Iowa Local Governmental Public Health

A Report on the Results of Iowa's Local Public Health Systems Survey

Bureau of Public Health Performance
Revised July, 2021

Protecting and Improving the Health of Iowans

IDPH
IOWA Department of PUBLIC HEALTH

Acknowledgements

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List of Acronyms

CHNA&HIP	Community Health Needs Assessment and Health Improvement Plan
EH	Environmental Health
FTE	Full Time Equivalent
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IDPH	Iowa Department of Public Health
IRIS	Immunization Registry Information System
LBOH	Local Board of Health
MCH	Maternal and Child Health
PH	Public Health
PPE	Personal Protective Equipment
PHAB	Public Health Accreditation Board
QI	Quality Improvement
RFP	Request for Proposal
STI	Sexually Transmitted Infections
SFY	State Fiscal Year
WIC	Women, Infants, and Children

Introduction and Background

This report details the findings of the Iowa Department of Public Health's (IDPH) effort to collect baseline data about the local governmental public health system in Iowa. The Public Health Modernization Initiative and the Local Public Health Services program in the Bureau of Public Health Performance led this effort. The local governmental public health system includes local boards of health and the designated local public health agencies who provide services on behalf of each local board of health (as identified by each local board of health).

By conducting the survey, IDPH aimed to:

- Share information about the infrastructure of the local governmental public health system;
- Describe the local governmental public health workforce and the barriers they face;
- Describe the governance structure of the local governmental public health system;
- Describe the services provided by the local governmental public health system;
- Discover emerging issues being faced by the public health system as identified by local public health administrators;
- Describe, at a high level, how the local governmental public health system is funded; and
- Better understand the local governmental public health system's ability to meet the foundational capabilities that have been identified in Iowa as core to public health practice.

Methodology

IDPH staff developed the survey, and IDPH leadership approved the final version of the survey. A small group of public health administrators piloted completing the survey. The final version of the survey was distributed by email and was accompanied by a short video explaining the survey. The email was sent to the public health administrator of the designated local public health agency in each of Iowa's 99 counties. The survey tool Cognito was used as it allowed administrators to go in and out of the survey as needed. Survey responses were collected mid-August through early October 2020. Additional information missing from the survey responses was collected through correspondence with specific local public health administrators.

In addition to the data collected from local public health administrators, some IDPH programmatic data were included in the data collection process to provide a snapshot of the role of the local governmental public health system in service delivery. The data provided is not all inclusive of programming that takes place at the local level. The data were collected from IDPH program staff either via email or shared Google documents.

The Iowa Department of Public Health intends to continue to collect data that describe the local governmental public health system and the public health workforce annually. For the purposes of this report, all data, unless otherwise noted, are for the time period of July 1, 2019 - June 30, 2020 or State Fiscal Year 20 (SFY20).

Data Limitations

The following are the data limitations of the survey:

1. The survey required the input of the local public health administrator. Local boards of health or other public heath staff were not surveyed.

2. Approximately one-third of Iowa's local environmental health departments are included in the data. This is because the majority of environmental health departments are organized separately from the local public health agency.

3. Data about public health funding was sought at a high level but conclusions are difficult to draw as counties track and account for funds using different charts of accounts and funding systems.

4. Administrators were not asked to do a formal review of their ability to meet the foundational public health services but instead were asked to self-identify their department's ability to meet the requirements.

Public Health Infrastructure

For-the purposes of this survey, the department (IDPH) looked at the following components of the local governmental public health system infrastructure:

- Number of full-time equivalents (FTEs) to carry out the work of public health
- Budget data
- Local public health (PH) agencies organization
- Location of environmental health (EH) in the public health table of organization
- Agencies that provide home health services
- Accreditation status

FTE's Employed by Local Public Health Agencies

Administrators were asked to identify the total number of FTEs employed in their agency. Table 1 below provides information about FTE's as they relate to county population.

County Population	Average Number of FTEs	Range of FTEs
Rural Counties - Population <20,000 (n=64)	8.92	0.9 - 25.13
Micropolitan Counties - Population 20,000-49,999 (n=19)	14.95	1.2 – 41.9
Metropolitan Counties - Population >50,000 (n=11)	32.36	2.75 – 62.7

Budgets

Administrators were surveyed for high-level information about budgets. Budgets from one public health agency are difficult to compare to another public health agency because budgets vary based on staffing, services provided, governing entity, organizational structure, and other factors. Upon reviewing the results of the survey, IDPH staff worked with public health administrators to clarify the data. Due to the pandemic, staff were not able to verify every figure. The data contained below should be viewed with that limitation in mind. Range, mean and median are provided because of several outliers.

Table 2: Total Revenue State Fiscal Year (SFY) 20	
Statewide Statistics (n= 95)	**Amount of Revenue**
Range:	$24,255 - $6,589,627
Mean:	$913,102.70
Median	$445,855
Revenue Amount	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	15
$200,001- $400,000	26
$400,001 -$600,000	12
$600,001 -$800,000	12
$800,001 - $1,000,000	9
$1,000,001 - $3,000,000	15
>$3,000,001	5

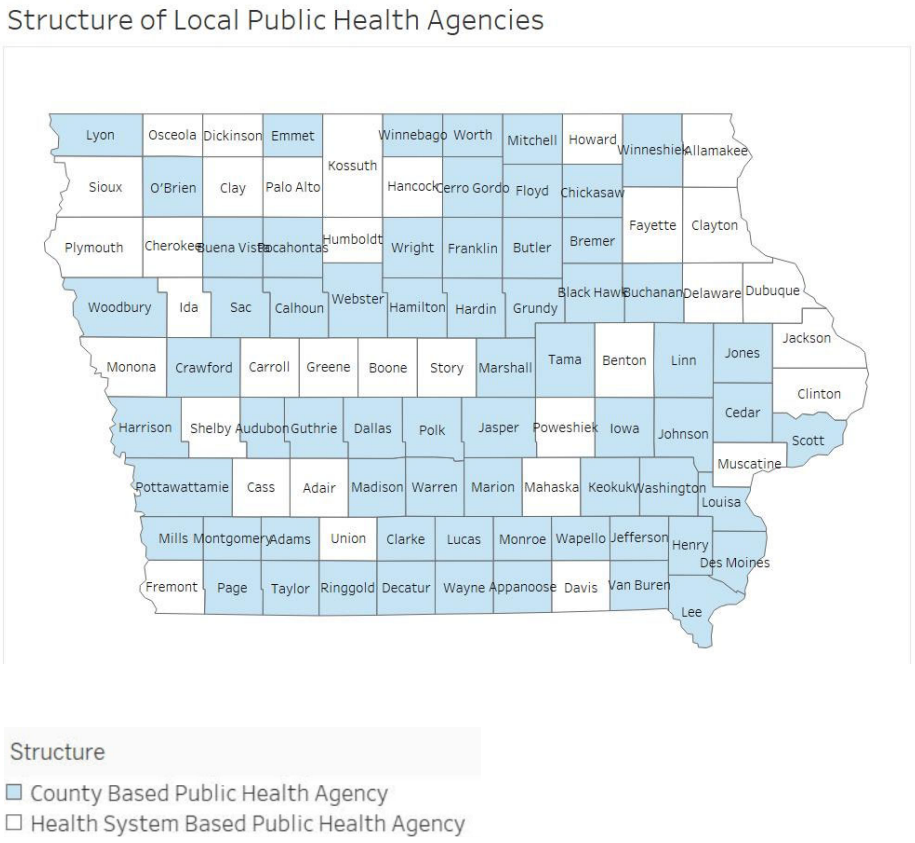
Table 3: Total Expenditures SFY 20	
Statewide Statistics (n= 96)	**Expenditure Amount**
Range:	$23,064 - $6,377,839
Mean:	$1,203,259.21
Median	$643,961
Expenditure Amount	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	6
$200,001- $400,000	16
$400,001 -$ 600,000	21
$600,001 - $800,000	6
$800,001 - $1,000,000	14
$1,000,001 - $3,000,000	22
>$3,000,001	10

Table 4: County Allocation of Tax Dollars	
Statewide Statistics (n=99)	**Amount**
Range:	$0 - $7,701,760
Mean:	$530,363.46
Median	$257,091
Allocation Amount	**# of Counties in Each Category**
<$50,000	6
$50,000- $200,000	37
$200,001- $400,000	26
$400,001 - $600,000	12
$600,001 - $800,000	7
$800,001 - $1,000,000	2
$1,000,001 - $3,000,000	6
>$3,000,001	3

In addition to the questions on revenue, expenditures, and county allocation, administrators were asked if their agency had a public health fund that allows them to accumulate fund balances from year to year and carry forward those balances to the next year. Of the 98 counties who answered the question, 14 report they have a public health fund that allows this.

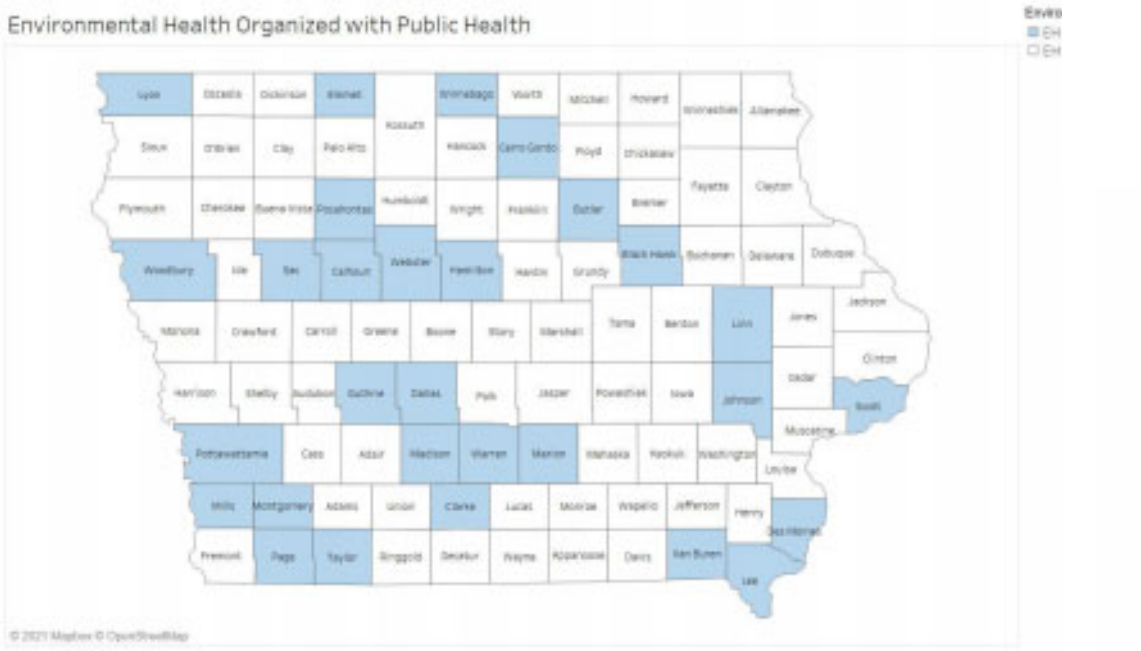
County-Based Public Health Agencies

The majority of Iowa's local public health agencies (65) are county-based. The map below shows which agencies are organized as part of county government. The remaining counties are health-system based, which means the local board of health in those counties enters into a contract with a health system for delivery of public health services.



Environmental Health Organized with Public Health

As shown on the map below, 29 of Iowa's local governmental public health agencies provide both public health and environmental health under the same organizational structure.



Home Health Delivery vs. Public Health Service Delivery

Table 5: Percentage of Local Public Health Work Spent on Home Care Nursing or Home Health Care Aide Services	
Number of counties (n=96)	**Percentage of agency/department work providing home care nursing and/or home health care aide services directly**
51	0-24%
9	25-49%
20	50-74%
16	75-100%

The provision of home health services has long been a part of public health service delivery in Iowa. Home health services are provided to individuals in the home, whereas public health activities and services are delivered to the entire community. The survey asked each administrator to estimate the percentage of their agency's time spent on home health services.

Accreditation Status

Five local public health agencies have received national accreditation from the Public Health Accreditation Board (PHAB). In order to achieve accreditation, agencies must show that they are able to meet national standards in twelve domains. The twelve domains include:

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and address health problems
5. Develop public health policies and plans
6. Enforce public health laws
7. Promote strategies to improve access to health care
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Maintain capacity to engage the public health governing entity

The local public health agencies who to date have achieved accredited status include: CG (Cerro Gordo) Public Health, Johnson County Public Health, Linn County Public Health, Scott County Health Department and Siouxland District Health Department.

Local Boards of Health

Iowa's local public health system is governed by local boards of health (LBOH). Iowa Code Chapter 137.104 states that local boards of health shall have the following powers and duties:

"A local board of health shall:

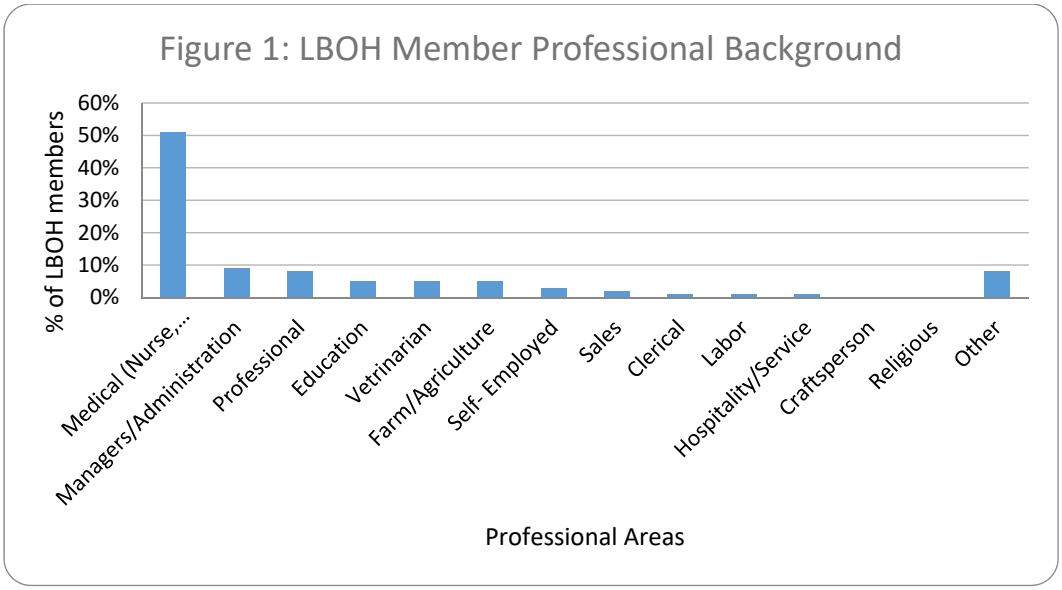
a) *Enforce state health laws and rules and lawful orders of the state department*
b) *Make and enforce such reasonable rules and regulations not inconsistent with the law and the rules of the state board as may be necessary for the protection and improvement of the public health….*
c) *Employ persons as necessary for the efficient discharge of its duties."*

Iowa has 99 local boards of health. The board of supervisors in each county appoints local board of health members who serve a three-year term. Members are volunteers who participate in regular board meetings and may serve their communities representing public health with partner organizations. Iowa Code requires all counties have at least five members on their local board of health; however, a county may choose to have additional members.

Board Member Qualifications

During the time period this survey represents (SFY20), Iowa Code Chapter 137 required one board of health member to be a physician. However, Iowa Code section 137.105 was amended and effective July 1, 2020, a physician, physician assistant, advanced registered nurse practitioner or advanced practice registered nurse may serve as the health officer on a local board of health. For the purposes of this report, IDPH identified the number of boards that met the requirement of Iowa Code section 137.105 prior to July 1, 2020. As of June 30, 2020, 97 counties had a physician member on the board of health.

Iowa Administrative Code 641--77.4(1) states that all members should have experience or education related to the core public health functions, essential public health services, public health, environmental health, personal health services, population-based services, or community based initiatives. Administrators provided information on the professional background of 503 local board of health members. Results are in Figure 1.



By far, the dominant professional background was in the medical field. The category was defined broadly so members may have backgrounds as nurses, physicians, pharmacists, dentists, etc. Administrators reported that 136 local board of health members are retired professionals serving on the LBOH.

Local Board of Health Membership and Service

Board of Health members agree to serve a three-year term. Board members may serve more than one term.

Table 6: Local Board of Health Membership (July 1, 2019- June 30, 2020)	
Membership of the Local Board of Health (n=99)	**Number**
Counties with a board of supervisor member as a voting member on the LBOH	57
LBOH members turnover (left the board)	49

Table 7: Local Board of Health Length of Service	
Length of service (n=97)	**Average number of years**
LBOH Chair	11.4
All LBOH Members	7.1

Workforce

This section of the report looks specifically at the local governmental public health workforce in Iowa.

Public Health Administrator

The role of the Public Health Administrator is an important one. Depending on the size and structure of the local public health agency, an administrator may serve several different roles. Examples of these roles include:

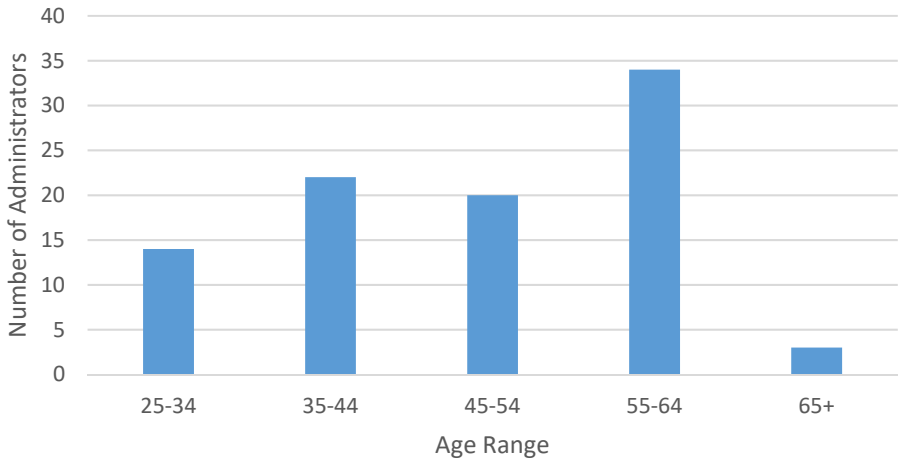
- Supervising agency services and administrative services;
- Enforcing federal, state and local public health regulations;
- Supervising/evaluating the work of staff;
- Developing an annual budget;
- Establishing and maintaining working relationships with other county officials and public health partners;
- Setting the strategic vision for public health;
- Providing recommendations to the local board of health.

Due to the importance of the role, demographic information was collected from the administrators who completed the local public health system survey.

There are 97 administrators serving Iowa's 99 counties. In southwest Iowa, one administrator serves Taylor and Adams counties. In eastern Iowa, one administrator serves Clinton and Jackson counties. Four administrators did not provide demographic information about themselves.

Survey results show local public health administrators are predominantly female. Eighty-four of the 93 administrators whom data were collected from identified as female. Administrators identified themselves as predominantly white, with fewer than five administrators identifying as another race or ethnicity.

Figure 2: Age of the Public Health Administrator



The Local Public Health Services program tracks the number of public health administrators that leave local public health agencies each year. For the SFY20, 16 public health administrators representing 17 counties left their role.

Public Health Positions

In the survey, administrators were asked to identify the number of FTEs for their agency based on pre-identified positions common to public health practice. Total FTEs for the system appear in Table 8.

The limitation of the data presented in Table 8 is that it only represents the local governmental public health system and does not represent environmental health departments that are organized separately from the local public health agency or public health partners who provide essential public health services.

Table 8: FTEs by Public Health Position

Public Health Position	Total # of FTEs	# of counties reporting this position
Home Health Aide (providing direct care)	175.82	63
Public Health Nurse	166.14	83
Clerical	156.63	88
Home Health Nurse (providing direct care)	135.91	53
Public Health Administrator	101.72	96
Environmental Health Specialist (non-managers)	64.07	29
Care Administrator/Coordinator (MCH)	43.87	34
Non STD Infectious Disease Investigator	42.93	37
Financial Specialist	41.85	38
Emergency Preparedness	30.06	48
Health Educator	29.15	25
Dental Hygienist	26.94	14
Social Worker	26.86	14
Environmental Health Administrator	26.12	27
Dietician	14.05	7
Behavioral Health	10.58	9
Chronic Disease Care Coordinator	10.2	8
Physician/Nurse Practitioner/Physician Assistant	4.99	7
Other * no further clarification was requested for this category	142.96	42

Administrators identified which positions were difficult to fill when there was a vacancy. Sixty-five counties identified at least one position was difficult to fill. Table 9 identifies the positions identified and the number of administrators that identified the position as difficult to fill.

Table 9: Positions Difficult to Fill	
Public Health Position	**# of counties reporting difficulty filling position**
Public Health Nurse	29
Home Health Aide	27
Home Health Nurse	20
Public Health Administrator	9
Emergency Preparedness	6
Clerical	5
Dental Hygienist	4
Dietician	4
Behavioral Health	2
Health Educator	2
Care Administrator/Coordinator MCH	1
Chronic Disease Coordinator	1
Environmental Health Specialist (non-manager	1
Financial Specialist	1
Other	10

Interns

Internships in public health provide valuable experience to students studying various public health careers like epidemiology, environmental health, or health education. Interns also provide public health with assistance to enhance public health delivery. Administrators were asked whether they hosted an intern in their department to help collect and analyze data, and/or develop and implement public health activities in SFY20. Twenty-seven counties indicated that they had hosted an intern.

Contract Staff

Administrators may choose to contract for personnel. Twenty-eight counties contracted for non-COVID related personnel. Twelve counties contracted for personnel to address COVID-specific activities.

Public Health Service Delivery

This section of the report provides information about some of the services provided by the local governmental public health system.

Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP)

Table 10: Local Public Health CHNA & HIP Frequency	
# of Counties (n=99)	**Frequency of CHNA & HIP**
56	Every five years
43	Every three years

The CHNA & HIP process systematically looks at health and what in the community impacts health. Through the process, public health priorities for a community are identified and implementation steps to address those priorities are established. Historically, IDPH has asked local public health agencies to complete the CHNA & HIP process at least every five years. Federal requirements for nonprofit hospitals to conduct a community health needs assessment every three years provide an opportunity for taking on the work in partnership. Sixty-seven administrators indicated that they coordinate the CHNA & HIP with a hospital.

The most recent version of CHNA & HIPs are available on the IDPH website.

Service Delivery

Table 11: Provision of Direct Services	
Service Areas	**# of counties who provide direct services**
Chronic Disease Prevention (n=96)	61
Injury Prevention, including falls (n=95)	51
Nutrition (n=95)	40
Case Management (n=94)	34
Diabetes (n=94)	28
Physical Activity (n=95)	28
Mental Health (n=94)	17

Public health service delivery looks different from county to county. Not all public health services are provided by the local governmental public health system. In order to describe the impact of the system, the survey data was coupled with data compiled from IDPH programs to provide a snapshot of the role of the local governmental public health system in service delivery. The data provided is not all inclusive of programming that takes place at the local level.

If an agency directly provides services, they secure the funding and staff to conduct the program. In the survey, administrators were asked to indicate which direct services their agency provides by selecting from a predetermined list as identified in Table 11.

Table 12 identifies the number of local public health agencies who IDPH contracts with directly to provide services in additional areas of public health practice. In some cases agencies subcontract with other local public health agencies to provide services within a service area. The table below is not inclusive of all program areas where IDPH contracts with local public health agencies.

Table 12: Public Health Program Areas that IDPH Contracts with Local Public Health Agencies to Provide

Public Health Program Area	Number of local public health agencies who contract with IDPH to provide services*	Total number of contractors
Child Health	12	23
Childhood Lead Poisoning and Prevention	19	19
Maternal Health	11	23
Oral Health (I-Smile)	12	23
Oral Health (I-Smile Silver)	3	3
Sexually Transmitted Infections (Investigations and Partner Services for HIV and other STIs)	4	0
Sexually Transmitted Infections (STI clinical services)	11	55
Tobacco Use Prevention and Control (Community Partnership Grants)	17	35
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	4	20

*The word contract includes contracts, MOAs, MOUs and other governmental agreements.

Each public health program is delivered to a certain number of individuals each year. Table 13 outlines the percent of a program's population served by local public health. For example, 1,355,766 doses of influenza vaccine were administered between August 1, 2019, and May 31, 2020.* Of those doses 67,354 or 4.97% were administered by a local public health agency.

Table 13: Percent of program population served by local public health agencies

Public health program provided by local public health	Percent of population served by local public health agencies
Flu vaccine	4.97% of all flu vaccine given
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	15.26% of all WIC participants
Oral Health (I-Smile)	57.3% of all kids served by I-Smile
Oral Health (I-Smile Silver)	100% of all individuals served by I-Smile Silver
Maternal Health	24.4% of all Maternal Health clients
Child Health	41.5% of all Child Health clients

*The information may be an underestimation of the total number of influenza vaccine doses. Reporting to IRIS is not mandatory for all healthcare providers so doses administered may not be reported to IRIS or may be listed as historical on a record if it was entered by another healthcare provider at a later date.

Foundational Public Health Services

In June 2019, the Public Health Advisory Council recommended a set of foundational public health services measures, identified as core to public health practice, which could be used to assess Iowa's local governmental public health system. The measures identified were included in the Local Public Health System Survey. The full descriptions of each measure are included in the survey tool found in Appendix A of this report.

In the survey, administrators were given a description of each measure and asked to self-assess whether the local public health agency could fully meet, partially meet, or would not be able to meet each measure.

More than 90 administrators identified their agency could fully meet one measure:

- Information provided to the LBOH about the important public health issues facing the community, the health department and/or recent actions of the health department

Ten or more administrators identified their agency could not meet the requirements of the following measures:

- Data analysis and public health conclusions drawn
- Community summaries or fact sheets of data to support public health improvement planning
- Implement a strategic plan
- Implement culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences
- Workforce development strategies
- Implemented performance management system
- Establish a quality improvement program
- Implement quality improvement activities

Emerging Issues and Barriers

This section of the survey asked administrators to identify emerging issues in public health practice as well as barriers to providing public health services. In February 2020, prior to COVID-19 the department sent an abbreviated survey to local public health administrators asking most of the questions in this section. The questions were repeated in September 2020, during the pandemic. The results of the February data were not published until they could be compared with data received in September. Administrator responses were analyzed for commonalities and assigned to larger themes. Themes that appeared most frequently appear in Tables 14 and 20.

Emerging Issues and Unmet Needs

Table 14: Top 5 Emerging Issues In Public Health Practice

Emerging Issue (Feb. 2020)	# of times issue was identified	Emerging Issue (Sept. 2020)	# of times issue was identified
Mental Health	40	COVID-19	60
Funding	16	Mental Health	25
Transportation	15	Funding	23
Substance Abuse	12	Public Health Workforce	16
Obesity	11	Transportation	14

For additional context on responses provided by administrators, see below for a sampling of individual administrator quotes for the top five emerging issues.

COVID-19

- "The ongoing COVID response and trying to keep up with other grants and program needs." (October 2020)
- "COVID-19 pandemic has strained our staff, resources, and fiscal stability." (October 2020)

Mental Health

- "Availability of local mental health services" (October 2020)
- "Mental health issues (specifically anxiety and depression" (October 2020)
- "Mental health issues, lack of services. We see a need for suicide prevention." (October 2020)

Funding

- "Funding for local public health response efforts during a public health pandemic" (October 2020)
- "Lack of funding for basic infrastructure." (October 2020)
- "Narrow focus of funding" (October 2020)

Transportation

- "In our county we have experienced increased issues with transportation for people with limited transportation and family even to in town appointments. It becomes especially difficult when they have appointments out of town." (October 2020)
- "Affordable transportation" (October 2020)

The Public Health Workforce

- "When you have a very small staff it is difficult to run 7 days a week." (October 2020)
- "During this time of COVID we have definitely felt that we need more staff who are trained in public health and disease follow up and management." (October 2020)
- "Hiring staff has become a challenge" (October 2020)

Substance Abuse

- "Mental health continues to rise to the top along with drug use" (February 2020)
- "Increasing meth use" (October 2020)

Obesity

- "Childhood obesity" (February 2020)
- "Limited healthy options – dine out, healthy foods more expensive, conflicting dietary messages between organizations/nutrition professionals (October 2020)

Cross-Jurisdictional Sharing

Nationally, a potential emerging issue in public health is cross-jurisdiction sharing. Questions from the survey related to cross-jurisdictional sharing are identified in tables 15 and 16. The questions were meant to assess the current status of sharing arrangements and potential interest in pursuing future sharing relationships.

Table 15 indicates that majority of local public health agencies are not sharing or minimally sharing the responsibility for the delivery of public health services, home health services, and staff. However, Table 16 shows that there is potential interest in sharing delivery of public health services, home health services and staff. About one-third of counties said that they would not interested at all in sharing home health services and staff.

Table 15: Current Status of Sharing	
To what extent do you share the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	34
Minimally	20
Somewhat	33
Significantly	9
Completely	1
To what extent do you share the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	60
Minimally	10
Somewhat	8
Significantly	8
Completely	11
To what extent do you share staff with another agency?	**# of administrators responding (n = 97)**
Not at all	75
Minimally	9
Somewhat	10
Significantly	2
Completely	1

Table 16: Future Interest in Sharing	
To what extent would you consider sharing the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	17
Minimally	18
Somewhat	43
Significantly	11
Completely	8
To what extent would you consider sharing the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	38
Minimally	15
Somewhat	20
Significantly	8
Completely	16
To what extent would you consider sharing staff with another agency?	**# of administrators responding (n = 97)**
Not at all	30
Minimally	22
Somewhat	29
Significantly	8
Completely	16

Health Equity

Health equity is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic, and other conditions in which all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

The focus on health equity in public health is not new. However, the emphasis on health equity has grown over the past several years as evidenced by the inclusion of health equity requirements in the Public Health Accreditation Board's National Standards and Measures and most recently in the refresh of the Ten Essential Services of Public Health.

Three broad questions as noted in tables 17, 18, and 19 were asked in the survey in order to begin to understand local public health's capacity related to health equity. An initial assessment of these questions took place in February 2020, those results are shared for the first time in this report. Due to the different number of respondents for each survey, there are limitations on the conclusions that can be drawn.

Table 17: Capacity to Address Social Determinants of Health		
My department/agency has the capacity (human resources, funding, training of staff) to address social determinants of health.	**# of administrators responding in Feb. 2020 (n= 74)**	**# of administrators responding in Sept. 2020 (n = 96)**
Very True	2	10
Somewhat True	40	58
Not True	29	25
I Don't Know	3	3

Table 18: Engagement with Other Agencies to Support Policies and Programs		
My department/agency has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity.	**# of administrators responding in Feb. 2020 (n= 74)**	**# of administrators responding in Sept. 2020 (n=97)**
Very True	21	34
Somewhat True	45	47
Not True	7	12
I Don't Know	1	4

Table 19: Health Equity in Program Planning and Implementation		
My department/agency considers health equity issues in program planning and implementation.	**# of administrators responding in Feb. 2020 (n= 74)**	**# of administrators responding in Sept. 2020 (n=97)**
Very True	30	50
Somewhat True	39	39
Not True	2	5
I Don't Know	3	3

Barriers

Table 20: Top 5 Barriers to Providing Services			
Barriers experienced in providing services (Feb. 2020)	**# of times issue was identified**	**Barriers experienced in providing services (Sept. 2020)**	**# of times issue was identified**
Funding	57	Funding	59
Public Health Workforce	32	Public Health Workforce	50
Time	12	COVID-19	19
Community Support/Collaboration	10	Time	13
Engaging vulnerable populations	8	Rural Status	13

For additional context on responses provided by administrators, see below sampling of individual administrator quotes for the top five barriers.

Funding
- "Funding. We need sustainable funding." (October 2020)
- "Continue to expect the same level of service with less funds." (October 2020)

Public Health Workforce
- "Sufficient time to complete tasks, our nursing staff 'wear a lot of hats'." (October 2020)
- "Getting the right workers for a price we can afford/appropriate compensations" (October 2020)
- "Limited capacity, more needs than current staff and funding can address." (October 2020)

COVID-19
- "COVID has made it difficult to provide many services." (October 2020)
- "Not enough time in the day to do other programs other than COVID" (October 2020)

Time
- "Too much to do in too little time." (October 2020)
- "Not enough staff and not enough hours in the day for work/life balance." (October 2020)

Rural Status
- "Due to the rural location of the communities within the county it makes it difficult to refer to services in outlying counties that are not offered here." (October 2020)
- "Distance to get to mental health or specialty clinics"(October 2020)
- Not enough providers to meet community needs – rural" (October 2020

Community Support/Collaboration

- "Community engagement/general community collaboration" (October 2020)
- "Conflicting feedback from partners" (October 2020)
- "Public cooperation/education and follow through" (October 2020)

Engaging Vulnerable Populations

- "Engaging with the disadvantaged in community health planning" (October 2020)
- "Language and cultural barriers"(October 2020)

Next Steps

This report looks at one segment of Iowa's public health system and provides high-level information about the local governmental public health system at a point in time. IDPH will use the results of this report to build and support public health infrastructure. IDPH will share the report broadly with elected officials and the public. IDPH intends to repeat the Public Health System Survey in the future to identify changes in the system over time.

Appendix A: Definitions

After Action Report
An After Action Report is a narrative report which captures observations of an exercise (for example: table top, functional exercise or full scale exercise) and makes recommendations for post-exercise improvements; this is supplemented by an Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Community Health Assessment
Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Community Health Improvement Plan
A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

This plan is used by health and other governmental education and human services agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Core Public Health Functions
The core public health functions are assessment, policy development, and assurance.

Essential Public Health Services
The ten essential public health services describe the public health activities that all communities should undertake.
(https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html, 12.13.20)

Foundational Public Health Services
The foundational public health services are defined as a "minimum package of services" that must be available in health departments everywhere for the health system to work anywhere. (Public Health National Center for Innovation *Foundational Public Health Services Planning Guide*, January 2019.)

Governing Entity (Local Board of Health)
A governing entity is the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government, or region, or district or reservation as established by state, territorial, tribal, constitution or statute. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Local Public Health Services
The Local Public Health services program provides funding to each local board of health on an annual basis and promotes and supports local boards of health, local public health administrators and the local governmental public health infrastructure. This program is seated in the Bureau of Public Health Performance at the Iowa Department of Public Health.

Performance Management
A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Public Health Accreditation Board (PHAB)
The Public Health Accreditation Board is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Public Health Advisory Council (PHAC)
The Public Health Advisory Council was established as part of Iowa Code Chapter 135A the Public Health Modernization Act to make recommendations to the Iowa Department of Public Health about the governmental public health system. The PHAC was disbanded on July 1, 2019.

Public Health Emergency Operations Plan
A public health emergency operations plan outlines core roles and responsibilities for all-hazard responses, as well as plans for scenario- specific events, such as hurricanes. A public health specific emergency operations plan outlines how to work with the community in an emergency for the community's sustained ability to withstand and recover from an emergency event. (Public Health Accreditation Board Standards and Measures: Version 1.5, December 2013)

Public Health Modernization
Public Health Modernization is an initiative led by the Iowa Department of Public Health focused on Iowa's governmental public health system. This program is seated in the Bureau of Public Health Performance at the Iowa Department of Public Health.

Quality Improvement
Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Social Determinants of Health
Social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (Public Health Accreditation Board *Acronyms and Glossary of Terms: Version 1.5*, December 2013)

Appendix B: Data Tables

Demographics

Q1. What county are you reporting for?	
Administrators selected the county they were reporting for from a drop down list of all Iowa counties.	
Q2. What is the title of the individual completing this survey?	
Administrators typed in their job title. This field was used to assure only one response per county.	
Q3. Please identify your race.	
Administrators answered for themselves. Exact numerical values are suppressed to protect the identities of survey respondents. Fewer than 5 respondents identified as a race other than white.	
Q4. Please identify your age.	
# of Administrators (n=93)	**Age Range**
14	25-34
22	35-44
20	45-54
34	55-64
3	65+
Q5. Please identify your gender.	
# of Administrators (n=93)	**Gender**
84	Female
9	Male
Q6. Which of the following statements best describe your agency's/department's personnel policies?	
Number of Counties (n=98)	**Personnel Policies**
22	LBOH adopts county wide personnel policies/handbook
47	LBOH adopts county wide personnel policies with additions
29	None of the above

Q7. How often does your agency/department conduct the CHNA&HIP process?	
# of Counties (n=99)	**Frequency of CHNA & HIP**
56	Every five years
43	Every three years
Q8. Do you coordinate the CHNA&HIP with a hospital?	
# of Counties (n=99)	**CHNA & HIP is coordinated with a hospital**
67	Yes
32	No

Workforce

Q9. What was the total number of FTEs in your agency/department at the conclusion of FY 20? (Please include permanent full time, permanent part time, and temporary staff.
1,210.95 FTEs

Q10. What number of FTEs (as reported in question 9) are allocated to each of the job categories below?		
Job Category	**Total # of FTEs**	**# of counties reporting**
Public Health Administrator	101.72	96
Environmental Health Administrator	26.12	27
Care Administrator/Coordinator (MCH)	43.87	34
Clerical	156.63	88
Behavioral Health	10.58	9
Chronic disease care coordinator	10.20	8
Dental Hygienist	26.94	14
Dietician	14.05	7
Emergency Preparedness	30.06	48
Environmental Health Specialist (non managers)	64.07	29
Financial Specialist	41.85	38
Health Educator	29.15	25
Home Health Aide (providing direct care)	175.82	63
Home Health Nurse (providing direct care)	135.91	53

Non STD infectious disease investigator who enters data into IDSS	42.93	37
Physician/Nurse Practitioner/Physician Assistant	4.99	7
Public Health Nurse	166.14	83
Social Worker	26.86	14
Other	142.96	42

Q11. What is the total number of employees in your agency/department at the conclusion of FY 20? (# of people including permanent full time, permanent part time, and temporary staff (e.g. whole numbers, no decimals)
1,421

Q12. Please identify which jobs you have had difficulties filling in your agency/department in the last year.	
Job Category	# of counties reporting difficulty
Public Health Administrator	9
Environmental Health Administrator	0
Care Administrator/Coordinator (MCH)	1
Clerical	5
Behavioral Health	2
Chronic disease care coordinator	1
Dental Hygienist	4
Dietician	4
Emergency Preparedness	6
Environmental Health Specialist (non managers)	1
Financial Specialist	1
Health Educator	2
Home Health Aide (providing direct care)	27

Home Health Nurse (providing direct care)	20
Non STD infectious disease investigator who enters data into IDSS	0
Physician/Nurse Practitioner/Physician Assistant	0
Public Health Nurse	29
Social Worker	0
Other	10

Q13. Did you use interns to help collect and analyze data, and/or develop and implement public health activities?

# of counties (n=95)	Used an intern
27	Yes
68	No

Q14. Did you contract for non-COVID personnel in FY20?

# of counties (n=96)	Contracted for non-COVID personnel
28	Yes
68	No

Q15. Did you contract for COVID related personnel in FY20?

# of counties (n=96)	Contracted for COVID personnel
12	Yes
84	No

Q16. How many years has each member been serving on the local board of health? If using partial years please use decimals. For example, six months of service would be recorded as 0.5.

BOH Member	Total Years of Service	# of members
Chair	1103.4	97

Member 2	947.03	97
Member 3	645.48	97
Member 4	486.31	97
Member 5	299.84	92
Member 6	27.17	9
Member 7	14.27	6
Member 8	9	1
Member 9	15	1

Q17. Please indicate the number of board of health members who represent the following occupations. Each board member should only be counted once.

Occupation	**# of Board Members**
Medical (Nurse, Physician, Pharmacy, Dentist, etc.)	259
Managers/Administration	45
Sales	9
Clerical	6
Labor	3
Farm/Agriculture	26
Hospitality/Service	5
Self- Employed	17
Craftsperson	0
Religious	2
Education	27

Veterinarian	23
Professional	39
Other	42

Q18. How many current local board of health members are retired?
136

Services

Q19. What percentage of your agency/department's work is providing home health care nursing and/or home health care aide services directly?		
# of counties (n=96)	**Percentage of agency/department work providing home care nursing and/or home health care aide services directly**	
51	0-24%	
9	25-49%	
20	50-74%	
16	75-100%	

Q20. Does your agency/department directly provide services in the following areas? (This is not an all inclusive list but will be incorporated with other data sources.)			
# of counties who provide direct services (Yes)	**# of counties who do not provide direct services (No)**	**# of counties who left the field blank**	**Service Areas**
61	35	3	Chronic Disease Prevention (n=96)
51	44	4	Injury Prevention, including falls (n=95)
40	55	4	Nutrition (n=95)
34	60	5	Case Management (n=94)
28	66	5	Diabetes (n=94)
28	67	4	Physical Activity (n=95)
17	77	5	Mental Health (n=94)

Q21. Please indicate which answer best reflects the agency/department's current practice.

A. To what extent do you share the delivery of public health services with another agency?

To what extent do you share the delivery of public health services with another agency?	# of administrators responding (n = 97)
Not at all	34
Minimally	20
Somewhat	33
Significantly	9
Completely	1

Q21. Please indicate which answer best reflects the agency/department's current practice.

B. To what extent do you share the delivery of home health services with another agency?

To what extent do you share the delivery of home health services with another agency?	# of administrators responding (n = 97)
Not at all	60
Minimally	10
Somewhat	8
Significantly	8
Completely	11

Q21. Please indicate which answer best reflects the agency/department's current practice.

C. To what extent do you share staff with another agency?

To what extent do you share staff with another agency?	# of administrators responding (n = 97)
Not at all	75
Minimally	9

Somewhat	10
Significantly	2
Completely	1

Q22. Please indicate which answer best reflects the agency/department's current practice.

A. To what extent would you consider sharing the delivery of public health services with another organization.

To what extent would you consider sharing the delivery of public health services with another agency?	**# of administrators responding (n = 97)**
Not at all	17
Minimally	18
Somewhat	43
Significantly	11
Completely	8

Q22. Please indicate which answer best reflects the agency/department's current practice.

B. To what extent would you consider sharing the delivery of home health services with another organization.

To what extent would you consider sharing the delivery of home health services with another agency?	**# of administrators responding (n = 97)**
Not at all	38
Minimally	15
Somewhat	20
Significantly	8
Completely	16

Q22. Please indicate which answer best reflects the agency/department's current practice. **C. To what extent would you consider sharing the staff with another organization.**	
To what extent would you consider sharing staff with another agency?	**# of administrators responding (n = 97)**
Not at all	30
Minimally	22
Somewhat	29
Significantly	8
Completely	16

Emerging Issues

Q23. What are the emerging issues and unmet needs you've experienced in your county over the past year?
Administrators were able to write in a short answer in a blank field. Responses were analyzed and a summary of the most frequent answers appear in the final report section Emerging Issues and Barriers.
Q24. What barriers do you experience in providing services to your community?
Administrators were able to write in a short answer in a blank field. Responses were analyzed and a summary of the most frequent answers appear in the final report section Emerging Issues and Barriers.

Q25. Do you have staff available during business hours to collect and transport patient samples associated with outbreaks and high priority issues?		
Time-frame (n=96)	**Have staff ability to collect and transport patient samples**	**Do not have staff availability to collect and transport patient samples**
During Business Hours	78	18

Q26. Do you have staff available after hours to collect and transport patient samples associated with outbreaks and high priority issues?		
Time-frame (n=96)	**Have staff ability to collect and transport patient samples**	**Do not have staff availability to collect and transport patient samples**
After Business Hours	65	31

Health Equity

Q27. My health department has the capacity (human resources, funding, training of staff) to address social determinants of health.		
	# of administrators responding in Feb. 2020 (n= 74)	# of administrators responding in Sept. 2020 (n = 96)
Very True	2	10
Somewhat True	40	58
Not True	29	25
I Don't Know	3	3

Q28. My health department/agency has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity.	
	# of administrators responding (n=97)
Very True	34
Somewhat True	47
Not True	12
I Don't Know	4

Q29. My health department/agency considers health equity issues in program planning and implementation.	
My department/agency considers health equity issues in program planning and implementation.	# of administrators responding (n=97)
Very True	50
Somewhat True	39
Not True	5
I Don't Know	3

Budget

Q30. What was your agency's/department's total revenue for FY20 (July 1, 2019 - June 30, 2020)?	
Statewide Statistics (n= 95)	**Amount of Revenue**
Range:	$24,255 - $6,589,627
Mean:	$913,102.70
Median	$445,855
Distribution	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	15
$200,001- $400,000	26
$400,001 -$600,000	12
$600,001 -$800,000	12
$800,001 - $1,000,000	9
$1,000,001 - $3,000,000	15
>$3,000,001	5
Q31. What were your agency's/department's total expenditures for FY20?	
Statewide Statistics (n= 96)	**Amount**
Range:	$23,064- $6,377,839
Mean:	$1,203,259.21
Median	$643,961
Distribution	**# of Counties in Each Category**
<$50,000	1
$50,000- $200,000	6
$200,001- $400,000	16
$400,001 -$ 600,000	21
$600,001 - $800,000	6
$800,001 - $1,000,000	14
$1,000,001 - $3,000,000	22
>$3,000,001	10

Q32. What were your agency's/department's county allocation for FY20?	
Statewide Statistics (n=99)	**Amount**
Range:	$0 - $7,701,760
Mean:	$530,363.46
Median	$257,091
Distribution	**# of Counties in Each Category**
<$50,000	6
$50,000- $200,000	37
$200,001- $400,000	26
$400,001 - $600,000	12
$600,001 - $800,000	7
$800,001 - $1,000,000	2
$1,000,001 - $3,000,000	6
>$3,000,001	3
Q33. Does your agency/department have a public health fund that allows the agency/department to accumulate fund balances from year to year and carry forward fund balances from year to year in your budget?	
# of counties (n=98)	**Have a public health fund that carries over year to year**
14	Yes
84	No

Foundational Public Health Services

Q34. Please self-score your agency's/department's ability to demonstrate each of these foundational public health services.				
Public Health Service (n=97)	**Fully Meet**	**Partially Meet**	**Not able to meet**	**Did not answer**
A Community Health Assessment that includes: ● Data from multiple sources ● Demographics of the population served ● Factors that contribute to health challenges ● A description of community assets and resources to address health issues ● Community input in the process	70	23	3	3
24/7 Surveillance System ● Processes and protocols in place to collect, review and analyze comprehensive surveillance data on multiple health conditions from multiple sources ● Processes and protocols to assure confidential data is maintained in a secure manner ● A system for the agency/department to receive data 24/7 ● The 24/7 system is tested	61	31	4	3
Data Analysis and Public Health Conclusions Drawn ● Able to analyze qualitative, quantitative, primary and secondary data ● Compares data to other agencies, the state, the nation, or other similar data over time. ● Shares data analysis ● Combines primary and secondary data	25	57	14	3
Community Summaries or Fact sheets of data to support public health improvement planning processes ● Provide summaries or fact sheets of community health data that condense public health data to public health system partners, community groups, and key stakeholders.	31	53	12	3
Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues ● Have established partnerships with other governmental agencies/ departments and/or key community stakeholders that play a role in investigations or have direct oversight.	71	25	0	3
Complete After Action Reports ● Have a protocol to describe the process used to determine when events rise to the significance for the development and review of an After Action Report ● Complete After Action Reports according to the protocol.	51	38	6	4

Efforts to specifically address factors that contribute to specific population's higher health risks and poorer health outcomes ● Identify and implement strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity ● Analyze factors that contribute to higher health risks and poorer health outcomes of specific populations ● Identify community factors that contribute to specific population's higher health risks and poorer health outcomes ● Have internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes	21	67	6	5
Communication procedures ● Have a communication plan/procedure that details: ▪ How information will be disseminated to different audiences ▪ How messaging will be coordinated with community partners ▪ A contact list of media and key stakeholders ▪ Responsibilities of the public information officer and any other staff interacting with the news media	55	38	2	4
Information available to the public ● An agency/department website that includes ▪ A 24/7 contact number for reporting emergencies ▪ Information about notifiable/reportable conditions ▪ Health data ▪ Links to public health laws ▪ Program information and materials ▪ Links to CDC and other public health related agencies ▪ Names of agency leadership ● Use at least two other mechanisms to make information available to the public (newspaper, radio, facebook, newsletter, etc.)	33	59	4	3
Community health improvement plan ● Links to the community health needs assessment ● Details priorities for action ● Includes strategies to be implemented and who is responsible for carrying those out	53	39	3	4
Health improvement plan implemented in partnership with others ● Have a process to track implementation of the strategies included in the community health improvement plan.	45	45	5	4
Monitor and revise as needed the community health improvement plan	42	46	8	3

● Do an annual report on progress made in implementing the strategies in the community health improvement plan. ● Revise the health improvement plan based on the findings of the annual report.				
Implement a strategic plan ● Have a strategic plan ● Develop reports documenting progress toward meeting the goals and objectives in the strategic plan	26	54	15	2
Testing and revision of the public health emergency operations plan ● Review and test the plan through the use of exercises and drills ● Develop After-Action Report after an exercise or drill ● Revise the public health emergency operations plan based on the findings of the After-Action Report	61	30	4	2
Access to legal counsel ● Have access to legal counsel review and advice.	80	14	1	2
Procedures and protocols for routine and emergency situations requiring enforcement and complaint follow-up ● Formally document actions taken as a result of investigations or follow up of complaints. ● Have standards for follow up. ● Communicate with regulated entities regarding a complaint or compliance plan.	68	26	2	1
Implement strategies to increase access to health care services ● Work collaboratively to assist the population in obtaining health care services.	51	39	4	3
Implement culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences ● Implement initiatives or collaborate with others to ensure access and barriers are addressed in a culturally competent manner.	36	50	10	1
Workforce development strategies ● Have a workforce development plan ● Have workforce development strategies that are implemented ● Conduct regular assessments of the workforce.	21	54	22	0
Performance management policy/system ● Adopt a performance management system that includes: ▪ Performance standards (goals, targets, outcomes) ▪ Communication of expectations regarding performance ▪ Performance measurement (including how data is collected)	30	59	8	0

▪ Progress reporting ▪ Analysis of data ▪ A process to identify opportunities for quality improvement based on analysis of data				
Implemented performance management system ● Have a team monitoring performance standards (goals, objectives) ● Implement a process for monitoring performance of goals and objectives ● Identify areas of need ● Identify next steps for goals and objectives	36	48	12	1
Establish a Quality Improvement (QI) Program ● Have a written quality improvement plan that includes: ▪ Key quality terms ▪ A description of the current culture of quality and the desired future state for QI ▪ A structure for QI (Who is responsible?) ▪ QI Training ▪ QI Goals ▪ Communication of QI Activities ▪ Process to assess the effectiveness of the QI Plan	35	51	11	0
Implement QI activities ● Implement the QI Plan ● Be able to describe the process and outcomes of QI work	38	46	12	1
Policies regarding confidentiality, including applicable HIPAA requirements ● Have written confidentiality policies and procedures ● Train staff on confidentiality policies	89	7	0	1
Financial and programmatic oversight of grants and contracts ● Complete regular agency- wide/department-wide financial audit reports ● Complete required program reports to funding organizations	86	11	0	0
Financial management system ● Have an approved health budget ● Conduct quarterly financial reports	84	11	0	2
Communicate with the Local Board of Health (LBOH) about the responsibilities of the department and the responsibilities of the LBOH ● Communicate with the LBOH about the responsibilities of the public health	87	10	0	0

agency/department as set forth in code, administrative rule, and local rules and regulations ● Communicate with the LBOH about their responsibilities as set forth in code, administrative rule, and local rules and regulations ● Have an orientation process for new LBOH members				
Information provided to the LBOH about important public health issues facing the community, the health department and/or recent actions of the health department ● Communicate with the LBOH about important public health issues and/or recent actions of the health agency/department.	92	4	0	1
Communicate with the governing entity about health department performance assessment and improvement ● Communicate with the LBOH on plans and processes for improving health agency/department performance ● Communicate with the LBOH on performance improvement efforts	79	17	1	0

*N= 97 The portion of the survey related to foundational public health services was answered by Taylor Co. for Adams Co. and by Clinton Co. for Jackson county due to the organization of public health in those four counties.

Local Public Health Survey Tool

INTRODUCTION Iowa Code Chapter 135A.3 states that the department shall have evaluation and quality improvement measures for the governmental public health system. In order to meet this requirement IDPH will begin regularly surveying local governmental public health departments and provide summary reports of the results. The summary report will incorporate data from this survey as well as data collected internally from department programs in order to more fully describe Iowa's local governmental public health system. Your answers to the survey are not confidential but IDPH will only publish findings at the state level or at the Local Public Health Services region level.

This survey should take approximately 45-60 minutes. A pdf of the survey instrument was emailed to you by your RCHC. It would be helpful for you to have information related to your budget and workforce close by while you complete the survey.

Please complete the following survey by September 18, 2020. If you have any questions about the survey please contact your RCHC or Joy Harris at joy.harris@idph.iowa.gov.

DEMOGRAPHICS These questions will collect demographic information needed in order to describe the governmental public health system.

1. What county are you reporting for?
2. What is the title of the individual completing this survey?
3. Please identify your race.
4. Please identify your age.
5. Please identify your gender.
6. Which of the following statements best describes your agency's/department's personnel policies?
    a. LBOH adopts county wide personnel policies/handbook
    b. LBOH adopts county wide personnel policies with additions
    c. None of the above

2. How often does your agency/department conduct the CHNA & HIP process?
    a. Every three years
    b. Every five years
    c. None of the above

3. Do you coordinate your CHNA & HIP with a hospital?
    a. Yes
    b. No

WORKFORCE These questions will collect information that will be used to describe the local governmental public health workforce and challenges they face.

9. What was the total number of FTEs in your agency/department at the conclusion of FY 20? Please include permanent full time, permanent part time, and temporary staff. *# of FTEs (e.g. 1.5, 7)*

10. What # of FTE's (as reported in question 9) are allocated to each of the job categories below?

Position	**Number of FTE's** *(e.g. 1.5, 7)*
PH Administrator	
EH Administrator	
Care Administrator/Coordinator (MCH)	
Clerical	
Behavioral Health	
Chronic disease care coordinator	
Dental Hygienist	
Dietician	
Emergency Preparedness	
Environmental Health Specialist (non-managers)	
Financial Specialist	
Health Educator	
Home Health Aide (providing direct care)	
Home Health Nurse (providing direct care)	
Non STD infectious disease investigator who enter data into IDSS	
Physician/Nurse Practitioner/Physician Assistant	
Public Health Nurse	
Social Worker	
Other	

11. What is the total number of employees in your agency/department at the conclusion of FY 20? *# of people including permanent full time, permanent part time, and temporary staff (e.g., whole numbers, no decimals)*

12. Please identify which jobs you have had difficulties filling in your agency/department in the last year?

Position	
PH Administrator	
EH Administrator	
Care Administrator/Coordinator (MCH)	
Clerical	
Behavioral Health	
Chronic disease care coordinator	
Dental Hygienist	
Dietician	
Emergency Preparedness	
Environmental Health Specialist (non-managers)	
Financial Specialist	
Health Educator	
Home Health Aide (providing direct care)	
Home Health Nurse (providing direct care)	
Non STD infectious disease investigator who enter data into IDSS	
Physician/Nurse Practitioner/Physician Assistant	
Public Health Nurse	
Social Worker	
Other	

13. Do you use interns to help collect and analyze data, and/or develop and implement public health activities?
    a. Yes
    b. No

14. Did you contract for non-covid related personnel in FY 20?
    a. Yes
    b. No

15. Did you contract for covid related personnel in FY 20?
    a. Yes
    b. No

GOVERNANCE These questions will collect information that will be used to describe the structure of the local governmental public health system.

16. How many years has each member been serving on the local board of health? *If you are using partial years, please use decimals. For example, six months of service would be recorded as .5*

Member	**Years of Service**
Chair	
Member 2	
Member 3	
Member 4	
Member 5	
Member 6	
Member 7	
Member 8	
Member 9	

17. Please indicate the number of board of health members who represent the following occupations. Each board of health member should only be counted once.

Profession	Number of Board members
Medical (Nurse, Physician, Pharmacy, Dentist, etc.)	
Managers/Administration	
Sales	
Clerical	
Labor	
Farm/Agriculture	
Hospitality/ Service	
Self-employed	
Craftsperson	
Religious	
Education	
Veterinarian	
Professional	
Other	

18. How many current local board of health members are retired?

SERVICES These questions will collect information that will be used to describe services provided by the local governmental public health system.

19. What percentage of your agency's/department's work is providing home health care nursing and/or home health care aide services directly?
    1. 0-24%
    2. 25-49%
    3. 50-74%
    4. 75-100%

20. Does your agency/department directly provide services in the following areas? (This is not an all inclusive list but will be incorporated with other data sources).

Mental Health Services	Yes	No
Physical Activity	Yes	No
Diabetes	Yes	No
Chronic Disease Prevention	Yes	No
Injury Prevention (including falls)	Yes	No
Nutrition	Yes	No
Case Management	Yes	No

21. Please indicate which answer best reflects the agency/department's current practice.

	Not at all	Minimally	Somewhat	Significantly	Completely
To what extent do you share the delivery of public health services with another agency?					
To what extent do you share the delivery of home health services with another agency?					
To what extent do you share staff with another agency?					

22. Please indicate which answer best reflects what you may be willing to consider sharing in the future.

	Not at all	Minimally	Somewhat	Significantly	Completely
To what extent would you consider sharing the delivery of public health services with another organization.					
To what extent would you consider sharing the delivery of home health services with another organization.					
To what extent would you consider sharing staff with another organization.					

EMERGING ISSUES These questions will collect information that will be used to describe emerging public health issues the governmental local public health system is facing.

23. What are the emerging issues/unmet needs in your county you can identify from/you have experienced the past year?

24. What barriers do you experience in providing services to your community?

25. Do you have staff available during business hours to collect and transport patient samples associated with outbreaks and high priority issues?

a. Yes
b. No

24. Do you have staff after hours to collect and transport patient samples associated with outbreaks and high priority areas?

a. Yes
b. No

HEALTH EQUITY These questions will collect broad information that will be used to describe how the local governmental public health system is incorporating concepts of health equity into practice.

Please indicate which answer best reflects the agency/department's current practice.

27. My health department has the capacity (human resources, funding, training of staff) to address social determinants of health.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

28. My health department/agency has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

29. My health department/agency considers health equity issues in program planning and implementation.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

BUDGET These questions will collect information that will be used to describe at a high level how the local governmental public health system is funded.

30. What was your agency's/department's total revenue for FY 20 (July 1, 2019 - June 30, 2020)?

31. What were your agency's/department's total expenditures for FY 20?

32. What was your agency's/department's county allocation for FY 20?

33. Does your agency/department have a public health fund that allows the agency/department to accumulate fund balances from year to year and carry forward fund balances from year to year in your budget?
    a. Yes
    b. No

FOUNDATIONAL PUBLIC HEALTH SERVICES These questions will collect information that will be used to describe the local governmental public health system's ability to meet the foundational capabilities that have been identified as core to public health practice.

31. Please self-score your agency's/department's ability to demonstrate each of these Foundational Public Health Services.

Public Health Service	**Fully Meet**	**Partially Meet**	**Not able to meet**
A Community Health Assessment that includes: ● Data from multiple sources ● Demographics of the population served ● Factors that contribute to health challenges ● A description of community assets and resources to address health issues ● Community input in the process			
24/7 Surveillance System ● Processes and protocols in place to collect, review and analyze comprehensive surveillance data on multiple health conditions from multiple sources ● Processes and protocols to assure confidential data is maintained in a secure manner ● A system for the agency/department to receive data 24/7 ● The 24/7 system is tested			
Data Analysis and Public Health Conclusions Drawn ● Able to analyze qualitative, quantitative, primary and secondary data ● Compares data to other agencies, the state, the nation, or other similar data over time. ● Shares data analysis ● Combines primary and secondary data			
Community Summaries or Fact sheets of data to support public health improvement planning processes ● Provide summaries or fact sheets of community health data that condense public health data to public health system partners, community groups, and key stakeholders.			
Collaborative work through established governmental and community partnerships on investigations of reportable			

diseases, disease outbreaks, and environmental public health issues ● Have established partnerships with other governmental agencies/ departments and/or key community stakeholders that play a role in investigations or have direct oversight.			
Complete After Action Reports ● Have a protocol to describe the process used to determine when events rise to the significance for the development and review of an After Action Report ● Complete After Action Reports according to the protocol.			
Efforts to specifically address factors that contribute to specific population's higher health risks and poorer health outcomes ● Identify and implement strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity ● Analyze factors that contribute to higher health risks and poorer health outcomes of specific populations ● Identify community factors that contribute to specific population's higher health risks and poorer health outcomes ● Have internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes			
Communication procedures ● Have a communication plan/procedure that details: ▪ How information will be disseminated to different audiences ▪ How messaging will be coordinated with community partners ▪ A contact list of media and key stakeholders ▪ Responsibilities of the public information officer and any other staff interacting with the news media			
Information available to the public ● An agency/department website that includes ▪ A 24/7 contact number for reporting emergencies			

▪ Information about notifiable/reportable conditions ▪ Health data ▪ Links to public health laws ▪ Program information and materials ▪ Links to CDC and other public health related agencies ▪ Names of agency leadership ● Use at least two other mechanisms to make information available to the public (newspaper, radio, facebook, newsletter, etc.)			
Community health improvement plan ● Links to the community health needs assessment ● Details priorities for action ● Includes strategies to be implemented and who is responsible for carrying those out			
Health improvement plan implemented in partnership with others ● Have a process to track implementation of the strategies included in the community health improvement plan.			
Monitor and revise as needed the community health improvement plan ● Do an annual report on progress made in implementing the strategies in the community health improvement plan. ● Revise the health improvement plan based on the findings of the annual report.			
Implement a strategic plan ● Have a strategic plan ● Develop reports documenting progress toward meeting the goals and objectives in the strategic plan			
Testing and revision of the public health emergency operations plan ● Review and test the plan through the use of exercises and drills ● Develop After-Action Report after an exercise or drill ● Revise the public health emergency operations plan based on the findings of the After-Action Report			

Access to legal counsel ● Have access to legal counsel review and advice.			
Procedures and protocols for routine and emergency situations requiring enforcement and complaint follow-up ● Formally document actions taken as a result of investigations or follow up of complaints. ● Have standards for follow up. ● Communicate with regulated entities regarding a complaint or compliance plan.			
Implement strategies to increase access to health care services ● Work collaboratively to assist the population in obtaining health care services.			
Implement culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences ● Implement initiatives or collaborate with others to ensure access and barriers are addressed in a culturally competent manner.			
Workforce development strategies ● Have a workforce development plan ● Have workforce development strategies that are implemented ● Conduct regular assessments of the workforce.			
Performance management policy/system ● Adopt a performance management system that includes: ▪ Performance standards (goals, targets, outcomes) ▪ Communication of expectations regarding performance ▪ Performance measurement (including how data is collected) ▪ Progress reporting ▪ Analysis of data ▪ A process to identify opportunities for quality improvement based on analysis of data			
Implemented performance management system ● Have a team monitoring performance standards (goals, objectives)			

● Implement a process for monitoring performance of goals and objectives ● Identify areas of need ● Identify next steps for goals and objectives			
Establish a Quality Improvement (QI) Program ● Have a written quality improvement plan that includes: ▪ Key quality terms ▪ A description of the current culture of quality and the desired future state for QI ▪ A structure for QI (Who is responsible?) ▪ QI Training ▪ QI Goals ▪ Communication of QI Activities ▪ Process to assess the effectiveness of the QI Plan			
Implement QI activities ● Implement the QI Plan ● Be able to describe the process and outcomes of QI work			
Policies regarding confidentiality, including applicable HIPAA requirements ● Have written confidentiality policies and procedures ● Train staff on confidentiality policies			
Financial and programmatic oversight of grants and contracts ● Complete regular agency- wide/department-wide financial audit reports ● Complete required program reports to funding organizations			
Financial management system ● Have an approved health budget ● Conduct quarterly financial reports			
Communicate with the Local Board of Health (LBOH) about the responsibilities of the department and the responsibilities of the LBOH ● Communicate with the LBOH about the responsibilities of the public health agency/department as set forth in code,			

administrative rule, and local rules and regulations ● Communicate with the LBOH about their responsibilities as set forth in code, administrative rule, and local rules and regulations ● Have an orientation process for new LBOH members			
Information provided to the LBOH about important public health issues facing the community, the health department and/or recent actions of the health department ● Communicate with the LBOH about important public health issues and/or recent actions of the health agency/department.			
Communicate with the governing entity about health department performance assessment and improvement ● Communicate with the LBOH on plans and processes for improving health agency/department performance ● Communicate with the LBOH on performance improvement efforts			