
# Iowa Local Governmental Public Health

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

**Bureau of Public Health Performance**
**February 2022**

**Protecting and Improving the Health of Iowans**

IDPH
IOWA Department of PUBLIC HEALTH

# Acknowledgements

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Gov. Kim Reynolds
Lt. Gov. Adam Gregg
IDPH Interim Director Kelly Garcia

Report Contact Information:
Joy Harris, Public Health Modernization/Accreditation Coordinator
joy.harris@idph.iowa.gov
515-452-2212

Marisa Roseberry
Bureau Chief, Bureau of Public Health Performance
Marisa.roseberry@idph.iowa.gov
515-322-1925

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# List of Acronyms

| | |
|---|---|
| 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) collection of data about the local public health system through the second annual Local Public Health System Survey. Iowa's 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).

This report begins to look at the system over time where the department was able to compare 2021 data with 2020 data that information has been included.

In addition, 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;
- Share information about local boards of health;
- Describe 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 evaluated the 2020 survey, identified which questions needed clarification, and if questions needed to be added to best meet the department's aims. The final version of the survey was distributed by email 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 in August 2021. Additional information was clarified 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.

IDPH 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, 2020 – June 30, 2021 or State Fiscal Year 21 (SFY21).

## Data Limitations

The following are data limitations of the survey:

1. The survey required the input of the local public health administrator. Local boards of health or other public health 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 agency's ability to meet the requirements.

# Public Health Infrastructure

In order to deliver public health services a strong public health organizational infrastructure must be in place. Organizational infrastructure includes things like: a public health workforce, resources, planning capabilities, and partnerships. For the purposes of this survey, the department 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
- Partnerships
- Accreditation status

## FTE's Employed by Local Public Health Agencies

Administrators were asked to identify the total number of FTEs (including permanent full time, permanent part time, and temporary staff) employed in their agency. Data shows that the size of the local public health workforce across the state at the time of the survey had grown by 65.47 FTEs since State Fiscal Year 20 (SFY20).

Table 1 shows that at the same time the total number of employees decreased.

| Table 1: Total FTEs and total employees | | |
|---|---|---|
| Reporting Period | # of FTEs | # of Employees |
| SFY20 | 1,210.95 | 1,421 |
| SFY21 | 1,276.42 | 1,402 |

Table 2 provides information about FTEs as they relate to county population. Appendix D is a map of Iowa counties shaded by the population category used for the purposes of this report.

| Table 2: Total number of FTEs employed in local public health agencies | | | | |
|---|---|---|---|---|
| County Population | Average # of FTEs (SFY20) | Range of FTEs (SFY20) | Average # of FTEs (SFY21) | Range of FTEs (SFY21) |
| Rural Counties – Population < 20,000 (n=64) | 8.92 | 0.9 - 25.13 | 9.11 | 1 - 24.25 |
| Micropolitan Counties – Population 20,000 – 49,999 (n=19) | 14.95 | 1.2 - 41.9 | 14.73 | 1 - 43.5 |
| Metropolitan Counties – Population > 50,000 (n=11) | 32.36 | 2.75 - 62.7 | 37.59 | 3.5 – 98 |

Information about the number of FTEs based on the organization of the agency (county or health system based) is in Table 3.

| Table 3: Total number of FTEs employed in local public health agencies by organization type | | | |
|---|---|---|---|
| Organization Type | Total # of FTEs (SFY21) | Average # of FTEs (SFY21) | Range of FTEs (SFY21) |
| Health-System Based (n= 33) | 248.52 | 7.53 | 1- 26.6 |
| County-Based (n =64) | 1027.90 | 16.06 | 1- 98.0 |

In SFY21, the six public health agencies serving the counties with the most population employed 29% of the FTEs reported in the survey. The 47 counties with a population of 15,000 or less (46 reporting) employed 30% of the FTEs reported.

In SFY20, the six public health agencies serving the counties with the most population employed 25% of the FTEs reported in the survey. The 47 counties with a population of 15,000 or less (44 reporting) employed 30% of the FTEs reported.

## 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. Data should be viewed with that limitation in mind. Range, mean and median are provided because of several outliers.

| Table 4: Total revenue without county tax allocation for SFY21 | | | | |
|---|---|---|---|---|
| Statewide Statistics | Amount | | | |
| Range (n=96): | $77,949 - $4,137,682 | | | |
| Mean: | $859,391.29 | | | |
| Median: | $531,862,50 | | | |
| Revenue Amount | # of Rural counties in category | # of Micropolitan counties in category | # of Metropolitan counties in category | Total number of counties |
| No amount given | 3 | 0 | 0 | 3 |
| <$50,000 | 0 | 0 | 0 | 0 |
| $50,000-$200,000 | 12 | 3 | 0 | 15 |
| $200,001-$400,000 | 17 | 3 | 1 | 21 |
| $400,001-$600,000 | 13 | 2 | 2 | 17 |
| $600,001 - $800,000 | 11 | 3 | 1 | 15 |
| $800,001-$1,000,000 | 4 | 1 | 0 | 5 |
| $1,000,001 - $3,000,000 | 8 | 5 | 3 | 16 |
| >$3,000,000 | 1 | 3 | 4 | 8 |

| Table 5: Total expenditures for SFY21 | | | | |
|---|---|---|---|---|
| Statewide Statistics | Amount | | | |
| Range: (n=96) | $ 118,424 - $6,798,567 | | | |
| Mean: | $1,256,616.16 | | | |
| Median: | $786,538 | | | |
| Expenditures Amount | # of Rural counties in category | # of Micropolitan counties in category | # of Metropolitan counties in category | Total number of counties |
| No amount given | 3 | 0 | 0 | 3 |
| <$50,000 | 0 | 0 | 0 | 0 |
| $50,000-$200,000 | 4 | 1 | 0 | 5 |
| $200,001-$400,000 | 12 | 3 | 1 | 16 |
| $400,001-$600,000 | 17 | 1 | 0 | 18 |
| $600,001 - $800,000 | 7 | 3 | 0 | 10 |
| $800,001-$1,000,000 | 6 | 4 | 0 | 10 |
| $1,000,001 - $3,000,000 | 18 | 5 | 2 | 25 |
| >$3,000,000 | 1 | 3 | 7 | 11 |

| Table 6: Revenue the agency received from the county board of supervisors to support agency services in SFY21 | | | | |
|---|---|---|---|---|
| Statewide Statistics | Amount | | | |
| Range: (n=97) | $0 - $4,195,766.59 | | | |
| Mean: | $430,552.28 | | | |
| Median: | $186,687 | | | |
| Allocation from county board of supervisors | # of Rural counties in category | # of Micropolitan counties in category | # of Metropolitan counties in category | Total number of counties |
| No amount given | 2 | 0 | 0 | 2 |
| <$50,000 | 5 | 0 | 0 | 5 |
| $50,000-$200,000 | 36 | 11 | 1 | 48 |
| $200,001-$400,000 | 13 | 4 | 0 | 17 |
| $400,001-$600,000 | 12 | 1 | 2 | 15 |
| $600,001 - $800,000 | 0 | 3 | 0 | 3 |
| $800,001-$1,000,000 | 0 | 0 | 0 | 0 |
| $1,000,001 - $3,000,000 | 0 | 1 | 6 | 7 |
| >$3,000,000 | 0 | 0 | 2 | 2 |

For the purposes of this report budgets were also broken down by the organization of the agency.

| Table 7: Total revenue without county tax allocation for SFY21 | | | |
|---|---|---|---|
| Revenue Amount | # of county-based departments (n=66) | # of health-system based departments (n=33) | Total number of counties |
| No amount given | 1 | 2 | 3 |
| <$50,000 | 0 | 0 | 0 |
| $50,000-$200,000 | 8 | 7 | 15 |
| $200,001-$400,000 | 12 | 9 | 21 |
| $400,001-$600,000 | 12 | 5 | 17 |
| $600,001 - $800,000 | 14 | 1 | 15 |
| $800,001- $1,000,000 | 4 | 1 | 5 |
| $1,000,001 - $3,000,000 | 8 | 7 | 15 |
| >$3,000,000 | 7 | 1 | 8 |

| Table 8: Total expenditures for SFY21 | | | |
|---|---|---|---|
| Expenditure Amount | # of county-based departments (n=66) | # of health-system based departments (n=33) | Total number of counties |
| No amount given | 1 | 2 | 3 |
| <$50,000 | 0 | 0 | 0 |
| $50,000-$200,000 | 2 | 3 | 5 |
| $200,001-$400,000 | 7 | 9 | 16 |
| $400,001-$600,000 | 11 | 7 | 18 |
| $600,001 - $800,000 | 8 | 2 | 10 |
| $800,001- $1,000,000 | 7 | 4 | 11 |
| $1,000,001 - $3,000,000 | 20 | 5 | 25 |
| >$3,000,000 | 10 | 1 | 11 |

| Table 9: Revenue the agency received from the county board of supervisors to support agency services in SFY21 | | | |
|---|---|---|---|
| Allocation from county board of supervisors | # of county-based departments (n=66) | # of health-system based departments (n=33) | Total number of counties |
| No amount given | 1 | 1 | 2 |
| <$50,000 | 2 | 3 | 5 |
| $50,000-$200,000 | 22 | 26 | 48 |
| $200,001-$400,000 | 14 | 3 | 17 |
| $400,001-$600,000 | 15 | 0 | 15 |
| $600,001 - $800,000 | 3 | 0 | 3 |
| $800,001- $1,000,000 | 0 | 0 | 0 |
| $1,000,001 - $3,000,000 | 7 | 0 | 7 |
| >$3,000,000 | 2 | 0 | 2 |

In total administrators reported $82,501,564.03 of revenue, not including the allocation from the county. Total expenditure from all counties reporting was $120,635,151.36. Administrators reported a total of $41,763,571.18 of county dollars provided by local boards of supervisors.

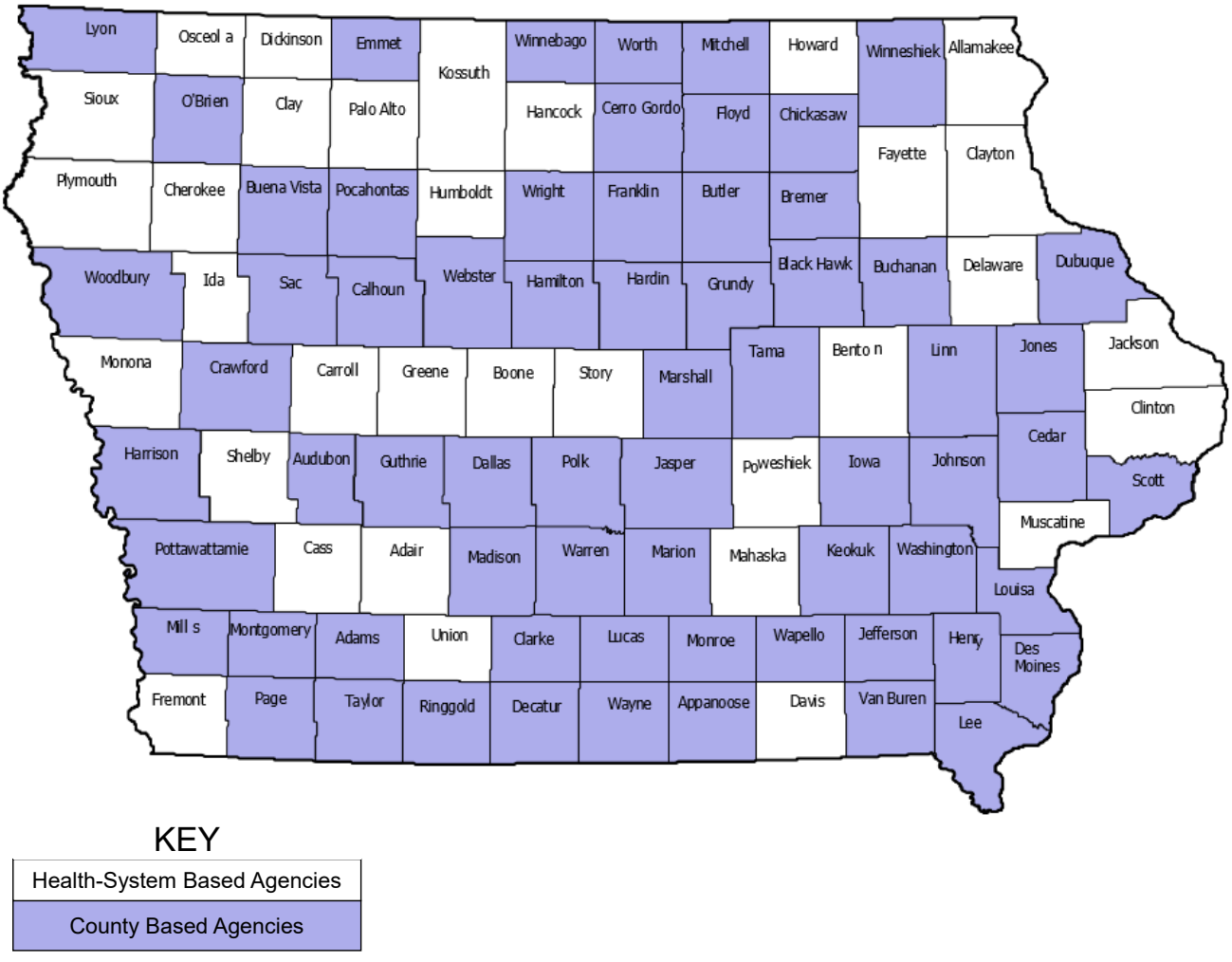
In addition to questions on revenue, expenditures, and county allocations received from the board of supervisors, administrators were asked if their agency had a public health fund that allows them to accumulate fund balances from year to year and carry forward those balances to the next year. All 99 counties answered the question, and 17 reported they have a public health fund that allows this. This is an increase of three counties from when the survey was fielded in 2020.

## Organization of Public Health Agencies

The majority of Iowa's local public health agencies (66) are county-based. In the map below, agencies organized as part of county government are shaded. The remaining counties (33) 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.

In SFY20, 65 agencies were county-based.

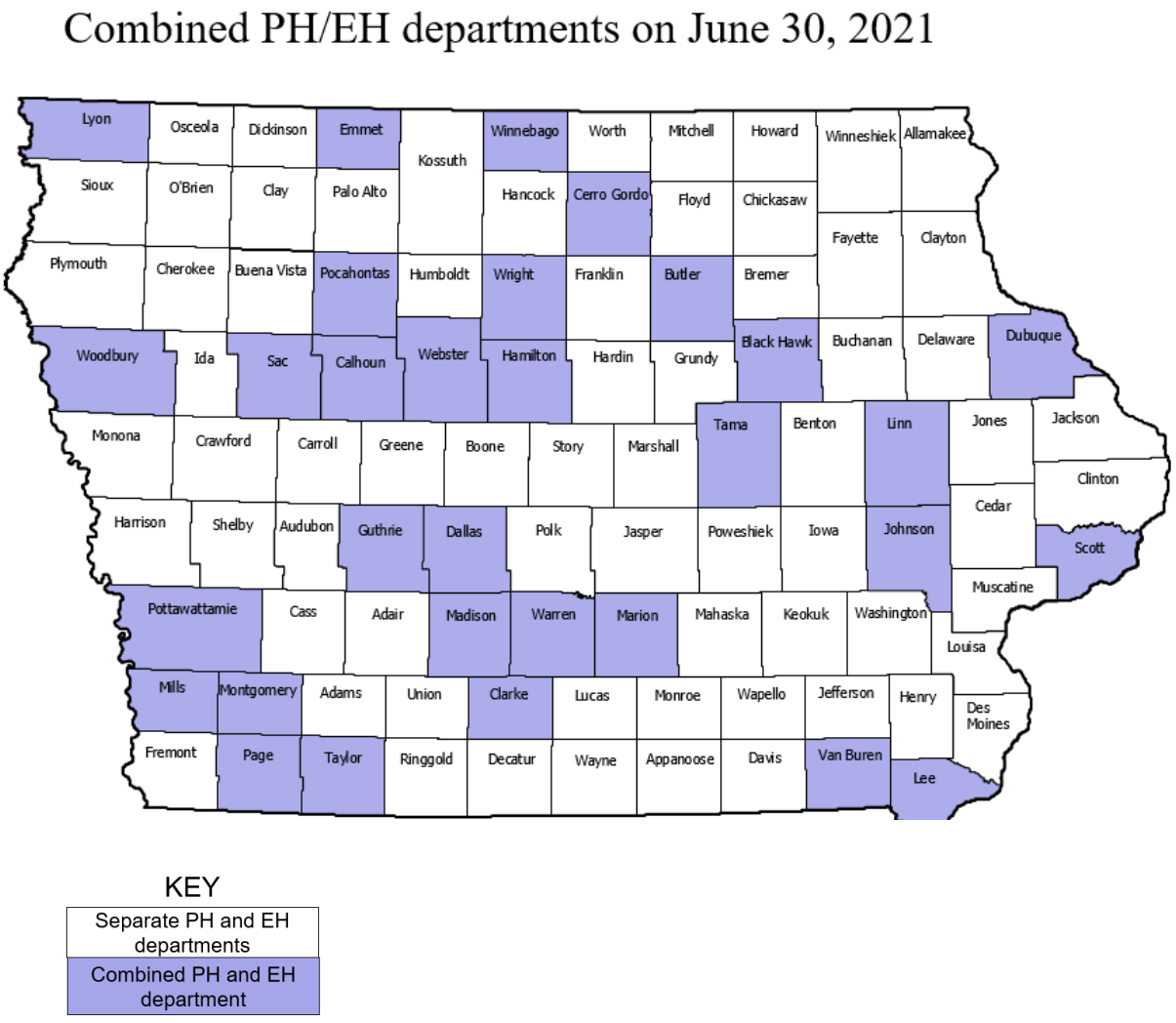
Organization of Local Public Health Agencies as of June 30, 2021



## Environmental Health Organized with Public Health

As shown by shading on the map below, 31 of Iowa's local governmental public health agencies provide both public health (PH) and environmental health (EH) under the same organizational structure.

In SFY20, this report showed that 29 agencies provided both public health and environmental health under the same organizational structure.



## Home Health Delivery vs. Public Health Service Delivery

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. Only data from SFY21 is provided due to a change in the survey question.

Table 10 below shows the administrators' responses.

| Table 10: Percentage of agency/department work providing home health care | |
|---|---|
| Percentage of agency/department work providing home care nursing and/or home health care aide services directly | # of counties (n=96) |
| 0% | 28 |
| 1-24% | 24 |
| 25-49% | 12 |
| 50-74% | 17 |
| 75-100% | 15 |

## Partnerships

The survey asked administrators to rate their partnerships as to whether or not they have a shared vision and public health objective.

| Table 11: Majority of partnerships have a shared vision of the public health objective collectively being worked toward | |
|---|---|
| Responses on if a majority of partnerships have a shared vision of the public health objective collectively being worked toward | # of administrators responding (n=98) |
| Completely Disagree | 2 |
| Somewhat Disagree | 2 |
| Neither Agree or Disagree | 14 |
| Somewhat Agree | 51 |
| Completely Agree | 29 |

## 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.

PHAB announced that updated national standards for public health accreditation will be released in 2022. Updated standards will align with the Foundational Public Health Services Model and the refresh of the Ten Essential Services of Public Health.

# 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 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

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.

| Table 12: Occupational background of board of health members | |
|---|---|
| Occupation Categories | # of Board members |
| Professional - Medical | 254 |
| Elected Officials | 53 |
| Education | 34 |
| Self-employed | 30 |
| Animal Science/Veterinarian | 24 |
| Managers/Administration | 23 |
| Professional | 18 |
| Service | 15 |
| Farmer | 14 |
| Clerical | 9 |
| Finance | 9 |
| Legal | 8 |
| Sales | 8 |
| Religious | 5 |
| Labor | 4 |
| Craftsperson | 2 |
| Other | 18 |

Administrators reported that 133 local board of health members are retired. This is a slight decrease from the 136 local board of health members reported as retired in SFY20.

## 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 13: Local board of health membership | | |
|---|---|---|
| Membership of the Local Board of Health | # in SFY20 (n=99) | # in SFY21 (n=99) |
| Counties with a board of supervisor member as a voting member on the LBOH | 57 | 56 |

In SFY20, 49 LBOH members left their position. This increased to 74 in SFY21.

| Table 14: Local board of health length of service | | |
|---|---|---|
| Length of Service | Average # of years SFY20 (n=97) | Average # of years SFY21 (n=98) |
| LBOH Chair | 11.4 | 12.0 |
| All LBOH members | 7.1 | 7.4 |

# 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 and 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;
- Seeing the strategic vision for public health;
- Providing recommendations to the local board of health.

Thirty-one of Iowa's public health administrators also supervise public health and environmental health staff.

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

In SFY 21, there were 96 administrators serving Iowa's 99 counties. In southwest Iowa, one administrator serves Taylor and Adams counties and one administrator serves Clarke and Decatur counties. In eastern Iowa, one administrator serves Clinton and Jackson counties. Two administrators did not provide demographic information about themselves.

Survey results show local public health administrators are predominantly female. Eighty-five of the 94 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.

Table 15: Age of the public health administrator

| Age Range | # of Administrators SFY20 (n=93) | # of Administrators SFY21 (n=94) |
|---|---|---|
| Less than 25 | *Didn't ask in SFY 20 | 0 |
| 25-34 | 14 | 16 |
| 35-44 | 22 | 19 |
| 45-54 | 20 | 26 |
| 55-64 | 34 | 31 |
| 65+ | 3 | 2 |

The Local Public Health Services program tracks the number of public health administrators that leave local public health agencies each year. For the SFY21, 12 public health administrators left their role. This is a decrease from the previous year when 16 administrators left.

## 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 FTE's for the system appear in Table 11.

The limitation of the data presented in Table 11 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.

IDPH is not able to compare data to the SFY20 survey because of changes to question format.

Table 16: FTEs by public health position

| Public Health Position | Total # of FTEs | # of counties reporting this position |
|---|---|---|
| Registered Nurse | 322.45 | 93 |
| Nursing aide/home health aide/ homemaker | 166.89 | 67 |
| Agency leadership | 154.40 | 97 |
| Office and administrative support staff | 152.09 | 79 |
| Environmental health worker | 86.35 | 34 |
| Business and financial operations staff | 68.18 | 50 |
| Community health worker | 54.13 | 23 |
| Preparedness staff | 40.64 | 39 |
| Licensed practical or vocational nurse | 31.26 | 24 |
| Health educator | 29.69 | 28 |
| Oral healthcare professional | 25.76 | 15 |
| Public information professional | 10.4 | 15 |
| Nutritionist | 10.25 | 5 |
| Epidemiologist/Statistician | 9.15 | 11 |
| Behavioral health staff | 8.31 | 5 |
| Laboratory worker | 8.10 | 6 |
| Information systems specialist | 6.5 | 6 |
| Animal control worker | 5.50 | 5 |
| Public health physician | 2.52 | 4 |
| Other | 151.04 | 37 |

Most frequently identified positions submitted under "Other" included: PRN COVID nurses, social workers, and family support workers.

Administrators identified which positions were difficult to fill. Sixty-eight counties identified at least one position was difficult to fill. Table 12 identifies the positions identified and the number of administrators that identified the position as difficult to fill.

In SFY20, 65 counties identified having at least one position difficult to fill.

| Table 17: Positions difficult to fill | |
|---|---|
| Public Health Position | # of counties reporting difficulty filling position |
| Registered nurse | 39 |
| Nursing aide/home health aide/homemaker | 33 |
| Office and administrative support staff | 8 |
| Agency leadership | 7 |
| Community health worker | 6 |
| Oral healthcare professional | 6 |
| Health educator | 4 |
| Licensed practical or vocational nurse | 3 |
| Preparedness staff | 3 |
| Behavioral health staff | 2 |
| Animal control worker | 1 |
| Business and financial operations staff | 1 |
| Epidemiologist/statistician | 1 |
| Nutritionist | 1 |
| Public information professional | 1 |
| Other | 4 |

Other responses included: PRN registered nurse, PRN interpreter, homemaking supervisor and social worker.

## Workforce

Two new questions around workforce were added in the 2021 survey. Administrators were asked to identify the number of staff who departed their agency in SFY21. They reported that 251 employees departed from 75 counties. Twenty-one counties reported that no employees departed.

Administrators were also asked about the number of open positions in their agency at the time of the survey. SFY21 data show 79 open positions in 45 counties.

## 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 SFY21. Twenty-six of the 98 counties who

answered the question indicated that they had hosted an intern. This is similar to the findings of the SFY 20 survey which showed 27 counties had hosted an intern.

## Contract Staff

Administrators may choose to contract for personnel. Due to the pandemic, administrators were asked to differentiate between contract staff hired to address COVID-19 specifically or for non-COVID related reasons.

| Table 18: Contract staff | | |
|---|---|---|
| Counties contracting for staff | SFY20 (n=96) | SFY21 (n=97) |
| # of counties contracting for non-COVID personnel | 28 | 15 |
| # of counties contracting for COVID specific personnel | 12 | 32 |

# Public Health Service Delivery

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.

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

The CHNA & HIP process systematically looks at health and factors in the community which impact health. The process brings together organizations and members of the community to identify needs and priorities. 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.

In SFY20, 67 administrators indicated they coordinate the CHNA & HIP process with a hospital. In SFY21, that number increased to 70.

## Service Delivery

If an agency directly provides services, the agency secures funding and staff to provide those services. In the survey, administrators were asked to indicate which direct services their agency provides by selecting from a predetermined list as identified in Table 19.

Table 19: Provision of direct services

| Service Areas | # of counties who provide direct services (SFY20) | # of counties who provide direct services (SFY21) |
|---|---|---|
| Case Management | 34 (n=94) | 41 (n=98) |
| Chronic Disease Prevention/Management | 61 (n=96) | 65 (n=98) |
| Diabetes | 28 (n=94) | 33 (n=97) |
| Injury Prevention (including falls) | 51 (n=95) | 56 (n=98) |
| Mental Health | 17 (n=94) | 17 (n=98) |
| Nutrition | 40 (n=95) | 44 (n=98) |
| Physical Activity | 28 (n=95) | 28 (n=98) |

Table 20 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 20: Public health program areas that IDPH contracts with local public health agencies to provide | | | | |
|---|---|---|---|---|
| Public Health Program Area | # of local public health agencies who contract with IDPH to provide services * (SFY20) | Total # of contractors (SFY20) | # of local public health agencies who contract with IDPH to provide services * (SFY21) | Total # of contractors (SFY21) |
| Cancer Screening and Detection and WISEWOMAN | Not collected in SFY20 | Not collected in SFY20 | 23 | 26 |
| Child Health | 12 | 23 | 13 | 23 |
| Childhood Lead Poisoning and Prevention | 19 | 19 | 19 | 19 |
| Maternal Health | 11 | 23 | 12 | 23 |
| Oral Health (I-Smile) | 12 | 23 | 13 | 22 |
| Oral Health ( I-Smile Silver) | 3 | 3 | 3 | 3 |
| Sexually Transmitted Infections (Investigations and Partner Services for HIV and other STIs) | 4 | 4 | 4 | 4 |
| Sexually Transmitted Infections (STI clinical services) | 11 | 55 | 13 | 60 |
| Tobacco Use Prevention and Control (Community Partnership Grants) | 17 | 35 | 17 | 30 |
| Supplemental Nutrition Program for Women, Infants, and Children (WIC) | 4 | 20 | 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 20 outlines the percent of a program's population served by local public health. For example 1,281,756 doses of influenza vaccine were administered between August 1, 2020, and May 31, 2021.** Of those doses 59,195 or 4.6% were administered by a local public health agency.

| Table 21: 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 SFY20 | Percent of population served by local public health agencies SFY21 |
| Cancer Screening and Detection and WISEWOMAN | Not collected in SF 20 | 88.6% of recipients who received screening and lifestyle intervention services |
| Child Health | 41.5% of all Child Health clients | 52% of all Child Health clients |
| Influenza (flu) vaccine | 4.97% of all flu vaccine given | 4.6% of all influenza vaccine given |
| Maternal Health | 24.4% of all Maternal Health clients | 28% of all Maternal Health clients |
| Oral Health ( I-Smile) | 57.3% of all kids served by I-Smile | 63.2% of all kids served by I-Smile |
| Oral Health (I-Smile Silver) | 100% of all individuals served by I-Smile Silver | 100% of all individuals served by I-Smile Silver |
| Supplemental Nutrition Program for Women, Infants, and Children (WIC) | 15.26% of all WIC participants | 14.14% of all WIC participants |

**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 that align with the National Foundational Public Health Services model. The measures identified by the council are core to public health practice and can be used to assess Iowa's 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.

Ninety or more administrators identified that their agency could fully meet four measures:

1. Policies regarding confidentiality, including applicable HIPAA requirements
2. Financial management system
3. Communicate with the LBOH about the responsibilities of the department and the responsibilities of the LBOH
4. Information provided to the LBOH about important public health issues facing the community, the health department and/or recent actions of the health department

In SFY20 only one measure (#4 above) met the same criteria.

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

1. Data analysis and public health conclusions drawn
2. Community summaries or fact sheets of data to support public health improvement planning processes
3. Implement a strategic plan
4. Workforce development strategies
5. Performance management policy/system
6. Implemented performance management system
7. Establish a quality improvement program
8. Implement quality improvement activities

Seven of the eight measures above were also identified by ten or more administrators in SFY 20 as not able to meet. (#1 ,2, 3, 4, 6, 7, 8)

One item identified in SFY 20 no longer met the criteria, "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."

# Emerging Issues and Barriers

This section of the survey asked administrators to identify emerging public health issues as well as barriers to providing public health services. Administrator responses were analyzed for commonalities and assigned to larger themes.

| Table 22: Top emerging public health issues | | | |
|---|---|---|---|
| Emerging Issue (SFY20) | # of times issue was identified | Emerging Issue (SFY21) | # of times issue was identified |
| COVID–19 | 60 | COVID-19 | 73 |
| Mental Health | 25 | Mental Health | 23 |
| Funding | 23 | Public Health Workforce | 14 |
| Public Health Workforce | 16 | Transportation | 11 |
| Transportation | 14 | Funding | 10 |
| | | Politicization of Public Health | 10 |

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

**COVID-19:**

- "COVID-19 has consumed the majority of time throughout the fiscal year."
- "Continued COVID response and staff are tired but they keep plugging away and trying to complete the standard public health programs and make sure everything is covered with COVID response."

**Mental Health:**

- "Mental health: awareness, stigma, access to care."
- "Mental health issues with depression and anxiety/substance abuse/suicide/crisis services"
- "Mental health in regards to people with no known mental health diagnosis just needed a person to talk to especially after COVID."

**Public Health Workforce:**

- "Decreased public health staffing during the COVID-19 pandemic."
- "Staffing shortage issues, fatigue and burnout concerns."
- "Understaffed to meet the needs of public health services and pandemic duties."

**Transportation:**

- "Transportation to larger areas for services such as medical, food, etc."
- "Lack of public transportation."

**Funding:**

- "The lack of funding available for maintaining a local Health Department."
- "Funding for local public health response efforts during a public health pandemic."

**Politicization of Public Health:**

- "COVID-19 pandemic with divided beliefs making it hard to mitigate and vaccinate."
- "The biggest issue is mistrust in the county with government/public health."

## Cross-Jurisdictional Sharing

There has been an increase in recognition of the importance in public health for cross-jurisdiction sharing. Cross jurisdictional sharing is defined by the Center for Sharing Public Health Services as "partners sharing resources across their respective organizational boundaries (e.g., population served, service area, district or geopolitical jurisdictions) to improve organizational capacity, address public health issues more effectively and efficiently, advance health equity and address problems that cannot easily be solved by a single organization or jurisdiction. "

Questions asked in the survey assess the status of sharing arrangements and potential interest in pursuing future sharing arrangements.

| Table 23: Current status of sharing | | |
|---|---|---|
| Extent you share the delivery of public health services with another agency | | |
| Response Options | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=98) |
| Not at all | 34 | 37 |
| Minimally | 20 | 19 |
| Somewhat | 33 | 29 |
| Significantly | 9 | 12 |
| Completely | 1 | 1 |
| Extent you share delivery of home health services with another agency | | |
| Response Options | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=98) |
| Not at all | 60 | 64 |
| Minimally | 10 | 9 |
| Somewhat | 8 | 4 |
| Significantly | 8 | 6 |
| Completely | 11 | 15 |
| Extent you share staff with another agency | | |
| Response Options | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=97) |
| Not at all | 75 | 73 |
| Minimally | 9 | 12 |
| Somewhat | 10 | 6 |
| Significantly | 2 | 7 |
| Completely | 1 | 0 |

| Table 24: Future interest in sharing | | |
|---|---|---|
| Extent you'd consider sharing the delivery of public health services with another agency | | |
| Response Options | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=98) |
| Not at all | 17 | 17 |
| Minimally | 18 | 24 |
| Somewhat | 43 | 39 |
| Significantly | 11 | 14 |
| Completely | 8 | 4 |
| Extent you'd consider sharing delivery of home health services with another agency | | |
| Response Options | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=98) |
| Not at all | 38 | 39 |
| Minimally | 15 | 18 |
| Somewhat | 20 | 11 |
| Significantly | 8 | 14 |
| Completely | 16 | 16 |
| Extent you'd consider sharing staff with another agency | | |
| Response Options | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=97) |
| Not at all | 30 | 23 |
| Minimally | 22 | 33 |
| Somewhat | 29 | 24 |
| Significantly | 8 | 15 |
| Completely | 16 | 3 |

## 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 is not new. However, the emphasis on health equity has grown over the past several years as evidenced by inclusion of health equity requirements in PHAB accreditation requirements and the refresh of the Ten Essential Services of Public Health.

Two of four questions about health equity were asked the same in SFY20 and SFY21. The change separated questions about funding to address social determinants of health and staff trained to address social determinants of health.

| Table 25: My health department has funding to address social determinants of health. | |
|---|---|
| Responses | # of administrators responding SFY21 (n=96) |
| Very True | 11 |
| Somewhat True | 54 |
| Not True | 26 |
| I Don't Know | 5 |

| Table 26: My health department has staff trained address social determinants of health | |
|---|---|
| Responses | # of administrators responding SFY21 (n=96) |
| Very True | 20 |
| Somewhat True | 58 |
| Not True | 17 |
| I Don't Know | 1 |

| Table 27: My health department has engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity. | | |
|---|---|---|
| Responses | # of administrators responding SFY20 (n= 97) | # of administrators responding SFY21 (n= 96) |
| Very True | 34 | 28 |
| Somewhat True | 47 | 60 |
| Not True | 12 | 7 |
| I Don't Know | 4 | 1 |

| Table 28: My health department considers health equity issues in program planning and implementation. | | |
|---|---|---|
| Responses | # of administrators responding SFY20 (n=97) | # of administrators responding SFY21 (n=97) |
| Very True | 50 | 48 |
| Somewhat True | 39 | 45 |
| Not True | 5 | 2 |
| I Don't Know | 3 | 2 |

## Barriers

| Table 29 : Top barriers to providing services | | | |
|---|---|---|---|
| Barriers (SFY20) | # of times issue was identified | Barriers (SFY 21) | # of times issue was identified |
| Funding | 59 | Funding | 48 |
| Public Health Workforce | 50 | Public Health Workforce | 41 |
| COVID-19 | 19 | Time | 17 |
| Time | 13 | COVID Misinformation | 14 |
| Rural Status | 13 | COVID-19 | 13 |

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

**Funding:**

- "The lack of financing available from the county."
- "Not being able to do what we want/need due to funding."

**Public Health Workforce:**

- "Maintaining and retaining staff members."
- "Having enough staff to provide additional programs/services to our community."
- "We could provide more population health programming if we had more staff."

**Time:**

- "Not enough time in day and not the same energy as a year ago."
- "Time and funding to complete all requested activities."

**COVID Misinformation:**

- "We can't stay on top of anything and properly educate the community; their minds are already made up from media."
- "Marketing and education during the pandemic to get accurate up to date data and public health information out in a timely manner, before inundated with calls and questions."

**COVID-19:**

- "COVID-19 continues to take a good percentage of staff time."
- "COVID-19 and the amount of time spent on this is a significant barrier to other PH situations."

# Next Steps

This report looks at one segment of Iowa' public health system and provides high-level information about the local governmental public health system at a point in time. It begins to lay a foundation for identifying trends over 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 by posting it on the department's website.

# 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://phnci.org/national-frameworks/10-ephs (10.25.21)

***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 five respondents identified as a race other than white.*

**Q4: Please identify your age.**

| # of Administrators (n=94) | Age Range |
|---|---|
| **0** | Less than 25 |
| **16** | 25-34 |
| **19** | 35-44 |
| **26** | 45-54 |
| **31** | 55-64 |
| **2** | 65+ |

**Q5: Please identify your gender.**

| # of Administrators (n=94) | Gender |
|---|---|
| 85 | Female |
| 8 | Male |
| 1 | Prefer not to answer |

**Q6: Do you coordinate your CHNA & HIP (Community Health Needs Assessment & Health Improvement Plan) with a hospital?**

| # of Counties (n=99) | CHNA & HIP is coordinated with a hospital |
|---|---|
| 70 | Yes |
| 29 | No |

## Workforce

**Q7: What was the total number of FTEs in your agency/department at the conclusion of FY 21 (July 1, 2020 – June 30, 2021)? (Please include permanent full time, permanent part time, and temporary staff.)**

1,276.42

**Q8: What # of FTEs (as reported in question 7) are allocated to each of the job categories below?**

| Job Category | Total # of FTEs | # of counties reporting |
|---|---|---|
| Agency leadership | 154.40 | 97 |
| Animal control worker | 5.50 | 5 |
| Behavioral health staff | 8.31 | 5 |
| Business and financial operations staff | 68.18 | 50 |
| Community health worker | 54.13 | 23 |
| Environmental health worker | 86.35 | 34 |
| Epidemiologist/statistician | 9.15 | 11 |
| Health educator | 29.69 | 28 |
| Information systems specialist | 6.5 | 6 |
| Laboratory worker | 8.10 | 6 |
| Licensed practical or vocational nurse | 31.26 | 24 |
| Nursing aide/home health aide/homemaker | 166.89 | 67 |
| Nutritionist | 10.25 | 5 |
| Office and administrative support staff | 152.09 | 79 |
| Oral healthcare professional | 25.76 | 15 |
| Preparedness staff | 40.64 | 39 |
| Public health physician | 2.52 | 4 |
| Public information professional | 10.4 | 15 |
| Registered nurse | 322.45 | 93 |
| Other | 151.04 | 37 |

**Q9: What is the total number of employees in your agency/department at the conclusion of FY 21 (July 1, 2020- June 30, 2021)?**

1,402

**Q10: Please identify which jobs you have had difficulties filling in your agency/department in the last year (July 1, 2020 – June 30, 2021). Select all that apply.**

| Job Category | # of counties reporting difficulty filling |
|---|---|
| Agency leadership | 7 |
| Animal control worker | 1 |
| Behavioral health staff | 2 |
| Business and financial operations staff | 1 |
| Community health worker | 6 |
| Environmental health worker | 1 |
| Epidemiologist/statistician | 1 |
| Health educator | 4 |
| Information systems specialist | 0 |
| Laboratory worker | 0 |
| Licensed practical or vocational nurse | 3 |
| Nursing aide/home health aide/homemaker | 33 |
| Nutritionist | 1 |
| Office and administrative support staff | 8 |
| Oral healthcare professional | 6 |
| Preparedness staff | 3 |
| Public health physician | 0 |
| Public information professional | 1 |
| Registered nurse | 39 |
| Other | 4 |

Other responses included: PRN Registered Nurse, PRN Interpreter, Homemaking Supervisor, Social Work

**Q11: How many staff departed your department/agency in FY 21 (July 1, 2020 – June 30, 2021)?**

251 total employees departed from 75 counties.

21 counties reported 0 employees departed.

**Q12: How many open positions do you have now?**

79 reported open positions in 45 counties.

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

| # of counties (n=98) | Used an Intern |
|---|---|
| 26 | Yes |
| 72 | No |

**Q14: Did you contract for non-COVID related personnel in FY 21 (July 1, 2020-June 30, 2021)?**

| # of counties (n=97) | Contracted for non-COVID personnel |
|---|---|
| 15 | Yes |
| 82 | No |

**Q15: Did you contract for COVID related personnel in FY 21 (July 1, 2020- June 30, 2021)?**

| # of counties (n=97) | Contracted for COVID personnel |
|---|---|
| 32 | Yes |
| 65 | No |

**Q16: How many years has each member been serving on the local board of health?**

| BOH Member | Total Years of Service | # of members |
|---|---|---|
| Chair | 1177.38 | 98 |
| Member 2 | 987.67 | 98 |
| Member 3 | 739.43 | 98 |
| Member 4 | 500.38 | 98 |
| Member 5 | 283.56 | 97 |
| Member 6 | 17.08 | 8 |
| Member 7 | 16.33 | 8 |
| Member 8 | 0 | 0 |
| Member 9 | 0 | 0 |

**Q17: Please indicate the number of board of health members who have an occupational background in the following areas. Each board of health member should only be counted once.**

| Occupation | # of Board Members |
|---|---|
| Animal Science/Veterinarian | 24 |
| Clerical | 9 |
| Craftsperson | 2 |
| Education | 34 |
| Elected officials | 53 |
| Farmer | 14 |
| Finance | 9 |
| Labor | 4 |
| Legal | 8 |

| | |
|---|---|
| Managers/Administration | 23 |
| Professional | 18 |
| Professional-Medical | 254 |
| Religious | 5 |
| Sales | 8 |
| Self-employed | 30 |
| Service | 15 |
| Other | 18 |

**Q18: Of the number of board of health members reported in question 17 how many are retired?**

133

**Services**

**Q19: What percentage of your agency/department's work is providing home health care?**

| # of counties (n=96) | Percentage of agency/department work providing home care nursing and/or home health care aide services directly |
|---|---|
| 28 | 0% |
| 24 | 1-24% |
| 12 | 25-49% |
| 17 | 50-74% |
| 15 | 75-100% |

**Q20: Does your agency/department directly provide services in the following areas?**

| # 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 (n=99) |
|---|---|---|---|
| 17 | 81 | 1 | Mental Health |
| 28 | 70 | 1 | Physical Activity |
| 33 | 64 | 2 | Diabetes |
| 65 | 33 | 1 | Chronic Disease Prevention/Management |
| 56 | 42 | 1 | Injury Prevention (including falls) |
| 44 | 54 | 1 | Nutrition |
| 41 | 57 | 1 | Case Management |

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

| # of administrators responding (n=98) | A. Extent you currently share the delivery of public health services with another agency. |
|---|---|
| 37 | Not at all |
| 19 | Minimally |
| 29 | Somewhat |
| 12 | Significantly |
| 1 | Completely |
| | |
| # of administrators responding (n=98) | B. Extent you currently share the delivery of home health services with another agency. |
| 64 | Not at all |
| 9 | Minimally |
| 4 | Somewhat |
| 6 | Significantly |
| 15 | Completely |
| | |
| # of administrators responding (n=98) | C. Extent you currently share staff with another agency. |
| 73 | Not at all |
| 12 | Minimally |
| 6 | Somewhat |
| 7 | Significantly |
| 0 | Completely |

**Q22: Please indicate which answer best reflects what you may be willing to consider sharing in the future.**

| # of administrators responding (n=98) | A. Extent you would consider sharing the delivery of public health services with another agency. |
|---|---|
| 17 | Not at all |
| 24 | Minimally |
| 39 | Somewhat |
| 14 | Significantly |
| 4 | Completely |
| | |
| # of administrators responding (n=98) | B. Extent you would consider sharing the delivery of home health services with another agency. |
| 39 | Not at all |
| 18 | Minimally |
| 11 | Somewhat |
| 14 | Significantly |
| 16 | Completely |
| | |
| # of administrators responding (n=98) | C. Extent you would consider sharing staff with another agency. |
| 23 | Not at all |
| 33 | Minimally |
| 24 | Somewhat |
| 15 | Significantly |
| 3 | Completely |

**Q23: For the majority of partnerships your county participates in, there is a shared vision of the public health objective you are collectively working toward.**

| # of administrators responding (n=98) | Majority of partnerships have a shared vision of the public health objective you are collectively working toward. |
|---|---|
| 2 | Completely Disagree |
| 2 | Somewhat disagree |
| 14 | Neither Agree or Disagree |
| 51 | Somewhat agree |
| 29 | Completely agree |

**Q24: Do you have staff available during business hours to collect and transport patient samples associated with outbreaks and high priority issues?**

| Time-frame (n=98) | Have staff availability to collect and transport patient samples | Do not have staff availability to collect and transport patient samples |
|---|---|---|
| During Business Hours | 83 | 15 |

**Q25: Do you have staff available after hours to collect and transport patient samples associated with outbreaks and high priority issues?**

| Time-frame (n=98) | Have staff availability to collect and transport patient samples | Do not have staff availability to collect and transport patient samples |
|---|---|---|
| After Business Hours | 76 | 22 |

**Emerging Issues**

**Q26: What are the emerging public health issues your county has experienced in fiscal year 21 (July 1, 2020 – June 30, 2021)?**

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.

**Q27: What barriers do you experience in providing services to your county?**

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.

## Health Equity

**Q28: My health department has the funding to address social determinants of health.**

| # of administrators responding (n=96) | My department has funding to address social determinants of health |
|---|---|
| 11 | Very True |
| 54 | Somewhat True |
| 26 | Not True |
| 5 | I Don't Know |

**Q29: My health department has staff members trained to address social determinants of health.**

| # of administrators responding (n=96) | My department has staff trained to address social determinants of health |
|---|---|
| 20 | Very True |
| 58 | Somewhat True |
| 17 | Not True |
| 1 | I Don't Know |

**Q30: 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=96) | My department engaged with local governmental agencies or other external organizations to support policies and programs to achieve health equity |
|---|---|
| 28 | Very True |
| 60 | Somewhat True |
| 7 | Not True |
| 1 | I Don't Know |

**Q31: My health department/agency considers health equity issues in program planning and implementation.**

| # of administrators responding (n=97) | My department considers health equity issues in program planning and implementation. |
|---|---|
| 48 | Very True |
| 45 | Somewhat True |
| 2 | Not True |
| 2 | I Don't Know |

## Budget

**Q32: What was your agency's/department's total revenue without county tax allocation for FY 21 (July1, 2020- June 30, 2021)?**

$82, 501, 564.03

**Q33: What were your agency's/department's total expenditures for FY 21 (July 1, 2020 – June 30, 2021)?**

$120,635.151.36

**Q34: How much money did the agency/department receive from the county board of supervisors to support agency/department services in FY 21 (July 1, 2020- June 30, 2021)?**

$41,763,571.18

**Q35: 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=99) | Have a public health fund that carries over year to year |
|---|---|
| 17 | Yes |
| 82 | No |

**Foundational Public Health Services**

**Q36: 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 | Did not answer |
|---|---|---|---|---|
| **A Community Health Assessment that includes:**<br>• Data from multiple sources<br>• Demographics of the population served<br>• Factors that contribute to health challenges<br>• A description of community assets and resources to address health issues<br>• Community input in the process | 68 | 27 | 2 | 2 |
| **24/7 Surveillance System**<br>• Processes and protocols in place to collect, review and analyze comprehensive surveillance data on multiple health conditions from multiple sources<br>• Processes and protocols to assure confidential data is maintained in a secure manner<br>• A system for the agency/department to receive data 24/7<br>• The 24/7 system is tested | 64 | 27 | 6 | 2 |
| **Data Analysis and Public Health Conclusions Drawn**<br>• Able to analyze qualitative, quantitative, primary and secondary data<br>• Compares data to other agencies, the state, the nation, or other similar data over time.<br>• Shares data analysis<br>• Combines primary and secondary data | 37 | 49 | 11 | 2 |
| **Community Summaries or Fact sheets of data to support public health improvement planning processes**<br>• Provide summaries or fact sheets of community health data that condense public health data to public health system partners, community groups, and key stakeholders. | 40 | 45 | 11 | 3 |

| Public Health Service | Fully meet | Partially meet | Not able to meet | Did not answer |
|---|---|---|---|---|
| **Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues**<br>• Have established partnerships with other governmental agencies/ departments and/or key community stakeholders that play a role in investigations or have direct oversight. | 77 | 20 | 0 | 2 |
| **Complete After Action Reports**<br>• 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<br>• Complete After Action Reports according to the protocol. | 62 | 31 | 3 | 3 |
| **Efforts to specifically address factors that contribute to specific population's higher health risks and poorer health outcomes**<br>• Identify and implement strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity<br>• Analyze factors that contribute to higher health risks and poorer health outcomes of specific populations<br>• Identify community factors that contribute to specific population's higher health risks and poorer health outcomes<br>Have internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes | 31 | 60 | 5 | 3 |

| Public Health Service | Fully meet | Partially meet | Not able to meet | Did not answer |
|---|---|---|---|---|
| **Communication procedures**<br>• Have a communication plan/procedure that details:<br>▪ How information will be disseminated to different audiences<br>▪ How messaging will be coordinated with community partners<br>▪ A contact list of media and key stakeholders<br>▪ Responsibilities of the public information officer and any other staff interacting with the news media | 53 | 43 | 0 | 3 |
| **Information available to the public**<br>• An agency/department website that includes<br>▪ A 24/7 contact number for reporting emergencies<br>▪ Information about notifiable/reportable conditions<br>▪ Health data<br>▪ Links to public health laws<br>▪ Program information and materials<br>▪ Links to CDC and other public health related agencies<br>▪ Names of agency leadership<br>Use at least two other mechanisms to make information available to the public (newspaper, radio, Facebook, newsletter, etc.) | 46 | 48 | 2 | 3 |
| **Community health improvement plan**<br>• Links to the community health needs assessment<br>• Details priorities for action<br>• Includes strategies to be implemented and who is responsible for carrying those out | 51 | 42 | 2 | 4 |

| Public Health Service | Fully meet | Partially meet | Not able to meet | Did not answer |
|---|---|---|---|---|
| **Health improvement plan implemented in partnership with others**<br>• Have a process to track implementation of the strategies included in the community health improvement plan. | 44 | 47 | 4 | 4 |
| **Monitor and revise as needed the community health improvement plan**<br>• Do an annual report on progress made in implementing the strategies in the community health improvement plan.<br>• Revise the health improvement plan based on the findings of the annual report. | 39 | 49 | 8 | 3 |
| **Implement a strategic plan**<br>• Have a strategic plan<br>Develop reports documenting progress toward meeting the goals and objectives in the strategic plan | 30 | 50 | 16 | 3 |
| **Testing and revision of the public health emergency operations plan**<br>• Review and test the plan through the use of exercises and drills<br>• Develop After-Action Report after an exercise or drill<br>Revise the public health emergency operations plan based on the findings of the After-Action Report | 64 | 31 | 1 | 3 |
| **Access to legal counsel**<br>Have access to legal counsel review and advice. | 84 | 10 | 1 | 4 |
| **Procedures and protocols for routine and emergency situations requiring enforcement and complaint follow-up**<br>• Formally document actions taken as a result of investigations or follow up of complaints.<br>• Have standards for follow up.<br>Communicate with regulated entities regarding a complaint or compliance plan. | 70 | 25 | 1 | 3 |
| **Implement strategies to increase access to health care services**<br>Work collaboratively to assist the population in obtaining health care services. | 61 | 34 | 0 | 4 |

| Public Health Service | Fully meet | Partially meet | Not able to meet | Did not answer |
|---|---|---|---|---|
| **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**<br>Implement initiatives or collaborate with others to ensure access and barriers are addressed in a culturally competent manner. | 46 | 46 | 3 | 4 |
| **Workforce development strategies**<br>• Have a workforce development plan<br>• Have workforce development strategies that are implemented<br>• Conduct regular assessments of the workforce. | 29 | 46 | 22 | 2 |
| **Performance management policy/system**<br>• Adopt a performance management system that includes:<br>▪ Performance standards (goals, targets, outcomes)<br>▪ Communication of expectations regarding performance<br>▪ Performance measurement (including how data is collected)<br>▪ Progress reporting<br>▪ Analysis of data<br>▪ A process to identify opportunities for quality improvement based on analysis of data | 31 | 55 | 10 | 3 |
| **Implemented performance management system**<br>• Have a team monitoring performance standards (goals, objectives)<br>• Implement a process for monitoring performance of goals and objectives<br>• Identify areas of need<br>• Identify next steps for goals and objectives | 33 | 51 | 12 | 3 |

| Public Health Service | Fully meet | Partially meet | Not able to meet | Did not answer |
|---|---|---|---|---|
| **Establish a Quality Improvement (QI) Program**<br>• Have a written quality improvement plan that includes:<br>▪ Key quality terms<br>▪ A description of the current culture of quality and the desired future state for QI<br>▪ A structure for QI (Who is responsible?)<br>▪ QI Training<br>▪ QI Goals<br>▪ Communication of QI Activities<br>▪ Process to assess the effectiveness of the QI Plan | 44 | 43 | 10 | 2 |
| **Implement QI activities**<br>• Implement the QI Plan<br>• Be able to describe the process and outcomes of QI work | 40 | 45 | 10 | 4 |
| **Policies regarding confidentiality, including applicable HIPAA requirements**<br>• Have written confidentiality policies and procedures<br>Train staff on confidentiality policies | 91 | 3 | 1 | 4 |
| **Financial and programmatic oversight of grants and contracts**<br>• Complete regular agency-wide/department-wide financial audit reports<br>• Complete required program reports to funding organizations | 88 | 6 | 0 | 5 |
| **Financial management system**<br>• Have an approved health budget<br>• Conduct quarterly financial reports | 90 | 6 | 0 | 3 |

| Public Health Service | Fully meet | Partially meet | Not able to meet | Did not answer |
|---|---|---|---|---|
| **Communicate with the Local Board of Health (LBOH) about the responsibilities of the department and the responsibilities of the LBOH**<br>• 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<br>• Communicate with the LBOH about their responsibilities as set forth in code, administrative rule, and local rules and regulations<br>• Have an orientation process for new LBOH members | 91 | 6 | 0 | 2 |
| **Information provided to the LBOH about important public health issues facing the community, the health department and/or recent actions of the health department**<br>• Communicate with the LBOH about important public health issues and/or recent actions of the health agency/department. | 95 | 2 | 0 | 2 |
| **Communicate with the governing entity about health department performance assessment and improvement**<br>• Communicate with the LBOH on plans and processes for improving health agency/department performance<br>• Communicate with the LBOH on performance improvement efforts | 84 | 11 | 2 | 2 |

# Appendix C: Local Public Health Survey Tool

## Public Health System Survey
## August 2021

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 is regularly surveying local governmental public health departments and providing summary reports of the results. The results of the 2020 survey are available here. 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. All results will be published in the IDPH final report at the state or local service region level except questions 7, 12, 19, 20-22. These may be published at the county level.

This survey should take approximately 45 minutes. A pdf of the survey instrument was emailed to you by Marisa Roseberry. 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 survey by August 31, 2021. If you have any questions about the survey please contact your RCHC or Joy Harris at joy.harris@idph.iowa.gov or 515-452-2212.

**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.
    a. White
    b. Black or African American
    c. American Indian or Alaska Native
    d. Asian
    e. Hispanic
    f. Pacific Islander
    g. Other

4. Please identify your age.
    a. Less than 25
    b. 25-34
    c. 35-44

   d. 45-54
   e. 55-64
   f. 65+

5. Please identify your gender.
   a. Female
   b. Male
   c. Prefer not to answer

6. 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 the challenges they face.

7. What was the total number of FTEs in your agency/department at the conclusion of FY 21(July 1, 2020 - June 30, 2021) ? (Please include permanent full time, permanent part time, and temporary staff.)

8. What # of FTEs (as reported in question 7) are allocated to each of the job categories below?
   a. Agency leadership
   b. Animal control worker
   c. Behavioral health staff
   d. Business and financial operations staff
   e. Community health worker
   f. Environmental health worker
   g. Epidemiologist/statistician
   h. Health educator
   i. Information systems specialist
   j. Laboratory worker
   k. Licensed practical or vocational nurse
   l. Nursing aide/home health aide/homemaker
   m. Nutritionist
   n. Office and administrative support staff
   o. Oral healthcare professional
   p. Preparedness staff
   q. Public health physician
   r. Public information professional
   s. Registered nurse

t. Other: Please specify

9. What is the total number of employees in your agency/department at the conclusion of FY 21 (July 1, 2020 - June 30, 2021)?

10. Please identify which jobs you have had difficulties filling in your agency/department in the last year (July 1, 2020 - June 30, 2021). *Select all that apply.*
    a. Agency leadership
    b. Animal control worker
    c. Behavioral health staff
    d. Business and financial operations staff
    e. Community health worker
    f. Environmental health worker
    g. Epidemiologist/statistician
    h. Health educator
    i. Information systems specialist
    j. Laboratory worker
    k. Licensed practical or vocational nurse
    l. Nursing aide/home health aide/homemaker
    m. Nutritionist
    n. Office and administrative support staff
    o. Oral healthcare professional
    p. Preparedness staff
    q. Public health physician
    r. Public information professional
    s. Registered nurse
    t. Other: Please specify

11. How many staff departed your department/agency in FY 21 (July 1, 2020 - June 30, 2021)? (Include full time, part-time, PRN, and temporary staff)

12. How many open positions do you have now?

13. Did 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 21(July 1, 2020 - June 30, 2021)?
    a. Yes
    b. No

15. Did you contract for covid related personnel in FY 21(July 1, 2020 - June 30, 2021) ?
    a. Yes
    b. No

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)
    a. Years of Service: Chair
    b. Years of Service: Member 2
    c. Years of Service: Member 3
    d. Years of Service: Member 4
    e. Years of Service: Member 5
    f. Years of Service: Member 6
    g. Years of Service: Member 7
    h. Years of Service: Member 8
    i. Years of Service: Member 9

17. Please indicate the number of board of health members who have an occupational background in the following areas. Each board of health member should only be counted once.
    a. Animal Science/Veterinarian
    b. Clerical
    c. Craftsperson
    d. Education
    e. Elected officials
    f. Farmer
    g. Finance
    h. Labor
    i. Legal
    j. Managers/Administration
    k. Professional
    l. Professional- Medical
    m. Religious
    n. Sales
    o. Self-employed
    p. Service
    q. Other

18. Of the number of board of health members reported in question 17 how many 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/department's work is providing home health care?
    a. 0%
    b. 1-24%
    c. 25-49%
    d. 50-74%
    e. 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 | Yes | No |
| Physical Activity | Yes | No |
| Diabetes | Yes | No |
| Chronic Disease Prevention/ Management | 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.

| | |
|---|---|
| To what extent do you share the delivery of public health services with another agency? | a. Not at all<br>b. Minimally<br>c. Somewhat<br>d. Significantly<br>e. Completely |
| To what extent do you share the delivery of home health services with another agency? | a. Not at all<br>b. Minimally<br>c. Somewhat<br>d. Significantly<br>e. Completely |
| To what extent do you share staff with another agency? | a. Not at all<br>b. Minimally<br>c. Somewhat<br>d. Significantly<br>e. Completely |

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

| | |
|---|---|
| To what extent would you consider sharing the delivery of public health services with another agency? | a. Not at all<br>b. Minimally<br>c. Somewhat<br>d. Significantly<br>e. Completely |
| To what extent would you consider sharing the delivery of home health services with another agency? | a. Not at all<br>b. Minimally<br>c. Somewhat<br>d. Significantly |

| | |
|---|---|
| | e. Completely |
| To what extent would you consider sharing staff with another agency? | a. Not at all<br>b. Minimally<br>c. Somewhat<br>d. Significantly<br>e. Completely |

23. For the majority of partnerships your county participates in, there is a shared vision of the public health objective you are collectively working toward.
    a. Completely Disagree
    b. Somewhat Disagree
    c. Neither Agree or Disagree
    d. Somewhat agree
    e. Completely agree

24. 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

25. Do you have staff available after hours to collect and transport patient samples associated with outbreaks and high priority areas?
    a. Yes
    b. No

**EMERGING ISSUES**

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

26. What are the emerging public health issues your county has experienced in fiscal year 21(July 1, 2020 - June 30, 2021)?

27. What barriers do you experience in providing services to your county?

## 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.

28. My health department has the funding to address social determinants of health.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

29. My health department has staff members trained to address social determinants of health.
    a. Very True
    b. Somewhat True
    c. Not True
    d. I Don't Know

30. 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

31. 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.

32. What was your agency's/ department's total revenue without county tax allocation for FY 21 (July 1, 2020 - June 30, 2021)? Please round to the nearest dollar.

33. What were your agency's/ department's total expenditures for FY 21 (July 1, 2020 - June 30, 2021)? Please round to the nearest dollar.

34. How much money did the agency/department receive from the county board of supervisors to support agency/department services in FY 21 (July 1, 2020 - June 30, 2021)? Please round to the nearest dollar.

35. 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.

36. 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:**<br>● Data from multiple sources<br>● Demographics of the population served<br>● Factors that contribute to health challenges<br>● A description of community assets and resources to address health issues<br>● 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<br>● Processes and protocols to assure confidential data is maintained in a secure manner<br>● A system for the agency/department to receive data 24/7<br>● The 24/7 system is tested | | | |
| **Data Analysis and Public Health Conclusions Drawn**<br>● Able to analyze qualitative, quantitative, primary and secondary data<br>● Compares data to other agencies, the state, the nation, or other similar data over time.<br>● Shares data analysis<br>● Combines primary and secondary data | | | |
| **Community Summaries or Fact sheets of data to support public health improvement planning processes**<br>● 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**<br>● 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**<br>● 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<br>● 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**<br>● Identify and implement strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity<br>● Analyze factors that contribute to higher health risks and poorer health outcomes of specific populations<br>● Identify community factors that contribute to specific population's higher health risks and poorer health outcomes<br>● Have internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes | | | |
| **Communication procedures**<br>● Have a communication plan/procedure that details:<br>■ How information will be disseminated to different audiences | | | |

| | | | |
|---|---|---|---|
| ■ How messaging will be coordinated with community partners<br>■ A contact list of media and key stakeholders<br>■ Responsibilities of the public information officer and any other staff interacting with the news media | | | |
| **Information available to the public**<br>● An agency/department website that includes<br>■ A 24/7 contact number for reporting emergencies<br>■ Information about notifiable/reportable conditions<br>■ Health data<br>■ Links to public health laws<br>■ Program information and materials<br>■ Links to CDC and other public health related agencies<br>■ Names of agency leadership<br>● Use at least two other mechanisms to make information available to the public (newspaper, radio, facebook, newsletter, etc.) | | | |
| **Community health improvement plan**<br>● Links to the community health needs assessment<br>● Details priorities for action<br>● 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**<br>● Do an annual report on progress made in implementing the strategies in the community health improvement plan.<br>● Revise the health improvement plan based on the findings of the annual report. | | | |
| **Implement a strategic plan**<br>● Have a strategic plan<br>● Develop reports documenting progress toward meeting the goals and objectives in the strategic plan | | | |
| **Testing and revision of the public health emergency operations plan**<br>● Review and test the plan through the use of exercises and drills<br>● Develop After-Action Report after an exercise or drill<br>● Revise the public health emergency operations plan based on the findings of the After-Action Report | | | |
| **Access to legal counsel**<br>● 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.<br>● Have standards for follow up.<br>● Communicate with regulated entities regarding a complaint or compliance plan. | | | |
| **Implement strategies to increase access to health care services**<br>● 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**<br>● Implement initiatives or collaborate with others to ensure access and barriers are addressed in a culturally competent manner. | | | |
| **Workforce development strategies**<br>● Have a workforce development plan<br>● Have workforce development strategies that are implemented<br>● Conduct regular assessments of the workforce. | | | |
| **Performance management policy/system**<br>● Adopt a performance management system that includes:<br>■ Performance standards (goals, targets, outcomes)<br>■ Communication of expectations regarding performance<br>■ Performance measurement (including how data is collected) | | | |

| | | | |
|---|---|---|---|
| ■ Progress reporting<br>■ Analysis of data<br>■ A process to identify opportunities for quality improvement based on analysis of data | | | |
| **Implemented performance management system**<br>● Have a team monitoring performance standards (goals, objectives)<br>● Implement a process for monitoring performance of goals and objectives<br>● Identify areas of need<br>● Identify next steps for goals and objectives | | | |
| **Establish a Quality Improvement (QI) Program**<br>● Have a written quality improvement plan that includes:<br>■ Key quality terms<br>■ A description of the current culture of quality and the desired future state for QI<br>■ A structure for QI (Who is responsible?)<br>■ QI Training<br>■ QI Goals<br>■ Communication of QI Activities<br>■ Process to assess the effectiveness of the QI Plan | | | |
| **Implement QI activities**<br>● Implement the QI Plan<br>● Be able to describe the process and outcomes of QI work | | | |

| | | | |
|---|---|---|---|
| **Policies regarding confidentiality, including applicable HIPAA requirements**<br>● Have written confidentiality policies and procedures<br>● Train staff on confidentiality policies | | | |
| **Financial and programmatic oversight of grants and contracts**<br>● Complete regular agency-wide/department-wide financial audit reports<br>● Complete required program reports to funding organizations | | | |
| **Financial management system**<br>● Have an approved health budget<br>● Conduct quarterly financial reports | | | |
| **Communicate with the Local Board of Health (LBOH) about the responsibilities of the department and the responsibilities of the LBOH**<br>● 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<br>● Communicate with the LBOH about their responsibilities as set forth in code, administrative rule, and local rules and regulations<br>● 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** | | | |

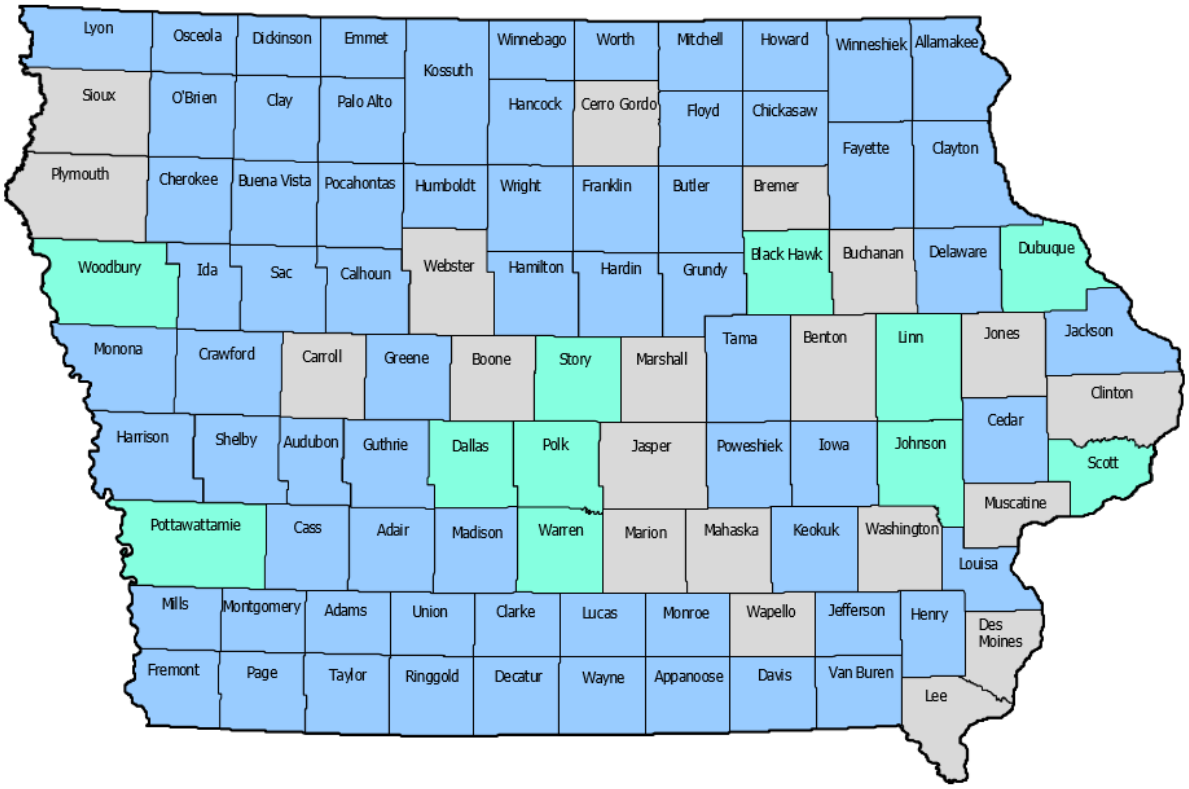
| | | | |
|---|---|---|---|
| ● Communicate with the LBOH about important public health issues and/or recent actions of the health agency/department. | | | |
| **Communicate with the governing entity about health department performance assessment and improvement**<br>● Communicate with the LBOH on plans and processes for improving health agency/department performance<br>● Communicate with the LBOH on performance improvement efforts | | | |

Thank you very much for completing the Public Health System Assessment. We appreciate your time and look forward to sharing the results with you!

Please make sure to go to the Performance Measure form in Progress Reports in your FY22 LPHS IowaGrants site and mark that you have completed this survey. If you have any questions about completing your progress report please contact your RCHC.

# Appendix D: Counties by population

## Population categories used in report




KEY

| |
|---|
| Rural |
| Micropolitan |
| Metropolitan |