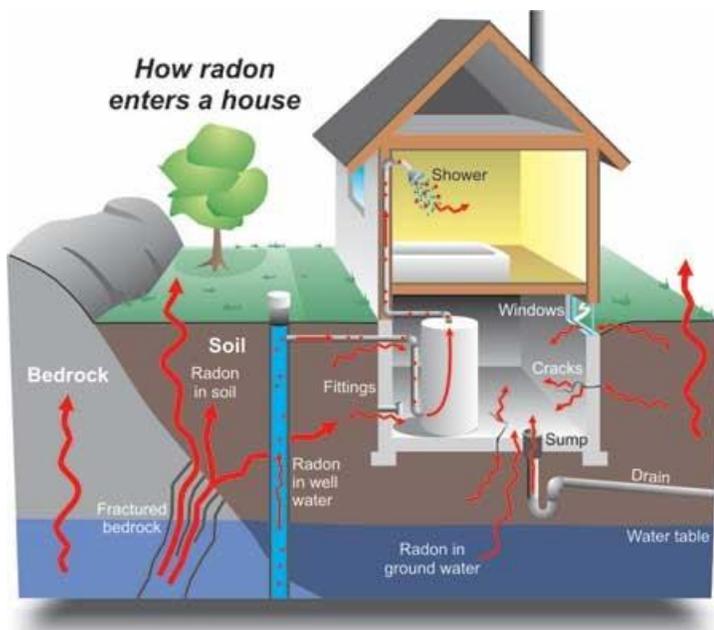


Figure 11 How radon enters a house

is currently working with the Environmental Health Tracking Portal program to organize and validate radon testing data we receive from licensed individuals and labs so it can be displayed on the public health tracking network for easier access by the public and the research community.

2016 Priorities

Making Improvements: Enforcement. One of our priorities for 2016 will be to identify quality improvement projects to allow for efficiency gains as related to the new online licensing system. Bureau staff continually assesses all current procedures for licensing and enforcement actions to ensure that any changes necessary for the new licensing data base align with our legal authority to take those actions. One item we have been working on in early 2016 is updating enforcement information to be displayable on our new website; the enforcement website

is also scheduled to go live in 2016. The use of the new online licensing system will help us track and document enforcement issues more efficiently and consistently than our current method.

Collaboration with Partners: Emergency Response. The bureau is active in 2016 as the Radiological Emergency Preparedness community in Iowa prepares for a large scale ingestion pathway exercise with the Duane Arnold Energy Center in Palo, Iowa. This exercise will demonstrate the full scope of the bureau's capabilities to provide for assessment and protective action recommendations in the event of a nuclear power plant incident. The bureau staff continually practice dose assessment capabilities, and participates in training with REP partners at the local, state and federal level to enhance communication and technical support for radiation emergency response activities. This preparation and coordination ensures that the public will be adequately protected from unnecessary radiation exposure during any type of radiological emergency.

Administrative Rules. As mentioned in the division section of the report, reviewing and updating rules under our authority will be a priority for the whole division. In the Bureau of Radiological Health there are 10 chapters to maintain. Many of the chapters are slated for review and stakeholder engagement in 2016, specifically; the requirements for radon testing and radon mitigation and radiation machine rules specific to new machine technologies such as hand-held dental x-ray machines. The tanning facility rules, Chapter 46, were already reviewed by a stakeholder group in 2015 and we are moving through the rule making process in 2016.

Conclusion

Within Acute Disease Prevention, Emergency Response, and Environmental Health we work to meet the mission of promoting and protecting the health of Iowans. To do this we conduct our everyday business duties which include a variety of functions such as: provide support, technical assistance and consultation to our partners and the general public; process license, permit, and certification applications and renewals for our regulatory programs; manage and analyze data to identify trends in diseases and environmental health hazards; and we complete inspections and investigations; manage contracts; and conduct surveillance. For more information about some of these functions please see Appendix A.

Through the division customer satisfaction survey and this annual report we hope to demonstrate that along with the normal job responsibilities we have, we also are working to improve our relationships with our customers, improve processes to make them more efficient and consistent, and to do a better job communicating with our partners. We hope with this report you have learned a little bit more about what Acute Disease Prevention, Emergency Response, and Environmental Health is all about and what our plans are for this next year. If there are questions or comments about the annual report or how you can play a part in our programs you can find us at the contact information listed below.

ADPER & EH Directory

Ken Sharp	Division Director	515-281-5099	Ken.Sharp@idph.iowa.gov
Andrea Bentzinger	Division Assistant	515-281-7726	Andrea.Bentzinger@idph.iowa.gov
Dr. Ann Garvey	Center for Acute Disease Epidemiology	515-281-4933	Ann.Garvey@idph.iowa.gov
Rebecca Curtiss	Bureau Chief – Emergency and Trauma Services	515-242-5206	Rebecca.Curtiss@idph.iowa.gov
Carmily Stone	Bureau Chief – Environmental Health Services	515-281-0921	Carmily.Stone@idph.iowa.gov
Don Callaghan	Bureau Chief – Immunization and Tuberculosis	515-281-7301	Donald.Callaghan@idph.iowa.gov
Angela Leek	Bureau Chief – Radiological Health	515-281-3478	Angela.Leek@idph.iowa.gov
Other helpful division numbers			
IRIS Help Desk	1-800-374-3958	BETS	1-800-728-3367
Plumbing Office	1-866-280-1521	Immunization	1-800-831-6293
Lead/Environmental Reporting	1-800-972-2026	Radon	1-800-383-5992 (to purchase a kit)
CADE	1-800-362-2736	Duty Officer	1-866-834-9671
		https://idph.iowa.gov/ADPEREH	

Appendix A: Division Tables

Table A1: Number of Licenses ADPER & EH issued in 2015

Bureau	License	Total
EHS	Migrant Labor Camps	15
EHS	Backflow Prevention Assembly Tester	1,029
EHS	PMSB	2,309
EHS	Lead	5,811
EHS	Pools and Spas	2,258
EHS	Tattoo	980
EHS	Water Treatment Devices	326
BETS	EMS - Services	924
BETS	EMS - Providers	11,770
BETS	EMS - Training Facilities	18
BRH	Radiation Machines (x-ray)	2,918
BRH	Industrial Radiographic Operations	84
BRH	Mammography	67
BRH	Medical Physicists	91
BRH	Permit to Practice	4,500
BRH	Radioactive Materials	204
BRH	Radon	321
BRH	Tanning	830
Total		34,455

Note1: These numbers include any individual or firm that was issued a license in 2015.

Table A2: Enforcement Actions by Program

Program	Website
EMS provider	https://idph.iowa.gov/BETS/EMS/Discipline/ProviderActions
EMS Service	https://idph.iowa.gov/BETS/EMS/Discipline/Services
EMS Training	https://idph.iowa.gov/BETS/EMS/Discipline/TrainingPrograms
Trauma	https://idph.iowa.gov/BETS/Trauma/Discipline
Backflow	https://idph.iowa.gov/ehs/backflow-prevention/discipline
Lead	https://idph.iowa.gov/lpp/discipline
PMSB	https://idph.iowa.gov/pmsb/discipline
Pools and Spas	https://idph.iowa.gov/swimmingpoolsandspas/registration/discipline

Note: For questions regarding other programs please contact program staff.

Table A3: Number of Active Contracts in 2015 by Bureau

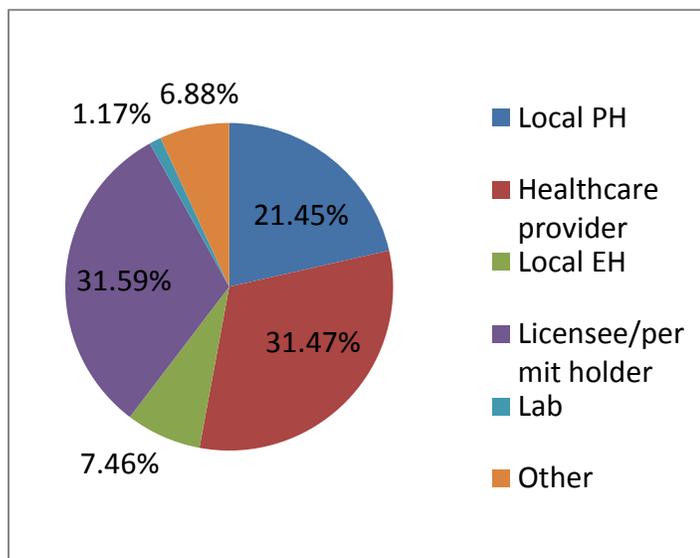
Bureau	# of Contracts	Total funding
CADE	4	\$3,200
BETS	188	\$5,325,000
EHS	114	\$3,801,685
ITB	120	\$1,427,759
BRH	7	\$18,000
Total	433	\$10,575,644

Note: Contracts included in this number are contracts the division has with local public health or other governmental agencies. Total funding is the amount that is included with the contracts to support the work these agencies complete to promote and protect the health of the public.

Appendix B: Survey Results

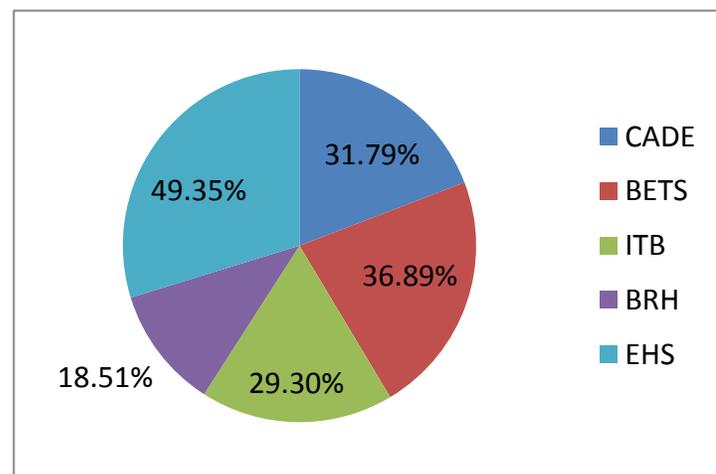
The Division of Acute Disease Prevention, Emergency Response, & Environmental Health (ADPER & EH) received anonymous feedback in October of 2015 from its valued customers on communication, technical assistance, education/trainings, and our timeliness of providing services or products. There were 860 people who responded to our request and the complete results are provided in this report.

1. Which organization describes you or the organization you work for?



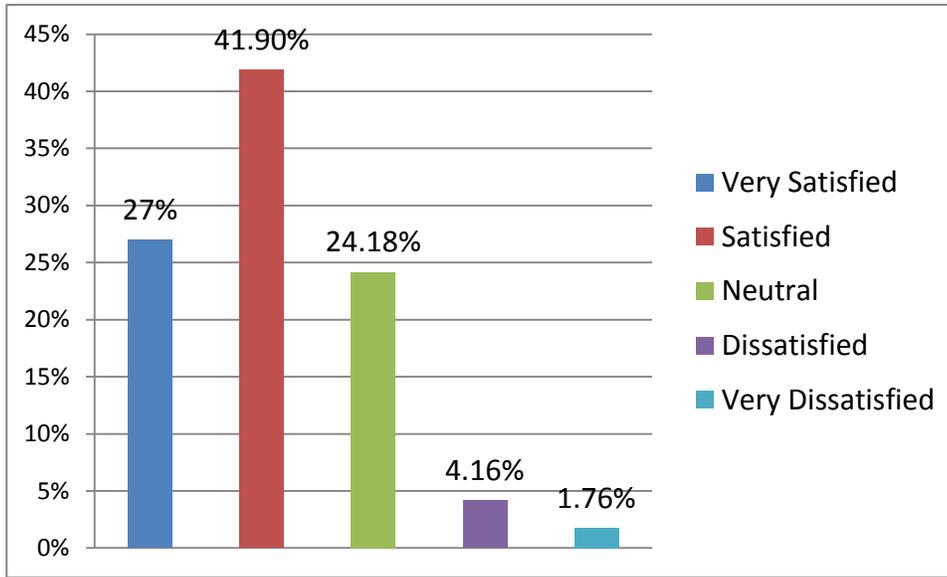
For the purposes of this survey, licensee/permit holders were considered any person or entity that is certified, licensed, or permitted through the division including, but not limited to: tattoo artists, EMS providers, contractors, first responders, tattoo, EMS/ambulance, and swimming pools. Healthcare providers included: school nurses, health care clinics, infection prevention entities, and hospitals.

2. Which bureau(s) do you interact with within the division?



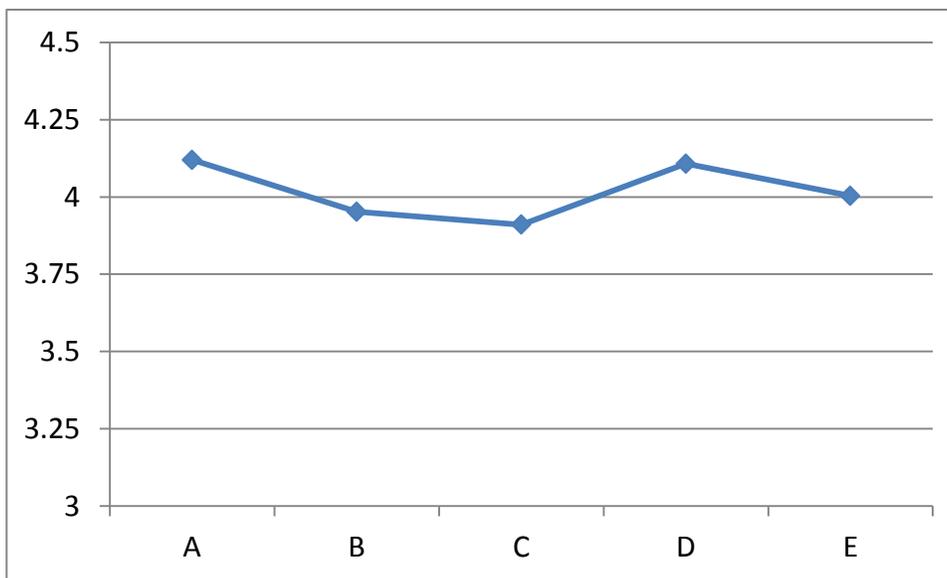
298 (35%) respondents interact with more than one bureau in our division.

3. How satisfied are you with your business relationship with ADPER & EH?



68.9% of respondents were very satisfied or satisfied with their business relationship with ADEPR & EH.

4. How our customers feel about technical Assistance/response to inquiries as a division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree) our customers agreed overall, that ADPER & EH provides satisfactory technical assistance/response to inquiries. The highest marks we received were on customer service and the lowest marks we received were on the amount of support we provide to our customers.

A = division staff provide knowledgeable answers when I have a question

B = when I have questions I get a timely response

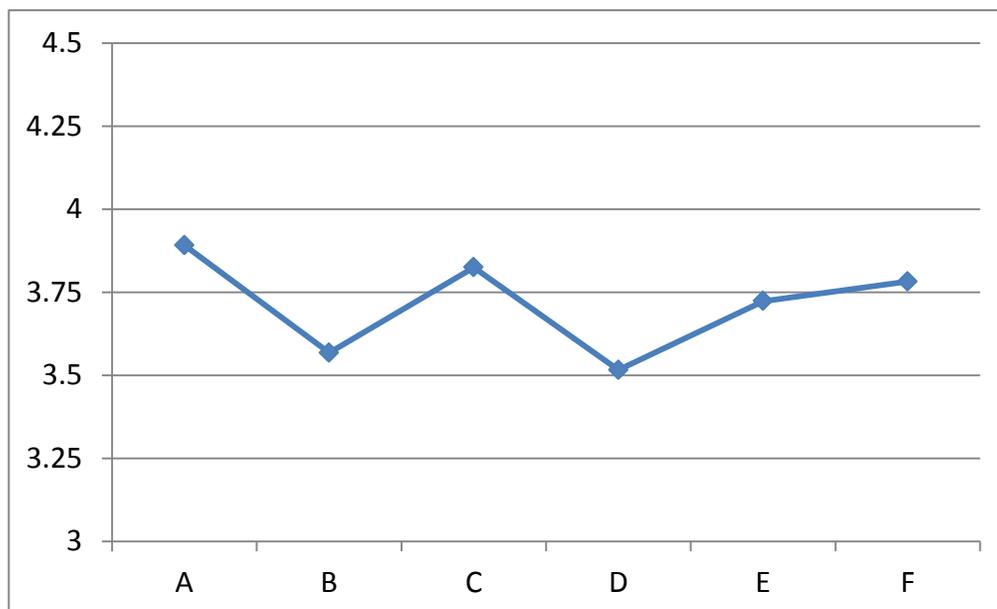
C = I am getting the support I need form the division

D = I receive good customer service when I interact with staff in the division

E = overall. I am satisfied with how the division responds to my questions.

Communication:

5. How our customers feel about communication from the division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree) our customers agreed overall, that ADPER & EH provides satisfactory communication. The highest marks we received were on informing our customers about current issues and the lowest marks we received were on the need for the division to improve our communication and on our ability to communicate about strategic planning.

A = the division communicates effectively about current issues

B = the division communicates effectively about strategic planning

C = the division communicated in a timely manner

D = communication from the division could be improved

E = information from the division is easily attainable

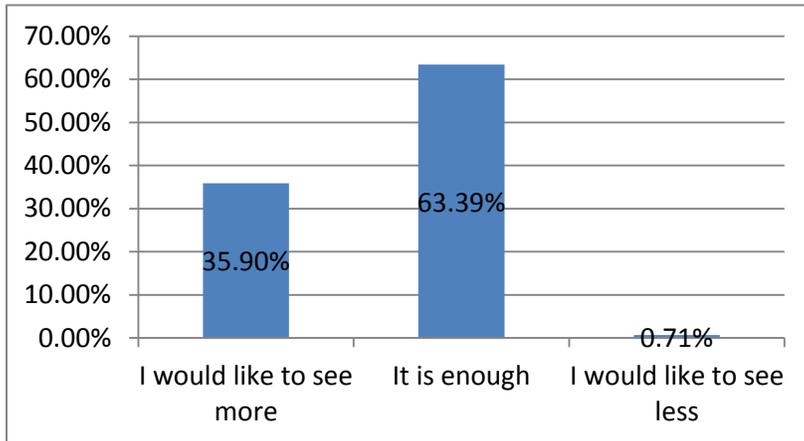
F = overall, I am satisfied with the communication that comes from the division

6. What is the most effective form of communication you receive form the division?

Type	% that agree it is effective
Website	3.36%
In-person training	10.90%
Email	65.06%
Webinar	5.51%
Mailing	3.75%
Phone	7.15%
Other	3.99%

The most effective form of communication provided to customers from the division is through email (65%).

7. How our customers feel about the amount of communication received from the division.



Most customers felt that the amount of communication received from the division was enough, but almost 36% of customers checked that they would like to receive more communication from the division.

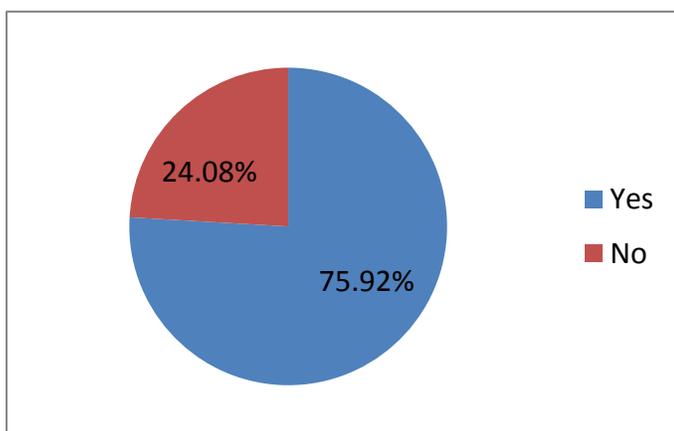
8. What communication method could the division enhance?

Type	% that agree it could be enhanced
Website	23.72%
In-person training	15.53%
Email	44.13%
Webinar	28%
Mailing	7.95%
None	25.79%
Other	6.11%

While email was listed as our most effective form of communication it was also listed as the form of communication that could be enhanced.

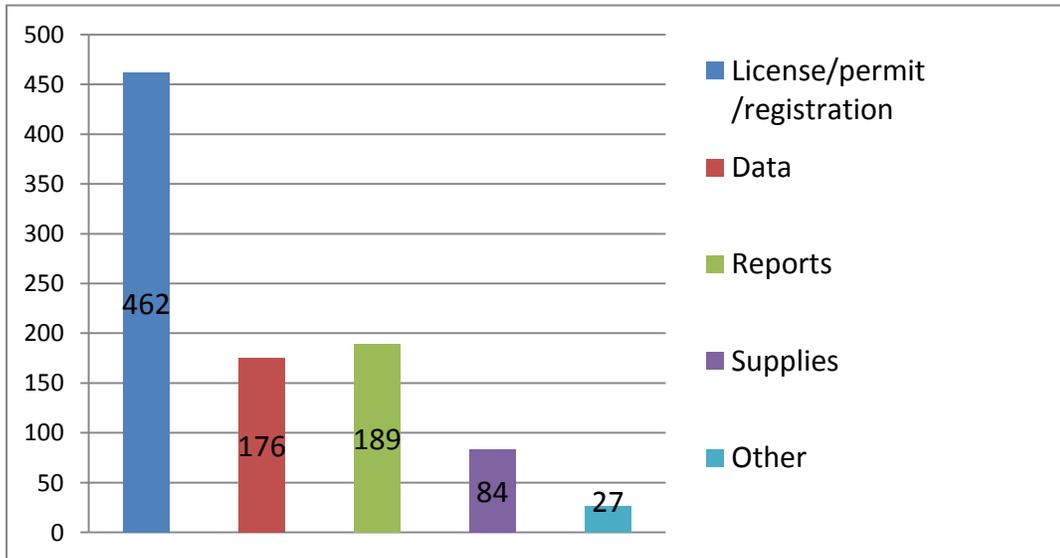
Products:

9. Do we provide you with a product of some kind (e.g. license/permit/certification, data, reports, or supplies)?



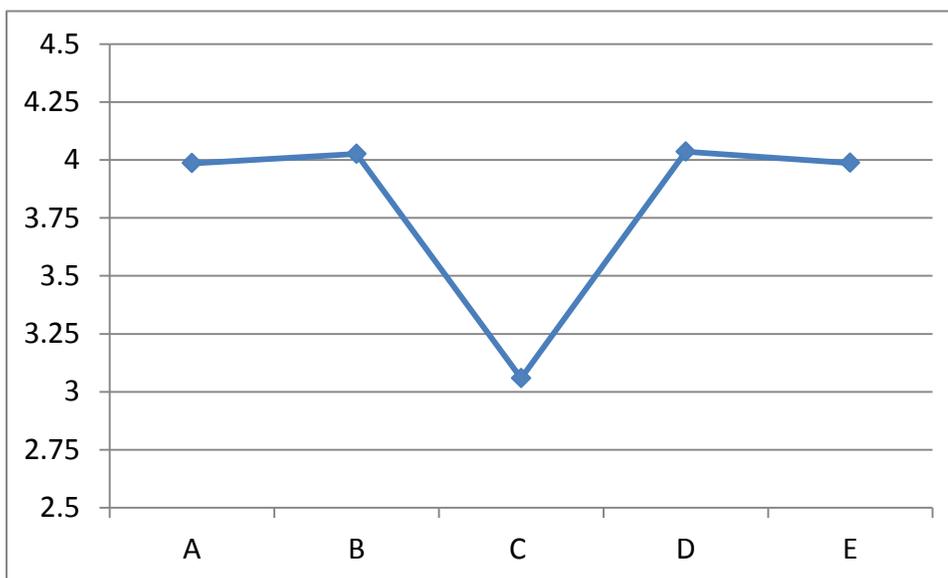
We provide 75.92% of respondents with a product of some kind.

10. What kind of product do we provide you?



Most survey respondents (462) receive a license, permit, or certification from the division.

11. How our customers feel about products received from the division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree) our customers agreed overall, that they are satisfied with products they receive from the division. Respondents were more neutral about their feelings when asked if the division could do a better job with their products.

A = the product I receive from the division is provided to me in a timely manner

B = the product I receive from the division is a quality product

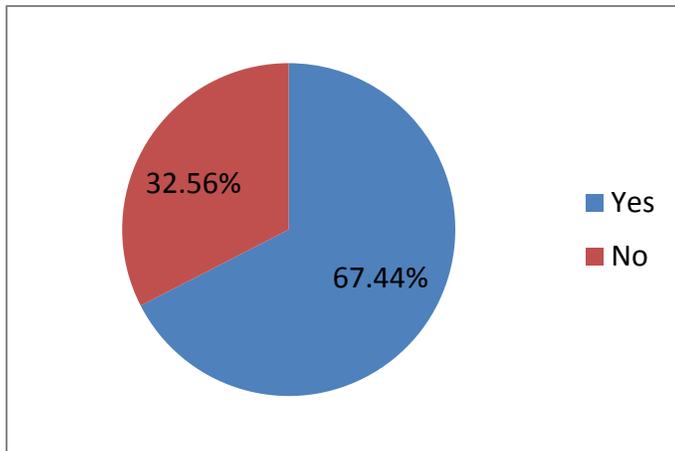
C = the division could do a better job providing me with the product I need

D = I receive good customer service when I have questions about the product I receive from the division

E = overall, I am satisfied with the product I receive from the division

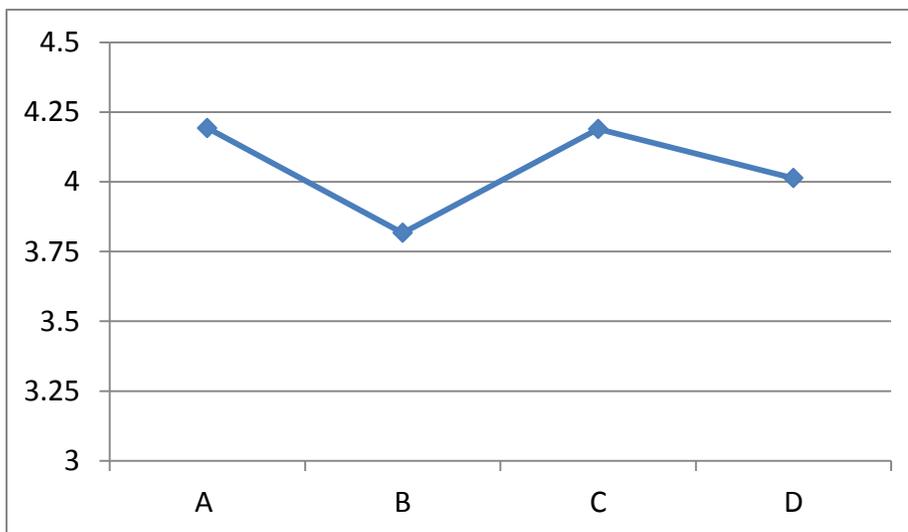
Training/Education:

12. Do we provide you with training/education (e.g. webinars, face-to-face meetings, educational materials, conferences)?



We provide 67.44% of respondents with training or education.

13. How our customers feel about training/education provided by the division.



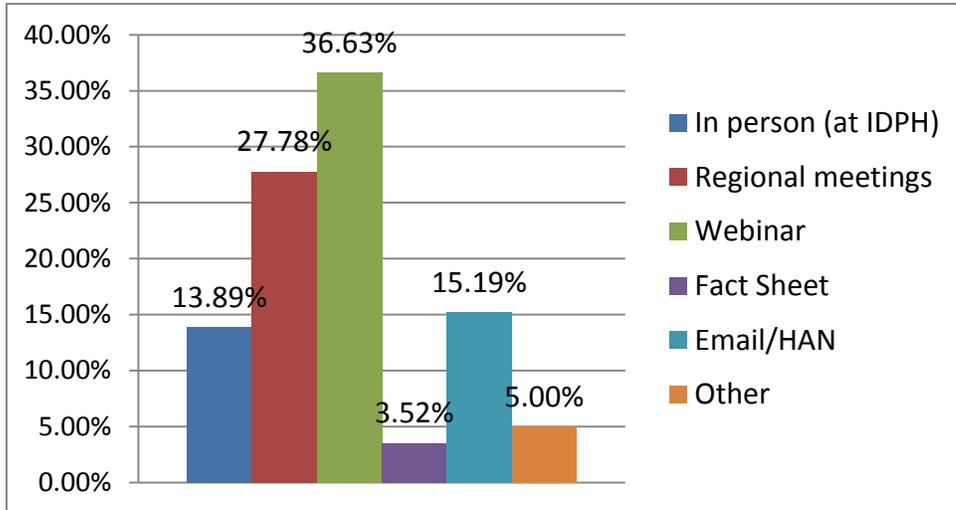
On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree) our customers agreed overall, that they are satisfied with education and training they receive from the division. Respondents were less satisfied with the amount of training/education that is provided by the division, but felt more knowledgeable about a topic after receiving education from the division.

A = when I receive training/education from the division I feel more knowledgeable about the topic/issue

B = the Division provides an adequate amount of training/education

C = I receive good customer service when I attend a training or receive educational materials from the division

D = overall, I am satisfied with the training/education provided by the division

14. What is your preferred method of receiving education/training from the division?

Almost 37% of respondents indicated their preferred method for receiving education/training was webinar, followed by regional meeting at 27.78%.