



PUBLIC HEALTH

Sam Jarvis, Acting Director

Board of Health
Joni Bosch, PhD, ARNP
Tatiana Izakovic, MD, MHA
Zachary Pollock, PharmD, MS
Bonnie D. Rubin, MLS, MBA, MHA
Peter D. Wallace, MD, MS

JOHNSON COUNTY BOARD OF HEALTH

February 17, 2021

MEETING MINUTES

4:00pm

Call to Order: Peter D. Wallace, MD, MS, called the meeting to order at 4:00 pm.

Roll Call: Peter D. Wallace, MD, MS; VIA TELECONFERENCE: Bonnie D. Rubin, MLS, MBA, MHA; Zachary Pollock, PharmD, MS; Tatiana Izakovic, MD, MHA; Joni Bosch, PhD, ARNP

Staff: Sam Jarvis, Acting Director; James Lacina, Environmental Health Manager; Kristin Meyer, Business Manager; James Bechtel, Systems Analyst; Susan Denny, Secretary II. VIA TELECONFERENCE: Kate Klefstad, Clinical Services Manager; Cristina Perez, Assistant Health Educator; Sarah Dirks, Adolescent & Women's Health Coordinator; Debbie Ackerman, Data Specialist; Kathryn Edel, Health Educator; Kelly Smith, Public Health RN

Others Present: VIA TELECONFERENCE: Lynn Rose, Assistant County Attorney, Becky Nowachek, Region 6 Community Health Consultant, IDPH

Approval of Minutes: Motion by Rubin to approve the January 20, 2021 meeting minutes; seconded by Bosch. The motion passed unanimously.

Next Regular Meeting Date and Time: March 17, 2021 in Conference Room 203 at the Health and Human Services Building.

Citizen Comments / Questions / Issues: None

New Employee Introductions: Klefstad introduced Cristina Perez, Assistant Health Educator working in the Integrated Testing Services (ITS) program. Perez gave a short history of her experience and background. BOH members welcomed her to JCPH.

DISCUSSION / PRESENTATION(S):

- **Open Meetings Law:** Lynn Rose, Assistant County Attorney.

Rose provided reference materials, recommending the BOH focus on the Open Meetings Primer, updated on February 8, 2021. Rose explained that because the BOH is a public board making decisions that affect the citizens of Johnson County, the Board must adhere to the Open Meetings, Chapter 21, Section 3, Iowa Code guidance for BOH members. She explained this section lays out intent for meetings of governmental bodies which are intended to be public. Rose reviewed requirements of meetings, including announcements, publication, and minute taking. This statute is assuming in-person meetings, but the governor made special provisions due to the pandemic in March of 2020 to allow meeting by video/tele-conferencing. The ability to meet electronically will exist only as long as the governor's emergency order. When that order is

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rescinded or modified the board will be required to meet again in person. Rose also addressed what constitutes a “meeting” of BOH members to comply with the statute. Three or more of the five members constitutes a quorum, or three or more members communicating about public health business also constitutes a meeting. This includes any email chain where three or more members are discussing an agenda item, as it could be construed as a meeting held outside of the bounds of the statute for public meetings. If two members met by chance in a public place that would not be violating the statute, though best practice would be to not discuss BOH business. Rose ended her presentation advising members if they are not sure if they are violating the Open Meetings Law, end the conversation and separate. Rubin asked if forwarding information from a Health Alert Network or similar, that she considered of interest to BOH members and not necessarily public health business, would be acceptable. Rose responded that would be acceptable, especially when she includes staff members. She clarified that forwarding information and not facilitating a conversation and going to a wider audience than only BOH members demonstrates a work related subject, not the business of the BOH relating to an agenda item or decision making.

- **Immunization Services:** Debbie Ackerman, Data Specialist and Kelly Smith, , RN, Public Health Nurse

Klefstad explained Ackerman is the Clinical Services (CS) Child Health Services Coordinator for the Maternal Child Adolescent Health (MCAH) grant as well as leading the CS Immunization grant programming and Smith is the lead Immunization RN working closely with Ackerman to manage the program. Ackerman shared a power point slide show to illustrate Immunization Services at JCPH. She outlined program goals, required objectives, and required activities. JCPH uses tools such as the Information Registry Information System (IRIS) and the Public Health Tracking Portal, which provides immunization education to parents and health care providers. The program is committed to providing barrier free access to immunizations within the county and collaborates with local or statewide coalitions and associations such as Iowa Public Health Association (IPHA), and Healthy Kids. The program guarantees trained and knowledgeable vaccination staff, and conducts school immunization and child care provider audits throughout Johnson County. Ackerman provided information on influenza vaccination objectives and activities and the difficulty in reaching populations during the COVID-19 pandemic. JCPH received additional funding to provide outreach support for influenza and COVID-19 vaccinations. Smith reported how clinics were able to function through the pandemic by holding half-day outdoor clinics in the JCPH parking ramp area from April through June. Full day clinics were able to resume in June when the building reopened by appointment. Other activities, such as school ready clinics were adapted to the limitations of the pandemic as much as possible and still provided school aged children with supplies at immunization clinics. Smith also reported on Head Start programs working with Ackerman to establish outdoor vaccination clinics for parents, staff and children. Ackerman described providing vaccinations at Title X clinic and establishing partnerships with Healthy Kids School, Mobile Clinics, and the Free Medical Clinic to provide support and meet community needs. Wallace asked how they are able to access children, particularly young children, to assess the status of their immunizations. Ackerman responded through benchmark reports in IRIS. Wallace asked if all providers in Johnson County report in IRIS. Ackerman reported, unfortunately not, despite advocating for more participation. Wallace observed figures would not be as accurate as they would like. Ackerman agreed and hopes for more consistency. Bosch asked if meaningful use, or promoting interoperability, includes the use of something like the vaccine database, a push for electronic medical records as part of Medicare records. Smith responded most electronic health records are designed to interact with IRIS, though issues such as names not matching exactly might cause the information not to transfer. JCPH clinics prefer to document directly into the IRIS system rather than depend on interoperability. Klefstad doesn't believe meaningful use includes that goal resulting in a lack of incentive by some health providers to use IRIS. Smith added one of the goals of the immunization coalition is to promote the use of IRIS. Bosch also asked if pharmacists are able to provide pediatric immunizations at facilities such as Hy-Vee. Wallace replied, no, they haven't been given permission. Pollock added this was not currently in the pharmaceutical scope of practice.

ACTION ITEMS

Expenditures Over \$3,000: None

Applications, Contracts and Agreements: None

OTHER

- **Response to Bosch:** Use of University Hawk Alert and other alerts for Community Information- Jarvis responded to the question posed by Bosch at the last meeting that use of the Hawk Alert is not allowed, citing strict parameters regulating this type of system, including restrictions from the Clery Act, a federal statute implementing regulations for all colleges and universities participating in federal financial aid programs to keep and disclose campus crime statistics. Jarvis will approach JCPH partners who are open to other venues and communication channels, such as COVID-19 Iowa updates, etc.
- **Response to Rubin:** Healthy People Goals and the JCPH ITS Program- Edel
Edel responded to Rubin's question about whether anything related to sexual reproductive health was stated in the Healthy People plan for 2023. Edel reported currently, the state has not released that plan; Iowa Department of Public Health is currently still posting the Healthy People 2017-2021 plan. Rubin clarified she was talking about the national Healthy People 2020, and the national Healthy People 2030, which was recently released, not at the state level, but at the national level for health entities such as DHS, CDC, and APHA. Edel will report back at the next meeting on the national Healthy People 2030 plan. Rubin added state plans also use the 2020 plan and now the 2030 plan for guidance and she would like to know how the ITS program will integrate with the plan.
- **21-02 Review –Syringe Service Program (SSP)–Position Statement-** Klefstad and Edel
Klefstad reminded the BOH members of discussion to review and update the SSP Position Paper as there is now active legislation introduced by Senator Joe Bolkom for a needle exchange program. The position statement was updated to reflect current numbers and changes. Edel reported few changes were needed. The statement provides bullet points to the overall effectiveness of SSP's deeply rooted in evidence-based practice. Edel described updates made and pointed out that Iowa is one of the few states yet to legalize an SSP. Rubin proposed deleting one sentence in the paper encouraging all local boards of health across the state of Iowa to vocalize support for SSP's during the 2021 legislative session. She explained her reasoning as position statements being statement on positions and not necessarily as a political advisory. Rubin reviewed other BOH position papers and found the sentence inconsistent with the purpose of the position statement. Bosch pointed out the position papers could be helpful to legislators. Rubin agreed and added JCPH BOH share the papers with elected officials, but she does not think it is appropriate to put a slant on whether or not this view should be pushed forward or not, only stating here is the science, here is what the science is saying and leave it at that. She feels everyone should know what to do with the document, and encouraging legislators should not be stated. Pollock agrees with Rubin and had not realized the sentence was included in the last version. Pollock also asked Edel if data in the final paragraph was significant compared to the previous version where 2017 was referenced for information about chronic HCV infection numbers being considerably higher than the 2019 numbers. Edel responded there was a substantial increase of Hepatitis C infections being reported in the time of the last version. Since that time, increased testing, increased access to treatment, and SSP's operating in the state are reasons why there is a decrease in the amount of HCV infections. She was attempting to keep the issue relevant through language and reporting in an honest and transparent way to explain why there is a slight difference in how the information is now being reported and clarified. The data measure is the same. Bosch asked about position papers and the review process. Rubin responded there is a position paper procedure posted on the website. Review is at least every five years. The BOH wants the papers to be as current as possible. Wallace mentioned position papers were sent to local boards of health and Public Health Departments who are encouraged to pass the statement on to legislators in the cover email, not in the formal position paper and to assume parentage of a position paper, if desired. Pollock also recommended changing the director from Koch to Jarvis, as acting director. Edel will make the revisions.

Motion by Bosch to approve the Syringe Service Program revisions (deletion of last sentence, change director to Jarvis; Acting Director) seconded by Rubin. The motion passed unanimously.

Motion by Rubin to approve the Syringe Service Program position paper seconded by Bosch. The motion passed unanimously

- **Proposal-Positions on Transgender Rights, LGBTQ Rights, Abortion & Reproductive Health Rights** – Klefstad and Dirks

Wallace clarified that Klefstad would like BOH members to make comments, corrections, suggestions, or approval of statements and forward to her. Klefstad wanted to make clear that the previous SSP position paper was at the request of the BOH. The three proposed positions were not drafted due to a specific request from the BOH but as a result of emerging public health issues in the state and across the nation. Her staff felt the BOH needed an opportunity to take a public stance on these issues if they wished and provide feedback on the proposals. Klefstad added the extensive research showed these were by far the common stance of leading public health associations and agencies across the nation. She described the motivations for presenting the position proposals for consideration and possible adoption by the BOH. Dirks will answer any questions regarding the Abortion & Reproductive Health Rights proposal, Klefstad will discuss any questions related to Transgender and Non-binary rights. Klefstad added that Sara Smith, a BSW student, drafted the LGBTQ Rights proposal. Bosch asked about health clinics addressing LGBTQ and Transgender healthcare issues and the number of uninformed healthcare providers. She also suggested there may be a need for a stronger statement promoting informed healthcare providers. Klefstad described how the focus was decided on and agreed there is a need for more informed healthcare. Bosch discussed more examples in support of the subject and the need for more resources. Klefstad asked if this is something that could be incorporated in the proposal presented or as a separate issue. Bosch discussed the complexity and lack of understanding of the issues. Klefstad then commented on current legislative discussion about reducing LGBTQ and Transgender rights and the need for a more pro-active statement. Wallace reminded the BOH members that Klefstad would receive comments and discuss in the March meeting. He asked that discussion be postponed until that meeting. Pollock's understanding of position papers was they were written at the request of the BOH. He asked whether the BOH is recommending one or all of these position papers to be drafted, reviewed, and discussed and if so, discussion should center around what the issue was and what they would want to make the position on. He pointed out these proposals being presented this way is different than what was done in the past and what our current policy is. Wallace acknowledged the proposals were presented as a request from staff and not from the BOH. Whether it would have to be a request from the BOH is an issue of validity or should they be skipped. Rubin feels the topic is a legitimate concern, but would prefer the position paper having the topic as part of a broader issue of social inequity, and social injustice. She acknowledged the three proposals were written specifically in response to bills going to committee, but she expressed the need for BOH position papers to reflect how it affects the whole community of Johnson County and not be too limited as our other position papers address issues that affect the whole. She added that issues that affect part of our population do have an impact on the whole, but she'd like to see these proposals tabled until they can have deeper discussion to determine if a position paper is the way to go about it, and if so, the need to include data and statistics pertinent to Johnson County. Bosch commented she knows Adverse Child Experiences (ACEs) affects mental health and the lack of mental health support results in long-term community consequences such as obesity etc., and legitimate broader consequences. Izakovic agreed with Bosch. Wallace asked if the three proposed position papers did not come as a request from BOH members, does that invalidate further discussion of them. Bosch asked if the request could be made now. Wallace responded yes, the request could be made now. Pollock asked if requested, is the BOH stating, discussing, and outlining what our position is, since in this case there is a draft of a position without having discussed what the position is. Wallace explained Klefstad is asking for the BOH members to comment and discuss objections, modifications and issues before she is able to present it back to the BOH for review. Klefstad agreed and invited BOH members to comment on whether they would like to take these positions or different positions. Pollock felt the position was formulated before the BOH could discuss a position on these issues and agreed with Rubin's assessment of the situation. He had concerns about focusing on a subset of the population as opposed to the broader population. He would like

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to see if future discussions would determine a stance and feels discussion among BOH members needs to happen. Klefstad commented on JCPH's position on health equity and more discussion followed. Wallace reminded members that in the past the BOH had developed position papers focused on specific bills or one issue not affecting Johnson County and gave examples. Pollock added that based on current policy, if items come up between meetings, such as these three proposals, and staff or any cohort that feels strongly the issues should be considered, the current mechanism is either that a board member or the board requests a position paper be drafted or researched or, it is his understanding, the director could make the recommendation and ask the BOH if they wished to have a paper drafted. He suggested the process could have been Jarvis, as Acting Director, should have inquired if the BOH had an interest in drafting and researching the items and proceeded in that way. Rose commented on how that could be accomplished without violating the Open Meetings Law by communication between Jarvis and Dr. Wallace in order to include the request as an agenda item. Bosch commented on the importance and severity of the issues in the proposals and believes there is sufficient justification to include the topic as a position paper and would like Klefstad to proceed. Rubin added she supports the positions in the proposal, but would be more comfortable as a BOH member to approve a paper more about human rights based on social determinants in public health, and would like to consider how best to proceed. Wallace clarified Rubin's preference to table the three proposals for now. Bosch commented on disparities relating to immunizations related to the pandemic and distrust in healthcare recommendations affecting vaccination response and making the issues more relevant. Dirks pointed out the situation with the current abortion amendments is restricting a very specific form of healthcare access and different from the other two proposals. Rubin agreed. Pollock felt the issue was not so much the BOH creating a position, but what is the position being created, and should not be decided today, but if and when it is discussed, the BOH would ask the position to be drafted. Wallace interpreted that there are two issues, one, the mechanism by which the proposals were presented, and second, whether the positions are ones the BOH should be taking on any of the three proposals. Pollock added he sees a third issue of not only how it was gone about, but what is being done; the procedure precedent as one thing, but he sees the bigger part of the issue as the BOH determining what their stance is. In the past determining what the stance was, or why there was a stance, and what information was available to make that determination whereas these are being presented as this should be the stance without discussion to decide the what and why. Klefstad responded she had considered that discussion would happen at this meeting and perhaps provided too much information resulting in creating the stance, but the intent was for discussion of the proposals to decide how to proceed. Her understanding is that the discussion should be in a public meeting and asked if the BOH would like to hold that discussion now, or at the next meeting in March. Klefstad's goal was to bring attention to these pressing issues and have the issues on this meeting's agenda for discussion. Rubin stated she would be happy to support a position statement or position paper that addresses a broader sense of human rights, access to care, and healthcare and social equality, cultural humility, and cultural competence. She approved of the Abortion & Reproductive Health Rights paper mainly with some rewriting as it is more of a medical care issue versus individual rights to be treated humanely. Bosch offered to propose a position paper looking at healthcare disparities and effects on marginalized groups including racial and ethnic groups and how this affects both individuals and groups. She emphasized the problem of trust in the healthcare system. Pollock suggested in future to focus on how an issue is a public health issue and why the BOH is supporting the issue. Wallace added the position paper procedure is actually due to be discussed possibly in the upcoming March meeting. Wallace suggested Jarvis make some minor changes in the procedure, such as reinforcing how a position paper is requested and discussing how the issues come up. He noted the position paper on Raw Milk will also be up for review. Bechtel suggested BOH members look at a reference in accreditation materials relating to how issues can be trended and identified for BOH action.

Motion by Rubin that as a Board, to research and prepare position statements addressing the issues of equity in human rights, in care, treatment, and quality of life, and a position paper addressing abortion rights in Iowa; seconded by Bosch. The motion passed unanimously.

- **PHAB Section One Annual Report – 90 Day Extension**-Jarvis informed the BOH the

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timeline for reports due for section one and section two is January and February. Jarvis explained that due to vaccine planning and allocation and a number of other pressing factors, a request was made and approved to receive a ninety day extension, with no alteration to our original timeline or contract with the Public Health Accreditation Board (PHAB) and allow time to discuss three measures in more depth. The section one report is now due June 30, 2021, with section two due 30 days after.

- **PHEP Grant Amendment**-Jarvis informed the BOH an existing preparedness grant has been extended. He explained this was a previous multi-year grant prior to the Service Area arrangement currently used for funding the program. The amendment amount is \$284,000 for vaccine planning and operations and is now extended through March of 2022. Jarvis thanked Meyer for support, especially with the complications for FEMA reimbursement and finance communication.

Reports / Inquiries:

County Attorney: None

Members, Board of Health: Pollock commented on follow-up discussions for BOH requests, including a follow-up on water quality and improving transparency around financial and performance metrics. He would be interested in the team providing follow-ups in these areas to try and meet expectations and goals set forth as a department.

Rubin added she and Pollock are meeting with Meyer once a month to talk about how the BOH can be better informed about financial status and updates on JCPH. The meetings will also help to make financial management more understandable for managers and staff. She expressed appreciation for Meyer's help. She also thanked staff for sharing the Zoom video thanking JCPH and greatly appreciates everything they are doing, especially now with managing vaccine doses. Wallace commented that after seeing the video he emailed it to Lina Tucker Reinders, Executive Director of Iowa Public Health Association, who wrote him back to inform him the video was already on Facebook. Wallace also reported he attended an Iowa Senate hearing for Senate File 193 regarding requirements and prohibitions of vaccines and immunizations and civil remedies, and is not pleased. Wallace was elected to the IPHA Board of Directors as well as Anjali Deshpande, University of Iowa College of Public Health, and also Jake Riley, JCPH Disease Prevention Specialist. Deshpandi introduced Wallace to a physician in a South Dakota medical school. Wallace joined a class of six medical students interested in public health, which he found unusual for fourth year medical students.

Director:

Domain 3: Lacina and Rob Thul, Environmental Specialist II, presented to the BOS about the impact of the COVID-19 virus on food safety, the food industry, and food partners.

Domain 4: Several staff members on the internal health equity workgroup did a phenomenal job rallying community partners to continue the conversation about health equity, specifically around vaccine hesitancy issues involving distrust, especially with government officials and healthcare. Jarvis reported eighty community health partners were involved in the conversation and will continue moving forward.

Jarvis reported Steven Button, Emergency Preparedness Planner will be leaving JCPH at the end of the month to relocate to Madison, Wisconsin where his spouse was offered a job.

Wallace adjourned the meeting at 5:53 pm.

Approved by Board of Health Action on

3/17/2021

Date

Signature on File

Peter D. Wallace, MD, MS, Chair

Submitted by:
Susan Denny
Secretary II