

JASPER COUNTY BOARD OF HEALTH

Jasper County Health Department: (641)787-9224

Date of Meeting: **Thursday, September 7, 2023** Time of Meeting: **11:00 AM**

Location of Meeting: Jasper Co. Office Building, 315 W 3rd St N, large conference #006, Newton, IA 50208

PUBLIC NOTICE IS HEREBY GIVEN THAT THE ABOVE-MENTIONED GOVERNMENTAL BODY WILL MEET AT THE DATE, TIME, AND PLACE ABOVE SET OUT. THE TENTATIVE AGENDA NOTICE, OF WHICH THE CONTENT CAN BE SUBJECT TO CHANGE, (PER CHAPTER 21, CODE OF IOWA), FOR SAID MEETING IS AS FOLLOWS:

The virtual meeting option is provided for convenience and cannot guarantee access; if a member of the public wishes to ensure participation in the meeting, they should attend in person.

Zoom or phone by calling (312) 626-6799, ID 97157736051# or link <https://jasper.zoom.us/j/97157736051>

Agenda: Jasper County Board of Health

Item 1: Call to order: Roll call of Jasper County Board of Health members

Item 2: Approval of the Agenda: (Action) (Attachment, 1 page)

Item 3: Approval of Minutes: July 13, 2023 (Action) (Attachment, 1 page)

Item 4: Other Outside Agency Reports: (Information only)

1.) Environmental Health: Jamie Elam (Attachment, 1 page)

Old Business

Item 5: none

New Business

Item 6: Public Health Emergency Preparedness (PHEP) Grant from Polk County - \$59,000 (Action) (Attachment, 1 page)

Item 7: National Incident Management System (NIMS) compliance (Action) (Attachment, 1 page)

Item 8: Community Health Worker (CHW) Professional Skills Training completion- Information only (Attachment, 1 page)

Item 9: School and daycare immunization requirements for audits- Information only (Attachment, 1 page) Newton, Baxter, Lynnville-Sully, Colfax Mingo, and PCM school districts

Item 10: Staff report

Item 11: Public input: This is the time of the meeting that a citizen may address the Board on matters that are included in the agenda or a matter that is not on the regular agenda. After being recognized by the Chair, each person may be given three (3) minutes to speak as time allows. Comments and/or questions must be related to the policies or services and shall not include derogatory statements or comments about any individual. Except in cases of legal emergency, the Board cannot take formal action at the meeting but may research the matter or have the matter placed on a subsequent agenda.

Item 12: Next meeting: Thursday, November 9, 2023, 11:00 AM, Location: Jasper County Office Building, 315 W 3rd St N, large conference room #006, Newton, Iowa 50208

Item 13: Motion to Adjourn: (Action)

JASPER COUNTY BOARD OF HEALTH

Date of Meeting: **Thursday, July 13, 2023** Time of Meeting: **11:00 AM**

Minutes: Jasper County Board of Health regular meeting

Item 1: Call to order: 10:59am

Roll call of Jasper County Board of Health members:

Julie Smith, Donna Akins, Mike Balmer, Dr. Andrew Cope, Jody Eaton

Employees: Becky Pryor, Kristina Winfield, Melissa Gary

Outside Agencies: Kevin Luetters, Community Development, Kairee Bishop, EFR

Public: Jamee Pierson, Newton News

Item 2: Approval of the Agenda: See 1 page attachment

Motion: Mike Balmer **Seconded:** Donna Akins **Motion passes:** unanimously

Item 3: Approval of Minutes: May 11, 2023 – see 1 page attachment

Motion: Jody Eaton **Seconded:** Dr. Cope **Motion passes:** unanimously

Item 4: Other Outside Agency Reports:

- 1.) Environmental Health report: Kevin Luetters, Community Development – see 1-page attachment
New septic inspections and time of transfers are slowing down due to the interest rates, has been an uptick in well fills, all outdoor pools have been inspected. There was one near drowning at a Jasper County pool with another inspection was completed. There have been a couple of dog bites, one was bit out of state, and nuisance complaints are still a struggle.
- 2.) MICA report - see 5- page attachment

Old Business

Item 5: none

New Business

Item 6: Annual Report FY23 – See 53-page presentation. Posted to website and Iowa grants website.

Motion: Mike Balmer **Seconded:** Donna Akins **Motion passes:** unanimously

Item 7: Environmental Health Grants to Counties \$50,505 – see 1 page attachment

Motion: Dr. Cope **Seconded:** Jody Eaton **Motion passes:** unanimously

Item 8: HHS Service Delivery System Assessment, Townhall dates – see 2-page attachment

Item 9: Annual HVA (Hazard Vulnerability Assessment) – see 1 page attachment

Motion: Donna Akins **Seconded:** Mike Balmer **Motion passes:** unanimously

Item 10: Program reports – given during the annual report

Item 11: Board of Health members

Donna Akins expressed her interest in remaining on the board. Mike Balmer will announce his decision at the September meeting.

Item 12: Public input: Kairee Bishop, EFR, spoke about EFR's FY24 prevention goals for Jasper County.

Item 13: Next meeting Date: Thursday, September 7, 2023, 11:00 AM at the Jasper County Office Building.

Note: Change in date due to a State meeting on September 14, 2023.

Item 14: Motion to Adjourn: 11:53am

Motion: Mike Balmer **Seconded:** Jody Eaton **Motion passes:** unanimously

Taken by Melissa Gary.

Board of Health member

Date

Jasper County Public Health
Pay Code - 10223041.77440.12

PHEP

| | PHEP | EMS | CRI |
|-----------------------------|---------------------|--------------------|--------------------|
| Contract Amount | \$ 43,000.00 | \$ 8,000.00 | \$ 8,000.00 |
| Match Amount | \$ 4,300.00 | \$ - | \$ 600.00 |
| | | | |
| Budget Breakdown | PHEP | EMS | CRI |
| Personnel (Salary & Fringe) | \$ 22,000.00 | \$ - | \$ 7,000.00 |
| Equipment | \$ 10,000.00 | \$ - | |
| Subcontract | \$ - | \$ - | |
| Other | \$ 11,000.00 | \$ 8,000.00 | \$ 1,000.00 |
| Indirect Admin | | \$ - | |
| Total | \$ 43,000.00 | \$ 8,000.00 | \$ 8,000.00 |
| | | | |
| PHEP | \$ 43,000.00 | | |
| EMS | \$ 8,000.00 | | |
| CRI | \$ 8,000.00 | | |
| Total | \$ 59,000.00 | | |

Activities are utilized at the coalition/service area level contract.
 County funds are not put into specific activities.

| | PHEP | EMS | CRI |
|-------------|------|-----|-----|
| Activity 1 | | | |
| Activity 2 | | | |
| Activity 3 | | | |
| Activity 4 | | | |
| Activity 5 | | | |
| Activity 6 | | | |
| Activity 7 | | | |
| Activity 8 | | | |
| Activity 9 | | | |
| Activity 10 | | | |
| Activity 11 | | | |
| Activity 12 | | | |
| Activity 13 | | | |
| Activity 14 | | | |

NIMS Compliance Statement

Jasper County Health Department

For the grant year: **23-24**

In accordance with Homeland Security Presidential Directive (HSPD-5), the National Incident Management System (NIMS) provides a consistent approach for federal, state, and local governments to work together to prepare for, prevent, respond to, and recover from domestic incidents; regardless of cause, size or complexity. As a condition of receiving emergency preparedness funds, service areas are required to meet NIMS compliance elements as outlined in the NIMS Compliance Metrics and the NIMS Training Record. The following documents are provided to assist members in effectively implementing NIMS and documenting compliance. Copies of compliance documentation shall be maintained by the public health agency or hospital and by the service area fiscal agent.

1. Public Health or Hospital Compliance Metrics (NIMSCAST) – This document serves as a tool to assess NIMS compliance and was developed to be consistent with the format used by the county emergency management coordinator to determine NIMS compliance. The metrics and questions form the basis of NIMS requirements. This tool must be completed by the public health agency or hospital. All questions require answers in the affirmative to achieve compliance by the end of the grant year identified above. Fiscal agents should maintain copies of this document.

2. NIMS Training Record – This document serves as a tool to determine if all staff has completed the appropriate training and to identify training gaps. This tool must be completed by the public health agency or hospital. The Training Record for all Public Health and Hospital members must be submitted to the fiscal agent. The fiscal agent must ensure that the document is fully completed.

This document is REQUIRED to be signed by the individual in charge of NIMS for the Agency and submitted to the Service Area Fiscal Agent. Verification of NIMS compliance is required for future release of preparedness funds to the public health agency or hospital.

I certify that my agency has completed items 1 and 2 above.

| | |
|---|---|
| Signature of person in charge of NIMS for Agency: | Rebecca "Becky" Pryor (please insert a typed or digital signature in the area above) |
| Printed Name: | Rebecca Pryor |
| Title: | Administrator |
| Agency Name and County: | Jasper County Health Department, Jasper County |
| Date Signed: | September 7, 2023 |

Community Health Worker Professional Skills Training Certificate of Competence

This is to certify that

Melissa Gary

has completed the course

Community Health Worker (CHW) Professional Skills Training

to advance skills as a Community Health Worker and address social determinants of health
for the population served.

August 1, 2023



Cecilia Saffold, MBA, PMP
Chief Executive Officer
Iowa Chronic Care Consortium



IOWA
CHRONIC CARE
CONSORTIUM



HealthTeamWorks
Health. Equity. Resilience.

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

| Institution | Age | Vaccine | Total Doses Required |
|---------------------------------------|--------------------------------------|---|--|
| Licensed Child Care Center | Less than 4 months of age | This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age. | |
| | 4 months through 5 months of age | Diphtheria/Tetanus/Pertussis | 1 dose |
| | | Polio | 1 dose |
| | | <i>haemophilus influenzae</i> type B | 1 dose |
| | | Pneumococcal | 1 dose |
| | 6 months through 11 months of age | Diphtheria/Tetanus/Pertussis | 2 doses |
| | | Polio | 2 doses |
| | | <i>haemophilus influenzae</i> type B | 2 doses |
| | | Pneumococcal | 2 doses |
| | 12 months through 18 months of age | Diphtheria/Tetanus/Pertussis | 3 doses |
| | | Polio | 2 doses |
| | | <i>haemophilus influenzae</i> type B | 2 doses if the applicant received 1 dose before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. |
| | | Pneumococcal | 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age. |
| | 19 months through 23 months of age | Diphtheria/Tetanus/Pertussis | 4 doses |
| | | Polio | 3 doses |
| | | <i>haemophilus influenzae</i> type B | 3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. |
| | | Pneumococcal | 4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age. |
| | | Measles/Rubella ¹ | 1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory. |
| Varicella | | 1 dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease. | |
| 24 months of age and older | Diphtheria/Tetanus/Pertussis | 4 doses | |
| | Polio | 3 doses | |
| | <i>haemophilus influenzae</i> type B | 3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. Hib vaccine is not required for persons 60 months of age or older. | |
| | Pneumococcal | 4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older. | |
| | Measles/Rubella ¹ | 1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory. | |
| | Varicella | 1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease. | |
| Elementary or Secondary School (K-12) | 4 years of age and older | Diphtheria/Tetanus/ Pertussis ^{4, 5} | 3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 ² ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but on or before September 15, 2003 ² ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2003 ^{2, 3} ; and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine. |
| | | Polio | 3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003 ⁷ ; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁶ Polio vaccine is not required for persons 18 years of age or older. |
| | | Measles/Rubella ¹ | 2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory. |
| | | Hepatitis B | 3 doses |
| | | Varicella | 1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸ |
| | | Meningococcal (A, C, W, Y) | 1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older. |
| | | | |

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

³ The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁵ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁶ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁷ If both OPV and IPV were administered as part of the series, a total of 4 doses are required.

⁸ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.