



Iowa Department of Public Health

Iowa Public Health Standards State Assessment Report

Outcomes from the On-Site Review

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www.idph.state.ia.us/mphi/

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Introduction

The Iowa Public Health Standards provide a consistent, accountable approach to promoting and protecting the health of Iowans. The standards describe the basic public health services and infrastructure that all Iowans can reasonably expect from their local and the state public health departments. These standards provide a framework that can be used to assess how well the governmental public health system is working. The governmental public health system includes local boards of health, local public health agencies, the Iowa Department of Public Health, and the State Board of Health. Each of these entities contributes to building and promoting healthy communities in Iowa.

The Iowa Public Health Standards strengthen the public health system, which in turn benefits all Iowans. Significant benefits include:

- Consistent basic public health infrastructure and services across the state,
- Integration of public health services,
- A common set of expectations for public health,
- Defined responsibilities and functions for local and state public health,
- Increased accountability for public health,
- Increased visibility and marketability for public health,
- Professionalization of disciplines under the umbrella of public health, and
- Elevation of the roles and responsibilities of boards of health

The Iowa Public Health Standards “raise the bar” for public health but are tempered with realistic expectations. The standards represent the collaborative effort of over 150 local and state public health professionals and public health partners. The combined public health expertise, scientific knowledge, and practical experience of these professionals provided the foundation for defining responsibilities of governmental public health.

Background on Redesigning Public Health in Iowa

Redesigning Public Health in Iowa is a collaborative effort between local and state public health. The goal of the initiative is to improve the quality and performance of Iowa’s public health system and ensure a basic standard of service delivery to all Iowans. The essential question of the initiative is “What should every Iowan reasonably expect from local and state public health?”

In 2004, IDPH launched the initiative in response to challenges facing the public health system. The Work Group for Redesigning Public Health in Iowa was commissioned and asked to assess public health service delivery and make recommendations for redesigning the public health system. The Work Group consisted of 13 local and 12 state public health professionals.

Process for Developing the Iowa Public Health Standards

The Work Group decided to develop public health standards as an initial step to enhance the governmental public health system. Between October 2005 and March 2006, over 150 local and state public health professionals and partners served on committees to draft local public health standards. Committee members included representatives from local public health agencies, local boards of health, county boards of supervisors, the state legislature, academic institutions, the State Board of Health, IDPH, and other state agencies. Committee members represented 37 of Iowa's 99 counties. Committee members used resources from federal agencies, national organizations, and other states in addition to their own expertise and input from colleagues and stakeholders to write the standards.

The Work Group presented the initial draft of the Iowa Local Public Health Standards at the Public Health Conference in March 2006. During a three-month public comment period IDPH Executive Team conducted community visits across the state to discuss the draft standards. The local standards development committees reconvened in June 2006 to review public comments and to make recommendations for revisions. The Work Group approved Version One of the Iowa Local Public Health Standards, dated September 1, 2006.

The next step in developing the standards was to focus on state-level responsibilities. The Work Group determined that Iowa needed only one set of standards to encompass both local and state-level responsibilities. Generally, the standards drafted for local public health also applied to state-level public health. The Work Group established committees in October 2006 to write state criteria (measurements of the standards). Many of the same individuals served on both the local and state standards development committees. The committees completed their initial work in March 2007. The Work Group released a draft of the Iowa Public Health Standards at the Public Health Conference on April 3, 2007. Again public comments were reviewed and revisions were made.

The final step in the process was to make sure those programs at IDPH that don't directly serve local public health, but still provide valuable public health services were also included within the standards. Members of the committee represented the Work Group, local public health, vital records, professional licensure, emergency medical services, executive team, administrative rules, certificate of need, state registries, radiological health, and health care access. Recommendations were made to the Work Group based on the outcomes of this group's work. Upon approval of those revisions a third public comment period was held. That public comment period ended in November 2007. The Work Group made its final revisions to the standards and criteria based on feedback received in the open comment period. The final version of the Iowa Public Health Standards dated December 2007 was approved unanimously by members of the Work Group.

Iowa's Approach to the Public Health Standards

The Iowa Public Health Standards apply to local boards of health and the State Board of Health. The standards recognize the governance responsibilities of boards of health in safeguarding the community's health. Local boards of health are responsible for assuring compliance with the local criteria of the Iowa Public Health Standards within their jurisdictions (city, county, or district). Local boards of health will assure compliance through a designated local public health agency. The standards allow for local discretion on the method by which a board of health will oversee the designated local public health agency (i.e., as governing body or through contract). The State Board of Health is responsible for assuring compliance with the state criteria of the Iowa Public Health Standards. The State Board of Health will assure compliance through the Iowa Department of Public Health.

Standards were developed in 11 component areas. The first six identify the infrastructure that must be in place to deliver public health services. These are titled organizational capacity standards. The criteria listed in the organizational capacity standards apply universally to each of the six public health services.

Organizational Capacity Standards

- Governance (GV)
- Administration (AD)
- Communication and Information Technology (IT)
- Workforce (WK)
- Community Assessment and Planning (CA)
- Evaluation (EV)

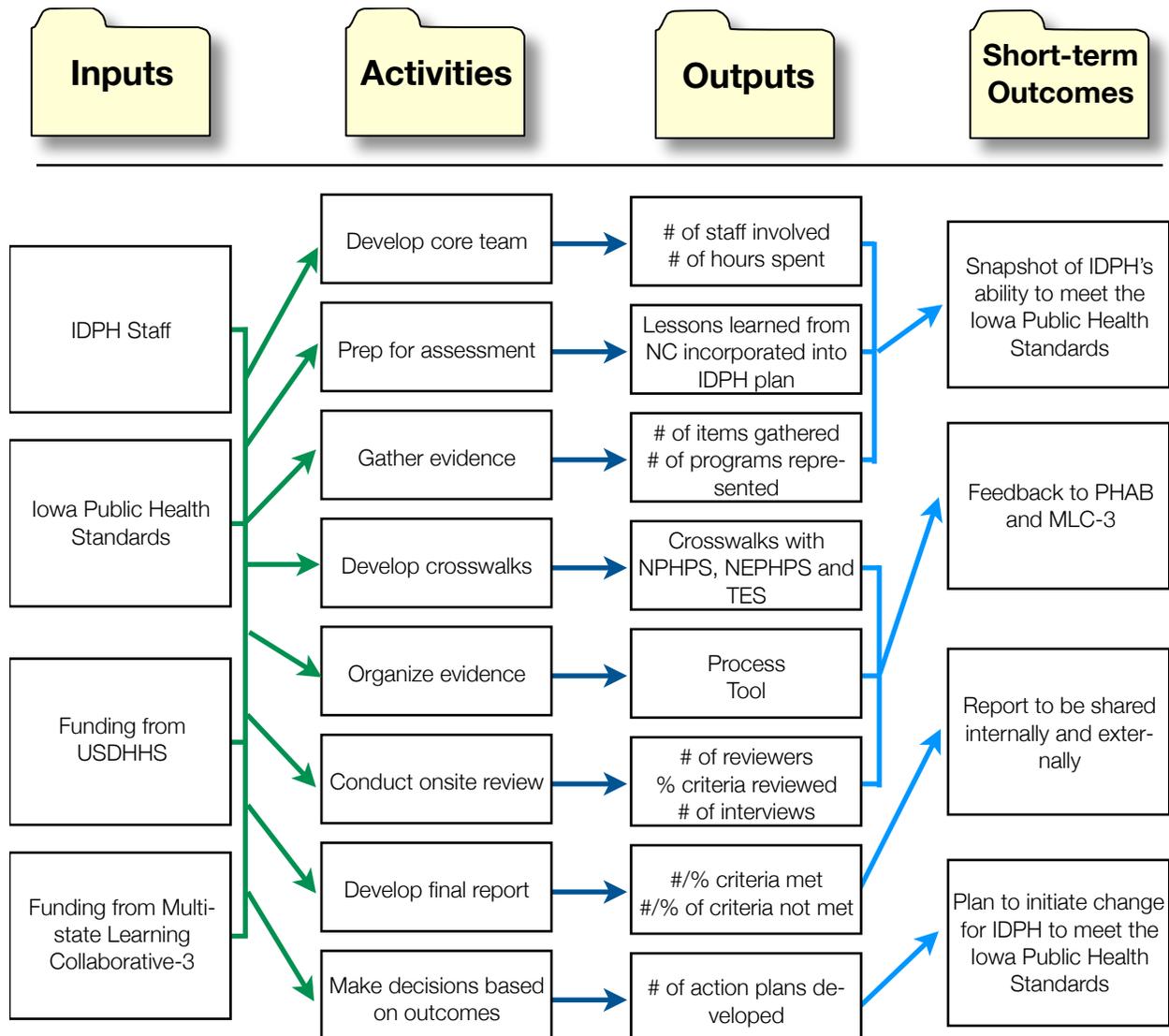
Public Health Services Standards

- Prevent Epidemics and the Spread of Disease (PE)
- Protect Against Environmental Hazards (EH)
- Prevent Injuries (PI)
- Promote Healthy Behaviors (HB)
- Prepare for, Respond to, and Recover from Public Health Emergencies (ER)

Definitions

1. *Public Health.* The term "public health," as used in the standards, encompasses the various disciplines under the broad umbrella of public health such as epidemiology, public health nursing, environmental health, etc., unless otherwise noted. The standards describe the basic population-based prevention and promotion services expected in every jurisdiction and may not reflect other services, such as personal health services, which local public health agencies may provide.
2. *Local Public Health Agency.* Any local entity providing public health services.
3. *Designated Local Public Health Agency.* An agency designated by the local board of health to comply with the Iowa Public Health Standards for its jurisdiction.

Public Health Standards Logic Model



On-Site Review

Purpose and Process

The purpose of the on-site review was to evaluate the extent to which IDPH met the 218 criterion based on the evidence provided using a team of external reviewers. Additionally, the review team assessed the integrity of the standards and criteria and provided feedback on the state assessment process.

The process for conducting the on-site review were as follows:

1. Five external reviewers were invited to participate in the on-site review. Four of the reviewers resided outside of Iowa and one reviewer represented local Iowa public health administration.
2. An outside contractor was selected to serve as a facilitator during the on-site review and to complete the public health standards assessment report.
3. The review team were provided the IDPH table of organization, Iowa Public Health Standards (December 2007) and the IDPH Strategic Plan prior to the on-site review.
4. Standards and criteria were divided among the five review team members. Each reviewer had 40 to 47 criteria to review.
5. Each review team member received an agenda (see Appendix x), orientation materials, criteria assignments, and note-taking materials upon arrival.
6. The review team identified a chair to lead dialog and decision-making.
7. A laptop was assigned to each reviewer.
8. Each reviewer received a flash disk loaded with files consisting of the standards, criteria and evidence.
9. Reviewers used a pre-formatted spreadsheet to collect their review results. Upon review of the evidence for each criterion, the reviewer indicated whether the criterion was "Met" or "Not Met." The reviewer could elect to include comments or suggestions for each criterion. To increase consistency and methodology, the reviewers outlined additional principles to guide this process, including:
 - a. If a criterion was identified as "Not Met," comments were required.
 - b. An unmet requirement was discussed by the review team.
 - c. A suggestion for revising the criterion was added to the comment column.
10. In addition to reviewing the evidence, the review team engaged in pre-arranged interviews with local and state public health staff.
11. The review team provided their individual review tools to the facilitator in preparation for the report.
12. The review team prepared a slide presentation for the outgoing report to IDPH Executive Team.

Review Team

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Left to right: Joy Reed, Torney Smith, Lee Thielen, Robert Blake and Kari Prescott

State Assessment Outcomes

Congratulations! The Iowa Department of Public Health is a trailblazer in public health assessment and is one of a few state health departments to have used an external review team to examine state standards and criteria. State and local public health staff should be commended for their ongoing commitment to this process. It is an evolution that will build stronger public health services across Iowa.

This section of the report outlines each Iowa Public Health Standard, the criteria, supporting evidence and the outcomes of the assessment by the review team. Of the 218 criteria, 166 (76.1%) criteria were met and 52 (23.9%) criteria were not met based on the evidence provided. The public health standards that had stronger support of evidence for the criteria were Communication and Information Technology; Prepare for, Respond to, and Recover from Public Health Emergencies; and Governance. The public health standards that did not have strong evidence to support the criteria were Evaluation; Community Assessment and Planning; and Prevent Injuries.

Outcomes of the Iowa Public Health State Standards Assessment

Standard	Acronym	# Criterion	# Met	# Not Met	% Met	% Not Met
Governance	GV	21	18	3	85.7%	14.3%
Administration	AD	43	34	9	79.1%	20.9%
Communication & Information Technology	IT	24	22	2	91.7%	8.3%
Workforce	WK	15	12	3	80.0%	20.0%
Community Assessment & Planning	CA	16	10	6	62.5%	37.5%
Evaluation	EV	4	1	3	25.0%	75.0%
Prevent Epidemics & the Spread of Disease	PE	35	26	9	74.3%	25.7%
Protect Against Environmental Hazards	EH	22	14	8	63.6%	36.4%
Prevent Injuries	IN	8	5	3	62.5%	37.5%
Promote Healthy Behaviors	HB	12	8	4	66.7%	33.3%
Prepare for, Respond to, and Recover from Public Health Emergencies	ER	18	16	2	88.9%	11.1%
Total		218	166	52	76.1%	23.9%

General Themes

The external review team identified general themes that were common across the Iowa Public Health Standards. The themes may provide suggestions for improving the public health standard assessment process, strengthening the criteria, or identifying more suitable evidence to support a criterion.

1. **State and Local Connections.** IDPH is perceived as responsive and exhibits a high-level of expertise. Local public health agencies are confident in knowing who to contact for technical assistance. Interviewees highlighted a healthy and strong relationship between the state and local public health agencies. The Regional Community Health Consultants are seen as an asset for IDPH and the public health system. Those interviewed indicated an excitement and energy to continue with the public health standard efforts. In the words of a local public health administrator, “The best thing about the state agency is that it exhibits leadership with vision.”
2. **Statewide Health Assessment.** Many standards and criteria referred to either a statewide community health assessment or a state health assessment. The Community Health Needs Assessment and Health Improvement Plan is a collection of 99 county health assessments which does not constitute a state health assessment. The evidence does not indicate there is a comprehensive state health assessment (e.g., HB1a-S). It is assumed a data warehouse could be a tool in conducting a state health needs assessment.
3. **Criteria Semantics.** Some criteria may need review for intent, appropriateness and viability. Some criteria:
 - May be too brief or include too many elements making it challenging to evaluate the evidence (e.g., AD6d-S, PE3g-S).
 - Include multiple elements and often use “and” within the subjects versus “or,” therefore increasing the amount of evidence needed to meet a criterion (e.g., PE3g-S, PE3j-S).
 - Begin with a verb but do not include a subject (e.g., advise, assure, etc.) resulting in a criterion in which it is not clear who is responsible.
 - Hold IDPH accountable to activities in which the Department does not control. For example, in GV1b, “...secure written commitment from the governor to support...” versus “...IDPH will seek written commitment from the governor...”
 - Build upon previous criteria so if the first criterion is not met, the subsequent criteria cannot be met, therefore setting the standard and a series of criteria to fail (e.g., EV1a).
 - May have set expectations that are too high or too low (e.g., develop an annual budget, or the state auditor will come to do an audit...).
4. **Terminology.** Some terms are used interchangeably and may need to be better defined so they can be objectively measured. For example, the term(s):
 - *Knowledge and Expertise.* Often, there was not an indication of how knowledge or expertise were assessed.
 - *Data Collection System and Database.* It was unclear as to whether a data collection system encompassed the process and functionality of collecting data, whereas a database is a tool to collect data.
 - *System Evaluation and Data System Reporting.* System evaluation infers a comprehensive review of an entire program or initiative, whereas a data system is a tool within that system.

- *Local Public Health Agencies and Local Public Health Contractors.* Some criteria referred to local public health agencies but then used evidence from local contractors who were not a local public health agency. For example, WIC and Title V programs may be administered by a local public health contractor but may not be a local public health agency.
 - *Establish.* The term “establish” may be too limiting for a criterion. The criterion could be “to establish and maintain” which would include action following the establishment of a process.
5. **Revisions and Updates of Evidence.** Some evidence provided for this assessment was dated (e.g., ER1b-S). It is unknown if the evidence had been reviewed on a regular basis and did not have any revisions. Documents requiring regular review could include a footnote indicating the most recent review and if it remained in compliance.
 6. **Communication between IDPH and Local Public Health Agencies and Contractors.** There appears to be opportunities to strengthen communication between IDPH and local public health agencies and contractors. A comprehensive communication plan would further build the partnership between IDPH and local public health agencies and contractors.
 7. **Evaluation.** Evaluation of programs, processes, systems and services appears to be sporadic and not comprehensive. Some criteria included evaluation, but the evidence did not focus on evaluation, only the components of evaluation. An example of how IDPH can determine if they are meeting customer (local public health agencies and contractors) needs would be to request feedback from these agencies on the quality of services provided (e.g., technical assistance, contract management, etc.). IDPH could develop and implement a response plan and report back to agencies. An example of an IDPH customer survey would be to have local public health agencies and public health contractors provide feedback on the technical assistance provided to them by the assigned consultants.
 8. **Workforce.** It does not appear there is a comprehensive statewide assessment of local and state public health workforce (WK2c-S, WK2d-S).
 9. **State Board of Health.** The review team was impressed with the relationship between the State Board of Health and the Governor’s office and the State Board of Health’s role in policy development and advocacy. However, it does not appear that the State Board of Health has the authority to approve the budget of IDPH but a criterion suggests they do. It is not clear as to what constitutes a financial report to the board (every 6 months).
 10. **Fragmentation of Services.** As indicated by the IDPH Executive Team, the evidence and interviews with public health practitioners there is segmentation (e.g., “silos”) across public health sectors. Specifically, the evidence and in interviews with local environmental health officials, it is apparent that environmental health services are fragmented across the state. The Division of Environmental Health could develop agreements/MOUs with other state agencies to achieve greater cooperation and coordination of environmental health services. A robust environmental health data system would boost continuity and assist with program evaluation and contractual relations.
 11. **Information Technology.** IDPH has a robust communication/IT infrastructure. The IDPH Web site is easy to navigate and Web content provided as evidence was thorough and current. IDPH maintains numerous public health data systems which has led to the same data entered multiple times at the local level and increased maintenance and oversight by IDPH staff. Master data management and consolidation of data systems would increase efficiencies and data quality at the local and state levels.

Governance (GV)

The Governance Standards address the obligations of the boards of health in Iowa to oversee public health matters. These standards apply directly to the respective boards of health. The local criteria are the responsibility of the local boards of health and state criteria are the responsibility of the State Board of Health. The Iowa Code chapter 137 and Iowa Administrative Code 641, chapters 77 and 78 give local boards of health jurisdiction over public health matters within their local service areas. Local boards of health are responsible for taking an active role in setting public health goals and priorities, shaping delivery service systems, and ensuring efficient and effective use of resources. The local criteria require each local board of health to designate a local public health agency to comply with the Iowa Public Health Standards for its jurisdiction. The local criteria require the board of health to assure that the designated local public health agency complies with the standards.

The Iowa Code chapter 136 gives the State Board of Health the authority to be the policy making body for the state public health department. The State Board of Health has the power to advise or make recommendations to the state public health department, governor, and legislature regarding health and sanitation matters. The state criteria require the State Board of Health to assure that the state public health department complies with the standards.

Overview

Of the 21 criteria within the Governance Standards, 18 criteria were met and three were not met based on the evidence provided. The criteria that were not met were GV1B, GV4a, and GV6a.

The strengths of the Governance Standards were the: 1) instrumental role of the State Board of Health as a policy leader and advocate for public health; and 2) the development of the state assessment logic model.

Suggestions for strengthening the Governance Standards include: 1) clarifying whether the State Board of Health has authority to approve the IDPH budget; 2) documenting whether the State Board of Health receives an IDPH financial report every six months; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of Governance Standards

	Governance	Total
# Criterion	21	218
# Met (%)	18 (85.7%)	166 (76.1%)
# Not Met (%)	3 (14.3%)	52 (23.9%)

Standard GV1 - Secure commitment from governmental oversight bodies to comply with the Iowa Public Health Standards.

GV1a-S - At least every two years, provide written commitment from the State Board of Health to comply with the Iowa Public Health Standards.

Evidence:

1. State Board of Health (SBOH) minutes - 03.12.08. The SBOH minutes show it unanimously endorsed the Iowa Public Health Standards. This was the first commitment by the SBOH.

Divisions work together to accomplish this criterion by: Divisions work together to maintain communication with SBOH on the standards and progress related to implementing standards.

MET - The SBOH minutes show compliance.

GV1b-S - At least every two years, secure written commitment from the governor to support the State Board of Health and the state public health department's compliance with the Iowa Public Health Standards.

Evidence:

1. Letter from SBOH to the governor and legislature - 02.06.08. No evidence exists to support this criterion, however discussion and talking points of the standards' process is beginning with the governor and legislature as evidenced by the letter.
2. SBOH minutes – 07.09.08. Cheryl Jones reports she met with Kate Walton, Senior Policy Advisor for the governor. Cheryl has requested Kate attend the September board meeting to work with the board on priorities.

Divisions work together to accomplish this criterion by: N/A

NOT MET - The criterion should be reconsidered. IDPH cannot be held responsible for the actions of the Governor. The standard should refer to actions by IDPH or the SBOH. For example: "IDPH seek commitment..."

Standard GV2 - Comply with Iowa Code and Iowa Administrative Code.

GV2a-S - Comply with Iowa Code chapter 136.

Evidence:

1. Iowa Code Chapter 136. The SBOH complies with this chapter of the Iowa Code by keeping minutes of meetings, advising IDPH on administrative rules, making recommendations to the governor and legislators related to public health matters.
2. SBOH minutes - 03.12.08. SBOH minutes show the performance of duties and discussion of the Iowa Public Health Standards.

3. Letter to the governor and legislature - 02.06.08. The letter to the governor confirms its role as the SBOH, along with developing policy.
4. SBOH minutes - 01.09.08. SBOH minutes show the Governor's Office applauding the board for strengthening its advocacy role and documentation of the visit with the governor to discuss its charge as SBOH.
5. Document from Ramona Cooper, executive secretary for the director, and the SBOH minutes – 03.08.08, documenting board member's committee assignments.
6. Board members comply with a component of Iowa Code 136, advising the state director on public health issues, by representing the board on outside committees and keeping the director informed of the committee' action. These two documents show the committee assignments.

Divisions work together to accomplish this criterion by: Divisions maintain communication with the SBOH so they have the most current and relevant information on health-related issues.

MET - Evidence supported criterion.

GV2b-S - Assure that legal counsel is available to the State Board of Health and the state public health department.

Evidence:

1. Fiscal Year 2008 contract with the Department of Justice (DOJ) with billing sheet for June 2008 services. The 2008 contract with the Department of Justice and IDPH shows legal council (Heather Adams, JD) is assigned to IDPH and the SBOH. The billing documents also show time billed for services performed by the assigned assistant attorney general to IDPH/SBOH.
Div. Director Newton results from legal services request - 05.17.06. A response from DOJ documents results from a departmental request.
2. Tracking document for executive team from Heather Adams (Attorney Generals Office)--CONFIDENTIAL attorney/client information, delivered quarterly. The tracking sheet documents activity with the legal department.
3. Agenda for ADPER meeting with Heather Adams - 02.21.08 CONFIDENTIAL. The agenda documents legal issues provided to the legal department through regular staffing.
4. E-mail request for agenda items. The e-mail documents the division-wide legal issues request for staffing.

Divisions work together to accomplish this criterion by: Divisions work together on this criterion when they have overlapping issues or if department-wide policy is set as an outcome of discussions with Heather Adams, JD.

MET - Sufficient evidence is shown, however, the 2006 request does not show current activity. Suggest using only current documentation.

GV2c-S - Assure that the state public health department provides an annual orientation for state and local board of health members regarding their roles and responsibilities under Iowa Code and IAC.

Evidence:

1. SBOH minutes - 07.11.07. SBOH minutes state that "the next BOH meeting will be 09.12.07, and will include an update on Redesigning Public Health. Orientation of board members will be held following the meeting."
2. SBOH orientation agenda - 09.12.07. The agenda details the orientation plan.
3. SBOH orientation and education process document. The new member orientation document shows the details of orientation opportunities available to board members.
4. The IDPH community health consultant job description and FY07 tracking information outcomes. A job description describes duties including educating local boards of health (LBOH) statewide. The tracking information shows the community health consultants assisted the LBOH with member orientation in 100% of the counties in FY07.
5. Quick Reads - 05.29.08. A communique announces new member orientation available to LBOH electronically.

Divisions work together to accomplish this criterion by: Divisions provide information and resource material to LBOH and SBOH as requested to assist them in their role and responsibilities.

MET - There is sufficient evidence to warrant "met," however, the criterion should probably be changed to require an orientation for NEW members, offered annually. IDPH cannot control the actions of the local boards to attend an annual orientation.

GV2d-S - Support the provision of education on public health law to county attorneys, boards of supervisors, and boards of health by the state public health department's legal counsel in coordination with professional associations.

Evidence:

1. A 06.27.08 e-mail from Heather Adams, assistant attorney general, addresses her involvement in providing education, information, and advice on public health law and related activities to county attorneys and local boards of health. The state public health department's legal counsel supports the provision of education on public health law to county attorneys, boards of health, and boards of supervisors.
2. Legal Authority of County Health Departments and County Boards of Health Regarding Disease Reporting and Containment developed by Assistant Attorney General Adams. The written legal authority document provides interpretation of the Iowa Code, guidance on implementation, and approaches to address various situations such as reporting and containing diseases.
3. Legal Authority of the State of Iowa to Prevent, Detect, Manage and Contain A Public Health Disaster developed by Assistant Attorney General Adams. The written legal authority document provides interpretation of the Iowa Code, guidance on implementation, and approaches to address various situations such as management of a public health disaster.
4. Barn Raising Conference Brochure. The IDPH Barn Raising Conference brochure reflects an opportunity for the department's legal counsel to make a presentation to board of health members and county attorneys on various public health issues and concerns.

Divisions work together to accomplish this criterion by: The legal authority documents ensure that the Iowa Code sections impacting divisions are consistently interpreted, implemented, and shared with the divisions as well as with local boards of health, county attorneys and other policy makers.

MET - Evidence is sufficient.

Standard GV3 - Assure administration of public health services and compliance with the Iowa Public Health Standards.

GV3a-S - Advise the state public health department on issues that promote and protect the health of Iowans.

Evidence:

1. SBOH minutes – 09.10.08. The minutes document an update to the board on CPR training for high school seniors discussed at the July 2008 SBOH meeting . The minutes also document SBOH member Dr. Garvin's concern for children not having availability to an epi-pen in the event of anaphylaxis. Support for drafted legislature was discussed. A report was given on religious exemptions for school entry.
2. SBOH minutes – 07.09.08. The minutes document the board requesting more information from the department on religious exemptions for programs, and Dr. Garvin bringing to the board's attention the possibility of requiring high school seniors to be trained in CPR. Director Newton will provide information on these issues for the next meeting.
3. IDPH Strategic Planning Framework. The IDPH Strategic Plan (now on the IDPH Intranet for internal staff) brings together all aspects of the department and lines them up with the redesign standards.
4. SBOH minutes - 03.15.07. The minutes show that the SBOH was provided information and updates about the IDPH strategic plan.

Divisions work together to accomplish this criterion by: N/A

MET - While this standard is treated as met, there are problems with the criterion. Who is assumed to be the SBOH.

GV3b-S - Assure that the state public health department complies with the Iowa Code, Iowa Administrative Code, and Iowa Public Health Standards.

Evidence:

1. State assessment process. The state assessment process determines the department's ability to comply with the Iowa Public Health Standards.
2. SBOH minutes – 07.09.08. Heather Adams, Attorney General Office, attended the SBOH meeting, addressing the board on the progression of a case.

Divisions work together to accomplish this criterion by: N/A

MET - More examples could have been provided. Excellent logic model.

GV3c-S - Provide guidance to the director of the state public health department in the discharge of the director's duties.

Evidence:

1. The Iowa Public Health Association (IPHA) priority legislative communique. IPHA, the organization of public health officials, made a request for support of the Office of Multicultural Health.
2. SBOH minutes - 07.09.08. The minutes document a report on department activities that Director Newton provides the board at each meeting.
3. SBOH minutes - 03.14.07. A statement in the minutes is as follows: "the charge of this board is to guide and council the Director and the Governor. Reorder the agenda.....to allow division directors or their representative to attend the first part of the meeting to provide input and answer any questions the board may have".
4. E-mail from Ramona Cooper, executive secretary, documenting the schedule for conference calls from Director Newton with select SBOH members.
5. A statement in the SBOH minutes 05.09.07 is as follows: "Jones initiated a bi-monthly conference call with the Chair and Vice-Chair of the board to get agenda items". The e-mail documents the schedule for these calls with the board members and director.

Divisions work together to accomplish this criterion by: All state staff provide information to the director and SBOH as needed to assist in program advocacy.

MET - Criterion could be more clear. Who provides guidance to the director?

GV3d-S - Offer consultation to the governor in appointing the director of the state public health department.

Evidence:

1. SBOH minutes - 01.10.07. After being inaugurated in early January, the new Iowa Governor Chester Culver began the search and screen process to reappoint or replace department directors. The 01.10.07 SBOH minutes support the board discussion of the department director position: "Board members feel that it is important that the new director of public health have a broad-based knowledge of what constitutes public health and public health experience."
2. Letter from SBOH to governor - 01.24.07. The SBOH followed up its discussion of the department director position with a letter to the governor recommending skill sets it felt the director should possess.

Divisions work together to accomplish this criterion by: The ongoing orientation and division reports to the SBOH give the board a broad-based knowledge of what constitutes public health and public health experience.

MET - Criterion should state who is offering consultation. In this case, SBOH.

GV3e-S - Annually review the progress of the state public health department in complying with the Iowa Public Health Standards.

Evidence:

1. IDPH State Assessment Core Team meeting minutes - 6.3.08. The IDPH State Assessment Core Team was formed to strategically assess the state health department in meeting the Iowa Public Health Standards. The kick-off meeting for the IDPH State Assessment Core Team was 6.3.08.
2. IDPH State Assessment Core Team meeting minutes - 6.10.08. The next meeting was held on 6.10.08. IDPH State Assessment Core Team meetings are scheduled through 11.26.08, the completion date of the state assessment.
3. SBOH minutes – 09.10.08. The minutes document the presentation by Joy Harris, state redesign coordinator, with the board to review the governance component. Evidence collected by the core team was reviewed for its ability to support the governance criteria.

Divisions work together to accomplish this criterion by: Every division is represented by two individuals on the State Assessment Core Team, being lead in evidence-finding within their division. Staff within the division gathers evidence along with the lead, who submits the evidence for each criterion.

MET - Criterion should be changed to eliminate annually. This may be too limiting. Allow the SBOH to set periodicity.

GV3f-S - Advocate for adequate resources for state and local public health to comply with the Iowa Public Health Standards.

Evidence:

1. Letter from SBOH to Iowa's Congressional delegation - 03.21.08. A letter requested Congressional support of the restoration of the funding for the Centers for Disease Control and Prevention's (CDC) Preventive Health and Human Services (PHHS) Block Grant. The letter was sent to: Congressman Braley, Congressman Loeb sack, Congressman Latham, Congressman Boswell, Congressman King, Senator Harkin, and Senator Grassley.
2. PHHS Block Grant impact. PHHS Block Grant funds are divided among eight public health programs. The funds in general may be used for achieving objectives listed in Healthy People 2010.
3. Federal earmark requests. IDPH programs actively pursue federal dollars to promote a collaborative community approach for planning and implementing local initiatives leading to healthier lifestyles and increased wellness.
4. Gambling Reduction Impact. Budget Reduction Impact statements support advocacy to continue funding of IDPH programs.
5. IDPH Legislative Updates - 03.10.08. IDPH's legislative liaison advocates for funding of IDPH programs, keeping staff abreast of ongoing legislative action with frequent updates in this electronic communique.

Divisions work together to accomplish this criterion by: Divisions work collaboratively to seek funding from federal, state, local, and other sources to comply with the Iowa Public Health Standards.

MET - Evidence supported criterion.

GV3g-S - Assure that the state health department prepares and distributes an annual report.

Evidence:

1. 2007 IDPH Annual Report and Budget Summary. Each year, IDPH prepares an IDPH annual report and budget summary. The report includes contact information, a message from the IDPH director, an overview of IDPH, a budget summary, and a description of services.
2. Annual reports and budget summaries are available on the IDPH Website from FY2000-FY2007. This screenshot shows the availability of the documents.
3. Description of individuals receiving a copy of the 2007 IDPH
4. Annual Report and Budget Summary. The report is posted on the IDPH Web site. Hard copies are distributed to numerous individuals, including legislators, local public health agencies, and SBOH.
5. SBOH meeting minutes - 3.12.08. An overview of the 2007 IDPH Annual Report and Budget Summary was presented at the 3.12.08 SBOH meeting.

Divisions work together to accomplish this criterion by: Every division contributes success stories, budget and evaluation information, and a description of services to be included in the annual report.

MET - Clearly met with the 2007 report.

Standard GV4 - Develop public policy to address public health issues.

GV4a-S - Identify health priorities and develop policy using results of the state-level community health assessment and reports from the state public health department.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by: N/A

UNMET - No evidence provided.

GV4b-S - Serve as the policy making body for the state public health department in accordance with Iowa Code.

Evidence:

1. Iowa Code 136. By code, the SBOH is the department's governing board.
2. SBOH minutes - 01.09.08. Cheryl Jones reports meeting with the governor and Lt. governor to discuss departmental policies. All SBOH minutes show the SBOH taking care of policy making for the department.
3. Letter from SBOH to governor - 02.06.08. In the letter to the governor, the SBOH discuss its policy making role.

Divisions work together to accomplish this criterion by: N/A

MET - Evidence supported criterion.

GV4c-S - Adopt administrative rules for the protection of the public's health.

Evidence:

1. IDPH Regulatory Plan for FY2008. The SBOH reviews all department administrative rules for the protection of the public's health prior to a public hearing and a hearing before the Iowa legislature's Administrative Rules Review Committee. The SBOH does a second review and adopts the amended rules prior to a second hearing before the Iowa Legislature's Administrative Rules Review Committee, and the effective date of the rules.
2. SBOH minutes - 01.09.08; 11.14.07; 09.12.07; 07.11.07. The published minutes of the last five SBOH meetings show adoption of rules in many departmental areas for the protection of the public's health.
3. Divisions work together to accomplish this criterion by: Recognizing the need to update the requirements while organizing the rules in a more understandable fashion, all divisions regularly revise and update existing administrative rules. Divisions also develop new administrative rules at the direction of the legislature and the governor. Each division's proposed administrative rules and rule amendments are reviewed internally within the department and by the assistant attorney general before being submitted to the SBOH for adoption.

MET - Evidence supported criterion.

GV4d-S - Advise or make recommendations to the governor and general assembly relative to public health matters.

Evidence:

1. SBOH minutes - 01.09.08. The minutes show active communication between the SBOH and the Governor's Office on policy issues and priorities.

Divisions work together to accomplish this criterion by: All divisions collaborate on public health matters to present a prioritized, cohesive set of issues and goals to communicate to the Governor's Office and general assembly for action.

MET - Evidence supported criterion.

Standard GV5 - Assure state health laws and public health regulations and local ordinances are enforced.

GV5a-S - Review state public health regulations at least every five years and revise as needed.

Evidence:

1. Iowa Department of Public Health Regulatory Plan FY2008. This plan is to meet a new initiative by IDPH to review all rules for their effectiveness, pursuant to Executive Order 9 by the governor. This process of annual review started in FY2008.

Divisions work together to accomplish this criterion by: Sometimes bureaus and programs have overlapping rules, necessitating that bureaus work together in revisions.

MET - Plan to meet the initiative.

GV5b-S - Investigate the conduct of the work of the state public health department as deemed necessary.

Evidence:

1. SBOH minutes - 01.09.08 and 05.15.07. Minutes and agendas from SBOH meetings show active review of complaint investigations and decisions regarding the work of IDPH.
2. Community Health Consultant (CHC) Evaluation Form. The CHC evaluation form exemplifies the information gathered as part of the normal review process of state public health employees as directed by SBOH.

Divisions work together to accomplish this criterion by: All contracts with other individuals have an opportunity to appeal any action of the department through an appeal process documented in the contract itself.

MET - Evidence supported criterion.

Standard GV6 - Practice fiscal oversight.

GV6a-S - Annually approve the state public health department's budget request for the subsequent fiscal year prior to submission. Include a review of how the request addresses compliance with the Iowa Public Health Standards.

Evidence:

1. SBOH minutes - 09.12.07. The SBOH approved the July minutes where it is stated a FY2008 budget overview was presented by a department staff member.
2. SBOH agenda - 07.11.07. A department staff member is on the agenda to speak to the SBOH on an overview of the FY2008 budget.
3. SBOH minutes - 07.12.06. The SBOH approved the FY07 budget.
4. Letter to governor from SBOH - 02.06.08. The letter supported continued funding for the department on department redesign and the Iowa Public Health Standards.
5. Tobacco Commission minutes- 05.17.07. The Tobacco Commission approved the FY08 Tobacco Budget.

Divisions work together to accomplish this criterion by: The SBOH is the policy-making body for IDPH. It has the powers and duties to adopt, promulgate, amend and repeal rules and regulations, and advises or makes recommendations to the governor, Iowa General Assembly, and the director of public health. Under the leadership of the director, five of the six major divisions formulate annual budgets for approval by the SBOH. The Division of Tobacco Use Prevention and Control has its own governing body to approve its annual budget.

NOT MET - Minutes do not show an actual vote by the SBOH. It is not clear if the SBOH has authority to approve the budget.

GV6b-S - At least twice a year at State Board of Health meetings, review and monitor the state public health department's budget.

Evidence:

1. SBOH minutes - 07.11.07. A department staff member presented the SBOH with a FY08 budget overview.
2. SBOH minutes - 09.12.07. The SBOH was informed that the department is in the process of putting together a status quo budget for FY09.
3. SBOH minutes - 05.09.07. Lynh Patterson gave the SBOH a summary of the 2007 legislative session including funding implications for FY08.

Divisions work together to accomplish this criterion by: Budget requests are prepared by various departments for the director's review and approval. Then the Division Director of Administration and Professional Licensure prepares a comprehensive department budget request for submission to the SBOH for review and to the governor for approval.

MET - More current evidence would have been helpful. Only 2007 examples were given.

Administration (AD)

The Administration Standards address operational procedures and management systems that are necessary to lead effective local public health agencies and the state public health department. The local criteria apply to designated local public health agencies. These agencies will be responsible for administering

public health services and complying with the Iowa Public Health Standards. State criteria apply to the state public health department. The department is responsible for providing technical support, consultation, and funding to local public health agencies and for complying with the Iowa Public Health Standards.

Overview

Of the 43 criteria within the Administration Standards, 34 criteria were met and nine were not met based on the evidence provided. The criteria that were not met were AD1b, AD1f, AD3c, AD4a, AD4b, AD4e, AD6b, AD6c, and AD7f.

The strengths of the Administration Standards were the: 1) strong evidence and use of data and reports; 2) excellent safety plan and emergency procedures for IDPH; and 3) solid documentation such as the IDPH Strategic Plan, Healthy Iowans 2010 and the IDPH Annual Report.

Suggestions for strengthening the Administration Standards include: 1) developing standardized documentation mechanisms for reviewing and revising policies; 2) revising criteria that include routine functions (e.g., budget, audit) to reflect continuous quality improvement; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Administration Standards

	Administration	Total
# Criterion	43	218
# Met (%)	34 (79.1%)	166 (76.1%)
# Not Met (%)	9 (20.9%)	52 (23.9%)

Standard AD1 - Provide public health services.

AD1a-S - Provide local public health agencies with technical assistance and referrals to appropriate resources regarding facilities and service delivery.

Evidence:

1. Bureau of Local Public Health Services. Regional IDPH staff members in the bureau work with local public health agencies and local boards of health (LBOH). These staff members are the liaison between local agencies and IDPH services. They convene regional meetings to provide information/resources from other IDPH divisions to the local agencies.
2. Bureau of Environmental Health Services. The bureau staff members work with local environmental health specialists and LBOH with training needs, technical assistance (TA), and annual informational meetings.
3. Center for Acute Disease Epidemiology. Regional IDPH staff members in the center work in the field providing TA and assistance in disease surveillance and disease outbreak.
4. Office of Multicultural Health. Staff members in the Office of Multicultural Health work with local agencies to improve access to quality, culturally competent health services.
5. Family Service Bureau TA Report. The report documents one area of TA provided by the Family Services Bureau (FSB).

Divisions work together to accomplish this criterion by: Divisions work together by providing important information to those who have regular communication with the local agencies. This information is shared with the agencies through meetings, TA requests, and day-to-day work duties. IDPH strives for all divisions to be aware of what the department does, to better assist our stakeholders, through department communiqués.

MET - There did not appear to be a specific reference to technical assistance or referrals related to facilities, but the overall categories could include that.

AD1b-S - Assure that the state public health department meets applicable fire codes.

Evidence:

1. Fire inspection of the Lucas State Office Building. The state fire marshal completed a fire inspection of the Lucas State Office Building, housing IDPH, in May 2006. Inspections are completed every two years. The 2008 inspection has not been scheduled at the time of this review.

Divisions work together to accomplish this criterion by: All employees must follow the rules of what items, appliances, and equipment are permitted in their areas to prevent fires.

NOT MET - Fire Marshal's report (done in May of 2006) requires a correction plan within 60 days which was not provided as part of the evidence.

AD1c-S - Maintain written policy and procedure to assure privacy and security of public health records in accordance with applicable state and federal regulations.

Evidence:

1. HIV/AIDS Confidentiality and Security of Records Policy. The policy provides for confidentiality and security for HIV/AIDS records.
2. Certification Regarding Compliance with Security Standards for the Protection of HIV/AIDS Surveillance Information and Data. The policy documents the person responsible for implementing and enforcing the security standards for the HIV/AIDS program information and data.
3. Public Records Law, Iowa Code, Chapter 22. The following section, Iowa Code, Chapter 22.1, governs the release of any public record, which includes "all records, documents, tape, or other information, stored or preserved in any medium, of or belonging to this state or any county, city, township, school corporation, political subdivision, ... or any branch, department, board, bureau, commission, council, or committee of any of the foregoing."
4. Policy for Disclosure of Reportable Disease Information. The policy covers confidentiality and security of information as found in Iowa Code, Chapter 22 and 139.
5. Iowa Records Series Retention and Disposition Schedules. The schedule specifies how long records will be kept and how they will be disposed.

Divisions work together to accomplish this criterion by: IDPH has a department policy for keeping public health records confidential and secure, with multiple bureaus providing additional information on how the data are collected and secured.

MET - Appropriate examples provided. Suggestion: Information on HIPPA was not highlighted and probably should be since it is the major federal regulation on this topic.

AD1d-S - Maintain written safety plan and emergency procedures for the state public health department.

Evidence:

1. State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan. The COOP & COG plan outlines what services are required and necessary for the functioning of the State of Iowa Government including the Iowa Department of Public Health. This manual was created in response to Executive Order 12656 and adequately outlines the emergency procedures for the state and IDPH.
2. Lucas State Office Building Evacuation Plan. The Lucas State Office Building Evacuation Plan outlines the emergency evacuation procedures for the building which the Iowa Department of Public Health occupies.
3. Lucas State Office Building Emergency Response Manual. The manual outlines not only the evacuation procedures but all protocols for emergency situations in the Lucas State Office Building (i.e., tornado, bomb threat, flooding, suspicious packages/mail, or entry into restricted areas.) Additionally it is the framework for providing a safe environment for Lucas State Office Building staff and visitors during emergencies.
4. Public Health Emergency Response Plan. The Public Health Emergency Plan outlines the department's plans to meet local, regional and state needs in a collaborative and organized manner in an incident of a bioterrorism,

infectious disease outbreak, public health threat, emergency or disaster. Also included are: chemical, biological, radiological, nuclear or explosive events that may involve large numbers of individuals.

Divisions work together to accomplish this criterion by: Divisions are required to have staff educated on the evacuation plan. Divisions work together to identify their areas of expertise in the COOP & COP plan and the Public Health Emergency Response Plan. Staff has and will be required to fulfill the duties as outlined in the plans.

MET - Evidence supported criterion.

AD1e-S - Provide services that reasonably accommodate populations throughout the state with efforts to eliminate transportation barriers and barriers for special populations.

Evidence:

1. EPSDT - Care for Kids Program. The Early Periodic Screening, Diagnosis, and Treatment program (EPSDT) is for children enrolled in Medicaid, and services administered by IDPH. The program explains the benefits of well-child medical and oral health care, what to expect with a well-child care check-up, health resources in the community and how to find them. Transportation and translation services are also offered.
2. Health care and Public Transit. The publication was created by IDPH, Bureau of Health Care Access, and the Iowa Department of Transportation, Office of Public Transit, in an effort to promote collaboration to improve health care access for all citizens in Iowa.
3. Quitline Iowa. Quitline Iowa offers free telephone counseling in multiple languages at different times throughout the day.
4. WIC Clinic Access Survey. The survey assures WIC clinic participants that the provider services site will meet Americans with Disabilities Act (ADA) requirements.
5. Access To Recovery Manual. The Access to Recovery program covers transportation reimbursement to and from substance abuse treatment.

Divisions work together to accomplish this criterion by: All divisions of IDPH must comply with ADA requirements, and examine barriers to accessing programs and services.

MET - Suggestion: This criterion may include too much - "reasonably accommodate," "efforts to eliminate transportation barriers," and "barriers for special populations" are vague and therefore open to interpretation. "Special populations" appear to include those for whom English is not the primary language, the disabled, and substance abusers, among others, based on the examples provided.

AD1f-S - Offer office hours that reasonably accommodate the public.

Evidence:

1. IDPH Office Hours and Work Schedule Policy #PL 05-91-001. The IDPH policy provides for office hours and work schedules for staff and specifically indicates office hours for each office to be open and have staff available to answer the telephone between the hours of 8:00 am and 4:30 pm, Monday through Friday, except holidays. Vital records' office is open from 7:00 a.m. to 5:00 p.m.
2. Standby and Call Back Policy # PL 09-07-012. The IDPH Standby and Call Back Policy establishes where select employees are available to respond to emergencies and ensure continuity of department operations in serving the public. It provides for 24/7 availability for the department's essential functions and the availability of staff to handle problems that arise outside of normal business hours.
3. Media, Legislative, and Public Communications Policy #PI 11-91-001. The policy enhances and facilitates communication within the department and between the department and the media, legislators, and Iowans. Specifically, phone calls from the public and Contact Us requests on the Web site are to be returned within three days.
4. Bureau of Local Public Health Services regional map. The state map for the Bureau of Local Public Health Services is located on the IDPH Web site, and lists by regions the responsible staff person, the office and cell phone numbers, pager and e-mail address, and service/program responsibilities.

Divisions work together to accomplish this criterion by: Knowledge of the hours of availability for the divisions programs and services allows department staff to be aware of the hours of operation for important existing, and new services available to the public.

NOT MET - Work schedules and ability to call staff back for "outside of normal business hours" included. Not clear how this shows that these hours "reasonably accommodate the public." There is no recognition in the "standby and call back policy" of the need for access to IDPH "expertise" beyond normal business hours (e.g., epidemiological expertise for an outbreak). Suggestion: Ideas for evidence could be a client satisfaction survey to determine adequacy of hours, access to expertise at local public health offices, or documentation of 24-hour access. IDPH may wish to change wording or define "reasonably accommodate."

AD1g-S - Maintain written protocols to support delivery of services.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, mental, emotional or cognitive status, culture, ethnicity, religion, language, citizenship, or socioeconomic status, or health literacy level.

Evidence:

1. Standard Operating Procedures for CADE. Standard operating procedures (SOP) are intended to provide an overview of the daily standard operating procedures followed within the Center for Acute Disease Epidemiology (CADE).

2. Lead Poisoning Prevention Program protocols. The protocols specify when the child should be tested, what case management actions should be taken, and who will be inspecting the house.
3. Iowa Vaccine For Children Program protocols. The protocols are procedures for obtaining, storing, and administering vaccines to children.
4. Women, Infants, and Children (WIC) Certification Policy and Procedures Manual. The manual documents program policy for providing WIC services. The policy provided as evidence specifies the eligibility guidelines for services.
5. Center for Acute Disease Epidemiology (CADE) Policy and Procedures General Outbreak Investigations. This policy sets forth a specific protocol to follow in an outbreak.

Divisions work together to accomplish this criterion by: Protocols for services assure services are delivered using best practices and evidenced-based care. Working together among divisions provides the department with experts to improve needs of Iowans.

MET - Evidence supported criterion.

Standard AD2 - Develop and maintain written contracts with entities providing services for the purpose of complying with the Iowa Public Health Standards.

AD2a-S - Provide written guidance for contractual agreements to local public health agencies.

Evidence:

1. IDPH General Conditions. The IDPH General Conditions provides a template for concise direction for IDPH and contractual agreements with local public health agency contractors.
2. Contract Management Guide for local public health services. The contract management guide details responsibilities and clarifies contractual language for local public health agency contractors.
3. Tobacco Use Prevention & Control Community Partnership Grant. The grant lists the responsibilities of local contractors to successfully meet the requirements of the grant.
4. Division of Acute Disease Prevention and Emergency Response request for proposal (RFP). The RFP provides written guidance for local public health agencies applying for a contractual agreement with IDPH.
5. Memorandum to local contractors. The memorandum to local contractors outlines the steps for completing monthly contractual vouchers and expenditure reports.

Divisions work together to accomplish this criterion by: All divisions follow the General Conditions, thereby standardizing contracts between and among divisions. All divisions use a standard contract template.

MET - Evidence supported criterion.

AD2b-S - Retain documentation of executed agreements according to policy. This may include contracts with agencies or individuals.

Evidence:

1. Infolinx Web based record system. This computer program is available to the department to use when archiving records through the data warehouse storage system.
2. Policy and Procedure for Record Retention for the Bureau of Local Public Health Services. The Bureau of Local Public Health Services keeps county files associated with local public health services contracts. The bureau meets legal requirements, including the statute of limitations, for record retention as well as deal with limited space for storage.
3. Policy and Procedure for Record Retention for the Bureau of Local Public Health Services regional community health consultants (RCHC). This policy and procedure describes the information the RCHC will keep in their county files.
4. Bureau of Family Health Contract Routing Slip. The slip documents how a contract is entered into the bureau system with checks in place, prior and following legal signatures.
5. Houck Transit Service Agreement with IDPH. The agreement documents a contract between an individual company and IDPH for advertising services.

Divisions work together to accomplish this criterion by: Nearly all divisions enter into contracts with individuals or contractors for services they need for day to day business with the department. All documents of services are to follow state policy for document retention and filing.

MET - The structures are clearly in place for IDPH to accomplish this criterion.

AD2c-S - Assure that executed agreements meet the requirements of the Iowa Code and Iowa Administrative Code including the Accountable Government Act.

Evidence:

1. IDPH Service Contracting Policy. The IDPH Service Contracting Policy provides guidance for IDPH employees on the process they need to take to implement contracting.
2. Contract administrator position description questionnaire (PDQ). The contract administrator PDQ describes the position of the department's two contract administrators who ensure the policy is complied consistently throughout the department. The PDQ also documents assurance to the Iowa Code and Iowa Administrative Code by showing that the department has two positions dedicated to this process.
3. IDPH Contract Routing Slip Template. The IDPH Contract Routing Slip assures that no agreement in the department is executed until it meets the requirements and proceeds through each step.
4. IDPH Documents Web page. The IDPH Documents Web page is the link that contains each of the department's templates for all agreements and selection process.
5. IDPH In-house Training Calendar Web page. The IDPH In-house training calendar Web page shows the offering of service contract and competitive selection process training for employees at regular intervals.

6. Service Contracting Guide. The Service Contracting Guide is available for all staff to use in understanding the process. This guide was developed by the Iowa Department of Management for state agencies.

Divisions work together to accomplish this criterion by: Department wide participation and check points are in place.

MET - All of the procedures, guidance and training are in place to assure that this criterion is met.

Standard AD3 - Comply with and enforce public health laws, rules, and regulations.

AD3a-S - Comply with applicable sections of the Iowa Code and Iowa Administrative Code and federal regulations.

Evidence:

1. Iowa Administration Code (IAC) 641, Chapter 7, Immunizations. The section of IAC describes report and audit requirements for the immunization program.
2. Immunization Audit 2007-2008 School Year. The immunization audit for the 2007-08 school year satisfies the code reporting requirement.
3. Smokefree Air compliance Web site. The Web site provides written requirements of the Iowa Code for Smokefree Air, effective 07.01.08.
4. Emergency medical services (EMS) request e-mail. The e-mail details a request from the state newspaper (Des Moines Register) to IDPH for EMS response-time data.
5. EMS response e-mail. The response from IDPH to the Des Moines Register references IAC, specifically protecting the confidentiality of the EMS service program and patients.

Divisions work together to accomplish this criterion by: All divisions must provide services per code.

MET - Evidence supported criterion.

AD3b-S - Write administrative rules to implement the Iowa Code.

Evidence:

1. IDPH Regulatory Plan for FY 2008. The Regulatory Plan was developed in FY2008 to start annual identification of department rules that need to be revised, developed based on revisions to the Iowa Code, or rescinded.
2. Iowa Administrative Code (IAC) 641, Chapter 50, Oral Health. This document shows the completed process from proposed rules, through notice, public hearing, amendments, and adoption.
3. IAC 641, Chapter 157, Standards for Substance Abuse Treatment and Assessment Programs and the Operating a Motor Vehicle While Intoxicated (OWI) Law, and IAC 641, Chapter 155, Licensure Standards for Substance Abuse Treatment Programs
4. IAC 641, Chapter 87, Healthy Families Iowa

5. IAC 641, Chapter 162, Licensure Standards for Problem Gambling Treatment Programs. The above evidence, listed 3-5, show examples of IAC rules. The IAC or administrative rules are written by staff of the bureaus that monitor, regulate and/or fund services reflected in the specific administrative rule. Each administrative rule provides for the registration, certification or licensure of a service, program or activity to ensure the protection, health and safety of the public.

Divisions work together to accomplish this criterion by: The department's administrative rules coordinator assists divisions as they draft and file rules in accordance with the Iowa administrative rules development process. Divisions may assist others in the department in providing applicable information to writing of a rule(s).

MET - Evidence supported criterion.

AD3c-S - Provide education and referral services as needed to county attorneys regarding public health laws.

Evidence:

1. Guidance for adopting local regulations on lead-based paint hazards. The document provides guidance to local counties in adopting by reference the State of Iowa regulations involving control of lead-based paint hazards. The guidance or education provided to the local county (county attorney) is text for adopting these regulations.
2. Referral to local law enforcement for violations of Smokefree Air rules. The duties of IDPH outlined in the Smokefree Air rules include referral to local law enforcement authorities of political subdivisions of the state (county attorneys) violations to these Smokefree Air rules.
3. Guidelines for Iowa Law Enforcement Officers: Public Health Emergencies or Disasters. The guidelines are for local law enforcement officers responding to public health emergencies.
4. Ethical Framework for Use in a Pandemic. The document provides assistance for local health officials in ethical decision making when preparing or responding to a pandemic.

Divisions work together to accomplish this criterion by: Divisions within the IDPH may coordinate with the Attorney Generals Office in providing referrals to local county attorneys.

NOT MET - Is there a grid for all programs? One was supplied for EH3c-S#1. The criterion references county attorneys, but the evidence did not apply to attorneys, but more to health officers and law enforcement officers. Does the criterion need to be changed?

AD3d-S - Facilitate communication among other state agencies regarding regulatory issues having a public health impact.

Evidence:

1. Communication with the Iowa Civil Rights Commission. E-mails show communication with the Iowa Civil Rights Commission regarding affirmative action requirements of IDPH contractors.
2. Communication with the Department of Education. E-mails show communication with the Department of Education regarding Iowa Quality Preschool Program Standards.

3. Communication with the University of Iowa. An e-mail shows communication with the University of Iowa regarding updates to HIV testing rules.
4. Communication with the Iowa Medical Society. An e-mail shows communication with the Iowa Medical Society regarding CDC recommendations for HIV testing.
5. Strategic Plan of Iowa's Early Care, Health, and Education System. The development of this plan was coordinated with many state agencies. These agencies are listed as stakeholders in the plan. Implementation of this plan would result in public health regulations.

Divisions work together to accomplish this criterion by: Many divisions within the department work with other state agencies and together on projects that overlap bureaus. An example would be the Center for Acute Disease Epidemiology, Bureau of Disease Prevention and Immunization, schools, local public health agencies, Department of Human Services, Women, Infants, and Children Program, and Bureau of Family Services on issues of immunization, disease outbreaks, or need for policy change.

MET - Evidence supported criterion.

AD3e-S - In coordination with other state agencies, promote consistent Iowa Code and Iowa Administrative Rule interpretation within and across state agencies.

Examples of methods of providing education: brochures, Web site links, newspaper articles, interviews, presentations, etc. Refer to Communication and Information Technology Standard IT4.

Evidence:

1. Coordination with the Department of Administrative Services (DAS). Through e-mail correspondence, IDPH coordinates with DAS regarding interpretation of affirmative action in contracts.
2. Coordination with the Iowa Civil Rights Commission. Through e-mail correspondence, IDPH coordinates with the Iowa Civil Rights Commission on the consistent interpretation of affirmative action in contracts.
3. Healthy Children Task Force Act. This legislation directs IDPH to work with other agencies in recommending policy and statutory changes to promote consistency in interpretation of regulations and laws.
4. Agencies involved in the development of the Smokefree Air Iowa Administrative Code (IAC) rules. Multiple state agencies involved in the development of the Smokefree Air rules promote consistency in the interpretation of these rules.
5. Contract with Department of Human Services (DHS) for the provision of services. A contract with DHS, IDPH, and other state agencies has a provision for delivery of services to families in a collaborative manner.

Divisions work together to accomplish this criterion by: N/A

MET - Evidence supported criterion.

AD3f-S - Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

Examples of state agencies: Department of Natural Resources, Department of Inspections and Appeals, Department of Human Services, Department of Elder Affairs, and Department of Public Safety.

Evidence:

1. Bureau of Radiological Health. The bureau Web page on the IDPH Web (A-Z), documents rule changes for radiological health along with guidance.
2. Iowa Smokefree Air Act Web site (<http://www.iowasmokefreeair.gov/>). The new Web site started in July 2008, includes information on the new law, regulations, and a complaint form.
3. PRIMECARRE program summary. The document found on the IDPH Web site (A-Z) under Primecarre describes the program rules.
4. Iowa Immunization Law brochure. The document found on the IDPH Web site (A-Z) under immunizations, printed materials, describes the immunization law for children in Iowa.
5. Ten Rules of Thumb for Local Boards Of Health. This information was presented at the Public Health Conference on board of health rules, and is posted on the IDPH Web site.

Divisions work together to accomplish this criterion by: The department responds to requests for information by directing requests to the appropriate program. All programs are accessible on the IDPH Web site under the listing of A-Z. The program provides information on the laws, rules, or guidance for that program.

MET - Evidence supported criterion.

AD3g-S - Conduct enforcement activities in a timely manner in accordance with laws, regulations, and ordinances.

Evidence:

1. Professional licensure program profile. The profile provides data on outcomes of complaints and enforcement activities.
2. Settlement revoking substance abuse counselor license. Program enforcement is by SBOH action.
3. Sample letter to revoke license for mammography. The sample letter documents IDPH regulation.
4. SBOH minutes - 01.09.08. The minutes document the SBOH activity that occurs at each of the meetings.
5. Follow-up letter after administrative on-site review. Many programs complete an on-site review for compliance within their program guidelines. This example is from the Family Services Bureau with action taken.

Divisions work together to accomplish this criterion by: Program enforcement is a stand-alone activity.

MET - Evidence supported criterion.

Standard AD4 - Use a human resource management system and compensation plan.

AD4a-S - Provide information and resource referral to local public health agencies regarding human resources policies and compensation plans.

Evidence:

1. Civil Rights Training section from the Women, Infants, Children (WIC) Policies and Procedures Manual. Local WIC agencies are required to provide civil rights training as part of their orientation program for new employees and annually thereafter.
2. IAC 641, Chapter 80, Local Public Health Services
3. IAC 641, Chapter 87, Healthy Families of Iowa. Chapters 80 and 87 describe the human resource policies necessary to provide various services, including public health services and Healthy Families Iowa.

Divisions work together to accomplish this criterion by: Guidance on policy from one division to another may be shared.

UNMET - IAC reference assures human resources are in place. The criterion states to provide information and resource referral to local public health agencies. The WIC policies and procedures is a guideline for required training. Not all WIC agencies are local public health agencies. The criterion states resources to local public health. This criterion also states compensation plans. IAC requires agencies to have a salary/wage schedule. The evidence does not support providing information and resources for human resource policies and compensation plans.

AD4b-S - Conduct and disseminate the results of a salary survey of the local public health workforce at least every three years.

The state may solicit assistance from professional associations such as Iowa Association of Local Public Health Agencies, Iowa Public Health Association, and Iowa State Association of Counties.

Evidence: There is no evidence that this is being done.

Divisions work together to accomplish this criterion by:

NOT MET - No evidence provided

AD4c-S - Provide a survey for local use regarding building accessibility under the Americans with Disabilities Act (ADA).

Evidence:

1. Bureau of Disability and Violence Prevention. The bureau Web page on the IDPH Web site (A-Z) posts ADA rules and guidelines, an ADA building access survey, and resources for those with disabilities.
2. ADA Building Access Survey. Title II of ADA requires that all public entities that employ more than 50 people take steps to ensure full participation of individuals with disabilities in its programs, activities, and services. A component of this requirement includes an assessment of physical barriers. This survey is available on the Bureau of Disability and Violence Prevention Web page.

3. ADA Best Practices Toolkit for State and Local Agencies. The checklist is designed for use as a preliminary assessment of emergency management programs, policies, procedures, and shelter facilities to see if there are any potential ADA problems. This document is found on the Bureau of Disability and Violence Prevention Web page.
4. WIC Clinic Access Survey, policy dated 10.01.06. The policy promotes local ADA compliance of Women, Infants, and Children (WIC) agencies by requiring a review prior to using the site for services.
5. Letter sent to substance abuse programs with follow-up report. The letter promotes use of an access survey followed by a report to IDPH on ADA compliance for programs within the Division of Behavioral Health.

Divisions work together to accomplish this criterion by: All programs within the department shall comply with ADA, having access to the Bureau of Disability and Violence Prevention staff as experts. The Bureau of Disability and Violence Prevention provides technical assistance to local providers. The bureau has survey reports from business and agencies, but confidentiality prohibits inclusion.

MET - A survey is available. Are local public health agencies aware of this resource? WIC and the Substance Abuse Programs are not always local public health agencies.

AD4d-S - Comply with the human resources policies of the State of Iowa and maintain required policies.

Minimum required human resources policies include: a) Conditions of employment including recruitment, selection, disciplinary procedures, termination, promotion, and compensation; b) Leave of absence; c) Grievance procedure; d) Employee performance evaluation; e) Nondiscrimination policy; f) Employee orientation program; g) Provision for career development or continuing education; and h) Fringe benefits.

Evidence:

1. State of Iowa Employee Handbook. The handbook outlines the rights and responsibilities of employees, as well as state policies that must be followed. Employee policies are available on the IDPH intranet.
2. State of Iowa Managers and Supervisors Manual. The manual outlines policies that must be followed. This manual is on the Iowa Department of Administrative Services (DAS) internet site.
3. Record of New Employee Trainings. The record of employee trainings demonstrates that employees understand and have agreed to follow the human resources policies of the State of Iowa.
4. State of Iowa Substance Abuse Policy. The policy is an example of a human resource policy required by the state.
5. Violence-free Workplace Policy. The policy is an example of a human resource policy required by the state.

Divisions work together to accomplish this criterion by: All employees of each division must read, understand, and comply with the policies of the State of Iowa.

MET - Human resource policies are in place. Maintenance of the required policies is questionable. Latest revision was November of 2003. New training record had current information. State of Iowa Employee handbook had a date of October 2003. Evidence is present however, it is dated. Is it reviewed/maintained?

AD4e-S - Maintain position descriptions that delineate qualifications, responsibilities, and essential functions; are dated; and are reviewed annually to reflect current responsibilities.

Evidence:

1. E-mail between Lorraine Brockman and Joy Harris - 07.03.08. The human resource associate states that PDQs are reviewed at least every three years instead of annually.
2. E-mail to executive staff showing annual evaluations due. Human resources associate sends out monthly reminders to supervisors about when annual performance evaluations are due.
3. Tracking document of performance evaluations. The human resource associate tracks the date all evaluations are due and completed.
4. Individual Performance Plan meeting Accountable Government Act (AGA) guidelines. The plan demonstrates consistency in the department for all performance evaluations.
5. Individual Performance Plan Overview. According to the overview, annual performance evaluations are to be completed to meet AGA guidelines.
6. No policy exists at this time to formalize this criterion. Lorraine Brockman, IDPH's human resources associate, reports a requirement that position descriptions are currently reviewed every three years rather than annually as the criterion describes, although annual performance evaluations are completed.

Divisions work together to accomplish this criterion by: All IDPH staff will have a performance evaluation using the state standard. Some staff members work in two or more programs; their performance requires discussion by these supervisors.

UNMET - Evidence did not provide position descriptions, qualifications, responsibilities and essential functions. The evidence was weak to support position descriptions. Evidence was provided of annual review.

AD4f-S - Assure that personnel policies and procedures are communicated to staff.

Evidence:

1. State of Iowa New Employee Orientation checklist. To ensure consistency, employees meet with the personnel director and executive staff for orientation to policies.
2. E-mail to staff on tobacco policy changes. A new policy is in place as of 06.01.08 for all state employees. IDPH places all policies on the internal Web Intranet for employees to access at all times. With new policies or changes, an e-mail is used to notify all staff of this change and where these changes can be found.
3. E-mail on communications policy changes. As in #2, the e-mail is another communiqué of policy change to employees.
4. E-mail to Women, Infants, Children (WIC) bureau staff. The e-mail is an example of communicating policy changes in the bureau.
5. Family Services Bureau (FSB) orientation for new staff. The form documents new staff orientation.

Divisions work together to accomplish this criterion by: Staff members throughout the department follow the same personnel policies. Divisions assist in maintaining secondary policies and update the staff with these changes.

MET - Evidence supported criterion.

AD4g-S - Maintain and make available a current table of organization.

Evidence:

1. IDPH Table of Organization. The table of organization is updated by the human resources associate every two weeks to coincide with pay periods.
2. Website for access to Table of Organization for IDPH staff. The table of organization is available on the IDPH internal Web intranet for access to all employees. It is provided to others on request.

Divisions work together to accomplish this criterion by: All divisions/employees are included within this table of organization, providing awareness of all programs and employees providing services within the department.

MET - Evidence supported criterion.

AD4h-S - Comply with Title VII of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the 1973 Rehabilitation Act.

Evidence:

1. Record of employee trainings. The record of employee trainings illustrates that employees have undergone training in EEO/AA, ADA, civil rights, ethics and diversity.
2. State of Iowa Equal Opportunity, Affirmative Action and Anti-Discrimination Policy. The state policy outlines requirements regarding these issues.
3. State of Iowa Working with Persons with Disabilities Guide. This document is a guide for managers to use when hiring, training, evaluating, and terminating employees with disabilities to meet federal and state law.
4. Lucas State Office Building General Evacuation Procedure. The evacuation procedure includes special instructions for persons with limited mobility.
5. Request for Assistance During Emergency Evacuation Form. The request for assistance form illustrates that persons with disabilities may voluntarily designate themselves as needing assistance during an evacuation.

Divisions work together to accomplish this criterion by: Employees of all divisions must read, understand, and follow these policies.

MET - Evidence supported criterion.

AD4i-S - Comply with Equal Employment Opportunity and Affirmative Action requirements.

Evidence:

1. State of Iowa Equal Opportunity, Affirmative Action and Anti-Discrimination Policy. The policy clearly outlines the state requirements necessary to comply with federal law.
2. Record of employees who took EEO/AA training. The record of employees who underwent EEO/AA training shows that employees understand and agree to follow state and federal policies.
3. Record of employees who read employee handbook, which includes EEO and AA policies. Employees must read, understand, and sign off on the handbook policies, which include the EEO and AA policies.

Divisions work together to accomplish this criterion by: Employees of all divisions must follow policies and comply with federal and state laws.

MET - Evidence supported criterion.

Standard AD5 - Conduct organizational strategic planning activities.

AD5a-S - Annually evaluate and update strategic plan.

(1) Process for evaluating strategic plan should include but not be limited to: a) Review of strategic plan to determine how goals, objectives, strategies, and resources can best be aligned with the community health improvement plan; b) Utilization of program evaluation findings; and c) Evaluation of efficient use of resources. (2) The state public health department's strategic plan should include goals, objectives, and strategies to support local public health through the following but not be limited to: a) direct funding; b) assistance with locating funding; c) integrating assets; d) legislative issues; and d) technical assistance.

Evidence:

1. 2007 - 2011 IDPH Strategic Plan. The plan includes a review of the successes and challenges of past plans and sets goals for the future.
2. IDPH Annual Report Web page. The IDPH Annual Report Web page indicates Iowa law requires that an annual report be prepared each year. The annual report includes measures of how each program is working to meet the department's strategic plan.
3. 2007 Annual Report. The 2007 Annual Report shows indicators of how the department is working to meet the goals of the strategic plan in FY2007.
4. 2006 Annual Report. The 2006 Annual Report shows indicators of how the department is working to meet the goals of the strategic plan in Fy2006.
5. List of who receives the annual report. The annual report is widely distributed to stakeholders.

Divisions work together to accomplish this criterion by: All divisions must identify their goals and provide yearly evaluation of their programs to ensure they remain in line with the department's strategic plan.

MET - Evidence supported criterion.

AD5b-S - Distribute strategic plan to local public health agencies and local boards of health.

Evidence:

1. Strategic Plan 2007-2011. This document is on the Department of Management (DOM) Web site and is available for others to view electronically at: http://www.dom.state.ia.us/planning_performance/plans/strategic/IDPH.pdf.
2. List of who receives the annual report. A list is kept of those stakeholders who receive the annual report in hard copy each year. The annual report is available on the IDPH Web for local agencies and other interested parties to review electronically.
3. Tobacco 2007-2010 Strategic Plan. The Division of Tobacco Use Prevention and Control strategic plan is available for local review on the IDPH Web (A-Z) under tobacco.

Divisions work together to accomplish this criterion by: All bureaus provide data, performance measures, and evaluation of progress toward goals annually, which provides information for this document. The plan is to place the strategic plan on the IDPH Web by fall 2008.

MET - Evidence supported criterion.

AD5c-S - Review strategic plan with State Board of Health to demonstrate the plan's alignment with the state-level health improvement plan and the capacity to comply with the Iowa Public Health Standards.

Evidence:

1. SBOH minutes - 03.12.08. SBOH minutes document Mr. Durbin presenting a brief overview of the 2007 Annual Report as well as an overview to the IDPH Web page, discussing links to include the Strategic Planning Framework, Vision, Mission and Guiding Principals, Goals and Strategies, program profiles and how they interlink with each other.
2. Iowa Department of Public Health Strategic Plan 2007-2011. The director's message states that this strategic plan shows how our programs and services achieve the Iowa Public Health Standards.

Divisions work together to accomplish this criterion by: The divisions work together to ensure that the information included in each bureau's program profile is consistent in the type of data and information included; completed within the required time frame; and that mutual data among divisions is shared and gathered as needed. The IDPH Strategic Plan 2007-2011 serves as a document for the department as a whole to use for planning, evaluation and focus on current efforts.

MET - Evidence supported criterion.

Standard AD6 - Practice fiscal management.

AD6a-S - Secure funding for the public health system through federal, state, and other sources.

Evidence:

1. FY2007 Annual Budget Summary. The pie chart shows the breakdown of IDPH funding for FY 2007.
2. Department of Health and Human Services (DHHS) Title X Family Planning Grant. The notice of the grant award for this program is an example of Federal program support.
3. Centers for Disease Control (CDC) Public Health Preparedness and Response for Bioterrorism. The notice of the grant award is for an emergency response agreement.
4. CDC award letter for Iowans Fit for Life. The CDC letter is a notification of funding to support the new program on nutrition and fitness.
5. Revised FY09 tobacco budget. Funding is received from several sources for the tobacco budget, including the Master Settlement Agreement.

Divisions work together to accomplish this criterion by: All divisions work together in researching funding opportunities and present that information to various programs. Each program has the responsibility to seek out whatever funding is available to help support the division and activities.

MET - It would be hard to not meet this criterion, since there are no qualifiers, such as "increased," "diverse," or "stable."

AD6b-S - Notify local boards of health when the state public health department issues contracts for public health services in their jurisdictions.

Evidence:

1. Grant, bids and proposals listed via IDPH Web site. All IDPH grants, bids and proposals are published on the IDPH Web site. This is the common source of information regarding funds available through the department. Local boards of health and other applicable entities use this page to determine funding in their area and who may be eligible.
2. Request for Proposal template. Information throughout the Request for Proposal (RFP) template, written in black ink, is a permanent part of the template and may not be changed or removed without prior permission from the contract administrator. This is the same wording in all RFPs released from the department.
3. Tobacco Partnership RFP. The RFP lets agencies become aware of funding for programs.
4. FY08 LPHS Anticipated Allocations. The document, sent at the beginning of the year, lets all agencies receiving money for local public health services (LPHS) know about their allocations for the following year.
5. Letter to Fremont County. The notice is sent to Fremont County about a program project taking place in their county.

Divisions work together to accomplish this criterion by: Divisions notify local boards of health when they issue contracts for public health services in their jurisdiction. The divisions send notifications separately.

NOT MET - Evidence is not strong enough to support this criterion being met. Only one program is shown as an example. Web site does not list grants awarded.

AD6c-S - Provide a quarterly summary on the state public health department's Web site of each contract with a local agency which includes contract purpose, contractor, dates of contract, amounts, and counties served by the contract.

The quarterly summary should be in a searchable format or listed under each county served for a multi-county contract.

Evidence:

1. IDPH Internet posting of the contractor list. The department's list of contractors by county is posted on the IDPH Web site annually, not quarterly. Good information is presented in this report, but the funds are listed by the county organization administering the program and the funds are not necessarily limited to that county.

Divisions work together to accomplish this criterion by: All IDPH funding from the divisions are included in this report, with all programs assuring completeness of this document.

NOT MET - Either change the criterion or meet the quarterly obligation in this criterion.

AD6d-S - Develop an annual budget.

Evidence:

1. Guidance for FY2010 – 07.03.08. A memo from the Governor's Office directs the development of status quo budgets for FY2010.
2. Executive team budget retreat – 07.21.08. After receiving guidance from the Governor's Office, a retreat is held for executive staff to discuss budget plans. Assignments are given to the executive staff for further information in developing the budget, with target dates for returning the information to the Bureau of Finance.
3. FY2009 budget. The director meets with staff from the Governor's Office prior to finalizing the budget. Once all facets of the budget are completed, it is entered into the state's budgeting system prior to the deadline of October 1. The budget can be found on the Iowa Department of Management (DOM) Web site.
4. Fiscal summary sheet. IDPH financial officer places the approved funding into results based categories, where each program has an organizational number that denotes the money attached to that particular program.
5. IDPH Tobacco Use Prevention and Control Division budget. The budget is developed by the Tobacco Commission as a separate process. The 05.17.07 Tobacco Commission minutes document approval of the budget.
6. SBOH minutes - 09.12.07. The SBOH is informed about the process of putting together a status quo budget for FY2009. The SBOH reviews the budget with input but does not approve the budget at this time.

Divisions work together to accomplish this criterion by: Budget requests are prepared by various divisions for the director's review and approval. The director of the Division of Administration and Professional Licensure prepares a comprehensive department budget request for submission to the SBOH for review, and to the governor for approval.

MET - It is impossible for a state agency to NOT meet this criterion. A qualifier related to the quality of the budget or the input required before the budget is finalized would be helpful. Note: There is a contradiction with GV6a which states that the SBOH approves the budget. The evidence states that this is not done.

AD6e-S - At least twice a year at State Board of Health meetings, present the state public health department's financial report.

Evidence:

1. SBOH minutes - 09.12.07. The SBOH receives information that the department is in the process of putting together a status quo budget.
2. SBOH minutes - 07.11.07. The minutes demonstrate that a budget overview was distributed to board members.
3. SBOH minutes - 05.09.07. The minutes document a detailed summary for board members of the 2007 Legislative Session and the budget impact for the department.
4. SBOH Member Orientation agenda - 09.12.07. The agenda demonstrates that board members were oriented regarding financial operations and the department budget.

Divisions work together to accomplish this criterion by: Financial reports from the public health department to the SBOH are made throughout the year by department staff from several divisions.

MET - Whether this criterion is met depends on the definition of a financial report. The evidence is less tight than a typical financial report which includes customary financial documents.

AD6f-S - Assure fiscal policies and procedures follow accepted accounting practices.

Evidence:

1. FY2007 annual audit report. The letter from the auditor shows no recommendations for change to IDPH accounting practices.
2. Budget process documents from the Department of Management (DOM) Web site. DOM guidance states budgets for all state government by law will use "Generally Accepted Accounting Practices."
3. State Accounting Policy and Procedures Manual. The manual determines the accounting practices for state government.
4. Bureau Chief of Finance position description questionnaire (PDQ). The PDQ covers the qualifications and requirements to work in financial positions.
5. Department Grant and Contract Award Policy. This policy is an example of a fiscal policy and procedure.

Divisions work together to accomplish this criterion by: All divisions must follow the same accounting procedures within their contracts and payments. The Bureau of Finance assures the divisions that all fiscal documents follow the policies.

MET - Standard accounting procedures and policies are practiced.

AD6g-S - Assure an annual audit is performed.

Evidence:

1. Iowa Comprehensive Annual Financial Report June 2007. The state auditor is required by Chapter 11 of the Code of Iowa to audit annually all departments of the state. The comprehensive report outlines the report for IDPH.
2. FY2007 annual audit report. The letter from the auditor made no recommendations for change.
3. FY2006 annual audit report. The letter from the auditor made a recommendation for change.
4. E-mail of IDPH audit results. The e-mail notification of the results of the 2007 audit was sent to executive staff.

Divisions work together to accomplish this criterion by: Divisions work together by complying with requests from the Auditor's Office and by providing information as needed.

MET - Audits are required and performed by the state auditor.

AD6h-S - Maintain written documentation of inventory of equipment.

Evidence:

1. IDPH inventory list. Federal regulations require inventory to be maintained for any single item with a purchase price greater than \$5,000. The Bureau of Finance oversees inventory for the department. IDPH and its contractors who purchase an item that meets these qualifications must provide an accounting of the items annually. On-site reviews are conducted and items are inspected. Items are depreciated-out by protocol and removed from the list when sold or damaged.
2. Asset Manager Program. The inventory is managed by a computer system.
3. Center for Acute Disease Epidemiology (CADE) inventory. The list is an example of a program's equipment inventory.
4. Bureau of Family Health inventory. The list is an example of a program's equipment inventory.
5. On-site Review Form. Family Services Bureau on-site program review accounts for compliance of agency equipment inventory rules.

Divisions work together to accomplish this criterion by: Divisions work together to provide accounting of inventory for the Bureau of Finance.

MET - Evidence supported criterion.

Standard AD7 - Collect and manage public health data.

AD7a-S - Develop and maintain public health data collection systems.

Evidence:

1. Data Resource Guide - June 2008. The guide is one of the first steps in gathering the information necessary to develop a data warehouse at the department. This guide is expected to undergo many revisions.
2. Iowa Disease Surveillance System Fact Sheet. The fact sheet details a new data system at the department and its development.
3. Immunization registries. The fact sheet describes the past, present, and future history of this system and shows a commitment not only to maintain but also to improve upon public health data collection.
4. Cares User Manual. The manual provides assistance to local public health agencies about the IDPH data collection system.
5. Prepare Iowa Learning Management System. The system collects public health data on our workforce and their areas of competency.

Divisions work together to accomplish this criterion by: Local public health agencies provide many services such as immunizations, family health, and workforce development and work with divisions to provide those services to Iowans. In turn, the divisions have overlapping responsibilities in responding to agencies' needs.

MET - The evidence shows several databases. It is unclear of what the criterion means as "data collection systems." Is the system broader than the database?

AD7b-S - Collaborate with data reporting entities to assure timely collection, analysis, and dissemination of data. Includes but not limited to population-based health data and program data.

Evidence:

1. Center For Health Statistics. The Center for Health Statistics annually publishes Vital Statistics in Iowa, Vital Statistics in Brief, and the Iowa Health Indicator Tracking System, a software package of health status indicators. The center also publishes special studies on selected topics such as infant mortality, caesarean sections, county estimates of behavioral risk factors, and life expectancy tables. Web site: http://www.idph.state.ia.us/apl/health_statistics.asp.
2. Vital Records Research Agreement. Vital records records all vital events, does searches on events as requested, and issues certified copies of these events. IDPH also supports research activities that benefit the health and well-being of Iowans by entering into research agreements for new insights and innovative solutions to health problems.
3. Data Integration Steering Committee. The Data Integration Steering Committee meets quarterly for the purpose of providing a forum for decision-makers of Maternal and Child Health (MCH) data partners to guide system change for data linkage and integration.
4. Summary of training conducted with hospital staff. Staff conducts training for the collection of birth data.

5. Log of requests for public health information. The log lists types of requests received in the department during FY08 and action taken.

Divisions work together to accomplish this criterion by: All programs collect and disseminate information to be analyzed for inclusion into Vital Statistics in Iowa.

MET - This assessment interprets data reporting entities as external to IDPH, therefore, evidence #1 seems misplaced. Evidence #2 and #5 do not appear to be data reporting entities, rather data recipients. Evidence #3 and #4 seem to be a better fit.

AD7c-S - Assure security and confidentiality of personal health information.

Evidence:

1. IDPH Open Records Policy. The policy outlines the requirements and duties of staff related to confidential information and records when requests are made from the public or entities not expressly permitted to view confidential information and documents.
2. Iowa Administrative Code (IAC) 641 Chapter 175 FAIR INFORMATION PRACTICES AND PUBLIC RECORDS. The chapter puts into place the rules IDPH complies with regarding release of information and public records. These rules are updated and amended as needed and serve as the basis for policy and procedures at IDPH.
3. Sample of Contract. The sample contract with the University of Iowa demonstrates the requirements for confidentiality of patient information.
4. CAREs Administrative Manual Confidentiality Agreement Form. To comply with confidentiality and security rules, the agreement form requires a signature.
5. Request from press for information and response. The request from a media outlet for information on a health investigation and the response from IDPH show compliance with policies and procedures.

Divisions work together to accomplish this criterion by: Divisions work to comply with the criterion by implementing policies for their programs that meet IDPH standards and are reviewed by the appropriate bureaus (i.e., Information Management, Personnel, Center for Acute Disease and Epidemiology, and Communications and Planning) to assure compliance with the laws, regulations and policies.

MET - It is surprising to not see references to HIPAA.

AD7d-S - Interpret and analyze public health data to monitor the state's health status.

Evidence:

1. HIV Community Needs Assessment. The report documents data included in the Comprehensive HIV Plan, Chapter C, with data results from surveys and public forums.
2. Iowa's Breast and Cervical Cancer Early Detection Program's (BCCEDP) First 12 Year Data Summary Report 1995-2007. The report summarizes the data on breast and cervical cancer screening participation in the state the past twelve years.

3. 2006 Oral Health Survey Report. The survey report shows compliance with sealants in children.
4. 2007 Iowa Rabies Summary. Rabies cases in Iowa are analyzed in the summary.
5. Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is designed to collect, through random telephone surveys, information on health risk behaviors of adults. The survey helps the state assess risks and monitor trends.

Divisions work together to accomplish this criterion by: Divisions work together in analyzing program data, along with information management, vital statistics, and others as needed.

MET - There is not strong evidence of interpretation and analysis. Data shown does represent some level of analysis in certain instances. Other instances are simply a reporting of findings.

AD7e-S - Publish and disseminate data, reports, and analyses for health information users.

Evidence:

1. CADE Annual Report 2006. The Center for Acute Disease Epidemiology (CADE) report outlines the cases of reportable diseases in Iowa.
2. WIC program data and reports. The Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Nutrition Surveillance System (PNSS) are program-based surveillance systems that monitor the nutritional status of low-income infants, children, and women in the Iowa WIC Program. The surveillance data can be used for program planning, management, evaluation; and for the development of health and nutrition interventions. The data is found on the IDPH Web (A-Z) under WIC.
3. Immunization program rates and assessments. The data show immunization rates and assessments by public and private healthcare providers throughout the state. Clinic immunization records are assessed using the Clinic Assessment Software Application (CASA). Immunization records are reviewed to determine the percentage of children that are up to date. The data is found on the IDPH Web (A-Z) under immunizations.
4. Healthy Iowans 2010. The plan provides core data for measuring state health goals. This is a collaborative project among many partners and IDPH.
5. Vital statistics annual reports. Vital statistic reports are published annually to provide state health indicator data. The document is published both on the IDPH Web and also by hard copy.
6. Iowa Health Facts Book. The publication presents health data for all 99 counties in a descriptive format. The book was first published in 1997, in collaboration with the University of Iowa College of Public Health.

Divisions work together to accomplish this criterion by: Divisions work together using data from one program to another to support evidence and for statistical analysis. Generally divisions and programs release data and reports on their own. However, it is common for programs who work with similar populations or groups to use data from another division in justifying funding or in an RFP/RFA request from local public health. For example, the Child Health Title V Program uses data from the Immunization Program for its federal applications as well as its contractors applications for state received Title V funds. These programs are in different divisions.

MET - This criterion has strongly supported evidence.

AD7f-S - Comply with recognized national and international standards to assure data quality.

Data reporting entities include but are not limited to local public health agencies, hospitals, physicians, laboratories, and funeral directors.

Evidence:

1. MDE Data Users Manual page with national standards. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) guidance from the Centers for Disease Prevention and Control in the data users manual shows the North American Association of Central Cancer Registries (NAACCR) Record Data Standards are to be followed for data reporting.
2. Lead Testing Data System. IDPH and local agencies enter lead exposure data in the Strategic Tracking of Elevated Lead Levels and Remediation (STELLAR) database. IDPH uses data from the STELLAR database to evaluate the effectiveness of prevention activities.
3. eSP Data System for Childhood Hearing Testing. In this system, hospitals, area education agencies, audiologists, and others enter hearing data on children with follow-up.
4. Iowa Disease Surveillance System. This integrated national network of data reporting system is now in 50 states. Iowa rolled out its system in beginning stages starting in September 2008.
5. Iowa Crash Outcome Data Evaluation System. The system is a component of the National Traffic Safety Administration state data program. It is used to provide data for the causes of crashes and the health outcomes of these crashes.

Divisions work together to accomplish this criterion by: Most data systems are program specific.

NOT MET - There is no evidence of quality assurance on the data in the materials provided. The criterion addresses the use of national and international standards to assure data quality and the evidence supports reporting standards not data quality standards. Suggestion: Stronger evidence would present Health Information Technology Standards Panel (HITSP) references or a quality assurance methodology for data quality.

Communication and Information Technology (IT)

Information technology and communication systems are vital to the delivery of public health services. The Communication and Information Technology Standards specify the communication infrastructure and systems needed to interface with community partners and the public for both routine and urgent communications. These standards also stipulate the information technology and systems that must be in place to access critical information and data to serve and protect the public.

Overview

Of the 24 criteria within the Communication and Information Technology Standards, 22 criteria were met and two were not met based on the evidence provided. The criteria that were not met were IT1a and IT5a.

The strengths of the Communication and Information Technology Standards were: 1) the establishment of strong databases and IT infrastructure; 2) data warehouse plan; and 3) a Web site that is easy to navigate and read.

Suggestions for strengthening the Communication and Information Technology Standards include: 1) addressing the disassociation among databases resulting in multiple entries at the local level and greater maintenance and oversight at IDPH; and 2) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Communication and Information Technology Standards

	Communication & IT	Total
# Criterion	24	218
# Met (%)	22 (91.7%)	166 (76.1%)
# Not Met (%)	2 (8.3%)	52 (23.9%)

Standard IT1 - Maintain information technology infrastructure.

IT1a-S - Maintain a computer infrastructure needed to interface with the state public health laboratory and other relevant state and local agencies.

Computer infrastructure includes hardware such as PCs, servers, switches, etc. Infrastructure also includes data applications that are built to collect program-specific data requirements. For example, the state public health department's immunization program uses a data application called the Immunization Registry Information System (IRIS).

Evidence:

1. Health Alert Network (HAN) Communications Policy #ES 04-08-006. HAN is used to facilitate emergency and other time sensitive communications within the department and between the department and local public health agencies, healthcare entities, Emergency Medical Services, laboratories, partnering state agencies, and other users of the system. Definition: The HAN Internet portal is a redundant, robust computer system based on Microsoft® technology. The HAN is a critical tool used for notifications and/or alerting, sharing information and documents, and serves as a public health directory.
2. Official HAN alert form. The HAN alert form shows how IDPH informs state and local agencies of urgent health information. <https://www.iowahealthalert.org>
3. IDPH HAN Approval Form. The HAN approval form lists the agencies and partners who receive HAN alerts.
4. Example of how the Health Alert Network is used. The HAN screenshot shows advisories issued to local agencies. The example comes from the document library of an authorized user.
5. E-mail from Polly Carver-Kimm. The e-mail demonstrates that IDPH has data requirements (i.e. list serve) that must be met so that the appropriate people in local health agencies receive data and information. There is also an expanded list serve for members of the media, newspapers, and interested members of the public.

Divisions work together to accomplish this criterion by: The delivery of emergency and time sensitive public health messages to IDPH employees and partners throughout Iowa is essential to public health. The Health Alert Network (HAN) is a system managed by the IDPH through the Center for Disaster Operations and Response (CDOR). The Iowa HAN links Iowa's emergency response community and state government officials through a centralized information sharing and emergency notification system. The HAN system is a secure information system that is password protected. The issuing authority is controlled by role based security that prevents unauthorized persons from posting alerts or documents to the HAN.

NOT MET - The evidence provided does not address the computer infrastructure, compatibility and internet capability. A HAN data application is shown and this only complies with a portion of the criterion.

IT1b-S - Provide data requirements to local agencies to assure compatibility with state public health programs.

Evidence:

1. Contract for Childhood Lead Poisoning Prevention Program. The contract between the IDPH and Black Hawk County Health Department for the Childhood Lead Poisoning Program has a section explaining how the contractor will conduct data management.
2. 2008 Iowa Adult Tobacco Survey. The 2008 Iowa Adult Tobacco Survey guidelines explain how to collect Iowa-specific data on tobacco use.
3. Contract Management Guide Local Public Health Services Contract FY09. The contract guide lists the roles and responsibilities of the contractor and program director in managing program documents and data.
4. Memorandum of Understanding/Agreement. A memorandum of understanding between the IDPH and the Iowa Department of Elder Affairs lists the performance measures data expected from this collaboration.
5. Child Health Services Summary. A summary of data from child health services is provided for both Medicaid and non-Medicaid children.

Divisions work together to accomplish this criterion by: All programs must use compatible data requirements, so that we get comparable data.

MET - Evidence supported criterion.

IT1c-S - Provide policy and procedure guidelines to local public health agencies for assuring system security.

Guidelines will include templates and examples as appropriate.

Evidence:

1. Iowa Disease Surveillance System Security (IDSS) and Confidentiality Policy and Agreement. The evidence requests IDSS users to review the policy and sign the IDSS Security and Confidentiality Agreement as a condition of using IDSS, ensuring security and confidentiality.
2. IDPH Security Token Fact Sheet. The evidence explains and shows the various programs/ applications within IDPH that utilize the token to significantly decrease the risk of hackers obtaining access to the IDPH network and confidential patient data.
3. IDPH Receipt of Token. The evidence requires IDPH security token recipients to sign an acknowledgement of Receipt of Security Token, ensuring security and confidentiality.
4. Iowa Health Alert Network (HAN) user profile. The HAN is a secure, web-based communication system allowing local public health agencies to issue alerts, share documents, post announcements and news items, and collaborate. The network specifies user profiles to set their security alert codes for ensuring security and confidentiality.
5. Local Women, Infants, and Children (WIC) agency data system guidelines. Local WIC agencies are required to use and document clinic services and program benefits in the Iowa WIC Information Network (IWIN) data system.

Divisions work together to accomplish this criterion by: Everyone in the department must protect the security within the system, by following rules as defined.

MET - Good evidence to support this criterion.

IT1d-S - Provide policy and procedure guidelines to local public health agencies for collecting, storing, retrieving, and retaining records and data.

Guidelines will include templates and examples as appropriate.

Evidence:

1. General Conditions for contracts. The IDPH General Conditions are a set of conditions that are applied to each department contract. These conditions provide the minimum requirements each contract must contain. Section 3 discusses contract requirements for record and data retention. The conditions address fiscal, medical, client, and "any others pertinent to the program." Programs are allowed to add conditions in the special conditions section of their contracts to increase the record requirements.
2. Maternal And Child Health Administrative Manual. The manual is the basis for the state Title V Maternal and Child Health Program. The manual is used to outline policies and procedures for contractor compliance to be successful contractors with IDPH. The two highlighted policies are for basic record and data retention for fiscal resources and child health client records.
3. Lead program contract. The contract outlines how to manage data and retain records.
4. Iowa Administrative Code 641 Chapter 24 - Private Well Testing. The chapter from IDPH Administrative Rules outlines how long records and data must be kept for the program and grants to contractors. Having record retention information in code is a sound practice as it requires both the contractor and IDPH to assure these records are being kept.
5. Environmental health program contract showing record retention requirements. The contract clearly outlines the requirement for the contractor to "maintain accurate, current, and complete records of all activities related to this agreement for a period of three years."

Divisions work together to accomplish this criterion by: All programs must collect and store data per program and state codes.

MET - The criterion require collecting, storing, retrieving and retaining records and data. A combination of all evidence provided meets the criteria but none does on its own.

IT1e-S - Maintain written policies and procedures to assure state public health department system security, including virus and firewall protection and other levels of security to safeguard the privacy of electronic information. Review policies and procedures at least annually.

Evidence:

1. IDPH Policy for Virus Protection. The policy identifies what virus protection is, what information management's (IM) role is, what procedures the employee must follow or can take to comply with this policy and the consequences and implications of not complying with the policy. The policy is found on the department's internal Web, Intranet.
2. Token Security Fact Sheet. The evidence explains the various programs/applications within IDPH that use the token to significantly decrease the risk of hackers obtaining access to the IDPH network and the confidential patient data.
3. ITS5 Position Description Questionnaire (PDQ). The position is responsible for managing the department's security including virus protection and firewalls.
4. Information Security Policy. The policy maintains system security and availability by preventing unauthorized access to information. The policy is found on the IDPH internal Web, Intranet.
5. IDPH Access Control Policy. Photo access control badges are provided to all full time employees for access only to the areas they do business for the department. Many work areas within the department are locked, with access only by those with badges who have approved access. The chief information officer (CIO) states that he reviews the policies annually to assure they are current and meet the Enterprise guidelines.

Divisions work together to accomplish this criterion by: It is everyone's responsibility to be aware of suspicious behavior/ electronic activities within his/her work space and report those per policy along with following all departmental policies.

MET - Evidence supported criterion.

IT1f-S - Maintain written procedures for collecting, storing, retrieving, and retaining records and data for the state public health department.

Evidence:

1. Electronic Records Retention Policy. The policy covers timeframes for when records need to be retained and discarded.
2. E-mail Retention Policy. E-mail sent or received in the course of state business is considered a record. E-mail must therefore be retained and destroyed in conformance with Iowa Code Chapter 305 and according to established records management procedures as outlined in the State of Iowa's Records Management Manual.
3. Iowa Records and Retention Schedule for IDPH. The policy states what financial and program based records are collected and the retention schedule.
4. Divisions work together to accomplish this criterion by: All of the divisions within the department are held to these policies.

Divisions work together to accomplish this criterion by: All of the divisions within the department are held to these policies.

MET - Evidence supported criterion.

IT1g-S - Maintain and utilize a GIS (geographic information system) to analyze statewide data related to public health.

Evidence:

1. 2003 West Nile Virus Final Summary. West Nile Virus surveillance and incidence data are maintained and analyzed in a GIS database. Several maps were used in this summary.
2. Cancer map site. These maps use GIS to show the cancer incidence rates and cancer mortality rates within the state.
3. Mumps update 2006. GIS data were used to track the incidence of mumps in the state.
4. Gambling crisis calls. GIS data were used to maintain records of gambling crisis calls per 1000 residents in counties throughout the state. A 25-mile radius around each casino was shown on the map.
5. Emergency Management System 2007 Status Report. GIS data were used to provide a summary of emergency medical services in the State of Iowa.
6. E-mail on maintenance of the GIS program. An e-mail from the GIS manager documents the program's training and maintenance.

Divisions work together to accomplish this criterion by: Consistent GIS training is provided by the Bureau of Information Management staff within all divisions of the department. Multiple divisions use GIS information maintained by the department.

MET - Good evidence of use of GIS data.

Standard IT2 - Maintain communication infrastructure.

IT2a-S - Provide assistance to local public health agencies in locating associations and networks that may have access to interpretation and translation resources.

The state public health department will provide information to requesting agencies regarding known associations and networks for interpretation and translation services.

Evidence:

1. Family Services Bureau training. The powerpoint presentation for child health includes interpretation and translation resources.
2. Resource Directory for Child Health. The directory includes information on interpretation and translation services.
3. Friday Facts. A weekly publication from the Bureau of Nutrition and Health Promotion to a list serve of stakeholders increases local agency's awareness of a resource for translation services.
4. Professional Licensure Web site for licensed translators. The Web site provides links to resources for sign language interpretation and transliterators.
5. Bureau of Disease Prevention and Immunization brochure. The brochure promotes financial reimbursement for those agencies needing translators to assist with the tuberculosis program.

Divisions work together to accomplish this criterion by: All divisions assure that their customers obtain the information needed when requested, and that staff members understand each customer request prior to providing services. The need to reduce communication barriers can be present with all services.

MET - Evidence supported criterion.

IT2b-S - Maintain required communication infrastructure to interface with local public health agencies.

Required communication infrastructure: HAN; 800 MHz radios; a 24/7/365 duty officer and toll-free number(s).

Evidence:

1. Health Alert Network (HAN) Web page. The HAN is the primary statewide network used to notify local public health partners of emergent health information. The HAN has different classification levels for messages to differentiate an emergency situation from a notification of health information. There is a reply mechanism to assure respondents do receive the messages. In addition, it connects IDPH with the Iowa Department of Agriculture and Land Stewardship (IDALS), Homeland Security and Emergency Management Division (HSEMD), Department of Human Services (DHS), University of Iowa Hygienic Laboratory (UHL), Poison Center, and Iowa State Patrol (ISP).
2. 800 MH radio system. The radio system for Iowa public health is used by all counties. A primary radio in each county office is linked with emergency services to provide a direct link to county and state emergency management system resources in time of a public health disaster. The evidence is the monthly check of the radio system to assure proper functioning in times of emergency.
3. IDPH Duty Officer Schedule. The document is a list of IDPH employees that are the primary contact for local public health and others in time of emergency or after hours when an IDPH contact is needed. The schedule is shared on the IDPH internal Web, Intranet. The schedule assures local public health partners of IDPH availability.
4. IDPH Web site. The Women, Infants, and Children (WIC) Web page example shows the weekly Friday Facts for sharing contract information, programmatic updates, and federal and state changes in policy. Local contractors need this information to successfully run their WIC program. The Friday Facts is sent by e-mail weekly and exemplifies constant communication with contractors. Other programs also offer publications such as this one for their contractors. The Web page categories A-Z have program and contact information available 24-7 for agencies to access as needed. IDPH staff has an e-mail address to enhance communication with agencies.
5. Bureau of Family Health phone lines. The Bureau of Family Health Web page shows maintenance of three 800 phone numbers. The first is the Healthy Families Line that answers calls 24/7 and is connected with the state 211 line. The second is the Teen Line that is routinely used for teens in the state needing information regarding health and developmental issues. Both of these phone numbers are maintained in conjunction with Iowa State University Extension and the Iowa 211 line. The third line is an 800 direct line to the program in which contractors and general public can contact bureau staff for consultation or program information.

Divisions work together to accomplish this criterion by: Division executive team members coordinate the duty officer schedule. HANS coordination takes place among the multiple divisions.

MET - Good representation of diverse communications infrastructure for state with local agencies.

IT2c-S - Use redundant modes of communication.

Redundant modes of communication include but are not limited to: Health Alert Network (HAN); Telephone line; Individual e-mail address for each employee; Dedicated fax line; Computers with secure high-speed Internet connectivity; Cell phones; 800 MHz radios; Pagers; and Answering/voice mail system

Evidence:

1. Iowa Health Alert Network (HAN). The HAN is the primary statewide network used to notify local public health partners of emergent health information. The HAN has different classification levels for messages to differentiate an emergency situation from a notification of health information. There is a reply mechanism to assure respondents do receive the messages. In addition, it connects IDPH with the Iowa Department of Agriculture and Land Stewardship (IDALS), Homeland Security and Emergency Management Division (HSEMD), Department of Human Services (DHS), University of Iowa Hygienic Laboratory (UHL), Poison Center, and Iowa State Patrol (ISP).
2. 800 MH Radio System. The radio system for Iowa public health is used by all counties. A primary radio in each county office is linked with emergency services to provide a direct link to county and state emergency management services resources in time of a public health disaster. The evidence is the monthly check of the radio system to assure proper functioning in times of emergency.
3. IDPH press release. The press release is a sample of thousands provided by IDPH annually. The press releases are provided to Iowa press outlets, but also to all IDPH personnel to forward to contractors or contacts who will benefit from the information. Press releases are a redundant mode of communication providing public announcements of timely health issues.
4. Asthma Newsletter. The Asthma Newsletter is a sample of many newsletters IDPH publishes on program specifics for contractors or program partners. This one, published quarterly in conjunction with the American Lung Association, Iowa Chapter, shows evidence of redundant modes of communication. Newsletters are another outlet for programs to share programmatic issues and topics with their partners and the Iowa public as a whole. The newsletters are published on the IDPH Web page as well.
5. IDPH Web page. The IDPH Web page is the ultimate form of redundant communication. The Web page displays specific information for the public about IDPH programs and health topics. Contractors or partners of specific programs will receive notice of all the issues, topics, forms, and resources located on the Web page prior or in conjunction with the posting.
6. List of blackberries, cell phones, and internet cards. The list of blackberries, cell phones, and internet cards provided to state employees for communicating IDPH business, is another redundant mode of communication.

Divisions work together to accomplish this criterion by: Divisions work together to provide redundant modes of communication by providing information to the Bureau of Information Management and Bureau of Communications and Planning for publication as well as coordination across programs with similar contractors or audiences. For example, the Immunization Program coordinates with the Bureau of Family Health and the Bureau of Local Public Health Services to provide immunization information to their contractors that deliver direct or indirect immunization services to children.

MET - The evidence demonstrated redundant communications for emergency situations as well as day-to-day activities.

IT2d-S - Assist local public health agencies with managing media relationships, creating messages, writing news releases, and facilitating news conferences.

Evidence:

1. Public Information Officer (PIO) trainings. Trainings are held in each region of the state to assist county public information officers and other health officials in creating effective health messages and helping them learn how to establish good relations with the media.
2. Letter to Linn County public health officials regarding risk communication during the 2008 flood. The letter along with several fact sheets was faxed to Linn County public health officials to assist them in getting critical information out to the public regarding tetanus shots. The letter includes suggested messages to be conveyed at a press conference that was planned that day.
3. E-mails between Louisa County and IDPH PIO regarding effective communication of health issues. These e-mails illustrate communication between Louisa County and IDPH regarding flooded wells in that area. The IDPH PIO sent fact sheets and a suggested press release for distribution to local media. When Louisa County expressed concerns about a low literacy rate in the area, the IDPH PIO rewrote the release to make sure the intended audience was reached.
4. When a Reporter Calls powerpoint presentation. The powerpoint presentation is used in trainings for local public health officials to help them learn to better deal with and use the media.
5. Press release written for Shelby County. The press release was written upon the request of Shelby County officials who were dealing with an infectious disease outbreak. The IDPH PIO created the press release to assist county officials on the best way to convey their message.

Divisions work together to accomplish this criterion by: All IDPH divisions work with the IDPH PIO to assist local public health agencies in delivering important health messages.

MET - Strong evidence for this criterion.

IT2e-S - Provide consultation and policy guidelines to local public health agencies for managing media relationships, news releases, and news conferences.

Evidence:

1. Web screenshots of the Learning Management System public information officer (PIO) courses. The screenshot shows the course and scheduling information for the PIO courses offered through the Learning Management System.
2. County Bio-Emergency Response Plan Template. The document comprises "Annex B - Communications" and includes guidance on local public health responsibilities for communicating, and includes tools to assist staff.
3. Tobacco Use Prevention and Control Community Partnership Grant. The special conditions give direction to contractors for promoting Just Eliminate Lies (JEL) activities through media materials and outlets.
4. National Problem Gambling Awareness Week -interview schedule. The resource lists public awareness activities and media interviews undertaken by staff across the state for guidance to others

Divisions work together to accomplish this criterion by: All divisions coordinate media outreach with local health departments through state PIOs.

MET - Evidence supported criterion.

IT2f-S - Assure the existence and maintenance of a Web site for the state public health department.

Evidence:

1. IDPH Web site. The IDPH's Web site is accessible to the public.
2. IDPH Intranet site. The Intranet is IDPH's internal site accessible to IDPH employees.
3. IDPH Web Development Standards. These are the standards for the process and procedures for Web page development at IDPH.
4. IDPH Bureau of Information Management (IM) Manual Web site. The IM manual contains IDPH Intranet and internet policies and procedures with sub points as the Web Development Policy, technical standards, different types of web information and the procedures for posting them, basic Intranet information and structure, web application portal information, and publishing procedures.
5. IDPH IM Track-It system- sample request. IM uses Track-It to assign staff to help desk web requests. The evidence is a sample copy of a request that was received for a Web update and the IM staff/technician assigned to do the work.

Divisions work together to accomplish this criterion by: Maintaining the internet Web site and the Intranet site helps to assure communication within IDPH as well as with the public.

MET - Evidence supported criterion.

Standard IT3 - Maintain a system for routine and urgent communications.

IT3a-S - Assure 24-hour, seven days a week, 365 days a year routine, intermediate, and emergency alerting or notification and information sharing with the appropriate audiences.

Evidence:

1. IDPH emergency communication modes e-mail. The e-mail outlines the emergency communication modes IDPH has at its disposal. They include the Health Alert Network (HAN) system for alerting via e-mail, phone, cell phone, paging, fax; the 800 MHz radio system connects us to every hospital and local public health agency in the state in addition to Iowa Department of Agriculture and Land Stewardship (IDALS), Homeland Security and Emergency Management Division (HSEMD), Department of Human Services (DHS), University of Iowa Hygienic Laboratory (UHL), Poison Center, and Iowa State Patrol (ISP); satellite telephones for use in the event our phone system is down; high frequency (HF) radio to connect with Centers for Disease Prevention and Control (CDC), Health and Human Services (HHS), Federal Emergency Management Association (FEMA) and other federal and interstate partners; IOWA (Iowa On-line Warrants and Articles) System connecting with all law enforcement (state and federal) agencies in Iowa through Department of Public Safety (DPS).

2. Health Alert Network (HAN) Web page for current alerts. The 24/7 HAN Web page lists current alerts and provides a location for local partners to review information and take action as necessary.
3. IDPH Duty Officer Schedule. The Duty Officer Schedule is a list of IDPH employees that are the primary contact for local public health and other outside resources in time of emergency or after hours when a contact for IDPH is needed. The schedule is maintained for all executive staff and posted on the internal IDPH Web Intranet. This system allows for communication with IDPH at all times for the local public health partners.
4. IDPH program phone tree. The example documents a program phone tree. Each program in IDPH has a phone tree for notification of employees to issues that may affect their work environment as well as notification of a disaster and the need to report to work.
5. IDPH Emergency Contact List. The contact list is documenting all lead persons of various divisions who might be called in for an incident. Each has a special area of expertise.
6. Iowa Medical Examiners Web page emergency contact list. The published Web page for the Iowa Medical Examiners office documents the 24/7 contact list for staff members.

Divisions work together to accomplish this criterion by: Many divisions work together with the call systems when an emergency/outbreak occurs and have a way of contacting needed staff on an as needed basis.

MET - Evidence supported criterion.

IT3b-S - Maintain directories of contact information of state public health department employees and programs for use by local public health agencies. Update contact information monthly.

Information will be posted monthly on the Health Alert Network and the state public health department's intranet.

Evidence:

1. Health Alert Network (HAN) description and application. The HAN is a secure, Web-based communication system allowing local public health agencies to issue alerts, share documents, post announcements and news items and collaborate. The description includes the Web site and phone number for the HAN Help Desk. Statewide contacts of public health partners for the HAN system are updated monthly by state request for any changes.
2. Bureau of Family Health monthly newsletter. The Bureau of Family Health newsletter Grantee Update is sent to grantees twice a month and includes an updated directory of contact staff.
3. The IDPH Emergency Contact List. The IDPH Emergency Contact List is updated as staff change. The last update was 02.07.08. A 07.07.08 Contact Us message by Tom Boeckmann demonstrates how the IDPH Emergency Contact List is used to respond to a query from the public.
4. Environmental Health Services Bureau Contact List. The Environmental Health Services Bureau contact list is an example of many bureau contact lists, and updated as staff changes. The list was last updated 03.08. All bureaus have a listing of programs and the lead contact information for those programs. Local agencies can find contact information under each program on the IDPH Web site.
5. Division of Tobacco Use Prevention & Control Website. The Division of Tobacco Use Prevention & Control Web site shows an interactive map of Iowa that allows the Web user to click on a county and find the Community Partnership

agencies contracting with the division in FY08, and the lead state staff for that county. These are updated with staff changes.

Divisions work together to accomplish this criterion by: All divisions maintain directories of contact information of state public health department employees and programs for use by local public health agencies. All divisions also use Web sites, the main receptionist desk and Contact Us to respond to local requests. These resources allow divisions to work together to coordinate between divisions and the public.

MET - The direct evidence does not demonstrate monthly updates. This is especially true for the Emergency Contact List which could have a monthly review date that demonstrates the list is current.

IT3c-S - Provide guidelines for local public health agencies for public information and community education procedures.

Evidence:

1. Bio-Emergency Response Plan Template. The template is a checklist of responsibilities of state and local agencies in a bio-emergency, and guidelines on communication to the public along with procedures.
2. I-Smile Training on Health Literacy. A power point presentation for local agencies on health literacy covers tips when working with the public and ways to get the information out to increase understanding.
3. Meningococcal Meningitis Information Sheet. The fact sheet on meningococcal meningitis is for local agencies to use with the public.
4. Hepatitis A Information Sheet. The fact sheet on Hepatitis A is for local agencies to use with the public.
5. Tobacco and Youth. The guidelines for agencies, parents, and teachers on tobacco prevention contain bullet points of information for addressing tobacco in the community.

Divisions work together to accomplish this criterion by: Each division has its own way of communicating its policies and procedures about specific programs. However all divisions have access to the Health Alert Network (HAN) if needed. One barrier is ensuring that all of the information is consistent across divisions.

MET - Evidence supported criterion.

IT3d-S - Identify and provide access to resources that address communications with special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physical, emotional or cognitive status, culture, ethnicity, religious, language, citizenship, or socioeconomic status, or health literacy level.

Written communication procedures should address: a) Disseminating and documenting clear and accurate routine public health messages; b) Coordinating with community partners for the dissemination of public health messages; c) Implementing Crisis Emergency Risk Communication (CERC) methods to convey appropriate and accurate information to manage community concern; d) Describing responsibilities for positions interacting with the news media and the public

(positions may include local board of health members, any public health staff member, and PIO); and Identifying the expectations for all staff regarding internal and external communications.

Evidence:

1. Grantee Update. The Bureau of Family Health publication Grantee Update, 05.26.08, includes an article regarding cultural and linguistic competency, and an article about Women's Mental Health.
2. IDPH prostate cancer ad. The IDPH prostate cancer ad placed on Dart city busses in Des Moines emphasizes the importance of prostate cancer screening for African-American men who have the highest rate of prostate cancer. Other cancer education materials geared to special populations are available; an example includes IDPH-related Reports Web site with posters, newspaper ads and a postcard that can be used to spread the message that every Iowan age 50 and older needs colorectal cancer screening.
3. Office of Multicultural Health Web site. The IDPH Office of Multicultural Health Web site displays mission and bureau activities. It connects special populations with available resources. Culturally Competent Substance Abuse Treatment grants were awarded to three community pilots.
4. Care for Kids brochure. The Care for Kids brochure (Early & Periodic Screening Diagnosis & Treatment) is back-to-back in English on one side and Spanish on the other side. Many other examples of Spanish language resources are available as Spanish language income guidelines and a Spanish language Care for Yourself brochure. Immunization literature is available in many languages.
5. IDPH e-mail regarding availability of Language Line Services to the department. A 09.17.07 e-mail from Cheryl Christie informs the department about the availability of Language Line Services for more than 150 languages.

Divisions work together to accomplish this criterion by: All divisions strive to identify and provide access to resources that address communications with special populations. Many bureaus have program information available in different languages. Quitline Iowa is available on line in many languages, and also for the hearing impaired.

MET - Evidence supported criterion.

IT3e-S - Maintain and review annually the state public health department's written communication procedures for public information and community education.

Evidence:

1. An e-mail to all IDPH staff announcing the Media, Legislative and Communication Policy had been updated and posted. The e-mail demonstrates the policy has been reviewed, revised and posted.
2. IDPH Media, Legislative and Communication Policy. This is the policy that was reviewed, revised and updated in 05.08.
3. An e-mail advising work was continuing on revisions to the IDPH Open Records (a communication) policy. The e-mail demonstrates the policy was in the process of revision and review prior to approval and posting.
4. IDPH Open Records Policy. The Open Records policy was reviewed, revised and updated in 05.08 following revisions by staff members.

Divisions work together to accomplish this criterion by: All divisions must adhere to department communications policies. All policies are reviewed by the executive team, which represents all divisions, prior to approval and posting.

MET - The evidence demonstrated reviews conducted within the past year in most instances. What was not shown was the prior revision date to validate that no more than a year has passed since the prior revision.

Standard IT4 - Provide education, information, and resources to protect and promote the public's health.

IT4a-S - Provide the general public, policy makers, and partners with education and information on statewide health needs, health risks, health status, and information on policies and programs that can improve health.

Evidence:

1. Epi Update. Weekly epidemiology updates are produced by the Center for Acute Disease Epidemiology within IDPH and e-mailed to a list serve and posted on the IDPH Web site. This is an example of information that many programs publish within an established time frame.
2. Quick Reads. A brief update of important public health topics is distributed by Director Tom Newton to stakeholders. The publication is sent out via e-mail to a list serve as well as posted to the IDPH Web site.
3. I-Gov Department Monthly Report. The report provided to Governor Culver and Lt. Governor Judge includes three to five points on key activities within the department, as implementation of key legislative initiatives and key programmatic development changes.
4. Public Health Conference. An annual conference for local public health agencies and professionals is held for networking and public health education.
5. IDPH Web site Topics of Interest category. The IDPH Web site carries information on public health topics as well as data and program information available through the A-Z categories.

Divisions work together to accomplish this criterion by: Each division contributes information to the I-GOV Report. The Quick Reads are developed from division director meetings.

MET - There is good evidence of meeting this criteria addressing divergent audiences.

IT4b-S - Assure usage of various communication methods when providing the general public, policy makers and partners with information and education needed to reduce health risks and improve health.

Evidence:

1. IDPH News Archive. The listing of news releases is provided by IDPH to newspapers, television, radio, and stakeholders on current health issues. The releases are then posted on the IDPH Web site for anyone to use as needed.

2. Iowa Health Focus. The IDPH Iowa Health Focus is sent to a list serve and also found on the IDPH Web site for all to read. The publication serves as an information conduit to public health stakeholders, presenting information from IDPH and also sharing partner information.
3. IDPH Web site. All IDPH program information can be found on the Web site under the A-Z categories. The information includes what programs are offered, contact information, health information, fact sheets, materials, and other relevant information. One program exemplifies this method.
4. 2008 National Problem Gambling Awareness Week activities. Media outlets reached to provide information on gambling is listed. The new radio ad campaign will feature ads on 74 stations in 84 counties.
5. Tobacco Just Eliminate Lies (JEL) Web site advertising. The Web site has examples of radio and television advertisements that have been used to educate youth on tobacco across the state.

Divisions work together to accomplish this criterion by: All divisions maintain a current update of their program information on the Web site, and contribute to the many publications that come out of the department.

MET - A diversity of communications methods is demonstrated in the evidence.

IT4c-S - Provide public health educational materials in multiple languages and in formats that accommodate special populations.

Special populations: Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to access available public health services. Circumstances that may create barriers include, but are not limited to: age, physemotional or cognitive status, culture, ethnicity, religious, language, citizenship, or socioeconomic status, or health literacy level.

Evidence:

1. IDPH Web site. IDPH has many documents translated into Spanish, which can be found on the Web under the A-Z categories, Spanish Health Documents. Page one shows this document. The second document shows one program which has health information available in English, Spanish, and Bosnian.
2. Culturally competent substance abuse treatment programs. Three substance abuse providers were selected to provide culturally competent substance abuse treatment through a pilot project.
3. Tobacco free ground signs. English and Spanish versions of tobacco free signs support the new Smokefree Air legislation.
4. Immunization Coalition materials. The immunization materials are available in multiple languages; Russian, Spanish, French, Chinese, Arabic, and numerous others, reviewed by experts from CDC. These materials can be printed for use by professionals, patients, and others.
5. Program brochures. Many program brochures are available in multiple languages. Four examples, one in Chinese, and others in Spanish, are included.

Divisions work together to accomplish this criterion by: All divisions aim to provide resources to meet the needs of special populations.

MET - Evidence fully met the criteria.

Standard IT5 - Establish and maintain a statewide public health data warehouse.

IT5a-S - Establish and maintain a public health data warehouse that resides at the state public health department.

The data warehouse will contain but not be limited to a common set of population-based core public health indicators.

Evidence:

1. RFP for creation of the IDPH data warehouse. The document shows the intention and plan for creating a data warehouse at IDPH.
2. Table of operation for IDPH data warehouse. The document shows the planned chain of operation for the IDPH data warehouse.
3. IDPH data warehouse Web page. The page on the IDPH Web site explains what a data warehouse is, how it will be operated, and who will be able to access it.
4. Center for Health Statistics on IDPH Web site. Until the data warehouse is up and running, the Center for Health Statistics Web page on the IDPH Web site makes health statistics of Iowa accessible to the public.
5. Link to health statistics on the IDPH Web site. The Center for Health Statistics provides vital statistics and health statistics data on the IDPH Web site accessible to the public.

Divisions work together to accomplish this criterion by: All divisions record and retain data from their various programs. The health statistics and vital statistics pages of the IDPH Web site currently make some of that information available to the public. The data warehouse being created will make more data available to the public.

NOT MET - IDPH is to be commended for the intent and plan in establishing the data warehouse. "Not Met" signifies that the criterion has not yet been met.

IT5b-S - Disseminate public health data via a Web-based application.

The department will establish security levels for the data made available through the Web-based application.

Evidence:

1. IDPH Web site. <http://www.idph.state.ia.us> is maintained by IDPH information technology specialists. The Web site contains state and local data, vital statistics, and current health information. The vital statistics document is available with 2006 data and trends for health indicators.
2. Program data on IDPH Web site. The examples of available program data on the IDPH Web site are available under the A-Z categories. Many of these programs have annual reports available showing statewide data on their site.
3. Iowa Health Alert Network (HAN) Web site. The HAN Web site, <http://www.iowahealthalert.org>, is another way public health data are disseminated. IDPH posts documents, announcements, and sends out alerts as needed with this communication system. This secure Web site requires access approval prior to using it. The network is available to public health agencies, hospitals, selected IDPH staff, EMS, labs, emergency management and other partners.

4. Data warehouse Web-based. IDPH is in the process of soliciting proposals to implement a new data warehouse/ business investment (DW/BI) system that will provide both current and past years' information for planning and grant writing purposes.
5. IDPH Intranet Web Page Development Policy. Web pages are developed with established policy and procedures.

Divisions work together to accomplish this criterion by: IDPH collects and stores a large volume of data that is stored in various division/program areas. IDPH is underway with an initiative to establish a statewide public health DW/BI system. The DW/BI will build the capacity of IDPH to collect, manage, and disseminate health data for research and community planning. It will be a dynamic repository of public health data. Users will have the opportunity to access data through key indicator and customizable reports. All information posted on the IDPH Web site, or the new DW/BI, goes through one central point of the Bureau of Information Management.

MET - Several examples of web-based data for dissemination were presented and fully meet the criterion.

IT5c-S - Identify and provide access to resources that address data not collected by the state public health department, if available.

Evidence:

1. IDPH Web site link to the Center for Disease Control and Prevention (CDC). The IDPH Web site shows a link to the CDC Web site which provides data for many aspects of public health. Examples of other links shown are: BRFSS Summary and Prevalence Reports by National Center for Chronic Disease Prevention and Health Promotion; Healthy People 2010 by United States DHHS; Social survey data on substance abuse and tobacco by University of Northern Iowa; Iowa Health Fact Book by University of Iowa College of Public Health; and State Library for census data
2. IDPH Web site for the Bureau of Substance Abuse Prevention and Treatment. The IDPH Web site for the Bureau of Substance Abuse Prevention and Treatment shows many other resources that are available to the public and to local public health agencies, including federal resources, community resources, youth development resources and the State of Iowa Substance Abuse Epidemiological Profile.
3. Outcomes Monitoring System Iowa Project. The Outcomes Monitoring System Iowa Project, year nine report, is a report on completed follow-ups of 391 discharged substance abuse patients from agencies across Iowa. Completed annually by the University of Iowa, the data on the patients tracks abstinence and shows marked gains compared to admission data in employment as well as reductions in hospitalizations and arrests.
4. Web site for the Iowa Substance Abuse Information Center. The Iowa Substance Abuse Information Center at the Cedar Rapids Public Library disseminates brochures, posters, DVDs and training materials for many bureaus within the department. The Cedar Rapids Public Library was severely flooded in 06.08 and was unable to disseminate materials for three months.
5. Bureau of Maternal and Child Health (MCH) Web page. The MCH Web page on the IDPH Web site provides the public and local public health agencies access to Federal Title V data.

Divisions work together to accomplish this criterion by: All divisions identify and provide access to available resources that address data not collected by the state public health department. Divisions are particularly accomplished at using their Web sites to make this information accessible to the public and to local public health agencies.

MET - Good evidence provided to refer individuals to additional data not collected by IDPH.

Workforce (WK)

A qualified and well-trained public health workforce is essential to deliver consistent high-quality public health services statewide. To meet the diverse and dynamic public health needs of Iowans now and in the future, the Workforce Standards provide for appropriately qualified workers, a sufficient number of personnel and skill mixes, and on-going training to maintain competency and currency in the public health workforce.

Overview

Of the 15 criteria within the Workforce Standards, 12 criteria were met and three were not met based on the evidence provided. The criteria that were not met were WK2c, WK2d, and WK3g.

The strengths of the Workforce Standards were: 1) the identification of excellent goals for the public health workforce at the state and local levels; and 2) the use of standards to enhance the educational preparation of the public health workforce.

Suggestions for strengthening the Workforce Standards include: 1) establishing measures to meet the public health workforce goals, including statewide workforce assessment, continuing education requirements, and position qualifications; and 2) implementing strategies to document public health workforce accomplishments.

Outcomes of the Workforce Standards

	Workforce	Total
# Criterion	15	218
# Met (%)	12 (80.0%)	166 (76.1%)
# Not Met (%)	3 (20.0%)	52 (23.9%)

Standard WK1 - Assure a qualified public health workforce.

WK1a-S - Assure that the state public health workforce complies with federal and state guidelines and licensure and certification requirements for providing public health services.

Evidence:

1. Iowa Code Chapter 147.2. This section of Iowa Code outlines which health professions are mandated by law to hold a license in Iowa.
2. Community health consultant job description. The example of a professional job description is used within several divisions of IDPH. To be an eligible applicant for a job position requiring licensure, the applicant must show proof of a current license to Iowa Department of Administrative Services (DAS) with the application.
3. E-mail detailing how the state tracks public health workers required to have a license. The document demonstrates the state actively tracks and monitors the public health workforce required to have a license to operate or provide services.
4. Iowa Administrative Code (IAC) 641, Chapter 70 - Lead-Based Paint Activities. This section requires certification of lead inspectors prior to performing their services. IDPH hires lead inspectors to provide services in 30 counties where there are no local providers. IDPH provides the provider certification and tracks renewals, due every three years.

Divisions work together to accomplish this criterion by: All divisions having positions requiring licensure must follow Iowa law and must maintain records of license holders. Guidelines and provisions for licensure job positions are made available by all divisions.

MET - Evidence supported criterion.

WK1b-S - Assure that the state public health workforce complies with the qualifications listed below:

Public Health Director--Master's degree or higher from an accredited college or university in public health, health administration, or other applicable field and a minimum of six years of experience in public health or a public health related field.

Deputy Director and Division Director--Master's degree or higher from an accredited college or university in public health, health administration, or other applicable field; a minimum of six years of experience in public health or another applicable field.

Individuals who have Master's degrees in areas other than public health must complete a program in public health management, leadership, or sciences from an accredited school of public health or recognized public health organization within five years of employment date.

Bureau Chief--Bachelor's degree or higher from an accredited college or university in public health, health administration, or other applicable field; and a minimum of five years of related experience. Individuals who have degrees in areas other than public health must complete a program in public health management, leadership, or sciences from an accredited school of public health or recognized public health organization or complete an advanced degree in public health from an accredited college or university within five years of employment date.

Medical Director--A physician licensed in the state of Iowa as a doctor of medicine and surgery or as an osteopathic physician and surgeon, as defined by law, and a minimum of six years of training and/or experience in epidemiology and/or public health.

- 1. The Governor of Iowa appoints the Public Health Director. This individual is the voice of Iowa's public health system at the state and federal level. Experience in public health is preferred for Public Health Director nominees.*
- 2. Qualifications for Deputy Director, Division Director, and Bureau Chief are based on the Public Service Executive series in the state classification system.*
- 3. Exemption provisions: Individuals who hold the positions of Deputy Director, Division Director, and Bureau Chief that do not meet the position qualifications for education and experience are exempt from meeting those qualifications at the time the standards become effective. However, these individuals must complete a program in public health management, leadership, or sciences, or complete an advanced degree in public health or applicable field within five years of the effective date of the standards.*
- 4. A program in public health management, leadership, or sciences is defined as public health education or training offered by an accredited school of public health or recognized public health organization.*
- 5. If a national or state public health worker credential program is established, Department Director, Deputy Director, Division Director, and Bureau Chief positions will be expected to comply.*

Evidence:

1. Spreadsheet, current bureau chiefs, division director, medical director, and public health director. The attached spreadsheet was compiled by the core team, based on the resumes of the individuals currently in these positions.

Divisions work together to accomplish this criterion by: N/A

MET - This is only met because of the exemptions given.

WK1c-S - Assure protection of individuals served by the public health workforce through licensure, certification, permits to practice and regulation of providers, service programs, trauma facilities, and training programs.

- 1. Emergency Medical Services (Iowa Code Chapter 147A; administrative rule authority 641-130/641-143). Electronic link: <http://www.legis.state.ia.us/IowaLaw.html>.*
- 2. Licensure Boards for the Health Related Professions (Iowa Code Chapter 147; enabling code chapters and administrative rule authority for 23 boards). Electronic link: <http://www.legis.state.ia.us/IowaLaw.html>*
- 3. Radiological Health (Iowa Code Chapters 136B, 136C, and 136D; administrative rule authority 641-38 through 641-46). Electronic link: <http://www.legis.state.ia.us/IowaLaw.html>*

Evidence:

1. Iowa Administrative Code (IAC) 641—162.1 (135), and 641--162.20 (6)-- Licensure Standards for Problem Gambling Treatment Programs. These sections of the code define standards for problem gambling licensure programs which require training and certification or licensure for problem gambling counselors. These rules are in

effect and being enforced. All problem gambling treatment agencies funded by the department were following these rules by June of 2008. The SBOH files disciplinary measures if programs fall out of compliance.

2. IAC 641-Chapter 80 Local Public Health Services (LPHS). The chapter defines the requirements of who can supervise and provide individual local public health nursing services and homemaker home health aide services under the LPHS grant. This assures that staff has adequate training or licensure to provide services as prescribed. Regional community health consultants review these qualifications with new hires and upon site reviews.
3. Regional community health consultant (RCHC) site review worksheet. The RCHC worksheet documents the review of a local public health agency to determine compliance with IAC 641-Chapter 80.
4. Iowa EMS Training Program Self-Assessment Application. The document is used by the department as the initial step to review and approve all outside emergency medical services (EMS) training courses before they are certified to provide the course to Iowa emergency medical technologists and paramedics.
5. IAC 641, Chapter 42-- Minimum Certification Standards for Diagnostic Radiographers, Nuclear Medicine Technologists, and Radiation Therapists. The chapter of the administrative code lays out requirements for a permit to practice for the professions specified to protect patients from injury or illness that could result from the improper use of radiological material and radiographic equipment. IDPH staff maintains electronic documentation of the status of each permit with reminders to a provider when renewals are due.
6. Hiring Agency Personnel Policy. The policy delineates the standards, requirements, and preferences for the Women, Infants, and Children (WIC) program staff, to provide quality services to their caseload.

Divisions work together to accomplish this criterion by: Some programs use staff among bureaus at the local level to provide the most cost effective services available to meet client needs. One example is the local public health services client assessment showing need for public health nursing, but also WIC services, and possibly environmental staff to meet environmental needs. Thus, program guidelines must assure that the same requirements are used among programs.

MET - Evidence supported criterion.

Standard WK2 - Assure an adequate public health workforce.

WK2a-S - Maintain an adequate level of appropriately qualified state staff that provides technical assistance, consultation, and resource referral for local public health and the public.

1. *Determine criteria for what is an adequate workforce.*
2. *Resource referral means identifying and engaging those who have knowledge and expertise in related fields, and identifying sources of relevant information.*

Evidence:

1. Justification for additional staff positions in 2008. The justification describes expansion of current programs and delineates the need for additional staff and the qualifications of those staff.
2. E-mail from Mary Jones. Due to recent changes in organizational structure, an audit is being performed to assess the responsibilities of the current workforce and define the need for additional staff. The e-mail is from the division

director to bureau staff members explaining the status of the process, what their role will continue to be, and what outcome is anticipated.

3. E-mail from Mary Sams, IDPH personnel officer. The e-mail states that 85 of 450 positions are community health consultants whose primary role is technical assistance and consultation. Program planner 3s (PP3s) also provide technical assistance to local agencies. Mary Sams states that we have 25 PP3s in the department, making the total of both job classifications to 110, or 24% of the IDPH workforce.
4. Community health consultant job description. The job description supports evidence #3 outlining the expectations for this classification, including technical assistance, serving as a liaison for the state, and providing resource referral.
5. Program planner 3 job description. The job description supports evidence #3 outlining the expectations for this classification, including technical assistance and providing resource referral.

Divisions work together to accomplish this criterion by: Staff providing technical assistance and consultation to local agencies and providers must be knowledgeable about other programs within the department, and to link the agency to other experts when the need arises.

MET - There is actually no clear measure for "adequate." Measures should be developed for this criterion.

WK2b-S - Identify and/or develop workforce assessment tools for use by local public health.

Evidence:

1. Prepare Iowa Learning Management System. Prepare Iowa is a learning management system which allows self competency assessment, followed by recommended trainings which are available on site. A session was provided at the 2007 spring public health conference to educate local grantees on the system and what it has to offer.
2. Iowa Public Health Standards. These are the standards Iowa developed and approved to enhance its public health system. One component is workforce, with criteria that are instrumental in assuring a qualified workforce. Guidance in using these standards can help determine how to meet the criterion.
3. Environmental Health - A Profile of Iowa's Local Systems. A statewide profile was completed to assess the local capacity for providing environmental services. The report provides such data on the workforce as age, educational background, and years of service.

Divisions work together to accomplish this criterion by: N/A

MET - Identification of assessment tools should also include a workforce needs survey or similar way to identify needs. IDPH could work with local universities to create and administer such a study.

WK2c-S - Conduct an assessment at least every five years of the state public health department's workforce to determine the workforce necessary to maintain organizational capacity and assure the provision of public health services.

1. *Review assessment data prior to filling vacancies, expanding workforce, or expanding scope of services.*
2. *Updates should occur as needed.*

Evidence: No evidence was found to support the criterion.

Divisions work together to accomplish this criterion by:

NOT MET - No evidence provided.

WK2d-S - Conduct and disseminate a statewide analysis of local and state public health workforce assessments every five years to identify workforce needs.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No evidence provided.

WK2e-S - Collaborate with professional organizations and academia to develop a statewide plan to address needs identified in workforce assessments.

Components of the workforce plan may include: a) workforce supply (number, type, and diversity); b) recruitment and retention; c) training needs; d) human and financial resources; e) policy changes needed; and f) partnerships with professional organizations, academia, and other resources to address workforce needs.

Evidence:

1. The Future of Iowa's Health and Long-Term Care Workforce- 2007. The document was developed in fulfillment of House File 909 Section 110 passed in 2007 by the Iowa General Assembly. IDPH convened a Health and Long-Term Care Workforce Summit in November 2007, where approximately 90 individuals representing various organizations and state agencies convened. As a result of the meeting, short-term (1-2 years) and long-term (3-5) recommendations for action by the state to address long-term care workforce challenges were established.
2. Continuing education award for training from the National Environmental Health Association. In June 2006, the Environmental Public Health Workforce Development Consortium selected and recognized the IDPH, Division of Environmental Health, for its innovative environmental public health workforce practice: the No or Low Cost Continuing Education Practice. The practice is collaboration with state and local public health partners and professional organizations, which provide quality continuing education opportunities for local environmental health professionals. Orientation for new hires is offered annually by the IDPH at no charge to local programs. In addition, IDPH has offered an average of six regional training programs on specific topics such as private water wells, septic systems, emergency response and the core functions/essential public health services.
3. The Health Care Workforce In Ten States: Education, Practice and Policy. The initiative compiles in-depth assessments of the health workforce in 10 states as a means of insuring that states and the federal government are

able to effectively share information on various state workforce data, issues, influences and policies. The advisory committee associated with this initiative included workforce planners, researchers, educators and state health policy makers.

4. Strategic Plan to Increase Minorities in the Health Professions in Iowa. The strategic plan was prepared for the IDPH Center for Workforce Planning to address issues and strategies for health occupations in need of diversification. The plan includes: minority and special populations that could be trained as health professionals; organizations and educational institutions in and around the state that could serve as network advisory members or language and science preparation partners; and the results of a statewide organizational assessment detailing Iowa's economic, academic, and other current resources and needs for increasing minorities in the health workforce. The plan follows national best practices guidelines that could improve recruitment, training, and retention of minority health care workers in the state.
5. A Summary of Four Mental Health Workforce Surveys in Iowa-2005. Collaboration with the Iowa Hospital Association, mental health centers, state mental health facilities, prisons, and resource centers provided information on the mental health workforce. Data collected from 650 private provider surveys distributed to these entities identified staffing concerns.

Divisions work together to accomplish this criterion by: IDPH staff regularly collaborates through participation in workgroups and other various meetings to provide specific program and services data and resources for addressing workforce issues that cross division and bureau lines.

MET - At least partially met through the IDPH Workforce Development Plan.

Standard WK3 - Assure a competent public health workforce.

WK3a-S - Identify evidence based state or nationally recognized public health competency models for use by local and state public health.

Evidence:

1. National Standards for Culturally and Linguistically Appropriate Services (CLAS). The principles and activities of CLAS should be integrated throughout an organization and undertaken in partnership with the communities being served.
2. Iowa Administrative Code (IAC) 641, Chapter 80 - Local Public Health Services. The purposes of the local public health services state grant are to assist with assuring core public health functions, to deliver the essential public health services to Iowans, and to increase the capacity of local boards of health to promote healthy people and healthy communities. The grant uses the 10 essential services model for contractors to follow, along with nursing practice fundamentals.
3. Great Plains Leadership Institute. The organization is to assist public health employees strengthen their leadership skills in public health. Twenty-four leadership competencies are taught.
4. Family Support Standards. The standards are designed to accommodate a variety of family support programs for families and their children, including, but not limited to home visiting programs that deliver support services in families' homes, early intervention programs for children who have or are at risk for developmental delays, and parent education groups.

5. Tobacco Community Partner RFP 58808036 Final. Best Practices for Comprehensive Tobacco Control Programs, established by the Centers for Disease Control and Prevention, uses evidence-based strategies to address four primary goals. Tobacco programs must use these guidelines when working as a partner with IDPH.

Divisions work together to accomplish this criterion by: Many divisions and bureaus have a set of guidelines or best practices that are used when funding an entity.

MET - Additional competency models are available through Dr. Kristine Gebbie's work, ASPH and others.

WK3b-S - Regularly assess competencies of the state public health department workforce using state recognized competency models.

Evidence:

1. Iowa Department of Administrative Services (DAS) system for State of Iowa individual performance plans. The Web page describes the preparation for completing individual performance plans for each State of Iowa employee. IDPH prepares individual performance plans for each of its employees annually. The tool is used to develop competencies and evaluate the performance of each of its employees.
2. Information sheet for individual performance plans. The information sheet explains that individual performance plans are used to assess the competencies of state employees.
3. Prepare Iowa competency set descriptions. Prepare Iowa is a learning management system available to each employee of IDPH and is regularly used by several divisions within the department. It includes sets of competencies that can be used by staff and management in several areas of public health preparedness. The areas include emergency preparedness and response, core public health competencies, bioterrorism competency, environmental health, laboratory competencies, and mental health competencies. Training on the use of the learning management system is offered to staff of the department.

Divisions work together to accomplish this criterion by: All divisions in IDPH work together by requiring each supervisor to complete performance evaluations for all staff under their supervision, using consistent performance evaluation tools. Every IDPH employee is encouraged to use the learning management system to develop and maintain competencies in their area of expertise.

MET - Evidence supported criterion.

WK3c-S - Use the assessment of competencies to identify individual and organizational training needs and establish learning goals that incorporate lifelong learning and development of leadership skills.

Promote lifelong learning and public health leadership through continuing education, training, and mentoring

Evidence:

1. State of Iowa Individual Performance Plan and Evaluation Form. Each employee is required to have an annual review where it is expected that learning and performance goals are reviewed and updated based on learning needs.

2. Prepare Iowa Web page. Individuals and organizations are encouraged to use this competency assessment tool to identify training needs, and follow with courses to meet identified needs.
3. Value Enhanced Nutrition Assessment (VENA) Self-Evaluation Study. The report highlights results of a study on Women, Infants, and Children (WIC) agencies determining potential areas of training and organizational needs. The on-line assessment tool was created by Prepare Iowa, State of Iowa WIC Offices, and local agency staff across the country. Local and state WIC staff completed the on-line assessment tool and made recommendations for improvements and noted celebrations in the report.

Divisions work together to accomplish this criterion by: All IDPH staff is encouraged to complete the core public health educational components available on Prepare Iowa as the basis of our program operation.

MET - The criterion should be simplified.

WK3d-S - Implement training for the state public health department's workforce that at a minimum meet all state and federal training requirements.

Example of required training: National Incident Management System (NIMS).

Evidence:

1. List of IDPH workforce trainings, locations and number of participants. The list demonstrates the wide variety and accessibility of IDPH trainings. The IDPH workforce, located throughout the state, has many opportunities to attend trainings to improve expertise.
2. Core Public Health Competency Set on Prepare Iowa Web. The assessment tool, available to all IDPH workers, identifies core competencies required by job title or classification. Recommendations are made for educational classes to benefit the employee, and opportunities to sign up and take required and optional classes over the internet.
3. Training Opportunities and Educational Resources Web page. The online listing of trainings and educations is offered by IDPH. Trainings such as discrimination, equal opportunity, workplace violence and others are provided for new employees.
4. Supervisor Training Policy and training record. The first document is the supervisor training policy for those in a supervisory position, and the second document shows the trainings taken by information management supervisor Dale Anthony to fulfill those requirements.
5. IDPH Workforce Development Plan 2008. The plan includes training opportunities and recruitment techniques to ensure the most highly qualified staff is retained by IDPH.

Divisions work together to accomplish this criterion by: All divisions have core competencies and skill requirements that must be met. All divisions offer trainings to comply with these requirements. In addition, many optional trainings are available to all IDPH employees to further enhance their skills and abilities.

MET - Evidence supported criterion.

WK3e-S - Assure the availability of practice-based and competency-based education and training for the public health workforce.

The state public health department will provide training if applicable.

Evidence:

1. Memorandum of understanding (MOU) for the Cherokee mental health workforce. The following requirement for the implementation of mental health didactic and clinical training that meets licensing and certification requirements for selected staff is discussed. "It is the mutual desire of the CONTRACTOR and the DEPARTMENT to implement an initiative at the state mental health institution at Cherokee to expand and improve the workforce engaged in mental health treatment and services in Iowa. This initiative shall provide didactic and clinical training experiences for physician assistants (PAs) and advanced registered nurse practitioners (ARNPs) that meet licensing and certification requirements for a postgraduate training specialty in psychiatry."
2. Performance and Development Solutions (PDS) Web page. This educational opportunity is through Iowa Department of Administrative Services (DAS), using PDS. These seminars provide the necessary guidance and tools that assist government agencies in achieving their goals through a high-performing workforce. PDS can provide training opportunities throughout the state.
3. Training resources FY07 & FY08 trainings. The list of trainings is offered to public health employees across the state on different topics.
4. Healthy Families Iowa Refresher Training brochure 6.19.08. The example of program specific training is available to the public health workforce from program staff, many times using the national program model as part of the trainings. This training is to refresh seasoned staff members in their role with family-centered support programs.
5. Tobacco conference agenda. The agenda shows the listing of conference breakout sessions, many using evidence based education as part of the presentations participants may attend.

Divisions work together to accomplish this criterion by: Trainings take place throughout the year with divisions working together, two examples being the Annual Public Health Conference and the Annual Prevention Symposium.

MET - The criterion appears to be redundant with other criteria.

WK3f-S - Provide learning opportunities for the public health workforce through partnerships with academia.

Examples of learning opportunities: internships, job shadowing, mentorship, practicum, and research projects.

Evidence:

1. 29th Annual Summer School for Helping Professionals. The four-to-five-day school is held annually at the University of Iowa; IDPH is a partner. Continuing education credit is offered for licensed, credentialed and/or certified human service, behavioral health, and public health professionals.
2. Agency acceptance form. The form is for student interns from Iowa State University's Department of Health and Human Performance for field experience. The student internship is for a minimum of 400 hours and the individual is assigned to the Bureau of Environmental Health Services, where the individual spends time with each program and the bureau chief on daily IDPH activities.

3. 2008 Public Health Conference. The conference is held annually to provide an opportunity for the public health workforce to learn about many public health topics. Sponsors of this conference included the University Of Iowa College Of Public Health and the University Of Minnesota School Of Public Health.
4. Tobacco Control on Iowa Campuses conference brochure. The one-day conference was held at Iowa State University for those who were working on a tobacco-free policy initiative for college and university campuses. The purpose was to support college and universities in adopting tobacco-free policies through the provision of information and basic skills to develop and implement tobacco- free policies.
5. Off to a Good Start Framing Policy for Early Childhood Health Systems Integration conference brochure. The conference was co-sponsored in part by the University of Iowa College of Public Health and its Institute for Public Health Practice. The conference provided an opportunity to identify and prioritize key policy recommendations and strategies for state and national initiatives to further integrate Iowa's health system for early childhood.

Divisions work together to accomplish this criterion by: Divisions provide direction based on its particular experience in providing training and conferences for workforce development in cooperation with academia. Divisions have provided in-kind assistance to facilitate various trainings and conferences for others.

MET - Evidence supported criterion.

WK3g-S - Assure state-level employees that provide technical assistance and consultation to local public health obtain 15 hours of public health related continuing education each year.

1. *The continuing education requirement applies to employees who hold these positions when the Iowa Public Health Standards become effective and employees hired after the effective date of the standards. Employees will document their own continuing education units.*
2. *Examples of applicable continuing education includes: a) education related to position responsibilities; b) education related to the components of the Iowa Public Health Standards (e.g., community assessment, environmental health, promote healthy behaviors, etc.); and c) continuing Education Units (CEUs) approved by an accredited body for public health related professions such as nursing.*
3. *Positions include: Department Director, Deputy Director, Division Director, Bureau Chief, Medical Director, and other staff as described in WK3g-S.*

Evidence:

1. IDPH table of organization. By their job role, highlighted staff members have been designated to provide either technical assistance or consultation to local public health.

Divisions work together to accomplish this criterion by: IDPH provides many opportunities for staff continuing education. New staff are encouraged to complete public health classes on line with Prepare Iowa. Other educational opportunities are conferences, in-house or external source educational sessions, on line classes, and college classes by approval. Tracking for this criterion of assuring 15 hours of continuing education for this staff is not being done at this time, other than on individual performance evaluations.

NOT MET - No indications that the criterion has been met and that staff are receiving 15 hours of continuing education a year. Although not in place, is there a reporting system developed?

Community Assessment and Planning (CA)

The Community Assessment and Planning Standards address the key elements of community health assessment, including developing a community health profile, building community collaboration, developing a community health improvement plan, and evaluating the outcome. The standards require a community assessment every five years; however, communities experiencing rapid change may need a community health assessment as frequently as every three years.

Overview

Of the 16 criteria within the Community Assessment and Planning Standards, 10 criteria were met and six were not met based on the evidence provided. The criteria that were not met were CA1b, CA2c, CA2d, CA4b, CA5a, and CA5b.

The strengths of the Community Assessment and Planning Standards were the: 1) strong technical assistance resources provided by the Regional Community Health Consultants and specifically on the Community Health Needs Assessment and Health Improvement Plan; 2) commitment and documentation of community partnerships; and 3) annual updates of Iowa Vital Statistics and Iowa health indicators.

Suggestions for strengthening the Community Assessment and Planning Standards include: 1) clarifying “comprehensive statewide health needs assessment” and “community health needs assessment” as it is unclear if the statewide health needs assessment is or is not the aggregation of 99 county health assessments; 2) developing a comprehensive statewide health assessment (e.g., The State of Iowa’s Health) that may build on the 99 community health needs assessments and consolidates state health indicators; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Community Assessment and Planning Standards

Community Assessment	Total
# Criterion	16
# Met (%)	10 (62.5%)
# Not Met (%)	6 (37.5%)

Standard CA1 - Complete a comprehensive assessment of the community's health status at a minimum of every five years.

1. *Community is defined as the geographic area that an entity is responsible for or that an entity is serving. Examples: city, county, multi-county area, and state.*
2. *Community health assessment: Process of analyzing the needs and assets of a community to assist in setting priorities. Provides the general public and policy leaders with information on health risk, health status, and health needs in the community and information on policies and programs that can improve community health.*

CA1a-S - Provide technical assistance, consultation, information, capacity building, training and resource referral to local public health agencies regarding the community health needs assessment process and reporting system.

Evidence:

1. Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) on IDPH Web site, A-Z, CHNA & HIP. The Web page describes the CHNA & HIP initiative, provides tools for completing the needs assessment, and provides access to every county's CHNA & HIP Report. It includes staff members available to provide technical assistance as requested.
2. Guidance for Submitting CHNA & HIP Reports. The document details the steps for submitting CHNA & HIP reports by county public health departments. This ensures consistency among the counties.
3. Guidance for Submitting CHNA & HIP Mid-Course Progress Report. The document outlines LBOH procedure for submitting the CHNA & HIP Mid-Course Progress Report. The report describes the progress LBOH and other local partners are making with their 2005 health improvement plans. The progress report is posted on the CHNA & HIP Web site for public access.
4. CHNA & HIP Mid-Course Summary Report In-Brief 2007. The document summarizes the responses of local public health agencies to CHNA & HIP. The responses include specific requests for technical assistance from IDPH.
5. CHNA & HIP technical assistance request themes. The document details the themes that have emerged from the request for technical assistance and resources to sustain and implement CHNA & HIP activities.

Divisions work together to accomplish this criterion by: Local public health contractors use CHNA & HIP as a performance review. This format shows the counties' health priorities and strategies that are used by divisions in working with the counties.

MET - Very clear technical assistance, consultation, information, capacity building, and resource referral to IDPH via regional consultants. Web-page looked concise and clear for the local public health agencies. This one is met because the criterion focused on the state's technical assistance to local public health agencies.

CA1b-S - Conduct regular state-level community health assessments which include health risks and health services needs, vital statistics and health indicators, community assets and resources, and results of the local community health assessment process.

Evidence:

1. Healthy Iowans 2010 Mid-Course Revision. Healthy Iowans 2010 is a state-level community health assessment, which serves as a road map for improving the health of Iowans. The database spreadsheet, containing core data for measuring goals in the state health plan, can serve as a convenient source of information on chapter goals. The chapter goals are broken down by health indicators, age, race, and gender, baseline, numerator, denominator, measure of frequency, crude/adjusted rates, periodicity of collection/calculation, county level data, and cross references to goals in other chapters.
2. Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) Mid-Course Progress Report 2007. The document is a comprehensive reporting process to assist communities across Iowa in communicating their community health needs and planning initiatives to constituents, partners, stakeholders, and funders. The report is accessible on the IDPH Web site.
3. Behavioral Risk Factor Surveillance System (BRFSS) Web site. The BRFSS is an Iowa-specific surveillance system that surveys adults 18 years and older on self-reported health behaviors. Each month a random sample of structured telephone interviews is done. Questions in the survey relate to nutrition, physical activity, tobacco use, hypertension, blood cholesterol, alcohol use, inadequate preventive health care, and other risk factors. An annual BRFSS report is published with an analysis of trends.
4. 2006 Vital Statistics of Iowa. Every fall, the Bureau of Health Statistics publishes the Vital Statistics of Iowa, in Brief. The document is intended to serve as a guide to the health status of Iowans. The report and data can also be accessed on the IDPH Web site.
5. Public Health and Health Care Task Force Report to the Rebuild Iowa Advisory Commission. The department played a major role in the statewide assessment of how Iowa was affected by the 2008 flooding, both during the crisis and then to speed the recovery. The report demonstrated that the department could be responsive to needs in a very timely manner. The major report, a state-level community health assessment, was presented to the Rebuild Iowa Advisory Commission and to the governor in early September of 2008. In 1993, the department participated in a similar comprehensive state-level assessment of how Iowa was affected by the 1993 flooding. Hard copies of the reports are available at the department.

Divisions work together to accomplish this criterion by: All divisions work to conduct various aspects of regular state-level community health assessments, which include health risks and health services needs, vital statistics and health indicators, community assets and resources, and results of the local community health assessment process. In some areas, such as Healthy Iowans 2010, BRFSS, and the Public Health and Health Care Task Force Report, divisions work together to facilitate a department-wide process.

NOT MET - Healthy Iowans 2010 is considered a plan. There has not been a state-level community health assessment completed. There is evidence of health risks, vital statistics, and health indicators which include the local community health assessments. However, It was marked as unmet overall because Healthy Iowans 2010 is considered a plan.

Standard CA2 - Maintain a community health profile.

CA2a-S - Establish and support an advisory user group comprised of state and local representatives to guide development and maintenance of a community health profile.

1. *Community health profile: A common set of population-based core public health indicators that describe the health status of the community.*
2. *Recommended user group responsibilities: a) Identify data to be included in the public health data warehouse. Refer to Communication and Information Technology Standard IT5; b) Identify a common set of population-based core public health indicators (a group of measures that contribute to a description of a broader health category, e.g., Kids Count to measure child health status); and c) Guide functionality and capabilities for reports and data retrieval.*

Evidence:

1. Data warehouse user group. The Lead User Group is comprised of eight representatives from local public health and four representatives from the Iowa Department of Public Health. Together, they will guide the development and maintenance of community health profiles and the functionality of the data warehouse.
2. Summary of communications with user group. The list documents communication with the user group to facilitate information on the warehouse development process.
3. Responsibilities of user group. The document lays out the responsibilities for the group.

Divisions work together to accomplish this criterion by: Divisions work together on this standard by providing input into the needs and contributions for the data warehouse initiative.

MET - Advisory user group is comprised of state and local representation.

CA2b-S - Establish methods to update health profiles annually.

Evidence:

1. Sexually transmitted diseases (STD) annual data. Many programs within IDPH annually update their program health profiles. One example is the STD program where statistics are analyzed on a monthly and annual basis by passive and active surveillance methods to determine program needs. The program information is found on the IDPH Web page, A-Z.
2. Behavioral Risk Factor Surveillance System (BRFSS) Advisory Group and other interested data users. The e-mail from Donald Shepherd, BRFSS coordinator, communicates planning is underway for the 2009 Iowa BRFSS survey. The annual reports are found on the IDPH Web page, <http://www.idph.state.ia.us/brfss/default.asp>.
3. The Center for Health Statistics reports. Vital statistics reports are prepared annually by the Center for Health Statistics. The data is routinely analyzed to note trends in health status and emerging health diseases.
4. FY2007 Maternal Health, Child Health, and Family Planning Year End Report. Program contractors are required to report data using the format provided for consistency. The data are analyzed annually to note trends.

5. Data warehouse initiative. The data warehouse will build the IDPH capacity to collect, manage, and disseminate health data for research and community planning. Users can access data through key indicators and customizable reports.

Divisions work together to accomplish this criterion by: Division representatives gather together to discuss questions to be included in the annual BRFSS survey. Until the data warehouse is up and running, IDPH staff and other interested parties contact the Center for Health Statistics, or view its Web site, for information regarding vital statistics and health statistics.

MET - Methods to update the health profiles, such as vital statistics and the STD annual data is updated annually. This criterion is met, however, the overall standard is not met because of the lack of a state-level community health assessment.

CA2c-S - Adopt methods for collecting and analyzing trend data for the state-level health profile.

Evidence:

1. Local community trend data are collected and analyzed for state programs, but there is no evidence that a state health profile is being completed. The state data warehouse initiative is starting to meet this need.

Divisions work together to accomplish this criterion by: N/A

NOT MET - Local community information is evident but no evidence of a state-level health profile is completed or even in the process.

CA2d-S - Compare state data to local data and other states and national indicators.

Evidence:

1. BRFSS Prevalence Data Web page. Users can compare the prevalence of variables across participating states and over different years as well as Iowa's progress in reaching goals in Healthy Iowans 2010 and Healthy People 2010, the national health plan.
2. Community Profile. The document was provided to Iowa by the Centers for Disease Prevention and Control (CDC) for use in program assessments for local and state indicators. Each county received the Community Health Status Indicators Report (2000). Plans are underway to provide an updated report in 2008.
3. Immunization program data. This program, like many others within IDPH, compares local, state, and national data annually. Immunization data are provided to users in many formats documenting data per ages of participants, vaccines, comparisons of rates across the state, and comparison of state and national data on the link with CDC. These two examples show the CDC Web page, and the annual report of state program data provided by IDPH. Both are used for program planning, comparing our state to others, and implementing improvement strategies.

Divisions work together to accomplish this criterion by: Divisions share data when programs overlap for the same populations.

NOT MET - There is some evidence of state data to compare to local and national indicators. It is unmet because there is not a state-level community health profile.

Standard CA3 - Build and maintain collaborative relationships that support assessment and planning processes.

CA3a-S - Invite at least the minimum recommended stakeholders to participate in the community assessment and planning process.

Minimum recommended stakeholders: State board of health; Local public health representatives; Health care providers; Other public health system agencies; Community-based organizations; Human service agencies; Educational system; Law enforcement; Elected official representation; State government; Members of the general public; Media; Emergency management; EMS; Fire department; Judicial system; Business/Industry representatives; and Professional health organizations.

Evidence:

1. Iowa's Comprehensive Nutrition and Physical Activity Plan; Iowans' Fit for Life. Iowans' Fit for Life includes a network of statewide partners with a vested interest in nutrition and physical activity, the Iowans' Fit for Life Partnership. The partnership has written a comprehensive state plan to address nutrition and physical activity for Iowans of all ages. The plan includes a listing of partnership members and agencies showing the breadth of engaged stakeholders.
2. Reducing the Burden of Cancer in Iowa: A Strategic Plan for 2006-2011, by the Iowa Consortium for Comprehensive Cancer Control (ICCCC). In 2001, the Iowa legislature commissioned a detailed study of the impact of cancer on the state. The report, *The Face of Cancer in Iowa*, led to the formation of the Iowa Consortium for Comprehensive Cancer Control (ICCCC). The purpose of the ICCC is to continue to assess the burden of cancer in Iowa and develop strategies: to implement prevention, diagnosis, and treatment practices; to assure that the quality of life for every cancer patient is the best it can be; and move research findings more quickly into prevention and control practices. The ICCC consists of more than 100 individuals representing 50 agencies and organizations; a listing of collaborating agencies can be found in appendix B of the evidence document.
3. ICCC Newsletter Jan/Feb 2007. On 01.25.07, IDPH and the ICCC hosted a forum for cancer survivors to share opinions and make an impact on the quality of life for other survivors. The primary goals are to take a comprehensive look at cancer survivorship by broadening the network of cancer stakeholders, conducting a statewide assessment of survivorship activities, and developing a plan to address gaps and unidentified needs.
4. *The Future of Iowa's Health and Long Term Care Workforce*. In December 2007, IDPH and Workforce Iowa published a report assessing the status of Iowa's health and long-term care workforce. The report identified workforce shortages and other challenges to meeting the health care needs of Iowans now and in the near future. Also included were recommendations for a model workforce that meets the workforce needs and strategies that recruit and retain a sufficient workforce. Approximately 100 organizations and state agencies and associated individuals contributed considerable time and effort toward the report.
5. Attendee list for the 2009 Health and Long-Term Care Workforce Summit. The list of stakeholders for a 2009 summit shows continued engagement in the implementation of the recommendations from the Health and Long-Term Care Workforce Report.

Divisions work together to accomplish this criterion by: Many divisions work together in community assessment and planning meetings, to provide information from their level of expertise to further the goals of the meetings.

MET - Stakeholders are invited to participate in community assessment and planning.

CA3b-S - Use multiple strategies to facilitate communication and collaboration.

Examples of strategies: letters, community meetings, coalition development, and automated e-mail delivery systems.

Evidence:

1. 2008 Public Sector Immunization Assessment. The Bureau of Disease Prevention and Immunization conducts annual immunization assessments of 2-year-old children seen at public sector clinics. About 121 public sector immunization providers, including county public health agencies, Women, Infants, Children (WIC) agencies, and community health centers are assessed. A total of 5,786 records were analyzed during the assessment period. Reports are accessible on the IDPH Web site, A-Z, Immunizations.
2. Breast and Cervical Cancer Early Detection Program (BCCEDP) fyi post August 2008 newsletter. Providers, clinics and agencies receive information in the newsletter about announcements, helpful resources, and reminders about events, meetings and other planned activities. An example is the announcement of the Pink Ribbon Advisory Committee meeting to be held 09.03.08 to develop a client and provider survey for the BCCEDP program.
3. Iowa's Drug Control Strategy 2008. The Iowa Drug Control Strategy 2008 is an annual document developed by the Iowa Drug Policy Advisory Council, along with the Iowa Department of Public Health and 19 other representatives from federal, state and local government agencies, law enforcement and academic institutions. The strategy brings together data and outcome results from the various representatives to provide recommendations and needed strategic actions to address treatment for addictions and substance abuse, corrections and criminal behavior, enforcement, and environmental and primary prevention activities to address identified concerns.
4. IDPH table of organization. IDPH staff members provide communication and collaborative opportunities during agency visits, and regional meetings. Many program staff meet with stakeholders throughout the state to assist with community assessment needs.

Divisions work together to accomplish this criterion by: The individual divisions through the use of the Internet and the IDPH Web site are able to reach its provider networks, individual service providers, agencies and the public/stakeholders with its messages, services, and plans. The use of newsletters, strategic plans and assessments, as well as Web site postings are strategies that provide access to information for a broad number of customers. The use of the various methods of communication allows various divisions and bureaus to receive, share and be informed of efforts, plans, and activities throughout the department.

MET - This is met, however, the connection of the table of organization with facilitating communication and collaboration was unclear. Suggestion: Evidence to support this criterion could be minutes from a collaborative meeting, agency visit or regional meeting addressing the planning process. The explanation of the evidence is understandable, program staff meet with stakeholders, however, the table of organization does not provide evidence of that process.

CA3c-S - Maintain engagement of stakeholders in community health assessment and planning activities to aid in identifying community issues and themes.

Evidence:

1. Mid-Course Review of Healthy Iowans 2010 (HI2010) – 03.03.04. The conference brought 200 stakeholders together to plan a mid-course review of HI2010, the state's blueprint for health improvement.
2. List of persons responsible for each HI2010 chapter. The list documents the agencies responsible for developing and updating the chapter and seeing that the action steps are taken to meet the goals.
3. Letter to lead agencies for HI2010 chapter updates. The letter is sent to the lead agency as a reminder of their responsibilities in updating their HI2010 chapter.
4. HI2010 chapter tracking report. The spreadsheet is an example of progress report information for each HI2010 chapter. Documentation of who is responsible, was the action step achieved, timeframes, and financial information is tracked.
5. Chapter 1 HI2010 progress report 2007. The annual progress report is an example of a report completed for each HI2010 chapter.

Divisions work together to accomplish this criterion by: Divisions work together by providing data toward the progress of the HI2020 chapters, which align IDPH programs to the state plan.

MET - Documentation for planning activities and engagement of stakeholders is present. What is lacking is the end product or the the state-level community health assessment. The evidence supports ongoing activities. Criterion states engagement of stakeholders in assessment and planning.

Standard CA4 - Develop a comprehensive community health improvement plan at a minimum of every five years.

CA4a-S - Develop a community health improvement plan reporting process that is designed according to user group recommendations.

1. *Health improvement plan: A comprehensive plan that addresses community health priorities based on the results of the community health assessment process. The plan contains timelines, responsible parties, and a method for evaluation.*
2. *Community health improvement plan reporting process: Collection and dissemination of community health improvement plans (local and state).*
3. *User group should be comprised of both local and state representatives.*

Evidence:

1. IDPH data warehouse user group goals and responsibilities. The goal of the IDPH data warehouse Lead User Group is three-fold: to identify data to be included in a data warehouse; to identify a common set of population-based core indicators for core public health indicators (a group of measures that contribute to a description of a broader health category); and to guide functionality and capabilities for reports and data retrieval.

2. IDPH data warehouse staff communications with user groups. The document details the Lead User Group communication on the development of the data warehouse.
3. CHNA & HIP Toolkit. The toolkit acknowledgements detail the user group members that developed The Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) process. The CHNA & HIP was updated in FY2003, and continues to be used by local agencies to update their community assessments and plans.

Divisions work together to accomplish this criterion by: Divisions work together to assist in the development of a data system to meet the needs of both state and local programs.

MET - The development of a reporting process for community health improvement is evident.

CA4b-S - Develop a state health improvement plan to address identified community health priorities based on the results of the state-level community health assessment.

Evidence:

1. Healthy Iowans 2010. Healthy Iowans 2010 is the comprehensive needs assessment and guide for health priorities in Iowa. The plan was revised and updated in 2005.
2. The Future of Iowa's Health and Long-Term Care Workforce. The document shows statewide assessment of the health and long-term care workforce and provides plans to address shortfalls in the healthcare system.
3. 2009 STD Prevention Program Application. The application for the prevention of sexually transmitted diseases (STD) outlines the assessment of state and local needs in reference to national priorities.
4. Strategic Planning Committee for the Elimination of Childhood Lead Poisoning in Iowa. The state improvement plan outlines the steps the IDPH and local partners will take to provide a safe, lead-free environment for Iowa children, based on local and national priorities.
5. Iowa's Fit for Life. The needs assessment of the healthy eating and exercise behaviors of Iowans outlines the issues as well as the implementation plan for change by the Iowans Fit for Life Program.

Divisions work together to accomplish this criterion by: Divisions work together on assessments when programmatic areas overlap, or to complement or substantiate other needs assessments or plans. For example, HI2010 guides the department in program planning.

NOT MET - A state-level community health assessment has not been completed. Healthy Iowans 2010 is the plan, therefore meeting that portion.

CA4c-S - Align the state-level community health improvement plan with local and national priorities.

Evidence:

1. Healthy People 2010. Healthy People 2010 (HP2010) was prepared by the Department of Health and Human Services, challenging states, communities, and professionals to take steps to ensure that good health, as well as long life, is enjoyed by all. Healthy Iowans 2010 was modeled after the document. The plan was revised and updated in 2005.
2. Healthy Iowans 2010. Healthy Iowans 2010 (HI2010) serves as a road map for improving the health of Iowans. The HI2010 database, containing core data for measuring goals in the state health plan, can serve as a convenient source of information on chapter goals. The chapter goals are broken down by health indicators, age, race, gender, baseline, numerator, denominator, and measure of frequency, crude/adjusted rates, and periodicity of collection/calculation, county level data, and cross references to goals in other chapters.
3. Tobacco Priority Populations Request for Proposal (RFP). The RFP links HI2010's tobacco goals with that of the division's. The link shows continuity of action at the local, state, and national level.
4. Letter from Louise Lex on national changes of HP2020. The HI2010 coordinator keeps up to date with the changes at the national level, and informs stakeholders of changes.
5. IDPH press release. A press release announces the plan for a mid-course review of HI2010, the state's blueprint for health. The review brought the state plan up to date.

Divisions work together to accomplish this criterion by: Divisions assure that Healthy Iowans 2010 is used to guide program goals.

MET - The state-level community health improvement plan (Healthy Iowans 2010) is evident in the RFP for entities wanting to apply for this funding. The letter from Louise Lex addresses national indicators. State, local and national indicators are listed on the spreadsheet.

CA4d-S - Evaluate and update the state-level community health improvement plan annually.

Evidence:

1. Letter to lead chapter stakeholders. The letter serves as a reminder to the responsible agency for updating the HI2010 action steps for the chapters annually.
2. Healthy Iowans 2010 Progress Report 2006-2007. The progress report documents the significant achievements made toward HI2010 goals for 2006-2007.
3. Healthy Iowans 2010 Progress Report 2007-2008. The progress report documents the significant achievements made toward HI2010 goals for 2007-2008.
4. Changes in Mid-Year Revisions for HI2010. The report documents the changes made to the chapter's actions steps during the mid-year revision meeting in July 2005.

Divisions work together to accomplish this criterion by: All divisions provide data for analyses of progress toward, and align program goals with, HI2010.

MET - Progress notes are documented.

Standard CA5-Communicate information on the health status and health needs of the community.

CA5a-S - Disseminate results of the state-level community health assessment process to stakeholders.

Evidence:

1. Immunization Assessment Report. The report is sent to immunization service providers, and is posted on the IDPH Web site, A-Z, Immunizations.
2. Provider list. This is the list of providers that received the immunization assessment report.
3. Cover letter. The cover letter was sent with the report, The Future of Iowa's Health Workforce: Health and Long-Term Care Workforce Review and Recommendations to the Health and Long-Term Care Workforce, to the summit attendees and respondents.
4. Divisions work together to accomplish this criterion by: Health assessments and dissemination of results are conducted at the programmatic level. In addition, all health data and assessment information collected by IDPH is available to stakeholders via the Web site.

Divisions work together to accomplish this criterion by: Health assessments and dissemination of results are conducted at the programmatic level. In addition, all health data and assessment information collected by IDPH is available to stakeholders via the Web site.

NOT MET - The immunization assessment report provided both state and local statistics. It does not address the process to stakeholders. It provides data to stakeholders. The workforce letter is one piece of the state-level community health assessment process. A state-level community health assessment has not been completed.

CA5b-S - Educate and engage community partners and stakeholders on use of the state-level community health assessment findings and health improvement plan.

Evidence:

1. 2005 Iowa Child and Family Household Health Survey. The survey is a comprehensive statewide effort to evaluate the health status, access to healthcare, and social environment of children and families in Iowa. The goal of the study is to provide policy-makers with population-based information about many issues facing the state and the nation.
2. 2005 Iowa Child and Family Household Health Survey presentations to stakeholders. The evidence includes two presentation methods of educating and informing stakeholders on the impact of the survey. An IDPH power point presentation was made to the Iowa Maternal and Child Health (MCH) Council Meeting 06.09.05, with evidence also including meeting minutes. The presentation was also made to the Iowa Empowerment Board, who manages and contracts funds to coordinate safety net programs for Iowa's uninsured and underinsured children. Information was also presented in the January 2007 IDPH communiqué, the Iowa Health FOCUS.
3. Iowa Consortium for Comprehensive Cancer Control Progress Report and fall cancer summit notification. The brochure educates community partners and stakeholders on the progress of the state-level community cancer assessment and plan, followed by a fall cancer summit in October for networking and information.

4. Iowa Healthy Communities Initiative Grant Program: Offering Community Wellness Grants and Harkin Wellness Grants for Local Health Improvement request for proposal (RFP). The RFP provides funding for selected local boards of health (LBOH) and their health coalitions to build sustainable wellness and health improvement initiatives. The LBOH applicant reports the health priorities identified in their Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP). The RFPs are found on the IDPH Web site under funding opportunities.
5. Quick Reads - 05.29.08. The IDPH communique, Quick Reads, goes out twice a month to a list serve of stakeholders, and is also found on the IDPH Web site. This issue announces the availability of the healthy community grants.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No state-level community health assessment was completed. However, the plan has been established and the plan has been disseminated.

CA5c-S - Evaluate effectiveness of the communication strategies.

Examples of effectiveness could include: increased levels of engagement, increased levels of awareness, and use of the results of the community health needs assessment process in organizational strategic planning.

Evidence:

1. JEL Brand Development and Research Findings. The report on JEL (Just Eliminate Lies), the youth anti-smoking campaign, evaluates the effectiveness of the branding and campaign elements chosen to combat teenage tobacco use.
2. Evaluation survey of flood 2008 communications. The survey was conducted among residents of flooded counties in Iowa during the spring and summer of 2008. The survey evaluated how health messages were received during that time, and whether those messages influenced behavior. The final report on the survey is pending, so only the questionnaire is included in this folder.
3. Bureau of Family Health Survey of Grantees 2008. IDPH sought to better understand grantee perceptions of the bureau's policies and procedures in dealing with its grantees. This included assessing grantees' ideas about how accessible and useful they find the bureau's materials and information; how its staff relates and interacts with them; and how it could improve its grant making, reporting and oversight activities.
4. 2008 IDPH press release print coverage. The ongoing tally of the number of papers that follow up or print IDPH press releases in their entirety helps evaluate whether communication through press releases and media advisories is effective.

Divisions work together to accomplish this criterion by: Often times, as in the case of the flood survey, divisions overlap in their services. For example, bureaus of environmental health, infectious disease and EMS all worked together in the flood response. The survey reflected response to all their efforts. This is one example of the way divisions work together to evaluate the effectiveness of their collective communications.

MET - The evidence provided evaluated the effectiveness of communication strategies in relationship to health status and health needs of the community.

Evaluation (EV)

On-going evaluation and systematic critical review of the effectiveness, accessibility, and quality of public health services are key functions of public health. The Evaluation Standards require evaluation of programs and services and allow for discretion on the method of evaluation.

Overview

Of the four criteria within the Evaluation Standards, one criterion was met and three were not met based on the evidence provided. The criteria that were not met were EV1b, EV1c, and EV1d.

A strength of the Evaluation Standards was the availability of many components (e.g., goals, objectives and performance measures) to conduct effective process, program and system evaluation.

Suggestions for strengthening the Evaluation Standards include: 1) establishing comprehensive approaches to evaluation that examine processes, programs and systems; 2) moving beyond reporting current data to using data to demonstrate trends, goal attainment, efficiencies and effectiveness; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Evaluation Standards

Evaluation		Total
# Criterion	4	218
# Met (%)	1 (25.0%)	166 (76.1%)
# Not Met (%)	3 (75.0%)	52 (23.9%)

Standard EV1 - Conduct comprehensive evaluation of programs and services.

EV1a-S - Provide technical assistance, consultation, information, and resource referral to local public health agencies on evaluation of individual programs or services.

Evidence:

1. Agenda of a meeting with Johnson County Public Health. The agenda documents a meeting with Johnson County Public Health providing technical assistance in the areas of quality assurance based upon the audit results of the Child and Adolescent Reporting System (CAREs). The CAREs is a Web-based data system that provides the official clinical record for all children receiving child health services.
2. E-mail to Building and Strengthening Iowa Community Support for Nutrition and Physical Activity (BASICS) program contractors. The e-mail to BASICS program contractors outlines and provides direction for the survey collection used in evaluating the BASICS program. The BASICS program provides federal funding for community coalitions to expand nutrition and physical activity education programs serving food stamp recipients and food stamp eligible populations.
3. Gambling Licensure Inspection Weighting Report. The report is used to evaluate the effectiveness of gambling treatment programs conducted by local community agencies. The report provides guidance on the evaluation of each gambling treatment program and how to improve the program.
4. Lesson Learned in Iowa Mumps Epidemic. The document is a summary of the lessons learned in the Iowa mumps epidemic of 2006. These lessons learned were distributed to local public health agencies to provide them with guidance on evaluating the effectiveness of their surveillance and data management programs.
5. HIV-Specific Quality Management Plan. The tool is used to provide guidance to the local HIV programs in reviewing their quality management plan.

Divisions work together to accomplish this criterion by: Many programs provide tools and technical assistance to local programs to evaluate the effectiveness of the local programs.

MET - The criterion for EV1 is broad and could be met with documentation from any program. Consider tightening the specifics for the documentation. Evidence #1 clearly demonstrates work on quality improvement and program evaluation while evidence #3 is a program report that is less supportive of program evaluation. Discussion with local public health officials indicates this is not consistent and not department-wide.

EV1b-S - Develop, implement, and maintain a systematic process to evaluate individual programs. The evaluation process must include minimum required components.

The minimum required components of an evaluation process: a) Written goals, objectives, and performance measures that use appropriate data and are analyzed regularly. Performance measures include both process measures (Did you do what you said you would do?) and outcome measures (What happened because of what you did?); b) Strategies to monitor program and service compliance with local, state, and federal requirements; c) Evidence that programs and services align with state and/or local community health priorities; d) Steps to determine cost effectiveness of programs and services; and e) Evaluate programs and services against evidence based criteria and established best practices.

Evidence: No evidence was found to support this criterion. All programs have evaluation components, but there were none noted that contained all of the required minimum components. Programs supported by federal dollars, like the lead program and the Maternal and Child Health program, document many of the required components as goals, objectives, and activities to meet those goals, and an evaluation plan. Aligning health priorities at the federal, state and local levels and determining cost effectiveness are weak evaluation components.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No evidence provided because this systematic process is not available to any program it sets up EV1c-S and EV1d-S for failure.

EV1c-S - Establish a process to report evaluation outcomes to stakeholders.

Stakeholders should include community partners, boards of health, and members of the community at large.

Evidence:

1. 2008 Public Sector Immunization Assessment. Like many other programs, the report is an example of an evaluation given to local program providers by hard copy. Reports are available on the IDPH Web, A-Z, under the program name. Annually, the Bureau of Disease Prevention and Immunization conducts immunization assessments of children two years of age who are seen at public sector clinics. The assessments are conducted following protocols established by the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. The report is sent to immunization service providers and also available on the IDPH Web, A-Z.
2. Immunization Service Provider List. The list documents the providers that receive(d) the annual immunization assessment report.
3. IDPH Annual Report. The Iowa Department of Public Health is required by law to submit an annual report to the Iowa General Assembly each year. It is intended to inform the legislature and the public about the department's programs and to provide contact, fiscal, and performance information.
4. IDPH Annual Report distribution list. The list documents the providers that receive(d) the IDPH Annual Report.

Divisions work together to accomplish this criterion by: Program and evaluation data are found in the IDPH annual reports. Divisions work together to provide data for the report.

NOT MET - The evidence identifies a product and a distribution list but does not present the establishment of a process or documentation of evaluation.

EV1d-S - Adjust programs and services based on evaluation results.

Evidence:

1. Three documents by which the Iowa Board of Cosmetology Arts and Sciences Examiners resolved issues relating to their practice. This is an example of a long-term, evaluative planning process. The initial participants, representing internal and external organizations, contributed their respective research documentation and jointly participated in policy development. The process included broad input from stakeholders to evaluate board policies. This is reflected in the first and second attachments. The second attachment covers the actual comments considered in the evaluation of the policies. The third document reflects a summary and outcomes of the process and the new policy statement derived from the process.
2. Local Public Health –IDPH Contracting Issues Workgroup e-mails and agenda. The two e-mails and agenda document the IDPH and local public health agency work of improving the contracting process between IDPH programs and providers. Evaluation of the current contracting process is being completed, with strategies for change.
3. Technical assistance (TA) visit to MECCA, a problem gambling treatment services report. The report is one example of many IDPH program site reviews made to program providers. The site visit was made to MECCA in March 2008. Based on the program evaluation, recommendations were made on ways to improve the programs and services. Many times, following reviews, an adjustment in the program must be made to meet acceptable standards.
4. Quantitative Research Study: Pick a Better Snack Food Demos Retailers Intercepts. The study, conducted by IDPH, evaluated attitudes and knowledge of choosing fruits and vegetables for snacks. Based on the evaluation results, recommendations were made for increasing the visibility and acceptance of healthy snacks.
5. OPERATION SPRING report of the pandemic flu readiness in Iowa, the nation and the globe. The report evaluated the ability of the state to respond to a pandemic flu epidemic. A staged exercise was completed by IDPH and local public health staff, followed by an evaluation process identifying weaknesses and recommendations for program and services changes.

Divisions work together to accomplish this criterion by: Each division must evaluate the individual programs and services. By assessing a program's strengths and weaknesses, programs and services are adjusted and improved.

NOT MET - The evidence shows proper intent to make change and improve programs but lacks evidence of evaluation results.

Prevent Epidemics and the Spread of Disease (PE)

Controlling infectious or communicable disease is fundamental to public health. Prevent Epidemics and the Spread of Disease Standards address surveillance, investigation, and prevention and control measures. These measures must be in place for every-day activities such as reportable disease follow-up as well as events of disease outbreaks. Epidemiology, environmental health, and laboratory functions are equal elements in this system.

Overview

Of the 35 criteria within the Prevent Epidemics and the Spread of Disease Standards, 26 criteria were met and nine were not met based on the evidence provided. The criteria that were not met were PE1f, PE1l, PE2d, PE2i, PE2k, PE2l, PE3c, PE3h, and PE3i.

Strengths of the Prevent Epidemics and the Spread of Disease Standards were the: 1) availability of quality tools to submit data for surveillance purposes; 2) strong justification of capacity; and 3) feedback from providers sought by the University Hygienic Laboratory.

Suggestions for strengthening the Prevent Epidemics and the Spread of Disease Standards include: 1) documenting and substantiating expertise and knowledge attainment; and 2) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Prevent Epidemics and the Spread of Disease Standards

	Prevent Epidemics	Total
# Criterion	35	218
# Met (%)	26 (74.3%)	166 (76.1%)
# Not Met (%)	9 (25.7%)	52 (23.9%)

Standard PE1 - Provide and maintain a surveillance system to gather information about common, rare, and environmental diseases, including disease outbreaks.

PE1a-S - Develop and maintain a 24 hour, seven days a week, 365 days a year surveillance system.

Components of the system must include: a) mechanism for notification among partners; b) process to educate and inform partners and the public; c) process for disease confirmation; and d) epidemiological review of disease activities

Evidence:

1. IDPH duty officer 24/7 schedule. IDPH staff members are available 24/7 per schedule. Staff members have expertise in such areas of coverage as terrorism/disasters, epidemiology, the health alert network, communications infrastructure, or public information.
2. Iowa Administrative Code (IAC) 641-Chapter 1. Diseases or conditions of public significance are required by law to be reported as outlined in IAC 641-Chapter 1. A poster, available to health care providers, outlines the reportable diseases, how and when to report, and the hot line numbers (answered by the duty officers off hours).
3. National Electronic Telecommunication System for Surveillance (NETSS) screenshot. The system is maintained by the IDPH and updated every working day and constantly during outbreaks or large scale events. Telephone calls and the reportable disease forms submitted to the IDPH are entered into this system with a referral to local providers for follow-up. The data collected are sent electronically to CDC weekly.
4. Tuberculosis Control Information System. The system is accessible by state and local partners for tuberculosis surveillance and case management data entry.
5. HIV/AIDS Reporting System. The screenshot demonstrates the HIV/AIDS Reporting System used by IDPH to document surveillance of HIV/AIDS cases.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Evidence #1 seems more related to response than surveillance. Suggestion: Neither the standard nor the criterion clarify surveillance of what so that may need to be clarified.

PE1b-S - Provide technical assistance, epidemiological consultation, information, and resource referral to local public health agencies regarding disease surveillance on federal, state, local laws and ordinances.

Evidence:

1. Program Profile: Center for Acute Disease Epidemiology (CADE). The CADE program profile includes data on the number of consultations and technical assistance provided to clinicians, local public health officials, hospital infection control staff, and the public annually.
2. IDPH regional bio-emergency public health epidemiologists and regional disease prevention specialists job descriptions and maps. These staff members provide technical assistance and consultation to their local regional partners regarding disease surveillance issues.

3. PowerPoint presentation on disease reporting. The presentation was provided to local public health staff attending one of six regional fall epidemiology updates in 2005. It included an outline and overview of the current disease reporting process in Iowa.
4. FoodBorne Outbreak Investigation Manual – Chapter 5, Surveillance. The manual is a resource and guide developed for local public health agencies. Chapter 5 covers surveillance.
5. Note log follow-up. The page is an excerpt from a CADE staff member's note log. Each member keeps this daily note log to track the number of consultations and technical assistance provided health practitioners and the public.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The criterion is not clear. How does one do "surveillance on federal, state, local laws and ordinances?" Not sure what evidence should demonstrate this. There is clear evidence that technical assistance, consultation, information, etc., are provided regarding surveillance, but the link to "federal, state, local laws and ordinances" could not be found. Based on information provided in interviews, this refers to reportable disease laws, so with that assumption, the criterion was noted as "met."

PE1c-S - Provide state epidemiological capacity and expertise as a resource regarding disease education and outbreak management.

Evidence:

1. Dr. Quinlisk position description questionnaire (PDQ). The staff member serves as the state epidemiologist to direct the state-wide epidemiology program, and coordinate state health programs.
2. Regional bio-emergency public health regional epidemiologists PDQ and regional map. The PDQ outlines the job expectations of the six regional epidemiologists. The map shows the epidemiologists' assigned regions to assist local public health with education, disease outbreak and management, and grant management.
3. Regional disease prevention specialists PDQ and regional map. The PDQ outlines the job expectations of the 27 regional specialists in the epidemiology of vaccine-preventable diseases, STDs, and HIV/AIDS. The map shows the assigned regions.
4. Meghan Harris & Marion Brown PDQ's. Ms. Harris is the lead epidemiologist in the development and implementation of the state-level public health surveillance programs. Ms. Brown is the lead staff for the TB program.
5. Iowa Breast & Cervical Cancer Early Detection Program staff directory. The staff directory includes an epidemiologist who collects data, develops and provides reports on program outcomes and participant services, and submits minimum data elements to the Centers for Disease Control and Prevention (CDC).

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The capacity is clearly there; however, expertise is harder to confirm without knowing either the qualifications for or credentials of persons in these positions.

PE1d-S - Develop and maintain state recommended resources to conduct disease surveillance.

Evidence:

1. EPI Manual's table of contents. The table of contents lists the disease surveillance information available to local public health agencies. The purpose of this manual is to guide local public health agencies through specific surveillance and reporting responsibilities for the diseases currently reportable to the IDPH. The diseases are arranged alphabetically in their own chapter. While this manual is targeted to local public health agency personnel, it is found on the IDPH Web (A-Z) for use by other health care professionals or the public.
2. Reportable disease cheat sheet. The poster lists of all the diseases that must be reported to the IDPH, the manner in which they must be reported (fax, phone, or mail), and when they must be reported (immediately, weekly, or quarterly).
3. Disease reporting card. The card is completed by the entity reporting a disease and is available on the IDPH Web site (A-Z), as well as in hard copy. It contains the necessary reporting elements as noted in the Iowa Administrative Code.
4. Foodborne Illness Complaint Form. The Centers for Disease Prevention and Control Environmental Health Specialists Network (EHS-Net) has developed a foodborne illness complaint data collection form designed to capture information necessary to support an outbreak investigation. The form was generated from collective input of the participating agencies of the EHS-Net Complaint Systems Workgroup. The components within the form are considered essential or necessary to the foodborne investigation process.
5. Perinatal Hepatitis B Prevention Program Guide. The IDPH resource was developed as a guiding document for local public health nurses and infection control specialists in hospitals. The resource documents how to case-manage and follow a pregnant woman who is HBsAg positive and her infant. It is designed as a tool to successfully complete the case management and disease reporting processes to IDPH.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The intent appears to be for IDPH to develop and maintain the resources so others can assist with disease surveillance. It is not clear who else would make recommendations to IDPH ("state recommended") so the wording of this is confusing relative to the evidence provided, based on the assumption about intent noted above. Evidence was provided that IDPH develops and maintains these resources.

PE1e-S - Assure the state public health laboratory identifies and detects infectious diseases and, contributes to a statewide surveillance system.

Evidence:

1. Clinical Test Menu and list of reportable diseases. The menu lists all the tests the University Hygienic Lab (UHL), the state public health lab, can/will run. The list is compatible with those reportable diseases as required by the Iowa Administrative Code (IAC) 641-Chapter 1.
2. Iowa Administrative Code (IAC) 681-Chapter 5. This section of the IAC describes what entities can submit samples to the UHL for examination.
3. Epidemiologists e-mail from UHL. The UHL's daily e-mails include lab reports sent to the epidemiologists for review and sent in a compatible file that is uploaded to the current Iowa surveillance system. The file attachments with this e-mail sample are not present as they contain confidential patient information.
4. UHL contract with the Center for Acute Disease and Epidemiology (CADE). The contract between the department and the UHL provides for lab tests. It outlines the responsibilities of UHL related to testing and reporting for four additional samples including norcardia, foodborne disease, influenza, and West Nile virus disease.
5. UHL contract with the Bureau of Disease Prevention and Immunization. The contract between the department and the UHL provides testing for reportable diseases such as Hepatitis B and C and HIV/AIDS.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Additional evidence could be a crosswalk between the list of tests by UHL and the list of reportable diseases for evidence #1.

PE1f-S - Assure the state public health laboratory has the ability to respond to the needs of health care providers and public health practitioners.

In addition to assuring laboratory services: a) Support the need for a state public health lab to develop and/or implement new technologies so that the latest and most effective methods to accurately detect pathogens are available for public health and health care providers; b) Support state public health laboratory in informing and educating other reference labs throughout the state with current guidelines; and c) Support state public health lab in maintaining federal Clinical Laboratory Improvement Amendment (CLIA) standard.

Evidence:

1. E-mail from Tom Gahan, University Hygienic Laboratory (UHL) staff. The e-mail outlines the steps the UHL takes to gain information from other labs and providers to improve their capabilities and outcome
2. Survey summary from UHL. The survey was sent to lab users in 2005 regarding lab preparedness. It was completed by over 100 users and provided feedback to UHL. Once the recommendations were implemented, better service was provided to lab users.
3. Contract between the department and UHL for services to the Center for Congenital and Inherited Disorders. The contract outlines the steps the UHL must take to comply with and successfully initiate services with the Newborn

Metabolic Screening and Reporting Services Program, the Maternal Serum Alpha-Fetoprotein Program(MSAFP), the Integrated Screening Program, and the cystic fibrosis carrier screening program.

4. UHL Web page for testing sheets and kits. The UHL provider Web page contains information on how to correctly collect, send, and label samples as well as the paperwork needed to test the samples.
5. Health alert for cryptosporidiosis. The health alert was sent to providers who may be treating patients with cryptosporidiosis. The UHL information is listed on the form to allow providers to contact UHL directly should they have questions.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

***NOT MET - Clearly documented (e.g., with e-mail and survey) the desire of the state lab to hear from and be responsive to providers, however, there was no evidence of "ability to respond" (i.e. capacity).
Suggestion: Make a stronger link between the standard and this criterion as it is not clear how the criterion relates to surveillance.***

PE1g-S - Assure that disease surveillance training is available to local public health agencies.

Evidence:

1. Epi Updates. The three examples of the weekly communiqué, Epi Update, are published by the Center for Acute Disease Epidemiology (CADE). Epi Updates are available on the IDPH Web site and sent by list serve to local public health agencies to provide point-in-time updates of information, concerns, and happenings. These issues cover current areas of surveillance including Histoplasmosis, the response to the Parkersburg tornado, Coxsackievirus, measles, salmonella and an announcement that flu vaccination during pregnancy protects mothers and newborns.
2. Iowa Disease Surveillance System Training. The training for the Iowa Disease Surveillance System was developed for the Learning Management System (LMS) . The LMS is available on the Prepare Iowa Web site and is accessible to all local public health agencies.
3. Disease Epidemiology and Prevention XII - Fall of 2007. The fall 2007 training brochure covered current surveillance activities for avian influenza in poultry, wild birds, and humans along with other topics. The training was offered in six cities in Iowa during September and October 2007. Regional epidemiologists provide both basic and advanced epidemiology courses to local public health agencies, as requested.
4. Unity and Diversity: The Challenge for Change - 10th HIV/AIDS Conference 2008. The conference brochure offered local public health agencies in Iowa an overview of the current best practice regarding HIV/AIDS including the session "Show Me the Numbers." This session gave an overview of Iowa's HIV epidemic surveillance numbers through 2007. HIV diagnoses hit a new peak in 2007.
5. Advanced Epidemiology. The presentation from the advanced epidemiology training for local public health agencies in Iowa includes an overview of "What is Surveillance?" and "Purpose of Surveillance." Regional epidemiologists provide both basic and advanced epidemiology courses to local public health agencies, as requested.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Two of the pieces of evidence (#1 and #4) relate more to use of surveillance than to training. Evidence #2 and #3 show training is available so criterion is met.

PE1h-S - Conduct disease surveillance activities according to state recommended epidemiology resources.

State recommended resources include but are not limited to: a) Iowa Department of Public Health (IDPH) EPI Manual; b) IDPH Foodborne Outbreak Investigation Manual; c) University Hygienic Laboratory (UHL) Web site; d) Iowa Disease Surveillance System; e) Communicable Disease Manual; f) Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book); g) Federal, state, local laws and ordinances; and h) Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Web sites.

Evidence:

1. EPI Manual table of contents. The document lists the sections of the EPI Manual where there are state epidemiology recommendations for each of the listed diseases or conditions.
2. EPI Manual revisions and additions - 06.07. The list of updated changes to the EPI Manual documents ongoing revisions to keep the resource current with disease surveillance recommendations.
3. Disease Reporting and Case Investigation form. This is an example of a disease reporting form sent as a reminder on how to conduct case investigation. The highlighted sections cover the surveillance recommendations.
4. Log of a phone call from the IDPH to local public health agencies regarding a mumps outbreak. A conference call was held with local public health agencies to review and monitor the IDPH mumps strategy during a widespread outbreak.
5. Histoplasmosis After Action Report. The document is the after action report submitted for the histoplasmosis outbreak in Polk County in 2008. It outlines the steps taken by the IDPH and its partners. Recommendations were made to improve the state epidemiology process for future cases.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Difficult to follow the criterion and evidence provided. Should the criterion be "make available resources for disease surveillance activities" or "assure use of state recommended resources in surveillance activities?" None of the evidence showed the state's use of its own manuals, forms, etc. but showed local use of state provided resources and/or assuring that locals followed that guidance. Criterion met assuming that was intent.

PE1i-S - Provide timely statewide reportable disease summaries in a manner consistent with the state code.

Evidence:

1. Iowa Administrative Code (IAC) 641- Chapter One. The chapter lists the diseases that are reportable to the IDPH.
2. Weekly surveillance report. The report was published on 10.02.08 by the Center for Acute Disease Epidemiology (CADE). CADE produces this surveillance report every Thursday. The report displays reportable disease activity in two and four week trends, year-to-date, and enteric activity.
3. Decades disease reporting case counts. The electronic case count of reportable diseases is available on the IDPH Web site (A-Z). The document lists disease counts for the most commonly reported legally reportable diseases covering the years 1930 through April of 2008. It is updated twice a year.
4. Center for Acute Disease Epidemiology (CADE) Annual Report 2007. The report is an overall snapshot of the types and trends of the infectious diseases occurring in Iowa in 2007.
5. Iowa Registry for Congenital and Inherited Disorders - 2007 Research Report. The Iowa Registry for Congenital and Inherited Disorders performs state-wide surveillance for birth defects, stillbirths, and Duchenne/Becker muscular dystrophy. While taking care to preserve the privacy of families affected by these conditions, the registry provides important information to state policy makers and public health professionals.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Evidence supported criterion.

PE1j-S - Establish partnerships and work cooperatively on disease surveillance initiatives.

Partners should include but not be limited to: a) other state health departments; b) local public health agencies; c) Federal Government (CDC, HHS, FDA, etc.); d) national health organizations (ASTHO, APHA, CSTE, etc); e) UHL personnel; f) public/environmental health personnel; g) infection control practitioners; h) laboratorians; i) health care professionals; j) veterinarians; k) school nurses; l) academicians; m) child care providers; n) institutions (educational, long-term care, residential care, correctional facilities); and o) all other state agencies (e.g., Homeland Security, Department of Inspections and Appeals, Department of Natural Resources, etc.).

Evidence:

1. IDPH conference call with local public health agencies on mumps disease strategies. This is one example of a cooperative partnership of the IDPH with local public health agencies. The department has a great partnership with these agencies that provide local referral and follow-up for surveillance activities.
2. Iowa HIV Prevention Community Planning Group handbook. The group seeks to promote, through an ongoing participatory process, effective HIV programming in Iowa. The purpose of this programming is to reduce the further spread of HIV infection and to provide access to services for those already infected. The document provides an overview of the group and the responsibilities of group members.

3. Influenza Surveillance System Network. The document outlines the Iowa Influenza Surveillance Network, composed of these four primary surveillance systems: sentinel health-care, hospital-based, laboratory-based, and school-based systems.
4. Iowa Antibiotic Resistance Task Force. This compilation of e-mails between the Iowa Antibiotic Resistance Task Force describes the activities of the group to meet its goals : 1) to facilitate appropriate use of antibiotics; 2) discourage prescribing practices that promote the development of antibiotic resistance; and 3) decrease the spread of antibiotic-resistant organisms with appropriate control measures. Current members of the task force represent a number of concerned organizations including professional associations, universities, and medical societies.
5. Tuberculosis (TB) outbreak among Pandits e-mail. An outbreak of TB by a specific-population identified by an Iowa university resulted in a screening program for newly arriving Pandits. The program includes reviewing suspicious findings identified by local clinicians. The screening program at the university where the cluster was identified, is significantly improved. The screening for this unprecedented high-risk population went from sub-standard to highly effective in a period of one year.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Suggestion: "Surveillance initiatives" may need to be defined. Expected to see evidence on partnerships and how to collect better surveillance data; the evidence presented related to partnerships and what to do when the data indicate there is a problem. Assuming the intent relates to use of data to take action, then the criterion is met.

PE1k-S - Evaluate the effectiveness of the surveillance system and provide updates annually to partners.

Evidence:

1. Iowa Surveillance of Notifiable and Other Diseases. The annual report is published by the Center for Acute Disease Epidemiology (CADE) and available to stakeholders on the IDPH Web site (A-Z).
2. Iowa Asthma Coalition Meeting minutes - 08.20.08. These meeting minutes demonstrate efforts to make surveillance data meaningful to the general public. The report, The Adult Asthma Surveillance Report, follows the meeting minutes. The surveillance data is provided to partners via the IDPH Web site (A-Z).
3. 2007 Closeout Progress Report HIV/AIDS Surveillance Program and the HIV/AIDS Surveillance 2006 Annual Progress Report to IDPH's partner, the Centers for Disease Control and Prevention (CDC). The 2007 progress report submitted to the CDC shows how funding was used in the HIV/AIDS surveillance program and demonstrates evaluation of the surveillance. The 2006 annual report submitted to the CDC shows careful evaluation of each component of the HIV/AIDS surveillance program.
4. HIV/AIDS surveillance reports. The surveillance reports document the program's surveillance data. The reports come out twice a year and are posted on the IDPH Web site (A-Z).
5. 2007 Iowa Registry for Congenital and Inherited Disorders. The report demonstrates how surveillance is conducted for congenital and inherited disorders, and also indicates the effectiveness of individual criteria outlined in the report. The report is sent to state legislators and health care providers, and is also posted on the IDPH Web site.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - "Evaluation" of systems is different than just providing the data from the system. Enough of the evidence included some component of looking at the effectiveness or components of the system to say the criterion was met.

PE11-S - Develop and implement an improvement plan annually based on evaluation of the surveillance system.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by: N/A

NOT MET. No evidence provided.

PE1m-S - Assure that state public health department staff members are knowledgeable and trained in current practices in disease surveillance.

Evidence:

1. List of trainings. The list documents trainings attended by the IDPH in-house and regional epidemiologists.
2. Council for State and Territorial Epidemiologists (CSTE) 2008 training agenda - 06.09.08. Five IDPH staff members (Megan Harris, Judy Goddard, David Massaquoi, Ann Garvey and Patricia Quinlisk) attended the CSTE national conference, joining other epidemiologists to network, share information, and learn ways to improve service delivery.
3. Agenda and travel request for conference - 08.12.08. An IDPH staff member attended the Influenza Surveillance Coordinator Conference held in Atlanta, Georgia to learn about new and emerging influenza information, and to network with other state epidemiologists.
4. Heartland National Tuberculosis (TB) Center Training Course - 07.30.08. The course is an interactive and skill-building program designed to improve the knowledge and skills of staff members who conduct contact investigation as part of their TB responsibilities. The goal of the course is to assist staff members in conducting appropriate and thorough contact and outbreak investigations in a culturally appropriate manner.
5. Travel request for Marion Brown. The travel request is for one state employee to attend the National Tuberculosis Training in San Antonio, Texas to enhance their knowledge of TB epidemiology.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - It is clear that training has occurred. An overarching concern relates to the part of the criterion that says "staff members are knowledgeable" and how that can be demonstrated as part of evidence.

Standard PE2 - Provide and maintain a comprehensive reportable disease follow-up and disease outbreak investigation system that incorporates epidemiology, environmental, and laboratory functions.

PE2a-S - Develop, implement, and maintain written policies and procedures, including assignment of responsibilities between local and state public health departments.

Evidence:

1. Iowa Foodborne Illness Manual. Chapter 4 of the manual details the roles and responsibilities of both local and state public health agencies involved in a foodborne outbreak investigation.
2. Epi Manual. The manual contains the policies of the state epidemiology program and are provided to partners to guide their programs. The manual is updated frequently, as noted in the revision section, and provides guidance for changes to local policies. Specific state and local roles and responsibilities are outlined for each disease.
3. Medicaid Provider Specific Policies. The provider policy describes the requirements of lead poisoning screening for Medicaid-enrolled children.
4. Childhood Lead Poisoning Prevention Program. The IDPH Bureau of Family Health (BFH) receives the names of Medicaid-enrolled children monthly. BFH shares this information with the Bureau of Lead Poisoning Prevention to update the Stellar database of all children who have been covered by Medicaid since 1995. The BFH provides surveillance of these children in local clinics to encourage the lead testing and follow-up.
5. Center for Acute Disease Epidemiology (CADE) Standard Operating Procedures Policy. The policy clearly defines the role of state and local stakeholders to manage a disease outbreak.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Evidence #1, #2 & #5 had clearly defined policies and responsibilities between IDPH and local public health agencies. Evidence #3, the Medicaid Manual, is from IDHS, and a statement is provided to contact the Iowa Lead Program under the lead screening and this gives a relationship between Medicaid and the Lead Program. Evidence #4 indicates the surveillance system is in place. However, the Lead Poisoning Prevention Program states the process as related to Title V agencies. Suggestion: Not all local public health are Title V contractors. Is the goal to reach public health, subcontractors or both? The criterion states local public health and state responsibilities.

PE2b-S - Develop comprehensive communication plan between local and state public health departments.

Evidence:

1. Epi Update - 10.03.08. The weekly communiqué is a key tool of communication between the IDPH and local partners on current and emerging health issues. It is sent directly to partners by e-mail and posted on the IDPH Web site.
2. 2004 Smallpox Response Plan. The document clearly articulates the roles and responsibilities of state and local health departments in the event of a smallpox outbreak.

3. Centers for Acute Disease Epidemiology (CADE) Standard Operating Procedures. The document outlines the steps and communication efforts to be taken on a local and state level in the event of an infectious disease outbreak.
4. 2006 Public Health Emergency Response Plan. The document clearly describes the actions to be taken, methods of operation, and lines of communication to be used during a public health emergency. It provides guidelines for action at the state and local level.
5. IDPH Communication Plan. The document, currently under development, describes methods for improving communication and cooperation between IDPH and local health departments.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - All the evidence provided reflects a comprehensive plan that includes local public health. Evidence #5 is under development and is the framework to meet the criterion to communicate between IDPH and local public health agencies. The EPI Update is also a good tool for communication weekly. How are local agencies aware of the comprehensive communication plans at the state level?

PE2c-S - Develop and maintain state based resources for disease follow-up and outbreak management.

Evidence:

1. EPI Manual. The reference manual is part of the IDPH focus on providing more training and technical assistance to local public health agencies. The purpose of this manual is to guide local public health agencies through specific surveillance and reporting responsibilities for the diseases currently reportable to the IDPH. The manual is arranged alphabetically by disease, with each disease in its own chapter. While this manual is targeted to local public health agency personnel, other healthcare professionals can also use the information to facilitate their understanding of communicable disease as the manual is found on the IDPH Web site (A-Z).
2. Zoonotic Disease Response Plan. The guide is intended to aid local-level involvement in infectious animal disease response. The purposes of this plan are to ensure a rapid and thorough investigation and response in the event of a zoonotic disease on the Center for Disease Control and Prevention's (CDC) category A, B, C bioterrorism agent/disease list; confirm the disease in order to limit the morbidity and mortality of Iowans; coordinate control and response measures with other agencies and organizations involved in the event; and minimize economic loss and social disruption. The first line of defense in a zoonotic disease outbreak is the early detection and reporting of any actual or suspected problem often by private veterinarians, animal owners, and other custodians of the animals. These individuals will make the initial call to regulatory agencies if such an event is suspected.
3. Epi Manual - Pertussis Chapter. The chapter outlines the process for disease follow-up of pertussis outbreaks. It is one example of the process for disease follow-up found in the manual.
4. Perinatal Hepatitis B Prevention Program Guide. The IDPH resource was developed as a guiding document for local public health nurses and infection control specialists in hospitals on how to case manage and follow a pregnant woman who is HBsAg positive and her infant. It is designed to give public health nurses and infection control specialists tools to successfully complete the case management and the IDPH reporting process procedures.

5. Medicaid Screening Center Policy Manual. The manual provides guidance on services available under the Medicaid program for those agencies participating as health screening centers. These providers are many times the first line for disease detection for families, and service provision like immunizations to prevent diseases.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Evidence #1, #2, #3, and #4 had clear disease follow-up and outbreak management. The DHS Medicaid Manual, the part highlighted for evidence, did not have follow-up and outbreak management, it merely states who should be tested.

PE2d-S - Provide state epidemiological capacity and expertise as a resource regarding disease education and outbreak management.

Evidence:

1. Bio-Emergency Public Health Regional Epidemiologist Map and position development questionnaire (PDQ). The PDQ outlines the job expectations of the six regional epidemiologists. The map shows the epidemiologists' assigned regions to assist local public health with education, disease outbreak and management, and grant management.
2. Disease Prevention Specialist PDQ and regional map. The PDQ outlines the job expectations of the 27 regional specialists in the epidemiology of vaccine-preventable diseases, sexually transmitted diseases, and HIV/AIDS. The map shows the assigned regions.
3. List of training. The list documents the training the in-house and regional epidemiologists have taken to maintain their level of expertise.
4. Contract with Centers for Disease Control and Prevention (CDC) for an epidemiologist. Dr. Kane, a federal employee, works at IDPH as the state lead maternal child health epidemiologist to provide a wide range of assistance in public health matters.
5. Pertussis guidelines. The letter is sent to health care providers when a patient has had significant contact with a case of pertussis and is being referred to the provider for evaluation. The letter contains recommendations from CDC on how to treat pertussis.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

NOT MET - Regarding evidence #1 and #2, the expertise of the positions, such as qualifications for the job, are not stated. They only include responsibilities/duties. Who is qualified to do these duties? Also, the training document is nice, however, attending a conference does not necessarily mean a person is more qualified in their field. Is there a requirement for continuing education for EPI staff? The contract with CDC for an epidemiologist is strong support for expertise. Regarding evidence #5, was this letter signed by the State epidemiologist? Referencing CDC guidelines is strong but who signs it as the expert?

PE2e-S - Provide technical assistance, epidemiological consultation, information, and resource referral to local public health agencies regarding disease education and outbreak management.

Evidence:

1. IDPH regional bio-emergency public health epidemiologists and regional disease prevention specialists job descriptions and maps. These regional IDPH staff members provide technical assistance and consultation to their local regional partners regarding disease prevention and control issues.
2. Epi Manual excerpt: Mumps, Controlling further spread. The Epi Manual is a guide and information resource for local public health agencies. The excerpt provides detailed control guidelines that are an integral part of case investigation and outbreak management.
3. STD/HIV Outbreak Response Plan. The document outlines the operational aspects of an STD/HIV outbreak or epidemiological investigation to local providers.
4. Pertussis article in Epi Update. The article is an example of one way disease education and information is disseminated to health care providers and local public health agencies. This article includes guidance for appropriate case/outbreak management and follow-up of pertussis. Epi Update is an IDPH weekly communique sent to a list serve and available on the IDPH Web site.
5. Syphilis bulletin - 07.21.06. This public health bulletin is an example of how education and information on proper investigation and follow-up actions are disseminated.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Assistance, information and resource referral is available through regional technical assistance.

PE2f-S - Assure that disease follow-up and outbreak management is available for local public health agencies.

Evidence:

1. State of Iowa After Action Report. The report demonstrates how the Center for Acute Disease and Epidemiology (CADE) assured that disease follow-up and outbreak management were available for the 2008 histoplasmosis outbreak at Terrace Hill in Des Moines.
2. Mumps Case Investigation Form. This is a sample of a blank mumps case investigation form. Investigation forms are available on all reportable diseases in the Epi Manual. The manual is online and accessible to local public health agencies.
3. Map of bio-emergency public health regional epidemiologists and the map of the regional disease prevention specialists. These two groups of regional staff members assist local public health staff with disease follow-up and outbreak management. The maps list the contact information and the counties that each serves.
4. Pertussis Outbreak Management Through Epidemiological Principles. The PowerPoint training for local public health agencies outlines the principles of an outbreak investigation and the process for disease follow-up and contact investigation.

5. 2007-2008 STD/HIV Outbreak Response Plan. The plan outlines the operational aspects of an STD/HIV outbreak and the epidemiological investigation. It includes the roles and responsibilities of the local and state staff due to the confidentiality of the diseases.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Management is available for local public health agencies in evidence #1 through #4. Evidence #5 states using STD, HIV Prevention Programs, IPP Programs, Family Planning clinics, etc. Local public health agencies are not listed in the evidence, would they be involved or notified of disease outbreak/follow-up if they do not operate the prevention program? Criterion lists local public health agencies.

PE2g-S - Conduct reportable disease follow-up investigations and disease outbreak investigation activities in accordance with state recommended resources.

State recommended resources include, but are not limited to: a) Iowa Department of Public Health (IDPH) EPI Manual; b) IDPH Foodborne Outbreak Investigation Manual; c) University Hygienic Laboratory (UHL) Web site; d) Iowa Disease Surveillance System; e) Communicable Disease Manual; f) Federal, state, local laws and ordinances; g) Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book); and h) Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) Web sites.

Evidence:

1. CADE Standard Operating Procedures. This is an example of a standard operating procedure (SOP) provided by the Center for Acute Disease and Epidemiology (CADE) for an outbreak investigation. The document is provided to local public health agencies to outline their role and responsibilities in the investigations.
2. Epi Manual. The manual is provided to local public health providers and available on the IDPH Web site to guide the follow-up and disease outbreak investigations for all reportable diseases. The manual is updated frequently with new information.
3. Reportable diseases cheat sheet for providers. The poster is a quick resource on what to do for all of the reportable diseases when one is detected.
4. HIV/AIDS Partner Counseling and Referral Services Policy. The policy outlines staff member responsibilities and the flow of communication during the course of a HIV/AIDS case investigation to assure consistent approaches to the investigations.
5. Public Health Bulletin - Syphilis. This is a sample of a public health bulletin provided by IDPH to medical providers and local public health agencies across the state, notifying them of an increase in a reportable disease and the recommended outbreak mitigation practices and mandatory disease investigation/follow-up.
6. STD Prevention Program Investigation Timeline Policy. The policy is designed to standardize the disease investigation process by the disease prevention specialists (DPS) and the Bureau of Disease Prevention and Immunization central office staff.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Reportable disease policies depict activities to be taken in accordance with state recommended resources. It is assumed the CADE-SOP and the EPI manual are the state recommended resources.

PE2h-S - Establish partnerships and work cooperatively with community partners on reportable disease and outbreak investigations.

Partners should include but not be limited to: a) other state health departments; b) local public health agencies; c) Federal Government (CDC, HHS, FDA, etc.); d) national health organizations (ASTHO, APHA, CSTE, etc.); e) UHL personnel; f) public/environmental health personnel; g) infection control practitioners; h) laboratorians; i) health care professionals; j) veterinarians; k) school nurses; l) academicians; m) child care providers; n) institutions (educational, long-term care, residential care, correctional facilities); and o) all other state agencies (e.g., Homeland Security, Inspections and Appeals, Department of Natural Resources, etc.)

Evidence:

1. Increase cases of cryptosporidiosis being reported across the state - 08.07. The memorandum to local environmental health officials and local public health agencies describes the partnership of local and state public health staff working together in an disease outbreak investigation.
2. Foodborne Illness Outbreak Manual. The Foodborne Outbreak Investigation Manual was developed in partnership with numerous organizations and specialists. This manual details the process of disease and outbreak reporting and investigation.
3. The Infectious Disease Advisory Committee (IDAC). IDAC, established in 2006, is comprised of statewide experts. These experts are in regular communication and can be called in at any time to offer advice on policy decisions during a pandemic or disease outbreak. The examples as evidence document the advisory committee's development during the pandemic flu planning and its membership. IDAC remains very active in providing guidance in policy planning within the department.
4. Iowa Healthcare Collaborative. IDPH is a stakeholder within this collaborative, providing expertise on public health topics. Dr. Quinlisk, the state epidemiologist, is very active in the subcommittees, and two nurse epidemiologists are in the beginning stages of participation within the infection control membership group.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - All evidence shows community partnership/collaboration. The crypto letter shows a cooperative partnership with local health officials. The manual is a cooperative effort. The IDAC states partnership with "entities." The evidence provided of the Iowa Health Care Collaborative is a web-site that does not address who are the stakeholders. Suggestion: Include meeting minutes listing IDPH staff in attendance.

PE2i-S - Evaluate the effectiveness of the investigation system and provide updates annually to partners.

Evidence:

1. Center for Acute Disease Epidemiology (CADE) Annual Report 2007. The report provides reportable disease information on infectious disease trends, county data, outcomes of disease outbreaks, and evaluation of the previous year. The report is for general use and available on the IDPH Web site (A-Z).
2. CADE Annual Report 2006. The report is reportable disease information for 2006.
3. Iowa Registry for Congenital and Inherited Disorders: 2007 Research Report. The document is a research report investigating potential causes of birth defects. The research results are compiled into this annual report and sent to state and local partners.
4. Iowa Department of Public Health Tuberculosis (TB) Control Program Interim Report 2008. The report documents research regarding TB transmission and control in Iowa. All local health departments in Iowa received this report.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

NOT MET - The evidence has the updates to partners in regards to what diseases are going on in the state, however, there is not a process to evaluate the investigation system. There is a reference in the TB Program's evaluation goal, "The goal of the evaluation is to determine the effectiveness of the Tuberculosis Contact Investigation System (TCIS) in improving the outcomes of contact investigations in Iowa. This evaluation will help determine which aspects of contact investigation have improved as a result of this reporting system and which need further attention." Evaluation of the investigation system was not located in any of the other evidence provided.

PE2j-S - Complete a lessons learned report following significant events.

Evidence:

1. Debriefing report: Hepatitis A in a food service worker - 07.08. The debriefing report from a disease outbreak investigation includes discussion of what went well, lessons learned, tools to be developed, and pertinent questions.
2. Lessons Learned in the Iowa Mumps Epidemic - 04.18.06. The lessons learned document was prepared following an outbreak of mumps in 2005. The report includes what worked and didn't work in surveillance, investigation, data management, and data analysis.
3. 2004-05 Influenza Vaccine Shortage: After Action Report and Lessons Learned. The report identifies issues/difficulties faced, recommendations and actions needed to address deficits, responsible agency, and action timeline.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Lessons learned are documented on significant events. More current data would present better evidence for this criterion (e.g., histoplasmosis). Was there another event after the 2004-2005 flu vaccine shortage? Maybe they are not considered as "significant."

PE2k-S - Develop and implement an improvement plan annually based on evaluation of the investigation system and lessons learned reports.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by:

NOT MET - No evidence provided.

PE2I-S - Assure that state public health department staff members are knowledgeable and trained in current practices in disease follow-up and outbreak management.

Evidence:

1. List of staff member trainings. The list documents the continuing education provided to the in-house and regional epidemiologists. National and state conferences are attended regularly to update their knowledge.
2. Council for State and Territorial Epidemiologists (CSTE) 2008 training agenda - 06.09.08. Five IDPH staff members (Megan Harris, Judy Goddard, David Massaquoi, Ann Garvey and Patricia Quinlisk) attended the CSTE national conference, joining other epidemiologists to network, share information, and learn ways to improve patient services.
3. Agenda and travel request for conference - 08.12.08. An agenda and travel document show the request for a state member's attendance at the Influenza Surveillance Coordinator Conference held in Atlanta, Georgia. The conference will provide the staff member with updated information on all new and emerging influenza issues.
4. Heartland National TB Center Training Course Descriptions. The course is an interactive skill-building program designed to improve the knowledge and skills of staff members who conduct contact investigation as part of their tuberculosis (TB) responsibilities. The goal of the course is to assist staff members in conducting appropriate and thorough contact and outbreak investigations in a culturally appropriate manner.
5. Travel Request M. Brown. The document is a travel request for one state staff member to attend the National TB Training in San Antonio, Texas. The training provides the staff member with the opportunity to become more knowledgeable about the tuberculosis disease epidemiology. Best practices were discussed at the conference, along with a chance to network with others in the same field.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

NOT MET - Trainings are documented. How do you assess if someone is more knowledgeable by attending a training/conference? Again, is there a requirement for continuing education for epi staff? Is there a competency for epi staff to measure their knowledge?

Standard PE3 - Provide and maintain measures to prevent and control the spread of infectious, communicable, and environmental diseases.

PE3a-S - Identify, design, and implement prevention and control measures for individuals, communities, and the environment.

Prevention and control measures should include, but are not limited to: a) public information and education; b) vaccinations/immunizations for children and adults; c) quarantine and isolation strategies; d) environmental health controls; and e) treatment guidelines.

Evidence:

1. Epi Fact Sheets. The Center for Acute Disease Epidemiology (CADE) has placed the disease fact sheets from the Epi Manual onto the IDPH Web site (A-Z). These are available to everyone and provide guidance in the care and prevention of many infectious diseases. The fact sheets are in the English, Spanish, and Bosnian languages.
2. West Nile IDPH Web page. The Web page provides information to individuals and specific populations and communities on prevention and control methods for the West Nile virus.
3. Healthy Child Care Iowa Web link. The Web link provides resources for disease prevention and control measures for child care providers.
4. IDPH Smoke-free Air Act Web page. The Web page provides information to communities, business owners, individuals and any interested party on the smoke-free air act. It also provides information on assistance in quitting tobacco for people who are interested.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The structure of the criterion is such that “individuals, communities and the environment “encompass who the measures are for and environment is one topical area that may be addressed. The semantics are awkward.

PE3b-S - Review, update, and distribute date-marked prevention and control measures to partners.

Evidence:

1. Epi Manual. The manual is provided to the local public health providers by CD and is also available on the IDPH Web site for individuals to use as needed. It is revised frequently when new information is present.
2. Information on disease prevention sent over the Health Alert Network (HAN) to partners. During the flood of 2008, fact sheets were sent over the HAN system to partners to assist with educating the public on disease prevention. This is one method of distributing date-marked disease prevention and control information to partners.
3. Epi Update - 10.10.08. The weekly communiqué keeps partners up-to-date in current epidemiological events. This issue includes a discussion of undercooked chicken, the rabies vaccine shortage, and flu shots for pregnant women.
4. Immunization Newsletter - October 2008. The quarterly newsletter published by the Bureau of Disease Prevention outlines the latest changes in the immunization program. This issue documents new childhood vaccines, the

importance of getting flu shots, the importance of teenage vaccinations, and encouragement of infants' first Hepatitis B immunization to be given at birth.

5. Pediatric Death Talking Points. The HAN health alert was distributed to the media, health care providers, and public health partners documenting requested action and preventive measures.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The term distribute makes it difficult to evaluate placing an item on the website unless evidence can demonstrate hits from partners. Consider a term such as disseminate or disperse.

PE3c-S - Provide technical assistance, epidemiological consultation, information, and resource referral to local public health agencies regarding disease prevention and control on federal, state, local laws and ordinances.

Evidence:

1. IDPH regional bio-emergency public health epidemiologists and regional disease prevention specialists job descriptions and maps. Regional bio-emergency public health epidemiologists and disease prevention specialists provide technical assistance and consultation to their local partners on disease prevention and control issues.
2. Epi Update - 10.10.08. The weekly communiqué is published by CADE and disseminated to a listserv and also available on the IDPH Web site, available to everyone. Partners are updated in the current epidemiology issues. This issue contains examples of information regarding disease prevention and control such as preventing infections in health care settings; preventing salmonella infections by properly and thoroughly cooking frozen chicken dishes; and the importance of flu vaccination during pregnancy.
3. Epi Manual. The manual is provided to local public health providers by CD and is also available on the IDPH Web site. Fact sheets with specific information on reportable diseases for disease prevention and control are included.
4. Foodborne Outbreak Investigation Manual - Chapter 10, Preventing & Controlling Outbreaks & Illness. The resource manual provides guidance for local public health agencies. Chapter 10 covers prevention and control measures and lists external resources for information on foodborne illnesses and outbreaks.
5. EPSDT Newsletter - Spring 2007. The newsletter is published by a collaborative partnership three times a year and is sent to offices and organizations providing Early and Periodic Screening, Development, and Treatment (EPSDT) services. This edition includes information on the current recommended vaccine schedule as well as information on recently developed vaccines for HPV, meningococcal meningitis, and rotavirus.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

NOT MET - The IDPH website shows state laws but did not reference federal or local laws and ordinances. The criterion stipulates that federal, state, local laws and ordinances are shown. This "not met" is caused by the wording of the criterion.

PE3d-S - Provide models to measure effectiveness of disease prevention and control interventions.

Evidence:

1. Centers for Disease Control and Prevention (CDC) evidence-based logic models. These models describe the five community-based HIV/STD programs in the Bureau of Disease Prevention and Immunization contracted with local agencies. Most programs have a pre and post test where data are entered into Evaluationweb to monitor results.
2. Mumps surveillance graph. The graph documents one part of the epidemiological model for disease prevention and control followed by IDPH. Any disease outbreak will have case surveillance, instill prevention methods, and monitor the course of the outbreak following the intervention. The graph demonstrates the case outbreak, vaccinations given, and the case numbers dropping due to the control method.
3. Iowa Youth Tobacco Survey. The survey is completed every two years by high school and middle school students to determine if the tobacco cessation strategies (disease prevention) used by IDPH are effective. Questions in the survey come from the CDC evidence-based model.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - Evidence #1 and #3 stand alone as documentation of this criterion. Evidence #2 works when incorporated with the description on the cover sheet but would not stand alone as evidence.

PE3e-S - Serve as surge capacity for local public health agencies directly involved in outbreak control.

Evidence:

1. IDPH regional bio-emergency public health epidemiologists and regional disease prevention specialists job descriptions and maps. Bio-emergency public health epidemiologists and regional disease prevention specialists provide technical assistance and consultation to their local regional partners regarding disease outbreaks, and provide surge capacity to assist in the management of the disease outbreak as needed by the local community.
2. IDPH Press Release: Restaurant Patrons Warned of Possible Hepatitis A Exposure. During a Hepatitis A outbreak that occurred in Des Moines County during July of 2008, the department provided support to prevent and control the spread of disease by developing clinic materials for the local public health agencies. These agencies did not feel they had the capacity or expertise to prepare these materials.
3. ECC Communication. The department's Emergency Coordination Center (ECC) documented communication and support for local public health agencies directly involved in the 2006 mumps outbreak.
4. IDPH Incident Management Structure-Command and Control. The PowerPoint outlines the department's staffing assignments to support the local public health agencies directly involved in the 2006 mumps outbreak.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The evidence provided a sense of capacity available but was weak in identifying that it was used as surge for local health agencies.

PE3f-S -Assure that training in prevention and control of infectious, communicable and environmental diseases is available for local public health agencies.

Evidence:

1. Prepare Iowa, Learning Management System. Local public health agencies were introduced to this system at the 2007 Public Health Conference. This learning system has many core public health competencies trainings, such as environmental health and epidemiology. The training is completed on-line by the individual.
2. Disease Epidemiology and Prevention XII - Fall 2007 brochure. The brochure from the fall of 2007 covered current prevention and control of infectious, communicable and environmental diseases. The training was offered in six cities in Iowa. The Center for Acute Disease Epidemiology (CADE) provides this comprehensive training in epidemiology every fall for local public health staff members.
3. Iowa Immunization Conference: Immunize for a Better Life – 06.07.07. The conference covered current methods of preventing and controlling infectious and communicable diseases through immunization. The training was offered to local public health agencies.
4. Vaccine University. This training on the storage and handling of vaccines was held July-August of 2008 at 12 sites across Iowa. The training in the prevention and control of infectious and communicable diseases was offered to local public health agencies. Notification of the training was announced in the IDPH communique' Immunization Update July issue. The training was also listed on the IDPH training calendar on the IDPH Web site.
5. IDPH Tuberculosis Web site. The Web site is an example of reportable disease information local public health agencies can access on the IDPH Web site. This site details how the department provides consultation and training in the prevention and control of infectious tuberculosis.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The evidence provided fully met this criteria for Standard PE3.

PE3g-S -Provide clear, culturally appropriate, timely, and effective education, information, and consultation about prevention, management, and control of communicable diseases to the public and health care community.

Evidence:

1. Make Healthy Choice for You and Your Family brochure (in English and Spanish). The brochure demonstrates how IDPH provides culturally appropriate information in an attractive and easy-to-understand manner that reaches the target audience of busy mothers.
2. Hepatitis B vaccination brochure (in English and Laotian). The brochure demonstrates the targeting of audiences for appropriate health messages. Because the incidence of Hepatitis B is greater in Asian lowans and because of the growing Southeast Asian population, this brochure was translated from English into Laotian.
3. Protect Your Child from Lead Poisoning with Food Safety and Nutrition brochure (in English and Spanish). The brochure, produced by the Women, Infants and Children (WIC) program, demonstrates the capacity to reach a

targeted audience (mothers) with a targeted message (lead poisoning). The brochure was translated into Spanish as the Hispanic population has been more affected by lead poisoning in Iowa.

4. Influenza fact sheet - in Spanish. This example is a fact sheet posted on the IDPH Web page dedicated to Spanish-language documents. A link to this Espanol page is found on the home page of IDPH's Web site. Many of the reportable disease fact sheets are available here in Spanish.
5. Spanish language radio public service announcement. This is a screenshot of an e-mail between the IDPH and the manager of the Des Moines Spanish-speaking radio station, La Ley, regarding the broadcast of a Spanish language public service announcement (PSA) of an upcoming substance abuse recovery event. The PSA itself follows the e-mail and demonstrates efforts to deliver important health messages in a culturally appropriate way.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The criterion for this standard has six different components about three strategies for two different audiences. This leads to 36 different possibilities. Suggestion: Consider dividing the desired deliverables. Additionally, the criterion challenges you to demonstrate evidence for terms such as "effective education" and "timely."

PE3h-S - Evaluate the effectiveness of the prevention and control measures annually.

Evidence:

1. Center for Acute Disease Epidemiology (CADE) program profile. The document, part of the annual report sent to local public health agencies, legislators, and available to the general public on the IDPH Web site, documents goals for prevention and control measures and CADE's progress in meeting these goals. The profile is updated annually.
2. 2008 Public Sector Immunization Assessment. The assessment report is completed annually to evaluate the effectiveness of the activities of the vaccine for children program. Percentage of 2-year-old children fully immunized is assessed each year to evaluate the effectiveness of the prevention and control measures.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

NOT MET - The evidence provides data goals and progress information but lacks an evaluation of effectiveness as called for in the criterion.

PE3i-S - Develop and implement an improvement plan annually based on evaluation of the prevention and control measures.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No evidence provided.

PE3j-S - Assure that state public health department staff members are knowledgeable and trained in current practices to prevent and control infectious, communicable and environmental diseases.

Evidence:

1. List of staff member trainings. The list documents the continuing education provided to the in-house and regional epidemiologists. National and state conferences are attended regularly to update their knowledge.
2. Council for State and Territorial Epidemiologists (CSTE) 2008 training agenda - 06.09.08. Five IDPH staff members (Megan Harris, Judy Goddard, David Massaquoi, Ann Garvey and Patricia Quinlisk) attended the CSTE national conference, joining other epidemiologists to network, share information, and learn ways to improve patient service delivery.
3. Prepare Iowa, Learning Management System, and the Public Health Conference 2007. The learning system contains many core public health competency trainings such as environmental health and epidemiology. The training is completed on-line by the individual. Employees are expected to continue self-learning by taking the courses recommended for their job roles. The system was introduced to participants at the annual Public Health Conference 2007, along with other learning opportunities on public health matters.
4. Fall 2008 Environmental Health Regional Meeting and training on foodborne disease outbreaks. The two trainings document environmental staff member training on environmental diseases.
5. Travel Request M. Brown. The document is a travel request for a state staff member to attend the National TB Training in San Antonio, Texas. The training provided an opportunity for the staff member to become more knowledgeable about tuberculosis (TB) disease epidemiology. Best practices were discussed at the conference and provided an opportunity to network with others in the same field.

Divisions work together to accomplish this criterion by: Many divisions work together during the different phases of the epidemiology process: ADPER (epidemiologists and public information officers), EH (environmental health specialists), HPCDP (RCHC supporting local public health), and the state laboratory.

MET - The evidence lacked demonstration of knowledge. Gaining access to the LMS allowed viewing of courses completed that require testing of the staff involved. A photocopy of a person's after training test would have been beneficial.

Protect Against Environmental Hazards (EH)

The control of environmental and sanitary living conditions is a foundation of public health practice. Protect Against Environmental Hazards Standards focus the need for the public health system to have established procedures in place for monitoring and controlling sanitary living conditions. The standards emphasize the importance of monitoring environmental conditions of risk and enforcing health rules and regulations that minimize or eliminate those risks.

Overview

Of the 22 criteria within the Protect Against Environmental Hazards Standards, 14 criteria were met and eight were not met based on the evidence provided. The criteria that were not met were EH1a, EH1b, EH1c, EH2b, EH2g, EH3a, EH3e, and EH3f.

Strengths of the Protect Against Environmental Hazards Standards were the: 1) excellent relationships between local and state environmental health staff; and 2) availability of resources, trainings and orientation for local environmental health staff.

Suggestions for strengthening the Protect Against Environmental Hazards Standards include: 1) establishing stronger relationships with partner agencies at the state and local level to decrease the fragmentation of environmental health services; 2) developing a comprehensive environmental health data management system; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Protect Against Environmental Hazards Standards

Environmental Hazards		Total
# Criterion	22	218
# Met (%)	14 (63.6%)	166 (76.1%)
# Not Met (%)	8 (36.4%)	52 (23.9%)

Standard EH1 - Provide comprehensive environmental health services.

EH1a-S - In coordination with other key state agencies, establish minimum inspection criteria for core and supplemental environmental health services.

The inspection criteria will be published in the form of checklists, brochures, procedure manuals, Web sites, etc. for distribution to local programs.

Evidence: There is no evidence found to support this criterion.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No evidence supplied. From the interviews with local public health officials, EH programs are fragmented at the state and local levels. Additionally in the phone conversation with a local EH official, there is fragmentation of EH from PH (e.g., hospital contract) for the community. Iowa has some comprehensive EH approaches that are not mentioned (e.g., Healthy Homes program funded through a CDC Capacity Building Grant, EPA CARE Grant to Cerro Gordo County, Community EH Assessment using PACE EH approach funded through CDC to Linn County and an EHS-Net grant through CDC EHSB).

EH1b-S - In coordination with other key state agencies, establish minimum components for local policies and procedures that are consistent with the requirements of EH1c-L.

The minimum components will be published in the form of checklists, brochures, procedure manuals, Web sites, etc. for distribution to local programs.

Evidence:

1. Foodborne Outbreak Investigation Manual--Chapter 1. Chapter 1 provides acknowledgments of the manual's authors, including collaboration between the Environmental Health Bureau, the Center for Acute Disease Epidemiology, and the Iowa Department of Inspection and Appeals. The manual's purpose is to guide public health agencies and staff members through a foodborne illness and outbreak investigation and assist with prevention and control measures.
2. How to Write Policies and Procedures for Local Environmental Health Departments. The publication was developed with a Centers for Disease Control and Prevention grant to provide local environmental health departments with enough information to develop policies and procedures for their specific local programs. Boone, Taylor and Scott counties allowed the use of their policies and procedures for the process.
3. Bio-preparedness Grant Activities Let's Get Going--Fall 2008. The PowerPoint presentation addresses a plan for local collaboration to develop policies, procedures, tools, and materials. The presentation provided statewide examples of responding to disasters that have environmental health impacts.

Divisions work together to accomplish this criterion by: Individual department divisions and bureaus work together providing expertise and resources as appropriate.

NOT MET - The first example is a Supplemental Service and not a Core EH Service. Evidence #2, "How to Write Policies and Procedures" doesn't show the criterion language EH 1c-L, which includes complaint handling, inspection requirements, etc.

EH1c-S - Standardize local environmental health specialists on the core and supplemental environmental health services.

Evidence:

1. New Sanitarian Orientation Training agenda - 05.21.07. The agenda documents an overview of environmental programs for new sanitarians. The training provides a core understanding of program expectations.
2. List of participants attending the new sanitarian orientation training - 05.21.07. The list documents participant attendance at the new sanitarian training representing 16 agencies/counties.
3. 2008 Fall Regional Meetings for Environmental Health. Meetings are held each fall in six regions of the state to update local environmental health staff members on program information and new environmental health issues. Training covers public health nuisances, new Environmental Protection Agency (EPA) regulations, resources, and rule updates.
4. Letter to local environmental health contractor re: annual review results. The annual review process by the IDPH for swimming pool and spa inspection contracts is a tool to assure standardization of the inspection process.
5. Save-the-Date notice – 05.21.08. The Essentials for Healthy Homes Practitioners Training provides program staff with standard core information in providing program services.

Divisions work together to accomplish this criterion by: N/A

NOT MET - Good initial training is supplied for new practitioners. The evidence mentions external pool program review. Is this done in all program areas? Could peer review/sharing best practices be done across counties/regions? Could deviation from norm measures be constructed? A local EH official mentioned local forms being used. Standard forms from the state level would help drive standardization.

EH1d-S - Provide consultation, technical assistance, and resource referral on the delivery of environmental health services.

Evidence:

1. Local Board of Health Environmental Health Program Profile. The program profile shows the technical assistance and consultations provided by the state environmental staff members to local boards of health and local environmental health staff members.
2. E-mail containing an update on Cryptosporidiosis and recreational water exposures. The updated information on available resources to assist in the investigation of the recreational water illnesses was distributed to local environmental health specialists via an e-mail listserve.
3. Memo announcing a new resource, the Pool Inspector Contact List. The memo was distributed to local disease follow-up nurses regarding a new resource available to assist in the investigation of recreational water illnesses.
4. Foodborne Illness Investigation Manual. Chapter 8 of the manual provides guidance on conducting the environmental component of an outbreak investigation.

5. Bureau of Environmental Health (EH) Directory. The directory covers the Division of Environmental Health staff members' contact information by program.

Divisions work together to accomplish this criterion by: The Center for Acute Disease Epidemiology and EH work together in disease outbreaks or investigations as many are linked to environmental causes.

MET - It appears from the evidence that there are good working relationships between the state EH office and the local EH officials in the areas of consultation, technical assistance, and resource referral. Are these assistance request answers kept in a library or on the website FAQ's for others to access?

Standard EH2 - Monitor for environmental health risks and illnesses.

EH2a-S - Establish criteria for data collected by local environmental health programs.

Evidence:

1. Foodborne illness complaint form with instructions. The form is used by state and local public health programs and the Iowa Department of Inspection and Appeals to collect data from individuals calling to report a possible foodborne illness. The form was developed through the Environmental Health Specialist-Network project (EHS-Net). EHS-Net is a multi-state Centers for Disease Control and Prevention (CDC) collaborative project focused on food safety.
2. Pool, Tattoo, and Tanning Policies and Procedures presentation. Slides 4-9 of this PowerPoint presentation outline the data measures collected as required in the grants-to-counties contracts to conduct pool, tattoo, and tanning establishment inspections. This training was presented to local public health agencies during the 2007 Environmental Health Fall Regional Meetings.
3. Pediatric Environmental Home Assessment (PEHA) and the Community Environmental Health Resource Center (CEHRC) Visual Survey Materials. The two data collection tools are used by the Iowa Healthy Homes Initiative program within IDPH.
4. Swimming Pool/Spa Inspection Report. The inspection form includes all data to be collected when doing swimming pool and spa inspections.

Divisions work together to accomplish this criterion by: The Division of Environmental Health and Center for Acute Disease Epidemiology collaborate on all aspect of foodborne disease surveillance, follow-up, and control, including an ongoing effort to facilitate consistent foodborne illness complaint data collection.

MET - Evidence supported criterion.

EH2b-S - Create Web-based databases for environmental health programs administered by the state public health department.

Programs such as pool/spa, tattoo, and tanning.

Evidence:

1. Screenshot of the Bureau of Oral Health's Iowa water fluoride database. The database can be searched by county or region to determine the current status of water fluoridation in Iowa.

Divisions work together to accomplish this criterion by: N/A

NOT MET - Only one example - water fluoridation - is given as evidence. A robust web-based EH data system for all programs would ensure compliance with this Standard and a several other Standards.

EH2c-S - Monitor research on environmentally related diseases and provide summary to local environmental health programs on current issues.

Evidence:

1. The HazMat Quarterly. The publication is produced quarterly by the IDPH in cooperation with the Federal Agency for Toxic Substances and Disease Registry. It contains information on emergency chemical releases and associated injuries that have occurred in Iowa during the respective quarter. It is available on the IDPH Web site (A-Z, Hazardous Wastes).
2. CARHI Progress Final Report - 10.01.07. The Comprehensive Assessment of Rural Health in Iowa (CARHI) progress report lists the publications and memos involving research that has been released by the program.
3. Geocoding Accuracy and the Recovery of Relationships between Environmental Exposures and Health - 06.28.07. The document is one of the published papers from the CARHI project that speaks to the use of geocoding as related to health outcomes.
4. Radon Testing of Various Countertop Materials: Final Report. This research publication is relevant to identifying sources of radon that may be present in a home. The report was made available to local public health agencies.
5. Mercury Spills and Methamphetamine Lab Cleanup - the Role of Environmental Health - Fall 2008. The PowerPoint presentation was delivered to environmental health specialists at the 2008 Environmental Health Fall Regional Meetings highlighting the latest research on methamphetamine lab cleanup and the practical application on the local level.

Divisions work together to accomplish this criterion by: Divisions share pertinent research reports and actively monitor issues on a national, state and local basis. This research is disseminated to local public health agencies by way of the Internet, face-to-face meetings and e-mailed reports.

MET - Should the EHS Net research projects be included as evidence?

EH2d-S - Inform local environmental health programs of data sources available at the state and federal level.

Evidence:

1. Comprehensive Assessment of Rural Health in Iowa (CARHI) information letter sent to Dr. Kraus - 05.26.05. This is an example of the letters sent to local health care providers to inform them of the CARHI project, and how to become involved. The project goal is to link health encounter data to environmental exposure data.
2. Update on the Carroll County Well Sampling Project - 09.16.08. The report was presented to the Carroll County Board of Health to update the board on the project's progress and preliminary data.
3. Hazardous Substances Emergency Events Surveillance System (HSEESS) and related Web site links. The HSEESS is a state-based surveillance program funded by the Federal Agency for Toxic Substances and Disease Registry (ATSDR). The system's purpose is to describe the public health consequences associated with the release of hazardous substances and to reduce morbidity and mortality resulting from these releases. The links listed on this Web page lead to information from the various federal agencies.
4. Bureau of Oral Health Web page. The IDPH Web page provides a link to a database listing the fluoride levels of all public water supplies in Iowa.

Divisions work together to accomplish this criterion by: All divisions routinely inform local environmental health programs of data sources, either by e-mail, letters or making such links public on the IDPH Web site.

MET - Suggestion: Maybe seek funding through CDC as an EH Tracking state to enhance the data sources?

EH2e-S - Identify technical resources relating to environmentally based health concerns.

Technical resources such as research articles, health registries, Web-based resources (e.g., Epi-Manual, Environmental Protection Agency (EPA), and Centers for Disease Prevention and Control (CDC)), professional associations, etc. Local programs can use this information to determine health risks and/or other concerns.

Evidence:

1. Swimming pool and spa program on the IDPH Web site (A-Z). The Web site includes rules, resource information, and forms regarding the pool and spa program. Other environmental program information is on the IDPH Web site under each specific program.
2. Flood-related fact sheets. Flood-related fact sheets for health departments, health professionals, and the general public provide information on disease precautions. This is another source of information found on the IDPH Web site.
3. Toxicology Manual. The manual contains various fact sheets on chemicals and potentially toxic substances to educate the public on the health effects from exposure to toxic substances in the environment. The fact sheets include information on the uses of these chemicals, sources of exposure in Iowa, the human health effects of short-term or acute exposure to large amounts of these chemicals, the human health effects of long-term or chronic exposure to small amounts of these chemicals, and methods to protect individuals from exposure.
4. List of radon mitigation specialists by county. The list documents Iowa-credentialed, radon-mitigation specialist contacts by county.

5. Listserve message from Bureau of Environmental Health. The 08.22.08 Epi Update contained current information on bat related rabies exposure and information on acquiring rabies vaccine during the current shortage. The resource was forwarded to the environmental health e-mail listserv where current environmental issues are communicated.

Divisions work together to accomplish this criterion by: ADPER and EH work closely together on disease prevention issues.

MET - Are there any University resources that could be tapped as EH Technical Resources? None are mentioned as evidence.

EH2f-S - Provide consultation, technical assistance, and resource referral on environmental health risks and illnesses.

Evidence:

1. Environmental program profiles. The profiles document the activities of four IDPH programs that help protect the environment. The profiles also document the number of TA/consultations provided along with trainings.
2. Foodborne Outbreak Investigation Manual. Chapter 10 of the manual offers guidance and resources to investigators on instituting appropriate prevention and control measures related to outbreaks of foodborne illnesses.
3. 2008 Environmental Health Fall Regional Meeting agenda. The fall regional meetings are a series of meetings held with the local environmental health staff in the six regions of the state. The agenda lists the topics to be discussed at the meeting.
4. Hazardous Waste Site Assessment - Web page. The Hazardous Waste Site Health Assessment Program staff evaluates the risks to human health from exposure to hazardous waste sites or sites where chemical contamination or releases to chemical contamination have occurred. Program staff prepares written assessments and consultations of risks to the community and recommendations for reducing or eliminating exposure to those environmental risks. The information is found on the IDPH Web site (A-Z).
5. Environmental fact sheets. The four fact sheets are examples of guidance given to individuals on the risks associated with each of the issues. These are available on the IDPH Web site.

Divisions work together to accomplish this criterion by: Divisions work together on common issues.

MET - The state EH office appears to make every effort to provide needed consultation, technical assistance and resource referrals to the local EH practitioners.

EH2g-S - Establish environmental health indicators to measure the impact of state and local environmental health programs.

Refer to criteria CA2a-S regarding indicators for all public health.

Evidence:

1. Occupational Health Indicators: A Guide for Tracking Health Conditions and Their Determinants - 03.08. The document produced by the Council of State and Territorial Epidemiologists (CSTE) is intended to provide guidance to states for generating occupational health indicators for the years 2003 – 2006. The IDPH Occupational Safety

and Health Program uses these indicators to track occupational health conditions. Indicators 9-13 relate to environmental illnesses associated with certain occupational exposures.

2. Occupational health indicators in Iowa 1998-2005. The table lists the reported annual numbers for each occupational health indicator tracked in Iowa. Indicators 9-13 relate to environmental illnesses associated with certain occupational exposures.
3. Occupational health indicators in Iowa compared to the United States (US) - 2000 to 2005. The table shows annual numbers for each occupational health indicator tracked in Iowa compared with the 2000 indicator estimates for the US. Indicators 9-13 relate to environmental illnesses associated with occupational exposures.

Divisions work together to accomplish this criterion by: N/A

NOT MET - These evidence documents seem to relate to Occupational Health and not Environmental Health. A comprehensive web-based EH data management system would allow some measurement of EH program impact.

Standard EH3 - Enforce environmental health rules and regulations.

EH3a-S - Enforce regulatory and contractual requirements placed on local environmental health programs.

Evidence:

1. Letter from IDPH to a local environmental health contractor. The letter notifies the Clarke County Board of Health of its contract compliance for swimming pool and spa inspections. The annual inspection ensures the regulatory and contractual requirements with IDPH for swimming pool and spa inspections are fulfilled by code.
2. Grants to Counties On Site Review Checklist of Program Contract and Activities. The on-site review checklist is used to conduct on-site inspections/audits of local environmental health agencies that participate in the Grants to Counties Program. The review includes areas of organizing and storing records, use of funds within contract requirements, proper use of the Iowa Department of Natural Resources (DNR) private well tracking system for data collection, and proper oversight of the agency's activities (site inspections, permits, collection of fees, use of contractors, and reimbursement practices).

Divisions work together to accomplish this criterion by: Divisions share experiences in developing contractual relationships with local health partners to assist with enforcement and monitoring of expectations and requirements.

NOT MET - The evidence shows the pool program which is a supplemental program. Are there auditing processes for Core EH programs? Again, it appears that a web-based system would allow review of financial, inspection records and other contractual details. No evidence was supplied about how enforcement is applied if contractual arrangements are not met.

EH3b-S - Provide consultation and technical assistance on environmental health regulations.

Evidence:

1. Division of Environmental Health program profiles. The four program profiles document the technical assistance and consultations provided by program staff.
2. Bureau of Environmental Health Web page. Rules and regulations for each IDPH environmental program can be accessed on this Web page.
3. Notice of change in federal law to contractors by the IDPH. The departmental notice to public pool owners/operators and local environmental health inspectors is in regard to federal law changes to pool and spa equipment requirements.
4. Two e-mail staff member correspondences. These two e-mail exchanges are examples of consultations by environmental staff members on regulatory issues.
5. Mindy Uhle Performance review - 08.09. One criterion for environmental health staff members performance includes providing consultation and technical assistance to local environmental health programs.

Divisions work together to accomplish this criterion by: N/A

MET - It appears excellent support is given from the state to the local EH practitioners.

EH3c-S - Review and update program regulations and fees every five years.

Evidence:

1. IDPH listing of Iowa Administrative Code (IAC) chapters. The list documents when the IDPH IAC chapters were last reviewed and updated. The department has been on an eight-year-cycle. Starting in FY2009 the department will review all code chapters within a four-year cycle.
2. IDPH FY2009 Regulatory Plan. The plan documents the IAC chapters that will be reviewed and updated for FY2009.
3. IDPH Profile Request. The request to the Iowa legislature is related to changes in the Iowa Code now that the IDPH's mammography program is an approved Food and Drug Administration (FDA) accrediting body and certification agency. The rule changes needed to include the FDA's program criteria as it relates to the radiation machine. The changes were identified as part of an annual bureau-wide review of all administrative rules.
4. Rule and fee changes for the radiation and radiological materials programs. The document shows rule changes for the radiation and radiological materials program beginning with the notice of intended action to becoming part of administrative rules. The change in fee schedule is also attached.
5. Tattoo meeting agenda - 09.08.08. The division is in the process of revising/updating the rules for tattoo artists and establishments. This is part of a rotating bureau process of updating rules.

Divisions work together to accomplish this criterion by: N/A

MET - Has a spreadsheet of locals fees been created? As the financial stresses increase, the spreadsheet could help counties seeking to increase fees, and thus improve program revenues.

EH3d-S - Conduct inspections and investigations, and follow-up to verify compliance with appropriate rules and laws.

Evidence:

1. Grade "A" Milk Program. This is a nationally-mandated program that dictates the process for assuring safe and wholesome milk. The program documents are revised via the National Conference on Interstate Milk Shipments (NCIMS) every odd year, printed by the Food and Drug Administration (FDA), and adopted by reference into state law. A review and re-certification of Iowa's milk producers are conducted by the FDA every three years. Certifications of a milk sanitation rating officer and a milk sampling surveillance officer are included.
2. Pool and spa inspection letters. These two letters are examples of the enforcement of the pool/spa design rules. These letters document problems found by inspections and a correction plan for re-inspection.
3. Iowa Mammography Program's list of inspections conducted January through March 2008. The document contains the mammography program's standard operating procedures that follow FDA requirements. The inspection list for January through March 2008 is on page 24.
4. Radioactive Materials Program Evaluation Report. The four-year evaluation by the U.S. Nuclear Regulatory Commission (NRC) on the Iowa Radioactive Materials Program showed compliance with all requirements.

Divisions work together to accomplish this criterion by: N/A

MET - Evidence supported criterion.

EH3e-S - Annually document number of inspections and investigations conducted.

Evidence:

1. Annual totals for milk certification inspections. The table documents the number of milk program inspections conducted by year and the inspection type.
2. Radiological Health Bureau Audit 2006. The Bureau of Radiological Health 2006 audit includes documentation of the number of inspections conducted by all programs in the bureau.
3. Monthly mammography progress report. The mammography program's monthly progress report documents the number of inspections and outcomes conducted by bureau staff.
4. Inspections by the lead program. The two documents include a table of the inspection activity for FY2008, and data from an Environmental Protection Agency (EPA) grant on different inspections completed by the program.

Divisions work together to accomplish this criterion by: N/A

NOT MET - The evidence only has a few program examples and does not include all of the EH programs. A web-based data management system would allow IDPH to meet this criterion.

EH3f-S - Annually document number of resolved and unresolved cases.

Evidence:

1. Mammography Monthly Progress Report. The mammography program's monthly progress report shows the number of inspections conducted and the outcomes including documentation of close-out.

Divisions work together to accomplish this criterion by: N/A

NOT MET - There is only one example given for mammography. A data management system would allow IDPH to pull up unresolved cases when questioned by state legislators, or when assigning excess work loads for example.

Standard EH4 - Assure a competent environmental health workforce.

EH4a-S - Provide in-person orientation on the programs referenced in Standard EH1 within 45 days of hire of an Environmental Health Coordinator/Supervisor.

Evidence:

1. E-mail to a new sanitarian. The e-mail from the bureau chief of the Bureau of Environmental Health Services to a new staff member regarding a sanitarian visit is evidence of in-person orientation within 45 days of the hire date.

Divisions work together to accomplish this criterion by: N/A

MET - Only one example given which is an email to a new supervisor. Is there any evaluation of coordinator performance at a later date before a yearly performance review for early correction of supervisory issues?

EH4b-S - Provide regular environmental health issue updates to local environmental health programs.

Updates should be incorporated into a format such as the EPI Update and the Iowa Department of Public Health Legislative Update.

Evidence:

1. The Recirculator - August 2008. The electronic newsletter is disseminated to pool operators and local environmental health workers monthly. It provides ongoing communication of current issues within this program and education opportunities.
2. Foodborne Outbreak Investigation Multi System Education Program - agenda. The proposed agenda documents ongoing educational efforts for environmental health specialists to demonstrate the importance of working with multiple systems in a foodborne outbreak investigation (e.g., epidemiologists and the Department of Inspections and Appeals). The presentation was included in the 2008 Environmental Health Fall Regional Meetings.
3. Rabies Q&A for the 2008 fall meetings. The rabies educational information from the Center of Acute Disease Epidemiology (CADE) was included in the 2008 Environmental Health Fall Regional Meetings.

4. E-mail response to an information request. The e-mail was sent to the environmental health specialists/public health departments listserve used routinely to disseminate information to stakeholders. The fact sheet follows on methods of properly disposing of unused or outdated pharmaceuticals.
5. 2008 Environmental Health Fall Regional Meetings - brochure. The Division of Environmental Health holds an educational meeting every fall in each of the six state environmental health regions. Many programs within the division provide current updates on program information.

Divisions work together to accomplish this criterion by: To provide the most comprehensive program updates, bureaus sometime overlap and work together on common issues.

MET - Excellent updates from the state to the local level.

EH4c-S - In coordination with other state agencies and professional organizations, identify training on technical skills and core competencies.

Evidence:

1. Environmental Public Health Leadership Institute. The Environmental Public Health Leadership Institute (EPHLI) identifies, trains, and assists in the development of environmental public health leaders. Each year, the institute enhances the leadership and problem-solving skills of approximately 30 environmental public health practitioners. With these enhanced skills, practitioners are better able to anticipate, recognize, and respond to environmental health threats.
2. Essentials for Healthy Homes Practitioners - brochure. The training program, recognized by the National Environmental Health Association, was provided by external staff from Kansas City, Missouri and provides the opportunity to take the Healthy Homes Specialist credentialing exam.
3. On-site Wastewater Training Center 2008 schedule. The 2008 training schedule focuses on the technical aspects of the wastewater program, starting with basic 101. This is a collaborative training with environmental specialist entities as Department of Natural Resources (DNR) and the USDA Rural Development.
4. Integrated Food Safety Information Delivery System Web site. The Web site posts the code, rules, and training required for food establishments. Training resources for the food workers and inspectors provide guidance for the protection of the public.

Divisions work together to accomplish this criterion by: N/A

MET - Evidence supported criterion.

EH4d-S - Assure that local environmental health training needs are met.

Assure training for local public health staff and service providers, including emergency management administrators (EMAs), Haz-Mat teams, etc.

Evidence:

1. Recognition letter for Division of Environmental Health on "No or Low-Cost Continuing Education" Program. IDPH received national recognition in 2006 for the environmental health continuing education program. IDPH, through a

collaboration with state and local public health partners and professional organizations, organizes and/or provides quality continuing education opportunities for local environmental health professionals. Orientation for new hires is offered annually by IDPH at no charge to local programs. This orientation program introduces new hires to water safety, wastewater systems, food safety, laboratory use, nuisances, and other public health programs to demonstrate best practices and identify key contacts that attendees can use as resources in their career. In addition to the assistance IDPH provides, IDPH can connect new staff members with other environmental health programs to arrange job shadowing as a "real time" training program to learn best management practices.

2. Save the date: 2008 Fall Meeting for Environmental Health. Each fall the Division of Environmental Health (EH) hosts meetings throughout EH's six regions of the state. Presenters from each of the division's three bureaus, the state toxicologist, and the division director provide program updates and discuss new environmental health issues.
3. Recreational water illnesses trainings. Two Iowa Communication Network (ICN) training programs were held to review lessons learned from prior recreational water illness outbreaks and prepare for the current recreational water season. The second training was specifically for aquatic facilities.
4. Prepare Iowa Learning Management System (LMS). The LMS is available to state and local public health staff members to provide Web-based competency training on core public health services. One core competency is environmental health. The program provides recommendations for other trainings to enhance staff members' knowledge.
5. Radon Program Annual Report 2008. The radon program annual report includes a summary of the training and continuing education programs conducted or attended by radon specialists from around the state

Divisions work together to accomplish this criterion by: N/A

MET - There appears to be an array of training given by state staff. Has there been a survey of local and state EH workforce training needs?

EH4e-S - Assure state environmental health staff members meet the requirements of EH4a-L through EH4c-L.

Evidence:

1. Division of Environmental Health staff meeting minutes - 12.12.07. The meeting minutes include a discussion of the division director's expectations for staff members' continuing education requirements.
2. Health Physicist 2 Performance Evaluation. The example of a health physicist performance evaluation demonstrates key competencies including the continuing education requirements.
3. Environmental health staff member performance evaluation - 11.30.07 to 11.29.08. Continuing education requirements for state environmental health staff members are assured through the annual performance review process.

Divisions work together to accomplish this criterion by: All divisions have continuing education requirements to assure staff are fully qualified for their job positions.

MET - Evidence supported criterion.

Prevent Injuries (IN)

Intentional and unintentional injuries are a serious public health problem in Iowa. Injuries often result in trauma, loss of independence, lifelong disabilities, or death. Under the Prevent Injuries Standards, local and state public health will monitor injury trends, provide leadership with community partners to focus on injury prevention, and coordinate prevention strategies.

Overview

Of the eight criteria within the Prevent Injuries Standards, five criteria were met and three were not met based on the evidence provided. The criteria that were not met were IN1c, IN2c and IN2d.

Strengths of the Prevent Injuries Standards were the: 1) collection of data on a wide range of injuries; 2) excellent focused statewide injury prevention activities; and 3) strong public information pieces regarding injury prevention.

Suggestions for strengthening the Prevent Injuries Standards include: 1) providing more evidence of technical assistance to local public health agencies; and 2) citing the source(s) for evidence-based practice.

Outcomes of the Prevent Injuries Standards

Prevent Injuries		Total
# Criterion	8	218
# Met (%)	5 (62.5%)	166 (76.1%)
# Not Met (%)	3 (37.5%)	52 (23.9%)

Standard IN1 - Monitor for intentional and unintentional injuries.

IN1a-S - Assure availability of statewide intentional and unintentional injury data to the extent that privacy and confidentiality are maintained where required.

State will use stakeholder input to identify statewide injury data.

Evidence:

1. Bureau of Health Statistics Web page. The Center for Health Statistics annually publishes Vital Statistics in Iowa and the Vital Statistics in Brief. These publications contain statewide and local intentional and unintentional injury data for the number/rate of suicides, firearm deaths, unintentional drowning, unintentional poisonings, and unintentional deaths. The publications are available in hard copy or on the IDPH Web site.
2. Child Death Review Team IDPH Web page. The Iowa Child Death Review Team reviews all records pertinent to the deaths of children ages 17 and younger and recommends legislative and public initiatives/changes to reduce or prevent such deaths in the future. The team is composed of 14 members representing a broad spectrum of medical, legal and social disciplines and seven liaisons from state government departments. An annual report is available providing child death data.
3. Iowa Crash Outcomes Data Evaluation Web Link and report. The Crash Outcome Data Evaluation System (CODES) is a component of the National Highway Traffic Safety Administration's (NHTSA) State Data Program. CODES links crash records to injury outcome records collected at the scene, en route to the hospital by EMS, by hospital personnel after arrival at the hospital, and/or the time of death documented on the death certificate. CODES is the only source of real-world statewide crash outcome data that can routinely support traffic safety decisions.
4. Intimate Partner Violence in Iowa - results from the 2005 Iowa Behavioral Risk Factor Surveillance System (BRFSS) survey. Questions on violence are included in the annual BRFSS telephone survey to Iowans. The report documents data compiled from the 2005 survey. The report is available on the IDPH Web site.
5. Iowa Department of Public Health Occupational Safety and Health Surveillance Program - brochure. The brochure contains information on the number of work-related injuries and illnesses in 2005 and prevention methods. More data will be available as this program grows.

Divisions work together to accomplish this criterion by: Divisions work together to collect and analyze injury data to improve injury prevention activities within the IDPH workforce and that of our partners.

MET - Provided good examples of a wide range of injury data.

IN1b-S - Conduct an annual surveillance of statewide injury trends.

Evidence:

1. Child Death Review Team Web page. The Iowa Child Death Review Team reviews records of all deaths of children in Iowa under the age of 17. The team researches the deaths of these children and recommends legislative and public initiatives/strategies to prevent future deaths. The reports are posted on this Web page.
2. Burden of Injury in Iowa Report 2008. The inaugural issue of the report is designed to create a clear picture of the burden of injury in Iowa from 2002 to 2006. The report provides information to policy-makers, health departments,

health providers, hospitals and civic groups on ways to improve injury care and prevent injuries. The report is to be published in November 2008.

3. Bureau of Health Statistics Web page. The Center for Health Statistics annually publishes Vital Statistics in Iowa and the Vital Statistics in Brief. The publications contain statewide and local intentional and unintentional injury data for the number/rate of suicides, firearm deaths, unintentional drowning, unintentional poisonings, and unintentional deaths. Trends are reviewed. The publications are available in hard copy or on the IDPH Web site.
4. FACE Closeout Report. The FACE (Iowa Fatality Assessment and Control Evaluation) is a project of the University of Iowa Injury Prevention Research Center in collaboration with IDPH and the Office of the State Medical Examiner. In Iowa, the program has a special focus on agricultural fatalities and works closely with teaching, research, and outreach programs in agricultural safety and health in the College of Public Health. The report shows the annual surveillance of farm-related injuries.
5. Iowa Farm-Related Injury Registry. The IDPH established the Iowa Farm-Related Injury Registry, also referred to as SPRAINS (Sentinel Project Researching Agricultural Injury Notification Systems) in 1990 through a federal grant. Four Occupational Health Nurses in Agricultural Communities (OHNAC) actively reviewed medical records for farm-related injury data. The data from the SPRAINS registry were analyzed and reported in a 2002 document, Farm-Related Injuries: The Iowa Experience 1990-1999, through a joint project of IDPH and the University of Iowa Center for Agricultural Safety and Health (I-CASH). Farm injury data is now reported to the Bureau of Emergency Medical Services, and reviewed by the Occupational Health Program. This program is being restructured with plans to formalize the reporting system with more analysis and data in the future for stakeholders.

Divisions work together to accomplish this criterion by: Divisions work together to collect and analyze injury data to improve injury prevention activities within the IDPH workforce and that of our partners.

MET - Evidence supported criterion.

IN1c-S - Use the state-level community health assessment and state-level health profile to determine the need for targeted statewide intentional and unintentional injury prevention activities.

Evidence:

1. Healthy Iowans 2010 (HI2010) – Mid-Course Revisions Chapter 22, Unintentional Injuries and Chapter 23, Violent & Abusive Behaviors. The Chapter 22 committee progress report is followed by the complete HI2010 midcourse review document. Intentional injury is the eighth leading cause of death in Iowa. In addition, suicides comprise the largest number of intentional injury deaths. Suicide rates are still greater for elderly males than for other population groups, and the risk of suicide is greater in rural areas. Homicide rates are greatest in metropolitan areas. In 2001, IDPH developed a limited public awareness campaign on youth suicide prevention. A public/private partnership was initiated in 2002 to develop a strategic plan for suicide prevention. IDPH continued to seek funds for such activities and was successful in obtaining a capacity-building grant in 2004 to address risk and protective factors for youth violence including youth suicide.
2. Iowa Plan for Suicide Prevention 2005-2009. The plan was completed in 2007 and is posted on the IDPH Web site. A number of risk and protective factors were developed and detailed in this report as part of the strategy.
3. Iowa Fatality Assessment and Control Evaluation (FACE) Program. The Iowa FACE Program is a program of occupational fatality surveillance, on-site investigations, and formulation and dissemination of preventive strategies.

4. National Performance Measures. The Bureau of Emergency Medical Services (EMS) and injury prevention programs worked with the Iowa Safe Kids Coalition and other nonprofit injury prevention organizations to support statewide child passenger safety check-ups at community events, as well as regularly scheduled child passenger safety inspection stations. During FFY07, certified technicians at statewide events checked a total of 5,457 child passenger safety seats. A total of 1540 new seats were distributed to families. This event met the national performance measure number 10.
5. Rape Prevention Exercises (RPE) Assessment Summary. According to the RPE Assessments completed by Iowa Coalition Against Sexual Assault (IowaCASA) affiliates document that sexual violence prevention, intimate partner violence prevention, and bullying prevention were the three types of prevention or health promotion activities undertaken by IowaCASA affiliates. Sexual violence is associated with at least four of the ten leading health indicators for HP2010 including tobacco use, substance abuse, mental health and responsible sexual behavior.

Divisions work together to accomplish this criterion by: Divisions work together by using information from the injury prevention data and research to assist in preventing injuries within the IDPH workforce and that of our partners.

NOT MET - Although good evidence of targeted statewide injury prevention activities is provided, there is no state-level community health assessment or state-level health profile to be used to determine need.

Standard IN2 - Provide leadership in involving community stakeholders in efforts to prevent intentional and unintentional injuries.

IN2a-S - Assist local public health agencies in the development of strategies to reduce intentional and unintentional injuries.

Examples of assistance: development of an injury prevention strategic plan (policies/procedures, program development, and/or enhancement); and collaboration with other public health and injury prevention initiatives.

Evidence:

1. OSHSP Cover Letter. The cover letter from IDPH's Occupational Safety and Health Surveillance Program (OSHSP) was distributed through the regional community health consultants to over 100 local public health departments. The OSHSP program goals are to establish data collection, education, and awareness outreach to improve the safety of the work place. The list of packet materials handed out to the local public health departments follows the letter.
2. Iowa Plan for Brain Injury 2007-2010. The Advisory Council on Brain Injuries developed a multi-year plan that describes action steps to improve brain injury services and system capacity in Iowa, including recommendations for local public health agencies.
3. County injury report graphics. The Bureau of Disability and Violence Prevention completed a series of county-level data reports on injury deaths and hospitalizations designed to help counties prioritize their injury programs and facilitate development of strategies to reduce those injuries.
4. Healthy Child Care Iowa Web site. The Healthy Child Care Iowa campaign provides resources and trainings to local public health agencies in an effort to improve the health and safety of Iowa children while they are enrolled in child care and early education settings. Information is provided on SIDS, childproofing, and injury prevention.

Divisions work together to accomplish this criterion by: Divisions work together by using information from the injury prevention data and research to assist in preventing injuries within the local public health workforce.

MET - Evidence directly linked to assisting local health departments is weak. Except for evidence #1, local agencies were part of a much larger target audience and often not specifically mentioned.

IN2b-S - Identify and disseminate information on promising and best practices and/or evidence based injury prevention interventions.

Examples of methods for disseminating information: Web streaming, ICN presentations, regional and local professional conferences, and providing linkage with local public health agencies.

Evidence:

1. Consumer Product Safety Commission recalled products. The U.S. government is charged with protecting the public from unreasonable risks of serious injury or death from consumer products, foods, and medicines. Healthy Child Care Iowa, a program within the Bureau of Family Services, maintains a list of products with warnings or those that have been recalled in the last six months. The Web page provides links to the Consumer Product Safety Commission and Food and Drug Administration Web sites.
2. IDPH staff member presentation. The PowerPoint presentation provides evidence-based injury prevention interventions from the Community Guide to 15 students attending the University of Iowa College of Public Health Access to the Community Guide Web page follows.
3. Regional community health consultants (RCHC) update on injury information for the local public health department statewide regional meetings. The agenda and meeting minutes from the Bureau of Local Public Health Services regional community health consultants staff meeting documents that a guest speaker discussed information regarding occupational safety and health surveillance. The Occupational Injury, Illness, and Death Surveillance Program protects the health of Iowa workers by investigating work-related illness and injuries, work-related deaths, and cases of pesticide poisoning. This information was disseminated to local public health departments by the RCHC at their regional meetings in January 2008.
4. I Didn't Mean to Hurt Them! This educational program has been presented to child care providers and other stakeholders. Participants learn about chemicals and pesticides in the child care setting, the difference between disinfectants and sanitizers, proper usage of chemicals and personal protective equipment, and health and financial consequences of improper use.
5. Farm safety press release. The press release includes statistics regarding the number of farm accidents happening nationally and across Iowa. The press release is a reminder of how important it is to be safe while doing farm work and tips to keep operators of farm equipment and others safe throughout harvest time.

Divisions work together to accomplish this criterion by: Divisions work together by using information from the injury prevention data and research to assist in preventing injuries throughout the state.

MET - While product recalls are based on evidence that the product has resulted in injury, only one of the other pieces of evidence speaks to use of evidence for determining what interventions should be shared. The others are more informational in nature.

IN2c-S - Establish and support a statewide injury prevention advisory council.

Evidence:

1. Screenshot - Injury Prevention Task Force Web page. This Web page describes the work of the Injury Prevention Task Force which focuses its efforts on the prevention of brain injuries.
2. Iowa EMS Advisory Council minutes - 07.09.08. This document lists members of the advisory council that oversee injury prevention efforts of the Iowa Emergency Medical System (EMS).
3. An Assessment of the Injury and Violence Prevention Activities at IDPH - 06.18-22.07. The state assessment of the IDPH injury and violence prevention programs was completed by the State and Territorial Injury Prevention Directors Association in 2007. The document outlines the need and intention of IDPH to create a statewide injury prevention advisory council.
4. Comprehensive Injury Report Workgroup - agenda 02.01.08. The workgroup agenda and notes document the group discussion on responsibilities of the group to assure that there is no duplication of other advisory groups. The workgroup also discussed the possibility of organizing under the Trauma System Advisory Council.
5. Trauma System Advisory Council - January 2007. The document lists the Trauma System Advisory Council members . This council oversees the advisory groups that administer injury prevention-related programs.

Divisions work together to accomplish this criterion by: While work has begun on the creation of one statewide injury prevention advisory council, at this time many individual divisions have their own injury prevention councils. All of these councils work together to accomplish the work of a statewide council until such a council is formally appointed.

NOT MET - IDPH acknowledges that there are multiple, not one or "a," statewide injury prevention advisory council. They are to be commended for the work in moving toward that council.

IN2d-S - Establish and maintain statewide injury prevention programs to address needs as identified through the state-level community health assessment process.

Examples of programs: Poison Control/Prevention, Child Passenger Safety, Brain & Spinal Cord Injury, Violence Prevention, Agricultural Injuries, and others identified by statewide need.

Evidence:

1. Iowa's Youth Suicide Prevention Program. As suicide is the second leading cause of death for adolescents in Iowa, IDPH applied for and received a grant from SAMHSA to reduce adolescent suicide. The FY09 continuing application for the program lists the IDPH subcontractors. The subcontractors are responsible for completing a depression screen on youth in targeted grades (9th or 10th), with assessment and referral for those who screen positive. The program is based on a national model, the Columbia TeenScreen Program.
2. House File (HF)909 authorizing IDPH funding to increase sexual violence prevention programs and the IDPH contract with IowaCASA for services. In 2007, the Iowa legislature appropriated funds for sexual violence prevention programs in Iowa. Along with the bill is a contract with the IowaCASA for enhancing Iowa's sexual violence prevention programs and conducting targeted prevention activities that address sexual violence before it occurs.
3. Iowa's Sexual Violence Prevention Program Semi-Annual Progress Reports - July 2007 to Dec 2007 and Jan 2008 to Jun 2008. The first year progress reports describe efforts to increase sexual violence prevention activities.

4. Injury Prevention Web page. The IDPH Web page provides information on injury prevention programs operated by the Bureau of Emergency Medical Services.
5. Child Safety Web page. The IDPH Web page provides information and links to resources on various injury prevention programs focused on child safety and childcare practices.

Divisions work together to accomplish this criterion by: Divisions work together by using information from the injury prevention data and research to assist in preventing injuries across Iowa.

NOT MET - There are excellent programs described, but there is no way to determine if these link to needs on the state-level community health assessment process since there was no evidence of a state-level community health assessment.

IN2e-S - Provide summary information and education to the public describing the strategies to reduce intentional and unintentional injuries.

Examples of information: press releases; fact sheets; community education (e.g., displays, health fair presentations, and workshops); social marketing campaigns; and IDPH Web site and links.

Evidence:

1. Life-size poster to encourage appropriate use of child safety seats. The poster is designed to increase public awareness of the guidelines for correct use of child safety seats. The poster covers all stages of child development from infant to 8 years of age and up to 80 pounds and provides guidance to meet Iowa's child safety seat law.
2. IDPH press release - Farm Fatalities Raise Concern. The press release is a safety reminder for operators of farm equipment during the harvest season covering safety precautions regarding children and including a link to the CDC Web site for more information.
3. Hazardous Substances Emergency Events Surveillance Program fact sheet. The fact sheet "Common Cleaning Products Can Be Dangerous When Mixed" offers safety tips for the public on the dangers of mixing household products. The fact sheet has a list of the effects of mixing various products together and a Do Not Mix List.
4. IDPH press release on Special Heat Precautions Urged for Athletes. The press release includes information for coaches, parents and athletes to increase awareness of the symptoms of a heat-related illness. Also covered are prevention guidelines and a list of the key steps to take to provide a defense against a heat-related illness.
5. Fact sheet issued by the Iowa Statewide Poison Control Center on Children and Ethanol-Based Hand Sanitizers (EBHS). The fact sheet provides detailed information on the hazards of drinking/ingestion of these products, how much is too much, general preventions and alternatives to using an EBHS product and contact information if a child is exposed to EBHS.

Divisions work together to accomplish this criterion by: Staff members in all the divisions have staffed a state fair booth and distributed information on program services, safety literature, resources and referrals to thousands of fair attendees.

MET - Good, clear and easily read examples of information for the public provided. Developing excellent information for the public appears to be a strength for IDPH.

Promote Healthy Behaviors (HB)

Unhealthy behaviors, including tobacco and other substance abuse, poor nutrition, and lack of physical activity, are the root causes for many chronic diseases and premature deaths. Helping individuals develop healthy behaviors will result in increased wellness and quality of life and decrease chronic disease, premature mortality, and disease burden. The Promote Healthy Behaviors Standards focus on the primary prevention and promotion measures needed to keep illnesses, injuries, and diseases from occurring. Public health is expected to take a leadership role in assuring that services that promote healthy behaviors are available. The services specified in these standards apply to behaviors throughout the lifespan.

Overview

Of the 12 criteria within the Promote Healthy Behaviors Standards, eight criteria were met and four were not met based on the evidence provided. The criteria that were not met were HB1c, HB1d, HB1e, and HB3e.

Strengths of the Promote Healthy Behaviors Standards were the availability of: 1) electronic databases of community programs; 2) examples of information targeted to the public were very easy to read and practical; and 3) advocacy and strategy development tools.

Suggestions for strengthening the Promote Healthy Behaviors Standards include: 1) increasing the visibility of IDPH on initiatives and programs; 2) communicating regularly with local public health agencies and local contractors on other funding opportunities to support prevention activities; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Promote Healthy Behaviors Standards

Healthy Behaviors		Total
# Criterion	12	218
# Met (%)	8 (66.7%)	166 (76.1%)
# Not Met (%)	4 (33.3%)	52 (23.9%)

Standard HB1 - Assure review of health promotion & prevention services that promote healthy behaviors in individuals, groups, & communities to prevent & reduce illness, injury, & disease.

HB1a-S - Provide technical assistance to local public health agencies to conduct an annual review of the existence of health promotion and prevention services.

Examples of topics for technical assistance are coalition building and facilitating meetings.

Evidence:

1. Position description questionnaire (PDQ) for the Office of Healthy Communities (OHC) Eo2 position. The person in the position that is described serves in a leadership capacity for the OHC, established within the Division of Health Promotion and Chronic Disease Prevention. The OHC serves as a central point of coordination for the IDPH strategies to "build healthy communities in Iowa" in partnership with public and private sectors at the local level.
2. Office for Healthy Communities flyer. The OHC works to build healthy communities thus supporting the IDPH goal of healthy people in healthy communities. Communities benefit from technical assistance and support services within the OHC to improve the community's capacity to plan and implement health improvement programs.
3. Bureau of Local Public Health Services Regional Community Health Consultant (RCHC) PDQ. The RCHC staff members provide technical assistance in program planning and evaluation to the local public health agencies. Collaborating with community partners is encouraged to reduce duplication of services.

Divisions work together to accomplish this criterion by: Many departments work together to provide services to the community without duplication.

MET - Technical assistance is clearly a State responsibility, but nothing in the evidence spoke to the annual part of the criterion.

HB1b-S - Advocate for the continuation and expansion of statewide and/or regional electronic directories of community programs.

Examples of statewide and regional directories: 211, Lifelong Links, and Compass. This criterion is intended to assist local public health agencies in the annual review for health promotion and prevention services.

Evidence:

1. Local Public Health Services (LPHS) community health consultant (CHC) staff minutes - 09.21.05. The minutes describe the discussion of the 211 system Web page. The 211 statewide system provides a directory of program information and referral services available in communities for Iowans to access. Included in the evidence is the 211 Web page.
2. LifeLong Links Web page. LifeLong Links is the product of collaboration among several public and private entities in Iowa including the IDPH and administered by the Department of Elder Affairs. The common purpose is to expand and enhance the state's existing information and referral resources and provide a resource where Iowans can find the information they need to make decisions about their future and the future of their loved ones.

3. Temporary Employee Agreement. The agreement describes a temporary employee's responsibilities to work on the Comprehensive Cancer Control State Plan by updating the Community Resource Directory (CRD). The work involved collecting information about local community resources that assist people with cancer, people affected by cancer, or others served by the American Cancer Society, and updating and maintaining the existing database that contains cancer resource information. The database is linked to the Iowa Cancer Web site at www.canceriowa.org.
4. IDPH Tobacco Community Partnerships Web page. The IDPH Web page identifies the contact information for the state employee and community tobacco program available by clicking on a specific county.
5. Early Access Web page. The Early Access IDPH Web page includes the State Resource Directory designed to provide assistance to parents and professionals in finding appropriate financial resources and services for children in Iowa. The guide includes programs related to education, health and human services, insurance, social security, and other support services.
6. 1-800-Bets-Off gambling Web site. The link contains the statewide directory of gambling treatment providers.

Divisions work together to accomplish this criterion by: All divisions work together to provide service directories for contact purposes to assist Iowans, and for related legislative activity.

MET - Only one of the six pieces of evidence spoke to the "advocacy" part of the criterion. Good evidence of the existence of electronic databases. Suggestion: The criterion (community programs) did not appear to be specific enough to clearly relate to the standard. It is not specific to health promotion and prevention services and none of the evidence related to assuring "review" of such services.

HB1c-S - Require state public health department contractors to submit and update program information in statewide and/or regional electronic directories of community programs.

Evidence:

1. E-mail from Women, Infants, and Children Program (WIC) to local contractor. This e-mail correspondence requests contractor information to be updated into the 211 system.
2. Electronic database for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. This directory provides the program coordinator contact information for each county.

Contractors are not required to update program information into electronic directories.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No evidence that submission is required (e-mail says "please think about"). The statement on the cover sheet under "Divisions work together..." verifies this.

HB1d-S - Request other state agencies to require their contractors to participate in statewide and/or regional electronic directories of community programs.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by: N/A

NOT MET - No evidence as stated by IDPH. Suggestion: Memos to the other state agencies would provide evidence for this criterion.

HB1e-S - Encourage other entities providing health promotion and prevention services to address the health risks identified in the state-level community health assessment and state-level health profile.

Examples of other agencies providing services: Department of Transportation, seat belt usage, helmet usage; Department of Education, school wellness; Iowa State Extension, food safety.

Evidence:

1. IDPH Web site for the Community Health Needs Assessment and Health Improvement Planning (CHNA & HIP) Initiative. The Web site provides information regarding the statewide CHNA & HIP initiative and the tools to assist local entities in completing this assessment and making improvements in addressing local health risks and challenges. A mid-course review by each Iowa county's health needs was completed in 2007.
2. Siouxland Community Health Center site visit. The record of a site review with the Siouxland Community Health Center included discussion of the annual needs assessment and the promotion of the I-Smile program. Components of I-Smile include improving the dental support system for families, improving the dental Medicaid program, implementing recruitment and retention strategies for under-served areas, and integrating dental services into rural and critical access hospitals.
3. Healthy Kids Task Force. The Healthy Kids Task Force came together to make recommendations on decreasing risks to children's health. The task force is composed of many entities providing health promotion activities throughout the state.
4. Community Wellness Grants RFP. The request for proposal (RFP) for statewide community wellness grants provides funding for coordinated programs at the community level that encourage healthier lifestyles, promote wellness, and prevent the health and financial consequences of chronic disease that are often lifestyle-related.

Divisions work together to accomplish this criterion by: N/A

NOT MET - What constitutes a state-level community health assessment for Iowa? Not able to find a "State level community health assessment" or "State-level health profile" in any of the evidence links to see if examples related to the the "risks" on that document. The Woodbury County/Siouxland community health assessment did not prioritize oral health according to the county maps.

Standard HB2 - Provide leadership in engaging community stakeholders to support health promotion and preventive services.

HB2a-S - Educate and advocate with stakeholders on a statewide basis on the benefits of primary prevention.

Examples of stakeholders include insurance companies, employers, and policy-makers.

Evidence:

1. Fact Sheet: Immunization Program - 08.04.08. The fact sheet informs stakeholders that the benefits of new and existing vaccines continue to lessen direct and indirect medical costs, improve the quality of life, and save lives of Iowans. The U.S. vaccination program saves approximately \$10 billion in direct medical costs, and saves society approximately \$43 billion.
2. Care for Kids Web site. The IDPH Care for Kids program, along with stakeholders, educates and advocates for Medicaid-enrolled children ages birth through 20 years of age to receive preventive health care services through the Early & Periodic Screening, Diagnosis and Treatment (EPSDT) program.
3. Iowa Gambling Treatment Program Request For Proposal (RFP). This RFP details best practices promoting public awareness of problem gambling behavior and its effects. This document and the workshop notification provide two methods in which stakeholders gain information on the benefits of primary prevention.
4. Division of Tobacco Use Prevention and Control RFP. The RFP details how contractors will educate and advocate with stakeholders on tobacco prevention.
5. Iowans Fit For Life Web page. The program is a joint statewide initiative between IDPH and its partners to increase opportunities for increased physical activity and healthier eating for Iowans. The Web page and reports provide resources for educating Iowans.

Divisions work together to accomplish this criterion by: N/A

MET - Evidence supported criterion.

HB2b-S - Provide technical assistance and tools for advocacy and strategy development.

Evidence:

1. Changing the Face of Cancer in Iowa. The state plan documents the causes of cancer, the state goals in cancer prevention, and strategies to achieve these goals. The document is available on the IDPH Web site.
2. Oral health statewide forums. Twelve forums were held to discuss oral health issues for families with the findings documented in this publication. Topics of discussion were barriers in preventing optimal oral health for families, strategies to promote good oral health, and assets available in the community to promote good oral health.
3. Tobacco Technical Assistance Consortium. The Communities of Excellence Plus trains tobacco control programs to maximize their strengths by ensuring the programs have skills to assess, plan, and implement effective tobacco control efforts based on best and promising practices.

4. Early Childhood Iowa Policy Issue Briefs. Seven issue briefs inform policy makers of the importance of healthy development for children birth through five including healthy mental development, childhood safety, optimal physical fitness and nutrition, and the prevention of maternal depression. Current program information is provided along with recommendations for improvements.
5. 2008 Youth Advocacy Day - 02.13.08. Youth Advocacy Day brings together youth from across the state to share with local legislators the importance of tobacco control strategies as raising the state cigarette tax, implementing a smoke free air law, and what is happening at the local level.

Divisions work together to accomplish this criterion by: N/A

MET - Evidence supported criterion.

Standard HB3 - Assure health promotion and prevention services.

HB3a-S - Identify and disseminate relevant information on new and emerging health promotion and primary prevention issues.

Evidence:

1. A Newsletter from the Covering Kids & Families State Coalition - July 2008. The bi-annual newsletter from the Bureau of Family Health is distributed to statewide partners and provides updates on previous/upcoming activities and events in areas such as new and current legislation, strategies for advancing children's health care coverage, outreach activities, and updates from the State Child Health Insurance Program (SCHIP) and Medicaid.
2. Quick Reads-10.23.08. Quick Reads is a monthly IDPH electronic newsletter published by the Communications and Planning Bureau (CAP), distributed via a statewide listserve, and posted on the IDPH Web site. The communiqué is designed to provide updates to public health partners on legislation, health trends, and education opportunities.
3. Immunization Update – October 2008. The monthly communiqué is published by the Bureau of Immunizations to a statewide listserve and posted on the IDPH Web site. It provides information on new vaccines, encourages disease prevention measures for Iowans, and provides strategies to encourage vaccinations for high risk populations.
4. The Tobacco Leaflet Newsletter - October 2008. The statewide bi-monthly newsletter from the Division of Tobacco Prevention and Control features current events, media campaigns for primary prevention activities, training opportunities, Quitline Iowa information, and the Iowa Smokefree Air Act updates.
5. E-mail notification of Problem Gambling Resources. This monthly mailing provides resource information for best practices in the area of gambling treatment and substance abuse. Included are links to a variety of sites that provide research information, 1-800-BETS-Off, and/or upcoming training events. These sites also offer reference materials to identify signs of problem gambling and highlight Iowa's treatment programs.

Divisions work together to accomplish this criterion by: Divisions work together through departmental communiques where upcoming events or emerging health issues are shared with internal and external partners to keep public health abreast of current issues.

MET - It is not clear to whom this is disseminated (e.g., Quick Reads seems to be internal) or to whom it should be disseminated (vague criterion). Suggestion: There is not a clear link between the criterion and the standard (to assure health promotion and prevention services).

HB3b-S - Identify and disseminate relevant information on promising and best practices and evidence based public health services.

Evidence:

1. The Grantee Update-10.13.08. A bi-weekly Web-based newsletter is published by the Bureau of Family Health and posted the second and fourth weeks of the month providing current information on issues for health care professionals. The October issue includes current best practices for women's health issues, breast cancer screening, program management information, and grantee updates of staff contact information.
2. Iowa's HIV Comprehensive Plan - Chapter 11. The plan addresses best practices for providing prevention services including the Serostatus Approach to Fighting the HIV Epidemic (SAFE) and the Centers for Disease Control and Prevention's (CDC) Advancing HIV Prevention Initiative (crosscutting themes, descriptions of prevention interventions, and identification of interventions for identified target populations).
3. Epi Update - 10.10.08. The IDPH weekly communiqué is published by the Center for Acute Disease Epidemiology and provides information on current public health issues and best practices to a broad public health audience by listserve and posting on the IDPH Web. This edition includes information on undercooked, frozen chicken dishes, updated rabies vaccine-shortage information, and flu vaccination during pregnancy and its protection to mothers and newborns.
4. The Substance Abuse (SA) Prevention Web site. The Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention's (CSAP), strategies are the framework for the SA prevention program. These best practices are found on the IDPH Web site along with a definition of prevention, the SA prevention service areas in the state, Iowa prevention resources, IDPH reports and resources, federal and community resources, and youth development resources.
5. The Division of Tobacco Use Prevention and Control Web site. The tobacco program is structured using the Center for Disease Control and Prevention's (CDC) best practices and strategies as the framework. Many of the programs require following CDC guidelines to obtain funding by the division. The evidence includes the Web page, program overview, and a tobacco grant RFP.

Divisions work together to accomplish this criterion by: The Bureau of Information Management assists in maintaining the department's Web sites for many of these resources. Staff members in other bureaus and divisions use the resources for individual programs.

MET - It is not always clear what the source of the best practice or evidence was for the evidence provided. Evidence #5 shows the clearest link to a source.

HB3c-S - Provide information to the public about health promotion and prevention services available in Iowa.

Examples of methods for providing information: mass media, Web sites, community events, and partnerships with community and private sector organizations.

Evidence:

1. 1-800-BETS-OFF Web page and a gambling treatment program contract. IDPH has a link to the 1-800-BETS-OFF Web page to enhance public awareness of the service. Information on resources and services are available to help

individuals quit gambling and help provide guidance for their loved ones. The contract documents the department requirement that a contractor conduct statewide media campaigns regarding gambling treatment programs.

2. Quitline Iowa Smoking Cessation Web page. The Web page outlines what smoking cessation services are available to Iowans and how these services can be accessed.
3. E-mail confirming IDPH staff member appearance on the Mediacom Newsmakers program - 10.02.08. The e-mail notes the scheduling of the IDPH Bureau of Immunization's Bureau Chief Don Callaghan's appearance on the Mediacom Newsmakers program. The five-minute segment focusing on influenza vaccinations was taped and broadcast statewide by the cable company for six months.
4. Child Abuse Prevention billboard. This is one example of using statewide billboards to address a variety of promotion and prevention topics by IDPH each year.
5. HIV/AIDS Directory of Services November 2007. The Web-based directory provides the public with a statewide list of prevention projects, HIV care services, and counseling, testing and referral sites for HIV/AIDS, and the locations for these services.

Divisions work together to accomplish this criterion by: All divisions actively inform the public about health promotion and prevention services using advertising, the internet, billboards, public service campaigns, and press releases to deliver the messages.

MET - Quitline has a link to IDPH, but it does not clearly show IDPH is the sponsor. Maybe it is angle of picture of the billboard but IDPH does not appear to be anywhere on the billboard.

HB3d-S - Link the public to available health promotion and prevention services.

The statewide and/or regional electronic directories of community programs referenced in HB1b-S will assist in linking the public to resources.

Evidence:

1. Early Childhood Iowa Web site. The Early Childhood Iowa Web site serves to promote the development and integration of an early care, health, and education system for Iowa. Early Childhood Iowa is an alliance of stakeholders in early care, health, and education systems affecting children age zero to five.
2. Gambling treatment programs. Gambling treatment programs are linked to the public through the 1-800-BETS-OFF phone number and Web site. Gambling treatment has a media contract for the promotion of awareness and treatment programs.
3. Iowa Healthy Links System. The Iowa Healthy Links System promotes self management and responsibility for individuals living with chronic conditions.
4. Healthy families contract. The contract with Iowa State University provides 24-hour telephone services to families and teens in Iowa with information responsive to their health-related calls. The contract provides for referral services from appropriately trained personnel who provide information and referrals for prenatal care, family planning, well child services, and health and safety in child care services.

5. Quitline Iowa. Quitline Iowa is a toll-free, statewide smoking cessation telephone counseling hotline. Trained counselors provide assistance to callers in making an individualized quit smoking plan and providing on-going support through optional follow-up phone calls.

Divisions work together to accomplish this criterion by: Most of the links to the public regarding available health promotion and prevention services are promoted on the IDPH Web site by department bureaus.

MET - It was not clear if the Early Childhood Iowa website and Iowa Healthy Links System actually linked individuals to specific providers which appears to be the intent of the item.

HB3e-S - Assist jurisdictions in identifying funding sources for services referenced in HB3a-L when no other providers can be identified.

The state public health department is responsible to assist jurisdictions in identifying funding sources in addition to the state's responsibility to seek funding under Administration Standard AD6.

Evidence:

1. The Wellmark Foundation Grant Eligibility. The private foundation provides grant opportunities to public and private providers.
2. National Association of County and City Health Officials (NACCHO) funding opportunities. NACCHO works with The Foundation Center to identify public health-related funding resources at the national and state levels from private foundations. Each month, one area of public health is highlighted to feature one public health issue. Archived issues of NACCHO's Foundation Funding Guide are available.
3. Grants.gov. Grants.gov is a source to find and apply for federal government grants. The U.S. Department of Health and Human Services manages the Web site that is has an unparalleled impact on the grant community.

Divisions work together to accomplish this criterion by: Divisions work together by assisting staff members providing public health services with assistance of local contact information to enhance local program development.

NOT MET - No evidence on how IDPH assists jurisdictions to find these grant opportunities. There are no clear links to the topics in HB3a-L on the grant sites included as evidence.

Prepare for, Respond to, and Recover from Public Health Emergencies (ER)

Public health issues are inherent in community disasters. Iowa's public health system must be prepared to respond to public health threats, disasters, and emergencies and be ready to assist communities in recovery. The critical activities in this component involve preparedness and planning with community partners to respond to public health emergencies, including environmental-related emergencies. Some activities that are utilized in general public health matters but also during an emergency (e.g., epidemiological surveillance) are addressed in other component standards as well.

Overview

Of the 18 criteria within the Public Health Emergencies Standards, 16 criteria were met and two were not met based on the evidence provided. The criteria that were not met were ER1a and ER1h.

Strengths of the Public Health Emergencies Standards were the: 1) organized and solid evidence provided; 2) use of templates for local public health agencies; and 3) capitalizing on emergency events to exercise and improve plans.

Suggestions for strengthening the Public Health Emergencies Standards include: 1) using completed templates as examples of evidence for standards; 2) seeking approval of the state public health emergency response plan by the state board of health and the Homeland Security and the Emergency Management Division; and 3) reviewing the semantics of the criteria to better reflect intent and viability.

Outcomes of the Public Health Emergencies Standards

Public Health Emergencies	Total	
# Criterion	18	218
# Met (%)	16 (88.9%)	166 (76.1%)
# Not Met (%)	2 (11.1%)	52 (23.9%)

Standard ER1 - Maintain and update the Public Health Emergency Response Plan.

ER1a-S - Annually review and update the State Public Health Emergency Response Plan.

Evidence:

1. IDPH Center for Disaster Operations and Response (CDOR) Community Health Consultant Description. The position description describes the community health consultant duties to coordinate and direct the annual review and revision of all disaster/emergency plans and operating policies and procedures. This position has been reclassified to be a Program Planner 3. A staff person has now been named to fill this position. An updated Position Description was not available at the time evidence was collected. The first review of the emergency response plan documents is being implemented.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

NOT MET - The evidence shows a position description. Are there any documents from this person to show state plan review and update comments have been completed?

ER1b-S - Assure that the State Public Health Emergency Response Plan meets the minimum requirements as established by Homeland Security and Emergency Management, the Department of Health and Human Services, and the Centers for Disease Control and Prevention (CDC).

Minimum requirements to be included in the Public Health Emergency Response Plan: a) Minimum equipment/supplies for public health emergency response; b) Standard operating procedures (SOP) for Point of Dispensing; c) Continuity of Operations (COOP); d) Memorandums of understanding (MOU) with private and public resources; e) Surge capacity to include staff, equipment, supplies, and demonstrate inter-agency collaboration and links; f) Role of public health in mass care; g) Role of public health in behavioral and counseling services; h) Quarantine and isolation SOP; i) Role of environmental health response; j) 24 hour, seven days a week, and 365 days a year contact person available to respond; k) Job action sheets for all roles; l) Procedures to verify credentials for licensed professionals; m) Epidemiological surveillance and response and procedures for notifying appropriate agencies of identified clusters and trends. Examples of appropriate agencies: hospitals, clinics, and Emergency Medical Services (EMS); n) Identify public health role in investigation, recovery and mitigation of all public health emergencies; and o) Public Information Officer and risk communications.

Evidence:

1. Public Health Emergency Response Plan and Attachments. The IDPH's Emergency Response Plan has been prepared to enable the department to meet local, regional and state needs in a collaborative and organized manner in the event of a bioterrorism incident, infectious disease outbreak, public health threat, or an emergency/disaster including chemical, biological, radiological, nuclear or explosive elements. The National Incident Management System's (NIMS) strategies in the National Response Plan and its annexes and attachments are used within our state plan.
2. IDPH Continuing of Operations (COP) and Continuity of Government (COG) Plan (COOP). The document establishes a plan in the event the organization is threatened or incapacitated and the relocation of selected personnel and functions is required. This policy and guidance ensures the execution of the Iowa Department of Public Health essential functions.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - The evidence has 2005 and 2006 documents. Have these been updated? Have crosswalks been created to DHS and CDC documents?

ER1c-S - Review and update the local public health agency (LPHA) emergency response plan template annually.

Evidence:

1. FY08-09 Regional Work Plan and Progress Report Template for the Public Health Emergency Preparedness Program. The local public health agency (LPHA) emergency response plan template provides a guide for local public health agencies. The template includes activity directives for planning, exercises, communications, epidemiology, partnerships/coalitions, regional infrastructure, Iowa Statewide Emergency Registry for Volunteers (I-Serv), Preparedness Advisory Committee (PAC), environmental health, National Incident Management System (NIMS), education, progress reporting, and separate contracts. These templates are reviewed and updated annually.
2. Regional Staff Contractual Expectations. Regional staff team activities include the collective review of the work plan and quarterly progress reports to assure that continued progress on each activity is documented by the counties and community health centers, and submitted to IDPH. Technical assistance is provided to the counties for identified needs.
3. FY07-08 Regional Work plan and Progress Report Template. The FY2007-2008 template documents the activities, measurable outcomes, tools, action steps, and responsibilities for the local agencies participating in the Public Health Emergency Preparedness Program.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - These are good templates. Suggest putting in completed template examples from a local agency or the back page of one that was signed.

ER1d-S - Review and update any guidelines and templates distributed to hospitals and Emergency Medical Services annually.

Evidence:

1. Regional Team Contract Expectation summary. The contract requires collaboration with the regional team to coordinate and distribute all documents and templates issued by the Center for disaster Operations and Response to each county public Health agency, community health center, and hospital.
2. FY08-09 Work Plan and Progress for hospital Preparedness Program. Contractual expectation is that preparedness plans are completed and adopted as hospital policy with a requirement to review and revise the plans as appropriate.

3. FY07-08 Work Plan and Progress for Hospital Preparedness Program. The work plan describes activities, measurable outcomes, tools, action steps, and responsibilities to meet FY07-08 contract guidelines.
4. Institutional Evacuation Incident Planning Guide. The template is guidance for this specific hospital activity. IDPH provides/reviews these specific guidelines as the need arises.
5. FY08-09 Emergency Medical Services (EMS) Disaster Preparedness Grant contract. The EMS grant contract provides funding to upgrade health care system preparedness to respond to bioterrorism, outbreaks of infectious disease, and other public threats and emergencies as well as to enable Iowa EMS systems to enhance their ability to respond to a mass casualty incident. The contractual activities change each year with the new contract period.

Divisions work together to accomplish this criterion by: Divisions work together in updating plans for an emergency and providing staff members' expertise where needed.

MET - These are good templates.

ER1e-S - Review local plans annually to ensure template changes are incorporated.

Evidence:

1. FY08-09 Regional Work Plan Public Health Emergency Preparedness. The FY08-09 work plans are distributed to the local public health agencies with the annual contract. The first four activities listed in the work plan refer to reviewing and updating sections of the local plan.
2. Regional Staff Contractual Expectations. IDPH regional staff are responsible for assuring the completion of the public health agency and/or hospital activities as laid out in the work plans. This activity includes reviewing local plans to assure they are updated and maintained.
3. FY07-08 Regional Work Plan Public Health Emergency Preparedness. The FY07-08 work plan requires local agencies to review the local plan and update sections of that plan as described.
4. FY08 Performance deliverables spreadsheet up-to-date. The IDPH spreadsheet documents each county's performance in meeting activities required by contract. The dates on the spreadsheet show payment was made for meeting the activity requirement.
5. FY07 Performance deliverables spreadsheet. The IDPH spreadsheet documents each county's performance in meeting activities required by contract. The dates on the spreadsheet show payment was made for meeting the activity requirement.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - These are good templates. The spreadsheets showing dates for each of the counties allowed this Standard to be met.

ER1f-S - Coordinate with Homeland Security and Emergency Management Division (HSEMD) to assist LPHA and hospitals to work with local EMA for public health emergency response plan development and approval.

Evidence:

1. State Agency Homeland Security Points of Contact (POC) Meeting - 11.19.08. IDPH participates in regular meetings with Homeland Security to discuss the state response plan's development and review.
2. Preparedness Advisory Committee (PAC) minutes - 10.22.08. The purpose of the committee is to provide guidance and advice for the planning and implementation of the public health emergency preparedness program for the Iowa Department of Public Health, local public health, health care, and emergency medical services. The committee advises the Iowa Department of Public Health on matters of policy, funding allocations, and coordination of state, regional, and local entities that are responsible for promoting and protecting the health and safety of all Iowans. The advisory committee is made up of state and local partners meeting at least quarterly.
3. FY08-09 Hospital Regional Work Plan and Progress Report Template for the Public Health Emergency Preparedness Program. The hospital emergency response plan template includes contract directives for work plan development including requirements for regional staff meeting attendance, Preparedness Advisory Committee (PAC) representation, education needs, planning exercises, telecommunications program planning, progress reporting, and epidemiology surveillance.
4. FY08-09 Regional Work plan and Progress Report Template for the Public Health Emergency Preparedness Program. The local public health agency (LPHA) emergency response plan template, includes directives for planning exercises, interoperable communications, epidemiology, partnerships/coalitions, regional infrastructure, I-Serv representation, Preparedness Advisory Committee (PAC) representation, environmental health, National Incident Management System (NIMS) involvement, education, progress reporting, and separate contracts.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - There appears to be good coordination with Homeland Security and the Emergency Management Division, with IDPH and the hospitals.

ER1g-S - Provide technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the Public Health Emergency Response Plan.

Evidence:

1. IDPH staff and the Regional Team Contract Expectation Summary. The Center for Disaster Operations and Response staff provide technical assistance and planning assistance to all of our local partners. The staff members assist with regional meetings, trainings, and exercises. The summary documents expectations for regional public health staff funded through the Public Health Emergency Preparedness funds to educate regional partners regarding state, local and federal preparedness plans and activities.
2. ADA Best Practices Tool Kit for State and Local Governments. The tool kit is a resource for local public health agencies regarding emergency management.
3. Environmental Health Emergency Response Plan. The template for all local environmental health agencies is a resource to ensure the agencies address environmental health hazards and issues following a disaster.

4. Environmental Health Bioterrorism Grant FY08-09. The grant funds development of standard operating procedures, policies, tools, and materials that can be used in response to disasters that have environmental health impacts. Each of the six environmental health regions will focus on different environmental health issues following a disaster and will share the completed tools statewide.
5. Emergency Response Planning Guide for Iowa Child Care. The guide is a resource for local public health agencies regarding the state emergency response plan specific to child care services.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - Evidence supported criterion.

ER1h-S - Secure approval of state public health emergency response plan from state board of health and HSEMD at a minimum of every three years or upon substantive change. Provide a copy to HSEMD.

Evidence: No evidence was found to support this criterion.

Divisions work together to accomplish this criterion by: N/A/

NOT MET - No evidence supplied. IDPH should seek approval of the state public health emergency response plan by the State Board of Health (address HSEMD).

Standard ER2 - Participate in local and regional multidisciplinary response planning groups.

ER2a-S - Collaborate with state multidisciplinary response partners that may affect emergency response for updating and reviewing emergency response plans at a minimum of two times a year.

State multidisciplinary response partners include but are not limited to: HSEMD, CDC, DHS, FEMA, IGOV, DNR, IDALS, DPS, and DAS.

Evidence:

1. State Agency Homeland Security Points of Contact (POC)
e-mail notice of meeting and agenda. These quarterly meetings are an opportunity for state agencies to come together and discuss planning and other issues at the state level.
2. Preparedness Advisory Committee (PAC). The multidisciplinary committee of state and local officials offers guidance and support to the public health and hospital preparedness programs. The group meets quarterly at a minimum.
3. E-mail contacts with state response partners. Department business is dependent upon routine contact between state response partners. These three e-mails document issues discussed with partners.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - Evidence supported criterion.

ER2b-S - Collaborate with Homeland Security and Emergency Management Division (HSEMD) to encourage local EMA managers include public health and hospital representation in the Emergency Operations Center (EOC).

Evidence:

1. Regional Team Contract Expectation Summary. It is a contractual expectation that the regional team provide guidance and technical assistance to public health agencies and/or hospitals on the National Incident Management System (NIMS) compliance requirements. NIMS requires multi-hazard/multi-agency response planning.
2. NIMS statement, compliance training record, and metrics. The form assures local public health agencies have completed the NIMS training and met the NIMS compliance metrics.
3. Hospital NIMS compliance tool. The tool assures the hospital has a plan in place to support an emergency incident by participating in a multi-agency response system.
4. Sample of a completed NIMS tool. The NIMS tool was completed by a local public health agency showing compliance with the NIMS metrics.

Divisions work together to accomplish this criterion by: Divisions work together in planning for an emergency and providing staff members' expertise where needed.

MET - Evidence supported criterion.

ER2c-S - Assure state public health representation is available for the EOC for any event with public health implications.

Evidence:

1. IDPH Center for Disaster Operations and Response Schedule and Staffing Patterns for 06.14.2008. The schedule documents IDPH staff members who were on duty at the State Emergency Operations Center (EOC) in June during Iowa's flood.
2. IDPH Incident Management Structure - Command and Control. The PowerPoint demonstrates the structure of IDPH service provision in the case of an emergency.
3. IDPH 24 hour, 7 day a week duty officer schedule. IDPH staff experts are available 24/7 to respond to any event with public health implications.

Divisions work together to accomplish this criterion by: IDPH staff members work together sharing job expertise in times of emergencies or events with public health implications.

MET - It appears that public health rostering for EOC activation is well organized.

ER2d-S - Collaborate with appropriate multidisciplinary response partners and other areas that may affect a regional emergency response at a minimum of one time a year.

Evidence:

1. 2008 5th Annual Governor's Homeland Security Conference agenda - 09.29.08 to 10.01.08. Homeland Security and Emergency Management sponsors the annual multi-discipline governor's conference. State, regional, and local response partners meet and share ideas and learn about newest, best practices for emergency response.
2. Preparedness Advisory Committee. This is a multi-disciplinary committee made up of state and local officials offering guidance and support to the public health and hospital preparedness programs.

Divisions work together to accomplish this criterion by: IDPH staff members work together sharing job expertise in times of emergencies or events with public health implications.

MET - Evidence shows multiple response partners.

Standard ER3 - Annually test the Public Health Emergency Response Plan.

ER3a-S - Develop standardized exercise tool-kit for local public health agencies and hospitals, review the tool kit annually, and update as needed.

Evidence:

1. Health Alert Network (HAN). Templates are available to local partners on all aspects of the emergency response program from the start in 2003. The tools are found on the HAN system.
2. Homeland Security Exercise and Evaluation Program (HSEEP) trainings and toolkit. HSEEP provides training opportunities for state and local partners to provide a consistent methodology in exercise design. The HSEEP Web site provides access to a toolkit and a program manual.
3. Pre-exercise planning document. A new exercise checklist is developed every grant cycle to assist local public health and hospitals in conducting exercises to meet grant requirements.
4. Functional Exercise Planning Process - a Snapshot. The document assists trainers in the steps of planning and implementing an exercise.
5. 2006 Influenza Full Functional Exercise. Exercise templates are posted on the Health Alert Network (HAN) for use by local public health and hospitals. This is an example of one of those templates.
6. National Planning Scenarios. The federal interagency community has developed 15 all-hazards planning scenarios. The scenarios are planning tools that represent the range of potential terrorist attacks, natural disasters, and the related impacts that face our nation.

Divisions work together to accomplish this criterion by: IDPH staff members work together sharing job expertise in planning for emergencies or events with public health implications.

MET - The evidence appears to show a wide array of standardized exercise tool-kit items.

ER3b-S - Participate in actual events or plan, implement, and evaluate one exercise with other appropriate response partners.

Evidence:

1. Severe Weather IDPH Missions, May 25, 2008 and continuing. The document demonstrates the widespread and ongoing response of IDPH to tornadoes, flooding and severe weather in May and June of 2008 and the partnership between IDPH and local entities.
2. State exercise calendar. The document details the joint exercises planned for the fourth quarter of 2008 between IDPH and regional partners in preparedness efforts.
3. Operation Revolving Door folder - 02.13.08. The folder contains documentation and information about the Operation Revolving Door exercise. The statewide exercise tested patient surge, purge, and communication systems throughout Iowa, with follow-up of what went well, and recommendations for improvements.
4. Public Health Matters special issue - Severe Weather 2008. This special edition of the Iowa Public Health Association's publication Public Health Matters summarized the IDPH response to the flooding and severe weather in May and June of 2008 along with local community and county response partners.
5. Operations Status Report # 34 - 06.18.08. The Iowa Emergency Operations Center's (IEOC) report provides details of the work IDPH did during the severe weather emergencies of 2008. It documents the partnership between IDPH, other state agencies, and local entities.

Divisions work together to accomplish this criterion by: IDPH staff members work together sharing job expertise in times of emergencies or events with public health implications.

MET - Evidence supported criterion.

ER3c-S - Provide technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the testing of the Public Health Emergency Response Plan.

Evidence:

1. Regional Staff Contractual Expectations. Regional team activities include providing technical assistance and monitoring the work plan and progress reports for local public health agencies, community health centers, and hospitals. Other expectations include assuring the completion of public health agency and/or hospital activities.
2. IDPH Center for Disaster Operations and Response (CDOR) staff members. CDOR staff members provide TA and consultation to local partners assisting with regional exercises and follow-up.
3. FY08-09 Hospital Work plan and Progress Report Template for the Public Health Emergency Preparedness Program. The regional hospital emergency response plan template provides a guide for hospitals. The template includes directives for exercises, NIMS, education, equipment, MOUs, planning, and epidemiology.
4. FY08-09 Hospital Regional Work plan and Progress Report Template for the Public Health Emergency Preparedness Program. The regional hospital emergency response plan template includes directives for work plan development, regional staff, Preparedness Advisory Committee (PAC) participation, education, exercises, telecommunications program, reporting, meetings, and epidemiology.

5. Public Health Pre-Exercise Planning Document. The document assists local partners in planning an exercise to test the local plan.

Divisions work together to accomplish this criterion by: IDPH staff members work together sharing job expertise in planning for emergencies or events with public health implications.

MET - Evidence supported criterion.

Standard ER4 - Assure public health preparedness through education and training.

ER4a-S - Provide technical assistance, consultation, training sessions, and resource referral for public health and hospital training needs.

Evidence:

1. Prepare Iowa Learning Management System (LMS) and number of participants taking classes. The LMS is available to state and local public health partners to provide Web-based competency training on core public health services. One core competency is emergency response. The program provides recommendations for other trainings to enhance the staff member's knowledge. The list following the screen shot is the number of participants taking classes.
2. FY08-09 Hospital Preparedness Program Grant Application. The program summary within the application designates that the Center for Disaster Operations and Response (CDOR) will contract with regional hospital planners and regional exercise and education coordinators to accomplish program goals specific to addressing training needs. Short descriptions of the two positions are highlighted in the document along with a summary of the educational opportunities provided to the state partners last year.
3. Regional Team Contract Expectation Summary. Regional team members are contracted to provide guidance and technical assistance to public health agencies and/or hospitals on meeting staff members training needs, and can refer to the Regional Team Training Supplement posted on the Iowa Health Alert Network for other recommended trainings and education.
4. Critical access hospitals peer group meeting agenda - 01.10.06. The agenda includes an IDPH staff member presentation on becoming a National Incident Management System (NIMS) compliance member including required training components.
5. Environmental Health Bio-Emergency Online Resource Guide. The resource directory lists informational and training resources for local public health agencies relevant to environmental health issues in disaster planning and response. The guide is available via the Health Alert Network.
6. Preparedness grant activity templates. Templates are shared with public health partners to provide assistance in meeting grant activities. These three templates are examples of resources for our partners to use.

Divisions work together to accomplish this criterion by: IDPH staff members work together sharing job expertise in planning for emergencies or events with public health implications.

MET - Are there any "hotwash" materials from actual events that could be turned into resource materials?

ER4b-S - Assure that state public health department staff members responsible for components of the Public Health Emergency Response Plan receive annual training regarding their role in the Public Health Emergency Response Plan and document their training participation.

Evidence:

1. Diane Williams' position description questionnaire (PDQ). The PDQ for the Center of Disaster Operations and Response (CDOR) planner identifies the work expectations for this position. The planner is responsible to assure that staff members are trained regarding their role in the center.
2. CDOR education and exercise coordinator PDQ. This person identifies and accomplishes educational goals and objectives for the Center related to incident/unified command structure, National Incident Management System (NIMS) compliance training and tracking, emergency operating procedures, preparedness, infectious disease outbreaks, detection and investigations, and other public health emergency plans.
3. Public information officer training certifications. The five training certificates document training completed by a public information officer at IDPH who is responsible for the communication portion of the Emergency Response Plan.
4. List of trainings completed by CDOR staff members. The list documents training taken by IDPH staff members who have a role in the department's emergency response plan. Prepare Iowa classes are not on this list. A new PP3 position is now filled with responsibilities to assure that staff members have annual training.
5. Prepare Iowa Learning Management System (LMS) and number of participants taking classes. The LMS is available to state and local public health partners to provide Web-based competency training on core public health services. One core competency is emergency response. Program recommendations are for other trainings to enhance the staff member's knowledge. The list documents the number of participants who have taken the classes.

Divisions work together to accomplish this criterion by: IDPH staff members participate in training opportunities to gain knowledge in planning for emergencies or events with public health implications.

MET - Evidence supported criterion.

ER4c-S - Identify and disseminate relevant information about promising and best practices for public health preparedness.

Evidence:

1. Web sites: www.idph.state.ia.us (IDPH), www.protectioniowahealth.org (Protect Iowa Health), and <https://hseep.dhs.gov> (Homeland Security Exercise and Evaluation Program). These Web sites contain the most current information on promising and best practices for public health preparedness and response. The IDPH Web site provides program information on emergency and environmental hazards and resources for our public health partners. Protect Iowa Health has a downloadable preparedness kit and plan for Iowa households offering guidance on being ready at home in case of an emergency. The Homeland Security Exercise and Evaluation Program Web site, a regular online newsletter on current issues, provides a capabilities and performance-based exercise program with standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.
2. Public Health Emergencies: When Nature Rages - 11.18.08 presentation by IDPH Director Tom Newton. The Association of State and Territorial Health Officials (ASTHO) presented the Webcast focusing on the public health

response to the spring Midwest flooding and Hurricanes Gustav and Ike in the Gulf Region. Director Newton spoke about Iowa's experiences and actions.

3. EPI Update - 06.13.08. The Epi Update, published weekly by the Center for Acute Disease Epidemiology, provided information and guidance to public health partners and the public on Hepatitis A and the need for vaccination due to exposure to flood waters.

Divisions work together to accomplish this criterion by: Divisions and bureaus in the department share the best practices and promising resources with their partners as well as direct them to the Center for Disaster Operations and Response for further assistance.

MET - Evidence supported criterion.

On-site Review Process

In addition to assessing the extent to which IDPH met public health standards, the review team shared their feedback about the on-site review process.

Preparation Prior to the On-site Review

- The process was well organized and supported including the transportation, hotel reservations and meals.
- The standards and criteria were divided prior to the on-site review based on reviewer expertise which proved to be very beneficial.
- Joy Harris and staff were very responsive to requests. Reviewers appreciated having a cell phone number in the event of travel delays.
- Would have appreciated more communication between the initial invitation to be on the review team and the email to reviewers one week prior to the on-site review.
- Would have appreciated the pre-assessment materials earlier than one week prior to the on-site review.
- Draft service agreements for the reviewers were not shared with reviewers until after work was being performed. Contracts were not signed prior to the on-site review.

On-site Review Process

- There was sufficient time to complete the reviews and the reviewers did not seem rushed. There was sufficient time to discuss issues as a group.
- The limitations of selecting "Met" or "Not Met" were addressed by the review team and additional parameters were established. The default was "Met" if any of the evidence showed the criterion was met. All criteria that were "Not Met" were discussed and agreed to by the review team.
- Assistance provided during the review was timely. All staff were very helpful and responsive to requests.
- The interviews with local and state public health staff were scheduled appropriately. Thirty minutes was sufficient time for dialog. The interviewees seemed excited to be part of the on-site review process.
- Small group dialog with IDPH staff and with IDPH Executive Team was a nice opportunity for dialog. The review team recognized that IDPH staff gave up personal time the week of the review.
- The labeling system/hierarchy was outstanding. Having all of the evidence labeled and available electronically to review while completing individual review tools using a spreadsheet was very efficient.
- The reviewers felt this was a well-assembled review team and it was very valuable having a local public health administrator part of the process.
- Having a facilitator provide support during the review and to complete the on-site review report was beneficial and provides continuity.

Recommendations for Next Steps

Upon completion of the on-site review, the team suggested the following action steps to the IDPH Executive Team:

- Review the overarching themes, create action plans and make revisions to criteria or standards.
- Communicate the outcomes of the on-site review to stakeholders.
- Consider preparing a manuscript on the process and findings of the on-site review and submit to a peer-reviewed journal.
- This on-site review team had a good composition based on experience and area of expertise. Future reviews need experienced public health practitioners outside of the system. A local public health perspective proved very valuable.
- Keep the on-site review team apprised of how IDPH proceeds.

Appendices

Appendix A. Team Review Agenda

The on-site review team worked in the Director's Conference Room. Interviews were conducted via conference call.

Monday, January 12, 2009

2:00 pm	Orientation	Julie McMahon, Ken Sharp
2:30 pm	Welcome and Director's Report	Tom Newton
3:00 pm	IDPH Executive Team Reports	IDPH Executive Team
4:00 pm	Introduction to Reviewing the Evidence	Joy Harris
5:30 pm	Dinner with IDPH staff	

Tuesday, January 13, 2009

8:15 am	Pick up from the hotel	
8:30 am	Begin Reviewing the Evidence	
10:45 am	On-site Review Team Meeting	Review Team Chair
12:00 pm	Lunch	Cafeteria
1:00 pm	Review Evidence	
2:00 pm	Meet with Core Team Members	Polly Carver-Kimm, Bridget Konz
3:00 pm	Review Evidence	
4:30 pm	Return to the hotel (dinner arranged in small groups with IDPH staff)	

Wednesday, January 14, 2009

8:15 am	Pick up from the hotel	
8:30 am	Review Evidence	
10:00 am	Prep for Interviews	Review Team Chair
10:30 am	Interview - Pam Willard, Johnson County Board of Health	Room 513
11:00 am	Interview - Craig Keough, IDPH Bureau of EMS	Room 513
11:30 am	Interview - Tammy McKeever, Clay County Environmental Health Specialist	Room 513
12:00 pm	Lunch	Cafeteria
1:00 pm	Review Evidence	
2:00 pm	Interview - Jane Condon, Calhoun County Public Health Administrator	
2:30 pm	Review Evidence and prepare for Outgoing Report	
4:30 pm	Return to the hotel	

Thursday, January 15, 2009

8:15 am	Pick up from the hotel	
8:30 am	Review Evidence and On-site Review Team Meeting	Review Team Chair
11:30 am	Lunch	Cafeteria
12:30 pm	Outgoing Report with IDPH Executive Team	On-site Review Team and IDPH Executive Team
2:30 pm	Depart for airport	

Appendix B. Outgoing Report Minutes and Slides

Iowa Department of Public Health

On-Site State Assessment – Outgoing Report to the IDPH Executive Team

January 15, 2009, 12:30 pm

Attendees:

Review Team: Lee Thielen (review team chair), Joy Reed, Kari Prescott, Torney Smith, Angie Tagtow (facilitator), Robert Blake departed to the airport prior to this meeting

IDPH Executive Team: Tom Newton (director), Mary Jones, Ken Sharp, Julie McMahon, Bonnie Mappes, Marcia Spangler, Kathy Stone, Joy Harris, Martha Gelhaus, and Jennifer Schnathorst (note-taker)

General Comments from the On-Site Review Team

The review team gave general feedback about things they saw, the public health system, opportunities for replicating process and treating this review as a baseline to further progress evidence that supports the criteria and the standards.

The review team acknowledged that it takes courage to invite people in to do this type of assessment and review, as you are opening your selves up. The review team saw many positive things and recognized that this is a partnership and not something done just on the 6th floor.

The review team commended and thanked the staff on their responsiveness and treatment through this process.

Overall, the evidence was good and the interviews further enhanced the evidence and the process. Some things may be marked “Not Met” and it became a team decision to check it as such. Group thinking was often wiser than the thinking on a individual. IDPH picked a team that was compatible and worked well together. Everyone learned from the process. Staff had things organized very well and the reviewers were not rushed. They enjoyed the interviews as they were very helpful. Interviewees were interested in the process and provided good information.

The review team recognized that this was not just an assessment of IDPH, but also an assessment of the criteria. Comments and suggestions were provided on most criteria.

Joy Reed – Regarding setting additional parameters for criteria, if they could find something among the five pieces of evidence that demonstrated support, then it was marked met – it was a unified standard as marking met or not met. Using a facilitator was a great asset.

Torney Smith – Regarding current data – IDPH agreed to not go back and provided updated information. The reviewers may have expected that it was done, but IDPH did not include it. Acknowledge that was a limitation of the review process. Another example was a document dated in 2003, and it was unknown what IDPH considered as current. It would have been helpful to received their individual contracts for doing this prior to arrival

Kari Prescott – As the review team discussed the evidence, there were some obvious overarching themes. Several of the criteria were unmet because there was not a state-wide plan.

Joy Reed - IDPH may want to think about referencing the “state-wide community health assessment” as it could not link them back to the assessment that was not done. Consider re-wording the criteria and not reference the state wide assessment.

Torney Smith – IDPH may need to define state wide community assessment. Is it all of the data collected or is it something else?

Kari Prescott - Wording of criteria. Multiple elements (and/or) making criteria complex. Some criteria hold IDPH accountable to things that you have no control over. May want to change to “IDPH seeks approval” instead of “Governor agrees to...” Some criteria begin with verbs but do not follow a subject. Some criteria are too brief or include too many elements making evaluation evidence difficult. In the case of CA, the criteria building upon previous criteria so if you missed one it blew the others. The bar may be set too high or too low on others.

Terminology – Some terms may need to be better defined, for example, knowledge and expertise. Often not an indication as how this was met. How do you prove one is an expert and what make them knowledgeable? Data collection system and data base - Is a collection system how to get the data, or is it a tool such as a database and where it is kept? Clarify the difference between a local public health agency and local public health contractors. The word establish may be too limiting in some criteria.

Dates on Evidence – Something was identified as current but had a 2003 date. Consider placing date of review in the footer (reviewed 2007).

Communication between IDPH and locals - Local agencies may not always know where public health dollars are going if they are not the recipients.

Evaluation - There are components for evaluation included, but they are not comprehensive. This may be something to tackle as an IDPH issue. Electronic survey's are a great way. Components may show that it was looked at it but did not show how it was evaluated.

Joy Reed – For example, local folks do not have a chance to evaluate those who are giving them their technical assistance they need. Something along the lines as survey. More evaluations of both the state and locals (we of them and they of us).

Evidence not always located in appropriate areas – good evidence, but not provided in the criteria area. Baldrige criteria. Your quality council could help in broad approach

Workforce – Another domino effect where three criteria referring to state wide workforce assessment and there is no evidence. IDPH needs to decide to do it or change criteria.

Role of State Board of Health – There appears to be a contradiction saying the SBOH approved the IDPH budget then later saying they did not. May want to remove or change wording. Change to say they get the opportunity to review and comment on it.

Fragmentation of Services – Potential for more integration of services specifically around Environmental Health issues. IT and data systems – locals may need to enter the same piece of data into multiple systems, increases data entry mistakes and increases resource needs at local and state level.

State and Local Relations – Improved and very strong/healthy relations, particular between the county public health administrators and with the community health consultants. Many positive things about the relationship.

Brief Overview of the Standards

Governance (Joy Reed) - Was impressed with the state board of health taking roles as policy leaders seriously and they understand their role. Budget was discussed – it is unclear whether SBOH has authority to approve the budget and if they receive a financial report every six months.

Administration (Joy Reed) - Data and reports provide strong evidence. The safety plan and emergency procedures were very strong. She noted there was a strategic plan, Healthy Iowans and annual report. Some criteria include routine functions. Need a mechanism of updating policies (current update, last update) and show proof being done annually.

Communication and Information Technology (Torney Smith) - Did find strength in the databases IDPH has. Much of the evidence comes from the IDPH website which was very appreciated. Indicated data warehouse being done, but criteria noted the data warehouse plan that is not completed.

Workforce (Lee Thielen) - Excellent goals. Standards will enhance educational preparation for the workforce. There is a mismatch between qualifications vs. exemptions so don't put yourself into a box. There are some challenges with goals that were set and position qualifications have not been set.

Community Assessment & Planning (Kari Prescott) - Struggled with not having the state wide assessment as most criteria were linked to it. There was evidence of strong technical assistance support. Also electronic support – spreadsheet showed national and local indicators – vital stats updated annually, progress reports, other risks updated annually.

Evaluation (Torney Smith) - Various components of evaluation were identified. But lacked the formal piece showing evaluation system or evaluation of the components. Awesome data, but unknown goals or historical data. Structure of criteria should be reviewed as criteria #2 had to be met for #3 & 4 to be met.

Prevent Epidemics and the Spread of Disease (Joy Reed) - Of all of the sections, this was the one the reviewers struggled the most understanding the intent of the criteria. There are many comments and they had to discuss criteria in this section the most as a group. Good tools to submit data for surveillance, however unsure of intent of the criteria. Very strong justification of capacity. A weakness of this section was the reviewers had to make assumptions about the intent of the criteria. This is an area where the expertise vs knowledge is an issue.

Protect Against Environmental Hazards (Lee Thielen) - Relations between local and state environmental health staff are excellent. Positives include orientation of new sanitarians and Ken showing up and additional resource training. There are fragmentation issues within environmental health at the state and local levels. Strive for a comprehensive approach and a comprehensive data management system to decrease fragmentation.

Prevent Injuries (Joy Reed) - Good data on wide range for injuries and examples. Blown away with public information pieces. The public can quickly find what they need to do. Not much evidence in assisting the locals. Cite evidence (reference) when sharing best practices and evidence based practices.

Promote Healthy Behaviors (Joy Reed) - Many electronic databases and good tools. IDPH needs to be more visible and take credit for promotion initiatives. Close gap in communication and need to share information with locals of other funding sources. There is a big interest by counties about public health dollars to their area (who, how much, for what services). To build stronger ties between community partners (e.g., community action agency) and local public health.

Prepare for, Respond to, and Recover From Public Health Emergencies (Kari Prescott) - Section was well organized and solid evidence. Good demonstration of templates but could have used current events to exercise and update the plans.

More current events maybe should have been presented. Good lessons learned from the floods. Suggested looking at getting approval from the state board of health and HSEMD. Is it feasible to get approval from HSEMD? Braiding the use of RHC and bio was evident and good.

Final Comments from the On-Site Review Team

A statement from a local public health administrator was “The best thing about the state agency is that it exhibits leadership with vision.” This is a true accomplishment for IDPH. A key part of this was stepping out there with the standards and holding yourself accountable.

Appreciated working as a team as they found it better to discuss topics, evidence and visit with local agencies to obtain a great perspective. Appreciate working with Angie, Joy, Karla, and everyone.

Joy Reed - When North Carolina put together their review process, the goal was to achieve continuous quality improvement and that is already happening in Iowa. The fact that IDPH stepped out and set a group of criteria out there is tremendous. Congratulations on the quality improvement

Kari Prescott - Thank you, I was honored to be asked to participate in the review, and I am very humbled and thankful. She will be able to take this experience and info back to her local standards and hopes to be an advocate for the locals who are not 100% on board.

Torney Smith - IDPH needs to recognize the outcomes were bound by what the team reviewed. He applauds the initiative and work done by IDPH. Thank you Joy Harris for the organization and the selection of Angie as the facilitator. Thank you for this learning opportunity as it will be taken back home. Let the review team know if there is anything they can do afterwards.

Questions & Answers

Tom thanked the review team for participating in the review as this is IDPH's #1 priority. He appreciated the honest and open feedback and can show the locals what we've done.

Tom – We are at 76.1% standards met, what would be adequate for accreditation?

Joy – In the North Carolina model, local public health agencies have to meet at least 75% in each core function plus administration and governance and two more criteria. The PHAB committee as discussed this but there has been no discussion of 100%.

Tom - Do you see any downsides to how standards and criteria are structured?

Lee - Review the intention of the standards and criteria as a state agency. Develop crosswalks or relationship to the national standards.

Tom - Are there major gaps you saw that we should consider?

Joy - From an essential services perspective it is not apparent the role of research. She saw elements of academic partnerships but nothing stating research.

Martha - We do not say quality improvement, but it may be labeled differently. Is this a concern?

Lee – There is big QI and little QI and the standards/criteria do reflect little QI.

Torney – An actual structure of the component that shows QI, you need to think about it from the public's point of view. How can the public see where you were, what are you doing to change and improve.

Lee – There is a teleconference on Jan 30 in which she will be talking about this review. The MLC site visit is Feb 3. March 1 is a PHAB meeting and hope to have good representation from Iowa so that states learn from each other.

Tom – He talked to Dr. Riley who was interested in what Iowa is doing. He talked about a conference with all of us and the PHAB board, do you have things you want us to share?

Lee – The national accreditation would be stronger if thought of as a unit. May want to tell them Iowa is watching, noting and learning and that locals are committed to the Iowa standards.

Joy Reed – Modeled after North Carolina, the site reviewers need to be well educated in public health. Local PH needs to be aware that the MLC has a survey coming out and the first 40 questions are about PHAB and the rest is QI. There is no place to say your state has its own accreditation. Iowa has the same concerns and are watching it very closely. One of the things you do not have yet is an accreditation board but will come once the legislation is passed. Will most likely be through a university. Legislators from North Carolina may be able to talk to Iowa legislators.

Joy Harris - How the evidence provided, was it ok?

Review Team - For the most part yes. Items highlighted was very helpful to show the key evidence. The narrative description was very helpful. Helped us meet more of the criteria. The deed back about how divisions worked together helped when the evidence was spread across a division. They liked having things electronically - it was great! This would be an excellent model at MCL about how Iowa structured it. The spreadsheet where they marked met, not met and comments could be done right then and there. Great to pass on to Angie to merge into a report.

Mary Jones - As we consider sharing info with local partners – any suggestion on what and how to share?

Torney – Invite them to the table right away and share what you have got, what you are learning and have them help sort through.

Joy Reed - North Carolina gave the locals the entire site visit report and then the improvement plan when it was written. Be open and honest, but frame messages in a way that is useful.

Joy Harris - Was the limit of five pieces of evidence good or bad?

Review Team - In most instances five was sufficient. In going forward from here, you need to determine whether you need to have all five meet the criteria or a set a number. You may not have pulled forward the best evidence.

Mary Jones - As we have gone through this process it really are the local public health agencies that we have partnered with through this process. What experiences have you learned when working with other entities?

Lee - Use the same language and craft standards and criteria that you can only evaluate and that you can control. Criteria focused on local public health agency may need to be reworded to say working with local partner/contractor. If you are already doing to it, take credit for it. Local public health acknowledge that they have a responsibility.

Tom thanked them for coming in and appreciate everything they have done. The Review Team departed at 2:30 pm.



1

Assessment Process

- Review team parameters
- Well-organized, responsive and continuous support
- Interviews added to the experience
- Adequate time for review
- Electronic process was streamlined, efficient and very effective

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Review Team

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Public Health Accreditation Board, Equivalency
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Denver, CO

**Angie Tagtow, MS, RD, LD (facilitator/
reporter)**
Food & Society Policy Fellow
Environmental Nutrition Solutions
Elkhart, IA

2

Assessment Process

- Not pulling more current data was a disadvantage to those standards done early
- Would have liked completed contracts prior to arriving in Iowa

6

Congratulations!

Iowa is a pioneer in public health assessment and is likely the only second state to have used an outside review team to examine the agency against standards.

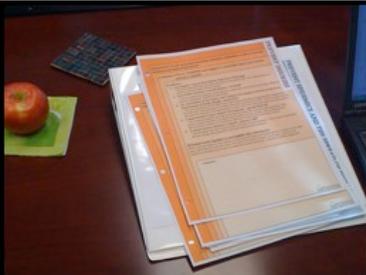
All staff should be commended for their commitment to this process and to recognize this is an evolution that will build upon the efforts and build stronger public health services across Iowa.

3

Themes

- **Statewide Health Assessment.** Many standards and criteria referred to either a statewide community health assessment or a state health assessment.
- **Wording of Criteria.** Some criteria may need review for intent, appropriateness and viability.
- **Terminology.** Some terms need to be better defined to be objectively measured.

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4

Themes

- **Revisions and Updates of Evidence.** Some evidence is dated and it is unknown if regularly reviewed and updated.
- **Communication between IDPH and Local Public Health Agencies and Contractors.** Opportunities to strengthen communication.

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Themes

- **Evaluation.** Evaluation of programs, processes, systems and services appear to be sporadic and not comprehensive.
- **Workforce.** There is no comprehensive statewide analysis of local and state public health workforce assessment.
- **Role of State Board of Health.** The SBOH does not appear to have the authority to approve the budget.

9

Administration

- The data and reports provided as evidence were strong
- Excellent safety plan and emergency procedures for IDPH
- Have strategic plan, HI2010 and Annual Report
- Some criteria include routine functions (e.g., budget, audit)
- Mechanisms for updating policies and documentation

13

Themes

- **Fragmentation of Services.** Specifically, environmental health.
- **Information Technology.** Multiple data systems and multiple data entry at the local level.
- **State and Local Relationships.** Regional Community Health Consultants are an asset to the public health system.

10

Communication & IT

- Strong databases and infrastructure
- Data warehouse plan
- Strong website
- Databases are disassociated, leading to multiple entries at local and greater maintenance and oversight at the state level

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Outcomes

Standard Category	# Met	# Unmet
Governance	18	3
Administration	34	9
Communication & IT	22	2
Workforce	12	3
Community Assessment & Planning	10	6
Evaluation	1	3
Prevent Epidemics	26	9
Environmental Hazards	14	8
Prevent Injuries	5	3
Healthy Behaviors	8	4
Emergency Response	16	2
Total	166	52

76.1% of criteria had sufficient evidence

Public Health Services Organizational Capacity

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Workforce

- Identified excellent goals for the workforce for state and local staff
- Standards will enhance the educational preparation of the workforce
- Measures to meet the goals, including statewide workforce assessment, continuing education requirements, and position qualifications have not been taken

15

Governance

- SBOH takes role as policy leader and advocate for public health seriously
- It is unclear whether SBOH has authority to approve IDPH budget and whether they receive a financial report every six months

12

Community Assessment & Planning

- Strong technical assistance and resources provided by regional consultants on CHNA
- Community partnerships
- Annual updates of Vital Statistics/Health Indicators
- A statewide comprehensive health assessment is not completed
- CHNA&HIP is an aggregation of 99 county health assessments

16

Evaluation

- Components (e.g., goals, objectives and performance measures) for doing effective evaluation are present
- No demonstration of the evaluation of the components
- Current data is shown, but comparison to goals or historical data (analysis) is not defined or presented

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Healthy Behaviors

- Many electronic databases of community programs
- IDPH provides tools for advocacy and strategy development
- IDPH needs to be more visible on initiatives/programs
- Weak communication with local agencies on other funding opportunities

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Prevent Epidemics

- Good tools to submit data for surveillance
- Strong justification of capacity
- UHL actively seeks input from providers
- Terminology of criteria may not capture the intent
- Expertise was not substantiated
- Demonstration of measuring knowledge

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Emergency Response

- Well organized and solid evidence
- Good use of templates
- Take advantage of events to exercise and improve the plans
- Use recent completed examples as evidence
- Response plan to SBOH and HSEMD

22

Environmental Hazards

- Relationships between local and state are excellent
- Resources, training, orientation are strengths
- Fragmentation of services at state and local level and with local public health agencies
- Lack of comprehensive data management system

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“The best thing about the state agency is that it exhibits leadership with vision.”

--Local Public Health Administrator, January 2009

23

Prevent Injuries

- Data on a wide range of injuries
- Excellent focused statewide prevention activities
- Strong public information pieces
- Little evidence of assistance to local public health agencies
- Source for evidence-based practice was lacking

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Thank You!

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Appendix C. Consolidated Comments

Criterion	Met	Not Met	Comments and Suggestions
Governance			
GV 1a	✓		The SBOH minutes show compliance.
GV 1b		✓	The criterion should be reconsidered. IDPH cannot be held responsible for the actions of the Governor. The standard should refer to actions by IDPH or the SBOH. For example: "IDPH seek commitment..."
GV 2a	✓		Evidence supported criterion.
GV 2b	✓		Sufficient evidence is shown, however, the 2006 request does not show current activity. Suggest using only current documentation.
GV 2c	✓		There is sufficient evidence to warrant "met," however, the criterion should probably be changed to require an orientation for NEW members, offered annually. IDPH cannot control the actions of the local boards to attend an annual orientation.
GV 2d	✓		Evidence is sufficient.
GV 3a	✓		While this standard is treated as met, there are problems with the criterion. Who is assumed to be the SBOH.
GV 3b	✓		More examples could have been provided. Excellent logic model.
GV 3c	✓		Criterion could be more clear. Who provides guidance to the director?
GV 3d	✓		Criterion should state who is offering consultation. In this case, SBOH.
GV 3e	✓		Criterion should be changed to eliminate annually. This may be too limiting. Allow the SBOH to set periodicity.
GV 3f	✓		Evidence supported criterion.
GV 3g	✓		Clearly met with the 2007 report.
GV 4a		✓	No evidence provided.
GV 4b	✓		Evidence supported criterion.
GV4c	✓		Evidence supported criterion.
GV 4d	✓		Evidence supported criterion.
GV 5a	✓		Plan to meet the initiative.
GV 5b	✓		Evidence supported criterion.
GV 6a		✓	Minutes do not show an actual vote by the SBOH. It is not clear if the SBOH has authority to approve the budget.
GV 6b	✓		More current evidence would have been helpful. Only 2007 examples were given.
Administration			
AD 1a	✓		There did not appear to be a specific reference to technical assistance or referrals related to facilities, but the overall categories could include that.
AD 1b		✓	Fire Marshal's report (done in May of 2006) requires a correction plan within 60 days which was not provided as part of the evidence.

Criterion	Met	Not Met	Comments and Suggestions
AD 1c	✓		Appropriate examples provided. Suggestion: Information on HIPPA was not highlighted and probably should be since it is the major federal regulation on this topic.
AD 1d	✓		Evidence supported criterion.
AD 1e	✓		Suggestion: This criterion may include too much - "reasonably accommodate," "efforts to eliminate transportation barriers," and "barriers for special populations" are vague and therefore open to interpretation. "Special populations" appear to include those for whom English is not the primary language, the disabled, and substance abusers, among others, based on the examples provided.
AD 1f		✓	Work schedules and ability to call staff back for "outside of normal business hours" included. Not clear how this shows that these hours "reasonably accommodate the public." There is no recognition in the "standby and call back policy" of the need for access to IDPH "expertise" beyond normal business hours (e.g., epidemiological expertise for an outbreak). Suggestion: Ideas for evidence could be a client satisfaction survey to determine adequacy of hours, access to expertise at local public health offices, or documentation of 24-hour access. IDPH may wish to change wording or define "reasonably accommodate."
AD 1g	✓		Evidence supported criterion.
AD 2a	✓		Evidence supported criterion.
AD 2b	✓		The structures are clearly in place for IDPH to accomplish this criterion.
AD 2c	✓		All of the procedures, guidance and training are in place to assure that this criterion is met.
AD 3a	✓		Evidence supported criterion.
AD 3b	✓		Evidence supported criterion.
AD 3c		✓	Is there a grid for all programs? One was supplied for EH3c-S#1. The criterion references county attorneys, but the evidence did not apply to attorneys, but more to health officers and law enforcement officers. Does the criterion need to be changed?
AD 3d	✓		Evidence supported criterion.
AD 3e	✓		Evidence supported criterion.
AD 3f	✓		Evidence supported criterion.
AD 3g	✓		Evidence supported criterion.

Criterion	Met	Not Met	Comments and Suggestions
AD 4a		✓	IAC reference assures human resources are in place. The criterion states to provide information and resource referral to local public health agencies. The WIC policies and procedures is a guideline for required training. Not all WIC agencies are local public health agencies. The criterion states resources to local public health. This criterion also states compensation plans. IAC requires agencies to have a salary/wage schedule. The evidence does not support providing information and resources for human resource policies and compensation plans.
AD 4b		✓	No evidence provided.
AD 4c	✓		A survey is available. Are local public health agencies aware of this resource? WIC and the Substance Abuse Programs are not always local public health agencies.
AD 4d	✓		Human resource policies are in place. Maintenance of the required policies is questionable. Latest revision was November of 2003. New training record had current information. State of Iowa Employee handbook had a date of October 2003. Evidence is present however, it is dated. Is it reviewed/maintained?
AD 4e		✓	Evidence did not provide position descriptions, qualifications, responsibilities and essential functions. The evidence was weak to support position descriptions. Evidence was provided of annual review.
AD 4f	✓		Evidence supported criterion.
AD 4g	✓		Evidence supported criterion.
AD 4h	✓		Evidence supported criterion.
AD 4i	✓		Evidence supported criterion.
AD 5a	✓		Evidence supported criterion.
AD 5b	✓		Evidence supported criterion.
AD 5c	✓		Evidence supported criterion.
AD 6a	✓		It would be hard to not meet this criterion, since there are no qualifiers, such as "increased," "diverse," or "stable."
AD 6b		✓	Evidence is not strong enough to support this criterion being met. Only one program is shown as an example. Web site does not list grants awarded.
AD 6c		✓	Either change the criterion or meet the quarterly obligation in this criterion.
AD 6d	✓		It is impossible for a state agency to NOT meet this criterion. A qualifier related to the quality of the budget or the input required before the budget is finalized would be helpful. Note: There is a contradiction with GV6a which states that the SBOH approves the budget. The evidence states that this is not done.
AD 6e	✓		Whether this criterion is met depends on the definition of a financial report. The evidence is less tight than a typical financial report which includes customary financial documents.
AD 6f	✓		Standard accounting procedures and policies are practiced.
AD 6g	✓		Audits are required and performed by the state auditor.

Criterion	Met	Not Met	Comments and Suggestions
AD 6h	✓		Evidence supported criterion.
AD 7a	✓		The evidence shows several databases. It is unclear of what the criterion means as "data collection systems." Is the system broader than the database?
AD 7b	✓		This assessment interprets data reporting entities as external to IDPH, therefore, evidence #1 seems misplaced. Evidence #2 and #5 do not appear to be data reporting entities, rather data recipients. Evidence #3 and #4 seem to be a better fit.
AD 7c	✓		It is surprising to not see references to HIPAA.
AD 7d	✓		There is not strong evidence of interpretation and analysis. Data shown does represent some level of analysis in certain instances. Other instances are simply a reporting of findings.
AD 7e	✓		This criterion has strongly supported evidence.
AD 7f			There is no evidence of quality assurance on the data in the materials provided. The criterion addresses the use of national and international standards to assure data quality and the evidence supports reporting standards not data quality standards. Suggestion: Stronger evidence would present Health Information Technology Standards Panel (HITSP) references or a quality assurance methodology for data quality.
Communication and Information Technology			
IT 1a		✓	The evidence provided does not address the computer infrastructure, compatibility and internet capability. A HAN data application is shown and this only complies with a portion of the criterion.
IT 1b	✓		Evidence supported criterion.
IT 1c	✓		Good evidence to support this criterion.
IT 1d	✓		The criterion require collecting, storing, retrieving and retaining records and data. A combination of all evidence provided meets the criteria but none does on its own.
IT 1e	✓		Evidence supported criterion.
IT 1f	✓		Evidence supported criterion.
IT 1g	✓		Good evidence of use of GIS data.
IT 2a	✓		Evidence supported criterion.
IT 2b	✓		Good representation of diverse communications infrastructure for state with local agencies.
IT 2c	✓		The evidence demonstrated redundant communications for emergency situations as well as day-to-day activities.
IT 2d	✓		Strong evidence for this criterion.
IT 2e	✓		Evidence supported criterion.
IT 2f	✓		Evidence supported criterion.
IT 3a	✓		Evidence supported criterion.

Criterion	Met	Not Met	Comments and Suggestions
IT 3b	✓		The direct evidence does not demonstrate monthly updates. This is especially true for the Emergency Contact List which could have a monthly review date that demonstrates the list is current.
IT 3c	✓		Evidence supported criterion.
IT 3d	✓		Evidence supported criterion.
IT 3e	✓		The evidence demonstrated reviews conducted within the past year in most instances. What was not shown was the prior revision date to validate that no more than a year has passed since the prior revision.
IT 4a	✓		There is good evidence of meeting this criteria addressing divergent audiences.
IT 4b	✓		A diversity of communications methods is demonstrated in the evidence.
IT 4c	✓		Evidence fully met the criteria.
IT 5a		✓	IDPH is to be commended for the intent and plan in establishing the data warehouse. "Not Met" signifies that the criterion has not yet been met.
IT 5b	✓		Several examples of web-based data for dissemination were presented and fully meet the criterion.
IT 5c	✓		Good evidence provided to refer individuals to additional data not collected by IDPH.
Workforce			
WK 1a	✓		Evidence supported criterion.
WK 1b	✓		This is only met because of the exemptions given.
WK 1c	✓		Evidence supported criterion.
WK 2a	✓		There is actually no clear measure for "adequate." Measures should be developed for this criterion.
WK 2b	✓		Identification of assessment tools should also include a workforce needs survey or similar way to identify needs. IDPH could work with local universities to create and administer such a study.
WK 2c		✓	No evidence provided.
WK 2d		✓	No evidence provided.
WK 2e	✓		At least partially met through the IDPH Workforce Development Plan.
WK 3a	✓		Additional competency models are available through Dr. Kristine Gebbie's work, ASPH and others.
WK 3b	✓		Evidence supported criterion.
WK 3c	✓		The criterion should be simplified.
WK 3d	✓		Evidence supported criterion.
WK 3e	✓		The criterion appears to be redundant with other criteria.
WK 3f	✓		Evidence supported criterion.
WK 3g		✓	No indications that the criterion has been met and that staff are receiving 15 hours of continuing education a year. Although not in place, is there a reporting system developed?

Criterion	Met	Not Met	Comments and Suggestions
Community Assessment and Planning			
CA 1a	✓		Very clear technical assistance, consultation, information, capacity building, and resource referral to IDPH via regional consultants. Web-page looked concise and clear for the local public health agencies. This one is met because the criterion focused on the state's technical assistance to local public health agencies.
CA 1b		✓	Healthy lowans 2010 is considered a plan. There has not been a state-level community health assessment completed. There is evidence of health risks, vital statistics, and health indicators which include the local community health assessments. However, It was marked as unmet overall because Healthy lowans 2010 is considered a plan.
CA 2a	✓		Advisory user group is comprised of state and local representation.
CA 2b	✓		Methods to update the health profiles, such as vital statistics and the STD annual data is updated annually. This criterion is met, however, the overall standard is not met because of the lack of a state-level community health assessment.
CA 2c		✓	Local community information is evident but no evidence of a state-level health profile is completed or even in the process.
CA 2d		✓	There is some evidence of state data to compare to local and national indicators. It is unmet because there is not a state-level community health profile.
CA 3a	✓		Stakeholders are invited to participate in community assessment and planning.
CA 3b	✓		This is met, however, the connection of the table of organization with facilitating communication and collaboration was unclear. Suggestion: Evidence to support this criterion could be minutes from a collaborative meeting, agency visit or regional meeting addressing the planning process. The explanation of the evidence is understandable, program staff meet with stakeholders, however, the table of organization does not provide evidence of that process.
CA 3c	✓		Documentation for planning activities and engagement of stakeholders is present. What is lacking is the end product or the the state-level community health assessment. The evidence supports ongoing activities. Criterion states engagement of stakeholders in assessment and planning.
CA 4a	✓		The development of a reporting process for community health improvement is evident.
CA 4b		✓	A state-level community health assessment has not been completed. Healthy lowans 2010 is the plan, therefore meeting that portion.
CA 4c	✓		The state-level community health improvement plan (Healthy lowans 2010) is evident in the RFP for entities wanting to apply for this funding. The letter from Louise Lex addresses national indicators. State, local and national indicators are listed on the spreadsheet.
CA 4d	✓		Progress notes are documented.

Criterion	Met	Not Met	Comments and Suggestions
CA 5a		✓	The immunization assessment report provided both state and local statistics. It does not address the process to stakeholders. It provides data to stakeholders. The workforce letter is one piece of the state-level community health assessment process. A state-level community health assessment has not been completed.
CA 5b		✓	No state-level community health assessment was completed. However, the plan has been established and the plan has been disseminated.
CA 5c	✓		The evidence provided evaluated the effectiveness of communication strategies in relationship to health status and health needs of the community.
Evaluation			
EV 1a	✓		The criterion for EV1 is broad and could be met with documentation from any program. Consider tightening the specifics for the documentation. Evidence #1 clearly demonstrates work on quality improvement and program evaluation while evidence #3 is a program report that is less supportive of program evaluation. Discussion with local public health officials indicates this is not consistent and not department-wide.
EV 1b		✓	No evidence provided because this systematic process is not available to any program it sets up EV1c-S and EV1d-S for failure.
EV 1c		✓	The evidence identifies a product and a distribution list but does not present the establishment of a process or documentation of evaluation.
EV 1d		✓	The evidence shows proper intent to make change and improve programs but lacks evidence of evaluation results.
Prevent Epidemics and the Spread of Disease			
PE 1a	✓		Evidence #1 seems more related to response than surveillance. Suggestion: Neither the standard nor the criterion clarify surveillance of what so that may need to be clarified.
PE 1b	✓		The criterion is not clear. How does one do "surveillance on federal, state, local laws and ordinances?" Not sure what evidence should demonstrate this. There is clear evidence that technical assistance, consultation, information, etc., are provided regarding surveillance, but the link to "federal, state, local laws and ordinances" could not be found. Based on information provided in interviews, this refers to reportable disease laws, so with that assumption, the criterion was noted as "met."
PE 1c	✓		The capacity is clearly there; however, expertise is harder to confirm without knowing either the qualifications for or credentials of persons in these positions.
PE 1d	✓		The intent appears to be for IDPH to develop and maintain the resources so others can assist with disease surveillance. It is not clear who else would make recommendations to IDPH ("state recommended") so the wording of this is confusing relative to the evidence provided, based on the assumption about intent noted above. Evidence was provided that IDPH develops and maintains these resources.

Criterion	Met	Not Met	Comments and Suggestions
PE 1e	✓		Additional evidence could be a crosswalk between the list of tests by UHL and the list of reportable diseases for evidence #1.
PE 1f		✓	Clearly documented (e.g., with e-mail and survey) the desire of the state lab to hear from and be responsive to providers, however, there was no evidence of "ability to respond" (i.e. capacity). Suggestion: Make a stronger link between the standard and this criterion as it is not clear how the criterion relates to surveillance.
PE 1g	✓		Two of the pieces of evidence (#1 and #4) relate more to use of surveillance than to training. Evidence #2 and #3 show training is available so criterion is met.
PE 1h	✓		Difficult to follow the criterion and evidence provided. Should the criterion be "make available resources for disease surveillance activities" or "assure use of state recommended resources in surveillance activities?" None of the evidence showed the state's use of its own manuals, forms, etc. but showed local use of state provided resources and/or assuring that locals followed that guidance. Criterion met assuming that was intent.
PE 1i	✓		Evidence supported criterion.
PE 1j	✓		Suggestion: "Surveillance initiatives" may need to be defined. Expected to see evidence on partnerships and how to collect better surveillance data; the evidence presented related to partnerships and what to do when the data indicate there is a problem. Assuming the intent relates to use of data to take action, then the criterion is met.
PE 1k	✓		"Evaluation" of systems is different than just providing the data from the system. Enough of the evidence included some component of looking at the effectiveness or components of the system to say the criterion was met.
PE 1l		✓	No evidence provided.
PE 1m	✓		It is clear that training has occurred. An overarching concern relates to the part of the criterion that says "staff members are knowledgeable" and how that can be demonstrated as part of evidence.
PE 2a	✓		Evidence #1, #2 & #5 had clearly defined policies and responsibilities between IDPH and local public health agencies. Evidence #3, the Medicaid Manual, is from IDHS, and a statement is provided to contact the Iowa Lead Program under the lead screening and this gives a relationship between Medicaid and the Lead Program. Evidence #4 indicates the surveillance system is in place. However, the Lead Poisoning Prevention Program states the process as related to Title V agencies. Suggestion: Not all local public health are Title V contractors. Is the goal to reach public health, subcontractors or both? The criterion states local public health and state responsibilities.

Criterion	Met	Not Met	Comments and Suggestions
PE 2b	✓		All the evidence provided reflects a comprehensive plan that includes local public health. Evidence #5 is under development and is the framework to meet the criterion to communicate between IDPH and local public health agencies. The EPI Update is also a good tool for communication weekly. How are local agencies aware of the comprehensive communication plans at the state level?
PE 2c	✓		Evidence #1, #2, #3, and #4 had clear disease follow-up and outbreak management. The DHS Medicaid Manual, the part highlighted for evidence, did not have follow-up and outbreak management, it merely states who should be tested.
PE 2d		✓	Regarding evidence #1 and #2, the expertise of the positions, such as qualifications for the job, are not stated. They only include responsibilities/duties. Who is qualified to do these duties? Also, the training document is nice, however, attending a conference does not necessarily mean a person is more qualified in their field. Is there a requirement for continuing education for EPI staff? The contract with CDC for an epidemiologist is strong support for expertise. Regarding evidence #5, was this letter signed by the State epidemiologist? Referencing CDC guidelines is strong but who signs it as the expert?
PE 2e	✓		Assistance, information and resource referral is available through regional technical assistance.
PE 2f	✓		Management is available for local public health agencies in evidence #1 through #4. Evidence #5 states using STD, HIV Prevention Programs, IPP Programs, Family Planning clinics, etc. Local public health agencies are not listed in the evidence, would they be involved or notified of disease outbreak/follow-up if they do not operate the prevention program? Criterion lists local public health agencies.
PE2g	✓		Reportable disease policies depict activities to be taken in accordance with state recommended resources. It is assumed the CADE-SOP and the EPI manual are the state recommended resources.
PE 2h	✓		All evidence shows community partnership/collaboration. The crypto letter shows a cooperative partnership with local health officials. The manual is a cooperative effort. The IDAC states partnership with "entities." The evidence provided of the Iowa Health Care Collaborative is a web-site that does not address who are the stakeholders. Suggestion: Include meeting minutes listing IDPH staff in attendance.

Criterion	Met	Not Met	Comments and Suggestions
PE 2i		✓	The evidence has the updates to partners in regards to what diseases are going on in the state, however, there is not a process to evaluate the investigation system. There is a reference in the TB Program's evaluation goal, "The goal of the evaluation is to determine the effectiveness of the Tuberculosis Contact Investigation System (TCIS) in improving the outcomes of contact investigations in Iowa. This evaluation will help determine which aspects of contact investigation have improved as a result of this reporting system and which need further attention." Evaluation of the investigation system was not located in any of the other evidence provided.
PE 2j	✓		Lessons learned are documented on significant events. More current data would present better evidence for this criterion (e.g., histoplasmosis). Was there another event after the 2004-2005 flu vaccine shortage? Maybe they are not considered as "significant."
PE 2k		✓	No evidence provided.
PE 2l		✓	Trainings are documented. How do you assess if someone is more knowledgeable by attending a training/conference? Again, is there a requirement for continuing education for epi staff? Is there a competency for epi staff to measure their knowledge?
PE 3a	✓		The structure of the criterion is such that "individuals, communities and the environment" encompass who the measures are for and environment is one topical area that may be addressed. The semantics are awkward.
PE 3b	✓		The term distribute makes it difficult to evaluate placing an item on the website unless evidence can demonstrate hits from partners. Consider a term such as disseminate or disperse.
PE 3c		✓	The IDPH website shows state laws but did not reference federal or local laws and ordinances. The criterion stipulates that federal, state, local laws and ordinances are shown. This "not met" is caused by the wording of the criterion.
PE 3d	✓		Evidence #1 and #3 stand alone as documentation of this criterion. Evidence #2 works when incorporated with the description on the cover sheet but would not stand alone as evidence.
PE 3e	✓		The evidence provided a sense of capacity available but was weak in identifying that it was used as surge for local health agencies.
PE 3f	✓		The evidence provided fully met this criteria for Standard PE3.
PE 3g	✓		The criterion for this standard has six different components about three strategies for two different audiences. This leads to 36 different possibilities. Suggestion: Consider dividing the desired deliverables. Additionally, the criterion challenges you to demonstrate evidence for terms such as "effective education" and "timely."
PE 3h		✓	The evidence provides data goals and progress information but lacks an evaluation of effectiveness as called for in the criterion.
PE 3i		✓	No evidence provided.

Criterion	Met	Not Met	Comments and Suggestions
PE 3j	✓		The evidence lacked demonstration of knowledge. Gaining access to the LMS allowed viewing of courses completed that require testing of the staff involved. A photocopy of a person's after training test would have been beneficial.
Protect Against Environmental Hazards			
EH 1a		✓	No evidence supplied. From the interviews with local public health officials, EH programs are fragmented at the state and local levels. Additionally in the phone conversation with a local EH official, there is fragmentation of EH from PH (e.g., hospital contract) for the community. Iowa has some comprehensive EH approaches that are not mentioned (e.g., Healthy Homes program funded through a CDC Capacity Building Grant, EPA CARE Grant to Cerro Gordo County, Community EH Assessment using PACE EH approach funded through CDC to Linn County and an EHS-Net grant through CDC EHSB).
EH 1b		✓	The first example is a Supplemental Service and not a Core EH Service. Evidence #2, "How to Write Policies and Procedures" doesn't show the criterion language EH 1c-L, which includes complaint handling, inspection requirements, etc.
EH 1c		✓	Good initial training is supplied for new practitioners. The evidence mentions external pool program review. Is this done in all program areas? Could peer review/sharing best practices be done across counties/regions? Could deviation from norm measures be constructed? A local EH official mentioned local forms being used. Standard forms from the state level would help drive standardization.
EH 1d	✓		It appears from the evidence that there are good working relationships between the state EH office and the local EH officials in the areas of consultation, technical assistance, and resource referral. Are these assistance request answers kept in a library or on the website FAQ's for others to access?
EH 2a	✓		Evidence supported criterion.
EH 2b		✓	Only one example - water fluoridation - is given as evidence. A robust web-based EH data system for all programs would ensure compliance with this Standard and a several other Standards.
EH 2c	✓		Should the EHS Net research projects be included as evidence?
EH 2d	✓		Suggestion: Maybe seek funding through CDC as an EH Tracking state to enhance the data sources?
EH 2e	✓		Are there any University resources that could be tapped as EH Technical Resources? None are mentioned as evidence.
EH 2f	✓		The state EH office appears to make every effort to provide needed consultation, technical assistance and resource referrals to the local EH practitioners.
EH 2g		✓	These evidence documents seem to relate to Occupational Health and not Environmental Health. A comprehensive web-based EH data management system would allow some measurement of EH program impact.

Criterion	Met	Not Met	Comments and Suggestions
EH 3a		✓	The evidence shows the pool program which is a supplemental program. Are there auditing processes for Core EH programs? Again, it appears that a web-based system would allow review of financial, inspection records and other contractual details. No evidence was supplied about how enforcement is applied if contractual arrangements are not met.
EH 3b	✓		It appears excellent support is given from the state to the local EH practitioners.
EH 3c	✓		Has a spreadsheet of locals fees been created? As the financial stresses increase, the spreadsheet could help counties seeking to increase fees, and thus improve program revenues.
EH 3d	✓		Evidence supported criterion.
EH 3e		✓	The evidence only has a few program examples and does not include all of the EH programs. A web-based data management system would allow IDPH to meet this criterion.
EH 3f		✓	There is only one example given for mammography. A data management system would allow IDPH to pull up unresolved cases when questioned by state legislators, or when assigning excess work loads for example.
EH 4a	✓		Only one example given which is an email to a new supervisor. Is there any evaluation of coordinator performance at a later date before a yearly performance review for early correction of supervisory issues?
EH 4b	✓		Excellent updates from the state to the local level.
EH 4c	✓		Evidence supported criterion.
EH 4d	✓		There appears to be an array of training given by state staff. Has there been a survey of local and state EH workforce training needs?
EH 4e	✓		Evidence supported criterion.
Prevent Injuries			
IN 1a	✓		Provided good examples of a wide range of injury data.
IN 1b	✓		Evidence supported criterion.
IN 1c		✓	Although good evidence of targeted statewide injury prevention activities is provided, there is no state-level community health assessment or state-level health profile to be used to determine need.
IN 2a	✓		Evidence directly linked to assisting local health departments is weak. Except for evidence #1, local agencies were part of a much larger target audience and often not specifically mentioned.
IN 2b	✓		While product recalls are based on evidence that the product has resulted in injury, only one of the other pieces of evidence speaks to use of evidence for determining what interventions should be shared. The others are more informational in nature.
IN 2c		✓	IDPH acknowledges that there are multiple, not one or "a," statewide injury prevention advisory council. They are to be commended for the work in moving toward that council.

Criterion	Met	Not Met	Comments and Suggestions
IN 2d		✓	There are excellent programs described, but there is no way to determine if these link to needs on the state-level community health assessment process since there was no evidence of a state-level community health assessment.
IN 2e	✓		Good, clear and easily read examples of information for the public provided. Developing excellent information for the public appears to be a strength for IDPH.
Promote Healthy Behaviors			
HB 1a	✓		Technical assistance is clearly a State responsibility, but nothing in the evidence spoke to the annual part of the criterion.
HB 1b	✓		Only one of the six pieces of evidence spoke to the "advocacy" part of the criterion. Good evidence of the existence of electronic databases. Suggestion: The criterion (community programs) did not appear to be specific enough to clearly relate to the standard. It is not specific to health promotion and prevention services and none of the evidence related to assuring "review" of such services.
HB 1c		✓	No evidence that submission is required (e-mail says "please think about"). The statement on the cover sheet under "Divisions work together..." verifies this.
HB 1d		✓	No evidence as stated by IDPH. Suggestion: Memos to the other state agencies would provide evidence for this criterion.
HB 1e		✓	What constitutes a state-level community health assessment for Iowa? Not able to find a "State level community health assessment" or "State-level health profile" in any of the evidence links to see if examples related to the the "risks" on that document. The Woodbury County/Siouxland community health assessment did not prioritize oral health according to the county maps.
HB 2a	✓		Evidence supported criterion.
HB 2b	✓		Evidence supported criterion.
HB 3a	✓		It is not clear to whom this is disseminated (e.g., Quick Reads seems to be internal) or to whom it should be disseminated (vague criterion). Suggestion: There is not a clear link between the criterion and the standard (to assure health promotion and prevention services).
HB 3b	✓		It is not always clear what the source of the best practice or evidence was for the evidence provided. Evidence #5 shows the clearest link to a source.
HB 3c	✓		Quitline has a link to IDPH, but it does not clearly show IDPH is the sponsor. Maybe it is angle of picture of the billboard but IDPH does not appear to be anywhere on the billboard.
HB 3d	✓		It was not clear if the Early Childhood Iowa website and Iowa Healthy Links System actually linked individuals to specific providers which appears to be the intent of the item.

Criterion	Met	Not Met	Comments and Suggestions
HB 3e		✓	No evidence on how IDPH assists jurisdictions to find these grant opportunities. There are no clear links to the topics in HB3a-L on the grant sites included as evidence.
Prepare for, Respond to, and Recover from Public Health Emergencies			
ER 1a		✓	The evidence shows a position description. Are there any documents from this person to show state plan review and update comments have been completed?
ER 1b	✓		The evidence has 2005 and 2006 documents. Have these been updated? Have crosswalks been created to DHS and CDC documents?
ER 1c	✓		These are good templates. Suggest putting in completed template examples from a local agency or the back page of one that was signed.
ER 1d	✓		These are good templates.
ER 1e	✓		These are good templates. The spreadsheets showing dates for each of the counties allowed this Standard to be met.
ER 1f	✓		There appears to be good coordination with Homeland Security and the Emergency Management Division, with IDPH and the hospitals.
ER 1g	✓		Evidence supported criterion.
ER 1h		✓	No evidence supplied. IDPH should seek approval of the state public health emergency response plan by the State Board of Health (address HSEMD).
ER 2a	✓		Evidence supported criterion.
ER 2b	✓		Evidence supported criterion.
ER 2c	✓		It appears that public health rostering for EOC activation is well organized.
ER 2d	✓		Evidence shows multiple response partners.
ER 3a	✓		The evidence appears to show a wide array of standardized exercise tool-kit items.
ER 3b	✓		Evidence supported criterion.
ER 3c	✓		Evidence supported criterion.
ER 4a	✓		Are there any "hotwash" materials from actual events that could be turned into resource materials?
ER 4b	✓		Evidence supported criterion.
ER 4c	✓		Evidence supported criterion.

Appendix D. Facilitator Bio

Angie Tagtow is a registered dietitian and an environmental nutrition consultant with more than 17 years working in public health and community nutrition arenas. Her expertise includes assessment, planning and evaluation; policy development; training and facilitation; and consumer education.

Currently, Angie is a national Food & Society Policy Fellow with the Institute for Agriculture and Trade Policy, working to educate consumers, opinion leaders and policy-makers on ecological approaches to food and health and the public health benefits of community-based food systems. In addition to serving as a fellow, Angie is a national speaker dedicated to assuring all eaters have access to “good food.” Her “Good Food Checklist” series has been distributed to audiences across the country.

Angie serves as the managing editor of the *Journal of Hunger & Environmental Nutrition*, a publication she helped launch in affiliation with the Hunger and Environmental Nutrition Dietetic Practice Group of the American Dietetic Association. She is a guest co-editor of a special issue of the Journal devoted to sustainable food systems and has authored many papers on this issue. Angie has held several leadership positions in dietetics and public health at the state and national levels.

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