## Comments Received by E-mail

**From: Kerrie Hull [mailto:khull@calhouncountyiowa.com]**
Sent: Monday, June 6, 2016 2:11 PM
To: Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>; Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
Subject: Partnership Development meetings

I just wanted to follow-up with you after the meeting that I attended in Ankeny last week. First, I really appreciate the time and commitment you are putting in to this effort. It will be the way of the future as I see it in not only healthcare, but 911 PSAP's, fire protection, etc. It will take time and not everyone will follow willingly.

Really my only concern is your stating that the state will determine these districts. From previous experience with Homeland Security and having to follow the money these regions were used. Once the money stopped so did the regions. The EMA districts that were started years prior by the EMA groups themselves, still operate today. No money attached. I realize that you are concerned because of the 74 Health Care Coalitions, but you told them it was okay to be a single county level even though larger was more desirable. If you start this process and tell us that we need to make a district no less than 8 counties or no more than 15 counties (arbitrary numbers, use what you foresee) then we will make it work based on who we use for resources, talk to for ideas, partner with, etc., I think we can make these work for many years to come. As time changes, hospitals come or go, these districts may need to change as well. If counties get left out or problems with areas not forming appropriate districts, then the Department can step in.

Again, my two cents and thank you for listening and continuing to work for a better system in Iowa.

Sincerely,
Kerrie

**From: Mackenzie Hickenbottom [mailto:clarkeph2@mediacombb.net]**
**Sent:** Friday, June 24, 2016 2:37 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Regions for EP

Zach Woods and I wanted to reach out to you and make a request that when regions begin to form we would like to work with the Healthcare coalition that Madison Co and Warren Co are a part of now. We have good working relationships with them and think we would benefit from their knowledge and experience. We know we do not have a final decision, but wanted to reach out for the suggestion! Thanks so much and have a great weekend!

Mackenzie Hickenbottom RN, BSN

Administrator

Clarke County Public Health

**From: Kim Dorn [mailto:kdorn@marionph.org]**
**Sent:** Wednesday, June 29, 2016 10:23 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:**

I decided to email you and let you know where I am steering our department, just in case that is even possible to get into the mix on “region assignments”, or what-ever you all are calling them. We are working to try to create a service area that is consistent in many of our areas of programming. I took our ECI service area, our MCH service area, and our mental health service area, and we applied for MCH this year based on those counties. We have been awarded all of the counties that we applied for in MCH; SIM award is all but Jasper and Poweshiek, which I hope to shore up the next cycle. Our overall philosophy is to subcontract to local public health as much of the service as possible and appropriate, based on the local PH willingness and ability to actually do and document the work done. Naturally, each contract that we get from the state has its own “way” and we will follow that. We would be willing to be the fiscal agent for this area.

Jasper

Poweshiek

Marion

Clarke

Monroe

Lucas

Ringgold

Decatur

Wayne

Appanoose

If you needed us to do a few additional, we would certainly be open to that to make it work.

Thanks!

Kim

Kim Dorn BA, MBL, Director| Marion County Public Health Department

**From: Carey Kersey [mailto:ckersey@co.carroll.ia.us]**
**Sent:** Friday, July 29, 2016 4:36 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

Can we get more information on how these areas were put together? One-third of the State's population has been lumped into a single area. This would make sense if there were only 3 service areas State-wide, but there isn't.

Also, how will funds be divided?

Please provide more details,

Thank you.

Carey Kersey

Carroll County Preparedness Coalition

**From: Dan Turner [mailto:turnerdan94@gmail.com]**
**Sent:** Friday, July 29, 2016 4:32 PM
**To:** Carfrae, Alex [IDPH]
**Subject:** Re: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

Why is one of the seven service areas (red) comprised of 25% of the counties in Iowa and the vast majority of Iowa's population?

Our biggest concern, as is many others, is distribution of funding. Many services rely on this funding for various aspects of EMS, mostly training of staff and creating an EMS system. So when I see 6 major hospitals and 2 urban areas in the same region as little ole Pella, we get real nervous that we will be forgotten in all the funding.

**From: Tom Benzoni [mailto:benzonit@gmail.com]**
**Sent:** Saturday, July 30, 2016 11:22 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Fwd: TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

How closely do these areas align with current destinations?
A failure point in disasters is lack of common culture.
The culture is built long before the disaster.
It is primary that the same groups work together across agencies.
Tom

**From: Gwen Buck [mailto:gwenb@greaterregional.org]**
**Sent:** Sunday, July 31, 2016 11:31 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Robin Sevier <Robins@greaterregional.org>
**Subject:** Service Areas Emerg. Preparedness

My biggest concern is the very large area that we would be involved in:

- There are the most counties in this region
- There would be the highest number of individuals, as Polk Co. and Story Co. are both in this

Therefore, I fear there would not be equality among all of those counties/population involved.

Thank you for listening,

Gwen Buck, CCO

Gwen Buck

Chief Clinical Officer

Greater Regional Medical Center

Creston, Iowa

**From: Richard A Sidwell [mailto:rsidwell@iowaclinic.com]**
**Sent:** Monday, August 1, 2016 7:56 AM
**To:** Fischer, Michelle [IDPH] <Michelle.Fischer@idph.iowa.gov>; Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

For what little I know, this seems OK to me.

...Rick

**From: Jennifer Stender [mailto:stenderj@genesishealth.com]**
**Sent:** Monday, August 1, 2016 8:02 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Bethaney Conklin <ConklinB@genesishealth.com>; Clinton County [IDPH] <Cullenm@genesishealth.com>; Sarah Hobbs <HobbsS@genesishealth.com>; jean.hayes@jcrhc.org
**Subject:** Service Area's Response

Please consider moving Jackson County to the region with Clinton and Scott Counties. Jackson County Regional Health Center is under management agreement with Genesis Health System in Scott county and recently signed a five-year agreement for the management services which was effective July 1, 2016. Options are being explored for a deeper affiliation between Jackson County Regional Health Center and Genesis Health System which could potentially occur during this five-year agreement.

Genesis Visiting Nurse Association acquired Jackson County Public Health and Visiting Nurse several years ago. Genesis Visiting Nurse Association maintains responsibility for Jackson County Public Health. We currently work with GVNA/Jackson County Public Health for Emergency Preparedness activities.

The current proposal for Jackson County to be aligned with the northeast section of the state would not promote the already established working relationships. It would likely lead to duplication of work due our current affiliations and management agreements.

Thank you for your consideration-

Jennifer Stender, BSN, RN, CRRN
Quality Specialist
Genesis Health System

**From: Dutch Geisinger [mailto:dgeisinger@safeguardiowa.org]**
**Sent:** Monday, August 1, 2016 8:39 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>; Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>
**Subject:** Time Critical Conditions Service Areas

I think this turned out as well as it could have. You guys did a lot of work and put as many factors as possible into the decision. I don’t know how you could have been more diplomatic about the process.

Dutch

Executive Director

Safeguard Iowa Partnership

**From: Kasper, Mike [mailto:Mike.Kasper@linncounty.org]**
**Sent:** Monday, August 1, 2016 9:30 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

The service areas are a concern to me. All of Iowa is split into 7 Homeland Security Regions to which all Emergency Managers coordinate the multi-jurisdictional response. Having the same service areas to work with as the Homeland Security Regions makes sense in that those agencies already collaborating within their regions had important plans and communications already in place for other joint responses such as Hazardous Materials, Law Enforcement, Emergency Management functions, as well as the new Statewide Communications System (ISICS). For the simplicity and continuity of joint responses, it makes more sense to align with those regions already established so no matter what Department is coordinating with each other or a State Department, it is clear from an administration standpoint where the advance coordination and planning are needed.

Lt. Mike Kasper, 57-12

Communications Commander

Linn County Sheriff's Office

**From: Frank Prowant [mailto:FProwant@AnkenyIowa.gov]**
**Sent:** Monday, August 1, 2016 10:22 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Brian Helland (bhelland@cityofclive.com) <bhelland@cityofclive.com>; Perrin, Christopher <perrinc@mgmc.com>
**Subject:** FW: PCFCA: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

I am very concerned with the alignment, creation of service areas or coalitions as provided in this email. While the justification appears to be patient flow pattern based, I think further discussion should occur.

The creation of a "super" service area of 24 counties may be very difficult to manage and develop any preparedness activities let alone any form of EMS System Development. Manageable size should be considered of smaller service areas as this will allow for preparedness and system development to occur.

Central Iowa EMS Directors has been building relationships within a nine county area (Polk, Boone, Story, Marshal, Jasper, Warren, Madison, Marion and Dallas counties). Currently we have solid relationships in five out of the nine counties in our organization.

I had the pleasure of attending the Central Iowa coalition meeting on Friday. Here we have a group well-meaning public health, hospital and EMA representatives (I was the only EMS representative) who were struggling to understand the direction IDPH/BETS is taking in the creating of these service areas/coalitions. They discussed the potential "service areas" and a picture someone had taken of a map with their cellphone. The group did appear to be hopeful of having additional money to spend and possibly being able to hire personnel to manage the "coalition or service area". I don't believe anyone in the room clearly understands the direction this is going. I know I don't.

In reviewing the attached "talking points" it appears we are striving to meet the PHEP/HPP Capabilities. While this is important, I don't understand how the creation of these "service areas" and "funding streams" will address improvements to our EMS System as Identified in the "NHTSA Report on Iowa's EMS System" or the "Iowa EMS System Standards" that you reference in the talking points document.

We do agree that developing cooperative working relationships is essential to improving system design and developing systems overall. The "Talking Points" encourages this discussion, but it doesn't state who the discussions should include or who should initiate the discussions.

Your attachments indicate a very fast moving project. This gives the impression that decisions have on the final direction of this project have been made with minimal input from all of the stakeholders involved. I am concerned where the project is going and how EMS System development will benefit.

Frank Prowant
Deputy Chief/Administration-EMS

**From: Jenni Swart [mailto:JSwart@co.franklin.ia.us]**
**Sent:** Monday, August 1, 2016 12:39 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Butler County [IDPH] <jebecker@butlercoiowa.org>; Floyd County [IDPH] <gail.arjes@floydcoiaph.org>; Franklin County [IDPH] <cwiarda@co.franklin.ia.us>
**Subject:** services areas

This tentative service area breakdown will break up our already established healthcare coalition. I feel comfortable and feel that our teamwork and understanding of mutual needs have been established. Over the past 12 years, I am comfortable to network with Jen (Butler) and Gail (Floyd) to work on common concerns.

Jenni Swart, RN, BSN

Franklin County Public Health

**From: Linda Bindner [mailto:bindnerl@mercyhealth.com]**
**Sent:** Monday, August 01, 2016 3:52 PM
**To:** Carfrae, Alex [IDPH]
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

The O'Brien County Healthcare Coalition has a meeting scheduled for Aug. 17th. However, I believe the positioning of O'Brien County with the other counties in the coalition is reasonable and consistent with our transfer patterns for time critical conditions. If there is concerns expressed at the meeting, I will let you know. Thanks.

Linda

**From: Tony Carter [mailto:twistwrist@southslope.net]**
**Sent:** Monday, August 1, 2016 9:26 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Proposed service areas

I would consider these changes. This is based not only on area population, but hospital capabilities, area coverage tighten-up, and ways of major travel/communication.

Carroll/Audubon with Council Bluffs area.

Franklin/Hardin with Webster City

Chickasaw with Waterloo

Also consider Poweshiek with Iowa City and Emmet with Mason City

The entire Des Moines area seems too lager and could overwhelm even the best prepared agencies.

Thank you

Tony Carter DO

AAEM representative EMSAC

**From: Lynn Ivarson [mailto:livarson@cherokeermc.org]**
**Sent:** Tuesday, August 2, 2016 9:26 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** County Alignment for the Preparedness Service Area

My suggestion is to include in the light blue northwest Iowa region, Buena Vista and Sac. Then put Emmet in with the light orange and Monona in with the aqua color in the southwest. I think making more of a way to have a central part of each region and not have counties to be "tagged on" with a group". I wouldn't want to be a county that doesn't really line up with others. I think it would lend to better planning. Thank you.

Lynn Ivarson, RN

CRMC Home Choice, Hospice and Public Health

Nurse Manager

**From: Michelle Hankins [mailto:MichelleF@HumboldtHospital.org]**
**Sent:** Tuesday, August 2, 2016 10:20 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Service Areas

As far as the service area map regions that are set out at this time, that works perfectly for me – that is a service area that I am already working within and I would appreciate keeping those partnerships.

Thanks for the asking for the feedback.

Humboldt County Public Health Administrator & Social Worker

**From: Christopher Ingraham [mailto:Christopher.Ingraham@lakeshealth.org]**
**Sent:** Tuesday, August 2, 2016 4:44 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Suggestion

After reviewing the map, probably the biggest thing I would ask myself is, what agreements do the local EMS and Hospitals already have in place with level 1's and 2's either within the state or out of the state? I see that Dickinson is grouped with Woodbury and when it comes to Trauma, Cardiac, Neuro last year only 9% of my transfers went to a Sioux City hospital. 65% of our patients that got transferred went to Sioux Falls, with the remaining going to other hospitals. Just to clarify that includes Trauma, Cardiac, Neuro, Pysch, GI, Ortho, Respiratory and Other. Even for infectious disease, we would transfer to Sioux Falls as it is closer unless IDPH mandated it go someplace else, which then it probably it isn't a time sensitive issue then if we have to transfer to Des Moines, Sioux City or Iowa City.

I would make these regions up of where the hospital transfers to the most because in a disaster that is where the majority of the patients are going to go to begin with. As the Trauma Coordinator, I do a monthly tally of where my patients go.

This is just my opinion.

**Chris Ingraham, RN/EMT/ER Manager/Trauma Coordinator**

**From: Ronald J. Osterholm [mailto:ron@cghealth.com]**
**Sent:** Wednesday, August 3, 2016 3:15 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Preparedness Service Section

I am not against the idea of service areas developed by in-patient and out-patient collected data. I absolutely agree that connectivity of public health, emergency medical service, hospitals, emergency management, etc. are critical when developing a comprehensive, responsible and systematic response.

My only concern is the large service areas are not going to be manageable. Change will be very slow if change even occurs. Cerro Gordo did not have a good experience during the times of Regions. It was basically little counties against a big county.

Cerro Gordo's current PHER partnership with Worth County has been great. Theresa as Worth County has done an excellent job managing the grant on our behalf. The two counties have made great advancements in the past year, but it is manageable.

Just my thoughts.

Ron

**From: Brian Hamman [mailto:bhamman@montgomerycoia.us]**
**Sent:** Thursday, August 4, 2016 3:42 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Preparedness Map

I would like to offer some feedback on the proposed preparedness map that was sent out last Friday afternoon. My suggestion would be that IDPH not reinvent the wheel with the map and mirror the 6 regions that HSEMD has established for emergency management within the state of Iowa. I think this would be the simplest and most effective way to continue what has already been established on the EM side.

Thanks for your consideration,

Brian Hamman, Director

Montgomery County Emergency Management

**From: Heidi Solheim [mailto:HSolheim@WaverlyHealthCenter.org]**
**Sent:** Thursday, August 4, 2016 4:19 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Heidi Solheim <HSolheim@WaverlyHealthCenter.org>; Jim Schutte <JSchutte@WaverlyHealthCenter.org>
**Subject:** SERVICE AREAS-FY 18 AND BEYOND

We reviewed the draft of the service area map at our hospital emergency preparedness meeting and have a few recommendations below. Please let me know if you have any questions. Thanks,

**Add the following to the red section:** Floyd, Chickasaw and Mitchell;

**Rationale** – Floyd and Chickasaw have been part of a coalition with Butler county for the past 4-5 years. We also have a family practice clinic in Nashua on the border between Floyd and Chickasaw. Strongly feel we should be working with those counties for preparedness.

**Remove the following from the red section and add to green:** Tama, Benton, Linn, Jones and Jackson.

**Rationale** – It seems like those counties should be with Iowa City's service area.

If Floyd, Chickasaw and Mitchell are moved to the red section, maybe orange and light green could be combined into one.

**Heidi Solheim, MBA** | Director
Community Relations, Waverly Health Center

**From: Pam Bogue [mailto:pbogue@bvcountyiowa.com]**
**Sent:** Thursday, August 4, 2016 4:42 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>; Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>
**Subject:** FW: Emergency Preparedness/EMS Region

I am forwarding this email I sent to the CEO of our local hospital regarding the reorganization of our Emergency Preparedness counties into regions. It is supportive of going with Webster County and wanted you to be aware of this communication and consider it also as a letter of support.

Pam Bogue, RNC

Nurse Administrator

Buena Vista County Public Health and Home Care

**From: Patrick Gray [mailto:ccas@co.carroll.ia.us]**
**Sent:** Thursday, August 4, 2016 5:33 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Preparedness service Areas

After receiving the Preparedness Service Area Map dated July 29, 2016 and attending the meetings in Moravia the end of June, I have a few concerns. My first concern is the information that was relayed at the meeting in Moravia regarding Carroll County Ambulance and the number of transfers to Nebraska hospitals. In the meeting it was stated that Carroll County only transported 2 patients to Nebraska in 2014, when in fact Carroll County transported 57 patients to Nebraska. This is 32% of our total transfers during 2014 going to Nebraska Hospitals. Granted the majority of our transfers are to Des Moines hospitals, along with Ames, Rochester, University of Iowa, Wisconsin and South Dakota.

My second concern looking at the map is the fact that Carroll County is grouped together with 23 other counties reaching as far away as south central Iowa on the Missouri border. (200-mile span) With the exception of Audubon county we have no association with any of these counties, other than driving through very few of them on the way to Des Moines. We do however, have working relations with Crawford, Greene, Sac, Ida, Guthrie, Calhoun, Audubon and Shelby counties. Most of these counties we share both fire districts and EMS response along with law enforcement on mutual aid basis. Carroll County has satellite EMS stations in four corners of the county that provides a quicker response to the outlying areas of these counties.

My understanding of a coalition is to work together as a group with the counties you may actually be involved with during a disaster, or major event. Working with the surrounding Counties which we already have working relations, would be more conducive and beneficial to all involved.

It is my sincere hope that you will reconsider this DRAFT, and place Carroll County into a group we are already successfully working very well with on a daily basis.

Thank you for your time.

Patrick Gray, Director

NREMT-Paramedic

Carroll County Ambulance Service

**From: Teri Hanna [mailto:thanna@daviscountyhospital.org]**
**Sent:** Friday, August 5, 2016 9:37 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

In regards to the new regions for Preparedness planning, Davis County is in with a group for our emergency management. Mike Lamb is our emergency manager and he heads up the ADLM – a four county region that has already been collaboratively working together for more than 10 years. This is Appanoose, Davis, Lucas and Monroe

**Teri Hanna, Paramedic** Davis County Hospital

**From: Bruce D. Musgrave [mailto:bmusgrave@ccmhia.com]**
**Sent:** Friday, August 5, 2016 3:59 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Bruce D. Musgrave <bmusgrave@ccmhia.com>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

I am writing my thoughts/input as to the alignments. I cannot speak for rest of the state but will give my feedback as to my area of coverage/knowledge.

1. I feel there should be an alignment of the following counties:
    a. Crawford, Shelby, Audubon, Carroll, Sac, Ida
2. The reason I paired these counties together are as follows:
    a. These are smaller counties that we experience a problem, it usually affects a surrounding county.
    b. As a small county working with another small county, we understand each other's abilities and restrictions.
    c. These six counties already have working relationships, whether it be for hospital, ambulance, OB, law enforcement, public health, or even fire.
    d. For example, we do a lot of ambulance transfer for Ida Grove (Horn Memorial)
    e. We provide a lot of OB services that are not available in some of the counties recommended.
    f. As an ambulance service, we cross over with transfer, whether inter facility or by 911 to Ida and Carroll counties.
    g. From what I know and understand, our public health's have built a working relationship with some of these other counties and when the ooppss hits the fan, it's not Pottawattamie County we are going to turn to for assistance, it's one of our working relationship counties.
    h. When I have an active shooter situation or a MCI, it's not Pottawattamie County that is going to send me immediate law enforcement and medical back-up or even supplies.
3. The bottom line is I feel with the alignment I proposed, it would provide for a better relationship and understanding of the needs for the funds.
    a. Plus, from what I hear, there is talk of some areas not wanting to work with others. Again, please understand, that is not my thoughts.
    b. But, as the county EMS coordinator, I feel with a bigger entity managing the funds, the smaller services will be once again overlooked.
        i. Just this past year, the funds have helped with multiple EMT's and EMR's training and purchase of equipment that has been needed and overlooked.
4. I do understand what you were saying at one of your meetings about where do we go with most of our transfers, but that is to Omaha. As a hospital, our CEO is working very diligently with bringing providers here and increasing our care abilities to our community and surrounding areas. We already provide OB services for a larger selection that is not within your break out.

Bruce D. Musgrave, CCP

Director, Ambulance Services

Crawford County Memorial Hospital

**From: Michele Cullen [mailto:cullenm@genesishealth.com]**
**Sent:** Friday, August 5, 2016 4:22 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Bethaney Conklin <ConklinB@genesishealth.com>; Sarah Hobbs <HobbsS@genesishealth.com>
**Subject:** State Regions

Please consider moving Jackson County to the region with Clinton and Scott Counties. Jackson County Regional Health Center is under management agreement with Genesis Health System in Scott county and recently signed a five-year agreement for the management services which was effective July 1, 2016. Options are being explored for a deeper affiliation between Jackson County Regional Health Center and Genesis Health System which could potentially occur during this five-year agreement.

Genesis VNA also provides Jackson County Public Health services. Many of our staff share responsibility for services in Clinton and Jackson counties. The hospital currently works with GVNA/Jackson County Public Health for Emergency Preparedness activities.

The current proposal for Jackson County to be aligned with the northeast section of the state would not promote the already established working relationships. It would likely lead to duplication of work due our current affiliations and management agreements.

Thank you for this consideration.

Michele Cullen RN,BS
Community Health Manager

**From: Jamey A Robinson [mailto:jrobinson@mahaskaema.com]**
**Sent:** Tuesday, August 9, 2016 2:42 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Service area feed back

Per the new structure and map of the service areas I am not sure why we wouldn't go back to the Homeland Security Regions as it was once before. This is about bringing all these partners together including EMA and I don't have time to add another meeting in central Iowa. I always thought we had a good regional turnout in Region V and it would really make sense to keep that model. Just my 2 cents

Jamey A. Robinson, CEM

Director | Mahaska County Emergency Management Agency

**From: Kness, Chance R. [mailto:kness@clintoncounty-ia.gov]**
**Sent:** Tuesday, August 9, 2016 5:07 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** FW: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

Clinton County EMA would benefit from the District/Region to be the current Emergency Management District 6 and former Public Health and Hospital District 6. We have an established group and working relationships.

Thank You

**Chance Kness |** Coordinator **Clinton County Emergency Management**

**From: Margaret E. McNally [mailto:MCNALLYM@mercyhealth.com]**
**Sent:** Wednesday, August 10, 2016 7:29 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Desiree Einsweiler <einsweid@mercyhealth.com>; Kathy L. Mehan <mehank@mercyhealth.com>
**Subject:** Response to proposed areas.

As director of Palo Alto County Community Health Nursing Service here is my feedback.

On the proposed map, Palo Alto County was aligned with counties to the east of us and looking at the grouping I would guess it is because we are a Mercy Mason City affiliate -- but beings no reasoning was provided as to why the lines were drawn where they were I am just guessing.

Our County Coalition has always worked with counties to the west and south of us for the last 10 plus years and have established great working relationships with these coalitions.

As far as just Public Health is concerned – my region is also to the west and preparedness is also a pertinent topic at our meeting.

These are my thoughts but I feel that you – the state --- will do what you want OR you would have provided us with more information of why the lines were drawn the way they were, other than the 2 statements that were provided.

We will work our best with whomever we are aligned with.

Thank you

Peg McNally

Palo Alto County Community Health

Agency Director

**From: Patty Hinrichs [mailto:PHinrichs@grmc.us]**
**Sent:** Wednesday, August 10, 2016 10:02 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Doris Rindels <DRindels@grmc.us>; Marshall64Cnty [HSEMD County] <kelder@co.marshall.ia.us>; Kristy Reedy <KReedy@grmc.us>; Linda Rosenberger <lrosenberger@tamacounty.org>; Tama 86Cnty [HSEMD County] <mbenson@ema.tamacounty.org>; Pat Thompson <pthompson@marshmed.com>; Robert Douglas <rdouglas@marshmed.com>; Terry Stringfellow <TStringfellow@grmc.us>; Poweshiek79Cnty [HSEMD County] <ema@poweshiekcosheriff.com>
**Subject:** Emergency Preparedness Regions

I am writing concerning the proposed Emergency Preparedness regions that will go into effect 7-1-2017. The proposed region takes Tama County out of the proposed region that does include Marshall and Poweshiek Counties. These three counties came together because Tama County does not have a hospital and many of the residents go to Grinnell Regional or Central Iowa Health Care for routine and emergent care. This would include an outbreak of a disease. Our coalition has built some strong relationships over the past years and could now respond if there was a disaster or an outbreak in one of these three counties. I believe it would be a mistake to exclude Tama County from the region.

The other point I would like to make is that the proposed region of 24 counties is too large to be effective in planning. There is so much diversity in the systems that are already in place to try to bring them together to do effective planning. 10 county areas will be a challenge in itself but at least more manageable.

Please take this into consideration.

Patricia Hinrichs

Public Health Manager

Grinnell Regional Public Health

**From: Jason Griffin [mailto:jgriffin@grhs.net]**
**Sent:** Friday, August 12, 2016 7:51 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND
**Importance:** High

The questions that are brewing around the rural areas, Volunteer services, & others that I have encountered.

1. Will the money allotment be per capita? The worry is that the places that usually need the funding the most are the services with the lowest population due to the fact that they have less opportunity at revenue.

2. Who will make the decision on where the $ goes? The worry is that someone that knows absolutely nothing about EMS and their services will have the control of where the funding is dispersed.

3. Will hospitals be getting the $ or opportunity for the $ and control? If so this is looking similar to the absolute worst EMS system in the Nation (Illinois). The land of Lincoln has nurses running their EMS Systems from the State level and is about 25 years behind in EMS.

4. What are the advantages of lumping the $ together in the regions rather than doing it by county EMS Association as in the past?

Any time there is change there are worries, just trying to do my part and answer questions at the local level best I can.

Thank you for your time and work in Iowa EMS!


Jason C. Griffin, REMT-P, CCP

CQI & Clinical Coordinator

Superior Ambulance CCT

Great River Medical Center

**From: Von Stein, Diana [IDPH]**
**Sent:** Friday, August 12, 2016 6:50 AM
**To:** Galeazzi, Chris [IDPH]
**Subject:** Questions/Comments from Region 6 meeting

1. Will there be county level activities or only service level activities?
2. Why were Clinton & Jackson County's split? They share ph, hospitals.
3. Which entity is fiscal agent? What if no one wants to be the fiscal agent? How will auditing work?
4. If one county underperforms will the entire area suffer?
5. Why so many maps? EMA regions, acute disease map, local public health services, etc
6. Why release the new service area map in a general election year? What if funds are not there after the election in November?
7. Can the planner FTE also be the fiscal agent?

Comments:

Program Planner was invited to the meeting, but did not attend.

PH/Hospital/EMA feel like they are having the responsibility for fixing EMS shifted to them from the state.

EMS was told they have to be in the service area planning/response or will not get any money.

This is the state's plan to reduce the number of ambulance services.

Many EMS services are volunteer and cannot make it to meets b/c they work or have to take vacation days. In order for EMS to be part of service area activities, EMS services will be to be paid.

Labor rules in some of the counties will make it difficult, if not impossible, to hire the planner FTE. Some counties are in unions, have to pay unemployment if grant funds stop.

Old system worked well, but now state will not admit they made a mistake by dissolving those regions.

Hospitals feel IHA will not push back to IDPH because of "friendships" between staff.

Some worry EMAs will drop out if too many restrictions or do not get the funding they need.

Diana L Von Stein

Epidemiologist| Center For Acute Disease Epidemiology

**From: Chris Nelson [mailto:cnelson@cherokeermc.org]**
**Sent:** Friday, August 12, 2016 10:25 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Regions

I'm comfortable with our region make up and size. I'm concerned with none of us wanting to be the fiscal agent.

I'm also concerned with the size of the Polk region; 24 counties are quite a bit.

Chris

**From: Strellner, Anne E. [mailto:Anne.Strellner@unitypoint.org]**
**Sent:** Friday, August 12, 2016 12:04 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

Not a fan of yet another regional alignment of counties to work together in emergency preparedness.

Why not go back to the structure used several years ago – which I understand is the current EMA alignment. It is rather frustrating that we have numerous maps to determine who/how we work together, just seems not efficient to create yet another grouping/service areas/regions/geographic areas. I'd prefer to 'go with who we know' with full understanding that in the emergency response world – local first and then we work across the state to help where needed.

The benefit of this is we already have working relationships established and will be more efficient in moving forward in compliance with ASPR & CDC response capabilities.

With EMS as a new component to the coalitions/service areas/regions/geographic areas, it seems that each county will have the best opportunity to establish a working relationship between EMA, EMS, Public Health & Hospitals. I don't see that patient flow is a significant factor if each county in the coalition/service areas/regions/geographic areas work to be competent and compliant. To me that is as important, if not more so, to assuring EMS services get patients to their destination.

I assume that this is already a done deal and we will be expected to deal with the re-alignment, regardless of feedback. What I would ask is that better assistance and collaboration be provided than has been done in the past to openly discuss **how** to make this work vs. being told what we cannot do.

Anne Strellner, MS, CHSP

Safety, Regulatory Compliance

UnityPoint – St. Luke's Hospital

**From: Dan Rogers [mailto:dsro@smartlead.com]**
**Sent:** Friday, August 12, 2016 2:01 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Time critical conditions service areas FY18 and beyond

Thank you for your email and the opportunity to comment on the proposed service areas for the IDPH. My perspective in providing feedback is as a volunteer on the Lisbon/Mt Vernon Ambulance Service, (LMVAS.) We are located in the southeast portion of Linn county.

In reviewing the map, I would suggest that Linn county should be in the same district as Johnson County. That would move Linn county from the red shaded portions to the green.

I would recommend the change for the following reasons:

1) A small portion of the LMVAS service area is in Johnson County.
2) LMVAS transports their time critical head injury, trauma and burn patients to the University of Iowa Hospitals and Clinics, (UIHC).
3) Mercy Medical Center in Cedar Rapids has a partnership arrangement with UIHC.
4) The University of Iowa trains many of our EMS students.
5) If LMVAS were to participate in research studies with the U of I, it would be within an easy driving distance

I appreciate the opportunity to contribute. If you have questions, please feel free to contact me by return email.

Sincerely,

Dan Rogers

**From: Lee County Emergency Management [mailto:coordinator@leecountyema.com]**
**Sent:** Friday, August 12, 2016 2:38 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** bmarlin@fmchosp.com; howelllisa@air-evac.com; 'Jane Wolgemuth ' <jwolgemuth@keokukhospital.org>; Lee County [IDPH] <jschilling@leecountyhd.org>; Michael Maher <michaelmaher@qwestoffice.net>; MRoss@LeeCountyHD.org; nagel@fmchosp.com; wyoung@leecountyems.com
**Subject:** Time Critical Service Areas

The Lee County Health Care Coalition recommends that the Time Critical Service Areas be changed to the former HRSA regions. Prior to their elimination the regions functioned very well and we believe that they will work again as we already have established relationships with each of those counties when the HRSA regions were in effect. They also align with the Homeland Security Regions and this would allow for continued disaster response planning. We also recognize the need for having regional time critical service plans we, we believe that they are focused mainly on hospitals and EMS and that local Public Health departments and EMAs have no real role in the day to day operations as defined by the time critical service guidelines.

Lee County Emergency

Management Agency

**From: Brian Helland [mailto:BHelland@cityofclive.com]**
**Sent:** Friday, August 12, 2016 3:31 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** proposed service areas

Thank you for the opportunity to provide feedback on the proposed service areas. I have been involved in meetings with the local healthcare coalition (CIRC), the Iowa Stroke Task Force and our Central Iowa EMS Directors board. In each of the meetings, the same issues and concerns have been expressed for the newly proposed service areas. First and foremost, without knowing the vision behind the proposal, it is very difficult for anyone to provide meaningful input. Many hospital staff who are not actively involved in EMS, public health, or emergency management believed this to be an effort by the state to dictate referral patterns for time critical conditions. Those involved in EMS but with limited planning and public health backgrounds see the new areas as very difficult to staff using volunteer agencies; those involved in PH, EM and planning all note that the service areas are too large to be effectively managed in any type of a recognized span of control. In short, with the lack of information everyone is making up their own stories.

I certainly possess no advanced knowledge of the process, but I have been trying to learn from many of the discussions. If I understand the purpose correctly, there is a need for better organization within the state for distribution of federal (and other?) grant funds that are earmarked for PH, EM, hospital preparedness and EMS system development. The current patchwork is not working. However, the CIRC in Polk County pointed out that the 24 county area created to include Polk County is by far the largest area, and represents the largest population by far over the other service areas. This raised questions about fund distribution, including currently funded jobs that may go away if this funding source is supposed to include all 24 counties. It also raised the question of too large of a service area to be responsive to needs for all the areas represented.

My main concern with how the areas were divided involves the logic of disaster preparedness following referral patterns for time sensitive diagnoses. It sounded OK at first, but I as I think it through, a person suffering a STEMI in rural southern Iowa is completely different than the needs that community will have if struck by a natural disaster. A single patient will be routed to a tertiary care center for specialized care in a timely manner. 500 displaced people from a tornado in Mt Ayr will not be seeking aid from providers and planners in Des Moines.

IDPH staff appear to be in a tough position to try to create a new system for fund distribution and coalition building. I suggest smaller service areas, and looking at what some specific service areas have already accomplished. I don't have the data, but I heard several make reference to H1N1 outbreaks and vaccinations in Marshalltown and other areas of the state. That data showed that people in PH outbreak settings do not follow time critical referral patterns, and that there were local planning efforts that were successful within their own 4 county area. If we can capitalize on some of these existing coalitions or other established working groups that have more common planning issues, I think the plan would be more manageable and better received. One example may be to expand the CIRC including Polk County to 10 – 12 counties, expanding to Story, Boone, Jasper, etc. – those surrounding Des Moines. That would cut off the southern counties, but they have different needs and different infrastructure than the more populated areas. Maybe they need more of the funding as well.

I’m not an expert – not sure I even know any! I wanted to give you the feedback you asked for based on the handful of meetings I have had the opportunity to attend.

Let me know if you have any questions or need any additional clarification.

Thanks

Brian

Assistant Chief - Operations | Fire Department **City of Clive** | 8505 Harbach Blvd. | Clive, IA  50325

**From: Amy Marlow [mailto:amarlow@co.buchanan.ia.us]**
**Sent:** Wednesday, June 29, 2016 10:11 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>; Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>
**Subject:** Input FY18 PHEP/HPP Grant Process

The following are concerns to consider as you move forward with the FY18 grant process:

- As I mentioned yesterday at the meeting, LPHA are busy in the fall administering influenza shots and completing immunization record reviews. For a small department such as ours (only 2 nurses, including me, and only 4 staff total), the same people are performing these tasks in addition to emergency planning. This is why we use a limited amount of our PHEP dollars for salaries during this time, utilizing them in the 3rd and 4th quarter of the fiscal year after deadlines are met for the other IDPH programs. If the timeline for the application for preparedness funds submission remains as talked about yesterday, it would be beneficial to extend deadlines for immunization record reviews in FY17. This would allow LPHA (especially small ones) the ability to increase their focus on strategic planning for newly formed healthcare coalitions in the fall and then complete immunization record reviews at a later date if necessary. This request was granted in FY10 during the H1N1 vaccination campaign and was very beneficial.
- In relation to bullet point one above, even though in subsequent years a "Regional Planner" should be able to lighten the burden on the LPHA, keep in mind with turnover of planners, an extension may need to be granted for immunization record review for regions who are training a new planner.
- I have grave concerns regarding regional fiscal agents who have not provided this service in the past, especially if they are hospitals without a public health department located within their system. When we were hospital-based all the billing and tracking for grants continued through our department, not through the billing department of the hospital. When we attempted to run billing through a different department it became lost in the system. In addition, information was not communicated sufficiently to our department. In short, it was a mess. I cannot image how messy it would become if the institution also had to pay out to other providers. Additionally, administration fees seem considerably higher in an institution versus a stand-alone LPHA.
- Local Public Health Services dollars which were not going to be spent were reallocated to other LCPHA this year. Numbers 1 – 5 below are criteria used (at least for our Region) to reallocate dollars. As noted in point 5, how soon dollars were spent was part of the criteria to receive additional dollars. Could the Bureau of Local Public Health Services be updated on the timeline for preparedness grant application for FY18 and requested not to penalize LPHA when reallocating dollars in FY17 in regard to how fast dollars were spent? The shift in use of preparedness funding in the fall may change how quickly LPHSC dollars are utilized. Again, this is largely due to limited staff who do all programming versus staff designated to specific programming and may affect small LPHA at a higher rate. As immunization record review is billed to the LPHSC, if the deadline is moved for completion, most likely small LPHAs will be shifting when they are spending the dollars to accommodate preparedness deadlines.
  1) A Contractor's eligibility to receive reallocated funds will be determined by the Contractor's timely submission of claims by February 15. (Contract language)
  2) The Contractor expended 75% of funds awarded for expenses incurred through March 31.
  3) The Contractor submitted a monthly claim in the grant site located in IowaGrants within 45 days of the month of expenditures.

4) Did I spend time working with an agency to spend down the remainder of their FY16 LPHS funds?

5) Is the Region 6 LPHA out of LPHS funding? If yes, which month?

- Lastly, due to my longevity in preparedness planning (yes, I attended the Public Health Congress that kicked off preparedness funding) I believe it is worthy to drive home the importance of "coalitions" continuing to meet at the local level even when there is a Regional/District/Zone Healthcare Coalition. I would almost go as far as to mandate it within the bylaws of the bigger coalition, or better yet, suggest it be one of the preplanned local objectives each county must meet to receive funds from the Regional Healthcare Coalitions through the grant application process. This is no different than Buchanan County did for years. We called it our Preparedness Committee locally. It is important to continue to work, build relationships, and plan for an event locally as, for example, in 2008 when numerous counties were affected, we were pretty much on our own. If we cannot survive locally, how can we help each other on a larger platform? I understood Danielle's (Washington County?) confusion after she asked a question which the reply referred her back to being able to continue local planning once I started thinking about her limited experience in preparedness planning. Those of us who have been around need to educate newer personnel on the importance of maintaining some of our activities as before, especially locally. We don't want to lose the important activities which have brought us to this level of preparedness locally as we move forward.

Lastly, I did not want to start discussion about the past regional area determination yesterday but I do feel we all used the best possible solution at the time as to the regional boundaries. We were beginning to work on planning which needed collaboration with EMA. Their district boundaries were important to consider. As we move toward a higher level of healthcare emergency planning it is important to look at other means to make our boundary decisions. The message about looking at data is important, but it becomes stronger when we differentiate between the planning focus we started (Disaster, Bioterrorism) and where we now need to go (Healthcare in a broader sense).

Please feel free to contact me with questions. Thank you for your time and commitment.

Amy Marlow, BA, RN

Director, Buchanan County Public Health Department

**From: Amy Marlow [mailto:amarlow@co.buchanan.ia.us]**
**Sent:** Friday, August 12, 2016 3:44 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Service Areas FY 18 and Beyond

Regarding the service area alignment and FY18 application considerations:

Buchanan County would work with the service area as distributed yet concerns, questions and considerations include:

- Are we setting ourselves up for failure? Previously a region of 14 counties was too large. What has changed that now a region of 17 counties is not too large? Wouldn't the same barriers still exist?
- The size of the regions appears burdensome to planners, FA, and the coalition members as a group even in the aspect of finding a centralized location to meet which is not a lengthy drive for relationship-building.
- Relationship and trust building will be key to avoid inter-coalition squabbles and fighting over dollars.
- If one of the driving factors is creating a stronger EMS delivery system, will IDPH be the driving force behind legislative change to make EMS an essential service to support the effort? It will be difficult for healthcare coalitions to proceed without this support and focus on EMS concerns in Iowa.
- Will this be the end-all of healthcare coalition formation, i.e. if we re-organize, build new relationships and potentially encourage other entities (such as EMA) to redistrict to better align with our planning regions, will we be able to plan to work together without interruption into the future? (see bullet point 1, 2 and 3)
- Will NIMS compliancy liability lie on the individual entity, i.e. dollars would be paid back by the entity versus the coalition if the entity is not NIMS complaint? If the FA must track NIMS for all entities to decrease liability, this will become a full time position in itself.
- Can the healthcare coalition contract the planner versus the planner being hired through an entity? This would allow the best recruit to be hired versus having to hire the applying person due to entity policies and union requirements.
- Will all counties within the newly formed healthcare coalition need to be planned for or will counties who opt out of participation just not be involved as it is currently?

- Buchanan County Public Health has concerns regarding the potential dissolution of base funding for counties for preparedness work. Our LPHA may not be able to participate in regional healthcare coalition work without designated funding and may only be able to focus efforts locally. Due to this, Buchanan County would doubtfully concur with a grant application for FY18 which does not provide a portion of dollars as base funding for each county to be involved in planning at a regional level.

I hope these questions and concerns continue to spark thinking which will provide solutions which are best for the Healthcare Coalitions of Iowa.

Thank you for the opportunity to give input.

Amy Marlow, BA, RN

Director, Buchanan County Public Health Department

**From: Cyndy Powers [mailto:cyndy.powers@lakeshealth.org]**
**Sent:** Monday, August 15, 2016 11:34 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** NW coalition

I have concerns how we will pull off a regional coalition in NW Iowa. I know my schedule is extremely busy and trying to find an agency or hospital that is willing to take on the fiscal agent piece may be very difficult. I don't know who would be willing to assume that large of a risk. At our regional PH meeting no one expressed interest. 12 counties are a lot for any planner to stay on top of and then finding a fiscal agent to assume the responsibility will not be easy. I appreciate that this is probably a no-win situation however you look at it. I know our hospital scrutinizes every out of town meeting we attend by requiring pre-approval with reasons and take-aways that are expected to be documented. I think you will find that hospitals are going to push back on the proposal and not participate. I don't have a crystal ball so I can't speak for all agencies, but I feel with the number of requirements, etc. we will take a hard look at participating.

Cyndy Powers RN, BSN

Dickinson Co. Public Health Manager

**From: Beckman, Travis [mailto:tbeckman@mercycare.org]**
**Sent:** Monday, August 15, 2016 12:50 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Service Areas Feedback

1. After being asked to go small and being focused on a 1 then 2 County coalition, 17 counties being thrown together when most were just getting single County coalitions down, may be too much for some to endure.
2. In my world of preparedness, those I work closest with is our EMA partners. If we are going to expand coalitions, I'd like it to mirror the regions that exist within EMA.
3. Majority of all transfers out of Mercy are to UIHC, at least in 2016. (2014 may have been different) We have "unofficially" been told why Johnson and Linn cannot be together, but if referral, TCC and patient flow patterns were the number one driver, I'm not certain our data was considered. Additionally, UIHC is within our ACO, our trauma program partners with theirs, and we have services in Johnson County.
4. 17 counties worth of municipal and private EMS services being thrown together may be too much for the already fragile system (based largely on volunteers) to take if they are to abide by the same standards, capabilities, compliance and performance measures that we (HPP/PHEP) are currently held to.
    a. EMA, if operating under their same boundaries, could be a huge part in this and help align, train and facilitate.
5. The large number variance in coalitions proposed. One with 24, and then one with 8.

Thank you,

**Travis R. Beckman, CHEC Safety & Emergency Management Specialist, Chair, Linn County LEPC | Vice Chair, HAPI**

**From: Jen Becker [mailto:jebecker.butlercoia@gmail.com]**
**Sent:** Monday, August 15, 2016 1:03 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Proposed Service Areas

I received the proposed service areas and talking points on Friday, July 29th. Since receiving the email I have met with both our EMA and the county representative for the Butler County EMS Association to discuss their thoughts on the proposed service area. It was mutually decided by all three of us that Butler County would be better served by being in the service area that encompasses Franklin and Floyd Counties. Butler, Franklin and Floyd Counties have been working together for the past three years to build a coalition between the three counties. This coalition is active and includes representatives from multiple disciplines, including EMS, EMA, hospitals, schools, etc. In the past, the three counties have responded and worked together during natural disasters and would continue to do the same now when another disaster occurs. The partnerships between the three health departments developed long before the advent of preparedness and we currently subcontract with Franklin County Public Health for other grants.

Butler County is one of several counties in Iowa that does not have a hospital. Our citizens must travel outside of our county for hospital care and due to how our county lies between both Black Hawk and Cerro Gordo Counties our patients are split between where they receive their care. The residents in the western and northern parts of Butler County receive their care at Franklin Co Hospital, Mercy Hospital in Mason City and Floyd County Hospital. The eastern and southern county residents receive their care at Waverly Health Center, Allen Hospital, Covenant Medical Center, Grundy County Hospital or Hansen Family Hospital in Hardin County. People in the central part of the county receive their care from any of the above hospitals depending on where their local health care provider is. Likewise, our EMS services have mutual aid agreements with the hospital paramedic services that overwhelming serve the residents of their communities and again depends on what side of the county the resident lives in. The EMS services in the communities on our eastern side of the county are in the infancy stages of coalition development with Waverly Health Center but this coalition only involves EMS in 4 of our 9 communities and it will be years before anything of magnitude will be completed.

The EMA in Butler County is a member of the region 2 EMA association and relies on the EMA's in our neighboring counties to assist when help is needed. The EMA's in Franklin County, Bremer County and Chickasaw Counties are the three that most often provide back up for the Butler County EMA.

Butler County would like our service area to be switched so that we are in the area that includes Franklin and Floyd Counties. There is no system development occurring between Butler County and the counties to our east and southeast except for an EMS coalition in its infancy that does not address all of the EMS services in the county but there is a well-developed PHEP/HPP Coalition and a long-standing partnership between Butler County and Franklin and Floyd Counties that is multidisciplinary. Thank you

Jennifer Becker RN, BSN, MEI, Director, Butler County Public Health

**From: Gail Arjes [mailto:gail.arjes@FLOYDCOIAPH.ORG]**
**Sent:** Monday, August 15, 2016 1:13 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** service areas FY-18 and beyond

After consulting with my preparedness partners both within Floyd County and Floyd County's current coalition with Butler and Franklin, we feel the new regions are not aligned with what we have been planning for and working towards the last few years. We have worked well with Franklin and Butler and have the same goals and outlook on preparedness planning. We have an active coalition and includes many partners including law enforcement, hospitals, schools, funeral directors, etc. These partners have also become acquainted through varies preparedness meetings/exercises and they seem to work extremely well together and now have a great understanding of preparedness within the three county area. For Butler County to not be including in our region would seem to contradict all the planning and work we have done and been working towards.

Thank you-

**Gail Arjes, RN, BSN**

Administrator

Floyd County Public Health/Home Health Care

**From: Tara Geddes [mailto:Tara.Geddes@floydvalley.org]**
**Sent:** Monday, August 15, 2016 1:50 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Service Area Map

I have been asked on behalf of Plymouth County Healthcare Coalition to share concerns about the proposed service area maps. While Plymouth County Healthcare Coalition understands the purpose of regionalization of emergency preparedness planning, the overall concern is that the new proposed service area is too large. With such a large geographical spread between the 12 counties (approximately 180 miles from Monona to Emmet Co) there is a large concern that it will be very difficult to coordinate planning meetings and regional projects with success. With overall funding for salary most likely decreasing to each county and hospital, financially it will be difficult for appropriate entities to travel for such planning. We hope you will consider this concern as you continue to plan for the future of emergency preparedness. Thank you.

**Tara Geddes, RN**

**Community Health Manager Floyd Valley Healthcare**

**From: Lisa Youngers [mailto:lyoungers@obriencounty.org]**
**Sent:** Monday, August 15, 2016 4:06 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Preparedness comments

I have finally decided I have nothing to lose if I comment on the Preparedness(PHEP) changes slated for July 1, 2017. I am FAIRLY new at Preparedness as the former director, Donna Vander Veen, was managing that part of the O'Brien County Public Health agency. When Donna left in 2009 she "cleaned off" her desktop computer. This included all plans, capabilities, and annexes that were specific to O'Brien County. Brent Harmier and Michelle Lewis from Siouxland District Health helped a little bit trying to make some sense of what basic plans should be in place at this agency. Then the new five year grant cycle came out and the formation of coalitions was required. [redacted] #1 – the fact that the new regions are to reflect WHERE most of our trauma patients are transported to is somewhat misleading as most of ours in this county are taken to Sioux Falls, SD. If a county is located near a Trauma Center that is out of state (I think this only applies to NW Iowa and then counties near the Mayo Clinic Hospitals) then your reasoning for which region we are in and the data used are not entirely correct. #2 – where is the leadership going to be with a competitive grant system? I need XYZ dollars to support my very basic preparedness plans and efforts here in O'Brien County. WHO will be there to support small agencies and small communities? WHO do we turn to?

Thanks for the forum!

Lisa Youngers RN BSN Nurse Administrator O'Brien County Public Health

**From: Kathy Babcock [mailto:kbabcock@iowatelecom.net]**
**Sent:** Monday, August 15, 2016 4:08 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** IDPH Service Areas

Chickasaw County Healthcare Coalition states that we have very little to say in this decision. We probably will not get much funding anyway since we are small and the funding in the coalitions will all go towards Cerro Gordo and Kossuth Counties do us being the farthest east. Given the complexities of the healthcare delivery system in Iowa, no one set boundaries is going to be completely reflective of functional relationships that have developed through disaster planning and response. If IDPH is looking at alignment wouldn't it better, follow the Emergency Management Department or Homeland Security Map or breaking it down even more to 10 or 11. We feel that it just starting over. So be it! Chickasaw County Healthcare Coalition votes with much concern "YES" to approve the service area!

Kathryn Babcock, RN,BSN, Administrator

**From: Perrin, Christopher [mailto:perrinc@mgmc.com]**
**Sent:** Tuesday, August 16, 2016 11:47 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Loes, Neal <loes@MGMC.COM>; Story County [IDPH] <briesek@mgmc.com>
**Subject:** response to service area map
**Importance:** High

**ATTACHED DOCUMENTS**

Thank you for allowing us time to review, discuss and share this important first step in this process. Attached you will find our response after review and internal discussions that included our Public Health Director, Trauma Coordinator, Stroke Coordinator, Mission Lifeline grant coordinator, EMS Director, Vice President with chief responsibilities of Nursing and Clinical Services, and data wonks. Let us know if there are any questions. With our rich history as having Iowa's first paramedic service to today's celebration of our 100$^{th}$ anniversary, we bring a renewed commitment to do what's right, "because it's the right thing to do."

Chris Perrin, BA, CHSS, Paramedic
Emergency Management and Security Systems Coordinator
Mary Greeley Medical Center

From: **Krista Vanden Brink [mailto:kvandenbrink@winneshiekhealth.org]**
Sent: Tuesday, August 16, 2016 9:52 AM
To: Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
Subject: Proposed Service Area Comment

**ATTACHED DOCUMENT**

Please see the attached letter about the proposed service areas for FY 18 and Beyond. Thanks.

Krista M. Vanden Brink, RN, BA
Administrator
Winneshiek County Public Health Nursing Service

**From: Lewandowski,James L [mailto:James.Lewandowski@alegent.org]**
**Sent:** Tuesday, August 16, 2016 2:44 PM
**To:** Epperson, Rita <Rita.Epperson@nmhs.org>; Ann Pavkov (annp@mcph.us) <annp@mcph.us>; Diana Reinsch <dreinsch@thevnacares.org>; Council Bluffs City Health Dept. [IDPH] <ddierks@councilbluffs-ia.gov>; Pottawattamie78Cnty [HSEMD County] <doug.reed@pottcounty.com>; Pape,Heidi R <Heidi.Pape@alegent.org>; J. Pat Hart <jhart@harrisoncountyhealth.org>; Pottawattamie County [IDPH] <jlightner@thevnacares.org>; Mills65Cnty [HSEMD County] <lhurst@millsctyema.org>; Harrison43Cnty [HSEMD County] <hcema@harrisoncountyia.org>; Smith, Marty [IDPH] <Marty.Smith@idph.iowa.gov>; Michell Bose <mbose@pottcounty.com>; Mike Sukup <mikes@mcph.us>; Reinsch, Diana <Diana.Reinsch@nmhs.org>; Schmid, Courtney <Courtney.Schmid@nmhs.org>; Mills County [IDPH] <sherib@mcph.us>; Tabitha Melby (tmelby@harrisoncountyhealth.org) <tmelby@harrisoncountyhealth.org>; Travis Hitchcock (thitchcock@millsctyema.org) <thitchcock@millsctyema.org>
**Cc:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND
**Importance:** High

Mercy approves the current recommended map without any changes…Jim Lewandowski

**From: Doug Reed [mailto:doug.reed@pottcounty-ia.gov]**
**Sent:** Tuesday, August 16, 2016 2:54 PM
**To:** Lewandowski,James L <James.Lewandowski@alegent.org>; Epperson, Rita <Rita.Epperson@nmhs.org>; Ann Pavkov (annp@mcph.us) <annp@mcph.us>; Diana Reinsch <dreinsch@thevnacares.org>; Council Bluffs City Health Dept. [IDPH] <ddierks@councilbluffs-ia.gov>; Pape,Heidi R <Heidi.Pape@alegent.org>; J. Pat Hart <jhart@harrisoncountyhealth.org>; Pottawattamie County [IDPH] <jlightner@thevnacares.org>; Mills65Cnty [HSEMD County] <lhurst@millsctyema.org>; Harrison43Cnty [HSEMD County] <hcema@harrisoncountyia.org>; Smith, Marty [IDPH] <Marty.Smith@idph.iowa.gov>; Michell Bose <michell.bose@pottcounty-ia.gov>; Mike Sukup <mikes@mcph.us>; Reinsch, Diana <Diana.Reinsch@nmhs.org>; Schmid, Courtney <Courtney.Schmid@nmhs.org>; Mills County [IDPH] <sherib@mcph.us>; Tabitha Melby (tmelby@harrisoncountyhealth.org) <tmelby@harrisoncountyhealth.org>; Travis Hitchcock (thitchcock@millsctyema.org) <thitchcock@millsctyema.org>
**Cc:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

Pottawattamie County EMA does NOT approve of the draft map. The areas are too big and do not line up with existing emergency planning alignments between response partners. It appears to be aligned based on referral data and not emergency care data when we will be planning for emergencies. Again, I will stress creating another level of multidiscipline planning service areas is redundant and contrary to existing structures and state code on emergency planning, disaster response and recovery operations.

Respectfully,

Doug Reed

**From: Thornton-Lang, Kathleen M. [mailto:Kathleen.Thornton-Lang@unitypoint.org]**
**Sent:** Tuesday, August 16, 2016 2:59 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Hook, Sara E. <Sara.Hook@unitypoint.org>; Bremer County [IDPH] <lsharp@co.bremer.ia.us>; edaley@co.black-hawk.ia.us; Grundy County [IDPH] <wendy.monaghan@unitypoint.org>; JSchutte@WaverlyHealthCenter.org
**Subject:** Service Areas-FY18 and Beyond Feedback for CVHCC

The Cedar Valley Health Care Coalition (CVHCC), which includes Black Hawk, Bremer, Fayette, and Grundy counties, have collaborated in past years to complete capabilities and set the standard for how multi-county coalitions work together in the state of Iowa.

In regards to the service area alignment proposal, the CVHCC feels that the proposed service area is too large. We suggest we keep our current coalition intact, adding up to 2 additional counties, totaling 6 counties. The CVHCC feels this would effectively meet capability requirements, while still meeting the needs of our communities.

There are questions as to if this would be one large service area coalition, or is there room for smaller partnerships within this service area.

Thank you for the opportunity to provide feedback to this service area proposal.

Katie Thornton-Lang

Grundy County Public Health Team Lead/Grundy County Public Health - Unity Point at Home

**From: Hartley, Mike [mailto:michael-hartley@uiowa.edu]**
**Sent:** Tuesday, August 16, 2016 3:03 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>; Simmons, Jonathan <jonathan-simmons@uiowa.edu>; Christensen-Szalanski, Carlyn M <carlyn-christensen-szalanski@uiowa.edu>; Staley, John <john-staley@uiowa.edu>; Kupka, Chuck <charles-kupka@uiowa.edu>
**Subject:** Feedback From UIHC Emergency Management Subcommittee on Proposed "Service Area" Map

DOCUMENT ATTACHED

Please find attached a letter from the 34-member Emergency Management Subcommittee at UIHC that provides feedback regarding IDPH's proposed "Service Area" map.

On behalf of the Subcommittee, thank you for the opportunity to contribute to this important statewide discussion.

As a focused academic/clinical subset of this institution's faculty and staff, the Subcommittee enjoys participation from experts representing all of the major disciplines cited by IDPH as being aligned under their emerging plan. The Subcommittee membership was grateful to have this opportunity to carefully consider, debate and provide input on such an important statewide topic that carries with it the potential for significant impact on the health of Iowans.

From my personal assessment, the Subcommittee offers in their letter a very intriguing concept that could result in a win-win situation for IDPH/the state, and local healthcare entities. The fear expressed by many of moving from 70+ locally-managed coalitions to a few large multi-county" Service Areas" can be largely mitigated by the Subcommittee's proposed concept of creating multiple locally-defined, locally-governed "response districts" within those few "Service Areas".

The devil is in the details of course, but the overall concept appears to be worthy of serious consideration. It could leave local healthcare to the locals, create regional support mechanisms for the locals when needed based upon the location of Iowa's major healthcare/patient transportation infrastructure, and empower the state to support the system at a macro-level, leaving micro-management to the locals who know their systems best.

Interesting times in Iowa…

Cheers and best regards,

Michael J. Hartley, NRP, CHEC

Emergency Management Coordinator

*University of Iowa Hospitals and Clinics*

**From: Delma Hardin [mailto:dhardin2@regmedctr.org]**
**Sent:** Tuesday, August 16, 2016 3:13 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Charity L. Loecke <charity.loecke@regmedctr.org>; Nicole Kluesner <nicole.kluesner@regmedctr.org>; Delma Hardin <dhardin2@regmedctr.org>
**Subject:** Coalition map

**DOCUMENT ATTACHED**

Please see thoughts regarding the proposed coalition geographical map.

Thank-you,

Delma Hardin, BSN, RN

Delaware County Public Health Manager

**From:** Patrice Lambert [mailto:Patrice.Lambert@dubuquecounty.us]
**Sent:** Tuesday, August 16, 2016 3:31 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Feedback on Service Area FY 18 and Beyond

On behalf of the Dubuque County Coalition Executive Board, thank you for allowing us to provide feedback on the Proposed Service Area Map.

**Regional Map:**

The Proposed Service Area Map does not align with any Regional Map pertaining to Public Health that our county is involved with. Some examples of other Regional Maps are CADE Field Epis, CHNA HIP and Homeland Security. Thus, a new map will require additional time to even begin with the basic needs of building relationships.

**Number of Counties:**

As it is proposed, seventeen counties working together seems almost hectic. Some of these counties We-Dubuque County Healthcare Preparedness Coalition- have had no or little contact with.

It has taken hospitals, Public Health and EMA in Dubuque County at least two years to collaboratively sit at the table, converse, look at the good of the County and move ahead together. Adding an additional 16 counties will slow the process of any communication and collaboration.

One suggestion for Year 1 would be to pair counties in addition to attending monthly meetings with the other identified counties.

Then in Year Two-add an additional or two counties, etc.

Before our county was a standalone coalition, Eastern Iowa worked well in the formation of "Region 6" that consisted of 14 counties. This Region 6 continues to meet monthly and assists each other in needs of preparedness. Relationships have already been formed.

**Board of Health and Grants:**

My belief is that IDPH should take a stance and require **ALL GRANTS** distributed through IDPH **MUST** be granted to the BOHs for that County. Then if the BOH of that county decides to contract out, so it be.

As you are quite aware, the Iowa Code defines BOH:

**137.5 JURISDICTION OF COUNTY AND CITY BOARDS.**

The county board shall have jurisdiction over public health matters within the county, except as set forth herein and in section 137.13.

**137.6 POWERS OF LOCAL BOARDS.**

1. Local boards shall have powers to do the following:

*a.* Enforce state health laws and the rules and lawful orders of the state department.

*b.* (1) Make and enforce such reasonable rules and regulations not inconsistent with law or with the rules of the state board as may be necessary for the protection and improvement of the public health.

Currently some competitive grants through IDPH are awarded with no restrictions.  Other counties or agencies could over rule a grant that will be carried out in a county WITHOUT that County BOH input or guidelines.

Once again, thank you for allowing our input!

Patrice Lambert RN MSN

Executive Director

Dubuque County Health Department

**From: TeKippe, John F. [mailto:JFTekippe@dmgov.org]**
**Sent:** Tuesday, August 16, 2016 3:50 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** TeKippe, John F. <JFTekippe@dmgov.org>; Polk77Cnty [HSEMD County] <AJ.Mumm@polkcountyiowa.gov>; rroe@cityofclive.com; jholt@urbandale.org; Lynn Washburn-Livingston (lwashburn@ci.davenport.ia.us) <lwashburn@ci.davenport.ia.us>; James Clack <JClack@AnkenyIowa.gov>; Wellik, Jarrod [DPD] <jarrodw@newtongov.org>
**Subject:** 08-16-16 Feedback on IDPH time critical condition service areas

I am writing in response to the IDPH request to provide feedback regarding service area alignment for time critical conditions. Please note that while I was not present at the stakeholder meeting, I have done my best to digest the suggested service area alignment in the month since it was published on July 19, 2016 and in context with the 4 lengthy supporting references included in your correspondence.

My feedback is two-fold. First, with regard to the basis of the suggested areas. Second, with regard to the immediate impact to potential solutions and grant possibilities that will be driven by the area alignments in a relatively short period of time.

1. Suggested service area alignment.

The suggested service area alignment results in too few areas that appear to be based on a systematic, yet unworkable, approach to existing services and patient migrations. The IDPH material provided indicated review of 2014 data identifying where patients already seek care versus a hypothesis as to where it is likely that patients should receive care or sufficiently where new or expanding efforts already exist. The material did consider existing efforts towards coordination, but did not indicate that the suggested service areas would complement those efforts. If the service areas are to be designated with the greatest potential for solutions, it is imperative that there is a greater understanding as to why patients seek care where they do, which service areas have existing successes that should not be changed, what impacts available services in Omaha, the Quad Cities, Sioux Falls, and Rochester have on the Iowa service areas, and where it is likely that patients should receive care. This is not to suggest changing nothing or guessing the potential outcomes, but it is to suggest a more thorough process.

2. Impact to potential solutions.

The IDPH material provided indicates that the suggested service areas, published July 19, 2016, will be finalized on September 1, 2016, and will be used to determine grant awards for FY2018. If the service areas are driven by the process above, the potential solutions will be limited by the same process and perhaps at the expense of existing collaborations. The only result may be having fewer service areas versus better service areas. I know that the goal of the IDPH is to achieve the latter. I am concerned that grants distributed based on this foundation will not be as potentially effective as they could be, or worse, will be less effective.

My comments are more abbreviated than I would like, but I wanted to give input. I did not find in the *PHEP/HPP Capabilities*, *American College of Surgeons Trauma System Consultation Report for Iowa*, *National Highway Traffic Safety Administration report on Iowa's EMS System*, or *EMS System Development Standards* provided, evidence to support the service areas suggested. To the contrary, what I found was good cause to issue an RFP for the purpose of determining the best potential service

areas to give Iowa the best chance for success in improving system service. This should be a red flag and should indicate that a greater empirical basis be used to determine the number, size and type of service areas to be determined. Such a process would yield data that may prove beneficial to acquiring ACA or other grant dollars to assist Iowa in its efforts to improve service delivery. While all this may not be timely for our FY18 grants, the goal should be greater potential for system solutions.

Thank you for the opportunity to provide feedback. Please feel free to contact me at your convenience if you have any comments or questions.

John F. TeKippe, Fire Chief, MPA, EFO

Des Moines Fire Department

**From: Tonya Harvey [mailto:harveytonya79@gmail.com]**
**Sent:** Wednesday, August 17, 2016 8:29 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** FY18 and Beyond

I have been going over the map that you sent out. Looking at the counties highlighted around Lee County, I'm not sure those are the best. We in Lee County have 11 Fire Departments spread across our county. 10 of the
11 departments run from Emergency Medical Responders all the way up to Paramedic levels. We have 1 ambulance service who covers the whole county. Coming from a first responder's outlook, our patients in our community who have "time critical conditions" are usually taken to one of our closest hospitals. These hospitals are FMCH, KAH, GRMC and HCHC. These hospitals fall in Lee, Des Moines and Henry County. After a patient is usually seen at one of these hospitals they are usually transferred out to a higher level of care hospital. A lot of times are patients with "time critical conditions" are transferred to the University of Iowa in Johnson County or out of state to Blessing in Quincy, Il.
Looking at the rest of the map we might transfer a patient to a hospital located in that county but it's not for "time critical conditions" majority of the time it is where a patient is from, psychological issues, family doctor or patience choice.

I hope I was able to answer some questions. If you have any questions, feel free to email me back or give me a call

Thanks
Tonya Harvey
Lee County EMS Council Chair

**From: Jenna Lovaas, Public Health [mailto:publichealth@co.jones.ia.us]**
**Sent:** Wednesday, August 17, 2016 11:27 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Feedback Re: IDPH Time Critical Conditions Service Areas FY18 and Beyond

After reviewing your proposed service area map, I have a few concerns and questions, many of which likely align with responses you have already received. First, if we are returning to larger regions (or "service areas"), they should be aligned with the EMA response regions, especially given I have heard numerous times from IDPH that EMA should be involved in public health preparedness planning. Furthermore, since you are planning on adding EMS to the group, it would be even more beneficial to have EMA involved since they have established connections with EMS agencies.

Larger regions would place a significant burden on the local public health agency serving as the fiscal agency (I believe Linn County addressed this in great detail in their response).

Larger regions may work if IDPH provides base funding for local health departments/hospitals and another portion of money is "regional" to cover projects.

Travel to meetings would likely be a barrier to some agencies. It could be especially difficult to involve EMS; given many are volunteer departments. They are not going to be able to meet during the work day and are unlikely to drive a long distance to a regional meeting.

How are you combining two separate federal funding streams and a state funding stream, each with their own specific guidelines? (Which raises another question: Given that sounds like a complete headache, what happens if no one volunteers to be the fiscal agent in a given service area?)

Counties/hospitals who have worked together to strengthen local, regional, and state response will now be in competition for preparedness dollars.

As a very small department and limited staff, the lack of local funding will have a reasonable impact on my budget. Jones County Public Health may not be able to concur with the IDPH FY18 PHEP/HPP grant application if it does not support some level of base funding for our county to be involved with relationship and coalition building with new partners. We may instead need to focus on county planning only.

Sincerely,

Jenna D. Lovaas, MS, MPH

Jones County Public Health

**From: Nancy Faber [mailto:Nancy.Faber@avera.org]**
**Sent:** Wednesday, August 17, 2016 11:24 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Comments on the Service Area Map

I do not have any data to support my preferences for including Buena Vista county in the NW region service area. I do know that we have worked together with the EMA in that county and she is good at writing/conducting exercises and working with other EMA" s and public health. My concerns also include who will agree to be fiscal agent since Woodbury has announced that they will not do it again. They got stuck with paying unemployment for an employee when the grant focus changed and funding for her position dried up. Doesn't make for a balanced budget for an agency. Don't know how you will be able to pull us back together after the split apart. Should be interesting!!

Nancy J. Faber, HCA Sup.

Osceola Community Health Services

**From: Nutt, Jennifer [mailto:nuttj@ihaonline.org]**
**Sent:** Wednesday, August 17, 2016 10:54 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>; Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>
**Subject:** Service Area Map

At this time the Iowa Hospital Association does not have any comment on the proposed service map due to minimal feedback from hospitals. Thanks

**Jennifer Nutt DNP, RN/**Director, Nursing & Clinical Services**/**Iowa Hospital Association

**From: Butler, Tom [mailto:tom.butler@iaspecialty.com]**
Sent: Wednesday, August 17, 2016 1:31 PM
To: Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
Subject: Emailing: Alignment letter
Importance: High

**DOCUMENT ATTACHED**

Please find attached a letter from the Wright County Preparedness Coalition Agencies requesting consideration to be aligned with counties to our North and East as opposed to Counties from our South and West including statistical information concerning ambulance transfers and evidence of existing cooperation.

Thank you for your consideration in this matter,

Tom Butler/Facilities Management Leader/Safety Coordinator/Iowa Specialty Hospital

**From: Lynn Fellinger [mailto:lfellinger@DavisCountyHospital.org]**
**Sent:** Wednesday, August 17, 2016 1:45 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** preparedness service area

I would like to suggest some reconsideration of the service areas for Southeast Iowa. Davis County works closely with Appanoose, Lucas, and Monroe Counties. Mike Lamb is the EMA for the four counties, ADLM, and we already work together on other preparedness and environmental health issues. With the map as it is Davis County is totally separated from the other three counties.

Thanks so much,

Lynn Fellinger, RN

Davis County Public Health

**From: Lynn Royer [mailto:Lynn.Royer@dallascountyiowa.gov]**
**Sent:** Monday, August 15, 2016 9:54 AM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Smith, Marty [IDPH] <Marty.Smith@idph.iowa.gov>
**Subject:** CICRC Service Area Comment/Suggestion

The Central Iowa Coordinated Response Coalition (CICRC) consists of representatives from six counties (Polk, Warren, Dallas, Guthrie, Adair, and Madison). The CICRC met to review and discuss the IDPH proposed "Service Area Alignment". Representatives from the following disciplines were present:

- Emergency Medical Systems
- Emergency Management Agencies
- Local Public Health Agencies
- Hospitals

During the meeting, we reviewed the progress the six county coalition has made in the past 3+ years. We have created bylaws, aligned our work, added additional partners such as EMS to our coalition and discussed the fiscal issues that have arisen. This past year we have made significant progress in preparedness work within our communities, in part due to similar hazard vulnerability analysis, similar gaps in preparedness, and the ability to focus on similar identified needs within these six counties. Members of the CICRC attributed part of our success was the ability to maintain a span of control within the National Incident Management System (NIMS) guidelines and the Health Care Capability Document recommendations. CICRC believes strongly that all response starts and ends locally.

The following comments/concerns were brought up in the meeting regarding the proposed service area map:

- The recommended service area map for central Iowa is a 24 county service area. That is significantly out of the National Incident Management System (NIMS) span of control and outside of the Health Care Capability Document recommendations.
- The gaps in service outside of our six county coalitions vary significantly to the counties that have volunteer Emergency Medical Services.
- There are a lot of fiscal questions that remain undecided and unknown at this time. This prevents the CICRC from making a truly informed decision.
- With the creation of the "Service Area Planner" position, our individual agency work at the public health and hospital level will potentially not be supported. This will leave the plans and coordination to a planner with 24 counties and numerous public health, hospitals and EMS.
- With such a large service area, Public Health and Hospitals shall lose local control of the budget. There will be little efforts that can be made with no funding in emergency preparedness area wide. We shall likely revert back to a pre-9/11 state of preparedness.

After looking at our supportive data the members concluded:

- Using time critical conditions to make the new service areas should not be the sole source of data used to determine geographical boundaries (referral patterns).
- Data from the 2009 H1N1 Influenza Vaccination campaign shows individuals from Dallas, Guthrie, Madison and Warren seek health services in Polk County. Reviewing the data from the other counties in the new service area, indicates the population does not seek health services from the Metropolitan Service Area.
- Data from a Des Moines Hospital shows that their referral pattern is from Adair, Dallas, Guthrie, Madison and Warren Counties. Upon review of the data, the other 18 counties in the new service area, shows 50% or less seek services in the Metropolitan Service Area and the remaining 50% or more are seeking services health services elsewhere.
- The 2017 Health Care Preparedness and Response Capabilities draft recently released for comment and review identifies general principles that HCC boundaries should include enough adequate resources while maintain span of control. HCC boundaries should be based on daily health care patterns.

Recommendations for proposed "Service Area Alignment" map:

- The CICRC is requesting we maintain our coalition as a six county service area as the preferred option. As noted earlier, we have made significant progress due to our similar hazards and needs. Adding 18 additional counties all at once will be detrimental to our current progress in our communities we serve.
- An option we discussed was splitting the 24 counties into 4-5 manageable service areas. This option maintains a span of control based on the data we have from the 2009 H1N1 and from the Hospital Referral patterns. These service areas allow an increase in ability to concentrate on gaps/issues that align more to their geographical area and at the same time, allow CICRC to continue making progress within our jurisdictional area.

Sent on behalf of the:

Central Iowa Coordinated Response Coalition

*Lynn Royer, RN, Public Health Nurse*

*Coalition Chair*

**From: Tyler Brock [mailto:tbrock@sioux-city.org]**
**Sent:** Wednesday, August 17, 2016 3:38 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Feedback on Service Area Alignment

**ATTACHED DOCUMENT**

Please see the attached document where I've tried to summarize some of the comments we have here in Woodbury County regarding the FY18 service areas. Thank you.

Tyler Brock
Deputy Director/Director of Laboratory Services
Siouxland District Health Department

**From: Bradley Held [mailto:Bradley.Held@avera.org]**
**Sent:** Friday, July 29, 2016 4:25 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** service areas

Emmet County possibly has one of the most sought after coalitions with EMS, Public Health, and the local hospital (Avera Holy Family Hospital located in Estherville, IA). We have been working together for the past four years on disaster preparedness, grant funding, training, and understanding of each other's capacities. I was in attendance of the meeting held in Cherokee, IA and believe it was you who rolled out the concept of the regional areas. The negativity at that particular meeting was shocking to myself. I understand your concepts and hope that others, after thinking the process over, would learn and see the reasoning that is driving the necessity of moving to regional areas rather than per county status for funding. I am new to the position of ambulance co-director for the Estherville Ambulance Service and overseeing three satellite services in our county. We are very unique as the ambulance service is privately owned and staffed with volunteers. I do believe that this makes it much easier to blend well with the other entities of Public Health and the hospital. We currently hold every other month county coalition meetings with the hospital, all Emmet county fire departments, all county ambulance services (which the three satellite services are affiliated with the fire depts.), emergency management, local police, Emmet county sheriff dept., and Public health all represented by at least one member if not a majority of members. I try to keep a positive outlook on the necessity of change. Please feel free to contact any of our Emmet county agencies for more comments.

Thank you,

Brad Held

Co-director/paramedic - Estherville Ambulance Service

Paramedic - Avera Holy Family Hospital

**From: Marcy A. Wilcke [mailto:wilckem@mercyhealth.com]**
**Sent:** Wednesday, August 17, 2016 3:10 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Service Area for Iowa Hospitals

I would like to respond to the proposed changes for the Service Areas. The changes in boundaries don't reflect Mercy-Clinton's normal business patterns. When Clinton Co. has an event that requires timely response, our normal contacts would include Jackson, Dubuque and Linn Counties. We receive patients from Jackson Co, transfer patients to Cedar Rapids hospitals and are affiliated with Dubuque Mercy. Our normal response would be to work with these 3 additional counties. Also it is important to note that our Public Health partners in Clinton Co. have offices in Jackson Co.

I'm glad to have this opportunity for input on this topic, because the proposed changes in Service Areas isn't the way we currently or will in the near future conduct business.

Marcy Wilcke, RN BSN

ED Supervisor

**From: Pat Thompson [mailto:Pat.Thompson@CentralIowaHealthcare.com]**
**Sent:** Wednesday, August 17, 2016 4:30 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Linda Rosenberger (lrosenberger@tamacounty.org) <lrosenberger@tamacounty.org>; Poweshiek County [IDPH] <phinrichs@grmc.us>; Robert Douglas <Robert.Douglas@CentralIowaHealthcare.com>; kelder@marshallcountyia.gov
**Subject:** Marshall County of Marshall, Poweshiek, Tama Counties Healthcare Coalition

I may be too late in getting my thoughts to you regarding alignment of the service areas for the State of Iowa. I apologize, I thought August $17^{th}$, was the last day to respond.

About three years ago each county public health department was asked to consider alignment with contiguous counties to strengthen our response through relationship development and resource sharing. Marshall, Poweshiek and Tama counties did just that. The county public health, EMA's and hospitals met monthly and hammered out bylaws, worked on capabilities and gained trust in each other with each passing year to the point that our coalition is a strong, working, supportive preparedness team. Our coalition did what you asked, but now we are being split apart. I must say that is not very respectful of the work that we have done. That is the hardest part to understand, the lack of respect for doing what was asked.

Now that the emotional side is said and probably done, I want to say that developing such large service areas (are they even called coalitions where members work together?) will lead to a few counties in control and many counties lost in the shuffle. The autonomy and preparedness strength will be lost. Where will the trust and support be that is so necessary in times of need?

Thank you for allowing me to share. I do know that our current coalition members will continue to support each other in need—in fact, we know what "stuff" we already have!

Sincerely,

Pat Thompson

Marshall County Public Health Nurse

**From: Linda Frederiksen [mailto:Frederiksen@medicems.com]**
**Sent:** Wednesday, August 17, 2016 4:18 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** RE: ATTENTION REQUIRED-TIME CRITICAL CONDITIONS SERVICE AREAS-FY 18 AND BEYOND

I am commenting as Linda Frederiksen, not on behalf of IEMSA.

In general, EMS has been somewhat silent on this, mostly because we tend to be a fairly siloed and unfunded group. Speaking of silos, on Monday 8/15, I attended my first ever Scott County Healthcare Coalition meeting. I think you probably recall my surprise when this coalition and the health department (who we have a good working relationship with) held some large scale state exercises that we were not a part of.

I'm sure that you've gotten some feedback, but a few things I'm hearing include:

1. How were the regions determined and could they be decreased in size?
2. How will funds be administered? I am hearing from county health department folks that they aren't interested in doing this for other counties.
3. What happens if a county agency "opts-out?" In some counties, the EMS agency may not know they've decided to do that.

What else should I be worried about??

Linda

**From: Jeanne Schwab [mailto:jsaudcoph@iowatelecom.net]**
**Sent:** Tuesday, August 9, 2016 1:59 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Carfrae, Alex [IDPH] <Alex.Carfrae@idph.iowa.gov>; Smith, Marty [IDPH] <Marty.Smith@idph.iowa.gov>
**Subject:** Time Critical Conditions Service Areas

**DOCUMENT ATTACHED**

Good afternoon,

Attached please find a letter expressing concerns regarding the time critical conditions service areas.

Jeanne Schwab

Nurse Administrator

Audubon County Public Health Nursing Service

**From: Angie Hakes [mailto:ahakes@co.page.ia.us]**
**Sent:** Monday, August 1, 2016 1:54 PM
**To:** Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Cc:** Smith, Marty [IDPH] <Marty.Smith@idph.iowa.gov>; Carfrae, Alex [IDPH] <Alex.Carfrae@idph.iowa.gov>
**Subject:** PHEP/HPP regions
**Importance:** High

After reviewing the map here are my concerns (I am in the bright blue region – Page County)

1) I understand that the map reflects trauma, cardiac and stroke patterns. The region that I am in which is the bright blue region, Crawford County is to far north, and it would be a better fit geographically to put Audubon County in our region instead.
2) Funding – concerned that most of the funding would be utilized in Pottawattamie County, leaving the small rural counties with little or next to nothing.
3) How is the funding to be utilized – I know that 1 FTE person is required, but what is the remaining funding for…. Training, equipment?
4) Overall there needs to be a standardization of regions across the board – we have different regions for EMA's, different regions for Local Public Health Services, etc…wouldn't it be easier for everyone to have the same region for all areas? Just a suggestion.

Thank you for allowing me to voice my concerns.

Thanks!

Angie-Administrator

Page County Public Health

**From: Becky Pryor [mailto:BPryor@co.jasper.ia.us]**
**Sent:** Friday, May 27, 2016 3:01 PM
**To:** Sharp, Ken [IDPH] <Kenneth.Sharp@idph.iowa.gov>; Curtiss, Rebecca [IDPH] <Rebecca.Curtiss@idph.iowa.gov>
**Subject:** Considerations on BETS FY18 funding for rural counties

**DOCUMENT ATTACHED**

Please find attached my letter of concern for rural counties.

Thank you,

Becky Pryor, Administrator

Jasper County Health Department