

2016



Promoting and Protecting
the Health of Iowans

ANNUAL REPORT: DIVISION OF ACUTE DISEASE PREVENTION, EMERGENCY RESPONSE, AND ENVIRONMENTAL HEALTH

Introduction

The Acute Disease Prevention, Emergency Response, and Environmental Health (ADPER & EH) Division of the Iowa Department of Public Health provides support, technical assistance, and consultation to local public health agencies, local boards of health, local environmental health professionals, hospitals, emergency medical service programs, local health care providers, licensees/permit holders, and Iowans regarding environmental health, infectious diseases, disease prevention and control, injury prevention and control, and public health and health care emergency preparedness and response. Within the division, services are provided such as licensing businesses and professionals, regulating medical services and radioactive materials, and providing funding through contracts to protect and improve the health of Iowans. Five bureaus make up ADPER & EH:

Center for Acute Disease Epidemiology (CADE), Bureau of Emergency and Trauma Services (BETS), Bureau of Environmental Health (EHS), Bureau of Immunization and Tuberculosis (ITB), and Bureau of Radiological Health (BRH).



This report is a result of the ADPER & EH division management team retreat that was held on July 30 and 31, 2015, where a gap was identified in communication with customers, especially when it came to sharing information about planning efforts. Additionally, ADPER & EH customers reported a desire for more communication from the Division about priorities and planning on a customer satisfaction survey, conducted in November 2015. The purpose of this report is to provide a comprehensive look at what ADPER & EH has accomplished in the past year, as well as what Division staff are working on for the future. It also serves as an annual informational resource for stakeholders, local partners, policy makers and the general public.

Within the pages of this report there is information about division funding, successes and areas of improvement, challenges the Division faced in 2016, and information about each bureau and its programs. While each bureau has its own programs, customers, and staff, the bureaus also interact with each other regularly and in unique circumstances as well. For example, in 2016, BRH, EHS, and BETS continued collaboration on a division-wide licensing software program; BETS, CADE and EHS started a cross discipline venture to support local partners in the transition to Time Critical Care Systems; and ITB and CADE collaborated on mumps case investigation and vaccination.

Collaboration between the division's bureaus in 2016 brought together strong leaders and incredible staff to achieve and maintain the health and safety of Iowans. The hope is that this report gives customers some insight into the story of the Division of Acute Disease Prevention, Emergency Response, and Environmental Health, and a better understanding of how the Division works to "*Protect and Improve the Health of Iowans*".

Contents

Introduction	1
2016 Division Highlights.....	3
2017 Division Priorities	5
ADPER & EH Funding Sources and Expenditures	6
Center for Acute Disease Epidemiology (CADE)	7
Bureau of Emergency and Trauma Services (BETS)	9
Bureau of Environmental Health Services (EHS).....	11
Bureau of Immunization and Tuberculosis (ITB).....	15
Bureau of Radiological Health (BRH)	18
Conclusion.....	21
ADPER & EH Directory.....	21
Appendix A: Division Tables.....	22



2016 Division Highlights

Improved Relationships with the State Hygienic Laboratory

The Iowa State Hygienic Laboratory (SHL) is located at the University of Iowa as part of the Regents, but is designated through Iowa Code 263.7 to provide disease detection and environmental monitoring to the state. The SHL provides regular analytical support for many of the bureaus in ADPER & EH, including the Center for Acute Disease Epidemiology (CADE), the Bureau of Environmental Health Services (EHS), the Bureau of Immunization and TB (ITB), and the Bureau of Radiological Health Bureau (BRH). There are other programs across the Iowa Department of Public Health (IDPH) that SHL works with as well, including STD/HIV, and the maternal and newborn screening program.

Recently, both organizations have shared a desire to strengthen roles played and improve upon contractual and



business relationships, processes, and procedures. In 2012, a Kaizen event, focused on contracting processes, kicked off the journey and now ADPER & EH coordinates a contracting work group in conjunction with SHL which meets every other month to discuss concerns, ideas for improvements, and future directions. In May of 2016 a two week long executive exchange occurred to continue this movement. SHL Director of Disease Control Division, Dr. Wade Aldous, and ADPER & EH Division Director Ken Sharp each took the opportunity to spend a week at each other's respective organizations to learn more about business practices, programs, and staff.

Picture 1 IDPH staff visit with State Hygienic Lab Director, Wade Aldous. Row 1: Stu Schmitz, Wade Aldous, Andrea Bentzinger; Row 2: Kelli Smith, Ken Sharp, Joy Harris, Kevin Officer; and Row 3: Allan Lynch, Julie Coughlin, Nancy Wilde, Don Callaghan, Rob Ramaekers

Planning to be PHABulous

In late 2015, Gerd Clabaugh, IDPH Director, announced IDPH would seek to become a nationally accredited public health organization by the Public Health Accreditation Board (PHAB). PHAB standards and measures are considered best practices and can help a health department achieve performance excellence (<http://www.phaboard.org/accreditation-overview/>).

Throughout 2016, IDPH staff began to assess how the Department measures up to PHAB standards in 12 different Domains with ADPER & EH taking the lead in Domains 2, 6, and 10. Table 1 identifies the three domains for which ADPER & EH is responsible for gathering and maintaining evidence. ADPER & EH is also providing evidence that supports many other Domains within the PHAB standards.

PHAB Domain	Domain Description
Domain 2	Investigate Health Problems and Environmental Public Health Hazards to Protect the Community
Domain 6	Enforce Public Health Laws
Domain 10	Contribute to and Apply the Evidence Base of Public Health

Table 1 ADPER & EH is responsible for identifying and collecting evidence for these Domains.

IDPH will be applying for and submitting evidence for accreditation in 2017. For more information on the Public Health Accreditation Board, please see their website at <http://www.phaboard.org/>.

Time Critical Care Systems Planning Continued

The Bureau of Emergency and Trauma Services headed out again in 2016 to meet with local partners. The goal was to obtain feedback on how best to plan for a transition to a system of Time Critical Care (TCC) – focusing on patient transfer

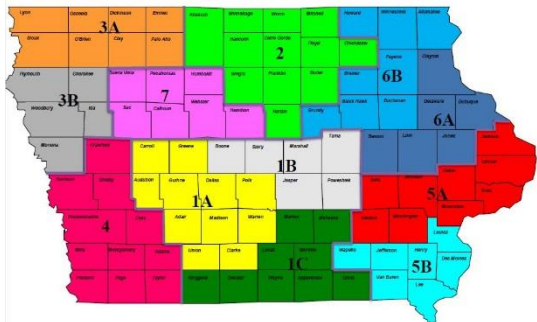


Figure 1 FY18 Service area map

patterns across the state. Continuation of TCC systems planning included two weeks of traveling across the state, development of the request for proposal (released November 2016), and educating potential grantees on how the system and funding will be structured moving into the future of planning and preparedness efforts. With the increase in collaboration between counties and across disciplines, IDPH hopes to achieve a prepared and fully interoperable emergency medical, trauma care, and all-hazards response system with the recognition of the importance of the public health infrastructure in responding to all hazards, including terrorist activities. When disaster strikes, whether it has an individual or

mass effect, it rarely impacts just one jurisdiction or response partner. Furthermore, evidence clearly suggests that when traumatic or disastrous events occur, the impact, reach, and response to the event is rarely localized to a single community. By working within systems of care where distinct patterns exist, there will be improved efficiencies and leveraging of expertise and resources to better ensure Iowans are receiving the best and most efficient care and response in times of need.

AMANDA was Born

You will likely never hear the name AMANDA again from ADPER & EH in this context, but it is a catchy way to tell you that one of the Division's greatest achievements in 2016 was the launch of the new online licensing system referred to by the developer as AMANDA.

ADPER & EH currently has all of the radiological health and emergency medical services programs utilizing the online licensing system and in 2017, all of the environmental health programs will start issuing and managing regulatory programs using this system as well.

A few additional features to be launched in 2017 are the search function available for the public to obtain a list of licensees by type, status, and disciplinary actions, and the ability for staff to manage inspections in an online environment. Although this will be the end of the implementation period, there is still much work to be done with the upkeep of the system in 2017 and beyond.



Bureau	Program	Bureau	Program
EHS	Backflow Prevention	BRH	Radiation Machines
EHS	Plumbing & Mechanical Systems	BRH	Industrial Radiographic Operations
EHS	Lead Poisoning Prevention	BRH	Mammography
EHS	Swimming Pool & Spas	BRH	Medical Physicists
EHS	Tattoo	BRH	Permit to Practice
EHS	Water Treatment Devices	BRH	Radioactive Materials
BETS	Emergency Medical Services - Providers	BRH	Radon
BETS	Emergency Medical Services - Services	BRH	Tanning
BETS	Emergency Medical Services – training providers		

Table 2 Programs that have or will transition to the AMANDA online licensing system.

2017 Division Priorities

Online Licensing and Certifications

As mentioned above, all 16 regulatory programs from ADPER & EH should now be using the online licensing system (or are close to it) to apply for or renew a license, update personal and business information, and pay licensing fees electronically. Finalization of this large project has been an uphill victory, but there are still many enhancements and challenges to prepare for moving forward. Planning and preparing for maintenance and improvements costs to the online system is just one example of the planning the project team has already started working on; it is estimated that maintenance of this system will cost approximately \$400,000 annually. Part of this includes making sure the system has a compatible host environment so it works as efficiently as possible, and entering into vendor contracts to manage and make enhancements in ensuring the right resources are available to Division staff and customers. In a continued effort to improve upon enforcement activities in 2017 and beyond, regulatory programs within the Division are looking forward to utilizing the online licensing system to track trends and improve consistency in enforcement activities.

TCC Systems Implementation

July 1, 2017, will mark the first day with Time Critical Care Systems in action. As the Bureau of Emergency and Trauma Services has started to prepare for the implementation of Time Critical Care Systems, the Division as a whole has been working to identify ways we can better serve customers as this transition takes place. One strategy that was identified was to build the Division's capacity to provide meaningful and productive technical assistance to local partners. One of the greatest features about our vast Division is that there are many opportunities to collaborate and enhance the services provided across disciplines. At the end of 2016, ADPER & EH, along with IDPH regional health consultants, began meeting monthly to bring forth challenges or concerns that were experienced in each area of expertise. The Division aims to bring preparedness, EMS, trauma, infectious disease and environmental health together to prepare for implementation of the Time Critical Care Systems grant. Training and recognition of when quality planning and improvement tools are needed will be incorporated into these meetings to help prepare staff to better serve local partners.

2017 Customer Satisfaction Survey

In 2015, ADPER & EH conducted the first Division-wide customer satisfaction survey to provide our partners with an opportunity to give feedback on communication, technical assistance, education/trainings, and timeliness of providing a service or product. As a follow up, in 2017, the Division will be developing and sending out a customer satisfaction survey. Division staff invite all of our partners to be on the lookout at the end of the year for an opportunity to provide valuable feedback.

ADPER & EH Funding Sources and Expenditures

In state fiscal year 2016 (FY16), July 1, 2015 to June 30, 2016, the Division received funds from federal grants, state general funds, fees, and other sources totaling \$62,283,279.44 to carry out the mission of protecting and improving the health of lowans (Table 3).

<i>Funding Source:</i>	<i>Amount of Funds</i>
Federal	\$48,252,801.69
State	\$4,648,759.00
Fees	\$6,385,657.01
Other	\$2,996,061.74
Total	\$62,283,279.44

Table 3 Division funding sources

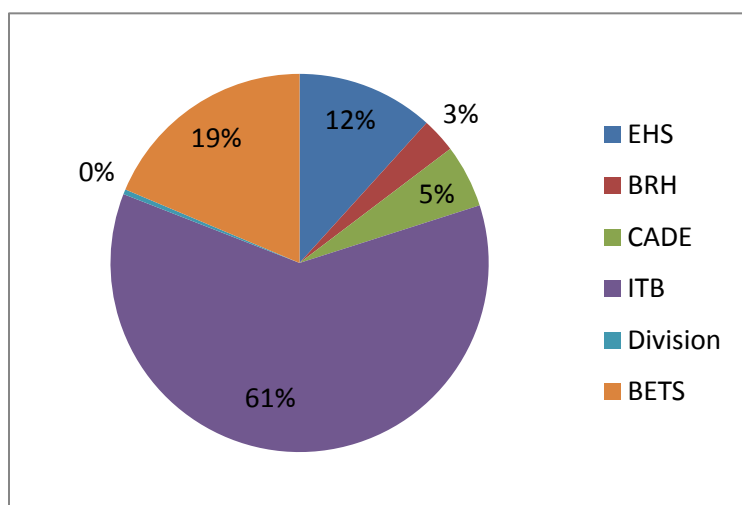


Figure 2 demonstrates the percentage of expenditures for the Division by bureau. Overall, there were four main categories for fund expenditures within the division in FY16: personnel, contracts with local partners and other outside services, information management/software creation and maintenance (IDSS, IRIS, online licensing project), and program-related expenses (e.g., vaccines, in-state travel related to inspections/technical assistance, etc.). See table A3 in the appendix for more information on contracts.

Figure 2 Breakdown of division expenditure by bureau

Within the Division, 101.80 full time employees (FTEs) were supported in FY16 to accomplish the Department mission of protecting and improving the health of lowans. Figure 3 shows the breakdown of the number of FTEs by bureau.

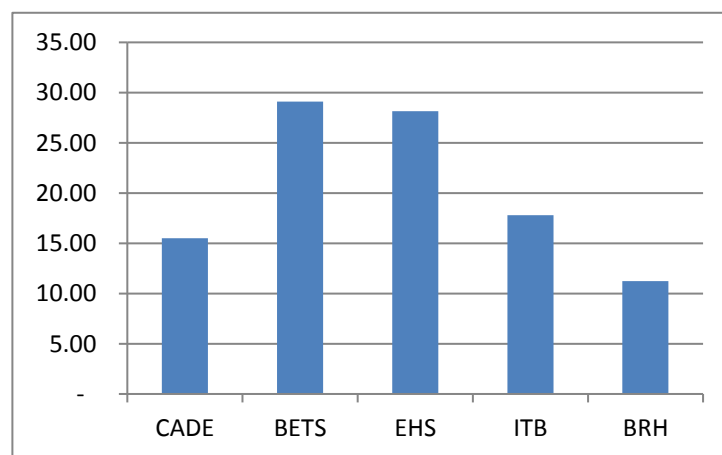


Figure 3 FTEs by bureau

Center for Acute Disease Epidemiology (CADE)

CADE conducts infectious disease surveillance; coordinates with local public health to investigate infectious diseases cases and outbreaks; provides infectious disease consultation to health care providers, local public health partners and the general public; reports infectious disease data to CDC; and provides infectious disease education and outreach to a wide variety of audiences. For more information about CADE or to see the EPI Manual please see our webpage at <https://idph.iowa.gov/CADE>.

2016 Highlights

Collaboration with Partners: In 2016, in partnership with local public health partners across Iowa, CADE investigated 104 infectious disease outbreaks sickening nearly 1,300 Iowans. Approximately 7,000 infectious disease reports were submitted to CADE in 2016. CADE provides support and consultation to local public health partners who investigate the majority of the cases. Several high priority infectious disease issues arose in 2016. Highlights include:

- Supporting local public health and health care partners as they provide care for and investigate over 730 cases of mumps that were confirmed and probable. An additional 137 were reported but found to not be cases.
- Consulting with nearly 600 Iowa health care providers requesting Zika virus testing for their potentially exposed patients. Twenty-six Iowans tested positive for Zika virus infection and one blood donor was viremic. In addition, CADE collaborated with Iowa State University Medical Entomology and nine of the southern tier of Iowa counties to conduct enhanced mosquito trapping. None of the types of mosquitoes that can transmit Zika virus infection in the Zika affected areas of the world were found in Iowa. CADE conducted education and outreach to traveling Iowans potentially at risk for Zika virus infection through sign, billboard, and radio messaging. Finally, CADE collaborated with the Iowa Birth Defects Registry to bolster surveillance for Zika virus.

Foodborne Illness: Feeling Queasy? Call, it's Easy. CADE participated in implementation of the 844-IowaSic foodborne illness reporting hotline in partnership with the Iowa Department of Inspections and Appeals and local public health partners. Since the launch of the foodborne illness reporting hotline in October 2016, approximately 160 reports have been submitted from ill Iowans. During the same time period the year prior, 50 reports were received. Reports are investigated in partnership with local public health agencies and the Iowa Department of Inspections and Appeals (the agency with regulatory authority over restaurants, food manufacturing, and retail establishments). The hotline has been promoted across the state to help track concerns with foodborne illnesses and potentially help to mitigate foodborne illness outbreaks. Call the IowaSic Hotline at 1-844-469-2742 if you suspect food poisoning from a restaurant, grocery store, convenience store, or public gathering.



Figure 4 IowaSic Hotline advertisement

Healthcare-Associated Infections. Iowa Department of Public Health's initiative to reduce healthcare-associated infections (HAIs) includes supporting science-based actions to decrease these infections to make health care safer for all Iowans. Part of this prevention strategy includes performing infection control consultations with hospitals, long term care facilities and ambulatory surgery centers. A total of 117 onsite assessments were completed by CADE staff in 2016 (91 hospitals, 21 long term care facilities, and five ambulatory surgery centers). For more information, please visit the program webpage at <http://idph.iowa.gov/hai-prevention>.

Updating systems: The Iowa Disease Surveillance System (IDSS) enables local public health, hospitals, laboratories, and IDPH to collaborate electronically as they perform disease reporting and surveillance activities across the state and in 2016 there were 33 total enhancements made in 19 categories of IDSS. The most significant enhancements included: 1) simplifying and combining the epi-linking wizard; 2) ability to view multiple cases at a time and; 3) reworking of the notifications feature. These enhancements make the IDSS more user-friendly and efficient. Enhancements to our reporting systems ensure that the most accurate and up-to-date data is being collected to assist in investigations. For more information on IDSS, please see <http://idph.iowa.gov/cade/idss>.

2017 Priorities

Epi Manual. One of the most important resources we provide for our partners is the Epi Manual, and in 2017, we will be working on updating the Epi Manual including investigation responsibilities, disease sections, and introductions. CADE staff want to ensure that the most accurate information about diseases is in the Epi Manual and that our partners can access it with ease. Additionally, a mobile app of the Epi Manual is in the works. We would like to open this up to our partners this year for faster and easier access to the information they need.

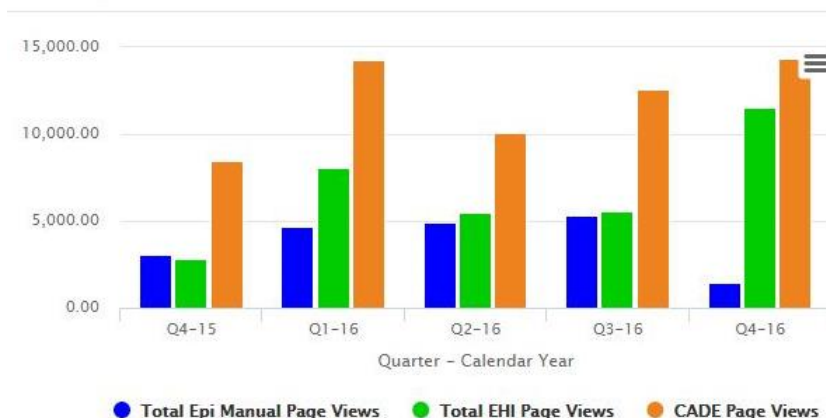


Figure 5 Number of times the Epi manual, EHI, and CADE webpages were viewed by quarter.

Along with the Epi Manual, CADE manages 99 webpages on the Department website to provide information to customers and lowans about a variety of diseases. The Emerging Health Issues webpage was created in 2015 to highlight new or emerging health issues that are important to the public and to health care professionals (e.g., Ebola, Zika). Figure 5 is a representation of how many people are utilizing the Epi Manual, CADE webpages, and the Emerging Health Issues (EHI) webpage on a quarterly basis. The top five topics that were clicked on in the Epi Manual in 2016 were mumps, West Nile virus, pertussis, norovirus, and cryptosporidiosis.

Investigations. A large part of CADE's purpose is to conduct investigations and to provide technical assistance to local public health departments as they conduct local investigations. The Public Health Advisory Council (PHAC) is working with IDPH to review investigations procedures and data to determine if investigation procedures are efficient and provide the foundational public health services as first branded by the Public Health Leadership Forum in 2013. These services are at a minimum the activities that public health departments should be providing to their customers. For more information on the FPHS model, please visit <http://www.phaboard.org/phnci/fphs.html>. Investigations are one of the services identified and quality improvement planning started taking place at the end of 2016 and will continue into 2017. The PHAC will provide recommendations to IDPH on our investigations procedures including roles of the state health department and roles of local health departments. Investigations include both outbreak and individual case investigations.

Bureau of Emergency and Trauma Services (BETS)

BETS provides leadership, direction, and resource support to build a comprehensive, sustainable, efficient, and effective statewide emergency medical services (EMS) system including EMS system development, EMS service program authorization, and certification of EMS personnel. The bureau is responsible for the management of Iowa's trauma system, Emergency Medical Services for Children, injury prevention initiatives, EMS and trauma data acquisition and management, and EMS and trauma education coordination. The bureau provides management and oversight of Iowa's public health and hospital preparedness program. This includes administration of federal grants and assistance to the multi-disciplinary coalitions in the state. BETS has responsibility and oversight for the IDPH emergency response plans and operating procedures, Emergency Coordination Center (ECC), Continuity of Operations Plan, Iowa Disaster Medical Assistance Teams (IA-DMAT), the Strategic National Stockpile (SNS), and the Health Alert Network (HAN) system. For more information about BETS you can visit our website at <https://idph.iowa.gov/BETS>.

2016 Highlights

EMS: Lucas Device Program. In 2015, the Leona M. and Harry B Helmsley Charitable Trust awarded the bureau \$6,222,426 to implement the LUCAS Assist Devices for Cardiac Arrest Program (LADCAP) in the state of Iowa. The LADCAP program is designed to support the purchase, distribution, and training of emergency medical services and hospital personnel to use LUCAS devices in rural areas of Iowa. These devices are intended to increase the survival rates of cardiac arrest patients by providing automatic chest compressions, meaning CPR can be performed longer and with more consistency. In 2016, the bureau offered the application process to emergency medical services and completed training and distribution of the devices to 57 EMS services and 25 hospitals in the Northwest quadrant of the state. In 2017, BETS expects to offer devices to EMS services and hospitals in the Northeast quadrant of the state, and a continuous quality improvement system related to the treatment of sudden cardiac arrest. The project is still in the early stages of evaluation; EMS and hospital staff whom work with the devices self-report use of the device to the University of North Dakota.

Quadrant of the State	EMS services	Hospitals
Northwest	57	25
Northeast	53	13
Southwest	Approximately 65	15
Southeast	Approximately 65	17

Table 4 Number of EMS services and hospitals by quadrant that have received or are expected to receive a Lucas device.

Making Improvements: Trauma Reporting. There are 118 hospitals in Iowa and each is required by IAC 641.136 to report trauma data to the trauma registry. Receiving this data helps IDPH understand the needs of hospitals and their

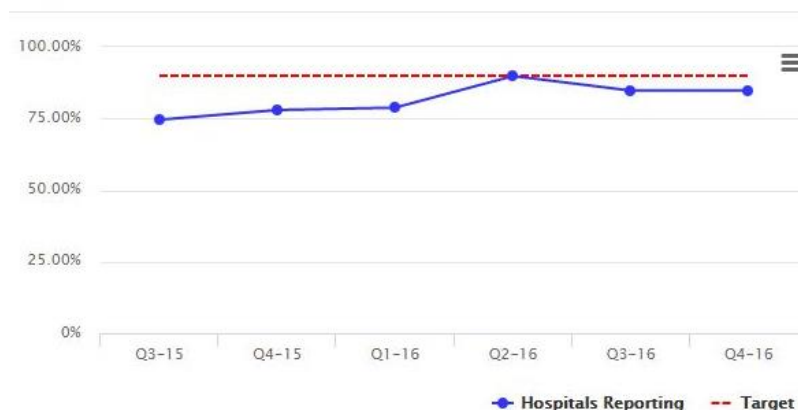


Figure 6 Percent of hospitals reporting trauma by quarter to ImageTrend

communities related to trauma. In July of 2015, IDPH began using ImageTrend software to report this data. The bureau provided education and training to the hospitals and the BETS Trauma Coordinator continued this education throughout 2015 and into 2016. In January 2016, BETS hired a Data Analyst to help organize and understand this data. The department's goal is for 90 percent of hospitals to report on a quarterly basis; due to the smaller nature of some hospitals, a trauma may not occur within a three-month time period.

Preparedness. The 2016 flooding impacted the east side of the state. The incident management system was implemented at the Iowa Department of Public Health and remained active for two weeks to help manage public health situations. IDPH was preparing for a repeat of the 2008 flooding; however, the situation was not as intense. There were opportunities for some individuals from the surge staffing list to participate in an actual event. Rob Walker was one of those individuals and when asked about participation in the IMS that week he said, “By participating in an actual event I gained insight and understanding of the processes required to manage an incident. It also assisted me in preparing for any future events that IDPH may need to deal with.” Rob was also able to help make improvements in our Incident Action Plan by streamlining the Excel file and providing useful tips on how to improve that document.

2017 Priorities

Training and Education: Stop the Bleed. To improve survivability of bleeding patients, the BETS Trauma program has teamed up with the Trauma System Advisory Council (TSAC) and other partners to train and equip Iowa’s citizens to *Stop the Bleed*. The *Stop the Bleed* campaign, a coordinated statewide effort to educate, provide hands on training, and improve accessibility to bleeding control resources, will help to reduce deaths from traumatic hemorrhaging (severe bleeding). Severe traumatic hemorrhaging could occur in many instances including an active shooter situation, injuries sustained in a motor vehicle collision, a farm accident, or other emergencies. In late spring 2017, BETS plans to roll out the Stop the Bleed campaign by bringing nationally recognized trainers to the state to offer train-the-trainer sessions. Following the initial training, additional Stop the Bleed trainings will be organized throughout the remainder of the summer to train interested participants.



Figure 7 Stop the Bleed logo.

EMS for Children Immunization Campaign. The Emergency Medical Services for Children (EMSC) program will be working on a new campaign in 2017 to educate children on topics related to prevention and disaster preparedness. The bureau has contracted with ZLR Marketing firm to create animated characters with which children can relate; materials would include short videos, coloring books, temporary tattoos, and other child-friendly materials. The campaign development will begin in March 2017 and funding to support the effort comes from the Bureau of Emergency and Trauma Services and the Bureau of Immunization and TB. The first message strategy for the characters is to protect yourself against getting sick by getting your shots, covering your cough, washing your hands, and staying home when you are sick.

IMS Improvements: How Prepared Are We? As the Department started to work through Public Health Accreditation (as mentioned in the division highlights) an opportunity to discuss Incident Management System (IMS) surge capacity arose. Surge capacity is the ability to manage increased demand of a situation with supplies and staff. PHAB standards require that surge capacity staff are identified and that there is a protocol in place for when surge capacity would be utilized in the IMS. In an emergency situation, IDPH would need backup staff that are knowledgeable about the IMS and resources available to meet system needs to help cover in times of extreme or prolonged situations. March 29th to April 1st, 2016, 18 staff participated in ICS 300 and ICS 400 to refresh or to take the courses for the first time. To ensure surge staff are prepared to play a role in the IMS before a real emergency occurs, a priority for BETS in 2017 is to conduct an internal IMS exercise.

Bureau of Environmental Health Services (EHS)

The Bureau of Environmental Health Services strives to ensure the protection of public health from environmental exposures by providing technical assistance and services to local environmental health departments, local boards of health, and all Iowans. Bureau staff safeguards the protection of public health in swimming pools and spas, tattoo establishments, and migrant labor camps; verifies that water treatment devices, such as water filters, perform appropriately and as claimed by the manufacturer; provides training to new county environmental health professionals on related topic areas; performs epidemiology and surveillance of environmental and occupational health-related diseases; provides childhood lead poisoning prevention; provides toxicological and risk assessment evaluations; issues licenses to many professionals, facilities and devices; and performs inspections to ensure the health and safety of Iowans. For more information about these programs please visit our website at <https://idph.iowa.gov/ehs>.

2016 Highlights

Hot Topics: Water quality. Issues with water quality in 2015 and 2016, for example, elevated levels of nitrates in the Raccoon River in Central Iowa and contamination of drinking water in Flint, Michigan, brought water quality to the attention of law makers, the public, and bureau staff. In 2016, the Iowa Department of Public Health State Toxicologist Stu Schmitz and ADPER & EH Division Director Ken Sharp began meeting with a variety of state agencies, including the Iowa Department of Natural Resources, the Iowa Department of Agriculture and Land Stewardship, the State Hygienic Laboratory, and the University of Iowa Center for Health Effects of Environmental Contamination to review water quality issues.

The Bureau of Environmental Health Services Grants to Counties (GTC) Program helps to prevent contamination of Iowa's groundwater through funding to local county health departments to provide financial assistance to their residents for private water well services. The bureau oversees the financial administration of the program and works closely with the Iowa Department of Natural Resources, which provides technical oversight of water well testing, water well closure, and water well renovation through the GTC program. In FY16, the program paid \$1,720,752.94 to complete program services. Effective July 13, 2016, updates were made to Ch. 24; Private Well Testing, Reconstruction, and Plugging, Grants to Counties. The Iowa Legislature charged the bureau with improving funding allocation through a reallocation process halfway through the grant cycle; 2017 will be the first year that we conduct the reallocation.

Data: Iowa Public Health Tracking. Obtaining an accurate picture of Iowa's water quality is difficult, but with the Iowa Public Health Tracking (PHT) Portal, department staff, local public health partners, and Iowans are able to get an idea of the types of water quality issues seen in Iowa, and where most of the water quality issues reside. Three staff from EHS routinely work to improve the portal, including the environmental health portion. Data on air quality, private well water, public drinking water, and climate can all be found on the portal at <https://pht.idph.state.ia.us/Environment/Pages/default.aspx>.

The goal of the Iowa PHT portal is to provide a centralized location for public health data, resulting in improved public health decision making and improved health for Iowans and their communities. To get the word out about the portal, EHS increased the amount of staff time dedicated to outreach and marketing. The 0.25 percent increase in staff time has allowed for the development of several paid social media campaigns such as Lead Awareness Week, Carbon Monoxide Poisoning, New Data (Birth, Death, and Baby Names), and Heart Attacks. Some campaigns, such as Lead Awareness Week and Carbon Monoxide Poisoning, had resource pages developed on the tracking portal to provide additional information, fact sheets, and web links. The Tracking program has spent a total of \$100 on these campaigns so far, with an estimated reach of 29,384 Iowans viewing this information on social media.

Along with managing and improving upon the Iowa PHT Portal, EHS staff serve on CDC Tracking Program workgroups, alongside representation from the CDC, other participating states, and national partner organizations, to collaborate on the expansion and use of public health data to drive improved public health decision making. Table 5 provides information about the workgroups on which the EHS portal team serve.

Staff Name	Workgroup Name	Description
Heather Lloyd	Program and Marketing Outreach (PMO) Workgroup. Position: Co-Chair	Develop and implement an outreach and marketing plan for the National EPHT Program including creation of appropriate education and outreach materials.
Rob Walker	Standards, Network and Development (SND) & PMO sub-team of Portal Analytics development. Position: Co-Chair	Develop standard metrics for portal analytics a mechanism to report these metrics to the CDC.
Rob Walker	Environmental Public Health Tracking Content Workgroup - Lead Team. Position: Co-Chair	Develop nationally consistent data measure related to childhood lead poisoning. <ul style="list-style-type: none"> • Lead tests between 5 and <10. • American Community Survey poverty and housing data
Tim Wickam	Environmental Public Health Tracking Content Workgroup. Position: Co-Lead	Support the development, integration, analysis, dissemination, and use of data to drive public health action.

Table 5 Committee participation by EHS staff.

Making Improvements: School Match Updates. Iowa Code (IC) 135.102.7 requires the Iowa Department of Public Health (IDPH) to implement the law that children receive a blood lead test prior to the age of 6 and before enrolling in any elementary school in Iowa. To implement this law, The Mandatory Blood Lead Testing Program staff began working with Iowa schools on a blood lead matching process where enrollment information is sent to the IDPH within 60 days of the start of the school year. The IDPH then matches enrollment records against the lead test reporting system, Healthy Homes Lead Poisoning Surveillance System (HHLPSS), to determine which children have not received a blood lead test. The first year to run the match was the 2015-2016 school year; 8,510 students did not have match in (HHLPSS) indicating there should be follow-up to ensure that child is tested. There were many challenges experienced with matching the first year, so for the 2016-2017 school year, program staff enlisted support from IDPH information management (IM) staff to make improvements to the process.

IM staff set up a new email account at school.lead@idph.iowa.gov and an automated process for program staff which included sending the reporting template to school contacts on a 10-day schedule; automatic reading of in-bound messages and validation of returned files to determine need for special processing; and automatic response back to schools if there were unmatched children. Additionally, to assist with the process, the Mandatory Blood Lead Testing Program staff provided training opportunities, including three webinars conducted before, during, and after the match, for local partners to understand the process and the importance of it. Finally, in 2016 an email listserve with more than 1,000 contacts was created by program staff to ensure school contacts and other stakeholders received timely information about the program.

With the improvements that were made in the process and additional education and training, the Mandatory Blood Lead Testing Program saw an increase in 20.4 percent of school districts that were reporting, from 250 districts to 318 from the 2015-2016 school year to the 2016-2017 school year match. In addition, the time needed to complete the match and notification to schools decreased by 4 months. In 2017, program staff are seeking out ways to decrease the

burden on schools by obtaining student lists directly from the Iowa Department of Education, rather than from each of the schools. For more information about the Mandatory Blood Lead Testing Program please see the website at <http://idph.iowa.gov/lpp/blood-lead-testing>.

Administrative Rules: The Bureau of EHS is responsible for 32 chapters in the Iowa Administrative Code (IAC). Last year five of chapters were identified as priorities to review and update rules: 1) tattoo (Ch. 22); 2) swimming pools and spas (Ch. 15); 3) backflow tester registration (Ch. 26); and two chapters under the Plumbing and Mechanical Systems Board (Ch. 23, Licensee Practice; and Ch. 29, Application, Licensure, and Examination). EHS is pleased to report that all of these rules (with the exception of Ch. 29) have started the official journey through the rule making process. Tattoo rules included major changes in reorganization and updated application requirements and fees schedules among other clarifications; those rules became effective on September 7, 2016. Backflow rules are effective as of January 11, 2017, and updated definitions, clarification of current rules, and provided consistency with other programs in our division. In 2017, the bureau plans to work with the Governor's office to move Swimming Pools and Spas (Ch. 15) forward, update Application, Licensure, and Examination (Ch. 29), Lead Based Paint Activities (Ch. 70), and Childhood Lead Poisoning Prevention Program (Ch. 72).

2017 Priorities

Making Improvements: Plumbing and Mechanical Systems Board. June 30, 2017, is an important date to the Plumbing and Mechanical Systems Board (PMSB) and the approximate 16,000 licenses issued by the board. In 2014, the board began the process to move all licensees to a three-year renewal cycle occurring on the same date; the first three-year renewal will take place for the first time in 2017. The board also licenses approximately 2,000 contractors who work in plumbing and mechanical systems; contractors must also register with the Iowa Division of Labor. Over the last year, the board has been working with the Division of Labor to implement a "one-stop shop" for these contractors to simplify the application process. The "one-stop shop" will be implemented prior to the June 30, 2017 renewal and will improve the process by allowing contractors to submit a single application to the board office rather than submitting separate applications to two different agencies.

If that was not challenging enough for licensees, contractors, and staff, the PMSB is transitioning to a new licensing database that will be used for the first time during the 2017 renewal. Program staff are working diligently to make the transition as smooth as possible, by preparing detailed training manuals, online training videos, working closely with industry partners and others at the Division of Labor, and implementing a comprehensive communication plan.

Drowning Prevention. According to the [Centers for Disease Control and Prevention](#), drowning is the leading cause of death by unintentional injury in children between the ages of 1 and 5. Housed in the Bureau of Environmental Health Services, the drowning prevention program aims to promote evidence-based drowning prevention measures across Iowa. In fiscal year 2016 (July 1, 2015 to June 30, 2016), the program received a \$19,000 award from the department's Preventive Health and Health Services (PHHS) Block Grant. A drowning prevention work group comprised of program staff, individuals from Safe Kids Greater Des Moines, and Altoona Aquatics Park developed a media campaign to raise awareness about water safety. A 15-second radio ad reached 225,000 listeners statewide within one week in 2016 and a cinema spot aired for one month in 19 theaters across Iowa reached over



Picture 2 Altoona Aquatic Center was one of the pools which participated in the World's Largest Swimming Lesson (641 locations worldwide (24 countries).

150,000 people. The program also encouraged swimming pools across Iowa to participate in the World's Largest Swimming Lesson. The Altoona Campus Aquatics Park ranked 7th in the nation for participation in that event!

In fiscal year 2017 (July 1, 2016 to June 30, 2017) the program was awarded another \$21,000 to continue its work with drowning prevention. Priorities for 2017 include planning media activities for drowning prevention week (June 18-24, 2017) and refining policies and procedures for follow-up when drowning incidents occur. The bureau hired an intern, who will lead the project planning efforts for 2017. For more information about drowning prevention, visit the program webpage at <http://idph.iowa.gov/swimmingpoolsandspas/prevention>.

Education and Training. The Bureau of Environmental Health Services contracts with 50 local boards of health through 28E agreements to conduct inspections and investigations of tattoo establishments, swimming pools, and spas. Pursuant to Iowa Administrative Code Chapter 22, Practice of Tattooing, and Chapter 15, Swimming Pools and Spas, establishments and facilities must be inspected annually to ensure the protection of public health and safety. In July, 2016, the bureau renewed contracts with local boards of health for a three-year period.

The bureau has identified an initiative in 2017 to provide more education and training for individuals providing services through these contracts. Additional education and training will be beneficial to ensure consistency and efficiency in the inspection process. A Smokefree Air Act refresher training was conducted via webinar in the fall of 2017. Additional training will be provided in 2017, including modules on the variance process, conducting enforcement, and other program-specific training, such as lighting in swimming pools. The ADPER & EH Division's new online licensing system will provide a more efficient way of collecting data from inspections that will allow us to track trends and identify where we may need to complete more education or do quality improvement projects.

Bureau of Immunization and Tuberculosis (ITB)

The Bureau of ITB works to reduce the impact of communicable diseases in Iowa and to eliminate the morbidity associated with these diseases. Programs within the bureau monitor current infectious disease trends; prevent transmission of infectious diseases; provide immunizations for public health clinics and Vaccine for Children recipients; provide early detection and treatment for infected persons; and ensure health care access for refugees. For more information (including an annual report for the programs) about the Bureau of Immunization and Tuberculosis, please see our website at <http://idph.iowa.gov/immtdb>.

2016 Highlights

Outreach and Education. In 2016, the Bureau of Immunization and Tuberculosis held 13 regional trainings throughout the state in October and November. The regional trainings included the following topics: Vaccine 101 training, TB program update, HPV vaccine initiative, IRIS update, and vaccine storage and handling. The trainings were attended by local public health agencies, private doctor offices, pharmacist, physicians and medical assistants. Overall, 834 people attended the trainings. Professional staff attending the regional training were eligible to receive the following continuing education credits (CEUs): pharmacy 0.4 CEUs, nursing 0.45 CEUs, and certified medical assistants (CMAs) 4 CEUs.

June 14 and 15, 2017, the bureau will hold the bi-annual Immunization Summit in Des Moines. The Immunization Summit includes the Epidemiology and Prevention of Vaccine-Preventable Diseases - Pink Book Course, HPV Prevention through Partnerships session, and the Immunization Conference - Promote, Protect, Prevent. The Immunization Summit will allow Iowa health care providers to hear renowned speakers share the latest information on immunizations and vaccine-preventable diseases and learn about current immunizations and vaccine issues. The Immunization Program anticipates more than 800 health care providers will attend the summit.

Immunization Registry Information System (IRIS). IRIS includes patient records from all ages and is used to keep patients on schedule for their recommended immunizations by storing immunization records, documenting vaccine contraindications and reactions, validating immunization history, providing vaccine recommendations, producing patient reminder and recall notices, and managing vaccine inventory. In order to maintain the success of the registry, the bureau provides technical assistance through monthly webinars, helpdesk by phone and email, and by making enhancement to the system.

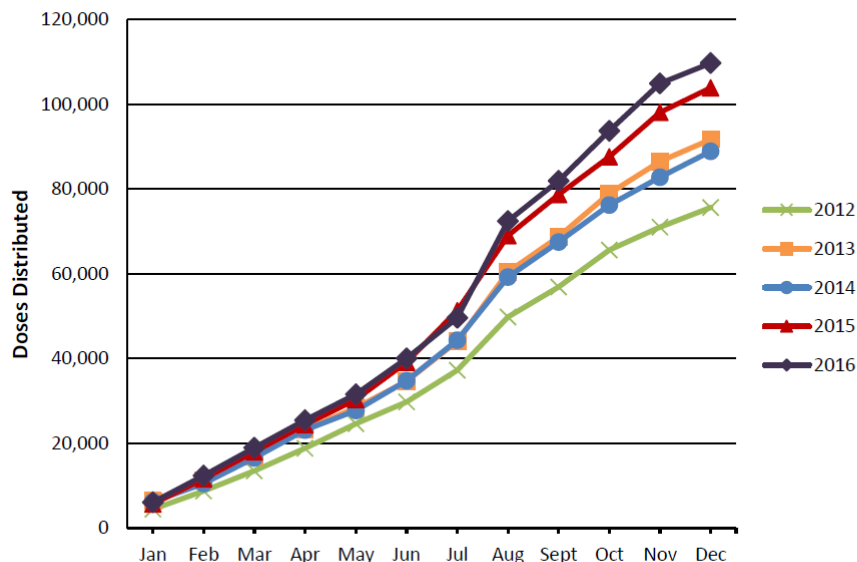
During 2016, there were more than 338,000 patient records added to IRIS and the registry contains more than 36.7 million immunizations. As of December 31, 2016, IRIS included 2,981,012 records, which is approximately 98 percent of Iowans. The Program works with health care providers to conduct electronic data exchange between electronic medical records and IRIS. At the end of 2016, there were 970 health care provider sites routinely exchanging immunization information with IRIS. Funds to support IRIS are provided via federal grant funds. To learn more about IRIS, visit <http://idph.iowa.gov/immtdb/immunization/iris>.

HPV Vaccine Activities. The results of the HPV “Key to Cancer Prevention” campaign indicate Iowa HPV vaccination rates are increasing. In 2016, 27 percent of females and 23 percent of males, aged 13-15, had received the three doses of HPV vaccine recommended for full protection. In comparison, 83 percent of 13-15 year olds in Iowa received the Tdap vaccine (protects against tetanus, diphtheria, and pertussis).



Figure 8 The front page of the 2017 Immunization Summit brochure

Year-to-date Total of Distributed[†] 4-valent HPV vaccine and 9-valent HPV vaccine Doses in Iowa (2012-2016)



Note: Cervarix doses, which represent less than 1% of the HPV vaccine doses distributed in the United States, are not included in this report.

Year-to-Date Total of Distributed[†] Quadrivalent and 9-Valent HPV Vaccine, IA (2015-2016)

	2015	2016	% change
Jan	5,688	6,093	7.1%
Feb	11,589	12,387	6.9%
Mar	17,992	18,993	5.6%
Apr	24,345	25,456	4.6%
May	30,357	31,563	4.0%
Jun	39,146	40,002	2.2%
Jul	51,293	49,562	-3.4%
Aug	68,963	72,393	5.0%
Sept	78,690	81,946	4.1%
Oct	87,587	93,700	7.0%
Nov	98,071	104,853	6.9%
Dec	103,851	109,673	5.6%

[†]These data represent an estimate of all Gardasil and Gardasil 9 HPV vaccine doses distributed in Iowa.

Figure 9 HPV charts

In partnership with the American Cancer Society and the Iowa Department of Public Health, the three Medicaid Managed Care Organizations in Iowa launched a prevention campaign with the goal to reduce Iowa's cancer burden through increased screening and prevention. HPV education materials were sent to all participating MCO providers which included a HPV Call to Action Letter, HPV poster, reminder/recall template and HPV Vaccine Tips and Timesavers document. The intent of the health care provider educational campaign was to increase HPV vaccine rates and ask health care providers to give a strong provider recommendation related to HPV vaccine for adolescents 11-12 years of age. Data collected in 2017 will capture return rates of reminder/recall letters, claims data and HDEIS measures to evaluate the campaign effectiveness. In 2017, the Immunization Program will continue to provide education and work with health care providers to promote activities to increase HPV vaccine rates among Iowa's adolescent population.

Iowa Refugee Health Program Data. In 2016, 1,105 primary refugees representing 14 different nationalities arrived in Iowa. This is a 32.8 percent increase from 2015. The highest numbers of refugees arrived from the Democratic Republic of Congo (26 percent), Burma/Myanmar (25 percent), Bhutan (12 percent), and Syria (10 percent). Approximately 96 percent of refugees received a comprehensive initial health assessment in accordance with CDC guidelines. Health concerns identified during health assessments included: latent tuberculosis, active tuberculosis disease, hepatitis B, infection with giardia (pathogenic parasite), malaria, sexually transmitted infections, and children with elevated blood lead levels. Other health concerns frequently identified include: dental caries/poor dentition, nutritional concerns (anemia, malnutrition, etc.) and hypertension. In addition, five new medical clinics began providing initial refugee health assessment services. These clinics are located in Buena Vista, Story, Wapello, and Woodbury counties.

The Refugee Health Program partnered with the United Way and Refugee Alliance of Central Iowa to sponsor a two-day Refugee Summit which was held October 7-8, 2016. More than 20 community partners and 250 attendees joined together to support and celebrate refugees in central Iowa. Refugees, refugee service providers, employers, educators, non-profit organizations and other community leaders attended sessions to support refugee youth and adults in Iowa.

In 2017, the Refugee Health Program will be working with IRIS staff to implement a refugee health screening module in IRIS. The module will allow health care providers conducting the initial refugee health screening to document screening

results directly in IRIS. The module will allow the refugee health program to better review and analyze data to identify disease trends and to implement appropriate education and disease control measures.

2017 Priorities

Meningococcal Vaccine School Requirement. During the 2016 legislative session, Iowa legislators passed a law to require meningococcal vaccine for 7th and 12th grade students. The Immunization program was tasked with writing the administrative rules. In September 2016, the Immunization program began the rule making process and the new rules were noticed to the State Board of Health and became effective on January 1, 2017. The program has developed materials regarding the new requirements, which are available on the program's webpage. The program will provide technical assistance to partners to implement the law during the upcoming 2017-18 school year. The secondary school meningococcal immunization requirement will help Iowa achieve and maintain high adolescent vaccine coverage levels, protecting the health of adolescents, friends, families, and communities. Meningococcal disease is very serious and may cause permanent hearing loss, limb loss, brain damage, or even death. The vaccine is 85 to 100 percent effective at preventing infection from the subtypes of meningococcus found in the vaccine.

VFC Program: Digital Data Loggers. Effective January 1, 2018, the Centers for Disease Control and Prevention (CDC), Vaccines for Children (VFC) Program will require all participating providers to use a continuous temperature monitoring device (data loggers) to monitor temperatures of refrigerators or freezers that store VFC vaccines. In 2016, the Immunization program staff began distributing data loggers at VFC site visits. These activities will ensure all Iowa VFC programs are prepared to meet the storage and handling requirements by 2018 and will also help ensure the proper storage and handling of Iowa's vaccine supply. In 2016, there were 602 health care providers participating in the VFC Program.

TB Training. Since 2007, Iowa has averaged 46 cases of TB each year. In 2016, Iowa reported 48 cases of active TB disease, which is a case rate of 1.54 cases per 100,000 persons. There were 1,184 cases of latent tuberculosis (LTBI) in 2016; left untreated, 5 to 10 percent of persons with LTBI will develop TB disease. The only way to eliminate TB disease is to treat and cure all persons diagnosed with LTBI. From 2007 to 2016, non-U.S. born persons accounted for 71 percent of reported TB cases in Iowa. Non-U.S. born persons account for only 4 percent of the Iowa population, highlighting the disparity. The decreasing numbers of U.S. born cases are due in part to effective TB control practices in the U.S.



In 2017, the TB Program will collaborate with Mayo Clinic Center for Tuberculosis to conduct a TB intensive training course. The goal of this course is to build capacity and expertise in the treatment and care of patients diagnosed with TB Infection or TB disease. This course will familiarize clinicians with all aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum is provided through lecture and interactive case management sessions. This course is designed for physicians, nurses, hospital infection control, pharmacists and other health care professionals, who are involved in the management of patients with tuberculosis (TB), supervise those who provide care for TB patients, or are TB control staff responsible for program management. It is expected more than 200 health care providers will attend the training.

Figure 10 The Cross of Lorraine: a symbol of the crusade against TB

Bureau of Radiological Health (BRH)

Each year, Iowans are exposed to an average of 300 millirem of natural radiation and an additional 300 millirem of manmade radiation (including medical radiation exposures). The mission of the Bureau of Radiological Health is to protect Iowans from excessive exposure to radiation. The Bureau works to accomplish the mission through program activities like the Agreement State functions of licensure and inspection of radioactive materials, the accreditation and certification oversight of mammography facilities, registration of facilities that use radiation-producing machines, and registration of tanning facilities. The bureau also credentials individuals who administer radioactive materials or operate radiation-emitting machines, as well as individuals who test and mitigate for radon. The bureau is the designated radiation authority for the state and provides technical dose assessment advice for radiological emergency response for all radiation events, including offsite response for nuclear power plants in and around Iowa. There are seven programs in the bureau working to enforce these regulations: Mammography; Permits to Practice; Radioactive Materials; Radiation Emergency Response; Radon; Tanning; and X-Ray Machines. For more information about each program, please see our website at <http://idph.iowa.gov/radiological-health>.

2016 Highlights

Improving plans. In an effort to more efficiently track field readings and sample collection during radiation emergency response, the bureau has integrated the use of a system called RadResponder. RadResponder is a software program created through a federal initiative at the Federal Emergency Management Agency (FEMA), Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) Office, and allows electronic entry and monitoring of field team activities. The Bureau of Radiological Health staff, along with staff from Homeland Security and Emergency Management, the State Hygienic Laboratory, and Iowa State University, worked extensively in 2016 to update existing field team procedures to integrate the use of this new system. Iowa was the first state to officially incorporate the use of the RadResponder program as the primary method for field team reporting into FEMA-approved Radiological Emergency Preparedness plans.

Figure 11 A screenshot from the RadResponder system.

Moving to online licensing. The first programs within the division-wide licensing project went live in August of 2016 and had an impact on nearly all individuals and facilities that are regulated by the Bureau of Radiological Health. As these first programs in ADPER & EH have started using the new online system, bureau staff and public users have experienced



Figure 12 Banner for the Radiological Health programs on the online licensing web page

triumph and challenges, especially as bureau staff worked to manually enter records of individual and facility information into the new system; to date, nearly 2,000 records have been manually entered by bureau staff. In 2017, the bureau hopes to complete the entry of existing records into the new system and see increased use of the online licensing system with less reliance on paper applications.

Preparedness Exercises. Every year the bureau participates in nuclear power plant exercises. There is one nuclear power plant facility in Iowa, two on our immediate borders (one in Nebraska and one in Illinois) and we also have some responsibility for the power facility located at Brownsville, NE (50 miles south of Omaha, NE). In March 2016, the bureau participated in an annual nuclear power plant drill; however, this year was unique in that there were two different utilities on the same day for the first time.

Also in 2016, the bureau participated in an Ingestion Pathway Exercise (IPX), which is an exercise that provides critical evaluations by federal agencies of Iowa's ability to respond to nuclear power plant emergencies. The IPX is an exercise that is only conducted once every eight years in collaboration with the Duane Arnold Energy Center, the Department of Homeland Security and Emergency Management (HSEMD), and many other state agencies. Preliminary briefings from FEMA indicate Iowa and specifically the Bureau of Radiological Health performed very well and received high marks.



Picture 3 Duane Arnold Energy Center

Continued Activities. Along with the work necessary to plan for, design, and transition to the new licensing system, bureau staff have continued to provide for the day-to-day regulatory functions, which include: routine communications with the Nuclear Regulatory Commission, communication and reporting to the FDA, processing license and registration applications and renewals, performing inspections and audits to ensure compliance with regulations, investigating complaints and violations and initiating appropriate enforcement actions, and ongoing technical training for staff to ensure staff are prepared to assess and respond to any type of radiological issue or emergency.

2017 Priorities

Radioactive Materials Licensing and Inspection. In 1986, the Governor entered into an agreement with the Nuclear Regulatory Commission (NRC) to allow Iowa to conduct radioactive material regulation for most radioactive material within the state that would otherwise fall under NRC jurisdiction. To maintain this agreement, Iowa must complete an Integrated Materials Performance Evaluation Program (IMPEP), which is scheduled to occur in August 2017. The IMPEP process employs a team of NRC and Agreement State staff to assess Iowa's radioactive materials licensing and inspection programs. To prepare for this assessment, BRH staff will be gathering data to demonstrate each of the performance indicators listed in table 11 for an onsite review which will take place in August.

IMPEP indicator
Technical Staffing and Training
Status of Materials Inspection Program
Technical Quality of Inspections
Technical Quality of Licensing Actions
Technical Quality of Incident and Allegation Activities

Table 6 Common indicators in the IMPEP assessment

Process Improvement: Enforcement. In last year's report the bureau identified making improvements to enforcement processes. In the last year, the bureau has implemented new procedures including a check list to ensure staff have all proper documentation to move forward in the enforcement process. While some improvements in the timeliness and consistency have been made in the process, the bureau would like to continue on the path of improvement. Part of that improvement is dependent upon a better tracking mechanism to help identify where the challenges are present. In 2017, the online licensing system will allow staff to track complaints and enforcement concerns more efficiently for better documentation of timeliness and consistency throughout the process.

Continued enhancement of online licensing system. With the majority of programs within the bureau completing the initial transition to the new online licensing system, the bureau is committed to continuing to review and revise processes and functionality of the system to improve user experience for both bureau staff and the licensees.

Enhancements will be developed and deployed throughout 2017 to continually improve the new database system to make it more user friendly and efficient.

Radiation Emergency Response. The bureau continues to review radiation emergency response plans to ensure an effective response and communication for any incident involving radioactive materials across the state. This work will update existing plans to ensure that local responders have the proper tools and resources to respond accordingly to the plans.

Conclusion

Within Acute Disease Prevention, Emergency Response, and Environmental Health, division staff work to meet the mission of protecting and improving the health of Iowans. To do this, the director, bureau chiefs, and program and support staff conduct everyday business duties which include a variety of functions such as: provide support, technical assistance and consultation to partners and the general public; process license, permit, and certification applications and renewals for our regulatory programs; manage and analyze data to identify trends in diseases and environmental health hazards; complete inspections and investigations; manage contracts; and conduct surveillance. For more information about some of these functions, please see Appendix A.

Through the division customer satisfaction survey and this annual report, the division hopes to demonstrate that along with everyday job responsibilities, staff are working to improve relationships with customers, improve processes, and improve communication with partners. If there are questions or comments about the annual report, please see the contact information listed below.

ADPER & EH Directory			
Ken Sharp	Division Director	515-281-5099	Ken.Sharp@idph.iowa.gov
Andrea Bentzinger	Division Assistant	515-281-7726	Andrea.Bentzinger@idph.iowa.gov
Dr. Ann Garvey	Center for Acute Disease Epidemiology	515-281-4933	Ann.Garvey@idph.iowa.gov
Rebecca Curtiss	Bureau Chief – Emergency and Trauma Services	515-242-5206	Rebecca.Curtiss@idph.iowa.gov
Carmily Stone	Bureau Chief – Environmental Health Services	515-281-0921	Carmily.Stone@idph.iowa.gov
Don Callaghan	Bureau Chief – Immunization and Tuberculosis	515-281-7301	Donald.Callaghan@idph.iowa.gov
Angela Leek	Bureau Chief – Radiological Health	515-281-3478	Angela.Leek@idph.iowa.gov
Other helpful division numbers			
IRIS Help Desk	1-800-374-3958	BETS	1-800-728-3367
Plumbing Office	1-866-280-1521	Immunization	1-800-831-6293
Lead/Environmental Reporting	1-800-972-2026	Radon	1-800-383-5992 (to purchase a kit)
CADE	1-800-362-2736	Duty Officer	1-866-834-9671
		https://idph.iowa.gov/ADPEREH	

Appendix A: Division Tables

Table A1: Number of Licenses ADPER & EH issued in 2016

Bureau	License	Total
EHS	Migrant Labor Camps	16
EHS	Backflow Prevention Assembly Tester	1,298
EHS	PMSB	2,309
EHS	Lead	6,052
EHS	Pools and Spas	2,267
EHS	Tattoo	1024
EHS	Water Treatment Devices	360
BETS	EMS - Services	927
BETS	EMS - Providers	11,512
BETS	EMS - Training Facilities	18
BRH	Radiation Machines (x-ray)	2,686
BRH	Industrial Radiographic Operations	65
BRH	Mammography	43
BRH	Medical Physicists	107
BRH	Permit to Practice	3,850
BRH	Radioactive Materials	154
BRH	Radon	333
BRH	Tanning	753
Total		33,774

Note1: These numbers include any individual or firm that applied for a new or renewal license in 2016.

Table A2: Enforcement Actions by Program

Program	Website
EMS provider	https://idph.iowa.gov/BETS/EMS/Discipline/ProviderActions
EMS Service	https://idph.iowa.gov/BETS/EMS/Discipline/Services
EMS Training	https://idph.iowa.gov/BETS/EMS/Discipline/TrainingPrograms
Trauma	https://idph.iowa.gov/BETS/Trauma/Discipline
Backflow	https://idph.iowa.gov/ehs/backflow-prevention/discipline
Lead	https://idph.iowa.gov/lpp/discipline
PMSB	https://idph.iowa.gov/pmsb/discipline
Pools and Spas	https://idph.iowa.gov/swimmingpoolsandspas/registration/discipline

Note: For questions regarding other programs please contact program staff.

Table A3: Contracts in FY16 by Bureau

Bureau	Local Partner Contracts	Advertising Contracts	Information Technology Contracts	Vaccines	Total
CADE	\$1,207,421.77		\$400,572.70		\$1,607,994.47
BETS	\$6,880,652.66		\$74,329.20		\$6,954,981.86
EHS	\$3,391,611.73	\$21,103.54	\$355,596.78		\$3,768,312.05
ITB	\$1,506,103.00	\$224,667.00	\$1,625,049.39	\$30,079,454.82	\$33,435,274.21
BRH	\$98,201.38	\$6,227.00	\$560,934.78		\$665,363.16
Division Total	\$13,083,990.54	\$251,997.54	\$3,016,482.85	\$30,079,454.82	\$46,431,925.75
Percent of total division funds (\$62,283,279.44)	21.01%	0.40%	4.84%	48.30%	74.55%

Note: Dates run from July 1, 2015 to June 30, 2016