

**Iowa Department of Health and Human Services
Joint Governing Body Meeting
09/14/2022
MEETING MINUTES**

Members Present: Andrew Allen, Vice-Chair
George Kovach, MD
Leone Junck
Sandra McGrath, RN
Nick Ryan, JD
Chelcee Schleuger, RN, BSN
Ann McBride, RN
Samantha Rozeboom, MD

Members Absent: Donald Macfarlane, MD, PHD, Chair
Kierstyn Borg Mickelson

Staff Present: Heather Adams, Assistant Attorney General
Kelly Garcia, Director
Ken Sharp, Division Director
Sarah Resisetter, J.D., Director of Compliance
Ilesha Smith, Recording Officer

Staff Absent: None

In accordance with its statutory duties, the Iowa State Board of Health is the policy-making body for the Iowa Department of Public Health. The board's mission is to protect and promote the health of all Iowans by reviewing the field of public health and making recommendations to the department, the Iowa General Assembly, and the governor on a wide range of public health issues. The board also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

Call to Order & Roll Call

Andrew Allen called the video meeting to order at 10:05 AM. Ken Sharp provides an overview of the purpose of the joint meeting for both the State Board of Health and Council for DHS members. State Board of Health roll call was taken to determine if a quorum was present.

Approval of Minutes from 07/13/2022

Ken Sharp and Heather Adams asked to strike the second sentence of the first paragraph in Chapter 14, "Water Treatment Systems."

On a motion by George Kovach, seconded by Nick Ryan, all members present voted unanimously to approve the minutes as submitted with one correction.

PHAB Reaccreditation Update - Marisa Roseberry

Marisa Roseberry, bureau chief for Public Health Performance, presented information about the department's work towards reaccreditation for the Public Health Accreditation Board (PHAB). Reaccreditation work will focus on meeting the requirements that include updating annual reports, documenting priorities of department leadership, a new strategic plan, appropriate documentation of submission materials, and other reporting requirements. With alignment transitions occurring, a request for an extension is a possibility for the department.

State Health Assessment - Jonn Durbin

Jonn Durbin from the Bureau of Public Health Performance, presented on Iowa's 2021-2022 State Health Assessment. Jonn provided an overview on the history of Healthy Iowans, the State Health Improvement Plan (SHIP), and State Health Assessment (SHA), community partners, and the different factors that are measured in the reports. In 2021, the SHA included a survey of over 2,700 responses from various community members in the state. There are seven priorities within the SHA: access to care, economic stability and income, housing, mental health and mental disorders, active living and healthy eating, substance use, and cancer. These priorities will allow for the state to strategize strengthening community relationships and building action plans to improve outcomes.

Board member Leone Junck inquired why Iowa has a high number of individuals with substance abuse and what other states may be doing that is different. Jonn shared insight on the data collection and the uniqueness that states may experience regarding health outcomes. Board members Andrew Allen and George Kovach inquired about current and future efforts to help engage board members for planning and guidance. The steering committee over these reports will develop workgroups and partnerships to share what programs and services are available to address the priorities. More information to invite new members will be shared at a later time.

Administrative Rules - Iowa Department of Public Health [641] - Adopted and Filed Chapter 4 "Center for Congenital and Inherited Disorders"

The proposed amendments will add definitions for "Iowa newborn screening panel," "Iowa newborn screening program," and "federal recommended uniform screening panel," rescinds language requiring State Board of Health approval to add or remove disorders, giving fee authority to State Hygienic Laboratory. Changes required by law after passage of SF2345.

On a motion by George Kovach, seconded by Ann McBride, all members present voted unanimously to approve.

Chapter 14, "Water Treatment Systems"

This proposed rescission of Chapter 14 will eliminate the registration requirement at the state level for water treatment systems in regards to Senate File 2232 signed by Governor Reynolds.

On a motion by Sandra McGrath, seconded by Leone Junck, all members present voted unanimously to approve.

Substance Use/Problem Gambling Treatment Program Committee Report - Andrew Allen

Board member Andrew Allen provided an overview of the work the committee completes such as issuing licenses to various facilities in the state. Community conversations indicate concerns on staffing in hospital settings and providing great quality of treatment. Andrew also shared reports from the alcohol involved deaths workgroup with statistics of the following:

- Alcohol is the third leading preventable cause of death.
- Around 4.2 million individuals who abuse prescription drugs also have a history of binge drinking.
- There have been over 100,000 alcohol related deaths in 2021 after a five year decline.
- Over additional 140,000 deaths in 2021 are associated with excessive alcohol consumption.
- Iowa deaths have nearly doubled over the last decade and heavy drinking has increased from 6.7% to 8.3%
- Younger adults are being diagnosed with cirrhosis earlier in life than older adults.
- Binge drinking in Iowa is second worst to Wisconsin in the nation. There is an alcohol inclusion culture in Iowa that contributes to negative outcomes.

The committee approved the following:

- Two - 270 day license;
- Two - Three year license; and
- Two - Deemed status

Council for DHS Roll Call

Andrew Allen called upon council member Rebecca Peterson to call the meeting with Council for DHS to order. Council for DHS roll call was taken to determine if a quorum was present.

Director's Report - Kelly Garcia, Intertim Director

Director Garcia provided an update on the listening session with Chief Justice Christensen on child welfare. Some key topics on bed capacity, staffing, and other themes were noted during the listening sessions. Concerns about the alignment include the reporting structure for local public health agencies as well as addressing support for post pandemic and future emergency response efforts. Regionalization for local public health is becoming a focus for a future session and won't entail changing the structure and authority that counties currently hold. Additional conversations included increasing collaborative service areas for WIC, First 5, etc. With Dr. Robert Kruse onboarding with the department soon, he will be able to participate in listening sessions with community partners and develop some recommendations to send back to the legislature. The Deputy of Operations for Public Health position is almost ready to post.

On August 31st 2022, the agency announced awards for two managed care contracts: Amerigroup and Molina. There are contract terms that have been developed and updated that focus on programmatic improvement and strong managed overcare oversight. Iowa Total Care is on a separate contract cycle and with updates to come later.

Director Garcia shared an update on Monkeypox cases and monitoring. The state is doing well in policy and vaccine rollout procedures. Council member Rebecca Peterson inquired about

children contracting the disease. Director Garcia shared the methods of transmission and reports that no children in Iowa have been reported to have contracted the disease and risk is very low. Board member Sandra McGrath inquired about the eligibility criteria on Monkeypox vaccine. Ken Sharp shared the details of what the eligibility criteria mean for communities as according to information provided by federal partners.

Director Garcia closed the director's report with an update on the transition of Glenwood clients that began earlier in the year. Some individuals have been moved to Woodward successfully with more transitions to follow. A quality oversight position is being hired to help facilitate this transition as well as other transitions between facilities to the community in the future.

IHHS Governance Structure Discussion - Rebecca Peterson, Council for DHS Chair

Rebecca provides a short overview outlining the differences in structure between the State Board of Health and Council for DHS with reference to a comparison chart shared with board and council members. Members provided input on facilitation questions listed out below:

1. There is intent to merge the separate governing bodies into a single governing body for the Iowa Dept. of Health and Human Services. Membership should be an odd number for voting purposes. Is an 11 member governing body appropriate, or should we consider a fewer number of members?
 - a. Several members of both the board and council agreed that having at least 11 members on the board would be needed given the complexities of the current board and their activities. Another viewpoint provided was to ensure board members representing the fields of physicians, substance use, and child welfare are needed. Members agreed that as the two governing entities learn more about one another, board membership for a future governing entity may need to be increased to 13.
2. How long should each term last, and what is the maximum term limit that should be established for the new governing body?
 - a. Newer members of the board and council expressed interest in having a longer term given that the first year on the board or council is a learning experience for many, especially as it pertains to the structure, education, and comprehension of duties and responsibilities. Three years was determined to be a minimum; however, members did wish the future governing board to have between four to five years as a term.
3. What are the critical qualifications that should be established for the respective board members? Should these qualifications be unique to each board position (i.e. each of the board members hold a unique qualification), or should there be multiple board members with similar qualifications (e.g. two members with public health, two members with family well-being, etc.)?
 - a. Board and council members discussed the need to have varied representation of members with unique qualifications. Members expressed great interest in having multiple board members with similar qualifications and significant past

experiences. Those with other committees or work history that falls within scope of the board duties are a great need along with professional experience.

4. What are your thoughts about meeting frequency?
 - a. Board and council members expressed meeting monthly to avoid delays in the rule making process since both governing entities review rules several times a year.
5. What do you see as the roles, responsibilities, and duties of the new governing board?
 - a. Board and council members stated there is a need to understand what the strategic plan should look like under the new agency. Some members believed all of the duties from both governing entities should be left alone. Director Garcia did share her perspective of smaller councils and boards that have rule making authority and how current members can think about ways for interactions to occur with the smaller councils and boards. Board members provided input on wanting to have public comments and other boards present at future meetings. Other members did propose having advisory committees share updates and summaries to the larger board at rule making meetings.
6. How do you envision the relationship between the governing body and the various advisory bodies that support the agency?
 - a. Many board members expressed interest in having additional collaboration with other board members. The additional input from other committees to understand the reason behind rule changes, policies, and how programs are conducting their work would be helpful for board members.

The electronic meeting of the State Board of Health is being held in accordance with Iowa Code section 21.8 entitled "Electronic Meetings." The code states that a governmental body may conduct a meeting by electronic means only if circumstances are such that a meeting in person is impossible or impractical and access is provided to the public. An in-person meeting of the Board is impractical due to the schedules of the Board members. The electronic meeting will originate in the Director's Conference Room, 6th floor, Lucas State Office Building, 321 E 12th Street, Des Moines and public access meeting shall be provided at this location. Notices and agendas were posted in the building and posted on the Department's website. Minutes of the meeting will be kept.

All meetings held by the Iowa Department of Public Health are accessible to everyone. If you are a person with a disability who requires reasonable accommodation in order to participate in this meeting, please contact Iesha Smith a minimum of five business days in advance at 515-281-7726 or at iesha.smith@idph.iowa.gov. If you have a hearing and/or speech impairment, please call Relay Iowa at 7-1-1 or 1-800-735-2942 (TTY or ASCII). For more information on Relay Iowa Services please view their website at: <http://www.relayiowa.com/services/>

Adjournment

On a motion by George Kovach, seconded by Samantha Roozboom, all State Board of Health members present voted unanimously to adjourn at approximately 12:25 PM. Council for DHS members continued with their scheduled meeting materials.