Scott County Health Department
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Director's Report
to the
Board of Health
August 14, 2026

Director's Attended External Meetings –

- CDC Response Team: All State, Territorial, Local, & Tribal Health Department Update (2)
- Childhood Lead Awareness Workgroup (CLAW)
- Community Health Care 50th Anniversary Celebration
- District 7 Public Health Planning Partners
- Dr. Dwight Ford, Project Now President/CEO
- Dr. Michael Beane, Eastern Iowa Community Colleges, Vice Chancellor of Student Services
- Humility Homes & Services Shelter Tour
- Iowa Counties Public Health Association (ICPHA)
- Iowa Environmental Council Cancer and Environmental Risk Factors in Iowa Community Conversation
- Iowa Health and Human Services (HHS) Behavioral Health Town Hall
- Iowa HHS Overdose Data to Action in States Site Visit
- Iowa HHS High Consequence Infectious Disease Workgroup
- Iowa HHS Measles, Ebola & Cyclosporiasis Update
- Iowa HHS Public Health System Alignment Townhall
- Iowa HHS Public Health Office Hours
- Iowa HHS Region 6 Local Public Health Service Grant Contractors
- National Weather Service Dangerous Heat Briefing
- Quad Cities Medicaid Coalition
- Scott County Kids Fiscal Committee

Recognition of Years of Service with the Department:

Beth Liljequist, Per Diem Dental Hygienist	1 year	August 1st
Sherrie Petersen, Environmental Health Specialist	3 years	August 7th
Jessica Redden, Child Care Nurse Consultant	14 years	August 27th
Brooke Barnes, Deputy Director	18 years	August 29th
Jack Hoskins, Environmental Health Specialist	26 years	August 7th

Departure of Employee

Andy Swartz, Environmental Health Specialist	August 12th

Assessment

Assess and monitor population health status, factors that influence health, and community needs and assets

Investigate, diagnose, and address health problems and hazards affecting the population

Communicable Disease Program

Twenty-three confirmed communicable diseases were reported during July. These included one case of anaplasmosis, six cases of campylobacteriosis, four cases of cryptosporidiosis, three cases of cyclosporiasis, two Shiga toxin-producing E. coli cases, one case of Lyme Disease, three pertussis cases, one case of salmonellosis, and two cases of shigellosis.

Animal Bite Program

In July, 5 individuals required rabies risk assessments after exposure to four dogs and one cat. All five victims were recommended for rabies prevention treatment for a high-risk exposure or bite above the shoulders, and none started treatment.

Sexually Transmitted Disease Program

Fifty-seven individuals received sexual health services at the department during July.

Positive Results	**Sexual Health Clinic**	**Express Clinic**	**Total Cases Reported in Scott County**
Chlamydia	3	1	59
Gonorrhea	1	0	35
Syphilis	0	1	5
HIV	0	0	0

There were 18 additional syphilis cases and one HIV case that were investigated and determined to be out of jurisdiction, not identified as a case, or had a pending result. These cases were closed, referred, or remained open pending additional results.

Childhood Lead Poisoning Prevention Program

In July, there were 13 lead poisoned children on the department's caseload. The children receive public health nursing case management services until three blood lead levels equal to or below 15 ug/dL or two consecutive blood lead levels equal to or below 10 ug/dL are obtained.

Blood Lead Level	**Number on Caseload**
Greater than 20 ug/dL	2
15-19 ug/dL	1
10-14 ug/dL	6
Less than 10 ug/dL	4

Six children utilizing the department's immunization clinic accepted lead testing services at their July appointments. There were no new positives identified during these efforts.

Staff conducted a visual lead inspection at a Davenport property serving as a temporary residence for a family with a child who has an elevated blood lead level while lead remediation work is being performed in the family's primary residence. Lead-based hazards were identified on both the interior and exterior of the property. These findings were communicated to the family along with areas of the home that were lead-safe. The parents were encouraged to keep the child away from areas with chipping/peeling lead-based paint and additional methods like cleaning, hand washing, and continued blood lead testing in accordance with directives given from the child's primary care provider were discussed.

Safe Sleep Referral Results in Education

Staff met with a child care home provider to assist with infant safe sleep following a referral from a Child Care Resource and Referral Consultant. Staff provided educational materials and supplies to support save infant sleep in the child care home.

Child Care Assessments Completed

Staff conducted a Health and Safety Checklist assessment at a child care center. The checklist, a required component of Iowa's quality rating improvement system, requires at least three onsite visits to assess, share findings, and support the development of a plan to meet best practices. Follow-up with this center is ongoing. Staff completed the checklist with Healthy Child Care Iowa Program Coordinator, Heidi Hotvedt RN, BSN to measure inter-rater reliability.

Staff conducted a health records check-up at a child care center in collaboration with HHS. The purpose of this visit was to assist the provider in identifying any special health needs for children in their care, as well as provide feedback for the provider on records required by licensing. Three children were identified to have special health needs, and one record required additional information.

Policy Development

Communicate effectively to inform and educate people about health factors that influence it, and how to improve it

Tobacco Cessation Resources Shared at WIC

Staff presented information on Quitline Iowa and Ask, Advise, Connect to six staff members at the WIC Clinic. Staff requested information on Quitline Iowa to provide to clients and tobacco staff provided tip cards and rack cards.

Mind, Body, Pregnancy Event at WIC

Staff attended the Mind, Body, Pregnancy Event at Edgerton WIC to provide information about safe sleep, Hawki, I-Smile and the Healthy Pregnancy Program. Participants played the "clear the crib" game to practice setting up a safe sleep environment for an infant in a pack-and-play, removing items that do not belong. The event was hosted in partnership with Wellpoint and Community Health Care, Inc. and included information on baby basics such as bathing, feeding and lactation.

Healthy Pregnancy Coalition Education for the Community and Members

Staff presented information to Healthy Pregnancy Coalition members on how the Community Transformation Program supports workplace wellness and encourages support of breast/chest feeding through designated lactation rooms and/or policy improvements. The department provides free technical assistance to workplaces interested in creating a supportive environment.

The Healthy Pregnancy Coalition and Family Health staff are preparing for the August 15th Community Baby Shower at the Together Making a Better Community (TMBC) Lincoln Resource Center. The department will be promoting the event through various communication platforms.

Virtual Lactation Education Class

Staff provided a virtual lactation education class to three participants of local WIC programs using In Joy curriculum. The participants learned about how breastfeeding works, supply/demand, feeding cues, effective latch, making sure baby receives enough, and how to fit lactation into one's lifestyle. Participants were engaged and asked questions.

Education Provided at The Pregnancy Center

Staff presented oral health in pregnancy, safe sleep, and tobacco cessation at The Pregnancy Center in Clinton to one post-partum participant. Staff provide education at this partner multiple times per year.

Oral Health Education

Staff presented to attendees of Davenport West High School's summer program for intellectually disabled high school students on oral hygiene and nutritional education.

Strengthen, support, and mobilize communities, and partnerships to improve health

Medicaid Coalition Messaging Workgroup

Staff attended the Messaging Workgroup of the United Way Medicaid Coalition. The group outlined a communications plan to begin this fall alerting community members to the upcoming work requirement changes taking effect December 1, 2026. The group agreed that messaging could start soon to notify members that changes are coming and to start preparing with simple steps, such as updating their address and phone number to ensure they are receiving information about the changes from Iowa HHS.

Food Rescue Partnership Learns About Partner Merger

Taelor Denton, Food Rescue US – Quad Cities Site Director, presented to the Food Rescue Partnership about how Food Rescue US – Quad Cities officially merged with Churches United of the Quad City Area in January 2025. Previously the two non-profits regularly collaborated on food rescue initiatives. Churches United is now a licensee of the Food Rescue U.S. app which is an integral part of the organization's Hunger Relief Ministry. The free use of the Food Rescue U.S. web-based app enables Churches United to be effective in the work of eliminating hunger and food waste. They engage volunteers to transfer nutritious excess foods from local businesses directly to non-profit hunger-relief agencies serving the food insecure.

Staff Introduction to Collaborative Service Area 14 Boards of Health

The department's new child care nurse consultant (CCNC) met this month with the boards of health for Clinton, Cedar, and Jackson counties to introduce herself as the CCNC for their counties. Each of the boards seemed to be very receptive and appreciated the personal introduction.

Create, champion, and implement policies, plans, and laws that impact health

Community Transformation Program Connections Regarding the CHANGE Tool

Staff met with John Brynes, Parks & Recreation Director for the City of Bettendorf, to provide an overview of the Community Transformation Program and community-at-large Community Health Assessment and Group Evaluation (CHANGE) Tool. Mr. Brynes completed the CHANGE Tool and expressed interest in adopting a tobacco and nicotine free policy. Department staff will provide CHANGE Tool recommendations and free technical assistance.

Staff met with Rhonda Halterman, Owner of LivWell™, to learn more about their services and provide a detailed overview of the Community Transformation Program specific to workplace wellness. Ms. Halterman expressed interest in partnering with the department and completing the workplace CHANGE Tool assessment soon.

Theresa Arth with Ascentra Credit Union met with staff about re-engaging in workplace wellness efforts. Department staff provided an overview of previous workplace CHANGE Tool recommendations implemented by Ascentra Credit Union. After discussion, Ms. Arth expressed interest in completing the workplace CHANGE Tool assessment again since a lot has changed over the years. Staff met with the Ascentra Credit Union human resources team on July 31st to complete the workplace CHANGE Tool assessment.

Plan for Care Developed for Child Care Center

Staff visited a child care center to help them prepare to care for children with special health needs. The parent was also present to demonstrate the skills needed. The children were able to begin care later that same week.

BIX 7 Medical Tent Planning Efforts

Staff attended three BIX 7 Medical Tent Planning Committee meetings during the month of July. Two of the sessions were focused on planning and last push efforts prior to the event, and the final meeting involved a debrief discussion regarding what went well and where opportunities for improvement exist after the event. Committee members felt that the event was successful, with planning and implementation going well overall. The group will review the documentation from the debrief meeting again at the first race planning session of 2027.

Utilize legal and regulatory actions designed to improve and protect the public's health

Food Program

Four separate illness complaints were received this month and investigated within established food procedure timelines. All four complaints were unverifiable, but all four inspections yielded multiple foodborne illness risk factors at the facility involved. Inspectors worked to have these

foodborne illness risk factors corrected on site when possible and initiated follow-up inspections for violations that could not be corrected on site.

Staff offered a test-only session for food service employees who needed to obtain their Certified Food Protection Manager (CFPM) certification. Nine food service workers registered to take the exam, however only three attended. One achieved a passing score.

Verified Food Service Complaints

Facility	Reason	Status
Boba Tea House, West Kimberly Road, Davenport	General Facility Sanitation	Resolved
Duck City Deli & Bistro, East 3rd Street, Davenport	Pest Control	Resolved
Hardees, South 9th Street, Eldridge	General Facility Sanitation	Resolved
Maid Rite Diner, North Division Street, Davenport	Pest Control	Resolved

Temporary Events

Event	Number of Inspections	Status
Bettendorf 4th of July	17	Violations Corrected on Site
Buffalo 4th of July	6	Violations Corrected on Site
Latino Cinema Series	1	Violations Corrected on Site
Quad Cities Balloon Festival	13	Violations Corrected on Site; One Reinspection Required
Red, White, & Boom	6	Violations Corrected on Site

Tattoo Program

A new tattoo establishment called Yana Beauty has been approved for opening in Bettendorf. Staff conducted 33 booth inspections at a temporary tattoo event in Clinton. No compliance issues were identified.

Swimming Pool Program

The swimming pool at Davenport North is currently closed. Operation of the pool has been transferred from the YMCA of the Iowa Mississippi Valley to the Davenport School system. It is expected that the pool will be back in operation soon. The YMCA is no longer co-located with Davenport North High School.

Verified Hotel Complaints

Facility	Reason	Status
Day's Inn, North Plainview Road, Walcott	General Facility Sanitation	Corrections in Progress
Double Tree Hotel, East Second Street, Davenport	General Facility Sanitation	Resolved
Holiday Inn Express Hotel & Suites, Veteran's Memorial Parkway, Davenport	General Facility Sanitation	Corrections in Progress
Ramada, Utica Ridge Road, Bettendorf	General Facility Sanitation	Corrections in Progress
Relax Inn, North Brady Street, Davenport	General Facility Sanitation	Resolved

Woodspring Suites, Elmore Circle, Davenport	General Facility Sanitation	Corrections in Progress

Immunization Record Discussion with Child Care Center

Staff met with a new child care center director to discuss immunization record keeping and record review. Iowa immunization requirements and best practice recommendations were shared with the director.

Assurance

Assure an effective system that enables access to the individual services and care needed to be healthy

Outreach Education and Testing Services

Staff conducted HIV, hepatitis C (HCV), and STI education and testing at the Center for Alcohol & Drug Services, Inc. and provided testing services at the Scott County Jail. A total of 57 individuals received HIV/HCV/STI testing. All individuals with positive test results were treated or referred for appropriate follow-up care.

Oral Health Outreach

Staff completed dental and medical office visits in Clinton and Jackson Counties. The visits helped offices better understand the changes in Medicaid with the new managed care organization, DentaQuest, and how the change may affect patients. This is the fourth year visiting the Clinton and Jackson County dental offices and staff are recognized by the offices.

Staff completed medical office visits to pediatric and obstetric (OB) providers in Scott, Cedar, Clinton, and Jackson Counties. Packets with I-Smile and Cavity Free Iowa materials were given to pediatric offices along with toddler toothbrushes. Oral Health in Pregnancy flyers were given to OB offices to be placed in new patient folders along with adult toothbrushes.

Staff met with Community Health Care, Inc.-Dental (CHC) administrators and dental director for an annual touch-base regarding referrals and care coordination for mutual patients. The addition of radiographs for I-Smile@School was discussed and plans were made to send CHC radiographs for existing patients. Staff learned that CHC is adding more dedicated time per week for serving walk-in adults with dental emergency care.

Staff met with Iowa Pediatric Dental Center and Dr. Ben Lloyd to inform them of the new HHS requirements to take radiographs for I-Smile@School in limited instances only. Dr. Ben Lloyd serves as a public health supervising dentist for some staff, so it was important for him to understand and agree to the process radiographs. Iowa Pediatrics is a frequent referral source and may be needed to read some radiographs and evaluate treatment needs.

Build and support a diverse and skilled public health workforce

FEMA Training on Tornadoes

Staff completed the FEMA training, *Tornado Hazards: Science and Preparedness,* hosted by the National Disaster Preparedness Training Center. The course discussed tornado science, weather forecasting process, tornado warning process, and fundamental tornado safety and preparedness. The course included practical group exercises that required participants to analyze weather system maps to predict where tornados were most likely to occur and then draft preparedness messaging.

Webinar on Outdoor Surfacing for Child Care Facilities

Staff attended the webinar, *Child Care Facilities Outdoor Surfacing Guide*, hosted by Low Income Investment Fund and the San Francisco Department of Early Childhood. The presenters shared details about the new guide for child care programs to use when deciding on playground surfaces. The guide includes cost estimates, is available in multiple languages, and assists programs in making informed decisions that support children's health and environmental well-being. The webinar also highlighted two child care programs with nature focused outdoor spaces and their recommendations for design and implementation.

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Overdose Data to Action in State Site Visit

Staff participated in a site visit for the Overdose Data to Action in States (OD2A-S) grant with HHS. Subcontractors from Scott County Community Services and Vera French provided a presentation on key accomplishments, community impact, and plans for sustainability. HHS staff asked questions about grant processes and provided feedback on the progress of strategies. Grant staff received compliments from HHS for their work in capacity building and increasing awareness of overdose and overdose prevention efforts within the community. The final report has not been received.

Planning for Tabletop Exercise Underway

The Quad Cities Centers for Medicare and Medicaid (CMS) Disaster Planning Committee met to plan the August tabletop exercise. The planning team has drafted an exercise scenario involving severe weather that leads to power outages. Outpatient, inpatient, and home health facilities participate in the exercise annually. At the planning meeting, home health agencies gave feedback and offered insight into specific challenges that home health agencies face in disaster planning. This contribution allowed the planning team to adjust the exercise to help add relevancy for those organizations.

PHAST Training Supports ODMAP Planning

The Scott County Public Health and Safety Team (PHAST) participated in a training for the Overdose Detection Mapping Application Program (ODMAP) with the Midwest High Intensity Drug Trafficking Area (HIDTA). MEDIC EMS of Scott County has been entering suspected overdose data into the ODMAP database since January 2026. The training covered how to view dashboards and overview reports of the various indicators in ODMAP, such as day of the week,

suspected substances, and naloxone administration. The group also discussed how to set up spike alerts for Scott County, which would notify PHAST team members of an increase in suspected overdoses within a 24-hour period. Midwest HIDTA staff encouraged the team to develop a response plan before implementing spike alerts to ensure there is a process in place for intervention.

Behavioral Health Prevention Site Visit Report

The department received the site visit report for the Tobacco Program (Attachment 2). The areas identified for follow-up have been addressed. The discrepancy for the first is related to program time versus total time (including leave). The staff person billed to the grant is full-time in the program, so all time is billed to the grant. The second area was explained in detail; the billed rate is the loaded rate (benefits included). For the final area, the department uses indirect costs as match; they are not billed to the grant.

Build and maintain a strong organizational infrastructure for public health

Public Health Alignment Town Hall

HHS hosted several Town Halls in late July/early August to update local public health providers on the Public Health Alignment Process (Attachment 3). HHS continues to refine and define their plan, with acknowledgement that it will not be perfect and there will continue to be areas that need to be changed as the process moves along. HHS is planning to issue a request for proposal in August. They continue to update the frequently asked questions on their website https://hhs.iowa.gov/initiatives/system-alignment/public-health-service-system/public-health-service-system-faqs. District 7 partners continue to meet and remain open to applying to serve as the lead entity. Likely multiple local public health departments will submit a letter of intent to ensure flexibility in the process. It is a competitive application process so there could be multiple applicants for the role regardless of the discussions that have occurred.

Medicaid Revenue Collected

Medicaid income for dental, child, maternal, and immunization services was $3,076.75 for the month of July. This Medicaid revenue does not cover all department costs, but it helps to supplement the work. It is a result of the combined efforts of Clinical Services, Family Health, and Fiscal staff.

Department Infrastructure Teams

Health Equity Committee

The Health Equity Committee coordinated two opportunities for staff to tour the Humility Homes and Services, Inc. Emergency Shelter at 1016 W. 5th Street in Davenport. The shelter is an 88-bed, low-barrier, year-round shelter for adults 18 years of age or older. The shelter also offers some housing programs for Veterans at that location. Sixteen staff took part in the tours.

Health Promotion Team

The Health Promotion Team finalized the list of department highlights to include in the Fiscal Year 2026 Annual Report. The preparedness health promotion strategy is underway with plans to attend some area events to pass our preparedness materials to families.

Public Health Policy Committee
Members of the Public Health Policy Committee watched a webinar sponsored by the Iowa State Association of Counties on Local Property Tax. The webinar gave an overview of local government finances and then talked about the property tax changes that will go into effect with the fiscal year 2028 budget. The committee continues to discuss information to share with elected officials prior to the 2027 legislative session.

Quality Improvement Council
The Quality Improvement Council (QI) coordinated an all-staff training on QI provided by Stephanie Otskey and Preeti Acharya with HHS. Staff learned about incorporating QI into performance management (linking to quarterly indicators) and had the opportunity to learn about and practice using several QI tools. The presenters discussed QI skills for problem solving, making better-informed decisions, and fostering a culture of quality that can be sustained over time.

Workplace Culture Committee
The Workplace Culture Committee reviewed the FY27 workplan as well as work that has been done to develop an overall plan that guides culture activities across the department. One area the group has begun to explore is creation of a tool to help assess the impact on culture of polices, operational changes, workflow adjustments, new programs, etc. The group is in the very early stages of the tool's creation.

Workforce Development Committee
The Workforce Development Committee continues to update the Workforce Development Plan. The updates are primarily driven by data gathered in the biennial workforce competency assessment that has been completed in partnership with the Midwest Public Health Training Center at the University of Iowa. The other updates are the result of the Public Health Workforce Interests and Needs Survey (PHWINS), which is done on a national level every three years and also has questions on competency and training needs. After discussion, the committee decided to discontinue a separate competency assessment and rely on PHWINS for the data. Committee members are learning more about the data available within the PHWINS results.

Meetings Attended by Staff
Bettendorf Wellness Committee
Bi-State Regional Trails Committee
Bix Medical Tent Planning Committee (3)
Brittany Wells, Visit Quad Cities
Cedar County Board of Health
Clinton County Board of Health
Childhood Lead Poisoning Prevention Program Contractors
Collin Lawrence, Rivermont Collegiate
Community Health Care Dental Administration & Dental Director
Community Health Care Wellness Committee
Dementia Friendly

Food Rescue Partnership
Healthy Pregnancy Coalition
Home Food Central- Rupal Patel
Iowa HHS Performance Improvement Staff
Iowa Hunger Coalition Pantry to Policy
I-Smile Coordinators
Jackson County Board of Health
Jeremy Mask, Iowa PCA
John Byrnes, City of Bettendorf
Live Lead Free Quad Cities
Overdose Data to Action in States (OD2A-S) Capacity Coordinator Community of Practice
OD2A-S Local Public Health Community of Practice
OD2A-S Peer Recovery Coach Community of Practice
OD2A-S Public Health and Safety Toolkit Community of Practice
OD2A-S Site Visit
Preeti Acharya and Stephanie Otskey, Iowa HHS
Public Health Preparedness Health Care Coalition Region 5 Executive Committee
Quad Cities Behavioral Health Coalition Innovation Team
Quad Cities Behavioral Health Coalition Outcomes Team
Quad Cities Centers for Medicare & Medicaid Disaster Preparedness Committee
Quad Cities HEARTSafe Coalition
Quad Cities Medicaid Coalition – Messaging Workgroup
Quad Cities Substance Abuse Prevention Coalition
Resource Enhancement & Protection (REAP) Assembly
Rhonda Halterman, LivWell Seniors
River Way Steering Committee
Scott County Opioid Team
Scott County Public Health and Safety Team (PHAST)
Syndemic Prevention Outreach and Testing Services (SPOTS) Monitoring Call
Theresea Arth, Ascentra Credit Union (2)
Visit Quad Cities Wellness Committee

Attachment 1: Reports regarding the education the department provided to the community, education the department provided to service providers, and media inquiries

Attachment 2: Behavioral Health Prevention Site Visit Report

Attachment 3: Summer 2026 Public Health System Alignment Town Hall Presentation Slides

Education provided between July 1, 2026 and July 31, 2026

Education To:	*Presentation Date*	*Total Audience*	*Requesting Organization*	*Description*
Community				
	7/9/2026	11	Youth Justice & Rehabilitation Center	Vaping
	7/22/2026	2	Safer Foundation	Hands-Only CPR & AED
	7/23/2026	14	Youth Justice & Rehabilitation Center	Vaping
Service Providers				
	7/1/2026	15	MercyOne Genesis	Prevention of non-ventilator hospital acquired pneumonia through oral care
	7/6/2026	6	WIC	Quitline Iowa
	7/15/2026	21	MercyOne Genesis	Prevention of non-ventilator hospital acquired pneumonia through oral care

Education To:	Presentation Date	Total Audience	Requesting Organization	Description
	7/23/2026	14	Healthy Pregnancy Coalition	Workplace Wellness & Lactation
	7/29/2026	29	MercyOne Genesis	Prevention of non-ventilator hospital acquired pneumonia through oral care

Media Inquiries between July 1, 2026 and July 31, 2026

Request Date	*Nature of Request*	*Request From*	*Newspaper*	*Radio*	*Television*
7/7/2026	Other	Television			Other
7/14/2026	Communicable Diseases	Television			WHBF-TV4
7/20/2026	Communicable Diseases	Newspaper	Quad City Times		
7/29/2026	Other	Newspaper	North Scott Press		
7/30/2026	Wells-Septic	Newspaper	North Scott Press		
7/30/2026	Other	Television			KWQC-TV6
7/31/2026	Other	Newspaper	North Scott Press		

Request Date	Nature of Request	Request From	Newspaper	Radio	Television
7/31/2026	Communicable Diseases	Television			KWQC-TV6

July 28, 2026

Scott County Health Department
600 W. 4th Street
Davenport, Iowa 52801

RE: Behavioral Health Prevention Site Visit

To Whom It May Concern:

The Iowa Department of Health and Human Services (Iowa HHS) Division of Behavioral Health, in collaboration with the Iowa Primary Care Association (Iowa PCA), recently completed a review of your organization's SFY 2026 programmatic service delivery and claims for the months of August and December 2025. The goal of this review was to ensure prevention program performance and compliance while also offering technical assistance. Below is a summary of the findings, based on the information reviewed.

Review Findings

Tobacco Prevention

Strengths

1. Strong engagement with ISTEP youth prevention programming:
   Scott County has successfully established three active ISTEP chapters (Wood Middle School, Davenport Central High School, and the Safer Foundation Youth Empowerment Program), demonstrating strong youth engagement and progress toward contract expectations.

2. Effective outreach and partnerships to support Quitline enrollments:
   The program reported 71 Quitline enrollments, supported by bus shelter promotions, partnerships with the University of Iowa and AAC, and community presentations—reflecting robust community outreach efforts.

3. Active work toward tobacco/nicotine-free policy adoption:
   The CBO is proactively working with businesses and municipalities, including presenting to the City of Eldridge regarding a citywide park policy, showing initiative in advancing policy change.

Challenges/Concerns

1. Difficulty engaging property managers for Smoke-Free Homes adoption:
   Reaching property owners/managers was identified as the most challenging component of Smoke-Free Homes outreach, limiting progress in this KPI area.

2. Challenges implementing Stanford curriculum for youth education:
   Youth education using the Stanford curriculum has been challenging overall, although recent implementation in a juvenile setting has shown promising early success.

Additional Follow-up Needed

Iowa HHS has completed a review of behavioral health prevention services (SFY 26) and claims for August and December 2025. The review identified areas that require follow-up.

Salary/Fringe:

1. For December 2025, the supporting documentation shows total time (184 hours), which does match the salary claimed. However, the hours in the row for "total time hours" total more than 184 and the hours in the Tobacco grant column shows 153.5.

   Action: Clarify this discrepancy.

2. The supporting documentation does not show information about fringe.

   Action: Clarify whether fringe benefits are included in the "salary" claimed. If so, provide documentation to support fringe benefits, such as other accounting documentation, and fringe benefit percentage. Submit total salary and fringe, and full-time equivalent amount.

Indirect/Administrative:

3. In August 2025, the supporting documentation shows some of the match dollars are labeled as "Indirect costs," however, these costs do not appear to be claimed.

   Action: Clarify this discrepancy.

Submit additional or revised documentation by Monday, August 24, 2026.

Respectfully Submitted,

Iowa HHS and Iowa PCA Prevention Site Visit Team

Public Health System Alignment Update

July 2026

IOWA Health and Human Services

1

Disclaimer

The information presented may change and may not be reflected in the final Lead Entity RFP.

- This presentation is not intended to be legal advice. If you have any legal questions, please consult your attorney.
- Attendance or lack of attendance at this presentation will not impact future scoring of Iowa HHS procurements in any way.
- The information presented in this presentation today is intended to be general in nature and available to any agency that may wish to apply for Iowa HHS procurements. The guidance provided today is not directed to any specific agency.
- Should any information provided in this presentation differ from information provided in a current or future procurement document, the language within the RFP shall govern.

IOWA Health and Human Services

2

Agenda

- Review key points from April townhalls
- Address themes from FAQs
- Review finalized Iowa code requirements for Boards of Health, with special attention on the future prioritization of Iowa HHS dollars
- What Iowa HHS is doing internally to support local public health administrators
- Questions

IOWA | Health and Human Services

3

April Townhalls: A Review of Key Points

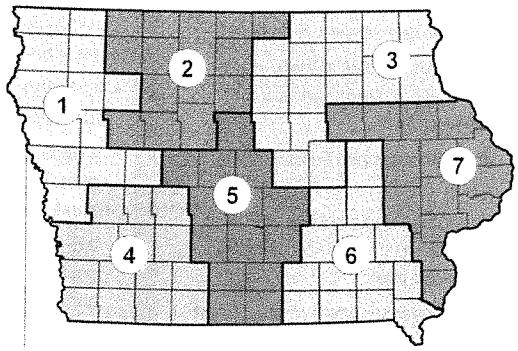
4

What is Iowa HHS System Alignment?

Creation of a more coordinated and efficient statewide Iowa HHS service system that better meets the needs of Iowans.

System alignment includes:

- Establishing Iowa HHS service systems with clear system outcomes and direction for achieving those outcomes
- Creating consistent pathways for service access
- Using existing funding more effectively
- Streamlining administrative work



Iowa HHS District Map

IOWA | Health and Human Services

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As part of statewide system alignment:

- Iowa HHS collaborates with Lead Entities statewide to create the Service System Statewide Plan.
- Lead Entities coordinate the development of district plans alongside local providers for district implementation.
- Everyone uses the Shared Responsibility Model as the framework.
- Iowa HHS, Lead Entity and local providers work together to integrate across Iowa HHS service systems for statewide system alignment.

IOWA | Health and Human Services

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Shared Responsibility Model

Iowa HHS

Health and Human Services

- **Establishes** service system districts
- **Develops** service system statewide plans with system partners and stakeholders
- **Approves** service system district plans
- **Coordinates** state level activities identified in the service system statewide plan
- **Administers** funds to district lead entities; **ensures** lead entity compliance
- **Provides** training and technical assistance to district lead entities

Lead Entity

- **Develops** service system district-wide plans with local providers, partners and stakeholders
- **Coordinates** local level activities identified in the district plan
- **Collaborates** with HHS and other district lead entities in the service system
- **Administers** funds to local providers; **ensures** local provider compliance
- **Provides** training and technical assistance to local providers
- **Reports** progress and outcomes to Iowa HHS

Local Provider

For example: *local public health agency, community organization, environmental health agency, etc.*

- **Contracts** with a district lead entity
- **Implements** local level activities and services, according to its contract with the lead entity, to achieve district outcomes
- **Collaborates** with the district lead entity and other local providers in the district
- **Reports** service provision data and progress toward meeting district plan activities to the lead entity

IOWA Health and Human Services

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What Will a Public Health Lead Entity Do?

- Use Iowa HHS funds to ensure delivery of the five public health core services:
  - Communicable & Infectious Disease Control
  - Environmental Public Health
  - Chronic Disease and Injury Prevention
  - Emergency Preparedness and Response*
  - Maternal, Child and Adolescent Health*

*Existing Preparedness and Collaborative Service Areas will remain in place at this time. Lead Entities and Service Areas will be expected to collaborate.

- Collaborate with partners to strengthen the public health system within each district.
- Work with partners to connect with other Iowa HHS service systems and initiatives & develop system navigation processes.

Local Boards of Health (LBOH) continue to offer additional services and activities in addition to those funded by HHS.

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Lead Entity Core Domains

Assessment and Planning

Works with counties, local providers and partners across the district to gain an understanding of the current public health landscape and needs of the district, before creating a District Public Health Service System Plan in collaboration with those same partners.

District-Level Public Health System Coordination

Coordinates District activities to meet service needs and align with the Statewide Health Service System Plan, in a manner that is responsive to the unique needs of the District.

Data Collection, Use, Reporting and Sharing

Ensures data collection, use, reporting and sharing requirements are met within the District and uses data to support the best delivery of Priority Public Health Core Services.

Collaboration and Partnership Building

Builds strong and sustainable relationships across Iowa HHS Service Systems and Iowa counties, including partnerships with diverse programs and organizations to build capacity and ensure the delivery of Priority Public Health Core Services.

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Lead Entity – Phase 1

1/1/27 – 6/30/28

Collect county staffing & budget plans describing how LBOH will fulfill their lawful obligations outlined in Iowa Code

Convene partners for system planning

- Focus planning efforts on Chronic Disease & Injury Prevention, Communicable & Infectious Disease Control and Environmental Public Health
- Link with the existing Preparedness and Collaborative Service Areas
- Develop system navigation processes

Assess capacity and gaps in core service delivery

Identify strengths, weaknesses and gaps within each county across the district.

Districtwide Public Health Assessment

Develop District Public Health Service System plans for implementation in Phase 2

Using the assessment, develop a plan that outlines how public health activities across the district will be organized, coordinated, and supported.

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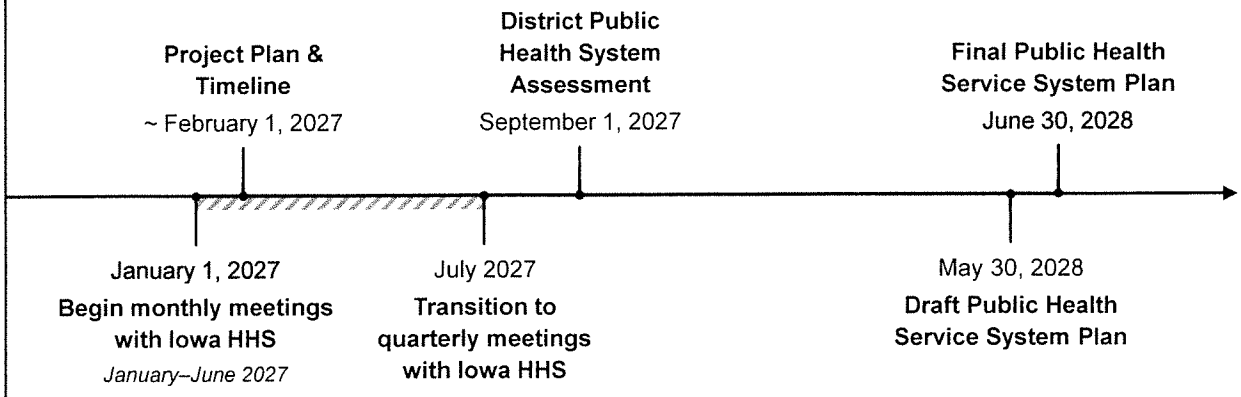
Lead Entity Implementation Timeline

Phase 1 – 1/1/2027–6/30/2028



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Outcomes of Phase 1 Lead Entity Work

- Districtwide Public Health System Assessment
  - Capacity
  - Strengths
  - Gaps
  - Workforce considerations
  - Capacity of each county to fulfill lawful obligations
- District Public Health Service System Plan
  - Priority Needs
  - Coordinated Approaches, including District System Navigation support
  - Methods for supporting the Priority Core Public Health Services
- **No changes to current LPH contracting in Phase 1**

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Lead Entity – Phase 2 & Beyond

- Work with district partners to implement the District Public Health Service Plan developed in Phase 1
- Update Annual Districtwide Improvement Priorities (beginning annually in Phase 2). This will incorporate top quality improvement priorities for the next fiscal year.
- Support district system navigation to help Iowans receive needed services
- Work closely with Iowa HHS to coordinate district-level Iowa HHS activities
- Ensure local service provision: Iowa HHS incorporates additional, flexible statewide grant programs to lead entity to streamline contracting
- Engage in outreach, education and training activities for district public health partners
- Work with partners to coordinate services across sectors, expand access to public health core services and develop innovative solutions that address health needs
- Develop and manage budgets to ensure efficient use of resources and sustainability of services

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Additional Information Based on Recent FAQs

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Funding – Key Points

Phase 1:

- $4 million (+) will be available to support Lead Entity activities in all seven districts, approximately $592,000 per district.
  - Iowa HHS plans to add a small amount of PHEP funding, in addition to PHIG.

Phase 2:

- Districts will need to plan for the Lead Entity administrative expenses using consolidated grant funds from LPHS, CLPPP, Imm and Obesity prevention funding.
- Iowa HHS will provide projected grant funds available per District. (total est. $9.2M annually)
- Certain funding streams (e.g. CLPPP & Imm) will remain dedicate to statutory or grant required purposes.
- Changes in **current** Local Public Health funding strategies will not occur before July 1, 2028 (State FY2029).

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Funding Changes in FY29

Beginning July 1, 2028, the following funding sources will be distributed through Lead Entities:

- Local Public Health Services (LPHS)
- Immunization
- Childhood Lead Poisoning Prevention Program (CLPPP)
- Obesity prevention

What this means for these funds:

- Contracts will no longer be issued directly by Iowa HHS to LBOH or providers.
- Local Public Health Agencies (LPHA) and LBOH will not automatically receive guaranteed funding.
- Lead Entities will allocate funds (with local input) in ways that best support the priorities identified in District Plans.

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How Lead Entities Will Prioritize Funds

Iowa HHS will create a Public Health Service System Statewide Plan, incorporating input from: SHA/SHIP (Healthy Iowans); LPH partners; District PH Core Service Delivery Assessments

➡ **Iowa HHS will prioritize funding toward priorities identified in the Service System Statewide Plan.**

Each **Lead Entity** will collaborate with district partners and Iowa HHS to create a District Plan.

- District plans will outline the services & activities implemented by each district to support strategies and tactics identified in the Statewide Plan.
- Iowa HHS will review & approve district plans prior to lead entities contracting with local providers.

➡ **Lead Entities will align funding with activities identified in the District Plan.**

What this means:

- Some activities LPHAs currently provide with the identified funding sources* may not be eligible for funding in the future system.
- LPHAs may continue offering services not funded in the future system by using county dollars or other available funding sources.

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**Funding sources: LPHS; Immunization; CLPPP; Obesity prevention*

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Lead Entity Core Service Delivery Assessment

First 18 Months (Phase 1)

In the first 18 months, Lead Entities will lead an evaluation of the district's ability to deliver public health core services, including:

- Conducting analysis of current services and partners in the district; including capacity, strengths and gaps using guidelines provided by Iowa HHS
- Identifying partners and strategies to fill core service delivery gaps

What this means:

- Based on assessment and planning work, Lead Entities will allocate funding* to providers to implement the District Plan.
- Providers include, but are not limited to, LPHAs; a Lead Entity may contract with providers outside of the District.
- If unable to find a local provider, the Lead Entity must provide the service.

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**Funding sources: LPHS; Immunization; CLPPP; Obesity prevention*

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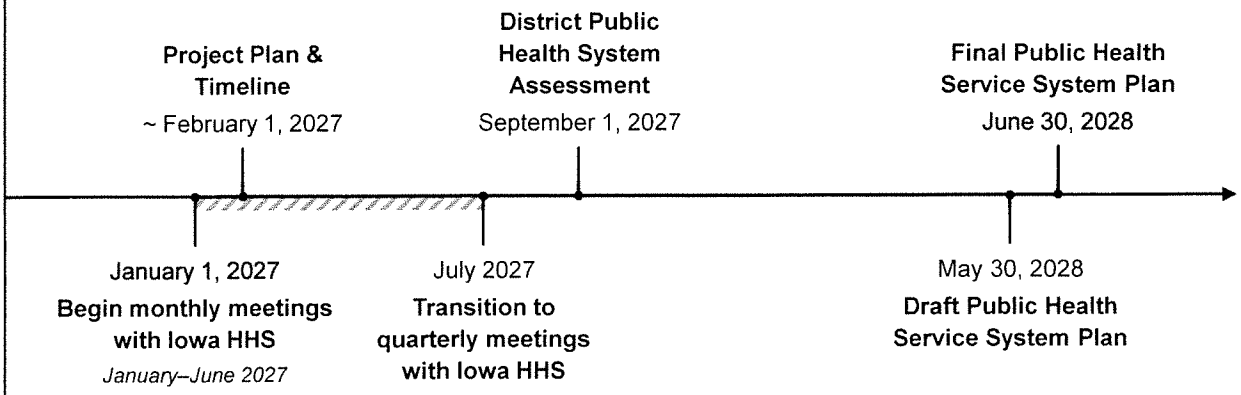
Lead Entity Implementation Timeline

Phase 1 – 1/1/2027–6/30/2028



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Takeaways

- These changes apply only to the identified funding sources* beginning July 1, 2028.
  - Beginning July 1, 2028, LPHAs will no longer be the automatic recipient of those funding sources.*
  - No changes are planned for any other funding sources currently contracted to LPHAs.
- Some counties may receive more of the identified funding sources* through a Lead Entity than they do in current state, and some may receive less, based on District Plans.
- New partners may be identified to deliver services to meet the District Plan, including partners that do not currently receive the identified funding sources.
- **Because services and activities will be determined by State and District Plans that have not yet been created, the exact uses of these dollars are not defined today.** Iowa HHS, Lead Entities and LPHAs will work closely together through the State and District Plan development to define these expectations prior to the July 1, 2028, transition date.

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**Funding sources: LPHS; Immunization; CLPPP; Obesity prevention*

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FAQ Resources

THEMES

- Accountability
- Governance Authority
- Structure
- Cost & Funding
- Impact
- Transition Implementation
- Current System
- Input Engagement
- Workforce
- Data Planning
- Services

For more information, visit:

Public Health Service System FAQs

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https://hhs.iowa.gov/initiatives/system-alignment/public-health-service-system/public-health-service-system-faqs

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Iowa Code Requirements for Local Boards of Health

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Local Boards of Health: Public Health Responsibility - prerequisite

As part of alignment efforts, local boards of health will be responsible for Iowa code sections:

- 139A.11-12, and 15-18
  - Responsibilities to individuals impacted by Isolation or Quarantine
- Chapter 351.36
  - Enforcement of provisions related to Dogs & Other Animals

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Iowa HHS Plans to Support System Alignment

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TA Planning & Project Management Structure

Iowa HHS public health will support alignment efforts by:

- Defining performance measures to guide District expectations (sample on next slide).
- Establishing a state-led technical assistance team to guide partners in applying the Shared Responsibility Model.
- Providing coordinated project management support, including tools, timelines and structured communication.
- Facilitating alignment through regular engagement, shared best practices, and consistent interpretation.
- Monitoring progress and help partners adjust strategies to ensure statewide coherence and shared goals.

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Examples of KPIs (Communicable Disease)

Key Performance Indicator	Measure and Calculation	Data Source	Benchmark
Timeliness of Investigations*	**Initiation:** Percentage of case investigations initiated within applicable CADE Initial Follow-Up Timelines for Infectious Disease Investigations. CADE will compare the date of case reported to Iowa HHS with the date the healthcare provider was contacted. **Completion:** Average number of business days from the date case reported to Iowa HHS to the date investigation reaches "Investigation Completed" status.	Existing CADE/ IDSS reports developed to support prior PHEP grant measures.	At least 90% initiated within the applicable disease-specific timeframe and an average of fewer than 10 business days to complete investigations.
Completeness and Quality of Investigations	Percentage of IDSS case investigations reopened by CADE staff. Calculated as number of reopened investigations divided by total number of completed investigations for each county or district.	Existing CADE/ IDSS reopened-investigation report.	Fewer than 10% of completed investigations reopened by CADE staff.
After-Hours Response Readiness	Response time during CADE after-hours call-down drills conducted twice annually. CADE will document whether call was answered immediately *or* amount of time between initial and returned calls.	CADE call-down drill documentation.	Response within 15 minutes during both twice-yearly drills.

*Diseases included in the Timeliness of Investigations KPI: Anthrax; botulism; cryptosporidiosis; cyclosporiasis; diphtheria; Haemophilus influenzae type b invasive disease; Hansen's disease; hantavirus syndromes; hepatitis A; malaria; meningococcal invasive disease; measles; mpox; mumps; pertussis; plague; poliomyelitis; psittacosis; rubella; Shiga toxin-producing E. coli; shigellosis; tetanus; and tularemia.

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Implementation note: The completion benchmark uses an average of fewer than 10 business days because it is a set PHEP-based measure supported by an existing report. A percentage-based completion measure may be considered in the future if it can be incorporated into existing reporting processes without creating significant additional reporting/analysis burden.

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