



Assessment of Carroll County Public Health System

PREPARED BY:

**THE STEPHEN GROUP, LLC.
814 Elm Street, Suite 309
Manchester, NH, 03101
Main: (603)419-9592
WWW.STEPHENGROUPINC.COM**

January 2022

Table of Contents

Executive Summary	1
Background and Findings	1
Recommendations.....	3
Conclusion	4
About TSG	6
Objectives, Scope and Methodology	6
Assessment Methodology	7
Brief History of Public Health in the United States	8
Brief Overview of the Federal Public Health System.....	9
Legal Foundation and Accountability Mechanisms in Iowa Public Health	11
Legal Foundation	11
IDPH Seeking Changes to Enhance Population Health Focus	13
Overview of Public Health Services in Carroll County	16
Current Public Health Service Delivery Structure	16
Fiscal Analysis.....	18
Carroll County Public Health Outcomes	22
St. Anthony Public Health Yearly Report.....	22
Carroll County Health Rankings	24
Community Needs Assessments.....	26
Public Health Practice in Other Jurisdictions.....	28
Funding.....	29
Public Health Service Delivery.....	30
Public Health Best Practice Models.....	34
Local Government Board of Health Governance Practices.....	34
Cross Jurisdictional Sharing of Services in Public Health	37
American Public Health Association: Public Health Nursing Elements of Practice	38
Public Health and Social/Mass Media Campaigns to Change Behavior	39
Path Forward to Improve the Carroll County Public Health Infrastructure	42
Establish a Strategic Planning Process for the Public Health System.....	42
Consider Alternative Funding and Delivery Options for Public Health Services	44
Enhance Public Health Oversight Structure to Ensure Accountability and Transparency.....	46
Improve Community Awareness of Carroll County Public Health Resources.....	50
Appendix A	55
Appendix B	59
Appendix C	62

Executive Summary

The Carroll County Local Board of Health (LBOH) retained The Stephen Group to conduct a formal review and assessment of county-funded public health services. This assessment includes examining current operations as well as a best practice review and recommendations for increasing the efficiency and effectiveness of the county's public health capabilities, including a review of public health policies at the federal, state and county levels, an examination of national data and best practices, and numerous meetings with individuals within Carroll County and the Iowa Department of Public Health (IDPH).

Background and Findings

In Carroll County, public health is administered through county-based Local Boards of Health overseen by IDPH. Under state law, IDPH grants counties funds to support local public health and puts in place clear standards that counties must meet to continue to receive these funds to ensure accountability.

Critically, the nature of this arrangement is changing. IDPH is shifting the focus of these state grants to emphasize population health, starting in state fiscal year 2023. By state fiscal year 2027, all IDPH public health grants must be used for population health purposes. This means that some of the programs currently provided by the LBOH, such as the Home Care Aide Service, will no longer be able to receive IDPH public health grant funding.

In Carroll County, public health services are currently provided through three separate departments: Environmental Health, Home Care Aide Service, and Public Health Nursing. The total spending reported by these three departments in state fiscal year 2021 was \$855,728, with Home Care Aide Service the largest portion, 40.5%, Public Health Nursing expending 37.5%, and Environmental Health amounting to 22%.

The spending reported by the three Carroll County public health departments is 20% below the national average (\$41 per capita vs \$51 per capita for similarly sized local health departments across the nation). However, the portion of spending that is paid with county tax dollars (35%) is substantially higher than that of similarly sized counties (25%).

Environmental Health and Home Care Aide Service are run internally, with Environmental Health having two FTEs and Home Care Aide Services having six FTEs. Public Health Nursing services are provided by St. Anthony Regional Hospital (SARH), which consists of 1.8 FTEs.

Understanding the finances of Environmental Health and Home Care Aide Services is straightforward, as they are internal departments. Understanding Public Health Nursing financing is more challenging, since SARH does not track spending separately for every public health service they provide. According to SARH staff, they "view Public Health in its entirety and do not keep track of individual programs unless required to do so." Currently, there are no provisions requiring SARH to separately track LBOH funded expenditures.

While it is assumed that the Carroll County LBOH could access the revenue amounts shown in this assessment if the LBOH chose to provide Public Health Nursing services directly, we were unable to determine the exact amount of expense that may be incurred to provide these services and any potential shortfall or gain. However, we do not believe that any potential shortfall to the Carroll County LBOH, if it were to provide Public Health Nursing services directly, would be greater than \$86,689, and would very likely be less than this amount. Removing all expenses associated with additional services provided by SARH would lower total expenses and therefore any potential shortfall amount.

The lack of a contract between SARH and the Carroll County LBOH for all revenue sources that flow from the County to SARH results in unnecessary ambiguity of exactly what the County is purchasing, including confusion about performance and accountability expectations. Except for the Local Public Health Service Grant, we were unable to determine what performance and accountability standards the Carroll County LBOH expects of SARH because there is no contract between these parties. The county is left without access to key accountability tools such as assured staffing levels, financial and programmatic reporting standards, and clarity on precisely what public health objectives are being met.

Moreover, given that other funds sent to SARH come from IDPH funding, there is no mechanism to ensure compliance that these state funds are spent consistently with the Iowa Administrative Code. At the same time, the ambiguity does not offer clarity to SARH about how these funds should be prioritized.

Based on national data reporting, Carroll County is ranked among the healthiest of counties in Iowa in the latest 2021 rankings. The county ranks 13th for overall health factors and 14th for overall health outcomes, putting the county in the top quintile statewide. There are a number of factors that can impact these results other than public health service delivery, including population demographics and socioeconomic variables. Nevertheless, across many metrics, the county ranks average or higher for public health. The county also has one of the highest COVID-19 vaccination rates for seniors over 65 years of age and exceeds statewide averages in each of the other age brackets that are measured. Additionally, the county ranks above the state average for counties in the most recent state immunization audit.

Per IDPH's Survey of Iowa's Local Public Health System, Carroll County reported that it directly provides mental health services, physical activity, chronic disease prevention, and nutrition services. Notably though, more than half of similarly sized local health departments across the nation also provide STD screening and treatment, HIV screening, high blood pressure screening, BMI screening, and WIC. The assessment finds that the Carroll County public health departments do provide some of these services, but not all. It is worth noting that New Opportunities, Inc. and SARH (outside of the scope of work with Carroll County LBOH) do provide some of these services. However, there remain several public health services that other small counties offer that Carroll County does not.

The Carroll County LBOH, including SARH, does not offer a robust public health education and outreach effort. Interviewees consistently stated a significant lack of clarity on how Carroll County Public Health is understood by involved partners and the public. While the Carroll County Public Health does maintain a robust presence on Facebook, its website has little information to update viewers to public health alerts or opportunities to improve their health.

Neither the Carroll County LBOH collectively nor any of its departments engage in a formal strategic planning process. This is a national best practice that would help Carroll County align and focus the prioritization, vision, and mission of public health services. At the same time, it helps to allow partners to do a better job preparing and collaborating.

The Carroll County LBOH does not have staff resources dedicated to identifying and applying for new grant funding opportunities. New grant funds could allow the county to expand public health services and reduce the high reliance on county tax resources.

Discussions with some stakeholders revealed a view that the focus of public health efforts were centralized to the City of Carroll and that other parts of the county do not receive the same level of support. As an example, another hospital in the county has offered to provide space for outreach and public health needs without success.

Currently, there are few resources for education and training for LBOH members. This is a gap that limits their ability to fully understand opportunities that could improve the health of Carroll County residents.

Recommendations

The Carroll County LBOH should take several steps to improve the effectiveness, value, and transparency of public health delivery in Carroll County. These steps will create more functional, cohesive service that can better meet the county's needs.

The first step should be for the Carroll County LBOH to develop and implement a consistent process for strategic planning. This process should be ongoing and would help guide decision making by having a clear vision and mission to allow the LBOH to know if they are meeting their benchmarks and moving toward their targets and when goals are off track. It would also help staff, partners, stakeholders, and residents understand the Board's priorities. This strategic planning process should consider the goals and objectives of existing planning efforts, such as the US Department of Health and Human Services' Healthy People 2030 as a starting point.

The planning process should include critical discussions and strategies for potential expansion of services provided by the Carroll County LBOH. This should be done in collaboration with SARH and other organizations and stakeholders, such as New Opportunities and Manning Regional Healthcare Center, who also currently offer services in the community.

The Carroll County LBOH must also begin to plan for IDPH grant funding to shift over the next several years towards an exclusive usage for population health. Making sure that transition

happens smoothly will be critical to maintaining support for the Home Care Aide Service department.

The Carroll County LBOH should develop a consistent outreach, education, and communication strategy to proactively grow public health awareness and connect people with resources. This outreach and education plan should focus on the specific public health needs of Carroll County and should not duplicate the work of other public health entities. It should be a robust effort that maximizes digital and social media as well as working with local business and community leaders to help them expand the outreach work with efforts like posters for local restaurants providing education and informational handouts for local health care providers.

The Carroll County LBOH should also engage a grant writer or dedicate staff time to seek out and identify potential areas of resource support to aid the Board in expanding the service array and reducing the heavy reliance on county tax dollars. The grant writer should target federal and state government, local and national foundations as well as individuals who might have an interest in helping the county grow their capabilities.

The Carroll County LBOH should look to start collaborations with other counties, regional groups, health care providers, and non-profit organizations to maximize outreach and engagement while leveraging comparative advantages to ensure that all Carroll County residents, regardless of location within the county, demographics or overall awareness of health, see the benefits.

The Carroll County LBOH should, to the extent it continues to subcontract out public health services to SARH, develop a contract with SARH that outlines precisely what services will be provided; includes mechanisms to ensure compliance with LBOH's contract with IDPH; and delivers important transparency for financial and programmatic effectiveness that will allow LBOH to build a dashboard to see if the county is on track to meet its strategic public health goals. This contract should also clarify how SARH (or even another authorized agency) will meet the staffing and resource needs of the county's residents.

The Carroll County LBOH should collaborate with other public health entities to build out an education and training curriculum for Board members. This would benefit the Board in terms of level setting to ensure that all members have a baseline level of knowledge and have additional insight into opportunities to improve the health of the county.

Conclusion

While Carroll County is considered a healthy place, it has the opportunity to take great strides in moving forward to improve the health of its residents. There are several areas that are 'low hanging fruit' to make incremental steps quickly and other changes that will take longer, but can have durable, significant benefits.

Many of the people interviewed for this assessment spoke of the desire for seeking and making positive change. While a constructive attitude in no way guarantees success, it makes it far more likely to accomplish the goals of a reform effort than if you have resistance.

The residents of Carroll County should have access to a public health infrastructure that meets the needs of an evolving landscape. Implementing the best practices included in this assessment will help realize that goal.

About TSG

The Stephen Group (TSG) provides expert consulting services for state and county governments, as well as private and non-profit corporations and foundations that range from cutting edge public health and human service delivery innovations and reform to technical assistance with several state health and human services and population health-related programs. We use our vast experience and knowledge at the highest levels of state and county government as well as the private sector to assist states and counties in process improvement, program development, management, informatics and strategic planning advice, management training, and health and social services organizational reform.

TSG was founded in 2011 and has been in business for over 10 years. TSG is headquartered in Manchester, NH, the home of Managing Partner John Stephen, former Commissioner of Health and Human Services for New Hampshire, with authority over all public health funding and oversight over a regional system of care. TSG offers state health and human services and county organizations across the country broad experience and support in many human services, including Public Health Medicaid, Behavioral Health, Aging and Disability, Child Welfare, and other social services related areas. TSG also delivers to county organizations key best practice knowledge of re-organization and transformation management principles that have led to successful program re-design.

Objectives, Scope and Methodology

The Carroll County Local Board of Health (LBOH) is seeking a formal review of all county-funded health services within its three departments: Environmental Health, Home Care Aides, and Public Health Nursing. This includes an assessment of its current operations and resources as well as a best practice review resulting in a report that highlights opportunities for increased efficiencies or consolidation of services, identified gaps in services or staffing, and opportunities for service growth.

TSG worked collaboratively with the Carroll County Board of Supervisors (BOS) and the Carroll County LBOH to assess programs, service delivery, organizational structure, rules and policy, and cost structure to make recommendations on opportunities for improvement that truly enhance delivery of all services between the three departments. During our assessment, we conducted interviews with the Carroll County BOS liaison to the LBOH and members of the Carroll County LBOH to understand the history, background, and gain important perspectives on the current organizational structure. We also interviewed members of the Iowa State Department of Public Health (IDPH) that are currently involved in their own integration of public health services within health and human services. We then engaged with staff in the Environmental Health and Home Care Aide Service departments and met with leadership and staff at St. Anthony Regional Hospital, other county public health stakeholders, and representatives from other Iowa counties of similar size.

In our assessment, we describe both the current state of service delivery and identify opportunities to improve the public health infrastructure in Carroll County. We characterize the different levels of programs, services, and systems of each department and identify what is working well and what opportunities exist for improvement. We have also used our experience and knowledge and looked to other state and county public health best practice to bring forward any innovation in public health system redesign.

Assessment Methodology

TSG uses data, key informant interviews, research, reports, and policies and procedures from our clients in order to learn about the organization's mission, vision, and strategic and business planning; how the organization is structured; how policy and procedures align with the organization's operations and processes; how staff are selected, trained, supported, and held accountable; how financial management, accounting, and internal controls work; available data metrics related to performance, efficiency, and outcomes; and current/future challenges and risks as available. Data and information collected for this project included:

- Information and data requests
 - From Carroll County related to details on funding, staffing, and services for the Home Care Aide Service and Environmental Health departments
 - St. Anthony Regional Hospital related to details on funding, staffing, and services for Public Health Nursing
- Regulatory review of statutory and administrative documents
- Key Informant Interviews
- Best Practice Research

Since the kickoff of the engagement, we have accumulated and reviewed the following documents, reports, and financial information:

- [A Brief History of Public Health](#)
- [A brief history of the Public Health Service](#)
- [The Future of Public Health](#)
- [What is Public Health? CDC Foundation](#)
- [Components of Public Health System](#)
- [Department of Health and Human Services: FY2021 Budget Request](#)
- [The 10 Essential Public Health Services](#)
- [Defining the Functions of Public Health Governance](#)
- [Framework for Selecting Best Practices in Public Health](#)
- [Cross-Jurisdictional Sharing of Public Health Services](#)
- [The Definition and Practice of Public Health Nursing](#)
- [Public Health Nursing Practice Model](#)
- [Summary of reviews of mass media campaign features and effects on behaviour, by health topic](#)

- [Use of Mass Media Campaigns to Change Health Behaviour](#)
- County Survey Data
- Local Public Health Services Contract
- Burgess Health Center Management and Services Agency Agreements
- Local Board of Health Code
- Carroll County Immunization Contracts
- 2020 Local Public Health System Survey
- PHP Presentation – LPHS Program Changes
- Vaccine Administration Billing and Reimbursement
- FY20 Annual County Service Contract List
- Multi-year Financial Reports
- Home Cre Aide Response Staffing
- Home Care Aide Response Client Survey Results
- FY21 Environmental Health Budget Report
- Environmental Health Services Brochure
- IDPH Contract for Water Wells
- State Natural Resources Agreement for Water Wells
- Job Descriptions
- St. Anthony Regional Hospital (SARH) Monthly Financial Statements
- SARH 2017 – 2022 Budget
- SARH Total COVID Revenue
- SARH Public Health FYE 21 Stat Report
- SARH Drug and Supplies Expense GL
- SARH Local Public Health Services Grant
- SARH Data Report to BOH 2021
- Meeting Agendas
- 2020 Public Health Clinics
- FY2021 Contract for Carroll County H.O.P.E.S.
- Statutes and Ordinances
- IDPH Local Public Health Systems Survey
- 2019 National Profile of Local Health Departments National Association of County and City Health Officials

Additionally, TSG conducted 27 key informant interviews during November and December 2021 and January 2022. We also worked with financial staff at SARH and conducted a thorough financial review with their valuable assistance, which we would like to acknowledge was important to our Assessment.

Brief History of Public Health in the United States

In many ways, the history of government funded public health in the United States follows scientific developments in England and Europe regarding the relationship between bacteria and

disease and the importance of sanitation in disease prevention in the eighteenth and nineteenth centuries. The following historical overview describes how Public Health developed to the present day:¹

- **1798:** Congress passed the Act for the Relief of Sick and Disabled Seamen and authorized the development of the US Marine Hospitals (MHS) which is considered the predecessor of Public Health.
- **1804:** Boston Maine Hospital established in Charlestown, MA.
- **1800s:** Massachusetts legislature established first US system for recording births, deaths, and marriages (1842); a Sanitary Commission (1850); and the reporting of “dangerous diseases to the public” (1884).
- **1870:** The US Marine Hospital Service expanded beyond seamen to include epidemics of dangerous diseases and the establishment of the “Commissioned Corps.”
- **1891:** The US Immigration Act required health examinations by MHS “Commissioned Corps” MDs before entry.
- **1890’s:** State and local health departments began to establish “laboratories” to assess Public Health risks with MA, NY, and MI leading the way.
- **1912:** Public Health Marine Hospital Services renamed the US Public Health Service.
- **1925:** All states began participating in the reporting of disease.
- **1938:** Congress passed the Food, Drug, and Cosmetics Act: FDA.
- **1944:** The Public Health services Act broadened the scope of the Commissioned Corps to include nurses, scientists, dieticians, physical therapists, sanitarians, and veterinarians.
- **1953:** The US Public Health Services (USPHS) was established within the Department of Health, Education, and Welfare (HEW).
- **1979:** USPHS reorganized into the United States Department of Health and Human Services (DHHS)

Brief Overview of the Federal Public Health System²

The Centers for Disease Control and Prevention (CDC) Foundation,³ organized by Congress as an independent non-profit organization to support the CDC, defines Public Health as follows:

- Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations.

¹ www.sphweb.bumc.bu.edu/otlt/mph-modules/ph/publichealthhistory/publichealthhistory8.html;
www.careers.publichealth.iu.edu/blog/2018/10/12/a-brief-history-of-the-public-health-service/;
www.ncbi.nlm.nih.gov/books/NBK218224/

² <https://www.ncbi.nlm.nih.gov/books/NBK218212/>

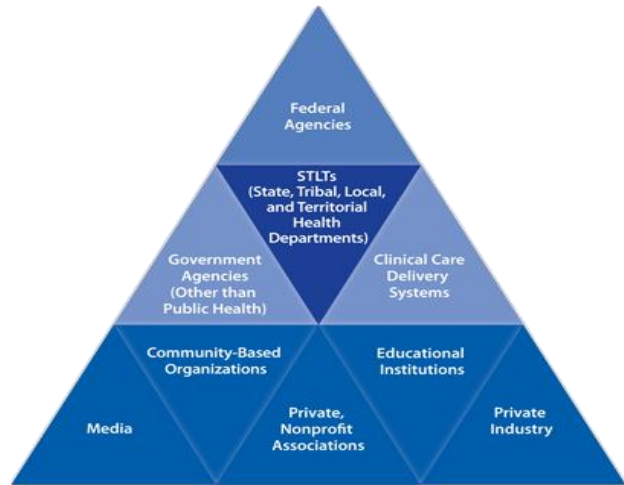
³ www.cdcfoundation.org/what-public-health

These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.

The CDC⁴ describes the United States Public Health System as follows:

- As depicted in the pyramid, the United States' governmental public health system represents a complex and broad range of federal, state, and local health agencies, laboratories, and hospitals, as well as nongovernmental public and private agencies, voluntary organizations, and individuals. Federal agencies are represented at the top and health departments at the center of the pyramid because of their primary leadership responsibilities for developing a broad knowledge base so that policy is driven by long-range issues, ensuring that the public interest is served, and achieving a balance between individual liberties and equitable actions for the good of the community.

Components of the Public Health System



Federal public health related activities are organized to a greater or lesser extent as services/activities provided directly by DHHS or contracted out to states, localities, and private entities. The federal public health system is organized under the DHHS Secretary and includes the following agencies:

- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- National Institute of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Health Care Financing Administration (HCFA) - not directly a public health agency but involved with population health and prevention

Total Spending Authority: FY2021⁵

- CDC + ATSDR: \$7.1 billion
- FDA: \$3.3 billion
- HRSA: \$11.4 billion

⁴ www.cdc.gov/publichealthgateway/funding/rfaot13/pyramid_description.html

⁵ www.everycrsreport.com/reports/R46321.html#_Toc38379184

- NIH: \$37.9 billion
- SAMHSA: \$5.6 billion

The funding shown above includes mandatory and discretionary funds. All six agencies provide grant making opportunities for state and local public health related services and activities.

CDC Purposes for Public Health⁶

- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injury
- Promote and encourage healthy behaviors across the population
- Respond to disasters and assist communities in recovery
- Assess the quality and accessibility of services

CDC 10 Essential Public Health Services⁷

The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake. For the past 25 years, the EPHS have served as a well-recognized framework for carrying out the mission of public health. The EPHS framework was originally released in 1994 and more recently updated in 2020. The revised version is intended to bring the framework in line with current and future public health practice.



Legal Foundation and Accountability Mechanisms in Iowa Public Health

Legal Foundation

In Iowa, public health is administered through a county-based construct of Local Boards of Health (LBOH) overseen by the Iowa Department of Public Health (IDPH). IDPH defines public health as “a partnership of local public health, IDPH, non-profit organizations, health care providers, policymakers, businesses and many others working together to protect and improve the health of Iowans. Public health strives to improve the quality of life for all Iowans by assuring access to evidence-based population-health programs, services, and activities in the following areas:

⁶ www.cdc.gov/publichealthgateway/publichealthservices/pdf/essential-phs.pdf

⁷ www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

- Promote healthy living
- Prevent injuries and violence
- Protect against environmental hazards
- Assure access to quality health services
- Prevent epidemics and the spread of disease
- Improve and support public health performance
- Prepare for, respond to, and recover from emergencies”⁸

The LBOH is overseen by the county Board of Supervisors (BOS). The LBOH composition consists of 5 or 7 members of which one member must be a licensed physician. Members serve 3-year terms and are appointed by the BOS. The IDPH holds the contract for the provision of public health services delivered by the LBOH, and, therefore, the LBOH, through the BOS is accountable to the IDPH to ensure that the funds allocated are expended according to state law and within the scope of the above public health services and activities.

The basic functions of public health are defined within Iowa Code 641 as:

- **Assessment:** Regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, personal health services, and epidemiologic and other studies of health problems.
- **Policy development:** Exercise responsibility to serve the public interest in the development of comprehensive public health policies. This core function can be accomplished by promoting use of a scientific knowledge base in decision making about public health and by taking the lead in public health policy development.
- **Assurance:** Assure constituents that services necessary to achieve agreed-upon goals are provided either by encouraging action by other entities (private or public sector), by requiring such action through regulation, or by providing services directly.

The LBOH is required by Iowa Code to manage “population-based and personal health services as may be deemed necessary for the promotion and protection of the health of the public...”⁹ Additionally, the LBOH may subcontract to provide public health services to promote and protect its citizens in accordance with Iowa Code 641. Subcontracting does not relieve the BOS or the LBOH of its responsibilities to the IDPH for promoting the overall public health of the community.

Thus, the LBOH, through the BOS, has jurisdiction over public health matters and is accountable for meeting state standards for service delivery and achieving desired outcomes. Its role is to directly oversee public health staff and provide certain mandated public health services.

⁸ <https://idph.iowa.gov/about>

⁹ <https://www.legis.iowa.gov/docs/code/2022/137.pdf>

Additionally, the LBOH must promote and educate its citizens regarding public health matters. Note, even if the BOS and LBOH delegate this function to an outsourced entity, they are still statutorily responsible for fulfilling this requirement.

An example of LBOH responsibilities is the mandate for immunization and immunization education of children attending elementary, secondary, and higher education as well as childcare centers. Assessments of children attending licensed childcare centers or elementary or secondary school are conducted to ensure attendees have received the required immunizations and have an appropriate IDPH Certificate of Immunization, Certificate of Immunization Exemption, or Provisional Certificate of Immunization.

Per Iowa Code, Local Public Health Agencies conduct annual audits of immunization records for students enrolled in licensed childcare centers and public, private, and parochial students in kindergarten through 12th grade. The LBOH is required to audit the schools within their jurisdiction to determine compliance.¹⁰ The LBOH is required to provide IDPH with a report of the audit within 60 days of the first official day of school. Again, outsourcing this function does not relieve the LBOH of its statutory duty as the ultimate body responsible for meeting this requirement. Please see **Appendix A** for a listing of relevant state codes and administrative rules.

IDPH Seeking Changes to Enhance Population Health Focus

IDPH has indicated that it will propose changes in three areas as part of its focus on population health beginning in fiscal year 2023. These areas include the LBOH contract, funding, and anticipated changes in the Iowa Administrative Codes (IAC). Three areas have been identified for LBOH focus: Leadership and Governance; Health Promotion; and Strengthening Local Public Health Infrastructure.

The changes will result in more emphasis on core public health functions and essential services through the implementation of public health interventions as well as promoting utilization of local policies rather than prescribing specific rules related to agency operations.

The funding restructure moves from having most of the spending for non-population health to 100 percent funding only allowable for population health. Non-population health, such as home health, family home support visits, and foot care clinics, can still be part of the work of the LBOH but will need to use other funding sources.

The intent is to further define core public health functions and also focus on essential public health services as they relate to population health. As stated by IDPH, “this should help LBOH and BOS in understanding what public health, specifically population health, is and provide a guide for future work.”

¹⁰ <https://www.legis.iowa.gov/docs/iac/agency/641.pdf>

Funding requirements will incrementally change beginning in state fiscal year 2023. More specifically, in state fiscal years 2023 and 2024, at least 25 percent of all the local public health funds must be spent on population health activities, such as investigation, diagnosis, and activities that directly address health problems and hazards that affect the population. The percentage spent on these activities will increase to 50 percent by state fiscal year 2025, 75 percent by state fiscal year 2026, and by state fiscal year 2027, all IDPH Local Public Health Service Grant funds must be spent on population health services.

IDPH funds that are spent on non-population health functions, will need to be spent prior to state fiscal year 2027 to comply with the new Chapter 80 state public health rule changes.

State Required Accountability Mechanisms

Chapter 137.103 of the Iowa Code, known as the Local Public Health Governance Act, defines the structure, powers, and duties of local boards of health.¹¹ The statute does not specifically define local board of health accountability mechanisms, data, or reporting requirements thereby delegating the responsibility of organizational accountability for programs and services to the local Boards of Health within the framework of delegated powers and duties. The framework for the accountability mechanisms for all public health services delivered through local boards of health are established in Chapter 80 of the Iowa Administrative Code Section 641. Please see **Appendix A** for a listing of relevant state codes and rules.

Contract Provisions to Ensure Accountability of Funding Received from IDPH

IDPH enters into contracts with proper accountability measures with each LBOH before it distributes funds for public health services to any local county of the state. Before the LBOH can use IDPH public health funds, they must enter into the contract with special conditions related to the specific public health funds administered and also agree to more general conditions. IDPH ensures that there are proper government accountability measures by issuing to the LBOH funds connected to a contract with special conditions related to the administration of public health services that include:

- Special conditions for the LBOH contractor
- Designated responsible parties at the state and LBOH level
- Contract purpose
- Description of the work and services
- Performance measures
- Required reporting
- Budget allocation

¹¹ www.legis.iowa.gov/docs/code/137.pdf

- Administration procedures
- Additional conditions

IDPH also includes standard contract language on “General Conditions” in their contracts with local boards of health that applies to all government contracts as standard practice. This clause is in every signed IDPH/LBOH public health service contract with special conditions:

“The Contractor agrees to perform the work and to provide the services described in the Special conditions for the consideration stated herein. The duties, rights and obligations of the parties to this contract shall be governed by the Contract Documents, which include the Special Conditions, General Conditions, Request for Proposal and Application.”

In state fiscal year 2021, IDPH contracted with the Carroll County LBOH for public health services through multiple grants. The LBOH, therefore, was responsible for meeting the terms and conditions contained in each of these IDPH funded contracts.

Subcontracting Requirements

Chapter 80 gives the LBOH the specific authority to subcontract all or part of the delivery of services to an authorized agency. Where the LBOH subcontracts local public health services, as in this case to the non-profit hospital SARH, it is considered subcontracting public health services to a statutorily permitted “authorized agency.” Pursuant to Chapter 80.3 Definitions:

“Authorized agency means a contractor or a private nonprofit or governmental organization delivering all or part of the LPHS funded by the LPHS contract.”

The contractor in the eyes of the IDPH, however, remains the county LBOH and they are held to the terms of the original special and general conditions contract. Per Chapter 80.2., “contractor” means a local board of health (LBOH). Thus, whether the LBOH directly provides county public health services or subcontracts the services out, the LBOH is the “contractor” for local public health services and is statutorily responsible for providing assurances to IDPH, in exchange for receiving funding, that authorized agency subcontractors meet all applicable federal, state, and local requirements, including Title IV of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the Rehabilitation Act of 1973 and with affirmative action requirements. In addition, the contractor shall ensure that each authorized agency has, at a minimum, the following:

- A governing board
- Program policies and procedures
- A consumer appeals process
- Records appropriate to the level of consumer care
- Evidence of staff supervision
- Personnel policies and procedures

- Fiscal management, which shall, at a minimum, include: (1) An annual budget; (2) Fiscal policies and procedures which follow generally accepted accounting practices; and (3) An annual audit performed according to usual and customary accounting principles and practices
- Evaluation of agency and program activities which shall, at a minimum, include:(1) Evidence of an annual evaluation; and (2) Methods of reporting outcomes of evaluation to the LBOH

For detail on the status of accountability mechanisms in Carroll County, refer to *Enhance Public Health Oversight Structure to Ensure Accountability and Transparency* on page 54.

Overview of Public Health Services in Carroll County

Current Public Health Service Delivery Structure

Carroll County public health services are currently provided through three separate departments: 1) Environmental Health; 2) Home Care Aide Service; and 3) Public Health Nursing. Each department maintains a separate budget and reports to the Carroll County LBOH.

Since 1994, St. Anthony Regional Hospital (SARH), a non-profit hospital located in Carroll, has provided Public Health Nursing Services on behalf of the Carroll County LBOH. **Figure 1** shows the staffing and services provided by each department.

Figure 1: Overview of Carroll County Public Health Departments, State Fiscal Year 2022

Department	Overview	Staffing	Services
Environmental Health	Administers local and state environmental and public health protection programs in Carroll County and Crawford County*, including offering a variety of services designed to help protect the public. *Per contract with Crawford County	2 FTEs Environmental Health Director (1) Environmental Health Technician (1)	Water testing; Well plugging and rehabilitation; Well permits; Septic permits; Real estate transfer inspections; Indoor air quality – radon, mold, and carbon monoxide; Non-food related public health complaints; Swimming pools and spas; Tanning beds and tattoo parlors; Emergency preparedness; Passport services
Home Care Aide Service	Provides homemaker services to any resident of Carroll County, including rural, low-income minority, and non-English speaking families or individuals who need such assistance to prevent or reduce inappropriate	6 FTEs Home Care Aide Administrator (1) Home Care Aide Supervisor (1)	Meal preparation, personal care (bathing), laundry, light housekeeping, essential errands, and occasional help with paying bills.

Department	Overview	Staffing	Services
	institutionalization. Services may be limited due to resource availability.	Home Care Aides (4)	
Public Health Nursing	Provides the public health nursing function on behalf of the Carroll County LBOH.	1.8 FTEs ¹ Nurse (0.6) Clerk (1.0) Director (0.2)	Immunizations; breast and cervical cancer screening; colorectal cancer screening; disease surveillance and investigation; TB testing and treatment; blood pressure clinics; foot care clinics; injections for mental health patients; public health education; public health emergency preparedness; disaster planning

Source: TSG analysis of information and data collected from Carroll County and St. Anthony Regional Hospital through interviews and written requests.

¹ One staff person is currently filling the 0.6 Nurse FTE and the 0.2 Director FTE for Public Health Nursing. According to SARH, this one staff person often works additional hours in the Public Health Nursing function beyond the 0.6 FTE. Additionally, there are additional nurses at SARH that work in Public Health Nursing as needed.

Not all public health services are provided by the local governmental public health system. Other public health services are provided to Carroll County residents outside of the authority of the Carroll County LBOH. These include:

- **H.O.P.E.S. (Healthy Opportunities for Parents to Experience Success) parenting program:** SARH operates the H.O.P.E.S. program within its Public Health/Home Health Office within the hospital. H.O.P.E.S. is a voluntary in-home visitation program available at no cost to expecting parents and those with children, prenatal to age four, living in Carroll County. Participants receive in-home visits by specially trained staff who offer support with infant, toddler, preschool, and childhood development; pre-school readiness; prenatal education and support; and referrals to medical and dental providers and other community resources.
- **Carroll County Nest:**¹² SARH operates the Carroll County Nest program within its Public Health/Home Health Office within the hospital. The program is available at no cost to all expectant parents who reside in Carroll County. Participants are encouraged to enroll during pregnancy but can enroll after delivery. Families can remain in the program until their child turns age 3. The goal of the program is to support and encourage expectant parents to improve their health and the health of their babies. Program participants receive points for prenatal care, postpartum visits, well child visits, continued education,

¹² <https://www.stanthonyhospital.org/services/home-health-services/carroll-county-nest/>

and activities that increase healthy behaviors. Points are redeemed for items, such as diapers, educational toys, safety items, highchairs, books, and feeding supplies.

- **Other Public Health Services:** There are a variety of other public health services provided by New Opportunities, Inc., a nonprofit organization serving a seven-county service area that includes Carroll County. These services include substance abuse prevention, WIC, maternal health, child health, childhood lead poisoning and prevention, oral health, sexually transmitted infections clinical services, and tobacco use prevention and control.

Fiscal Analysis

Local Boards of Health throughout Iowa receive funding from a variety of sources, including grant funding from IDPH. For example, IDPH allocates approximately \$7 million each year to Local Boards of Health through the Local Public Health Service Grant. This funding is distributed based on a formula-based allocation methodology that considers several factors, such as population size. The data presented in this section provides funding detail for the three Carroll County public health departments.

Figure 2 shows the actual total amount spent by each Carroll County public health department for state fiscal year 2021. Spending reported by the three Carroll County public health departments totaled \$855,728 in state fiscal year 2021. Of this amount, \$299,417, or 35 percent, was funded with county tax dollars. Of total spending, an almost equal amount is spent by Home Care Aide Service (40.5%) and Public Health Nursing (37.5%) with the remaining amount spent on Environmental Health (22.0%).

Figure 2: Carroll County Public Health Funding by Department, State Fiscal Year 2021

Expenses	Actual Amounts	Percent of Total
Environmental Health	\$188,337	22.0%
Home Care Aide Service	\$346,843	40.5%
Public Health Nursing	\$320,548	37.5%
Total Spending	\$855,728	100.0%

Source: TSG analysis of fiscal data provided by Carroll County Environmental Health Department, Carroll County Home Care Aide Service Department, and St. Anthony Regional Hospital.

Figure 3 shows funding for the Carroll County Environmental Health Department by method of finance for state fiscal year 2021. The revenue amounts collected from fees, contracts, and grants totaled \$124,710, or 66.2% of total Environmental Health expenses, and county tax dollars fund the remaining \$63,627, or 33.8%, of expenses.

Figure 3: Carroll County Environmental Health Funding, State Fiscal Year 2021

Method of Finance	Actual Amounts	Percent of Total
Crawford County Contract	\$29,000	15.4%
Swimming Pool and Spa Licenses	\$7,642	4.1%
Sewage Disposal/Septic Tank Fees	\$25,785	13.7%
Annual Septic Inspections	\$2,769	1.5%
Well Testing Fees	\$52	0.0%
Radon Testing Kit Fees	\$359	0.2%
Tanning/Funeral/Tattoo Inspections	\$1,356	0.7%
Other General Government Fees	\$7	0.0%
Passport Fees	\$16,165	8.6%
IDPH Emergency Preparedness Grant	\$635	0.3%
IDPH Funds for Well Testing and Abandonment	\$40,940	21.7%
County Tax Asking	\$63,627	33.8%
Total Spending, All Methods of Finance	\$188,337	100.0%

Source: TSG analysis of fiscal data provided by the Carroll County Environmental Health Department.

Note: Some of the spending and associated revenue reported by the Environmental Health Department are for items that are not considered a Carroll County public health service. These items include the Crawford County Contract that supports environmental health services provided to the residents of Crawford County; and Passport Fees that are generated through passport services where required verifications are completed for applicants applying for a passport.

Figure 4 shows funding for the Carroll County Home Care Aide Service Department by method of finance for state fiscal year 2021. The revenue amounts collected from fees, contracts, grants, client contributions, and donations totaled \$181,053, or 52.2% of total Home Care Aide Service expenses, and county tax dollars fund the remaining \$165,790, or 47.8%, of expenses.

Figure 4: Carroll County Home Care Aide Service Department Funding, State Fiscal Year 2021

Method of Finance	Actual Amounts	Percent of Total
IDPH Local Public Health Service Grant	\$46,848	13.5%
Elderbridge Grant	\$31,066	9.0%
Homemaker Fees	\$18,213	5.3%
Elderbridge Client Contributions	\$1,638	0.5%
Carroll Area Nursing Service Contract	\$52,679	15.2%

Frail Elderly Waiver	\$27,835	8.0%
United Way	\$1,500	0.4%
Manning Community Chest	\$1,000	0.3%
Coon Rapids United Fund	\$274	0.1%
County Tax Asking	\$165,790	47.8%
Total Spending, All Methods of Finance	\$346,843	100.0%

Source: TSG analysis of fiscal data provided by the Carroll County Home Care Aide Service Department.

Note: Some of the spending and associated revenue reported by the Home Care Aide Department are for items that are not considered a Carroll County public health service. These items include the Carroll Area Nursing Service Contract and the Frail Elderly Waiver which provide funding for Home Care Aide services provided to individuals who may be beneficiaries of private or public insurance.

Figure 5 shows revenue and expenses for Carroll County Public Health Nursing Services provided by SARH for state fiscal year 2021 and the first five months of state fiscal year 2022. The revenue amounts collected from grants, reimbursement from insurance companies, county tax dollars and contracts for state fiscal year 2021, totaled \$233,859, or 73% of total Public Health Nursing Services expenses, and other hospital dollars funded the remaining \$86,689, or 27%, of expenses. However, for the first five months of state fiscal year 2022, revenue amounts collected from grants, reimbursement from insurance companies, and contracts exceeded expenses by \$872 and other hospital dollars were not required to fund Public Health Nursing Services expenses.

The total expenses for Public Health Nursing Services shown in **Figure 5** are an estimate of the amount spent on public health services on behalf of the Carroll County LBOH. SARH chooses to provide some additional services (i.e., HOPES, Stork’s Nest, Senior Health) that they categorize as public health services, but which are beyond the public health services provided on behalf of the Carroll County LBOH.

SARH does not track spending separately for every public health service they provide. According to SARH, they “view Public Health in its entirety and do not keep track of individual programs unless required to do so.” As a result, a portion of the amounts shown in **Figure 5** for direct and indirect expenses are for services that SARH chooses to provide beyond the public health services provided on behalf of the Carroll County LBOH. Specifically, it was not possible to remove the direct and indirect expenses associated with the SARH Senior Health (this does not include home health and hospice) and Stork’s Nest programs and a portion of the indirect expenses associated with the HOPES parenting program. However, the direct expenses and a portion of the indirect expenses associated with the HOPES parenting program were excluded from the expense amounts.

For detail on steps that the Carroll County LBOH can take to improve accountability and transparency, including developing a Services and Financial Data Dashboard that includes distinct fiscal data elements, refer to *Enhance Public Health Oversight Structure to Ensure Accountability and Transparency* on page 54.

While it is assumed that the Carroll County LBOH could access the revenue amounts shown in **Figure 5** if the LBOH chose to provide Public Health Nursing services directly, we were unable to determine the exact amount of expense that may be incurred to provide these services and any potential shortfall or gain. Any potential shortfall to the Carroll County LBOH if it were to provide Public Health Nursing services directly would not be greater than the \$86,689 shown in **Figure 5** and would very likely be less than this amount because removing all the direct and indirect expenses associated with additional services provided by SARH would lower total expenses and therefore any potential shortfall amount.

Figure 5: Funding for Carroll County Public Health Nursing Services Provided By St. Anthony Regional Hospital, State Fiscal Year 2021 and State Fiscal Year 2022 (July through November 2021)

Revenue	Actual Amounts	
	SFY 2021	SFY 2022-YTD
IDPH Local Public Health Service Grant ¹	\$0	\$8,940
IDPH Immunization Grant	\$13,953	\$4,698
Vaccines-COVID	\$62,206	\$79,809
Vaccines-Other	\$41,450	\$9,402
IDPH Care For Yourself Grant	\$1,362	\$175
IDPH Emergency Preparedness/Bioterrorism	\$44,888	\$14,930
Carroll County Tax Funds	\$70,000	\$29,167
Total Revenue²	\$233,859	\$147,121
Expenses		
Total Direct	\$216,993	\$105,660
Total Indirect	\$103,555	\$40,589
Total Expenses³	\$320,548	\$146,249
Net Income (Loss)	(\$86,689)	\$872

Source: TSG analysis of fiscal data provided by St. Anthony Regional Hospital.

¹Local Public Health Service Grant dollars used by SARH for fiscal year 2021 totaled \$10,443 and are reflected in the total revenue amount but were not included in the Local Public Health Service Grant line-item due to an accounting anomaly whereby these funds were allocated into other line-items during fiscal year 2021. We were unable to determine which line-items these funds were allocated to.

²Total revenue only includes revenue that flows through the Carroll County LBOH to SARH and revenue collected by SARH from insurance companies for vaccines. Other revenue sources used by SARH for services categorized by

SARH as public health are excluded, including the state Partnerships for Family Grant which funds the HOPES parenting program, Elderbridge funding for the Senior Health Program, and private donations for the Stork’s Nest.
³Direct expenses and a portion of indirect expenses associated with the HOPES parenting program are excluded; however, expenses incurred by SARH for additional services that they categorize as public health services, but which are beyond the public health services provided on behalf of the Carroll County LBOH are not excluded, including the Senior Health Program and the Stork’s Nest.

Carroll County Public Health Outcomes

St. Anthony Public Health Yearly Report

SARH provides an annual report of public health-related program outputs to the Carroll County LBOH that contain several data points broken down by month for the state fiscal year. The report contains not only data for public health programs that the Carroll County LBOH has outsourced to SARH, but other programs that SARH receives other funding for and considers part of their overall hospital public health umbrella.

For this Assessment, the tables in **Figure 6** provide output data contained in the most recent state fiscal year 2021 yearly report for activities related public health delivery that the Carroll County LBOH is responsible for pursuant to its statutory duties.

Figure 6: St. Anthony Public Health Yearly Report – Select Output Data

Bioterrorism/Emergency Preparedness

# Nursing Hours	521.2
# Support Staff Hours	20.5
# Miles	185

Note: Most of the above nursing hours and support staff were dedicated to the COVID-19 pandemic response.

Blood Pressure Clinics

# of People Checked	14
# Referrals Made	0
# of Nursing Hours	1.1
# Miles	2

Care for Yourself Program

Enrollment	4
Nursing Hours	0
Coordinator Hours	8.9
Miles	0

Disease Investigation and Follow Up

# Contacted	6
Nursing Hours	5.9

Immunizations – Adult

# Tdap	3
# Hep B	4
# MMR	0
# Shingrix	6
# Hep A	0
# Nursing Hours	0.8
# Support Staff Hours	0
# Miles	0

Immunizations - Children

# Clinics	26
# Attended	59
# Immunizations given	138
# Tdap	14
# Flu	3
# Hep B	7
# MMR	2
# TB tests	0
# Nursing Hours	44.1
# Support Staff Hours	26.6
# Miles	15

Immunizations – Flu Clinics

# Clinics	60
# Flu Shots	1619
# Nursing Hours	84.9
# Support Staff	85.2
# Miles	740

Mental Health

# Clients	31
# Office Visits	33
# Nursing Hours	23.1

Note: The Mental Health outputs listed here are related to injections not hospitalization TB Testing/Distribution of Preventative Medications

TB Testing/Distribution Prevention Meds

# TB Tests	29
# Preventative Meds	0
# Nursing Hours	2.7
# Miles	0

Carroll County Health Rankings¹³

The County Health Rankings & Roadmaps (CHR&R) compiled by the University of Wisconsin Population Health Institute and funded by Robert Wood Johnson is a well-recognized tool that provides national county health rankings data.¹⁴ The CHR&R provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity.

The rankings are unique in their ability to measure the health of every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action. CHR&R is known for effectively translating and communicating complex data and evidence-based policy into accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts.

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). For example, health outcomes are related to length of life and quality of life, while health factors are related to health behaviors, clinical care and physical environment. See **Appendix B**.

Overall, as shown in **Figure 7**, Carroll County is ranked among the healthiest of counties in Iowa in the latest 2021 rankings, which cover deaths through 2019. For overall health outcomes, Carroll County ranks 14th out of 99 counties across the Iowa. The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the

¹³ [County Health Rankings for Carroll County](#)

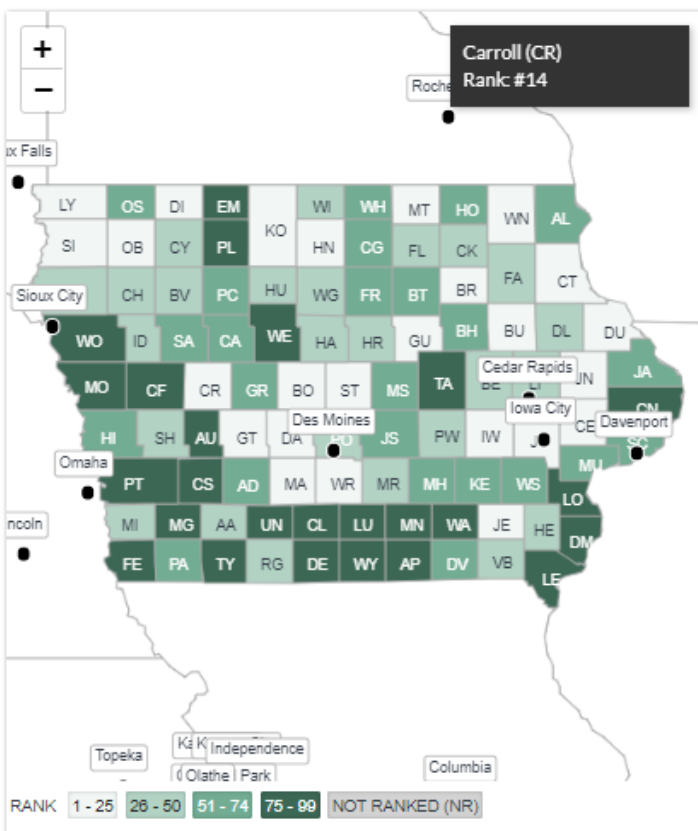
¹⁴ <https://www.countyhealthrankings.org/about-us>

state is ranked #1. The rankings are based on two types of measures: how long people live and how healthy people feel while alive.

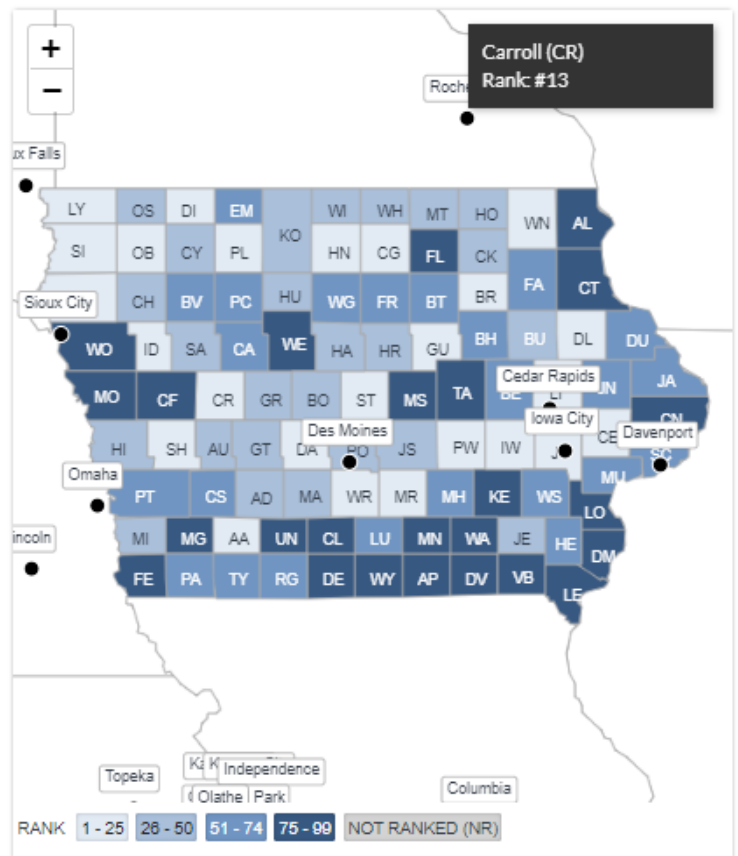
The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The rankings are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. Carroll County ranks 13th in overall health factors. The figures below provide a graphical depiction of health outcome and health factor rankings for Carroll County. Please see **Appendix B** for more detailed data on the CHR&R for Carroll County.

Figure 7: County Health Rankings & Roadmaps – Carroll County

Overall Rankings in Health Outcomes i



Overall Rankings in Health Factors i



Community Needs Assessments¹⁵

Community priorities identified in in the 2019 Carroll County Public Health Community Health

Carroll (CR)



Health Outcomes

Carroll (CR) is ranked among the healthiest counties in Iowa (Highest 75%-100%)



Health Factors

Carroll (CR) is ranked among the healthiest counties in Iowa (Highest 75%-100%)

Improvement Plan include:

- Promote Healthy Living
 - Increase Carroll County Health Rankings
 - Increase Healthy eating and activity levels
- Prevent Injuries and Violence
 - Fall prevention in older adults and those with disabilities
- Prepare for, respond to, and recover from Public Health Emergencies
 - Carroll Counties ability to prepare for, withstand and recover from public health incidents
- Strengthen the Health Infrastructure
 - Transportation for low income, disabled and elderly.

According to the 2019 report, the strategies identified under the goal objectives were on track.

School and Childcare Immunization Rates

Each year, IDPH's Immunization Program releases school and child-care immunization audit reports. The Local Boards of Health conduct audits of immunization records for students enrolled in licensed child-care centers and public, private, and parochial students in kindergarten through 12th grade each year. This is part of the local board of health public health statutory responsibility, and it is carried out in Carroll County by SARH and they report back to the Carroll County LBOH on the immunization percentages at each child-care center and school district in the county. Assessments are conducted to ensure attendees receive required immunizations and have a valid IDPH Certificate of Immunization, Certificate of Immunization Exemption, or Provisional Certificate of Immunization.

According to the 2020-21 School and Child Care Audit, 96.7 percent of children attending licensed child-care centers in Iowa had valid immunization certificates, indicating 77,786

¹⁵ [2019 Carroll County Public Health Community Health Improvement Plan](#)

children had IDPH Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization in compliance with Iowa law. Of these children, 94.1 percent had a valid Certificate of Immunization.¹⁶ Moreover, 99.1 percent of students attending Iowa schools had valid immunization certificates, indicating 514,546 records of IDPH Certificates of Immunization, Certificates of Immunization Exemption, or Provisional Certificates of Immunization complied with Iowa law. Of these children, 95.6 percent had a valid Certificate of Immunization.

Carroll County Has High Immunization Record Compliance

According to the head of the Immunization program at IDPH, “Carroll County Public Health typically has high rates of valid immunization certificates among students in the county.” Moreover, there have “not been any issues of compliance” and SARH “staff have been responsive” regarding “additional follow up or reviews of the annual data.” According to the latest annual Immunization Audit, Carroll County’s results are as follows:

- 96.4% of child-care attendees had a valid Certificate of Immunization, higher than the overall state average (94.1%).
- 97% of students in kindergarten through 12th grade had valid Certificates of Immunization, higher than the overall state average (95.6%).
 - 95% of kindergarten students had a valid Certificate of Immunization.
 - 97% of 7th grade students had a valid Certificate of Immunization.
 - 91.8% of 12th grade students had a valid Certificate of Immunization.

COVID-19 Vaccination Administration Rates

As of January 25, 2022, the CDC reported the statewide Iowa COVID-19 fully vaccinated rate is 59.7 percent and the fully vaccinated rate in Carroll County is 60.1 percent.¹⁷ The IDPH tracks COVID-19 vaccine administration rates on its website in a public dashboard that compares the rates of every county in the state.¹⁸

In reviewing the IDPH COVID-19 Vaccine Administration Dashboard, as shown in **Figure 8**, the percent of the population fully vaccinated in Carroll County for each of the categories tracked (12 years of age and older, 18 years of age and older, 65 years of age or older) is higher than the statewide average, and especially higher for 65 years of age or older category. This is the result of a commendable Carroll County community-wide effort, including the efforts of SARH, local media and several other county stakeholders.

¹⁶ Iowa Department of Public Health. Bureau of Immunization and Tuberculosis. 2020-21 School and Child Care Audit. Des Moines: Iowa Dept. of Public Health, 2021. (2020-21 IAudit) Web. <https://idph.iowa.gov/immtb/immunization/audits>.

¹⁷ <https://coronavirus.iowa.gov/pages/vaccineinformation#Vaccineinformation>

¹⁸ [Iowa Public Health COVID-19 Vaccine Administration Dashboard](#)

Figure 8: Iowa COVID-19 Vaccination Rates

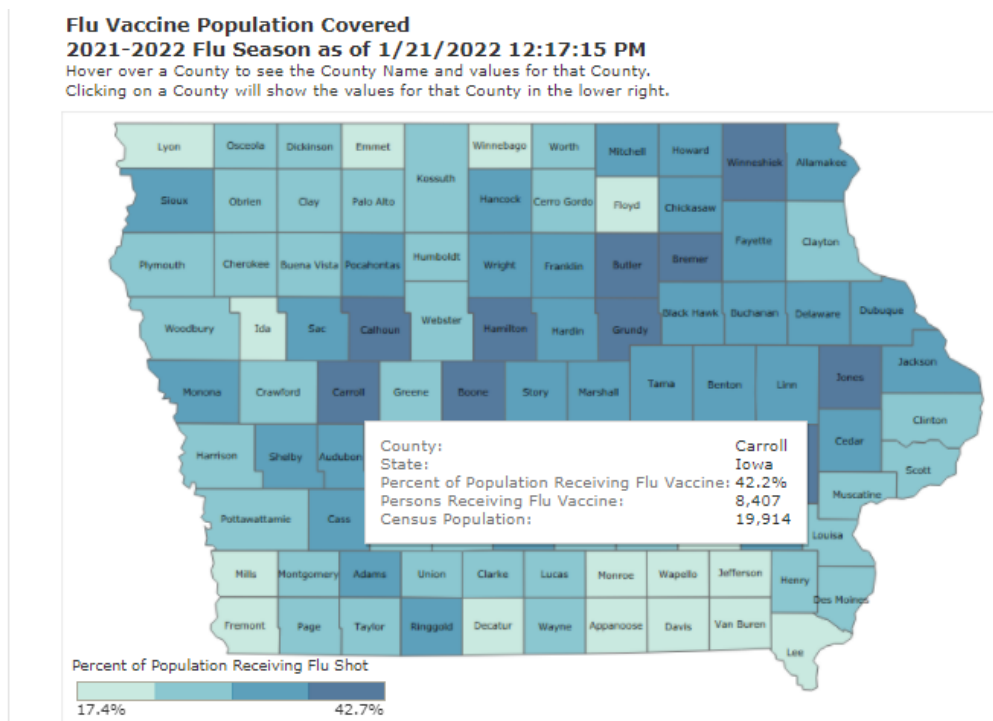
Percentage Fully Vaccinated	Iowa	Carroll County
5+ years of age	60.4%	62.8%
12+ years of age	64.9%	68.9%
18+ years of age	66.9%	73.0%
65+ years of age	85.9%	95.6%

Source: TSG analysis of the IDPH COVID-19 Vaccine Administration Dashboard.

Flu Vaccination Rates¹⁹

As shown in **Figure 9**, the percent of persons in Carroll County receiving the flu vaccine (42.2 percent) is greater than the statewide rate (31.6 percent).

Figure 9: Iowa Flu Vaccination Rates



Public Health Practice in Other Jurisdictions

Information on public health practice in other jurisdictions of similar size to Carroll County was reviewed to allow for public health system comparisons. Three main sources were used for this analysis: 1) IDPH Report on the Results of Iowa’s Local Public Health Systems Survey; 2) 2019 National Profile of Local Health Departments published by the National Association of County and City Health Officials (NACCHO); and 3) Collection of select budget data from Iowa counties

¹⁹ <https://tracking.idph.iowa.gov/Health/Immunization/Influenza-Vaccine/Influenza-Vaccine-Data>

of similar size to Carroll County. The National Profile defines a local health department as an administrative or service unit of local or state government, concerned with health, and carrying some responsibility for the health of a jurisdiction smaller than the state.

Funding

Figure 10 compares public health spending in Carroll County to similarly sized local health departments across the nation. The total annual per capita spending reported by the three Carroll County public health departments – \$41 – is lower than the median annual per capita amount spent among local health departments serving a similar population size – \$51.

Comparing the 25th and 75th percentiles illustrates the great diversity in funding levels among local health departments serving smaller jurisdictions. Local health departments receive funding from a variety of sources, including local, state, federal, and clinical sources. According to NACCHO, 25 percent of local health department revenues come from local sources. In Carroll County, 35 percent of total spending reported by the three Carroll County public health departments was funded with county tax dollars in state fiscal year 2021.

Figure 10: Total Annual Per Capita Expenditures - Local Health Departments Serving a Population Size Less Than 25,000

Statistics	Amount
Carroll County	\$41 ¹
National Data	
25 th Percentile	\$23
50 th Percentile (Median)	\$51
75 th Percentile	\$78

Source: TSG analysis of the NACCHO 2019 National Profile of Local Health Departments and fiscal data provided by Carroll County and St. Anthony Regional Hospital.

¹The total annual per capita expenditure amount of \$41 was calculated by dividing the spending reported by the three Carroll County public health departments in state fiscal year 2021 (\$855,728) by the Carroll County population (20,760).

According to the IDPH Survey of Iowa’s Local Public Health Systems, a few public health administrators reported that they have a public health fund that allows them to accumulate fund balances from year to year and carry forward those balances to the next year. As shown in **Figure 11**, of the 20 micropolitan counties (i.e., population 20,000 – 49,999) who answered this question, six reported that they have a public health fund that allows this. Carroll County does not have this type of public health fund.

Figure 11: Public Health Fund in Iowa’s Micropolitan Counties, State Fiscal Year 2020

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?		
Response	Number of Counties	Percent of Total
Yes	6	30.0%
No	14	70.0%
Total	20	100.0%

Source: TSG analysis of Iowa Local Public Health Systems Survey Data provided by the Iowa Department of Public Health.

Public Health Service Delivery

Local health departments provide a variety of clinical and population-based programs and services. **Figure 12** shows the number of micropolitan counties in Iowa that directly provide a given public health service as reported on the IDPH Survey of Iowa’s Local Public Health Systems. If a county directly provides services, they secure the funding and staff to conduct the program.

On the IDPH Survey, Carroll County reported that it directly provides mental health services, physical activity, chronic disease prevention, and nutrition services. IDPH noted that the survey data was not all inclusive of programming occurring at the local level. Some public health services are provided to Carroll County residents by other organizations outside of the authority of the Carroll County LBOH.

Figure 12: Direct Service Provision of Select Public Health Services in Iowa’s Micropolitan¹ Counties, State Fiscal Year 2020

Does your agency/department directly provide services in the following areas?		
Service Category	Number of Counties Who Provide Direct Service ²	Percent of Total
Mental Health Services	7/20	35.0%
Physical Activity	6/20	30.0%
Diabetes	5/19	26.3%
Chronic Disease Prevention	12/19	63.2%
Injury Prevention	9/19	47.4%
Nutrition	10/19	52.6%
Case Management	8/20	40.0%

Source: TSG analysis of Iowa Local Public Health Systems Survey Data provided by the Iowa Department of Public Health.

¹Micropolitan refers to a statistical areas in the United States centered on an urban cluster (urban area) with a population of at least 10,000 but fewer than 50,000 people.

²The number of counties who responded varied by service category.

Figure 13 shows the clinical programs and services provided by local health departments across the nation serving populations less than 50,000 and identifies which of these services are provided by one of the three Carroll County public health departments. Adult and child immunizations are the clinical services most often provided, followed by tuberculosis screening and treatment.

More than half of small departments also provide STD screening and treatment, HIV screening, high blood pressure screening, BMI screening, and WIC. Carroll County public health departments provide some but not all of these commonly administered clinical services. Certain services may be provided to Carroll County residents outside of the authority of the Carroll County LBOH, such as through New Opportunities, Inc.

Figure 13: Clinical Services Provided by Local Health Departments Serving a Population Size Less Than 50,000

Program/Service	Percentage of Small Local Health Departments	Provided by Carroll County Public Health
Childhood immunizations	86%	<input checked="" type="checkbox"/>
Adult immunizations	86%	<input checked="" type="checkbox"/>
Tuberculosis screening	83%	<input checked="" type="checkbox"/>
Tuberculosis treatment	81%	
STD screening	64%	
STD treatment	62%	
HIV/AIDS screening	54%	
HIV/AIDS treatment	43%	
High blood pressure screening	59%	<input checked="" type="checkbox"/>
BMI screening	52%	
Diabetes screening	37%	
Cancer screening	28%	<input checked="" type="checkbox"/>
Cardiovascular disease screening	24%	
WIC services	64%	
EPSDT	41%	
Well child clinic	30%	
Prenatal care	28%	
Oral health	26%	
Home health care	18%	<input checked="" type="checkbox"/>
Substance use disorder treatment	13%	

Program/Service	Percentage of Small Local Health Departments	Provided by Carroll County Public Health
Mental health services	9%	<input checked="" type="checkbox"/>
Comprehensive primary care	8%	

Source: TSG analysis of the NACCHO 2019 National Profile of Local Health Departments.

Note: Cancer screening includes screening for breast and cervical cancer and mental health services include injections only.

Figure 14 shows the variety of population-based programs and services provided by local health departments across the nation serving populations less than 50,000 and identifies which of these services are provided by one of the three Carroll County public health departments.

The most common population-based programs and services provided by approximately three-quarters of these departments include communicable/infectious disease surveillance, environmental health surveillance, tobacco prevention, food safety education, and regulation of food service establishments. Similar to clinical services, Carroll County public health departments provide some but not all of these commonly administered population-based programs and services. IDPH or other state body may also provide some of these programs below, including food safety education and regulation.

Figure 14: Population-Based Programs and Services Provided by Local Health Departments Serving a Population Size Less Than 50,000

Program/Service	Percentage of Small Local Health Departments	Provided by Carroll County Public Health
Communicable/infectious disease	88%	<input checked="" type="checkbox"/>
Environmental health surveillance	81%	<input checked="" type="checkbox"/>
Tobacco prevention	75%	
Food safety education	74%	<input checked="" type="checkbox"/>
Food service establishments	73%	
Nutrition	68%	
Public health nuisance abatement	68%	
Schools/daycare	66%	
Maternal and child health surveillance	65%	
Septic systems	65%	<input checked="" type="checkbox"/>
Recreational water	61%	<input checked="" type="checkbox"/>
Syndromic surveillance	58%	
Chronic disease prevention programs	54%	
Private drinking water	54%	<input checked="" type="checkbox"/>
Physical activity	53%	
Body art (e.g., tattoos, piercings)	52%	<input checked="" type="checkbox"/>
Hotels/motels	52%	<input checked="" type="checkbox"/>

Program/Service	Percentage of Small Local Health Departments	Provided by Carroll County Public Health
Children’s camps	49%	
Vector control	49%	
Lead inspection	46%	
Chronic disease surveillance	45%	
Campgrounds & RVs	42%	
Behavioral risk factors	41%	
Food processing	40%	
Health-related facilities	39%	
Tobacco retailers	39%	
Opioid prevention	37%	
School health	36%	
Injury prevention	34%	
Substance abuse prevention	34%	
Public drinking water	33%	<input checked="" type="checkbox"/>
Housing (inspections)	32%	
Injury surveillance	31%	
School-based clinics	31%	
Indoor air quality	29%	<input checked="" type="checkbox"/>
Laboratory services	27%	
Hazmat response	19%	
Air pollution	17%	
Animal control	17%	
Mental illness prevention	15%	
Land use planning	15%	
Radiation control	14%	
Noise pollution	14%	
Milk processing	10%	
Emergency medical services	2%	

Source: TSG analysis of the NACCHO 2019 National Profile of Local Health Departments.

As shown in **Figure 15**, local health departments across the nation serving populations less than 50,000 sometimes respond to emergency related events; however, according to NACCHO, small local health departments are less likely to respond to such events as compared to medium and large local health departments. Carroll County public health departments have responded to the COVID-19 infectious disease outbreak. Carroll County public health is also a required partner for the countywide Emergency Preparedness Coalition as established by IDPH. This coalition includes a wide array of community partners and was built specifically to prepare for, train and respond to events, such as infectious disease outbreak.

Figure 15: Emergency Preparedness and Response Events by Local Health Departments Serving a Population Size Less Than 50,000

Event	Percentage	Carroll County Public Health Response to Event
Infectious disease outbreak other than influenza	28%	<input checked="" type="checkbox"/>
Natural disaster	28%	<input checked="" type="checkbox"/>
Food-borne outbreak	18%	<input checked="" type="checkbox"/>
Influenza outbreak	14%	<input checked="" type="checkbox"/>
Opioid-related event	7%	
Chemical spills or releases	6%	<input checked="" type="checkbox"/>
Exposure to potential biological agent	1%	<input checked="" type="checkbox"/>
Radiological release event	1%	<input checked="" type="checkbox"/>

Source: TSG analysis of the NACCHO 2019 National Profile of Local Health Departments.

Public Health Best Practice Models

Best practice models include “interventions that have been shown to produce desirable outcomes in improving health in real-life settings and are suitable for adaptation by other communities.”²⁰ This section provides detail on best practice models that the Carroll County LBOH could consider implementing to improve public health practice, accountability, and outcomes.

Local Government Board of Health Governance Practices

Based on a multisystemic review of 38 related studies and detailed review of 18 local Board of Health Orientation and Policy Manuals, the functions shown in **Figure 16** were identified as consistent and desirable practice and align with findings of the National Profile of Local Boards of Health (NALBOH) and NACCHO at the time of the study.²¹

Figure 16: Local Public Health Governance Functions

Function	Definition	Key Elements
Policy Development	Lead and contribute to the development of policies that protect, promote, and improve public while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which they are subject.	Developing internal and external policies that support public health agency goals and using the best available evidence Adopting and ensuring enforcement of regulations that protect the health of the community

²⁰ www.ncbi.nlm.nih.gov/pmc/articles/PMC4693338/

²¹ *Am J Public Health*. 2015 April; 105(Suppl 2): S159–S166. [10.2105/AJPH.2014.302198](https://doi.org/10.2105/AJPH.2014.302198)

Function	Definition	Key Elements
		<p>Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements</p> <p>Setting short- and long-term priorities and strategic plans</p> <p>Ensuring that necessary policies exist, new policies are proposed or implemented as needed, and that existing policies reflect evidence-based public health practices; and</p> <p>Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice</p>
Resource Stewardship	Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.	<p>Ensuring adequate facilities and legal resources</p> <p>Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities</p> <p>Developing or approving a budget that is aligned with identified agency needs</p> <p>Engaging in sound long-range fiscal planning as part of strategic planning efforts</p> <p>Exercising fiduciary care of the funds entrusted to the agency for its use</p> <p>Advocating for necessary funding to sustain public health agency activities, as appropriate, from approving or appropriating authorities.</p>
Continuous Improvement	Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's or governing body's own ability to meet its responsibilities.	<p>Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement</p> <p>Supporting a culture of quality improvement within the governing body and at the public health agency</p> <p>Holding governing body members and the health director or officer to high performance standards and evaluating their effectiveness</p> <p>Examining structure, compensation, and core functions and roles of the</p>

Function	Definition	Key Elements
		governing body and the public health agency on a regular basis; and Providing orientation and ongoing professional development for governing body members
Partner Engagement	Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community’s health.	Representing a broad cross section of the community Leading and fully participating in open, constructive dialogue with a broad cross section of members of the community regarding public health issues Serving as a strong link between the public health agency, the community, and other stakeholder organizations Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends
Legal Authority	Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.	Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body Engaging legal counsel as appropriate.
Oversight	Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance to support the public health agency in achieving measurable outcomes.	Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions Evaluating professional competencies and job descriptions of the health director or officer to ensure that mandates are being met and quality services are being provided for fair compensation Maintaining a good relationship with the health director or officer in a culture of mutual trust to ensure that public health rules are administered and enforced appropriately

Function	Definition	Key Elements
		Hiring and regularly evaluating the performance of the health director or official Acting as a go-between for the public health agency and elected officials as appropriate

Cross Jurisdictional Sharing of Services in Public Health²²

Cross-jurisdictional sharing is “the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.”²³ Cross-jurisdictional sharing can range from supporting informal arrangements to more formal changes in structure.

In public health, cross-jurisdictional sharing often occurs between health departments or agencies serving two or more jurisdictions. Collaboration allows communities to solve issues or problems that cannot be easily solved by a single organization or jurisdiction.

Spectrum of Cross-Jurisdictional Sharing Arrangements			
As-Needed Assistance	Service-Related Arrangements	Shared Programs or Functions	Regionalization/Consolidation
<ul style="list-style-type: none"> Information sharing Equipment sharing Expertise sharing Assistance for surge capacity 	<ul style="list-style-type: none"> Service provision agreements (e.g., contract to provide immunization services) Purchase of staff time (e.g., environmental health specialist) 	<ul style="list-style-type: none"> Joint programs and services (e.g., shared HIV program) Joint shared capacity (e.g., epidemiology, communications) 	<ul style="list-style-type: none"> New entity formed by merging existing local public health agencies Consolidation of one or more local public health agencies into an existing local public health agency
Looser Integration		Tighter Integration	

Source: Center for Sharing Public Health Services. (2017).

Examples of cross-jurisdictional sharing include: 1) Regionalization of health departments, such as through the consolidation of two or more health departments; 2) Sharing staff between two or more health departments, such as an epidemiologist or sanitarian that supports multiple health department jurisdictions; 3) Sharing defined services, such as laboratory testing services or inspection services; and 4) Collaborative assessment and planning processes that include two or more health departments and leads to shared priorities, such as regional preparedness plans, cross-border plans, or community health improvement plans.

²² <https://www.cdc.gov/publichealthgateway/cjs/index.html>

²³ Center for Sharing Public Health Services, 2013

American Public Health Association: Public Health Nursing Elements of Practice²⁴

Public health nursing aims to improve the health outcomes of all populations. Applying their clinical knowledge and expertise in health care from an ecological perspective, public health nurses acknowledge the complexity of public health problems and the contextual nature of health—including cultural, environmental, historical, physical, and social factors. Public health nurses apply systems-level thinking to assess the potential or actual assets, needs, opportunities, and inequities of individuals, families, and populations and translate this assessment into action for public good. The key elements of public health nursing practice include:

- A focus on the health needs of an entire population, including inequities and the unique needs of sub-populations
- Assessment of population health using a comprehensive, systematic approach
- Attention to multiple determinants of health
- Emphasis on primary prevention
- Application of interventions at all levels—individuals, families, communities, and the systems that impact their health

Los Angeles County Public Health Nurse Best Practice Model²⁵

The Los Angeles County public health nurse best practice model includes the following:

- Focuses on entire populations possessing similar health concerns or characteristics
- Relies upon an assessment of population health status
- Considers the broad determinants of health
- Considers all levels of prevention, with a preference for primary prevention
- Primary Prevention: promoting health, protecting against health threats to the community, and keeping problems from occurring in the first place
- Secondary Prevention: detecting and treating problems in their early stages. It keeps problems from causing serious or long-term effects or from affecting others
- Tertiary Prevention: preventing existing problems from getting worse
- Considers all levels of practice
 - Individual/Family Focused Practice: changes knowledge, attitude, beliefs, values, practices, and behaviors of individuals, alone or as part of a family or group
 - Community-Focused Practice: changes community norms, attitudes, awareness, practices, and behaviors of the population
 - Systems-Focused Practice: changes organizations, policies, laws, and power structures of the systems that affect health

²⁴ www.apha.org/~media/files/pdf/membergroups/phn/nursingdefinition.ashx

²⁵ <http://publichealth.lacounty.gov/phn/docs/NarrativePHNModela2007.pdf>;
<http://publichealth.lacounty.gov/phn/practice.htm>

- Reaches out to all who might benefit, not focusing on just those who present themselves
- Demonstrates a dominant concern for the greater good of all the people
- The interest of the whole take priority over the best interest of the individual or group
- Creates healthy environmental, social, and economic conditions in which people can thrive
- Supports resource allocation to achieve maximum population health gain
- Resources are allocated so that they will do the most good for the greatest number of people.
- Collaborates with members of other professions/organizations



Public Health and Social/Mass Media Campaigns to Change Behavior

Social/Mass Media is extensively used by the CDC to get their messages out to the public on a range of free and accessible platforms that are available for use by state and local public health entities across the country, regionally, and locally:²⁶

²⁶ www.ncbi.nlm.nih.gov/pmc/articles/PMC4248563/table/T1/?report=objectonly

CDC Social Media Tools

Facebook



Facebook is a popular free social networking website that allows registered users to create profiles, upload photos and video, send messages and keep in touch with friends, family and colleagues.

[CDC Facebook](#) | [All CDC Facebook Accounts](#)

Twitter



Twitter is an online micro-blogging and social networking Web site that is used to provide information, commentary and descriptions of events and highlight certain content.

[CDC Twitter](#) | [All CDC Twitter Accounts](#)

LinkedIn



LinkedIn is a professional network to connect with public health professionals and partners.

[CDC LinkedIn](#) | [All CDC LinkedIn Profiles](#)

Instagram



Instagram is a fun and quirky way to share your life with friends through a series of pictures.

[CDC Instagram](#) | [All CDC Instagram Accounts](#)

Digital Media Options

[Blogs](#) - Read a CDC blog on a topic ranging from occupational health to HIV prevention and control.

[Mobile](#) - Stay informed on the go with health and safety information designed for your mobile device.

[Public Health Media Library](#) - Use CDC's content syndication technology to display fresh web content on partner web pages.

[Online Video](#) - Watch one of CDC's online videos to engage with CDC content in a fun, visual and interactive way.

[Email Updates](#) - Subscribe to CDC News & Updates for new information.

[Podcasts](#) - CDC produces podcasts to provide health information in a portable format.

[Widgets](#) - Add a CDC widget to your website with up-to-date content.

[RSS](#) - Subscribe to one of many CDC RSS feeds.

A multisystemic study in The Lancet²⁷ entitled “Use of Mass Media Campaigns to Change Health Behaviors”²⁸ provides an extensive data base²⁹ of their review of multiple research findings in the use of mass media designed to change health behaviors organized by:

- Type of behavior
- Competing influences
- Numbers and characteristics of mass media campaigns under review
- Summary Conclusions including evidence for change or lack thereof

The extensive study provides a substantial amount of useful information on what approaches have evidence for change and what approaches lack evidence for change for:

- Tobacco Use
- Alcohol
- Nutrition
- CVD Prevention
- Birth rate reduction
- HIV Infection prevention
- Cervical cancer screening
- Breast cancer screening
- Bowel cancer screening
- Skin cancer prevention
- Immunization
- Diarrheal disease
- Breastfeeding
- Road Safety
- Organ Donation
- Mental Health
- Violence and child maltreatment prevention

²⁷ International medical journal ranked 2 of 169 general and international journals for citations (2020 Journal Citation Reports)

²⁸ [Lancet. 2010 Oct 9; 376\(9748\): 1261–1271.](#)

[10.1016/S0140-6736\(10\)60809-4](#)

²⁹ [www.ncbi.nlm.nih.gov/pmc/articles/PMC4248563/table/T1/?report=objectonly](#)

Path Forward to Improve the Carroll County Public Health Infrastructure

The following sections in this report discuss the key observations impacting the effective delivery of public health services in Carroll County and opportunities for improvement.

Establish a Strategic Planning Process for the Public Health System

Key Observations

The Carroll County LBOH and the three departments that are designated to provide public health services in the county do not participate in an ongoing, formal strategic planning process that would result in a “Carroll County Public Health Strategic Plan.” As a result, there is limited opportunity for the County to formalize the mission and vision of its public health function and optimize how services are funded and delivered.

Moreover, we heard from stakeholders in the County that they are unclear on what the county’s overall vision for public health is and that more short term and long term strategic planning was necessary.

According to NACCHO:

The Public Health Accreditation Board (PHAB) defines strategic planning as “a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization,” with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives.

Robert Wood Johnson Foundation supported research points out four building blocks for success prior to the beginning of a strategic planning process:³⁰

- Identifying and maintaining a clear mission for all participants
- Recognition of the need for financial support and sustainability for all public health services
- Community recognition and general support for public health
- Performance and outcomes data reporting and quality improvement

Furthermore, the array of public health services currently provided under the authority of the Carroll County LBOH does not include the full array of potential public health services. There are a variety of clinical and population-based programs and services offered by similarly sized local health departments across the nation that are not offered through the local governmental public health system in Carroll County (Refer to *Public Health Practice in Other Jurisdictions* on

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695959/>

page 34 for more detail). Other organizations outside of the authority of the Carroll County LBOH currently provide some of these additional services to Carroll County residents, such as New Opportunities, Inc providing a number of maternal and infant health programs. Thus, including in the strategic planning process these non-county population health-related organizations is essential. According to NACCHO, “The governmental public health department is a major player in the public health system, but they do not provide the full spectrum of essential public health services alone.”³¹

Opportunities for Improvement

The TSG Team offers the following recommendations to provide a structure for the Carroll County LBOH to plan and evaluate its public health system:

- **Strategic Planning Process:** The Carroll County LBOH should establish and lead a formal strategic planning process that is ongoing and includes all relevant internal and external stakeholders, including SARH, to guide the development, implementation, and assessment of public health services. The process should result in development of a “Carroll County Public Health Strategic Plan” that includes the following elements:
 - Mission and vision for public health services, including identification of priority public health areas
 - Clear strategies with timelines to effectively and efficiently fund and deliver services in the county
 - Identification of resources, including new grant funding opportunities
 - Key performance measures to track costs, outputs, and outcomes, such as some of the data indicators included in the national Healthy People 2030 initiative discussed on page 56 of this report.
 - Consideration of future workforce needs to include a workforce plan within the strategic plan to build strategies around recruitment, retention, and succession planning.

The Plan should be reviewed and updated at regularly specified intervals. The process should also consider the state alignment project occurring at the state-level.

- **Public Health Service Array:** As part of the strategic planning process, the Carroll County LBOH should evaluate the array of public health services currently provided within the county and determine if there are additional public health services they should offer through the local governmental public health system in Carroll County. For example, during our key informant interviews, we heard a general acceptance, including from SARH, that there is a lack of public services related to STD testing and preventive education as well as a great need for behavioral health services across the county. The review of the service array should consider the public health services that Carroll County

³¹ www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Defining-Terms-The-Public-Health-System.pdf

provides directly, those services provided through agreement with SARH, as well as services provided to Carroll County residents by other organizations outside of the authority of the Carroll County LBOH. It is important that the Carroll County LBOH consider what services they wish to provide and what services could be provided in partnership with the broader system. The Carroll County LBOH should also consider the most effective and efficient service delivery method (i.e., direct service provision versus subcontracting with an authorized agency).

Consider Alternative Funding and Delivery Options for Public Health Services

Key Observations

County tax dollars currently fund about one-third (35 percent) of spending reported by the three Carroll County public health departments. Carroll County funds a larger percentage of its public health services with local revenue sources than do local health departments across the nation where about 25 percent comes from local sources. Yet, the total annual per capita spending reported by the three Carroll County public health departments – \$41 – is lower than the median annual per capita amount spent among local health departments serving a similar population size – \$51. Furthermore, there is currently a waiting list for county residents to receive Home Care Aide services and the County reports that some individuals are on the list for more than a year.

Beginning in state fiscal year 2023, the IDPH is changing how Local Boards of Health can use the Local Public Health Service Grant. There are currently 19 billable public health activities that counties can use these funds for and approximately 50 percent of the funds statewide are currently spent on home health, nursing, or homemaker care. By state fiscal year 2027, the Carroll County LBOH will no longer be able to use this grant to fund Home Care Aide services. Counties can continue homemaker programs but will have to allocate other funds for this purpose. In state fiscal year 2021, the Local Public Health Service Grant was used to fund \$46,848, or 13.5 percent, of total spending reported by the Carroll County Home Care Aide Service Department.

During our assessment, we heard from several participants that neither the Carroll County LBOH nor SARH have a dedicated grant writer although SARH has competed for and won some grant funding. We also heard that SARH thinks the Carroll County LBOH could help them become aware of and apply for public health related grant funding opportunities. There appears to be ambiguity on which party is responsible for seeking new grant funding.

Limited funding may impact the ability to provide county-wide coverage of public health services. Public Health Nursing services in Carroll County are currently provided by SARH at their location and at select additional locations throughout the county. These services are not offered at any county government location. Some of the stakeholders we interviewed expressed concern about the lack of access to public health services in some of the areas in Carroll County but outside the town of Carroll. This has created a perception that public health

services are not equally available across the county. During one of our interviews, we learned that the other large hospital in Carroll County would be willing to provide free space and support if the Carroll County Public Health Nurse would provide one day a week or month in their building that is well outside of the town of Carroll.

Opportunities for Improvement

The Carroll County LBOH should consider the following strategies to access alternative funding for public health services and expand delivery options:

- **Grant Funding Opportunities:** The Carroll County LBOH, in collaboration with any authorized agency providing public health services on their behalf, should develop a plan to pursue new grant funding opportunities, including defining roles and responsibilities of all those involved. There are continuous federal grant opportunities, including through the CDC and SAMHSA, as well as an increase in emergency preparedness grant funding due to the COVID-19 pandemic. Additionally, private foundations offer public health related grant funding, including opportunities for multiple counties to join along with other private partners to apply for new funds. The Carroll County LBOH might consider dedicating staff time to proactively research, plan for, and identify potential grants as well as write grant proposal applications. The Carroll County LBOH could use new grant funding to supplant county tax dollars at least partially and to increase total public health service spending, including expanding the array of services provided through the local governmental public health system and reducing the length of time an individual may wait to receive care, such as Home Care Aide services.
- **Leverage Partnerships with Surrounding Counties:** Most micropolitan counties in Iowa that responded to the IDPH Survey of Iowa's Local Public Health Systems are either currently sharing the delivery of public health services with another agency or are interested in doing so. Specifically, 65 percent (13/20) of public health administrators of micropolitan counties reported that they share the delivery of public health services with another agency. Of the seven who reported that they currently do not share the delivery, five reported that they would consider doing so.

The Carroll County LBOH should consider leveraging relationships with other counties to maximize the efficient and effective delivery of public health services. These opportunities could achieve administrative efficiencies as well as increase purchasing and contract bargaining power with payors to obtain the most competitive rate. For example, Carroll County might consider engaging surrounding counties to collectively contract with Medicaid managed care organizations (MCOs) to provide Home Care Aide services to their members through value-based payment arrangements whereby providers receive additional reimbursement based on outcomes achieved. Medicaid MCOs are currently entering into these types of arrangements with Iowa providers. This model is an opportunity for the Carroll County LBOH to obtain performance-based

incentive funds and thereby further increase revenue if the LBOH can demonstrate the cost effectiveness of Home Care Aide services through the reduction of unnecessary and costly nursing facility care.

- **County Wide Coverage of Public Health Services:** The Carroll County LBOH should consider methods to maximize the use of additional locations to improve access to public health services for county residents. For example, if the Carroll County LBOH decides to continue using an authorized agency to provide some of its public health services, it should consider embedding a contracted nurse at additional county locations (e.g., Carroll County government offices, Manning Regional Health Care Center, other school districts) at regularly scheduled times. The Carroll County LBOH should identify other methods to expand the availability of public health services in additional areas of the county.

Enhance Public Health Oversight Structure to Ensure Accountability and Transparency

Key Observations

The Carroll County LBOH is held to the terms of the contracts they enter with IDPH. Thus, whether the Carroll County LBOH elects to provide public health services directly or subcontracts the services to an authorized agency, the Carroll County LBOH is statutorily responsible for providing assurances to IDPH in exchange for receiving state funding. The Carroll County LBOH must ensure that authorized agency subcontractors meet all applicable federal, state, and local requirements (Refer to *State Required Accountability Mechanisms* on page 18 for more detail).

Since 1994, SARH has provided Public Health Nursing Services on behalf of the Carroll County LBOH. SARH, as an authorized agency, is responsible to the Carroll County LBOH for those local public health services for which they are contracted to provide. To ensure compliance with Chapter 80 of the Iowa Administrative Code, the Carroll County LBOH should have executed contracts in place between itself and any authorized agency that is asked to provide public health services on behalf of Carroll County.

The Carroll County LBOH received \$55,686.00 from IDPH through the Local Public Health Service Grant for state fiscal year 2021. Of this amount, the Carroll County LBOH allocated \$20,603.82 through a contract to SARH to provide Public Health Nursing Services. A similar contract exists for state fiscal year 2022. In these contracts, the Carroll County LBOH fully outlines the responsibilities of SARH, which include compliance with the special and general conditions of the contract and related documents between IDPH and the Carroll County LBOH. The contract also identified the scope of specific public health service responsibilities to comply with 641 IAC Chapter 80, including, but not limited to:

- Assuring competency of staff
- Ensuring collaborative relationships in the community
- Conduct health assessments

- Heath education
- Required Immunizations
- Nursing services
- Required screenings

However, as shown in **Figure 18**, we were unable to locate an executed contract between the Carroll County LBOH and SARH for the remaining four revenue sources that SARH receives through the Carroll County LBOH. These include three revenue sources that flow from IDPH to the Carroll County LBOH to SARH and totaled \$60,203 in state fiscal year 2021 (i.e., Immunization grant funds, Care For Yourself grant funds, and Emergency Preparedness grant funds) and Carroll County tax funding that totaled \$70,000 in state fiscal year 2021.

Figure 18: Current Contracts Between St. Anthony Regional Hospital and the Carroll County LBOH for Public Health Services, State Fiscal Year 2022

SARH Public Health Revenue Source	Contract between Carroll County LBOH and SARH
IDPH Local Public Health Service Grant	Yes
IDPH Immunization Grant	No
IDPH Care For Yourself Grant	No
IDPH Emergency Preparedness Grant	No
Carroll County Tax Funds for Local Public Health	No

Source: TSG analysis of fiscal data provided by Carroll County and St. Anthony Regional Hospital.

The lack of a contract between SARH and the Carroll County LBOH for all revenue sources that flow from the County to SARH results in unnecessary ambiguity of exactly what the County is purchasing, including confusion about performance and accountability expectations. Except for the Local Public Health Service Grant, we were unable to determine what performance and accountability standards the Carroll County LBOH expects of SARH because there is no contract between these parties.

Based on our individual interviews with the Carroll County LBOH, SARH, and involved community stakeholders, we found a wide range of opinion on the question of whether there is accountability for public health services in Carroll County. The leadership of SARH presented as highly committed to providing public health services for Carroll County residents and point to the success of Covid-related and school-based immunizations. However, we observed considerable ambiguity on what financial and service delivery data the Carroll County LBOH expects of SARH, which contributes to confusion by both parties. Moreover, SARH does not track spending separately for the Public Health Nursing Services provided on behalf of the Carroll County LBOH. SARH has commented to us that they “view Public Health in its entirety and do not keep track of individual programs unless required to do so.” This aspect can make it difficult to identify the value and performance of services provided on behalf of the Carroll County LBOH versus all services that SARH categorizes under their public health umbrella.

Furthermore, SARH provides an annual report of public health-related program outputs to the Carroll County LBOH that contain several data points; however, outcome data indicators, such as those included within Healthy People 2030, that could help better understand trends in public health are not tracked by the Carroll County LBOH or an authorized agency, in this case SARH. Healthy People 2030 is an initiative of the Office of Disease Prevention and Health Promotion within DHHS that sets data-driven national objectives to improve health and well-being over the next decade. There are 355 core – or measurable – objectives as well as developmental and research objectives that can be reviewed online and are organized by topic (i.e., Health Conditions, Health Behaviors, Populations, Settings and Systems, and Social Determinants of Health).³²

Opportunities for Improvement

Based on our observations and analysis, the Carroll County LBOH should enhance their stewardship of public health services by improving accountability and transparency in the following ways:

- **Procurement for Purchased Services:** If the Carroll County LBOH continues to use an authorized agency to deliver some portion of its public health services, there should be consideration of a public procurement process using an RFP or RFI model that is based on the county’s Public Health Strategic Plan with identified services they wish to purchase.
- **Performance-Based Contract for Purchased Services:** The Carroll County LBOH should execute clearly articulated performance-based contracts with any authorized agencies that will receive federal, state, or local funds from the County to perform public health services. The contracting process should follow a successful procurement process, or a sole source decision as permitted. The Carroll County LBOH should negotiate defined objectives, contractual requirements, deliverables, scope/volume of services, financial and services reporting, and metric-based outcomes, such as select indicators included in the national Healthy People 2030 initiative, with the winning bidder. We have included the Monona County Public Health Services contract in **Appendix C** as a model for review and possible adaptation. The contract elements include:
 - Authority and Purpose
 - Term and Termination
 - Scope of Responsibilities
 - Services
 - Space, Equipment, and Records
 - Management and Operations Fees
 - Effect of Termination
 - Existing Obligations and Affiliations

³² <https://health.gov/healthypeople>

- Insurance
- Notices
- Cost and Expenses
- Miscellaneous
- Signatures: BOS/BOH/Hospital

Another example of a performance-based contract is the contract between the State’s Partnership 4 Families Early Childhood Area Board and SARH that contains several performance measures that SARH is required to meet, including:

- Documentation of work hours and support
- Enrollment process measures, such as 75% of families served required to meet eligibility
- Case reviews to ensure proper caseload management screening and assessment tools are utilized, monthly assessments of clients, and referrals are being made to certain clients to professionals where assessment finds need
- Reporting requirements – quarterly progress reports, including outreach to pregnant mothers at least twice a month
- Training – participation in at least 6 education modules per year
- Office management – ensuring electronic storage capacity and other requirements

In addition, we heard from stakeholders about the difficulties in being able to obtain and retain qualified nursing and health care workers in Carroll County for the delivery of essential public health services. During our interviews with SARH public health leadership identified their ability at the hospital to leverage additional nursing staff when vacancies occur or additional staff are needed, for example during COVID-19 vaccinations. However, because a dedicated public health workforce is so essential to the effective delivery of public health services in any locality, we believe that the LBOH should include staffing requirements in future performance based contracts.

- **Board of Health Oversight Structure:** Currently the Carroll County LBOH Chair signs all public health contracts with IDPH and the one existing contract with SARH. It is assumed that the Board Chair would sign any future contracts that are executed between the Carroll County LBOH and any authorized agency. The Carroll County LBOH may want to consider a contracts sub-committee oversight structure supporting the Board Chair in the exercise of their duties as well as clarify performance-based reporting to the Carroll County BOS on a regular (monthly/quarterly) basis.
- **Services and Financial Data Dashboard:** The Carroll County LBOH should develop a contractually based Services and Financial Data Dashboard that includes negotiated data elements, format, and timelines. The Dashboard would assure the Carroll County LBOH that they receive all desired data in a format that is easily translated to the Carroll County BOS and public, and in a timeframe that makes sense to both parties. The

Dashboard should include distinct fiscal and performance data elements for public health services provided on behalf of the Carroll County LBOH that are not co-mingled with other SARH services as we have found in our assessment of SARH financial public health data. There are a number of tools used in the public sector that could be adapted for use by the Carroll County LBOH.

- **Public Health System Communications Improvement:** Throughout our key informant interviews, the TSG team was impressed with everyone’s dedication in serving the citizens of Carroll County in the best way possible. We did, however, find there is a need to improve trust, role identification, and relationships specific to the Carroll County LBOH and its arrangements with authorized agencies – in this case, SARH. This finding was also recognized by leadership at SARH and Carroll County. Our recommendations related to procurement, performance-based contracting, and dashboard reporting, would provide solutions to many of the communications “bumps in the road” and ambiguities we heard from many of the individuals we interviewed involved with the Carroll County public health system. The Carroll County LBOH could consider an organized meeting with SARH leadership to discuss the current state, direction for the future of public health in Carroll County, mutual issues for resolution, and a dispute resolution process that works for both parties. This meeting could potentially be part of the recommended strategic planning process (Refer to *Opportunities for Improvement – Strategic Planning Process* on page 51 for more detail).
- **Board of Health Training:** Given the scope of the strategies we suggest, the work of the Carroll County LBOH would benefit from the development of a training curriculum for current and new Board of Health members. The training could include topics such as the legal basis of public health; the purposes of public health; the range and scope of public health services with a focus on primary/secondary/tertiary prevention models; an understanding of the multiple sources of funding for public health from the state and federal governments; an overview of procurement requirements and activities; contract development and oversight; and fiscal monitoring.

Improve Community Awareness of Carroll County Public Health Resources

Key Observations

The scope of public health includes the entire population of a community. The Covid-19 pandemic has increased attention on public health, including what public health is, what its purpose is, and what services are available. The CDC has invested over \$150 million in projects across the country specifically focused on increasing public awareness of public health improvement strategies and assisting local public health agencies achieve accreditation and improve their services.³³

³³ www.cdc.gov/publichealthgateway/performance/definitions.html

Individual behavior change is a key factor in designing public health awareness given its focus on population health and prevention campaigns. Research on improving public awareness of a public health service³⁴ indicates that “Adequate Awareness” is the first step in achieving effective population health oriented individual decision making.

According to the CDC Foundation, “Public health is concerned with protecting the health of entire populations”³⁵ and, because of this holistic focus, it is imperative that there is a community wide understanding of what public health is as well as what services, education,



and information are available at the individual and community level to the maximum extent possible.”

The TSG team, based on face-to-face meetings, telephone conversations, and video conferencing interviews, consistently observed a significant lack of clarity on how Carroll County Public Health is understood by involved partners and the public. As shown in **Figure 20**, several times we heard that many people do not know whether public health services are provided by SARH and/or by other departments designated by the Carroll County LBOH,

and what exactly are public health services, except for immunization.

³⁴ www.pubmed.ncbi.nlm.nih.gov/31334147/

³⁵ <https://www.cdcfoundation.org/what-public-health>

Figure 20: Stakeholder Comments Related to Awareness of Public Health Services in Carroll County

- The average person in county does not know all the services in Public Health.
- We should promote programs like Mammogram testing. A number of folks in the county do not know they are free and available through public grants
- There has never been any public advertising for public health to promote anything.
- Promotion of the services very important.
- Needs to have its own clear identity so people look to it.
- Needs an educational push and explaining to the community how it is going to be accessed.
- St. Anthony’s need to take up opportunities to advance Public Health.
- We had more interaction recently with St. Anthony’s about covid and they were helpful.

SARH also conducts a Community Health Needs Assessment (CHNA) every three years (state requirement is every five years) that they see as meeting the requirements of the hospital for conducting a CHNA simultaneous to meeting the needs of Carroll County LBOH. Our observation is that the actual process of how the CHNA is conducted is that the Carroll County LBOH is only involved as a stakeholder, rather than a co-author of a collaborative CHNA process. Currently, Carroll County LBOH is invited to meetings and workgroups, but have no role in how the survey is developed or the report is written.

Additionally, we heard from the Community Action Agency that they offer free health clinics on Thursday evenings to low income mothers and children. SARH could participate in these clinics as an opportunity to bring greater awareness of the County’s public health services to the public.

Opportunities for Improvement

The TSG Team offers the following public awareness improvement recommendations based on best practice and our observations in the field:

- **“Branding”:** The Carroll County LBOH and SARH should work together to develop and agree upon a Carroll County Public Health “branding” on all public health related websites, public campaigns, and co-sponsorship of the Community Health Needs Assessment. “Branding” changes should allow the public to know that SARH provides some public health services as a subcontractor to the Carroll County LBOH (e.g., Carroll County Public Health administered by St. Anthony Regional Hospital).
- **Social Media:** The Carroll County LBOH, in partnership with any subcontractors, such as SARH, should consider the use of social media for sharing Public Health information with

the public given no cost to access and low cost to curate content. Content might include: 1) available public health services, locations and times; 2) updates on immediate public health issues in the county; 3) public health prevention and education information that is readily available and free from public, educational, and foundation sources; and 4) targeted public health webinars that are free and available to the public.

- **Health Alerts:** Health alerts and important public health advisories are essential to educating the local community about some of the most important and critical public health prevention activities. We did not see a significant county public health notification system similar to what we have observed in other counties related to important public health updates, guidelines for clinicians, health advisories, etc. See [Health Alerts | Yolo County](#). The Carroll County LBOH, in coordination with SARH, may want to consider upgrading health alerting and notification efforts.
- **Community Health Needs Assessment (CHNA):** The CHNA is available on both the SARH and the Carroll County Public Health web pages; however, the cover page only lists SARH and includes a “Public Health” logo with inquiries directed to the “Carroll County PH” nurse located at a SARH email address. We recommend that, in the short term, the cover page include the seal of Carroll County along with the SARH seal for the purpose of the public knowing that the CHNA is a joint effort. Assuming that SARH continues to provide certain public health services on behalf of the Carroll County LBOH, the two entities should work together on the development of the CHNA methodology and questions. The Carroll County LBOH should have access to the raw data and approval authority over the final document before it is released to the public.
- **Mental Health Services:** During TSG team fieldwork, we heard concern about access to mental health services across the county. Several respondents mentioned the need for counseling and substance use disorder services and a lack of access in certain parts of the county. The Carroll County LBOH should consider the development of a county-based Behavioral Health Awareness campaign on the importance of mental health, prevention strategies, and services available across the country, including crisis services. National organizations such as NAMI, Mental Health America, and NASMHPD all have public awareness “Toolkit” type resources that can provide free content on services, delivery models, and prevention strategies.
- **Use of Best Practice Resources with Community Engagement:** Community engagement in public health goals and services is a critical component of improving Population Health locally, regionally, and statewide. The Carroll County LBOH should access best practice materials when developing methods to inform the public about public health services. For example, the CDC Agency for Toxic Substance and Disease Registry³⁶ assisted in the development of the CDC sponsored study on the “Principles of

³⁶ www.atsdr.cdc.gov

Community Engagement”³⁷ that can assist local, regional, and statewide Public Health participants. The study provides significant information on: 1) three kinds of community engagement (i.e., consultative, cooperative, and collaborative); and 2) positive characteristics of community engagement, including:

- Community involvement in assessment
- Access to information
- Inclusion in decision-making
- Local capacity to advocate at all levels of the Public Health system
- Accountability of Public Health system institutions to the public
- **Engage in Partnerships with Community Providers to Promote Awareness:** There are opportunities for improved collaboration with community providers in offering public health programs, such as the area Community Action Agency and Manning Regional Health Care.

³⁷ www.atsdr.cdc.gov/communityengagement/pce_what.html

Appendix A

IOWA Codes

Chapter 28-E JOINT EXERCISE OF GOVERNMENTAL POWERS

28E.12 Contract with other agencies.

Any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform, provided that such contract shall be authorized by the governing body of each party to the contract. Such contract shall set forth fully the purposes, powers, rights, objectives, and responsibilities of the contracting parties.

IDPH has an obligation under Chapter 28E.12 of the Iowa Code to maintain a contract with the LBOH. AT minimum, such contract must “set forth fully the purposes, powers, rights, objectives, and responsibilities of the contracting parties.”

Chapter 135 - DEPARTMENT OF PUBLIC HEALTH

135.33 Refusal of board to enforce rules.

If any local board shall fail to enforce the rules of the state department or carry out its lawful directions, the department may enforce the same within the territorial jurisdiction of such local board, and for that purpose it may exercise all of the powers given by statute to the local board, and may employ the necessary assistants to carry out its lawful directions.

CH 137 - LOCAL BOARDS OF HEALTH

...The purpose of this chapter is to define the structure, powers, and duties of local boards of health....

137.103 - 2. A county board shall have jurisdiction over public health matters within the county.

137.104 Local boards of health — powers and duties.

2. A local board of health may:

a. Provide such population-based and personal health services as may be deemed necessary for the promotion and protection of the health of the public and charge reasonable fees for personal health services...

137.105 Local boards of health — membership and meetings. All members of a county board shall be appointed by the county board of supervisors

Chapter 139 - COMMUNICABLE AND INFECTIOUS DISEASES AND POISONINGS

139A.8 Immunization of children

6. The local board shall furnish the department, within sixty days after the first official day of school, evidence that each person enrolled in any elementary or secondary school has been immunized as required in this section subject to subsection 4. The department shall adopt rules pursuant to chapter 17A relating to the reporting of evidence of immunization.

7. Local boards shall provide the required immunizations to children in areas where no local provision of these services exists.

Chapter 143 - PUBLIC HEALTH NURSES

143.1 Authority to employ.

Any local board of health, area education agency board, or the school board of any school district may employ public health nurses at periods each year and in numbers as deemed advisable.

143.3 Duties.

The authorities employing any public health nurses shall prescribe their duties which in a general way shall be for the promotion and conservation of the public health.

Iowa Administrative Code

IAC 641 - PUBLIC HEALTH DEPARTMENT

CHAPTER 7 IMMUNIZATION AND IMMUNIZATION EDUCATION: PERSONS ATTENDING ELEMENTARY OR SECONDARY SCHOOLS, LICENSED CHILD CARE CENTERS OR INSTITUTIONS OF HIGHER EDUCATION

641—7.8(139A) Records and reporting

7.8(2) It shall be the duty of the local boards of health to audit the Iowa department of public health certificates of immunization, certificates of immunization exemption, and provisional certificates of immunization in the schools within their jurisdiction to determine compliance with Iowa Code section 139A.8. The local boards of health shall furnish the Iowa department of public health within 60 days of the first official day of school a report of the audit. The report shall be submitted for each school within the local board of health's jurisdiction and shall include the enrollment by grade, and the number of Iowa department of public health certificates of immunization, certificates of immunization exemption, and provisional certificates of immunization by grade.

7.8(3) The local board of health and the Iowa department of public health shall have the right to have access to the Iowa department of public health certificates of immunization, certificates of immunization exemption, and the provisional certificates of immunization of children enrolled in elementary and secondary schools and licensed child care centers within the constraints of the privacy rights of parents and students.

641—7.9(139A) Providing immunization services. It shall be the duty of the local boards of health to provide immunization services where no local provision exists for the services.

CHAPTER 77 - LOCAL BOARDS OF HEALTH

641—77.1(137) Purpose. The local board of health shall have jurisdiction over public health matters within its designated geographic area in accordance with Iowa Code chapter 137. The local board of health shall promote and protect the health of the residents and shall carry out the powers of local boards as specified in Iowa Code sections 137.103 and 137.104 and all applicable Iowa Code chapters.

641—77.3(137) Local boards of health—roles and responsibilities. Public health is responsible for safeguarding the community's health. This goal is pursued through three core functions: assessment, policy development and assurance. 77.3

(1) Assessment: Regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, personal health services, and epidemiologic and other studies of health problems. A local board of health may perform the following essential public health services: a. Monitor health status to identify community health problems; b. Diagnose and investigate health problems and health hazards in the community; and c. Evaluate effectiveness, accessibility, and quality of personal, population-based, and environmental health services. 77.3

(2) Policy development: Exercise responsibility to serve the public interest in the development of comprehensive public health policies. This core function can be accomplished by promoting use of a scientific knowledge base in decision making about public health and by taking the lead in public health policy development. a. A local board of health may perform the following essential public health services:

(1) Develop policies and plans that support individual and community health efforts; and

(2) Research new insights and innovative solutions to health problems and health threats. b. A local board of health shall perform the following essential public health services:

(1) Enforce laws and regulations that protect public health and enforce lawful orders of the department;

(2) Make and enforce reasonable rules and regulations not inconsistent with the law or the rules of the state board as may be necessary for the protection and improvement of the public health; and

(3) Employ persons as necessary for the efficient discharge of the board's duties. Employment practices shall meet the requirements of Iowa Code chapter 8A, subchapter IV, or any civil service provision adopted under Iowa Code chapter 400. 77.3

(3) Assurance: Assure constituents that services necessary to achieve agreed-upon goals are provided either by encouraging action by other entities (private or public sector), by requiring such action through regulation, or by providing services directly. Each local board of health must involve key policymakers and the general public in determining a set of high-priority personal and population-based health services. A local board of health may perform the following essential public health services:

- a. Link people to needed personal health services; provide such personal, population-based and environmental health services as deemed necessary for the promotion and protection of the health of the public; and charge reasonable fees for personal health services;
- b. Ensure the competence of the public health, environmental health, and personal health care workforce;
- c. Inform, educate, and empower people about health issues;
- d. Mobilize community partnerships to identify and solve health problems;
- e. Issue licenses and permits and charge reasonable fees in relation to the construction or operation of nonpublic water supplies or private sewage disposal systems;
- f. Engage in joint operations by:
 - (1) Contracting with colleges and universities, the department, other public, private, and nonprofit agencies, and individuals; or
 - (2) Forming a district health department to provide personal and population-based health services; and g. Enforce, by written agreement with the council of any city within its jurisdiction, appropriate ordinances of the city relating to public health.

CHAPTER 80 - LOCAL PUBLIC HEALTH SERVICES








641—80.1(135) Purpose. The purpose of the local public health services (LPHS) contract is to implement the core public health functions, deliver essential public health services, and increase the capacity of local boards of health (LBOH) to promote healthy people and healthy communities.

80.3(3) Contractor assurance.

...The contractor may directly provide or subcontract all or part of the delivery of services...







...In addition, the contractor shall ensure that each authorized agency has, at a minimum, the following: a. A governing board; b. Program policies and procedures; c. A consumer appeals process; d. Records appropriate to the level of consumer care; e. Evidence of staff supervision; f. Personnel policies and procedures which, at a minimum, include: (1) Delegation of authority and responsibility for agency administration; (2) A staff training program for the identification and reporting of child and dependent adult abuse to the department pursuant to Iowa Code sections 232.69 and 235B.3; (3) An employee grievance procedure; (4) Annual employee performance evaluations; (5) A nondiscrimination policy; (6) An employee orientation program; and (7) Current job descriptions; g. Fiscal management, which shall, at a minimum, include: (1) An annual budget; (2) Fiscal policies and procedures which follow generally accepted accounting practices; and (3) An annual audit performed according to usual and customary accounting principles and practices; h. Evaluation of agency and program activities which shall, at a minimum, include: (1) Evidence of an annual evaluation; and (2) Methods of reporting outcomes of evaluation to the LBOH.

Appendix B

Health Outcomes					
Length of Life					
Premature death	 6,100		4,800-7,400	5,400	6,200
Quality of Life					
Poor or fair health	 13%		11-15%	14%	13%
Poor physical health days	 3.1		2.8-3.5	3.4	3.1
Poor mental health days	 3.5		3.1-3.9	3.8	3.5
Low birthweight	5%		4-6%	6%	7%
Additional Health Outcomes (not included in overall ranking) -					
Life expectancy	80.1		78.9-81.3	81.1	79.4
Premature age-adjusted mortality	300		260-340	280	320
Child mortality				40	50
Infant mortality				4	5
Frequent physical distress	 10%		9-11%	10%	9%
Frequent mental distress	 11%		10-13%	12%	11%
Diabetes prevalence	10%		7-13%	8%	10%
HIV prevalence	79			50	106

Health Factors

Health Behaviors

Adult smoking	 19%		16-22%	16%	17%
Adult obesity	37%		31-44%	26%	34%
Food environment index	9.2			8.7	8.5
Physical inactivity	24%		18-29%	19%	23%
Access to exercise opportunities	76%			91%	83%
Excessive drinking	 26%		24-27%	15%	26%
Alcohol-impaired driving deaths	33%		15-51%	11%	27%
Sexually transmitted infections	255.9			161.2	466.7
Teen births	15		12-19	12	18


Additional Health Behaviors (not included in overall ranking) —

Food insecurity	8%			9%	10%
Limited access to healthy foods	1%			2%	6%
Drug overdose deaths				11	10
Motor vehicle crash deaths	11		6-17	9	11
Insufficient sleep	 30%		28-32%	32%	33%


Clinical Care

Uninsured	5%		4-5%	6%	6%
Primary care physicians	1,120:1			1,030:1	1,360:1
Dentists	1,550:1			1,210:1	1,450:1
Mental health providers	1,010:1			270:1	610:1
Preventable hospital stays	3,021			2,565	3,536
Mammography screening	53%			51%	52%
Flu vaccinations	63%			55%	54%

Additional Clinical Care (not included in overall ranking) –

Uninsured adults	6%		5-7%	7%	7%
Uninsured children	3%		2-3%	3%	3%
Other primary care providers	920:1			620:1	920:1

Physical Environment

Air pollution - particulate matter	7.5			5.2	7.5
Drinking water violations	Yes				
Severe housing problems	9%		6-11%	9%	12%
Driving alone to work	83%		80-85%	72%	81%
Long commute - driving alone	13%		11-16%	16%	21%

Additional Physical Environment (not included in overall ranking) –

Traffic volume	91				260
Homeownership	76%		73-78%	81%	71%
Severe housing cost burden	7%		5-9%	7%	10%
Broadband access	79%		77-82%	86%	81%

Appendix C

MANAGEMENT AND SERVICES AGREEMENT FOR PUBLIC HEALTH PROGRAMS

THIS AGREEMENT is between the Monona County Board of Health ("Board of Health"), the Monona County Board of Supervisors ("Supervisors"), and Burgess Health Center, a not for profit critical access hospital ("Hospital").

RECITALS

1. The Board of Health is a county board of health organized under Chapter 137 of the Code of Iowa ("Code") with its members appointed by the Supervisors. Pursuant to Iowa Code Section 137.7.1, the Board of Health currently operates a Public Health Nursing ("PHN Program") for the protection and improvement of the public health of the citizens of Monona County, Iowa. The Board of Health also provides core public health functions and population-based essential public health services. The PHN Programs and additional services are collectively referred to herein as the "Programs."
2. The Programs are funded by a combination of state funds awarded annually by the Iowa Department of Public Health ("Department") to the Board of Health, county funds budgeted and paid by the Supervisors, and by the application of other available grants and donations and service revenues.
3. The parties agree the Hospital providing management and services to the Programs is the most efficient and effective means of providing public health services to the public, and desire to contract such an arrangement between the parties.

THEREFORE, the parties agree:

1. **AUTHORITY AND PURPOSE.**

1.1 **Authority.** The authority for this Agreement is section 137.7-2 of the Iowa Code and Title 641, Chapters 77 and 80 of the Iowa Administrative Code ("IAC").

1.2 **Board of Health Programs.** The Board of Health shall continue to hold all contracts and be responsible to the Department, the Supervisors and the public for the operation of the Programs. Under this Agreement, the Board of Health, with cooperation from the Supervisors, contracts with Hospital for the day-to-day management and operation of its Programs in accordance with this Agreement. Additional Programs may be added to this Agreement by written agreement of the parties.

2. **TERM AND TERMINATION.** The term of this Agreement shall be for a period of two (2) years, commencing on July 1, 2019 and terminating on June 30, 2021. This Agreement shall automatically renew for successive one (1) year terms, unless either party gives the other party written notice of nonrenewal at least ninety (90) days prior to the anniversary date. Additionally, this Agreement may be terminated:

2.1 For cause upon thirty (30) days' prior written notice by any party in the event of a material breach by another party, if the breach specified in the notice is not cured during the notice period. For purposes of this provision, the Supervisors, Hospital and the Board of Health are each considered to be a single party.

2.2 Without a showing of cause and without penalty, by Hospital or by the Board of Health upon one hundred twenty (120) days' written notice to the other.

2.3 Any party may terminate this Agreement following reasonable (determined with regard to minimizing or eliminating the risk) written notice to the other party based upon an opinion from such party's legal counsel that existing or changed law, regulations, interpretations, or case law applied to this transaction creates an unreasonable risk of sanction, prosecution, or assessment to the party giving notice *provided, however*, that the parties acknowledges that this Agreement is entered into at a time of substantial and rapid change in health care finance and delivery and the parties agree, upon a determination that this supervening law provision is applicable, to attempt in good faith to amend and renegotiate their agreement to carry out their purposes in compliance with applicable law and regulation.

3. **SCOPE OF RESPONSIBILITIES.** Hospital's responsibilities are to manage and operate the Programs for the Board of Health. The scope of those responsibilities is framed annually by: (i) the commitments assumed by the Board of Health in its annual contracts with the Department; (ii) any additional responsibilities to manage or operate additional public health programs as agreed to in writing by the parties; and (iii) the corresponding funding for such programs as provided by the Board of Health and the Supervisors.

3.1 During the first contract year (July 1, 2019 through June 30, 2020) the only Department Contracts are those listed on Exhibit A to this Agreement. The parties anticipate that any Department contract listed on Exhibit A and shown as having expired or as applicable to fiscal year 2020 (ending June 30, 2020) will be replaced by an identical or nearly identical renewal contract effective for fiscal year 2021 (commencing July 1, 2021) and that Exhibit A therefore is an accurate description of the Board of Health's service commitment to and funding from the Department. During the first contract year, the Board of Health represents and warrants that the Board of Health and the Supervisors have budgeted and agreed to fund the Programs in the amounts or according to the formulas listed on Exhibit B to this Agreement.

3.2 Hospital and the Board of Health shall work jointly to apply for and negotiate subsequent Department Contracts. The terms of all such Department Contracts (and the corresponding management and service commitments of Hospital) must be approved both by the Board of Health (before the Board contracts with the Department) and by Hospital (before Hospital can be obligated to perform them).

3.3 Hospital and the Board of Health shall jointly prepare and mutually agree to a budget for the next contract year covering the Department, county and other available funding needed to operate the Programs according to the services being contracted for the next contract year. Such budgets shall not be effective until approved by the Board of Health and the Supervisors as to their respective funding commitments for the year. The parties recognize that the scope of services to be provided under the Department Contracts or by mutual agreement of the parties,

and available funding for such services, will change on an annual basis, and the parties agree to cooperate with an orderly contracting and budgeting process each year to assure that the scope of services and the funding match and are satisfactory to all parties. This Agreement shall not be construed as requiring Hospital to perform unfunded public health functions of the county.

3.4 In carrying out the intent of this Agreement, the parties shall be guided by an Advisory Board consisting of the Board of Health. The Advisory Board shall review the performance by the parties under this Agreement and make recommendations.

4. **SERVICES.** Subject to the foregoing terms, Hospital shall assume and discharge the following responsibilities on behalf of the Board of Health.

4.1 Be accountable to the Board of Health for the management and operation of the Programs.

4.2 Cooperate with the Board of Health, the Supervisors, and other interested community health providers to assess public health needs for the community and assist with the implementation of new public health services.

4.3 Employ and furnish all non-physician staff, including management staff, needed to operate the Programs.

4.4 Operate the Programs subject to patient care policies of Hospital. Hospital agrees not to discriminate in the provision of services on the basis of race, color, creed, religion, sex, sexual orientation, disability or Vietnam era status. Hospital agrees to making services available to beneficiaries under the Medicare/Medicaid program without distinction. Hospital agrees to continue making services available at free or below cost in accordance with policies of the Board of Health and in accordance with annual budgets.

4.5 Conduct annual Program evaluations as required by the Department and submit them to the Board of Health for review and approval.

4.6 Employ a Public Health Coordinator that meets the requirements of IAC Chapter 80 to whom authority and responsibility for overall Program performance is delegated.

4.7 Meet training and qualification standards set by the Department for all personnel through whom services are delivered.

4.8 Furnish supportive financial, planning, materials management, purchasing, data processing, and other administrative and management services to assist with the management of the Programs.

4.9 Negotiate and recommend contracts, including managed care provider agreements.

4.10 Recommend fee schedules for services to be billed directly to payors and recipients for approval by the Board of Health.

4.11 Operate as billing agent for the Board of Health and bill for, collect, endorse and deposit all service revenue into Board of Health accounts, provided, that all such billings shall not be

inconsistent with Department contract commitments or Board of Health charity care policies. The parties agree that county funding from the Supervisors shall be the funding of last resort and that Hospital shall use its customary billing and collection practices to obtain payment for services in accordance with the fee schedule, subject to the limitations noted above.

4.12 Recommend operating policies in compliance with Program requirements under IAC Title 641, chapter 77 and 80.

4.13 Assist the Programs to comply with all requirements for licensure and certification and to remain eligible to participate in the Medicare and Medicaid programs and to comply with all Department contract requirements.

4.14 Discharge such additional management responsibilities as are assigned by the Board of Health and agreed to by Hospital.

4.15 Annually, or on another schedule mutually agreed to, provide a written report to the Board of Health and the Supervisors on charity care and community service provided at or through the Programs.

5. **SPACE, EQUIPMENT AND RECORDS.**

5.1 Supervisors shall continue to make available the current space and equipment, including furniture, furnishings and personal property, used for management and operation of the Programs and any different or additional space and equipment identified in annual budgets, for use by Hospital in the performance of its responsibilities under this Agreement while the Hospital renovates space to accommodate the Programs. Such renovations are expected to be completed in September of 2019. Hospital space shall be adequate to accommodate the personnel, services and records necessary to manage and operate the Programs. Supervisors and Hospital will work cooperatively to determine what supplies and equipment will be transferred to Hospital for operations of programs and effectuate such transfer.

5.2 During the term of this Agreement, Hospital shall be entitled to have access to and utilize all clinical, financial, insurance, billing and business records of the Board of Health related to the Programs. All such records, including clinical, insurance and billing records pertaining to the Programs which are created during the term of this Agreement shall remain the property of the Board of Health and shall be turned back to the Board of Health at termination of this Agreement. Hospital shall thereafter have a continuing right of access to such records in accordance with its ongoing business and legal needs as prior manager and operator. During the term of this Agreement, Hospital shall prepare and maintain records in accordance with requirements imposed by the Department or by other regulatory and funding bodies with jurisdiction, and shall make such records available to the Department and to such other bodies and to the Board of Health and the Supervisors and their representatives for inspection upon request.

6. **MANAGEMENT AND OPERATIONS FEES.**

6.1 The Board Supervisors on behalf of the Board of Health shall pay Hospital the management and operations fees as budgeted in the annual budgets adopted in accordance with section 3.3 of this Agreement. Payment from the Board of Supervisors shall be monthly in scheduled increments; payment from the Supervisors shall be as billed by Hospital (subject to limits in the approved budget) based on results of third-party collections, Board of Health funding, and scope of services. The parties agree that county funding is the funding of last resort, and Hospital agrees to make a reasonable effort, using its customary collection practices, to obtain reimbursement from the recipients of service and third-party payors when not inconsistent with the terms of Department Contracts or Board of Health policies, in order to reduce the Supervisors' funding obligation. The Supervisors' funding obligation, as approved by them, is a maximum annual obligation, payable only in the event that Board of Health and third-party funding is insufficient to meet budgeted funding targets, and not a fixed or guaranteed payment. Amounts budgeted by the Supervisors as available during a contract year but not spent do not carryover to subsequent years, other than by subsequent action by the Supervisors.

6.2 The budget during the first contract year is as set forth on Exhibit B.

7. **EFFECT OF TERMINATION.** Upon termination of this Agreement, regardless of the basis for termination:

7.1 The Board of Health shall retain all clinical and medical records and all other Program operational records, subject to Hospital's right to review and inspect, as needed.

7.2 Hospital representatives shall be removed as signatories from all Program accounts.

7.3 The parties shall share equally in the cost of an independent audit of the Programs and its operations, if determined necessary by either party.

7.4 All Hospital logos shall be removed from Program sites and from all bills, memoranda, letters and correspondence of the Program.

7.5 All inventory and supplies shall remain the property of Hospital.

7.6 Hospital shall return to the Board of Health all files, books, policies, manuals, and other property prepared for the Programs and paid for as a Program expense.

7.7 The parties will cooperate in the preparation of any annual Program evaluations required by the Department.

8. **EXISTING OBLIGATIONS AND AFFILIATIONS.** This Agreement will not be construed as impairing, abrogating, or breaching any existing debt, contractual, or legal obligations of the Board of Health or Supervisors or as relieving the Board of Health or Supervisors of any obligation or responsibility imposed upon them by such debt, contractual, or legal obligation.

9. **INSURANCE.**

9.1 **Insurance Specifications.** Hospital and the Board of Health will not less frequently than annually, adopt specifications for insurance coverage for the property, operations, funds, and liabilities of the parties under this Agreement. Except as modified by the parties in the annual specifications, the parties will follow these principles in placing coverage:

- a. All policies will be paid for as a Program expense of the Programs.
- b. All coverages will be in compliance with minimum requirements established by bond, debt, or loan documents applicable to the Programs or as required by regulation.
- c. Such policies shall include professional liability coverage and comprehensive general liability coverage, and other coverages agreed to by the parties.
- d. All policies of professional liability insurance and comprehensive general liability insurance will name Hospital as an additional insured and will thereupon provide coverage for, and waive subrogation against, Hospital and all agents and employees of Hospital who perform services under this Agreement on behalf of the Board of Health, subject to limits, definitions and coverages within such policies themselves.

9.2 **Indemnification.** The Board of Health will indemnify and hold Hospital harmless from and against all costs, suits and liabilities, including attorneys' fees, related to acts or omissions occurring prior to the commencement of this Agreement.

10. **NOTICES.** All notices under this Agreement will be effective if in writing and when either personally delivered to the following persons or when mailed by certified mail, return receipt requested:

To: Chairman	To: President
Monona County Board of Health	Burgess Health Center
610 Iowa Ave	1600 Diamond St.
Onawa, Iowa 51040	Onawa, Iowa 51040

To: Chairman
Monona County Board of Supervisors
610 Iowa Ave
Onawa, Iowa 51040

With a copy to the Secretary of the Board of Supervisors

11. **COSTS AND EXPENSES.** Each party will retain and pay the cost of its lawyers, accountants and advisers in connection with this transaction. In addition, on an ongoing basis, each party will pay its own ongoing costs for lawyers, accountants and advisers retained to advise the party on its rights and responsibilities under the Agreement, but lawyers, accountants and legal advisors retained to assist in operations will be paid for as Programs' expense.

12. **MISCELLANEOUS.**

12.1 **Access to Books and Records.** Hospital agrees to make books and records available, and to require any subcontractor to make books and records available, upon request of the Secretary of Health and Human Services or the Comptroller General of the United States for up to four (4) years following the furnishing of services under this Agreement pursuant to Section 1861 (v)(1)(I) of the Social Security Act.

12.2 **Assignment.** This Agreement may not be assigned or transferred other than as permitted herein, without the express written approval of the Board of Health and the Supervisors.

12.3 **Waiver.** The failure of either party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition; but the obligations of such party with respect thereto shall continue in full force and effect.

12.4 **Authority.** Each party represents and warrants that it has full power and authority to enter into this Agreement and that it has received all approvals necessary to do so.

12.5 **Recitals.** The recitals are intended to describe the intent of the parties and the circumstances under which this Agreement is executed and shall be considered in the interpretation of this Agreement.

12.6 **Amendment.** This Agreement may be amended only by written agreement of the Board of Health and Hospital.

12.7 **Entire Agreement.** This Agreement constitutes the entire agreement between the parties pertaining to the management and operation of the Programs and subsumes and incorporates all prior written and oral statements and understandings pertaining to the subject matter hereof. However, it is expressly contemplated that, from time to time, Hospital will enter into separate written agreements with the Board of Health which are supplementary or collateral to this Agreement.

ADOPTED AND EXECUTED by the parties in three (3) counterparts.

**MONONA COUNTY
BOARD OF HEALTH**

By: _____

Its: _____

Date: _____

**MONONA COUNTY
BOARD OF SUPERVISORS**

By: _____

Its: _____

Date: _____

BURGESS HEALTH CENTER

By: _____

Its: _____

Date: _____

EXHIBIT A

DEPARTMENT CONTRACTS AND GRANTS

Immunization Grant

Local Public Health Services Grant

EXHIBIT B

BUDGETED FUNDS

During fiscal year 2020 (July 1, 2019 through June 30, 2020) the following funds and sums are budgeted toward the expenses of the Programs:

\$109,000 (one hundred and nine thousand dollars) to be paid monthly with quarterly reconciliations. The request for reimbursement will be in a format acceptable to Board of Supervisors.