This has been a rewarding and productive year for Linn County Public Health (LCPH). While we worked 24/7 to keep our communities across Linn County healthy, we also received a number of accolades in the process. In March this year, Linn County Public Health became the first health department in Iowa to achieve national accreditation from the Public Health Accreditation Board (PHAB). This is a significant achievement for our region, considering that while many of the more than 3,000 governmental public health departments across the nation are working toward accreditation, only 67 local health departments – including LCPH – had achieved it by March 2015. More details can be found on page 3.

Together! Healthy Linn, a comprehensive partnership with our stakeholders, has begun Linn County’s three year Community Health Assessment and Community Health Improvement Plan (CHA-CHIP). The CHA-CHIP is repeated every three years. Later this year, Together! Healthy Linn will be releasing health priorities for Linn County and strategies to work on those priorities. The CHA-CHIP process which used MAPP (Mobilizing for Action through Planning and Partnership) was community-owned and community-driven.

A funding opportunity from the American Planning Association and the American Public Health Association resulted in a new partnership to work on two functional elements associated with chronic diseases: inactivity and unhealthy diet. Plan4Health, a unique coalition, has begun working on both of these issues here in Linn County. The outcomes of this pilot project may be used to support our on-going work with Health in All Policies.

LCPH partnered with the Linn County Departments of Secondary Roads and Planning and Development to manage the work flow for permitting septic and wells, septic time of transfer reports, and request for environmental services. This has resulted in a seamless and timely process.

We have also completed our new strategic map (this is the second such map). The map was an outcome of community-wide engagement of our stakeholders. This short-term strategic map gives us the opportunity to improve the quality of our services, focus on our customers, engage the community and develop our workforce.

Our clinical staff demonstrated an effective surge-response to the Shigella outbreak. During 2014-2015, we witnessed a multi-fold increase in shigellosis. To meet the challenge, LCPH did what it does well – partnered with our health care system, the HACAP Maternal Child Health nurse consultant, the Department of Human Services’ child care consultant, and IDPH staff. We were able to contain and stop the spread of shigellosis.

And, finally, Linn County participated in the project Let’s Move! Cities, Towns and Counties championed by the First Lady of the United States and received a gold medal for all five goals. Linn County is the first county in Iowa to achieve this milestone. The Let’s Move! Cities, Towns and Counties project focuses on adopting sustainable approaches with a goal of reducing childhood obesity.

We welcome your comments and questions either by calling us at 319-892-6000 or by writing to us at health@linncounty.org. Thank you!

Sincerely,

Pramod Dwivedi

Pramod Dwivedi
Health Director
First In Iowa

Linn County Public Health became the first health department in the state of Iowa to be accredited by the Public Health Accreditation Board, which is “a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments”*

The requirements are separated into 12 domains, each with standards and measures. For each measure, documentation was provided that demonstrated compliance with the standard and a narrative explaining how the documentation met the standard.

The process started in October 2013, with the submission of an application. Document review and additional submissions occurred throughout the process. Linn County Public Health submitted over 800 documents in support of the evidence. The process commenced with a site visit by a review team in December 2014. This two-day review included an interview process with members of the community who could explain Linn County Public Health’s relationship and involvement in the community. Over 30 people attended this meeting, representing the public, other governmental agencies, businesses and industry throughout Linn County. In addition, the review team spoke with LCPh staff for further clarification of documents submitted.

On March 4, 2015, Linn County Public Health received notification that the department was approved for accreditation, becoming the first accredited health department in the state of Iowa. At the time of approval, Linn County Public Health became one of 75 accredited health departments, 8 of which are state health departments.

We would like to express our thanks to all who supported our accreditation efforts, especially the Linn County Board of Health, the Linn County Board of Supervisors and the Linn County Public Health staff.

* - www.phaboard.org
Governing Boards

LINN COUNTY BOARD OF SUPERVISORS

Pictured (left to right): James Houser, John Harris, Brent Oleson, Linda Langston, Ben Rogers

LINN COUNTY BOARD OF HEALTH

Pictured (left to right): Dr. Sharon Berhydro, Dr. Mary Tarbox, Linda Langston, Mark Taylor, Dan Marquardt
LINN COUNTY BOARD OF HEALTH

Roles:

- Support the mission of public health
- Discuss health issues and concerns, solicit input and share plans for public health with business and community leaders
- Develop public health policy based on data and community input
- Assure compliance with legal responsibilities (Iowa Code/Iowa Administrative Code)
- Understand and support quality service provision and fiscal accountability

Board of Health (Board) Committees

Community Health Collaboration
BOH Liaison: Dr. Sharon Bertroche and Mary Tarbox

The Community Health Collaboration Committee shall have the responsibility for reviewing the scope of community health activities ongoing or needed in the community, and for making recommendations to the Board and to the Health Director for opportunities for community collaborations in the general public health system or for programs and services under the purview of the Linn County Public Health Department.

Finance and Administrative Review
BOH Liaison: Dan Marquardt

The Finance and Administrative Review Committee shall oversee the financial management of the agency, and make recommendations for improvement to the Board as appropriate. The committee also has responsibility for periodically reviewing the personnel policies of the agency and making recommendations to the Board as appropriate. It advises the Health Director on personnel matters and recommends approval for all budgeted positions in the agency. The Committee shall be advised by the Health Director of any personnel issues and grievances.

Policy and Government Relations
BOH Liaison: Linda Langston and Mark Taylor

The Policy and Government Relations Committee shall have the responsibility for reviewing the annual work program and making recommendations to the Board as appropriate. It shall be responsible for evaluating all programs and services and recommending changes to the Board as appropriate. It shall oversee the agency’s quality assurance measures. The committee shall be responsible for seeing that the Board develops an annual strategic plan. It shall review proposed agency policies and make recommendations to the full Board. It shall consider the enactment of any Board policy or ordinance regulating the public’s health and make recommendations to the full Board.
Linn County Public Health is divided into the following five divisions:

**Assessment and Health Promotion (AHP) Division**
The Assessment and Health Promotion Division has four core functions: Assessment and Data Analysis, Community Collaboration, Health Promotion, and Planning. AHP serves as an internal resource to LCPH, and as a resource within Linn County. AHP staff conduct assessments of community health needs and identify strategies for health improvement, conduct public health planning, collaborate with community members to identify and implement best practices to address needs, promote health through coalitions and health communication initiatives, and ensure public health preparedness.

**Clinical Services Division**
The Clinical Services Division provides services that support the 10 essential functions of public health. Assessment functions are seen in clinical activities that prevent and control communicable disease and identify and reduce the health risks associated with chronic illness or conditions. Policy development support is evident through the building of new community provider partnerships and linkages that provide assurance to the public for access to needed health care. Specific clinical activities include the provision of immunizations, education, appropriate referrals, and some treatments.

**Environmental Public Health Division**
The Environmental Public Health Division is the primary line of defense to many environmental hazards in our community. We implement environmental policies that prevent or control the release of chemical toxins and pathogens into the environment to levels that are considered protective of human health. This includes environmental media such as air, water, land, home, and food. While the Environmental Public Health programs have a wide variety of duties, much of what we do to protect public health can be summarized into these six activities: 1) Outreach and Education, 2) Monitoring, 3) Regulation, 4) Permitting & Licensing, 5) Inspection & Assessment and 6) Enforcement.

**Laboratory Services Division**
The Laboratory Services Division provides clinical diagnostic testing, disease surveillance, environmental testing, and emergency response support. Analytical and public health laboratory information is used to assess health outcomes by the other divisions in Linn County Public Health, governmental and non-profit agencies, as well as the private citizens of Linn County.

**Administration and Finance Division**
The Administration and Finance Division of Linn County Public Health consists of the Offices of the Health Director, budget and financial monitoring functions of the agency, human resources coordination (in conjunction with Linn County Human Resources Department) and information technology support. Linn County Public Health is an autonomous agency directed by the Board of Health. Linn County Public Health employs a Medical Advisor to provide physician and clinical expertise and the County provides legal counsel to the Board of Health.
ASSESSMENT & HEALTH PROMOTION DIVISION

Community Health Assessment and Community Health Improvement Plan (CHA-CHIP) and Together! Healthy Linn
In January 2015, AHP began facilitation of a Community Health Assessment and Community Health Improvement Plan (CHA-CHIP). In previous years this was named Community Health Improvement Plan/Health Improvement Plan (CHNA/HIP). A steering committee was formed, and the committee voted to name the group Together! Healthy Linn. The group used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the CHA-CHIP process. Four subcommittees met in FY15 as part of the assessment process, Community Themes and Strengths, Forces of Change, Community Health Status, and Local Public Health System.

AHP continued to address the priorities identified in the 2011-2014 Community Health Needs Assessment and Health Improvement Plan. AHP collaborates within the agency, with other community organizations, and individuals within the community to address the priority health issues identified in the health improvement plan, creating new partnerships when needed.

Blue Zones Partnership
In October 2014, Linn County Public Health became a designated Blue Zones Worksite™ as part of the Cedar Rapids Blue Zones Project®. Throughout FY15, AHP staff were actively engaged with the Cedar Rapids and Marion Blue Zones Projects®. These initiatives in Linn County focus on making their communities a place where well-being is a way of life.

Corridor Worksite Wellness Awards
Linn County Public Health, Linn County Board of Health, Corridor Worksite Wellness Committee, Johnson County Public Health and the Corridor Business Journal (CBJ) collaborated to host the Corridor Worksite Wellness Awards. AHP staff, an AmeriCorps member, and our CDC Public Health Associate conducted 39 assessments of the Linn County worksites.

Plan4Health
A funding opportunity from the American Planning Association and the American Public Health Association (APA) resulted in new partnerships to work on two determinants of chronic disease, inactivity and unhealthy diet. The group is guided by two projects being led by unique coalitions that currently work on these behaviors. The Linn County Food Systems Council oversees the unhealthy diet project; however, the primary activities of the grant are being completed by the Hawkeye Area Community Action Program (HACAP). HACAP will be focusing improving the availability of healthier foods for low-income families and individuals. This goal will be achieved through ensuring food bank managers are educated on how they may guide food bank donors on selecting healthier foods to donate and provide support to food bank recipients. Managers may support clients by providing advice on preparing the healthier foods easily and on how to properly store fresh produce. In addition, HACAP will be meeting with city staff throughout Linn County to

(Continued on page 8)
encourage zoning regulations that ensures placement of food banks in areas of need.

The second coalition, Blue Zones Project Marion with activities primarily being led by the City of Marion Planning and Development staff, seeks to address physical inactivity through development and implementation of Active Living Design Guidelines. The Active Living Design Guidelines focus on two components, a complete streets ordinance and procedure and biophilic design guidelines. These two guidelines will provide multiple health benefits to the community, including increased physical and mental wellbeing, safety, and improved options for exercise. The models prepared from these two groups will serve as templates for additional initiatives statewide. Following the grant period, which ends in April of 2016, the Iowa Chapter of APA and the Iowa Public Health Association, in partnership with both traditional and non-traditional partners, will work to implement the models developed in Linn County statewide.

Let’s Move! Linn County
Linn County achieved a gold medal for all five goals for the Let’s Move! Cities, Towns and Counties project, making Linn County the first county in Iowa to achieve this goal. The Let’s Move! project focuses on adopting sustainable approaches with a goal of reducing childhood obesity.

Health in All Policies
AHP staff and a Masters in Public Health student from The University of Iowa College of Public Health provided information and offered technical assistance to Linn County cities about how to consider health when adopting policies, also known as Health in All Policies.

Internal Support for LCPH
AHP helps manage the LCPH Facebook and Twitter pages, updates the website, writes news releases, expands outreach efforts, collects data, and creates educational materials. Over the past year, LCPH’s Facebook page went from 360 to 489 likes and the Twitter followers increased to 708, up from 595 last year.

CLINICAL SERVICES DIVISION
FY 2015 has seen the implementation of the LCPH Electronic Medical Record system and associated billing software for clinical services. With reductions in both federal and state funding for essential public health mandates and programs, the billing program is anticipated to partially offset these losses.

Reportable Communicable Diseases
An essential core public health function is to investigate all reportable communicable diseases.

Figure 1 – Reportable Communicable Diseases

(Continued on page 9)
Currently in Iowa, there are 51 reportable diseases. Figure 1 illustrates the most common diseases reported and investigated in fiscal years 2011 - 2015. At the end of fiscal year 2015, LCPH had an outbreak of *Shigella*. This extended into fiscal year 2016. LCPH worked closely with the Iowa Department of Public Health (IDPH), the HACAP child care nurse consultant for Linn County and DHS during this outbreak. Of the total of suspected and confirmed cases, 19% were at or under the age of 6 years.

At the end of fiscal year 2015, LCPH had an outbreak of *Shigella*. This extended into fiscal year 2016. LCPH worked closely with the Iowa Department of Public Health (IDPH), the HACAP child care nurse consultant for Linn County and DHS during this outbreak. Of the total of suspected and confirmed cases, 19% were at or under the age of 6 years.

It is noted in Figure 2 that there was a dramatic decrease in Direct Observed Therapy (DOT) home visits provided by nurses for two active infectious tuberculosis (TB) patients. Additionally, latent TB patients had monthly follow-up with the same three clinical nurses.

**Sexually Transmitted Infections**

Community outreach for testing and treatment was achieved with clinics held at area college campuses and several alternative settings that see disproportionately impacted populations in regards to sexually transmitted infections. These efforts have helped LCPH further reach at-risk populations.

The Community Based Screening Services (CBSS) (free STI testing) had fewer criteria for qualifying individuals to receive free STI testing. Many Linn County residents without insurance became eligible for the Iowa Health and Wellness plan (Medicaid expansion) or were able to enroll in the Market Place Exchange. Individuals who no longer qualified for free STI testing services with the CBSS program have the option to come to Linn County Public Health to use their insurance and receive those confidential services. To aid in this endeavor, LCPH secured an agreement with the Centers for Disease Detection (CDD) in Texas to provide low cost testing and analysis. This enables clients without insurance, the ability to cover co-pays, or those wishing for anonymity to receive affordable lab services at very reasonable cost.

In Figure 3, it is noted that the Linn County gonorrhea and chlamydia positivity rate remains level with the previous year, which exceeds both state and national levels. LCPH participates as an active member of the Sexual Health Alliance of Linn and Johnson Counties coalition in response to this growing need for population-based intervention. Linn County Public Health has formed partnerships with 20 area agencies and business locations to provide access to free condoms to their clients.
**Immunizations**

In fiscal year 2015, LCPH saw an increase in the number of individuals seen for the Immunization Services program as compared to the previous year. Data for total number of new clients and repeat clients seen is shown in Figure 4.

The uptick in immunizations visits can be attributed to the continued expansion of the travel vaccine clinic program and enhanced public awareness campaigns regarding the need for vaccines to prevent certain communicable diseases. These campaigns included on-going conversations with key community partners and their roles in a county-wide immunization program. Additionally, LCPH works with many of the local colleges and all Linn County school districts to provide vaccinations for students who will be traveling abroad for study or who need to have their vaccination status updated. In addition, LCPH has worked to increase the number of individuals vaccinated by utilizing the patient assistance programs that are provided through the vaccine manufacturers. This has allowed many adults over the age of 19 to receive vaccination that they otherwise may not have been able to receive.

The Linn County Immunization Coalition continued to expand its reach with messaging explaining the need for vaccinations based on scientific evidence. The Linn County Immunization Coalition consists of agencies and individuals who strive to achieve high vaccination rates and eradicate disease in our communities through collaboration, education, data sharing, and helping residents access vaccine. With guidance from Linn County Public Health, the coalition has sponsored continuing learning events and is currently working on a campaign to increase HPV vaccination rates. This included offering HPV vaccination clinics in colleges and in the public schools. Brochures regarding HPV disease and vaccinations were created and distributed throughout Linn County.

The Tdap vaccine program for families of newborns, which includes both Linn County hospitals and all registered day care centers and preschool programs, is not included in the data presented in Figure 4. Several hundred vaccinations have been administered through this program in order to protect infants from pertussis. The Tdap outreach to area daycare centers has been adopted by the IDPH for state-wide adoption for all registered day care and preschool programs.

**Chronic Disease Management and Prevention**

The Clinical Services Division administers two chronic disease screening programs: Care for Yourself (CFY) and Iowa Get Screened (IGS). CFY services are part of a Center for Disease Control and Prevention (CDC) program that provides screenings to low income women for breast and cervical cancer. The IGS program provides education and at-home screening for colorectal cancer.

(Continued on page 11)
cancer and encourages system changes in order to increase screening rates. Colonoscopy is an option for screening through IGS. The IGS program abruptly ended 5/1/2015.

Some highlights of program outcomes include:
- 176 women out of 210 possible openings (253 in FY2014) received limited screening services
- $29,800 grant ($43,713 in FY2014) covering completed services
- LCPH received $10,000 in additional funds for the CFY contract to support community-wide education and cervical cancer screenings for Hispanic women. This strategy derives from the health disparity reflecting a higher incidence of cervical cancer among this population.
- Through the IGS program, 32 (47 in FY2014) Eastern Iowa residents received colorectal cancer screenings and follow-up referrals as needed.

Our Chronic Disease program has several community partners. Most recently, these include National Quality Foundation Partnership (Mercy, Abbe, Affordable Housing Network, Linn County Public Health) to address population health indicators. Additionally, LCPH is a key partner with the Linn County Partnership for Affordable Care Act. The Care For Yourself programs has partnered with Proteus to provide services to female migrant farm workers for the last two years.

ENVIRONMENTAL PUBLIC HEALTH DIVISION

This year, we continued to deliver our core services to businesses, industry, institutions, and the general public with environmental permitting and licensing, monitoring, education and outreach, inspection, and enforcement of environmental laws. Our twenty environmental professionals implemented and improved a variety of environmental programs to better serve those who rely on our public health services. But what is perhaps most notable this year are the many new technology applications and enhancements that have been implemented. These advances have improved the speed and efficiency in delivering environmental services to customers and made environmental information more accessible and timely. For example, in 2015, the average time to turn around a septic permit has been reduced by 30%.

Figure 5 - Real Time Air Quality Data

(Continued from page 10)
(Continued on page 13)
### Table 1—Environmental Outputs

<table>
<thead>
<tr>
<th>Permits and Licenses Issued</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Quality Construction Permits</td>
<td>296</td>
<td>602</td>
<td>342</td>
</tr>
<tr>
<td>Air Quality Federal Operating Permits</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Open Burning Permits</td>
<td>1245</td>
<td>1055</td>
<td>1110</td>
</tr>
<tr>
<td>Retail Food Licenses</td>
<td>1226</td>
<td>1209</td>
<td>1146</td>
</tr>
<tr>
<td>Septic Permits</td>
<td>181</td>
<td>168</td>
<td>152</td>
</tr>
<tr>
<td>Temporary &amp; Mobile Food Units</td>
<td>288</td>
<td>371</td>
<td>320</td>
</tr>
<tr>
<td>Well Permits</td>
<td>77</td>
<td>71</td>
<td>62</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inspections &amp; Assessments</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Quality Inspections (Industry)</td>
<td>67</td>
<td>136</td>
<td>69</td>
</tr>
<tr>
<td>Food Inspections</td>
<td>1444</td>
<td>1696</td>
<td>2013</td>
</tr>
<tr>
<td>Environmental Nuisance Inspections</td>
<td>154</td>
<td>173</td>
<td>284</td>
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<tr>
<td>Blood Lead Screens Managed</td>
<td>3104</td>
<td>5814</td>
<td>6437</td>
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<tr>
<td>EBL tested children (not confirmed)</td>
<td>44</td>
<td>46</td>
<td>65</td>
</tr>
<tr>
<td>Healthy Homes Assessments</td>
<td>31</td>
<td>41</td>
<td>79</td>
</tr>
<tr>
<td>Hotels</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Public Pools and Spas</td>
<td>86</td>
<td>56</td>
<td>113</td>
</tr>
<tr>
<td>Tanning &amp; Tattoo Facilities</td>
<td>32</td>
<td>43</td>
<td>50</td>
</tr>
<tr>
<td>School Buildings Tested for Radon</td>
<td>19</td>
<td>8</td>
<td>na</td>
</tr>
<tr>
<td>Water Samples Collected</td>
<td>298</td>
<td>302</td>
<td>332</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outreach / Education</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons trained in asthma and environmental management</td>
<td>155</td>
<td>113</td>
<td>158</td>
</tr>
<tr>
<td>Number of food service employees trained in food safety by LCPH</td>
<td>90</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Community outreach presentations</td>
<td>40</td>
<td>36</td>
<td>13</td>
</tr>
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<table>
<thead>
<tr>
<th>Enforcement</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
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</thead>
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<tr>
<td>Air Nuisances</td>
<td>43</td>
<td>49</td>
<td>45</td>
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<tr>
<td>Environmental Nuisances</td>
<td>94</td>
<td>85</td>
<td>116</td>
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<tr>
<td>Housing Nuisances</td>
<td>17</td>
<td>39</td>
<td>8</td>
</tr>
<tr>
<td>Notice of Violations Issued</td>
<td>28</td>
<td>48</td>
<td>34</td>
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</table>

### Table 2—Environmental Outcomes

<table>
<thead>
<tr>
<th>Health Data</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Related Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>23</td>
<td>90</td>
<td>19</td>
</tr>
<tr>
<td>E. Coli</td>
<td>10</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Salmonella</td>
<td>40</td>
<td>47</td>
<td>30</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Food Safety</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishments w/ Certified Food Protection Manager</td>
<td>57%</td>
<td>na</td>
<td>na</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Air Quality</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days AQI exceeded 100 (Orange)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Days AQI 50 - 100 (Yellow)</td>
<td>119</td>
<td>108</td>
<td>138</td>
</tr>
<tr>
<td>Days AQI below 50 (Green)</td>
<td>240</td>
<td>256</td>
<td>227</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Poisoning</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Elevated Blood Lead Levels in Children</td>
<td>1.42%</td>
<td>2.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Number of Homes Tested &amp; Met Iowa Lead Dust Clearance</td>
<td>17</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Figure 6 - Minimum Housing Electronic Record

2015 Linn County Public Health Annual Report
We upgraded our Ambient Air Monitoring software to provide improved information on current air quality conditions. (Figure 5)

Our minimum housing inspections, applications for well and septic permits and environmental reviews on land use and development permits are now managed through a database system shared by other county departments (Figure 6)

The septic systems as-built drawings are now available and viewable to the public through the Linn County GIS website at https://gis.linncounty.org/webapps/health/septicviewer/. (Figure 7)

Our pool inspections are now completed using county online software in real time. (Figure 8)

We are using GPS technology to acquire field data for the well and septic systems we inspect.

LABORATORY SERVICES DIVISION

Ambient Air Monitoring Services
The LCPH Ambient Air Monitoring program is in place to ensure that the regulatory permitting policies that are currently in force are sufficient in maintaining the National Ambient Air Quality Standards (NAAQS) set by the Environmental Protection Agency (EPA). The results from the monitoring data are used in the regulatory policy and decision making procedures as well as in public health and environmental studies.

This collected data is used to:
- Determine compliance or progress towards meeting the NAAQS
- To observe pollution trends over time in Linn County and throughout the state
- To provide real time and emergency public notification of current air quality conditions

An Air Quality Index (AQI) value of 100 generally corresponds to the NAAQS for the criteria pollutant, which is the level EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be
unhealthy—at first for certain sensitive groups of people, then for everyone as AQI values get higher. Table 3 is a summary of the Air Quality in Linn County for calendar year 2014.

**Water Quality Services**
The LCPH water quality monitoring program is in place to ensure that the water we drink and public waters we use for recreation are safe. Drinking water analysis for both private and public wells is performed for bacterial and nitrate contaminants. In addition, corrective action informational support is provided for our various customers of private and public water systems. Analysis of water from public pool and spa and septic discharges support public health and safety and the code enforcement activities of our Environmental Public Health Division.

**Clinical Laboratory Services**
Laboratory Services, under CLIA certification, provides extended Point of Care testing for clients visiting our Clinical Services clinic. This service brings the results quicker often allowing for results to be available on the same day or even during the client visit. Additional testing options have recently been added by utilizing external reference laboratories to better support our clients’ health needs. Blood lead analytical support is also provided for our Healthy Homes childhood lead program, as well as other customers.

**Special Studies Services**
The Laboratory Services Division continued use of its mobile air monitoring services as we respond to citizen’s complaints received by our agency. The mobile monitoring platform allows the Laboratory Services Division to provide real time air quality data in our air quality assessment for our citizens.

In FY 15 the Laboratory Services Division completed its first year of a Hydrogen Sulfide (H$_2$S) monitoring project near the City of Cedar Rapids’ waste water treatment facility. This project will continue throughout FY 16 to provide sufficient data in our ambient air assessment activities, as well as for future reference after a planned odor reduction project by the City of Cedar Rapids.

The basic objectives of this H$_2$S monitoring project was:

- To determine current spatial representation

### Table 3 – Calendar Year 2014 AQI Values

<table>
<thead>
<tr>
<th>AQI Category</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>225</td>
</tr>
<tr>
<td>Moderate</td>
<td>129</td>
</tr>
<tr>
<td>Unhealthy for Sensitive Groups</td>
<td>11</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>0</td>
</tr>
<tr>
<td>Very Unhealthy</td>
<td>0</td>
</tr>
</tbody>
</table>

(Continued from page 13)
and concentration trends of H$_2$S near the waste water treatment facility.

- To provide the City of Cedar Rapids the ambient data in support of their current operational assessment activities.
- To determine the level of reduction of H$_2$S ambient levels after a future planned voluntary odor reduction project by the treatment facility.

Figure 8 shows the number of tests analyzed. Testing conducted by the laboratory include:

![Figure 8 – Laboratory Analyses Completed](image-url)

**Environmental Monitoring and Analysis**

- Ambient Air Monitoring & Analysis
- Drinking Water Analysis
- Public Access Pool and Spa Water
- Septic Discharge Analysis

**Clinical Analysis**

- Blood Lead Analysis
- Sexually Transmitted Infections
- Point of Care
  - Pregnancy
  - HIV
  - Hepatitis C
  - Urinalysis

**PUBLIC HEALTH PREPAREDNESS**

The Public Health Preparedness program works closely with the sections of Linn County Public Health to protect the public and their environment by quick response to disaster and other matters impacting the public.

**Cornell Exercise and Dispensing Project**

In the spring of 2014, Linn County Public Health (LCPH) was contacted by Cornell College regarding a partnership to create and conduct a disease response exercise for college staff. Several public health planning meetings occurred during the summer to assure the exercise had realistic components. To achieve the medical link to the exercise, a representative from Mercy Medical Center (MMC) supported the project with mock lab reports and provider injects.

On September 26th, the exercise was conducted on the Cornell campus. In the exercise, a fictional illness called green pox impacted Cornell students and staff. MMC and LCPH staff worked through the scenario timeline from illness onset. Several components were addressed to include housing,
food service, custodial, reporting requirement, incident command, and staff shortages.

Based on the exercise after action discussion, LCPH met with Cornell leadership to determine interest in Cornell becoming a closed point of dispensing (POD) in a public health emergency. A closed POD treats a specific group of people. In this case it would include Cornell staff, students, and possibly family members of staff. The partnership expanded to include CarePro Health Services. College health staff currently treats students; however they work with CarePro for staff vaccinations such as seasonal influenza. This partnership could be expanded to assist with emergency dispensing or vaccination. A letter of agreement was signed this year by LCPH, Cornell, and CarePro Health Services. The LOA established Cornell as a closed POD and notes the community partnership with CarePro Health Services.

*Ebola/Highly Infectious Disease Planning and Response*

In the fall of 2014 federal and state public health leads worked to solidify Ebola response plans. In tandem, local response partners reviewed infectious disease plans. LCPH coordinated a meeting with community response partners in the fall to discuss local preparations and response actions. Local Ebola public information was coordinated by Mercy Medical Center, UnityPoint Health – St. Luke’s Hospital (SLH), and Linn County Public Health. This provided a single Ebola message from lead public health and healthcare organizations. A press conference including MMC, SLH, and LCPH was also conducted.

In February 2015, LCPH participated on a statewide Ebola workgroup to discuss state to local response actions. This group continues with a focus on highly infectious disease preparation, response, drill/exercises, and evaluation.

In March 2015 an Ebola after action evaluation was sent to school health, college health, healthcare, fire/EMS, and law leads. Post-event, it is important to note what worked and what could be improved. Taking time to reflect will enhance future response. Information from the evaluations was compiled in a local Ebola After Action Report (AAR).
Financial reports for FY15 are shown below. The year-end budget was $4,886,570.07 which included $2,416,572 in local tax dollars.

### Expenditures By Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Expenditure</th>
<th>Earned Revenue</th>
<th>Linn County Tax Dollars</th>
<th>% of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration &amp; Preparedness</td>
<td>$599,159.74</td>
<td>-$7,798.16</td>
<td>$591,361.58</td>
<td>12%</td>
</tr>
<tr>
<td>Assessment &amp; Health Promotion</td>
<td>$467,806.51</td>
<td>-$231,722.80</td>
<td>236,083.71</td>
<td>10%</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>$903,954.76</td>
<td>-$428,434.50</td>
<td>475,520.26</td>
<td>18%</td>
</tr>
<tr>
<td>Env Public Health Services</td>
<td>$2,647,155.28</td>
<td>-$1,740,557.27</td>
<td>906,598.01</td>
<td>54%</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>$268,493.78</td>
<td>-$61,485.09</td>
<td>$207,008.69</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$4,886,570.07</td>
<td>-$2,469,997.82</td>
<td>$2,416,572.25</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Revenues By Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fed pass through by State</td>
<td>$1,139,783</td>
</tr>
<tr>
<td>Federal</td>
<td>$117,845</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$42,470</td>
</tr>
<tr>
<td>Non-Clinical Fees &amp; Fines</td>
<td>$164,104</td>
</tr>
<tr>
<td>Other</td>
<td>$28,866</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$53,402</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>-$24,666</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>$13,229</td>
</tr>
<tr>
<td>Regulatory Fees</td>
<td>$683,899</td>
</tr>
<tr>
<td>State (no Fed pass-through)</td>
<td>$251,066</td>
</tr>
<tr>
<td>Tax Levy</td>
<td>$2,416,572</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$4,886,570</strong></td>
</tr>
</tbody>
</table>

### Expenditures By Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Fringe</td>
<td>$3,980,734</td>
</tr>
<tr>
<td>Supplies</td>
<td>$316,368</td>
</tr>
<tr>
<td>Provider Charges</td>
<td>$112,799</td>
</tr>
<tr>
<td>Charges</td>
<td>$344,316</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$34,559</td>
</tr>
<tr>
<td>Internal Credits</td>
<td>$97,794</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$4,886,570</strong></td>
</tr>
</tbody>
</table>
Revenue Percentage By Source

- Fed pass through by State: 23%
- Federal: 49%
- Medicaid: 5%
- Non-Clinical Fees & Fines: 14%
- Other: 5%
- Patient Fees: 2%
- Private Foundations: 1%
- Private Insurance: 2%
- Regulatory Fees: 2%
- State (no Fed pass-through): 1%
- Tax Levy: 0%

Expenditure Percentage By Category

- Salary/Fringe: 81%
- Supplies: 7%
- Provider Charges: 7%
- Charges: 1%
- Capital Outlay: 2%
- Internal Credits: 1%
Linn County Public Health would like to recognize the staff who have worked to make Linn County a better place to work and live.

Lynne Abbott
Kasandra Bilyeu
Sharon Blackford
Amanda Bolton
David Burns
Shelby Burns
Mechelle Carter
Barbara Chadwick
Anthony Daugherty
Arona DeVore-Schultz
Shane Dodge
Amy Drahos
Pramod Dwivedi
Kola Eiben
Kaitlin Emrich
Crisfer Fernandez-Reyes
Nicole Fields
Cindy Fiester
Renee Gulickson
Melanie Heath
Larry Hlavacek
James Hodina
Kim Honn
Sue Ellen Hosch
Casey Jacobson
Katherine Jones
Mary Keiller
Jim Kelso
Jeff Lake
Carole Lamphier
Amy Lepowsky
Curtis Litow
Healthy Homes Program Nurse
Environmental Health Specialist
Senior Clerk Typist
Grants Specialist
Environmental Chemist
Clinical Services Manager
Senior Air Quality Scientist
Environmental Health Specialist
Air Quality Supervisor
Senior Air Quality Scientist
Health Director
Patient Advocate
Assessment and Health Promotion Manager
Intern
Health Education Specialist
Chronic Disease Program Coordinator
Intern
Environmental Public Health Manager
Administrative Assistant
Environmental Health Specialist
Health Education Specialist
Secretary
Environmental Health Specialist
Environmental Health Specialist
Environmental Health Specialist
Intern

Linn County Public Health Organizational Chart

Board of Health
County Attorney
Health Director
Medical Advisor
Administrative Assistant

Administration & Finance
Division of Assessment & Health Promotion
Division of Clinical Services
Division of Environmental Public Health

Clerical & Accounting
Laboratory Services
IT

Emergency Preparedness
Communicable Disease
Air Quality

Epidemiology
Health Education
Chronic Disease
Healthy Homes
ROLE OF PUBLIC HEALTH

Mission:

To prevent disease and injuries, promote healthy living, protect the environment and ensure public health preparedness.

Vision:

Build a healthier Linn County

Linn County Public Health Core Values:

1. Create a Supportive, Positive Work Environment
2. Demonstrate Personal Integrity and Respect for Others
3. Be Accountable for Our Actions and Decisions
4. Communicate Openly and Effectively
5. Recognize Valued Contributions
6. Empower Teams to Develop Innovative Solutions
7. Achieve High Levels of Personal and Professional Excellence