

2017



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 healthcare 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 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 within the division, 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. For example, in 2017, BRH, EHS and BETS continued collaboration on a division-wide licensing software program; BETS, CADE and EHS continued a cross discipline venture to support local partners in the transition to healthcare coalitions; and ITB and BETS collaborated on a media campaign geared toward children on the importance of vaccines and preventing the spread of disease.

Collaboration between the division's bureaus in 2017 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
2017 Division Highlights.....	3
2018 Division Priorities .....	5
ADPER & EH Funding Sources and Expenditures .....	7
Center for Acute Disease Epidemiology (CADE) .....	8
Bureau of Emergency and Trauma Services (BETS) .....	9
Bureau of Environmental Health Services (EHS).....	12
Bureau of Immunization and Tuberculosis (ITB).....	14
Bureau of Radiological Health (BRH) .....	15
Conclusion.....	18
ADPER & EH Directory.....	18
Appendix A: Customer Satisfaction Survey Results .....	19
Appendix B: Division Tables .....	26



## 2017 Division Highlights

### 2017 Division Customer Satisfaction Survey

In November 2017, the division requested feedback from customers in the second bi-annual customer satisfaction survey; the first was completed in 2015. The purpose of the survey was to gather input from ADPER & EH customers to identify strengths and weaknesses in communication and technical assistance, products and training/education provided by the division. The survey was sent to an estimated 80,000 email addresses. There were 3,520 customers who responded and answered at least four questions completely; this is a low response rate for the amount of email addresses the survey went to (4.4%), but an increase in respondents from the 2015 survey (n=986). The majority of the respondents were licensees (43.85%) followed by healthcare providers (26.12%).

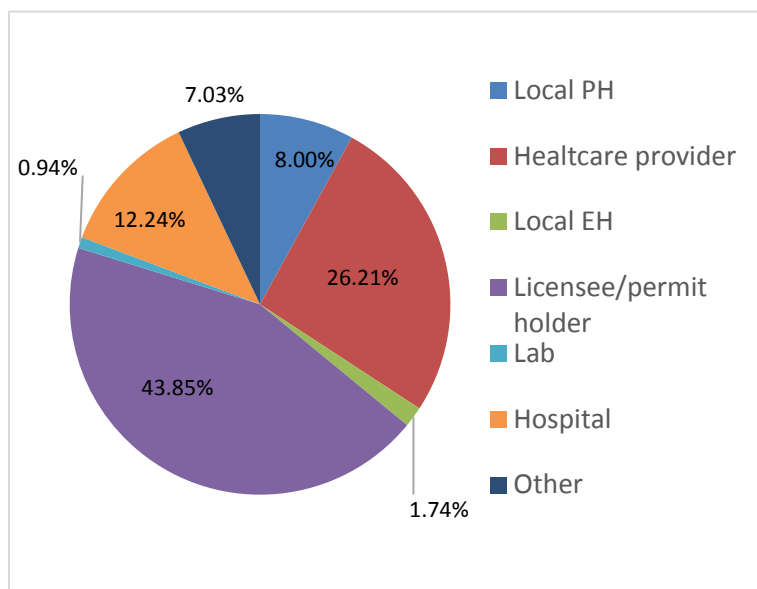


Figure 1 Breakdown of respondents by discipline

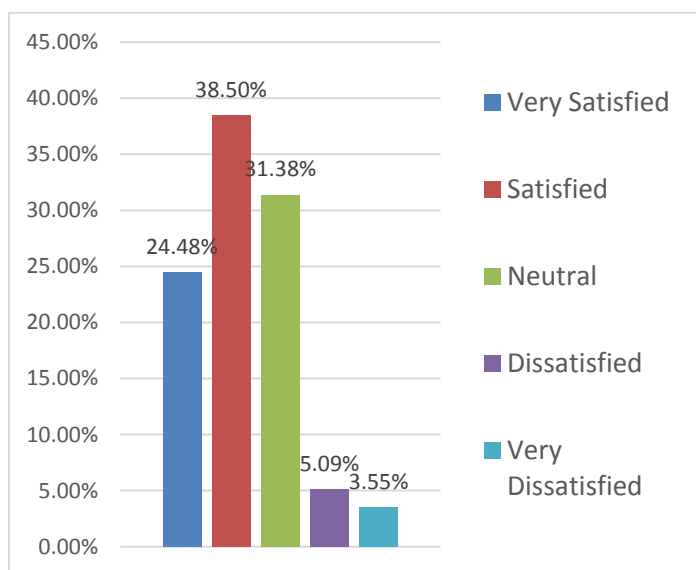


Figure 2 Customer satisfaction with business relationship

The results of the survey showed that overall, ADPER & EH customers were satisfied or very satisfied with services provided by the division (62.98%). This was a slight decrease from 2015 when 68.9% of customers were satisfied with ADPER & EH. Customer feedback from the division-wide survey indicate the decrease in satisfaction is related to the new online licensing system and the changes made to contracts in the Bureau of Emergency and Trauma Services to form healthcare coalitions – “I like the idea of renewing my license online but the website for renewal is confusing and needs improvement (respondent 621); and “...I am not comfortable being in with such a large service area. To me the focus is on EMS, public health is being left behind...” (respondent 171).

Other customers were appreciative of the division changes toward improved access to licensing and the new focus on systems thinking – “Thank you for making it relatively simple to license in Iowa” (respondent 2273), and “IDPH BETS has made a large effort to focus on assisting agencies grow and better themselves. Additionally, they have been promoting system development through the healthcare collations. BETS’ field coordinators are amazing people whom are willing to put in extra effort to assist services in growing” (respondent 818).

To see the full survey results, please see Appendix A at the end of this report. Division staff intend to use the data to identify opportunities within bureaus and programs to improve performance and relationships with customers.

## Introducing the Healthy Habit All-Stars

Meet Lucy, Glen, D.O.G. and Miss Roberta! This squad of fun, curious and healthy all-stars was designed to assist in educating children about public health topics such as immunizations, reducing the spread of disease, and emergency preparedness. In early 2017, Emergency Medical Services for Children (EMSC) program began exploring mechanisms to

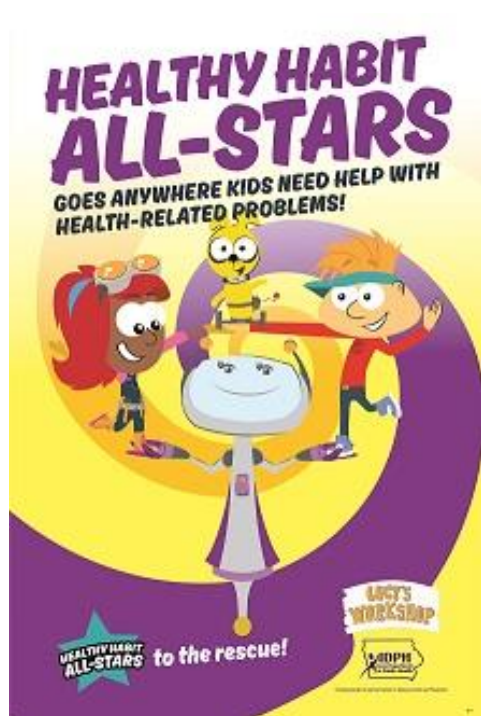


Figure 3 Healthy Habit All-Stars promotional poster

educate children about public health issues, create a positive health culture for children, and empower children to make healthy choices. The EMSC program, the Public Health Emergency Preparedness and Hospital Preparedness Program, and the Bureau of Immunization and Tuberculosis collaborated throughout the year to create the Healthy Habit All-Stars. Grant funding for the project was provided through the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA).

Staff have shared Healthy Habit All-Stars videos, games and other support materials at school conferences, the Annual School Nurse Conference, the IDPH Immunization Conference and other venues across the state. Since the start of the program, 124 schools have requested the printed materials to share with students and 16,000 coloring books have been distributed across the state. The best part of the Healthy Habit All-Stars? There are more opportunities for this fun-loving and healthy group to educate and empower children on public health issues. ADPER & EH, as well as other areas of the department, will explore other ways in 2018 to utilize these wonderful characters. For more information about the squad and program, see the website at <https://idph.iowa.gov/Healthy-Habits-All-Stars>.

## AMANDA HelpDesk

There were mixed reviews on the 2017 division-wide customer satisfaction survey regarding the new online licensing system, which provided licenses to 41,633 customers in BETS, EHS and BRH in 2017. Please see Appendix B for more information on the number of licensees by program. Staff anticipated there would be an increase in call volume throughout 2017 as programs transitioned from paper applications to online licensing. To prepare for and provide additional support to customers, the AMANDA HelpDesk began taking calls on February 1, 2017. There were a total of four temporary staff hired to assist with the transition. Table 1 displays the number of contacts the HelpDesk assisted in 2017 by program. The three main issues for which

Bureau	License	Total for 2017
EHS	Backflow Tester	346
EHS	Lead Poisoning Prevention	412
EHS	Plumbing and Mechanical System	4729
EHS	Tanning Facility	176
EHS	Tattoo Artist	127
EHS	Tattoo Facility	70
BETS	EMS Provider	217
BETS	EMS Service	126
BRH	Industrial Radiography	3
BRH	Medical Physicist	20
BRH	Permit to Practice	1497
BRH	RAD Service Provider	37
BRH	Radio Active Materials	36
BRH	Radiological Facility	1098
BRH	Radon Individual	5
	Other	30
<b>Grand Total</b>		<b>8929</b>

Table 1 Breakdown of HelpDesk contacts by program

customers requested help were: 1) general assistance with the online application including logging in and creating a password; 2) resending the permit/license/certification; and 3) answering programmatic questions. The HelpDesk was well received by customers in the 2017 customer satisfaction survey: “Folks were very helpful during the license renewal process! Very quick to respond to our questions.” (respondent #2556), “It was quite a challenge to get all of our employees set up in the AMANDA system to renew licenses, but now that this has been done, I am hopeful the renewing process will be much smoother. Customer Service was a great help.” (respondent #3083).

Besides providing technical assistance to customers directly, the HelpDesk tracked and monitored issues licensees were experiencing. Trends in calls helped to identify bugs in the system and correct them in a timely manner. For example, when callers continued to ask for clarification on directions in one of the online instruction sheets, staff reviewed and updated the instructions to provide clarity, alleviating that issue. Only two HelpDesk staff remain due to budget constraints, but program staff are being integrated into AMANDA technical assistance. Rest assured a division priority in 2018 is to continue to track and monitor HelpDesk contact information to ensure the best service is provided to our customers.

## 2018 Division Priorities

### Is Iowa Ready? Regional and Division-Wide Exercises

In 2018, BETS, EHS and CADE will participate in full-scale preparedness exercises including a regional Ebola exercise and an Iowa-specific exercise utilizing the department’s emergency response teams. The first full-scale exercise will take place April 3 and 4, and is a collaborative exercise within the Health and Human Services Region VII. ADPER & EH staff, and local and regional partners will test communication and transportation plans for patients with a highly infectious disease like Ebola. This will lead into the Region VII multi-state exercise for Ebola transfer and transport to the regional Ebola treatment facility at the University of Nebraska bio-containment unit. There will also be opportunity for discussion related to contact tracing (identifying potential exposures – CADE), and clean-up and removal of environmental factors (EHS).



Figure 4 Public Health Response Teams identifier “logo”

There are four Public Health Response Teams (PHRT) the division manages: Environmental Health Response Team (EHRT); Iowa Mortuary Operations Response Team (IMORT); Disaster Medical Assistance Team (DMAT); and the Logistical Support Response Team (LSRT). Each team has a specific purpose and is called into action when extra assistance is needed at the local level during public health emergencies. Following an exercise in 2017, there were a number of items identified as “areas for improvement.” Many items have been addressed or are currently being worked on and in 2018, ADPER & EH is planning on conducting another full scale exercise with these teams to reassess the gaps that were identified in 2017. The June 2018 exercise will provide the opportunity to exercise all emergency procedures, as well as provide the opportunity to work with numerous other state and local response teams like the Iowa

All-Hazard Incident Management Team, the Urban Search and Rescue (USAR) team, the Behavioral Health Response Team (Department of Human Services), the local hospital, and the local county Emergency Management Agency (EMA). In addition, the regional Weapons of Mass Destruction Hazardous Materials team, the state Iowa Strategic Tactical Response communication group, the Department of Public Safety, the Iowa Veterinary Rapid Response Team, the local Healthcare Coalition (HCC), and the 132nd Iowa Air National Guard have been asked to play a part.

The ability to conduct exercises such as these are extremely important because in Iowa, there are not frequent disasters that rise to the level of deploying all these assets. Opportunities to make sure our processes and procedures are appropriate are limited, so exercising is the primary way to learn and grow. For more information about the PHERTs please visit the website at <https://idph.iowa.gov/BETS/preparedness/ph-response>.

## Year 2 of Systems Development

Twelve Healthcare Coalitions (HCC) have been officially working in seven Service Areas (SA) since July 1, 2017. In that time, HCCs have all hired grant coordinators to assist in the completion of contractual requirements and performance deliverables; conducted and submitted a combined hazard ranking (provides a prioritized list of natural and human-caused hazards) for the HCC; and completed a number of other grant requirements. Many HCCs have had system development success beyond grant requirements as well like cost savings on Stop the Bleed bleeding control kits; by purchasing as a HCC and not as an individual entity, there is an approximately 30 percent savings. Partnerships and information sharing across HCCs and disciplines have provided opportunities for improvements like the following example from Riceville EMS in Mitchell County. When the EMS service requested the coalition provide funds for a radio repeater to replace two-way radios that were not powerful enough to reach base, HCC members informed the EMS service about funding that is available through the County 911 Board. The 911 Board was able to provide a significant amount of funding for the purchase and the HCC supported the remainder of the expense.

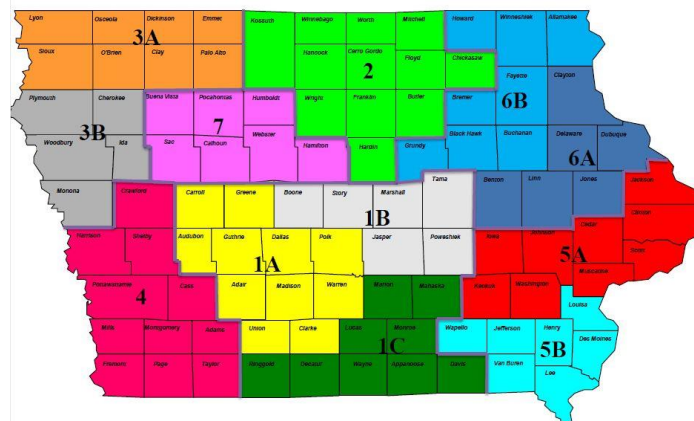


Figure 5 Map of the Time Critical Conditions Healthcare Coalition Service Areas

In 2017, Division staff began to focus on using data to help identify other ways to improve system capacity, system gaps and system needs across the state. CADE utilized data from the Iowa Disease Surveillance System (IDSS) to look at 24/7 coverage and response to infectious disease investigations. The data was shared at Epi quarterly meetings and resources have been provided to help local communities determine the best way to ensure coverage in their communities. Division staff will continue to work on gathering sound data to provide information to customers on systems development. There will be opportunity for improvement to be made within healthcare coalition systems using data from the various sources ADPER & EH has available (see BETS section for more information on how other programs are utilizing data as well).

## Preparation for PHAB site visit

In the summer of 2018, a team of site visitors from the Public Health Accreditation Board (PHAB) will make an on-site visit to complete the public health accreditation process. The team will assess the adherence of the department's documentation with national public health standards. The department submitted a total of 545 documents on January 2, 2018. The purpose of the visit is to allow the opportunity for site visitors to ask questions about the department's processes and procedures in regards to PHAB's 12 domains.

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

ADPER & EH led the charge to collect documentation in domains 2, 6 and 10, but also provided documentation in Domains 1, 3, 5, 8, 9 and 11. To prepare for the visit, division leadership will review all the documentation submitted and identify areas for improvement. The documentation process has alerted the department that even things such as a missing date or proper citation could be improved. For more information on the Public Health Accreditation Board, please see their website at <http://www.phaboard.org/>.

## ADPER & EH Funding Sources and Expenditures

In state fiscal year 2017 (FY17), July 1, 2016 to June 30, 2017, 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 Iowans (Table 3).

<i>Funding Source:</i>	<i>Amount of Funds</i>
<b>Federal</b>	\$57,945,092.17
<b>State</b>	\$4,438,973.00
<b>Fees</b>	\$3,319,875.14
<b>Other</b>	\$3,147,481.60
<b>Total</b>	\$68,851,421.91

Table 3 Division funding sources

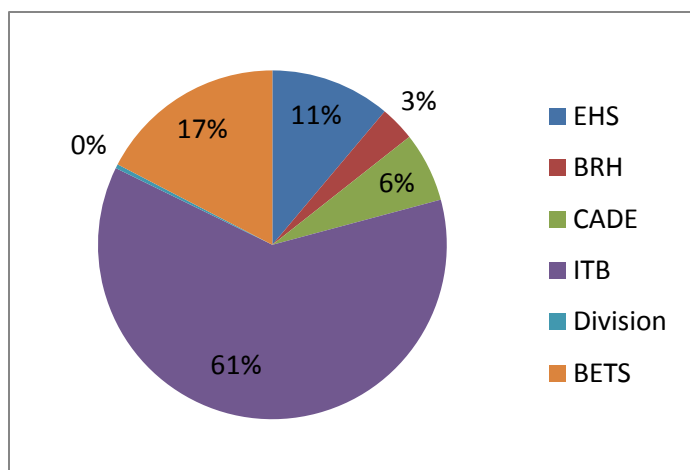


Figure 6 Breakdown of division expenditure by bureau

Within the division, 105.70 full time employees (FTEs) were supported in FY17 to accomplish the department mission of protecting and improving the health of Iowans. Figure 7 shows the breakdown of the number of FTEs by bureau.

Figure 6 demonstrates the percentage of expenditures for the division by bureau. Overall, there were four main categories for fund expenditures within the division in FY17: 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 B3 in the appendix for more information on contracts.

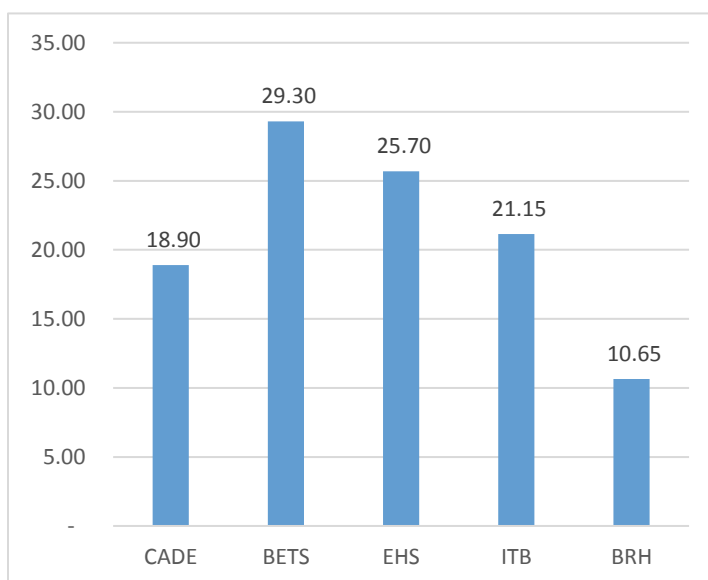


Figure 7 Number of full time employees (FTE) by bureau



## 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>.

### 2017 Highlights

**Collaboration with partners:** In 2017, in collaboration with local public health partners across Iowa, CADE investigated 186 infectious disease outbreaks sickening nearly 2,500 Iowans. Approximately 6,500 infectious disease reports were submitted to CADE in 2017. 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 2017. Highlights include:

#### **Rabies consultations:** Rabies is one of the oldest

known and deadliest viruses on the planet. Although rabies infrequently makes the news, it is still a significant public health concern. CADE provides consultation to healthcare providers, veterinarians and the general public on rabies-related exposures and issues. In 2017, CADE consulted on 481 potential rabies exposures. Staff provided recommendations for and facilitated testing of potentially infected animals, evaluated whether rabies post-exposure prophylaxis was warranted, and provided general information about the rabies virus.

**Severe 2017-2018 influenza season:** This year's influenza season was the one of the most severe of the decade. The predominate influenza strain circulating, influenza A (H3N2), generally causes more severe illness in older populations. This held true in Iowa, with more than 90 influenza outbreaks reported in long-term care facilities. In these types of outbreaks, IDPH provides recommendations for testing, antiviral administration and disease control measures.

**After hours consultations:** Epidemiologists in CADE provide 24/7 consultations on a wide variety of infectious disease issues. In the past year, CADE epidemiologists have made and received nearly 1,200 calls during nights, holidays and weekends. Healthcare providers with infectious disease questions are encouraged to continue to contact CADE any time of day or night at 800-362-2736.



Figure 9 picture to represent measles

**Measles:** Although measles is nearly 100 percent preventable through vaccination, cases continue to be identified across the nation. When measles is suspected in a patient, healthcare providers are requested to contact CADE immediately. CADE will coordinate testing and provide guidance to prevent further exposures. In 2017, CADE worked with Iowa healthcare providers to rule out about 40 suspect measles cases.

**Mosquito surveillance:** CADE collaborated with local public health departments, the Iowa State University Entomology Department, and the State Hygienic Laboratory at the University of Iowa to conduct mosquito surveillance. There were

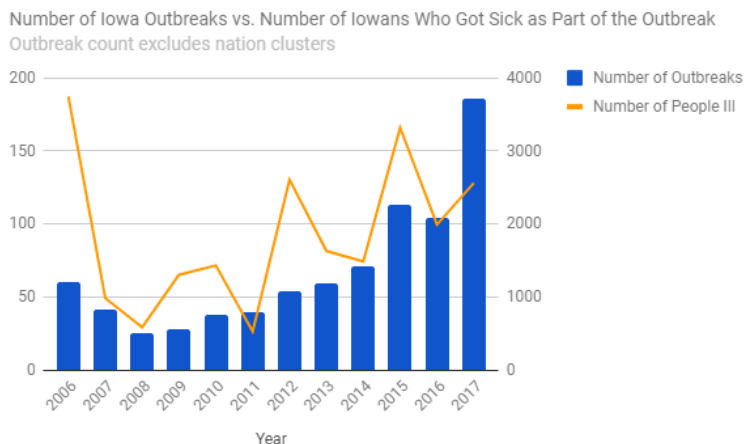


Figure 8 Number of outbreaks and number of ill people by year from 2006 to 2017

two components of the surveillance: 1) West Nile virus surveillance and 2) trapping efforts targeting *Aedes* mosquitos. While West Nile infection was detected in a large number of mosquito pools, human case numbers were down from previous years (12 human cases were reported in 2017). Mosquito traps that target *Aedes* mosquitoes were placed strategically to better understand which mosquito species are active in Iowa. In 2017, over 420 *Aedes albopictus* mosquitoes were trapped in Polk, Des Moines and Lee counties.

## 2018 Priorities



Figure 10 picture to represent ticks

*Tick surveillance:* Tick-borne illness is increasingly affecting the health of Iowans, as tick-transmitted illnesses have been on the rise in Iowa for the last 10 years. While Lyme disease is the most common tick-borne illness in Iowa (254 cases were reported in 2017), other diseases like ehrlichiosis/anaplasmosis and Rocky Mountain Spotted Fever are also being spread by Iowa ticks. CADE has applied for funding from the Centers for Disease Control and Prevention and, if awarded, will collaborate with Iowa State University Medical Entomology and the State Hygienic Laboratory at the University of Iowa to better understand which types of ticks are most common and what tick-borne disease threats are present in Iowa.

*HAI/AR program development:* CADE has been building the Healthcare Associated Infections and Antibiotic Resistance programs over the last several years. As part of this growth, CADE has conducted on-site infection control consultations at Iowa hospitals, ambulatory surgery centers and long-term care facilities. In addition, IDPH has been working with healthcare providers and the State Hygienic Laboratory at the University of Iowa to better assess the prevalence of antibiotic resistant organisms (such as Carbapenem-resistant Enterobacteriaceae). In 2018, IDPH will continue to build the program by conducting additional training for long-term care facilities and working with the state advisory body to revise the Iowa Antibiotic Resistance Task Force Report.

*Enhancing outreach and education:* CADE will continue to provide outreach and education through multiple venues and to various target audiences. In 2018, the Field Epidemiologist Unit in CADE will offer quarterly training sessions to local public health and hospital partners in each of the seven service areas. At these training sessions, the CADE field epidemiologist will provide infectious disease updates, review surveillance data, and provide training on epidemiologic issues.

## 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>.

## 2017 Highlights

**EMS State Medical Director.** In 2017, the University of Iowa began the process of developing an Emergency Medical Physician Fellowship Program. Once established, the university has agreed to contract with BETS to have the Fellowship Program Director serve as the BETS EMS Medical Director. In the interim, the bureau has contracted with the University of Iowa for the professional medical services of Dr. David Stilley to temporarily fill the BETS EMS Medical Director role until the Fellowship Program Director is in place. Dr. Stilley has taken an active role in BETS activities, participating in advisory council meetings, assisting with complaint investigations, providing case peer review and consulting with local EMS program medical directors.

**EMS: Lucas Device Program.** The LUCAS Assist Devices for Cardiac Arrest Program (LADCAP) continued work to support the purchase, distribution and training of emergency medical services and hospital personnel to use LUCAS devices in rural areas of Iowa with funding obtained in 2015

from the Leona M. and Harry B Helmsley Charitable Trust (\$6,222,426). LUCAS 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 2017, the bureau offered the application process to emergency medical services

and completed training and distribution of the devices in the Northeast portion of the state and to half of the Southeast quadrant. Reporting use of the device is required under Iowa Administrative Code 641 Chapter 132. A mechanical compression device was reported as being used 647 times in 2017; voluntarily reported uses reported by the University of North Dakota Office of Rural Health was 64 in 2017 (specific to the grant devices).

Quadrant of the State	EMS services	Hospitals
Northwest	57	25
Northeast	53	13
Southeast (1)	47	4
Southeast (2)	Approximately 63	11
Southwest	Approximately 95	15

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

In 2018, BETS expects to offer devices and training to EMS services and hospitals in the remaining Southeast and Southwest quadrants of the state. Additionally, the Helmsley Charitable Trust awarded additional funds to Iowa. A final plan will be created for these funds to determine how many devices can be purchased and distributed.

## 2018 Priorities

**Training and Education: Trauma Conference.** The American College of Surgeons Committee on Trauma (ACS-COT) conducted a Trauma System Consultation visit for Iowa's trauma system. During this consultation, a panel of trauma experts reviewed all aspects of Iowa's trauma system to identify system strengths and weaknesses. Areas assessed included: injury epidemiology, policy development, leadership, plans, financing, preparedness and research. The ACS provided the Bureau of Emergency and Trauma Services with a report detailing recommendations to improve Iowa's trauma system. The report outlined 15 priority recommendations in 2015. By January 2018, 12 of the 15 priorities (80 percent) had been implemented and the remainder continue to be pursued by trauma system partners.

The process to implement the ACS-COT recommendations for Iowa has strengthened the system through increased communication, stakeholder engagement and policy development. IDPH, in partnership with the Trauma System Advisory Council and American College of Surgeons Committee on Trauma, Iowa Chapter, is hosting the 2018 Trauma



AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA  
Trauma Systems Evaluation and Planning Committee

### Trauma System Consultation Report

State of Iowa

Des Moines, Iowa  
February 2-5, 2015



Figure 11 Cover page of the American College of Surgeons Trauma System Consultation Report

Conference on August 29. A pre-conference training day will be hosted August 28. This multi-disciplinary conference and training has tracks for physicians, nurses, EMS and emergency preparedness personnel. During the conference, trauma experts will share lessons learned from the Las Vegas shooting, the Boston Marathon bombing, training related to special needs populations and crisis standards of care, performance improvement and trauma case studies. The trauma conference is a demonstration of the multiple partners and disciplines within the trauma system coming together for education and collaboration.

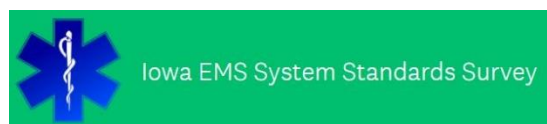


Figure 12 Representation of Iowa System Standards Survey

92.02 percent response rate to the survey, which means 669 services out of 727 responded to the questions. Thank you to all the services who took time to complete the 71 questions related to EMS System Standards.

With guidance from the Emergency Medical Services Advisory Council (EMSAC), in 2018, bureau staff will analyze the data and share individual results with services, and county-wide and service-area wide data at Healthcare Coalition meetings. The bureau is looking forward to utilizing the data to identify improvements that could be made in the EMS system.

Website improvements. There are 58 webpages managed by BETS staff and the bureau's web pages are some of the most visited web pages in the department (approximately 347,251 unique users visited BETS webpages in 2017). Overall, BETS customers reported satisfaction with communication: "The communications provided by the BETS are regular and very informative. The automatic emails provide much of this information and is information we would not have otherwise." (Respondent # 1437). After reviewing the ADPER & EH division-wide customer satisfaction survey results, however, BETS has decided to work with a quality improvement facilitator and information management (IM) staff in 2018 to improve website accessibility and usability. Twenty-five percent of customers reported website posting could be improved on the division-wide customer satisfaction survey, "I[t] can be hard to find information on the web site such as contact information for the various field coordinators. I used to be able to easily find staff information now it is not as easy. Also harder to find information in general on the site compared to the old site." (Respondent # 3254).

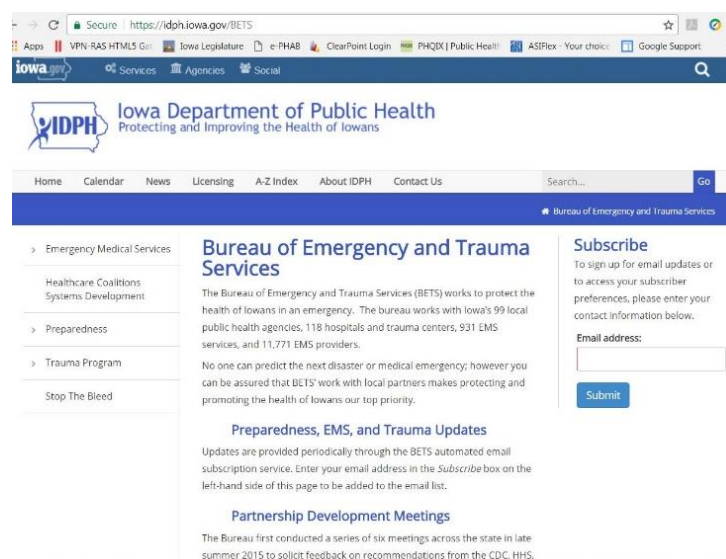


Figure 13 screenshot of the Bureau of Emergency and Trauma Services web page

The aim of this initiative is to improve search functionality (include key words customers are familiar with; e.g., HAN, EMS certification, renewal, etc.) for customer ease of finding information and to add consistency to bureau pages. Additionally, bureau staff will be looking at Americans with Disabilities Act (ADA) compliance to improve usability of the web pages by those with disabilities.

## 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 safeguard the protection of public health in swimming pools and spas, tattoo establishments and migrant labor camps; verify that water treatment devices, such as water filters, perform appropriately and as claimed by the manufacturer; provide training to new county environmental health professionals on related topic areas; perform epidemiology and surveillance of environmental and occupational health-related diseases; provide childhood lead poisoning prevention; provide toxicological and risk assessment evaluations; issue licenses to many professionals, facilities and devices; and perform inspections to ensure the health and safety of Iowans. For more information about these programs, please visit our website at <https://idph.iowa.gov/Environmental-Health-Services>.

### 2017 Highlights

*What's Happening in EHS Licensing Programs.* Beginning mid-2017, the Bureau of Environmental Health Services began using a new licensing database called AMANDA. The new database offers a number of new features for individuals and businesses that are required to be licensed (certified or registered) under Iowa law. The most significant new feature is the ability for a completely paperless application process, including making an online payment and receipt of licensure output documents via email. To date the bureau has licensed approximately 17,780 individuals and businesses in the new licensing system (for a breakdown by bureau please see Appendix A, Table A1). In 2018, the bureau will begin using the AMANDA system for swimming pool and spa registrations as well.

In conjunction with a successful transition into AMANDA the lead professional certification program changed its administrative rules. The certification period changed from annual renewals to a three-year renewal certification period. By doing this the program was also able to eliminate the three-year refresher course due date, which was often confusing.

As reported in 2017, the Plumbing and Mechanical Systems Board implemented a “one-stop shop” for plumbing and mechanical contractors. Prior to the one-stop shop, plumbing and mechanical contractors applied for their registration with the Division of Labor separately from their contractor’s license from the board. Now, using the AMANDA online system, there is a single application for both, and the licensing and registration renewals will now match for these individuals.

*Education and Training: Inspector Training Update.* In 2017, program staff identified increased training opportunities for

#### VARIANCE PROCESS

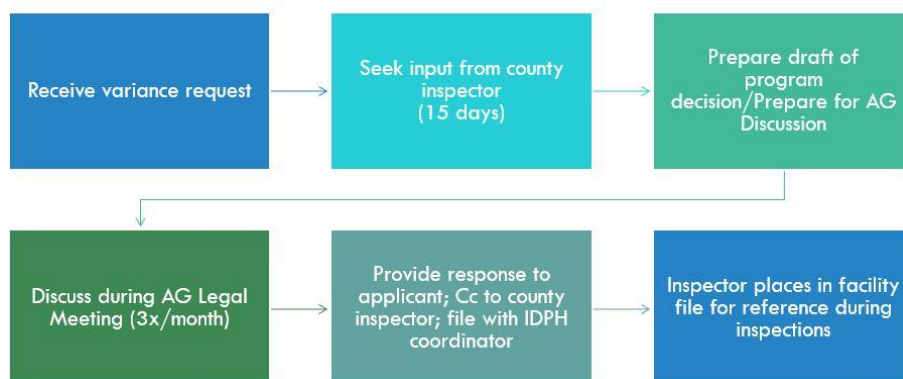


Figure 14 High level flowchart of the Bureau of Environmental Health variance process.

contractors who conduct inspections and investigations of tattoo establishments, and swimming pools and spas. Additional education and training is beneficial to ensure consistency and efficiency in the inspection and investigation processes. Along with the Smokefree Air Act refresher training that was conducted via webinar in the fall, the bureau conducted a variance process training for contractors in December of 2017. Presenters highlighted the administrative

code and contract provisions, showed the documentation requirements for the submission of a variance, and outlined the variance process (see figure 14). Several variance examples were shared in the context of the swimming pools and tattoo licensees, and the expectations for the inspection agency were provided. Thirty-three participants from local inspection agencies attended. Of the 20 participants who completed the follow-up evaluation, 19 participants were satisfied, very satisfied or extremely satisfied.

The follow-up evaluation also collected ideas for future trainings and will be incorporated into the bureau's training plan throughout 2018. In 2018, the Swimming Pool and Spas program will provide training and updates in the March quarterly environmental health webinar. Topics include the 2018 registration process, guidance for inspectors on lighting and waterslides, and the 2018 drowning prevention program. Also new in 2018 are changes to the New Environmental Health Specialist Training, which now includes a hands-on component. New environmental specialists will walk through facility inspections for a pool and a tattoo establishment with a seasoned inspector to learn how to complete an inspection and conduct a follow-up.

## 2018 Priorities

*CLPPP changes* – On September 30, 2017, the bureau received a grant from the CDC for childhood lead poisoning prevention activities in Iowa. This grant will provide funding to the bureau to assist in 1) strengthening blood lead testing of children less than 6 years of age; 2) strengthening surveillance of the number of children who are exposed to lead in housing, the number of houses that are identified with lead, and the nature and extent of lead in housing; 3) strengthening population-based interventions; and 4) strengthening processes to identify lead-exposed children and linkage to services. This funding from CDC will provide the financial assistance the bureau needs in making needed improvements in childhood lead poisoning prevention in the state of Iowa. With recommendations and support from the Public Health Advisory Council (PHAC) and department leadership, the program will be making changes to the FY19 contracts to local CLPPPs and revisions to Chapter 72, "Childhood Lead Poisoning Prevention Program," Iowa Administrative Code. Chapter 72 outlines the processes and requirements to establish local CLPPPs and establishes a funding formula. The proposed amendments align rules more closely to the enabling statute (Iowa Code 135) by removing additional requirements currently in rule.

*Education and Training: The Farm Progress Show.* Every other year, the bureau's Occupational Health and Safety Surveillance Program (OHSSP) staff participates in the Farm Progress Show (FPS). The Farm Progress Show is the nation's largest outdoor farm event and annually hosts nearly 600 exhibitors displaying new farm equipment, tractors, combines and farm implements; seed and crop protection products; and many additional farm supplies and services. At the 2018 FPS, the OHSSP will display educational materials on farm and occupational safety at the Health and Safety Tent area at the show, and will partner with Bureau of Emergency and Trauma Services to provide Stop the Bleed training to farmers. The Farm Progress Show takes place in Boone, IA from August 28-30, 2018.



Photo 1 The health and safety tent at the Farm Progress Show

## Bureau of Immunization and Tuberculosis (ITB)

The Bureau of Immunization and Tuberculosis (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 ITB, please see our website at <http://idph.iowa.gov/immthb>.

### 2017 Highlights

*Outreach and Education - TB Training.* In 2017, Iowa reported 47 cases of active TB disease, which is a case rate of 1.5 cases per 100,000 persons. There were 1,171 cases of latent tuberculosis (LTBI) in 2017; 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 2008 to 2017, non-U.S. born persons accounted for 75 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.



CERTAMEN AD FINEM PERGIT  
THE FIGHT CONTINUES  
TO THE END

Figure 15 The Cross of Lorraine: a symbol of the crusade against TB

On October 16, 2017, the TB Program collaborated with the Mayo Clinic Center for Tuberculosis to conduct a TB intensive training course. The goal of this course was to build capacity and expertise in the treatment and care of patients diagnosed with TB Infection or TB disease. This course familiarized clinicians with all aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The program provided the curriculum through lecture and interactive case management sessions. Physicians, nurses, infection control personnel, pharmacists and other health care professionals attended the course. These health care workers are involved in the management of patients with tuberculosis, supervise those who provide care for TB patients, or are TB control staff responsible for program management. Over 150 health care providers attended the training. The Mayo Clinic Center for Tuberculosis announced it was the largest training of its kind (including the highest number of clinicians attending) in the 11 state region during the five-year grant cycle.

*Human Papillomavirus (HPV) Vaccination Rates among Adolescents.* 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.



Figure 16 HPV Vaccine marketing poster

In 2017, the Immunization program created and released a series of videos showing the impact of HPV-associated cancer on Iowans. Every year, human papillomavirus (HPV) causes approximately 31,500 cancers in the United States,

- [Full HPV Video](#)
- [Emily](#)
- [Shawna](#)
- [Jon](#)
- [Steve](#)

[Five clickable video links to HPV Vaccine marketing videos.](#)

which includes an estimated 262 Iowans. In fact, HPV-related cancers kill more people every year than polio, measles, tetanus and chickenpox combined before vaccines for these diseases were developed. The good news is over 80 percent of these cancers can be prevented with the HPV vaccine. Vaccinating adolescents now with HPV vaccine will provide protection throughout their lives. The HPV survivor stories put faces to HPV-associated cancers and reinforce the importance of prevention. Survivors share a common theme of never

wanting another person to experience what they have gone through and their struggles emphasize the importance of receiving HPV vaccine. Hear the stories of four Iowa HPV cancer survivors whose lives were changed forever. HPV vaccine is the Key to Cancer Prevention.

*Meningococcal Vaccine School Requirement.* In 2016, Iowa legislation was passed to require seventh to 12<sup>th</sup> grade students receive a meningococcal vaccine. 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 developed educational materials regarding the new requirement, which are available on the [Immunization program's webpage](#). Program staff provided technical assistance to partners to implement the law during the 2017-18 school year. The secondary school meningococcal immunization requirement will help Iowa achieve and maintain high adolescent vaccine coverage levels, protect 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. During the 2017-18 school year, 94.3 percent of seventh grade students and 92.81 percent of 12<sup>th</sup> grade students received all of the required vaccines, including meningococcal.

## 2018 Priorities

*Immunization Rates Scorecard.* The Immunization program is working on new Immunization Registry Information System (IRIS) functionality to help evaluate and improve vaccination rates in Iowa. IRIS will include new reporting capabilities to generate quarterly scorecard reports to assess individual immunization coverage levels compared to county and state immunization rates. The program anticipates this new functionality will be available during the summer of 2018. Look for more information about immunization rate scorecards next year.

## 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>.

## 2017 Highlights

***Breast Density.*** On April 13, 2017, Governor Terry Branstad signed into law the amendment of 641 Iowa Administrative Code chapter 136C and 2017 Iowa Acts, Senate File 250. This legislation requires the communication of breast density composition to be included in all physician mammogram reports and all result letters to patients. The rule became effective November 15, 2017. In addition to the breast density information on the written report and patient results letter, reference to a website or document where the patient can obtain more information about breast density is also required. For patients categorized as having heterogeneously dense or extremely dense breasts, the notification will include evidence-based information on dense breast tissue, the risk associated with dense breast tissue and the effects of dense breast tissue on screening mammography.

BRH mammography program inspectors began evaluating mammography facilities for compliance with the new mammography report and patient letter requirements during the routine annual inspections beginning January 1, 2018. The bureau will continue to work with stakeholder groups to support mammography facilities' understanding of and compliance to the new rules, as well as education for other healthcare providers and patients who will receive this newly required breast density information.

***Emergency Response Training.*** Throughout 2017, the bureau coordinated with partners within the radiation emergency response community across the state to share incident characteristics and response priorities for various types of radiation emergencies. Iowa's radiation emergency response posture is based on national response guidance. Successful implementation requires coordination with many state and local agencies. Continued communication and coordination among partners is essential to practice and enhance Iowa's plans for radiation emergency response.

Efforts to enhance the preventive radiological nuclear detection capabilities and plans have also been a focus in 2017. The bureau worked closely with Iowa Homeland Security and Emergency Management (HSEMD) and the Domestic Nuclear Detection Office (DNDO) to develop plans and outreach to responders who may perform missions to survey for radiological threats across Iowa.

***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 occurred in August 2017 and was identified as a priority for BRH staff to prepare and work on in last year's report. The IMPEP process employs a team of NRC and Agreement State personnel to assess the adequacy and compatibility of Iowa's radioactive materials licensing and inspection programs with the national materials program. Staff gathered data to demonstrate each of the performance indicators listed in table 5 for an onsite review by the IMPEP team. The findings of the IMPEP team were presented to the Management Review Board for the national materials program and they determined that the bureau earned the highest designation of adequate and compatible. The bureau and radioactive materials program will be audited again in five years.

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 5 Common indicators in the IMPEP assessment

**Continued Activities.** Along with the work necessary to plan for, design and transition to the new online 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. Additionally, the maintenance and improvements to the online licensing system AMANDA has become an everyday function for bureau staff. Processes and functionality of the system are continuously monitored to find ways to improve user experience for staff and customers.

## 2018 Priorities

**Radiation Emergency Response.** Bureau staff continuously review and update radiation emergency response plans to align with the most current national response guidance to ensure effective response and communication for any incident involving radioactive materials across the state. In 2018, a priority of the bureau is to not only update the department's existing plans, but also to ensure that local responders have the proper tools and resources to respond accordingly to the plans. Iowa is working closely with the Federal Emergency Management Agency Chemical, Biological, Radiological, and Nuclear (FEMA-CBRN) Radiological Operation Support Specialist (ROSS) initiative to train radiation professionals across many disciplines to expand the technical radiation response force during an emergency. The bureau is planning to practice integration of a ROSS for nuclear power plant exercises in 2018. The experience will lead to the incorporation of the ROSS into existing plans and procedures, as well as the development of integration templates for use by Iowa and other states if or when a ROSS would be needed during an actual incident.

**Online Licensing Up and Running.** All licensing programs have been deployed in the new licensing system as of January 2018, and each is in various stages of implementation and use of the system. For example, the permit to practice program has been using the system for over a year; data shows that in quarter 1 of 2017, 46 percent of permit holders used the online licensing system to renew compared to the same quarter in 2018 when 78 percent of customers used the system (figure 17).

Other programs are just getting started, but no matter what stage, data entry of existing records or finishing complete renewal cycles using the AMANDA system, staff continue to monitor system performance, in the software, user instructions and internal processes, to make continued improvements for staff and the regulated community.

**Realigning Resources in Programs:** AMANDA has played a large role and used bureau resources heavily in the last three years. With the majority of the implementation of the online system complete for bureau programs, staff will be focusing on a review of bureau procedures; the goal is to find ways to streamline existing processes for staff and licensees/registrants. Along with review of procedures, reducing revenues and increasing costs have forced the bureau to also consider a realignment of priorities across programs. In 2018, staff will begin to reassess program functions and



Figure 17 Online licensing utilization for the permit to practice program

duties of staff to ensure resources are efficiently used across the bureau to support radiation protection. One major realignment is the transition of all Accrediting Body (AB) responsibilities to the American College of Radiology (ACR) by 11/30/2019. Notification was made to all mammography facilities in March 2018 to allow a gradual transition and advanced notice will allow facilities time for budgetary planning prior to the transition. The bureau will continue to keep customers updated on any changes that may cause an impact to them.

## 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.

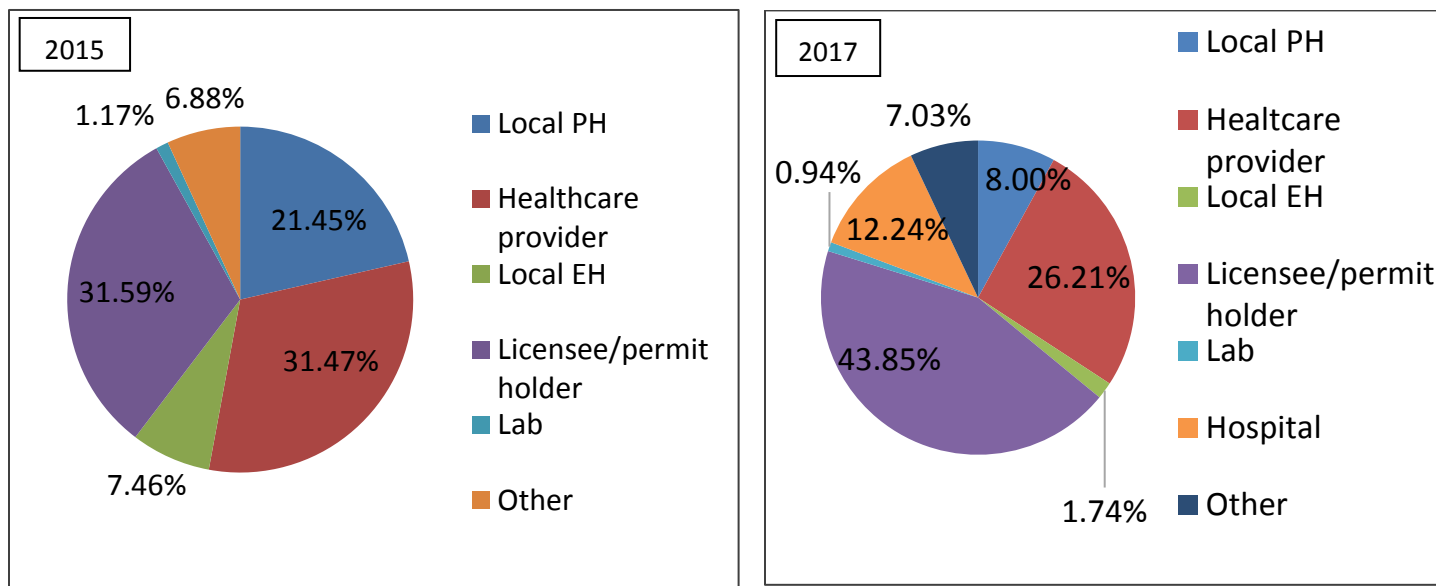
Through the division customer satisfaction survey and this annual report, the division hopes to demonstrate that along with everyday job responsibilities, staff are working to improve relationships with customers, improve processes, and improve communication with partners. If there are questions or comments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

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

## Appendix A: Customer Satisfaction Survey Results

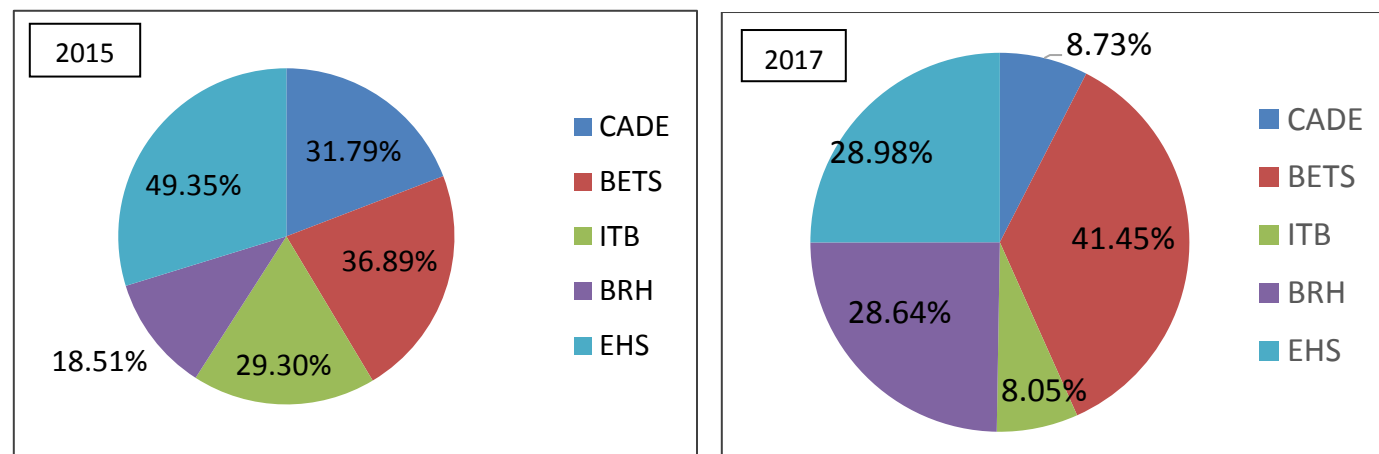
The Division of Acute Disease Prevention, Emergency Response, & Environmental Health (ADPER & EH) received anonymous feedback in November of 2017 from its valued customers on communication, technical assistance, education/trainings, and our timeliness of providing services or products. Results from 2015 and 2017 are included in this appendix.

### 1. Which best describes you or the organization you work for?



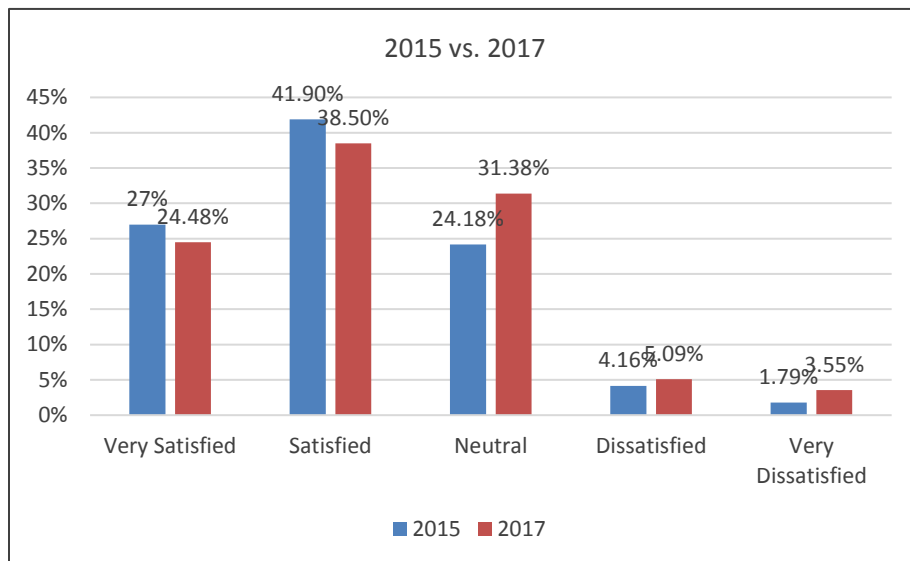
For the purposes of this survey, licensee/permit holders were considered any person or entity that is certified, licensed, or permitted through the division including, but not limited to: tattoo artists or establishments, EMS providers, contractors, first responders, EMS/ambulance, and swimming pools. Healthcare providers included: school nurses, health care clinics, infection prevention entities, and hospitals.

### 2. Which bureau(s) do you interact with within the division?



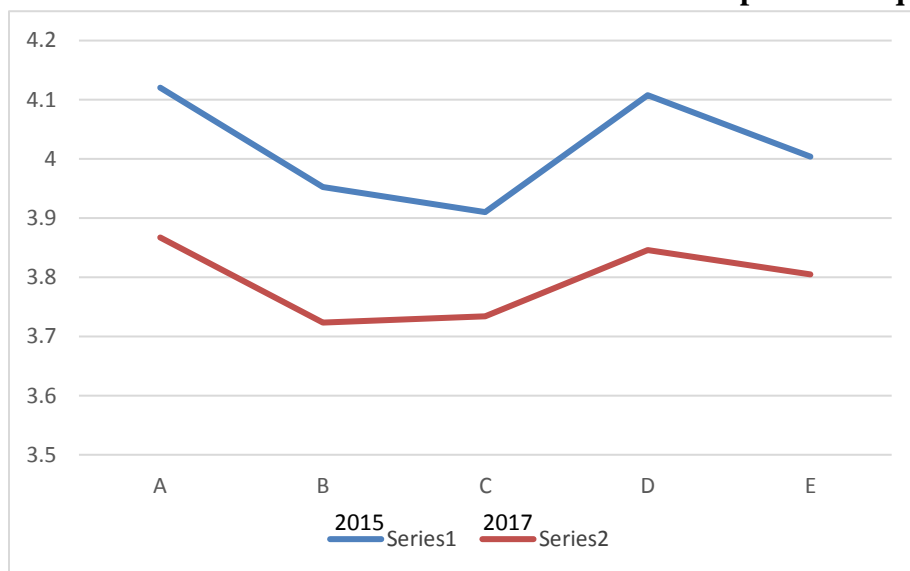
In 2015, 298 (35%) respondents interact with more than one bureau in the division compared with 412 (12%) in 2017. The survey was sent to more licensees in 2017, due to the availability of email addresses, than in 2015, which would explain the differences in bureau interaction percentages.

### 3. How satisfied are you with your business relationship with ADPER & EH?



68.9% of respondents were very satisfied or satisfied with their business relationship with ADEPR & EH in 2015 compared to 24.48% in 2017.

### 4. How customers feel about technical Assistance/response to inquiries as a division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree), from 2015 to 2017, customer satisfaction with ADPER & EH technical assistance declined slightly. Overall, customers still agree the division provides good technical assistance to partners.

A = division staff provide knowledgeable answers when I have a question

B = when I have questions I get a timely response

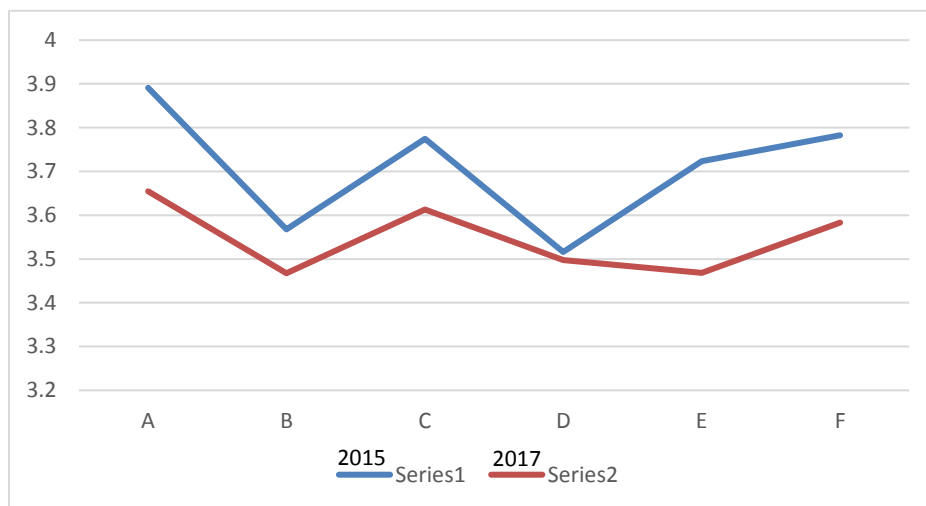
C = I am getting the support I need form the division

D = I receive good customer service when I interact with staff in the division

E = overall. I am satisfied with how the division responds to my questions.

## Communication:

### 5. How customers feel about communication from the division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree) from 2015 to 2017, customer satisfaction with ADPER & EH communication decreased slightly. Overall, customers still agree the division provides satisfactory communication. It appears easily obtainable information saw the largest decrease and is an area some bureaus aim to focus on in 2018.

A = the division communicates effectively about current issues

B = the division communicates effectively about strategic planning

C = the division communicated in a timely manner

D = communication from the division could be improved

E = information from the division is easily attainable

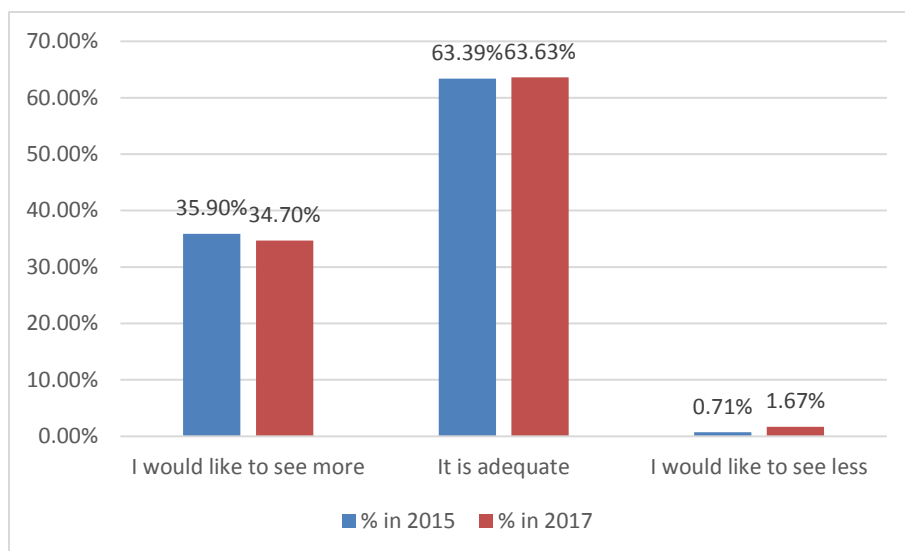
F = overall, I am satisfied with the communication that comes from the division

### 6. What is the most effective form of communication you receive form the division?

Form of Communication	% of survey respondents that feel it is the most effective form of communication (2015)	% of survey respondents that feel it is the most effective form of communication (2017)
Website	3.36%	6.55%
In-person training/meeting	10.90%	9.62%
Email	65.06%	61.97%
webinar	5.51%	1.54%
mailing	3.75%	7.83%
phone	7.15%	7.97%
other	3.99%	4.52%

The most effective form of communication provided to customers from the division is through email (65%).

## 7. How customers feel about the amount of communication received from the division.



Most customers felt that the amount of communication received from the division was enough.

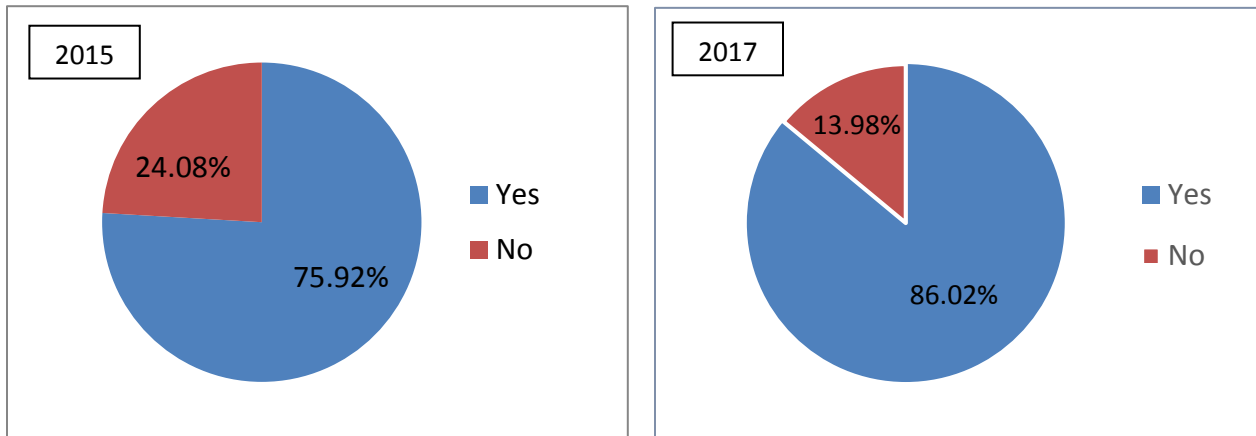
## 8. What communication method could the division enhance?

Type	% who agree communication could be enhanced (2015)	% who agree communication could be enhanced (2017)
website	23.72%	23.63%
in-person	15.53%	12.76%
email	44.13%	41.28%
webinar	28%	11.59%
mailing	7.95%	15.60%
none	25.79%	30.87%
other	6.11%	5.34%

While email was listed as the most effective form of communication it was also checked as the form of communication that could be enhanced most.

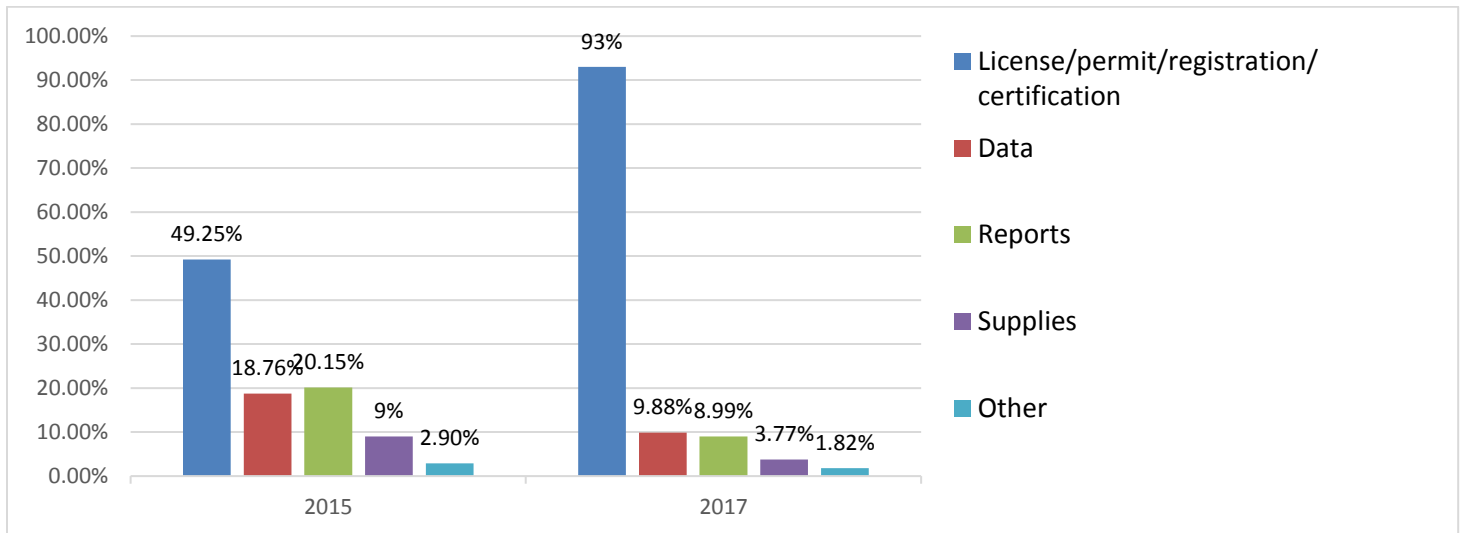
## Products:

### 9. Do we provide you with a product of some kind (e.g. license/permit/certification, data, reports, or supplies)?



In 2017, the division provided 86.02% of respondents with a product of some kind.

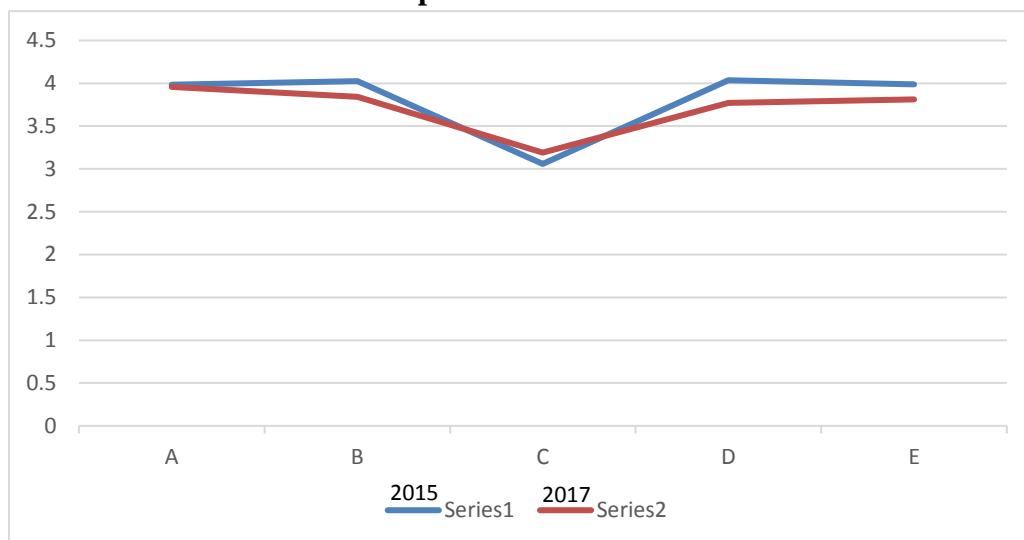
### 10. What kind of product do we provide you?



Of the respondents that receive a product from the division, 93% reported receiving a license, permit, or certification from the division. From 2015 to 2017 there was an increase in percentage of those who receive a license from the division due to increase in licensing who received the survey through email.



### 11. How customers feel about products received from the division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree) division customers agreed overall, that they are satisfied with products they receive from the division. There was a minimal decrease in the perception of quality of the product and the customer service received regarding products.

A = the product I receive from the division is provided to me in a timely manner

B = the product I receive from the division is a quality product

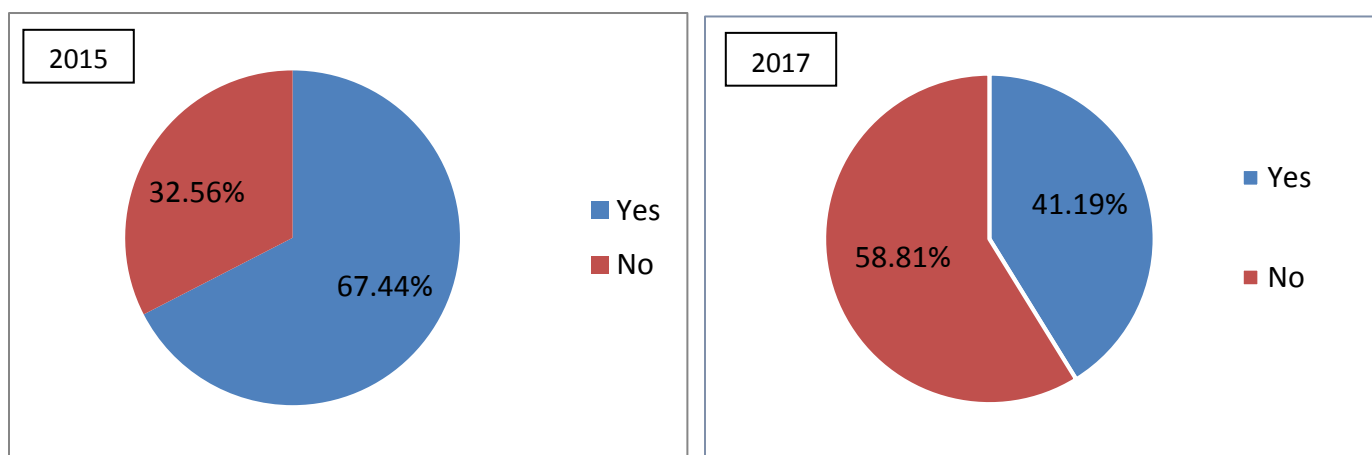
C = the division could do a better job providing me with the product I need

D = I receive good customer service when I have questions about the product I receive from the division

E = overall, I am satisfied with the product I receive from the division

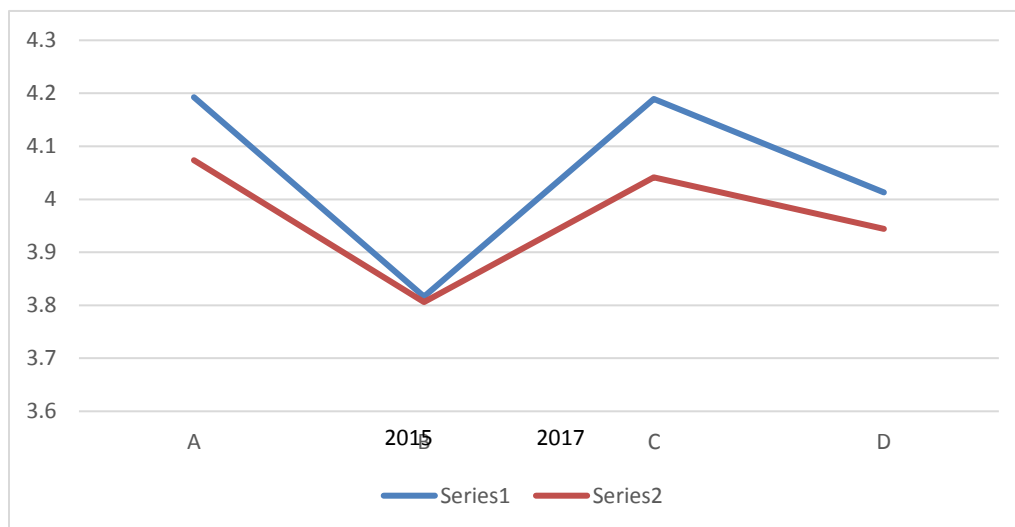
### Training/Education:

### 12. Do we provide you with training/education (e.g. webinars, face-to-face meetings, educational materials, conferences)?



In 2017, the division provided less training and education to respondents than in 2015 (41.19% and 67.44% respectively). This could be due to the increase in the number of licensees that received the survey this year as the division does not conduct training and education for most licensees.

### 13. How customers feel about training/education provided by the division.



On a scale from 1 to 5 (1=Strongly Disagree; 5=Strongly Agree), overall, customers are still satisfied with education and training they receive from the division. The largest decline from 2015 to 2017 appears to be with customer service.

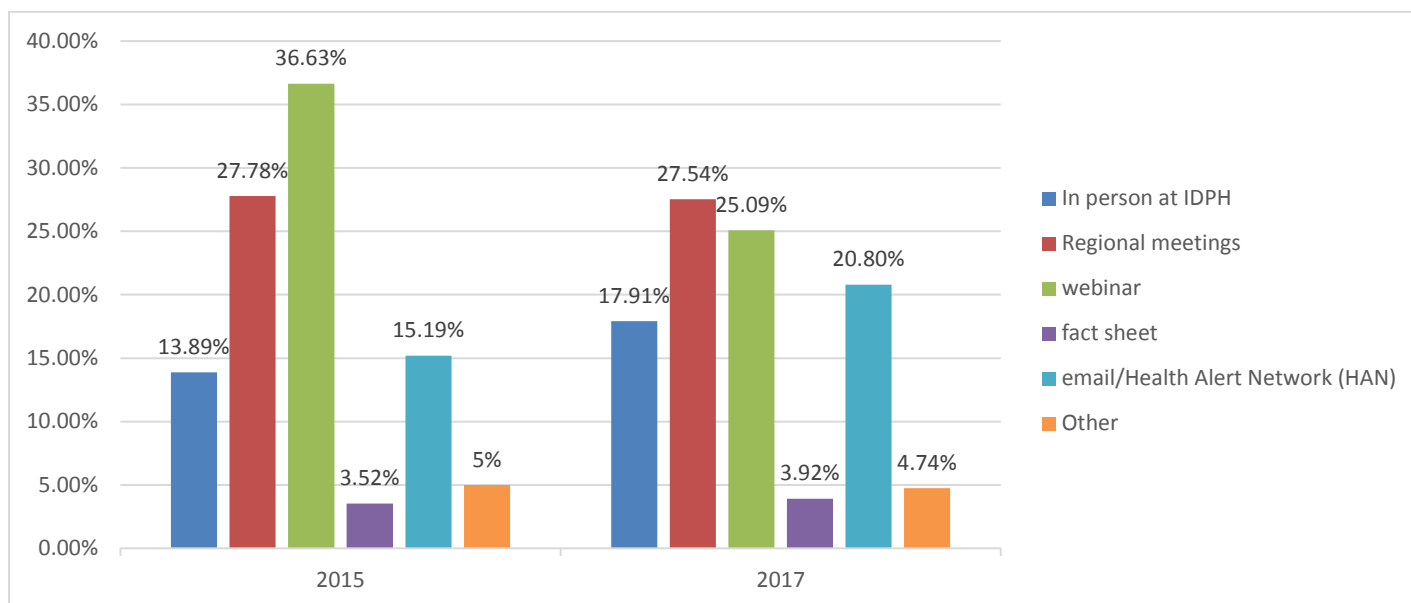
A = when I receive training/education from the division I feel more knowledgeable about the topic/issue

B = the Division provides an adequate amount of training/education

C = I receive good customer service when I attend a training or receive educational materials from the division

D = overall, I am satisfied with the training/education provided by the division

### 14. What is your preferred method of receiving education/training from the division?



Customers indicated a change in preference from 2015 to 2017 for training and education delivery. In 2017, 25.09% of respondents preferred webinar down from 36.63% in 2015. There was an increase in percentage of respondents who prefer email/HAN education and in-person training at IDPH.

## Appendix B: Division Tables

**Table B1: Number of ADPER & EH Licensees in 2017**

Bureau	Program	Total
EHS	Migrant Labor Camps	15
EHS	Backflow Prevention Assembly Tester	1,225
EHS	PMSB	11,888
EHS	Lead	3,856
EHS	Pools and Spas	1,300
EHS	Tattoo	940
EHS	Water Treatment Devices	361
BETS	EMS - Services	906
BETS	EMS - Providers	12,538
BETS	EMS - Training Facilities	18
BRH	Radiation Machines (x-ray)	2,444
BRH	Radiation Machine Service Providers	179
BRH	Industrial Radiographic Operations	160
BRH	Mammography	174
BRH	Medical Physicists	129
BRH	Permit to Practice	4,415
BRH	Radioactive Materials	279
BRH	Radon	343
BRH	Tanning	463
Total		41,633

*Note:* These numbers include any individual or firm that held an ADPER & EH license in 2017.

**Table B2: Enforcement Actions by Program**

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

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

**Table B3: Contracts in FY17 by Bureau**

Bureau	Local Partner Contracts	Advertising Contracts	Information Technology Contracts	Vaccines	Total
CADE	\$2,451,715.10	\$0.00	\$233,914.26		\$2,685,629.36
BETS	\$8,165,424.74	\$0.00	\$74,915.12		\$8,240,339.86
EHS	\$3,810,967.55	\$1,048.18	\$223,654.89		\$4,035,670.62
ITB	\$1,876,245.30	\$169,135.00	\$632,360.76	\$37,034,503.00	\$39,712,244.06
BRH	\$126,710.17	\$0.00	\$1,639,245.22		\$1,765,955.39
Division Total	\$16,431,062.86	\$170,183.18	\$2,804,090.25	\$37,034,503.00	\$56,439,839.29
Percent of total division expenditures (\$69,559,030.98)	23.62%	0.24%	4.03%	53.24%	81.14%

Note: Dates run from July 1, 2016 to June 30, 2017