



2018 Division Annual Report



**Authorship – Division of Acute Disease Prevention, Emergency Response and
Environmental Health
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Iowa Department of Public Health
Protecting and Improving the Health of Iowans



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Gov. Kim Reynolds
Lt. Gov. Adam Gregg
IDPH Director Gerd W. Clabaugh

Report Contact Information:

Andrea Bentzinger, Division Project Manager
Andrea.bentzinger@idph.iowa.gov
515-281-7726
<https://idph.iowa.gov/ADPEREH>

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Executive Summary

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 health care emergency preparedness and response. Within the division, services provided include licensing businesses and professionals, regulating medical services and radioactive materials, and providing funding through contracts to protect and improve 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 Services (EHS), Bureau of Immunization and Tuberculosis (ITB) and Bureau of Radiological Health (BRH).

The purpose of this annual report is to provide a comprehensive look at what ADPER & EH has accomplished in the past year, as well as what division staff are working on for the future. It also serves as an annual informational resource for stakeholders, local partners, policy makers and the public. Since 2015, the ADPER & EH management team has used this report to communicate with customers, especially when it comes to information about planning efforts within the division.

Within the pages of this report, there is information about division funding, successes and areas of improvement, and challenges within the division. While each bureau has its own programs, customers and staff, the bureaus also interact with each other regularly and in unique circumstances. For example, in 2018, division staff collaborated on emergency preparedness efforts through exercises and real life scenarios, participated in assignments from the legislature including a health screening work group, finalized accreditation documentation submission and completed a Public Health Accreditation Board (PHAB) site visit.

Collaboration within the division's bureaus in 2018 brought together strong leaders and incredible staff to achieve and maintain the health and safety of Iowans. The hope is that this report gives customers some insight into the story of the Division of Acute Disease Prevention, Emergency Response and Environmental Health, and a better understanding of how the division works to *"Protect and Improve the Health of Iowans."*

Table 1 Activities ADPER & EH conduct year round

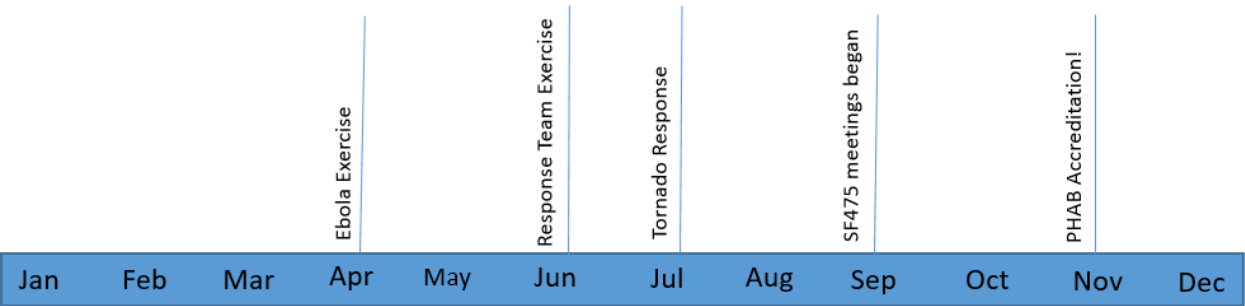
Year round ADPER & EH staff conduct the following activities		
Technical Assistance	Disease Investigation	Emergency Response
Surveillance	Inspections/Audits	Licensing Activities
Grant Submission	Budget Management	Data Management
Contract Management	Administration Activities	Website Management

List of Acronyms

ADPER & EH.....	Acute Disease Prevention, Emergency Response and Environmental Health
BETS.....	Bureau of Emergency and Trauma Services
BRH.....	Bureau of Radiological Health
CADE.....	Center for Acute Disease Epidemiology
EHS	Bureau of Environmental Health Services
EOP.....	Emergency Operations Plan
IDPH	Iowa Department of Public Health
IMS	Incident Management System
ITB	Bureau of Immunization and Tuberculosis
PHAB	Public Health Accreditation Board
PHRT.....	Public Health Response Teams

2018 Division Highlight

Figure 1 Timeline of 2018 division highlights



Preparing for Disaster: Participation in Preparedness Exercises

Figure 2 IDPH staff and response teams setting up the mobile health care facility



Figure 3 The inside of the fully assembled mobile health care facility



In 2018, BETS, EHS and CADE participated in full-scale preparedness exercises including a regional Ebola exercise and an Iowa-specific exercise utilizing the department’s emergency response teams. The first full-scale exercise took place April 3 and 4, and was a collaborative exercise within the Health and Human Services Region VII. ADPER & EH staff, and local and regional partners tested communication and transportation

plans for patients with a highly infectious disease like Ebola. Along with testing Iowa specific capabilities, this exercise led into a Region VII multi-state transfer and transport exercise to the regional Ebola treatment facility at the University of Nebraska bio-containment unit. There was an opportunity for discussion related to contact tracing (identifying potential exposures), and clean up and removal of environmental factors.

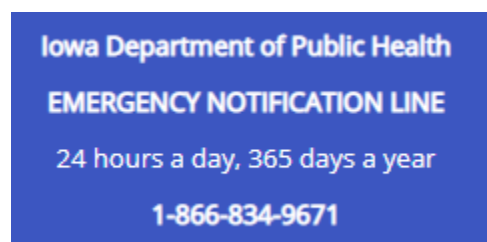
In June 2018, the IDPH Public Health Response Teams (PHRT), managed by the division, had the opportunity to exercise emergency procedures and work with numerous other state and local response teams. The EHRT celebrated success with the ability to secure IDPH smart phones for GPS capabilities and documenting environmental health services via photos and recordings. The exercise allowed the team to identify the need for protective cases, as well as the ability to download needed applications in the field on the phones.

The ability to conduct exercises such as these are extremely important because in Iowa, there are not frequent disasters that rise to the level of deploying all these assets. Opportunities to make sure our processes and procedures are appropriate are limited, so exercising is the primary way to learn and grow. For more information about the PHRTs, please visit the website at <https://idph.iowa.gov/BETS/preparedness/ph-response>.

Duty Officer

In addition to conducting exercises to ensure the department is prepared, the department emergency response process includes having a person on-call 24 hours a day. Department

Figure 4 Contact information for the IDPH emergency notification line 1-866-834-9671



partners, local public health agencies, hospitals, emergency medical services and emergency management coordinators know to call the duty officer phone number when in need of technical assistance with a potential public health emergency. Duty officers, in collaboration with the department director and other key department staff, determine when the Public Health Incident Management System (IMS) and Emergency Operations Plan (EOP) should be executed. In 2018, the

duty officer received numerous calls about a variety of potential threats to public health. A few examples include a boil water order that affected seven counties in Iowa after a water treatment plant experienced problems with a filtration system; the tornado aftermath in July, after 21 tornadoes wreaked havoc across the state; and an incident at the Iowa Law Enforcement Academy in which 90 cadets were sent to the hospital with potential carbon monoxide poisoning. Much of the time local partners handled response efforts, but department staff were prepared to provide technical assistance virtually and in some cases, with a boots-on-the-ground response. The Emergency Operations Plan was implemented in July of 2018 when 19 tornadoes swept through the state. Division staff collaborated with other state agencies and local partners to ensure the safety of Iowans.

The BRH has a specialized Radiation Emergency Response process that is responsible for all dose assessments and technical advice for radiological incidents or emergencies in Iowa. For more information about those response efforts, please see the Radiation Emergency Response webpage at <http://idph.iowa.gov/radiological-health/radiation-response>. No radiological incidents occurred in 2018; however, the bureau did two evaluated exercises for nuclear power plants. One exercise was with the Quad Cities Generating Station and the other was with Duane Arnold Energy Center.

Senate File (SF) 475 participation

During the 2018 Legislative session, the Department of Public Health, along with the Department of Education, was tasked to convene a health screening work group to study student health screening requirements for schools, and to make recommendations to reduce administrative

burdens on schools. Within ADPER & EH, staff from the Bureau of Environmental Health Services (childhood lead screening) and the Bureau of Immunization and Tuberculosis (immunization screening) met ahead of the work group to engage in a quality improvement planning process documenting screening program workflows, customers, knowledge gaps and timelines. Following that process, the full work group, comprised of partners from a variety of organizations including the Iowa School Nurse Association, Iowa Association of School Boards, Iowa Optometric Association, Iowa Academy of Family Physicians and others, met three times between September and November 2018. A list of recommendations to reduce administrative burdens for school nurses was provided in a full report to the legislature in December 2018. The full report can be found on the Iowa Legislature website at

<https://www.legis.iowa.gov/docs/publications/DF/1023099.pdf>.

IDPH staff have already begun working on the recommendations provided to the legislature, including creating and revising all educational materials for the health screening programs, creating and distributing template letters for use by school nurses when a child is not in compliance with a screening program, and revising and clarifying guidance for schools on the effort necessary to comply with Iowa Code. Before the start of the 2019-2020 school year, IDPH will have all recommendations which do not require legislative action completed.

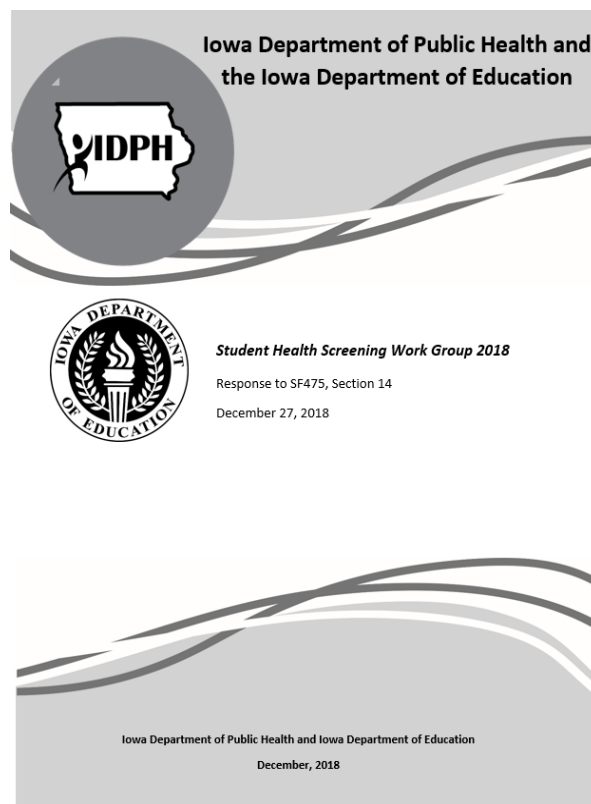
PHAB Accreditation Achieved

Figure 6 The Public Health Accreditation Board (PHAB) logo



The department received high marks in partnerships and collaboration, and quality improvement. Opportunities for improvement included working on tribal relationships and standardizing After Action Reports for public health emergencies. A benefit of working with PHAB is the concept of continuous improvement. ADPER & EH has been and will continue to look at the feedback from the site visitors, and improve documents and processes throughout 2019 and into the re-accreditation period, which will take place in 2023.

Figure 5 The front page of the SF475 work group health screening report



2019 Division Priorities

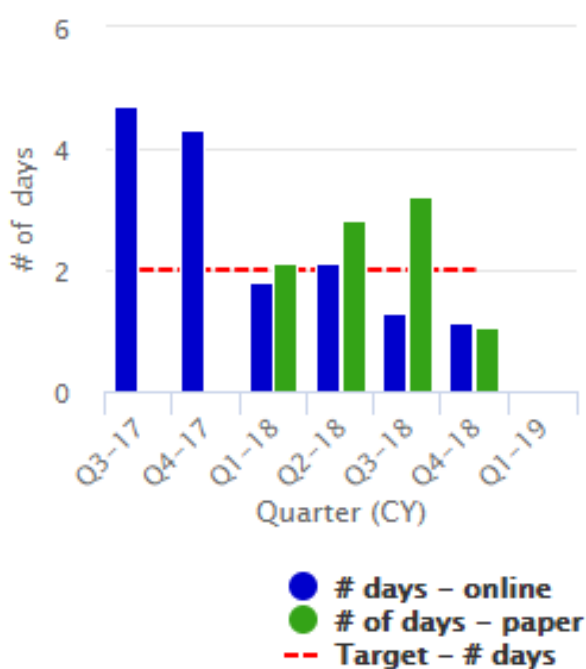
Licensing and Enforcement Trends

AMANDA, the division's online licensing system, is fully operational for all division licensing programs. Staff are working to implement and sustain processes and procedures to ensure customers receive excellent service and a quality product. While there will not be major investments into the actual software system in 2019, there will be an opportunity for programs to look at licensing data, including number of licensees utilizing the online system, and turnaround time to receive license, permit or certification.

The Radiological Health Bureau Permit to Practice program has established data parameters for percent of licensees utilizing the online portal and turnaround time for a license to be processed. This information allows regulatory programs to monitor trends and identify when improvements are needed. For the remainder of 2019, a priority is to have other regulatory programs in the division track this information in the department-wide performance scorecard process.

Enforcement trends and patterns are currently tracked at a program level; however, it is the hope that AMANDA will make that job easier in the future. See Appendix A, Table A2 for enforcement program information.

Figure 7 Average number of days it takes to renew a paper application versus an online application for the Permit to Practice Program



Why, How and What of ADPER & EH

This year is the fourth year ADPER & EH has written an annual report and it is time for reevaluation of the report, which will take place in two ways: 1) management team review and, 2) feedback from customers. The ADPER & EH management team meets annually for a one- to two-day retreat. In the past, division leadership has focused on learning more about performance management, accreditation, quality improvement, and has strategized how to tackle priorities. In 2019, the main focus will be identifying the mission, priorities and the “why” of ADPER & EH, which will help define what is shared with customers and stakeholders in the annual report.

ADPER & EH programs are the core of public health and division leadership would like to take the opportunity to define and share our priorities with department leadership, program staff and

customers. Connecting the ADPER & EH why, how and what will also be linked with the department strategic plan and priorities, to help tell the story of ADPER & EH.

2019 Bi-Annual Customer Satisfaction Survey

The second way to help reevaluate the annual report is through the ADPER & EH customer satisfaction survey. This will be the third time the survey has been conducted. Division leadership and program staff seek to use the information provided to make improvements in programs and communication.

Previously, the results showed trends in dissatisfaction with the BETS webpage that sparked a quality improvement adventure to make the webpage more user friendly and consistent across programs. CADE used the results from the division-wide customer satisfaction survey to focus on the epidemiological workforce in Iowa. In 2019, additional research and planning will be used to ensure Iowa is covered with skilled epi coverage.

Connection to Department Strategic Plan and Priorities

The department strategic plan focuses on three goals for 2017-2021: 1) Strengthen the department's role as Iowa's chief health strategist (CHS); 2) Strengthen the department's capability and capacity to improve population health through partnerships, communications, workforce development and quality improvement; 3) Implement a collaborative, department-wide approach to addressing Iowa's top health issues. To see the full strategic plan, visit <https://idph.iowa.gov/Portals/1/userfiles/7/IDPH%202017-2021%20Strategic%20Plan%20October%202017.pdf>. Many division highlights and priorities work towards the goals of the strategic plan.

The department has eight priorities established and ADPER & EH has a clear connection and focus on three of these: 1) control and mitigation of the spread of disease in Iowa; 2) prevention of unintentional injuries and violence among Iowans; and 3) improve IDPH's organizational performance. For more information about the department priorities, see <https://idph.iowa.gov/About/Department-Priorities>. The division priority for 2019 - to dive deeper into the division why, how and what - will also work to strengthen and build upon the current and future connections with the department strategic plan and priorities.

ADPER & EH Funding Sources and Expenditures

In state fiscal year 2018 (FY18), July 1, 2017, to June 30, 2018, the division received funds from federal grants, state general funds, fees and other sources totaling \$67,576,874 to carry out the mission of protecting and improving the health of Iowans (Table 2).

Table 2 Division funding sources

Funding Source:	Amount of Funds
Federal	\$ 56,576,909.00
State	\$ 4,344,762.00
Fees	\$ 3,279,314.00
Other	\$ 3,375,889.00
Total	\$ 67,576,874.00

Figure 8 Breakdown of division expenditures by bureau

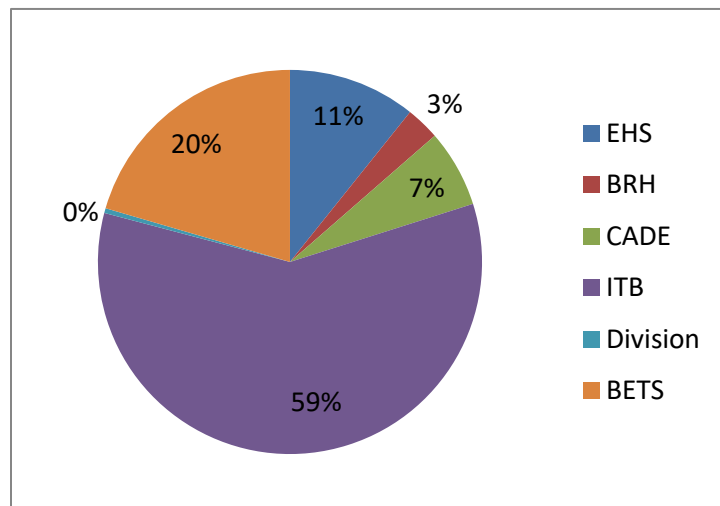
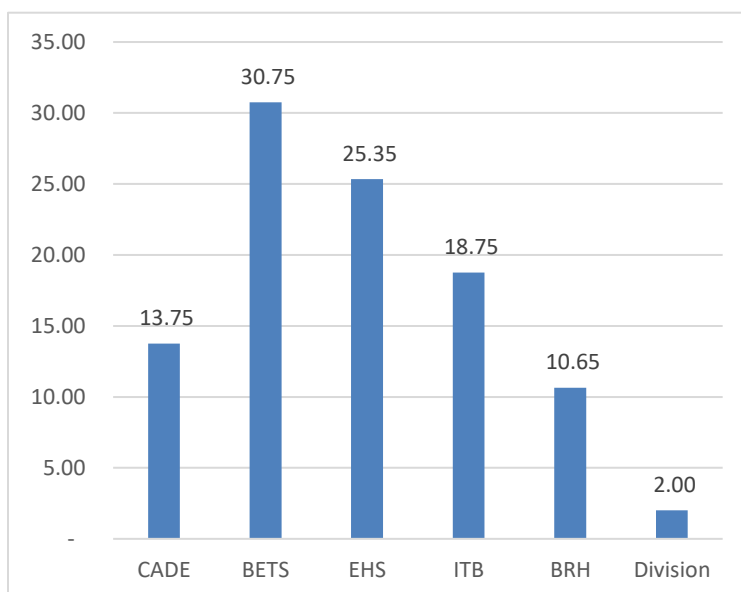


Chart 2 demonstrates the percentage of expenditures for the division by bureau. Overall, there were four main categories for fund expenditures within the division in FY18: personnel, contracts with local partners and other outside services, information management/software creation and maintenance (IDSS, IRIS, online licensing project), and program-related expenses (e.g., vaccines, in-state travel related to inspections/technical assistance, etc.). See table A3 in the appendix for more information on contracts.

Figure 9 Number of full time employees (FTEs) by bureau

Within the division, 101.25 full time employees (FTEs) were supported in FY18 to accomplish the department mission of protecting and improving the health of Iowans. Chart 3 shows the breakdown of the number of FTEs by bureau.



Conclusion

Acute Disease Prevention, Emergency Response & Environmental Health staff work to meet the mission of protecting and improving the health of Iowans. To do this, the division director, bureau chiefs, and program and support staff conduct everyday business duties; these include:

- provide support, technical assistance and consultation to 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;
- complete inspections and investigations;
- manage contracts; and
- conduct surveillance.

The division customer satisfaction survey and this annual report are a means for the division to demonstrate that along with everyday job responsibilities, staff are working to improve relationships with customers, improve processes, and improve communication with partners. If there are questions or comments about the annual report, please see the contact information listed below.

Table 3 ADPER & EH division directory

ADPER & EH Directory			
Ken Sharp	Division Director	515-281-5099	Ken.Sharp@idph.iowa.gov
Andrea Bentzinger	Division Project Manager	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
AMANDA Help Desk	855-824-4357		
	https://idph.iowa.gov/ADPEREH		

Appendix A – Division Tables

Table A1: Number of ADPER & EH Licensees in 2018

Bureau	Program	Total
EHS	Migrant Labor Camps	15
EHS	Backflow Prevention Assembly Tester	1,370
EHS	PMSB	12,970
EHS	Lead	4,226
EHS	Pools and Spas	1,315
EHS	Tattoo	1,136
EHS	Water Treatment Devices	334
BETS	EMS - Services	906
BETS	EMS - Providers	12,466
BETS	EMS - Training Facilities	18
BRH	Radiation Machines (x-ray)	2,243
BRH	Radiation Machine Service Providers	209
BRH	Industrial Radiographic Operations	143
BRH	Mammography	179
BRH	Medical Physicists	137
BRH	Permit to Practice	4,415
BRH	Radioactive Materials	341
BRH	Radon	352
BRH	Tanning	462
Total		43,237

Note: These numbers are reflective of any individual or firm that are in active status with an ADPER & EH license on December 31, 2018.

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/Environmental-Health-Services/Backflow-Prevention-Assembly-Tester-Registration/Discipline
Lead	https://idph.iowa.gov/lpp/discipline
PMSB	https://idph.iowa.gov/pmsb/discipline
Tattoo	https://idph.iowa.gov/tattoo/discipline

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

Table A3: Contracts in FY18 by Bureau

Bureau	Local Partner Contracts	Advertising Contracts	Information Technology Contracts	Vaccines	Total
CADE	\$2,431,984.03	\$0.00	\$129,029.67		\$2,561,013.70
BETS	\$6,998,071.83	\$8,000.00	\$71,297.51		\$7,077,369.34
EHS	\$2,073,334.86	\$15,654.00	\$156,105.00		\$2,245,093.86
ITB	\$1,488,464.84	\$0.00	\$544,873.91	\$35,598,819.00	\$37,632,157.75
BRH	\$175,607.00	\$0.00	\$726,957.00		\$902,564.00
Division Total	\$13,167,462.56	\$23,654.00	\$1,628,263.09	\$35,598,819.00	\$50,418,198.65
Percent of total division expenditures (\$67,576,874)	19.49%	0.04%	2.41%	52.68%	74.61%

Note: Dates run from July 1, 2017 to June 30, 2018