



Jasper County Board of Health Agenda

Thursday, May 14, 2026, 11:00 AM

Jasper County Office Building, 315 W. 3rd St. N., Large Conference Room, Newton, Iowa

A hybrid option is available via Zoom link at the end of the agenda.

1. Call to Order. Time: _____
2. Roll Call of Jasper County Board of Health members:
 - Julie Smith, Chair
 - Dr. Andrew Cope, Medical Director
 - Donna Akins
 - Jody Eaton
 - Doug Cupples, Board of Supervisors
3. Introduction of others present
4. Minutes: (Action) March 12, 2026, minutes (Attachment, 2 pages)
5. Agenda Approval: (Action) Consider and approve the agenda (Attachment, 2 pages)
6. Citizen Comments: The public may comment on public health items (Limit: 3 minutes)
7. Outside Agency Reports: (Information Only)
 - ◆ Environmental Health: Kevin Luetters, Community Development Director
 - March and April reports (Attachment, 2 pages)
 - ◆ American Lung Association of Iowa: Emma Krapfl
 - FY26 Q3 Newsletter and FY26 Q4 Reporting Form (Attachment, 5 pages)
 - ◆ Mid-Iowa Community Action (MICA) Maternal and Child Health
 - MICA Health Newsletter, March 2026. Jasper County 470. (Attachment, 3 pages)

Old Business:

8. Public Health System, IHHS Updates (Discussion) (Attachment, 32 pages)
9. Home Care Reimbursement Program to end 6.30.2027 (Action)

New Business:

10. Jasper County General Assistance- Information
11. Thrive Iowa Grant- Information (Attachment, 1-page)

Organization Reports:

12. **Health Department Reports:** (Information Only) (Attachment, 1-page)
 - Jasper County Cares Coalition (Attachment, 1 page)
 - Immunizations and Communicable Disease
 - TB Medication
 - Hantavirus (Attachment, 3 pages)

- Immunization program review: employee flu and VFC
- **Community Health Improvement Plan**
 - Mental Health Month
 - Substance: Alcohol Treatment (**Attachment**- 1 page)
- **Events**
 - Senior Health & Fitness Fair, May 27th (**Attachment**, 1 page)
 - Car Seat event, May 16th (**Attachment**, 1 page)

Next meeting: Thursday, July 9, 2026, 11:00 AM

Motion to adjourn the meeting: (Action) Time:

While a hybrid/virtual option is available for convenience, access cannot be guaranteed. In-person attendance is recommended to ensure full participation. Require authentication to join: Sign in to Zoom <https://zoom.us/j/95554784668>

Contact: bpryor@jasperia.org

Jasper County Board of Health Minutes
Thursday, March 12, 2026, 11:00 AM

Jasper County Office Building, 315 W. 3rd St. N., Large Conference Room, Newton, Iowa

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Call to Order. Time: 11:00 AM

- Roll Call of Jasper County Board of Health members: Julie Smith (Chair), Dr. Andrew Cope (Medical Director), Donna Akins, Jody Eaton. Absent: Doug Cupples (Board of Supervisors)
- Introduction of others present: Becky Pryor, Kristina Winfield, Melissa Gary. Others: Kevin Luetters, Jasper County Community Development. Lauren Asman, Employee and Family Resources (via Zoom)
- Minutes: Motion to approve the January 8, 2026, minutes. See the 1-page attachment. Motion by: Dr. Cope Second: Jody Eaton, In Favor: All passed: unanimously
- Agenda Approval: Motion to consider and approve the agenda. See the 2-page attachment. Motion by: Donna Akins Second: Dr. Cope, In Favor, All Passed: unanimously
- Citizen Comments: None

Outside Agency Reports: (Information Only)

Environmental Health: Kevin Luetters, Community Development Director

- January and February reports. See 2-page attachment
- Environmental Health Septic Pumper inspections are due next month
- Grants to Counties have a \$10,000 reduction

EFR: Lauren Asman, Program Specialist.

- EFR is continuing its programming with the Newton Schools and with Problem Gambling.
- Still need 3 Naloxone policies but are on track this year.

Old Business: IHHS Updates (Discussion)

Public Health Legislation SF2432

Budget/Raises: Board of Supervisors, budget hearing on 1/19/2026. Raises 2027: The Board of Supervisors approved that salaried positions receive a 2% raise. Motion to approve the Board of Supervisors 2% raises for salaried employees. Motion by: Dr. Cope Second: Donna Akins In Favor: All Passed: unanimously

New Business:

- IHHS System Snapshot-State of Iowa 2026, See 2-page attachment
- Jasper County HHS System Snapshot 2026. Note: Dental is all dentists, not those who accept Medicaid. See the 2-page attachment
- Home Care Reimbursement Program to end 6/30/2027. Motion: Tabled Motion by: Jody Eaton Second: Donna Akins In Favor: All Passed: unanimously
- Motion to approve the IHHS FY 27 Grants: Local Public Health Services (LPHS), Immunization, \$11200, Grants to Counties. Motion by: Dr. Cope Second: Jody Eaton In Favor: All Passed: unanimously
- Employee Reports: (Information Only) Health Department Report. See 1-page attachment

- Jasper County Cares Coalition
- Community Health Improvement Plans updates
- Public Health: Immunizations and Communicable Diseases. Discussed TB cases, numerous latent cases are managed by the public health nurse. Some active TB cases are under daily monitoring and labs every 2 weeks.
- Office: Finished purchasing the child safety items for Healthy Kids Day on 4/25/2026. The remaining Decat grant funds for the year for the Healthy Kids Day.
- Received \$2000 from the ECI/JMP Board for a car seat event on 5/16/2026. We purchased Car seats and Fuel Only card. Installed and checked 7 car seats in January and February.
- Contacted all home care clients to follow up with them on waiver services. Left messages for two clients and have not heard back from them yet. The third client stated his assessment is still pending. Gave him the number to Telligen to follow up on an assessment date.

Next meeting: Thursday, May 14, 2026, 11:00 AM

Board Member Signature

Date

Minutes taken by Melissa Gary on March 12, 2026

Environmental Report for Jasper County Board of Health
 7/1/2025 to 6/30/2026

Environmental Reporting	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Septic Eval & Inspections	15	12	12	10	8	5	2	2	10	10			
New Water Wells	0	0	0	0	0	1	0	0	0	0			
Plugged Water Wells	2	2	5	2	2	1	0	0	2				
Water Tests	4	3	3	4	1	1	0	0	2				
Pool/Spa Inspections	0	0	0	0	5	8	0	0	0	0			
Tanning Facility Inspections	0	0	0	0	6	7	0	0	0	0			
Tattoo Facility Inspections	1	0	0	0	5	8	0	0	0	0			
Septic Tank Pumper Inspections	0	0	0	0	0	0	0	0	0	4			
Nuisance Complaints	5	3	3	6	3	3	5	5	4	4			
Rabies / Dog Bites	0	1	2	2	1	1	1	2	2	2			
Radon Test Kits Sold	0	0	0	0	0	0	0	0	0	0			
Any Issues or Complaints	0	0	0	0	0	0	0	0	0	0			
Totals	27	21	25	24	31	35	8	9	20	20			

TOBACCO CONTROL

Quarterly Newsletter

January - March 2026

Quitline Iowa

On February 24, staff hosted a webinar on youth tobacco and nicotine use and cessation titled, *Quitline Iowa & My Life My Quit: Youth Tobacco Cessation*. They discussed youth trends and statistics, new products and resources for youth, parents and adults. To watch, click [here](#) or email Emmaline.Krapfl@Lung.org for a link and resources.

Youth Tobacco Prevention

Thank you to Prairie Ridge Middle School in Ankeny for inviting staff to present to sixth graders in February! Students learned about tobacco, nicotine, vaping and smoking, as well as the health effects of using these products and how tobacco companies target youth. They were then able to use the information they learned in presentations they gave to their peers.

Tips for discussing vaping & tobacco with youth:

1. **Practice** before talking & know the facts.
2. Choose a **time & place** that is relaxed & free from confrontation.
3. **Put yourself in their shoes**. Acknowledge their independence & ability to make decisions.
4. **Be open, honest & non-judgmental**. Avoid frustration, lecturing & scare tactics.
5. **Be prepared** to hear your child has vaped or used tobacco products.
6. **Connect with what they care about**. Tobacco & nicotine can get in the way of goals.
7. **Thank your child** and leave the conversation open for the future.
8. **Offer support & resources**.
9. **Help your child** develop the tools to say no & to manage stress.
10. **Set an example**: if you use tobacco or vape, quit or cut back today!



Tobacco & Nicotine-Free Childcare Policy



IOWA HHS American Lung Association.
Iowa

This is what a 100% tobacco-free child care looks like.

- Addresses all types of tobacco (combustible, smokeless, electronic smoking devices)
- Includes employees, students & visitors
- Applies at all times
- Covers company vehicles
- Extends to the entire property

Contact the American Lung Association in Iowa for more information on going tobacco-free

Shoutout to the following centers for implementing a tobacco-free policy:

- Childtime of Des Moines
- Klassic Kids
- Ashworth Learning Center
- A Child's World at Jordan Creek
- The Goddard School of Waukee
- Sonnet Montessori Waukee
- Traditions Children's Center VI

Thank you for protecting children, visitors, and employees from the harms of secondhand smoke!

To receive free technical support in reviewing and updating your policy and to receive free resources, reach out to the American Lung Association in Iowa at <http://bit.ly/LungIA>.

Smokefree Homes

Live smoke free and rent smoke free to avoid the dangers of secondhand smoke and aerosol.

Check out a list of local smoke free properties here: hhs.iowa.gov. If you're a property manager looking to make some updates and implement a tobacco free policy, please reach out to us today!



**RENT SMOKE FREE
BREATHE EASIER.**

IT'S NEVER BEEN EASIER TO PROTECT YOUR HEALTH AGAINST SECONDHAND SMOKE.

Visit hhs.iowa.gov/smokefreehomes for a list of smoke free rental properties in Iowa. Live smoke free, rent smoke free.

IOWA Health and Human Services

American Lung Association Resources

Do you work at a community organization or in higher education? Do you want to support individuals on their tobacco and nicotine cessation journey? The American Lung Association in Iowa is now able to provide a select number of Freedom From Smoking Facilitator training scholarships. Email Emmaline.Krapfl@Lung.org for more information on requirements, details and an application form.

Coalition Meeting Report

- County: Jasper
- Coalition Name: Jasper County Cares
- Meeting Date: 13 May 2026
- Staff Attendance: Emma Krapfl

Goal 1

- ISTEP Updates and Chapter Registrations
 - ISTEP Chapters this Quarter
 - ISTEP Chapters year-to-date
- Presentations scheduled or completed

ISTEP Updates	Chapters this Quarter	Chapters YTD	Presentations
	0	The only Jasper County chapter has dissolved.	Goal of 3 presentations. Total of 2 presentations complete so far this year.

Goal 2

- Policies adopted this quarter
 - Tobacco Free/Nicotine Free Policies
 - Smoke Free Homes policies
- Total current policies in county
- Presentations scheduled or completed

TF/NF Policies	SFH Policies	Total Policies	Presentations
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Goal of 3		1 total policies implemented in FY26	4 meetings complete in FY26. New signage available.
46 total in the county on the registry	24 total in the county on the registry	70 policies on the registry	

Goal 3

- Quitline/MLMQ enrollments this quarter
- Quitline/MLMQ enrollments year-to-date
- Quitline/MLMQ program updates
- Presentations scheduled or completed

Enrollments this Quarter	Enrollments YTD	Program Updates	Presentations
14 in Q2	31	None.	Goal of 3. 2 complete and 1 scheduled for June with the Maternal Health Coalition. We will be hosting a webinar on June 25 for SROs, JCOs and those who work with youth. The webinar will cover youth cessation support.

Goal 4

- Media sharing, social media posts
- Event Updates – can coalition members participate or share

- Our annual State of the Air report was released on April 22. Visit [State of the Air |](#)

Media Sharing

Event Updates

American Lung
Association in Iowa on
FaceBook

@Lunglowa on
Instagram

Keep an eye out for advertising
with Newton Daily News in June:
email blast and digital.

[American Lung Association](#) to check out Iowa's most recent air quality report card.

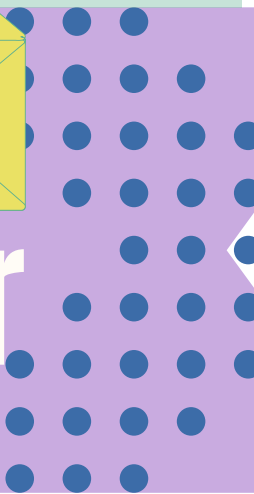
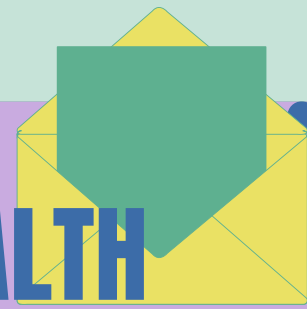
- As we close in on the end of this grant's fiscal year (ends June 30), please feel free to reach out for meetings and resources. You can reach me (Emma Krapfl, Health Promotions Specialist) at 515-802-3194 or Emmaline.Krapfl@Lung.org.
- To request free tobacco and nicotine education and cessation resources, fill out the form at <https://bit.ly/alayouthresource>.



MICA HEALTH Newsletter

WWW.MICAONLINE.ORG

March 2026



WHAT'S NEW

Coming for the 2026-2027 School Year: I-Smile @ School staff will be taking dental radiographs. This will allow kids with severe decay to be referred to local dentists for immediate treatment. I-Smile Staff will be attending trainings this summer to learn more.

VISION & MISSION

MICA helps families experiencing poverty meet their needs, build on their strengths, and achieve their goals.

MICA's vision is resilient central Iowa communities where all people thrive. MICA's Health Services Department facilitates 11 different programs to improve health outcomes for families in our service area.



WHAT'S TRENDING?

WIC Participation Numbers for February:

Boone Co. 223

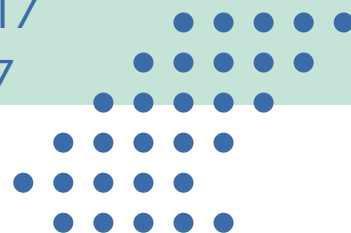
Poweshiek Co. 240

Jasper Co. 479

Story Co. 1,217

Marshall Co. 1,359

Tama Co. 267



Kimball & Beecher *Give Kids A Smile Day* stats:

Marshall County

41 kids were seen

Around \$32,000 in dentistry provided

Poweshiek County *Give Kids A Smile Day* stats:

8 families, 13 kids seen

Treatment for dental decay provided as well as referrals for additional care (orthodontics, wisdom teeth)

EPSDT Care for Kids staff continue to connect with families in all our counties. They have increased their Inform Completion Rate by 3% from Summer 2025 to Fall 2025. They have explained Medicaid benefits, connected them to providers and resources individualized to the family's need.

Family Feedback

"We initially didn't want to sign up for WIC because we felt like we were taking away from someone who needed it more. We realized that our family needed WIC benefits too and I'm glad we joined WIC. My daughter loves berries and now I can always say yes to having fruit as a snack because of the fruit and vegetable benefit."


"I get both WIC and SNAP. WIC is helpful because I can use my WIC benefits for the foods WIC provides which saves on my SNAP dollars."

In regards to breastfeeding "I was feeling so overwhelmed in the beginning but your support made me feel better. I know when I have questions I can call and get them answered at any time." Baby struggled with weight gain initially and mom was triple feeding and had goal to wean off + BF exclusively and she met her goal with the support of WIC staff.

MICA Health Programs

- EPSDT(Care for Kids)
- I-Smile
- 1st Five
- I-Smile @ School
- Child Health Nurse Consultant
- Child Health
- WIC
- Hawki
- Maternal Health
- Teen Outreach Program(TOP)
- Breastfeeding Peer Counseling

To learn more about MICA's health programs call 641-752-7162 or email micahealthservices@micaonline.org



Public Health System Alignment Update

April 2026

Goals for Today's Townhall

- Provide additional details about each of the five public health core services
- Provide a general overview of the expectations of a Public Health Lead Entity
- Outline lead entity responsibilities for Year 1 and Year 2 and beyond
- Gather feedback from local partners to inform final decisions

What is HHS System Alignment?

Efforts to create a more coordinated and efficient statewide HHS system that better meets Iowans' needs. System alignment includes establishing HHS service systems with clear system outcomes and direction for achieving those outcomes, creating consistent pathways for accessing services, using existing funding more effectively, and streamlining administrative work.

As part of statewide system alignment:

- HHS leads the creation of a 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.
- HHS, Lead Entity, and Local Providers work together to integrate across HHS service systems for statewide system alignment.

HHS Service Systems


HHS service systems provide activities and services to Iowans and their communities. A service system includes the Iowa Department of Health and Human Services, district lead entities, and local providers.

- **Aging & Disability Services**
- **Behavioral Health**
- **Community Access and Eligibility**
- **Family Well-Being & Protection**
- **Public Health**

Refreshing Our Focus on Children and Families

**Setting Goals, Creating Pathways,
and Committing to Family
Strengthening**

Shelley Horak, Director of Early Intervention and
Support, Division of Family Well-Being and Protection



Why An Early Childhood and Family Services System Matters

Early experiences shape lifelong health, learning, and well-being

Families need coordinated supports during critical early years

Strong systems promote opportunity

Integration and collective impact leads to better outcomes



Barriers We Are Currently Experiencing

No single program can meet all family needs

We have not purposely connected services, supports, and resources to support needs

We collaborate, but have not achieved integration

Why a Fresh Start Matters

- ▶ Communities are changing
- ▶ Family needs are evolving
- ▶ We have new knowledge and opportunities to improve systems





The Old Way: Fragmented Support

Services operating in silos

Families navigating systems on their own

Focus on fixing problems



The New Way: Integrated and Family-Centered



Core services
designed around
family needs



Cross-sector
integration



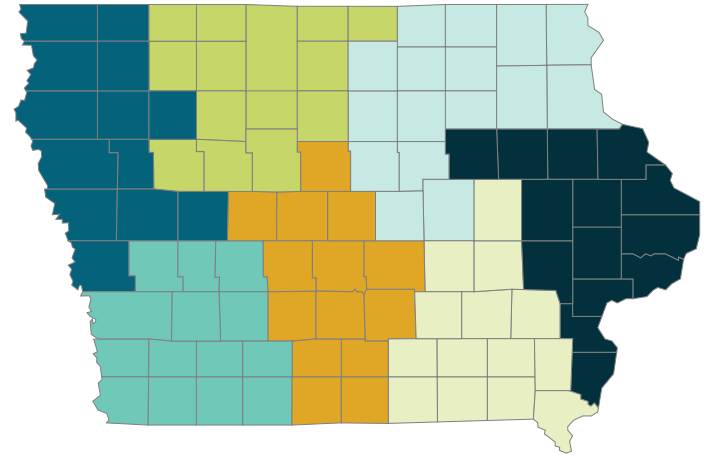
Focus on prevention,
strengths, and
support

What the New Way Looks Like

- ▶ Families experience seamless support
- ▶ Professionals work together toward shared goals
- ▶ Children and families are partners in decision-making



Core Services



IOWA | Health and Human Services

Resource navigation

Family support and home visiting

Parent assistance programs

Career coaching for families

Future state: family resource centers

Current vs Future State

Public Health System

Current State

- Variability in how public health is implemented
- Funding a variety of activities and services not directly linked to outcomes
- Duplicative efforts and administrative red tape
- Lack of a consistent state-wide strategy to address leading health concerns



Future State

- Improved collaboration, coordination, and communication among partners
- A well-coordinated system with clear access points for Iowans
- Funding tied to measurable outcomes
- Reduced system redundancies

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 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

Local Impact

What Changes?

- HHS funds lead entity to manage investment of select state dollars in consistent priorities across state.
- The lead entity will be responsible for assessment and planning, plan implementation, contracting, reporting and data sharing, and district-level collaboration and partnership building.
- Lead entities contract with local providers, implementing the plan for the district and ultimately investing dollars most efficiently.
- Local providers work closely with district lead entities to provide local activities and services.

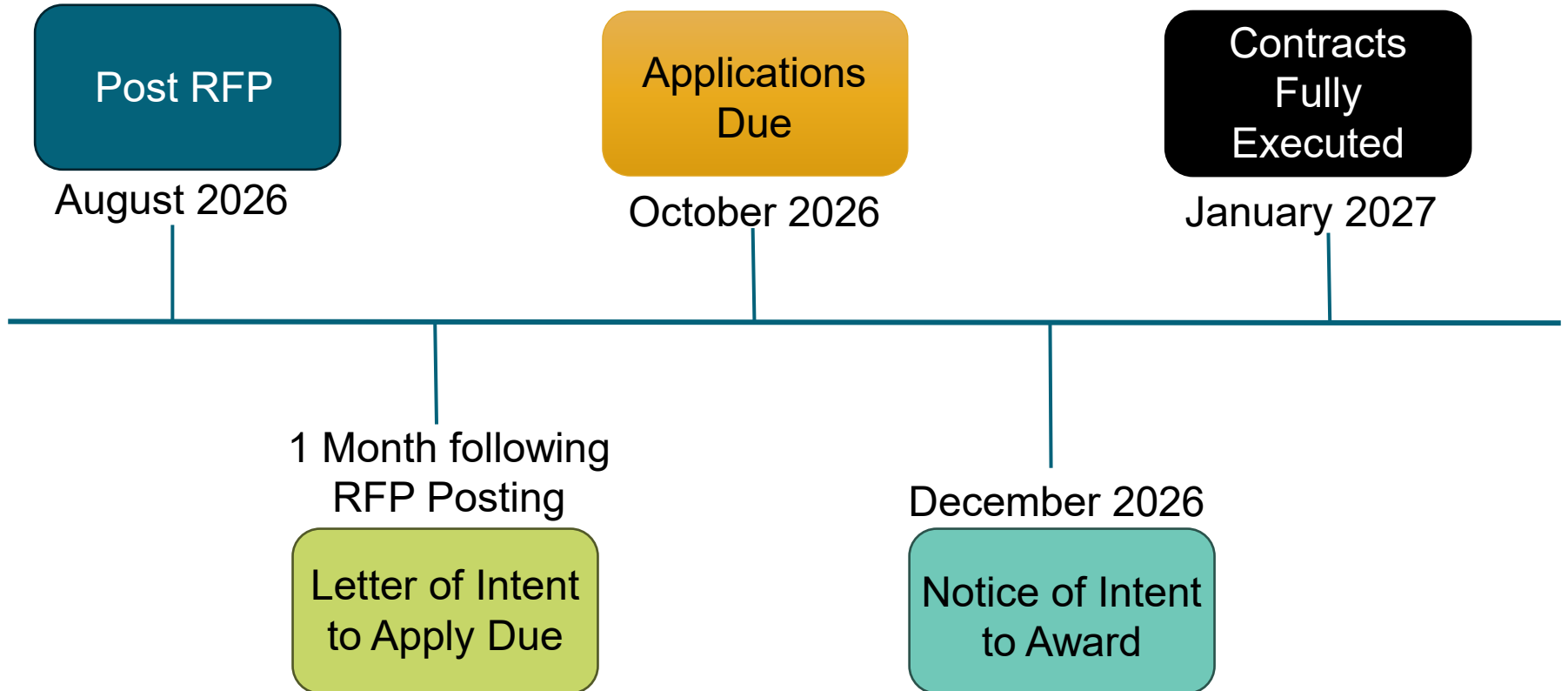
What stays the same?

- Local providers maintain their autonomy.
- Local providers continue to provide activities and services of their choice.
 - Statewide priorities supported by HHS via Lead Entity.
 - Contracted services paid for through other sources.
 - Locally identified services supported by county tax dollars.
- Local providers continue to collaborate with current partners.
- HHS funded providers will provide data for service provision and assessments.

Core Services

- **Chronic Disease and Injury Prevention**
- **Communicable & Infectious Disease Control**
- **Environmental Public Health**
- **Emergency Preparedness and Response**
- **Maternal, Child, and Adolescent Health**

RFP & Contracting Timeline



What Will a Lead Entity Do?

- Use HHS funds to ensure delivery of the five public health core services.
 - Local Boards of Health (LBOH) continue to offer services and activities outside of those funded by HHS.
- Work with partners to collaborate and strengthen public health system within each district.
- Work with partners to connect with other HHS systems.
 - Develop system navigation processes.
 - Link to other HHS service systems and initiatives.
- Project Period: January 1, 2027 – December 31, 2032

Lead Entity - Year 1 (1/1/27 - 12/31/27)

Collect plans describing how LBOH will fulfill their obligations outlined in Iowa Code

Convene partners for system planning

Assess capacity and gaps in core service delivery

Develop district system improvement plans that will be implemented in Year 2

- Gather county staffing and budget plans to carry out lawful obligations that encourage agreements and partnerships.
- 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
- Identify strengths, weaknesses, and gaps within each county across the district.
- Using the assessment, develop a plan to improve communication, coordination, efficiencies, and capacity to meet the core service needs.

Communicable & Infectious Disease Control

Includes preventing infectious diseases through education and providing immunizations, as well as finding and responding to cases of infectious diseases.

Core Service Functions

Training Technical Assistance, & Consultation: Disseminate information; Offer TA and support to local providers; Respond to routine clinical questions.

Education & Communication: Disseminate information; Promote prevention and awareness; Offer campaigns and messaging; Engage communities.

Operations, Supplies, & Ordering: Improve efficiencies in routine investigations.

Disease Investigations: Continues at local level with support from lead entity and HHS; Work with lead entity on county staffing and budget plan to carry out lawful obligations that encourage agreements and partnerships.

Immunizations: Continues at local level with support from lead entity and HHS.

Screening, Testing, & Treatment: Continues at local level with support from lead entity and HHS.

Surveillance & Detection: Conduct statewide surveillance and epidemiological activities with support from lead entity and locals.

Data & Analytics: Lead data strategy with support from lead entity and locals.

Environmental Public Health

Includes protecting and promoting health by decreasing environmental public health threats, reducing health impacts from harmful environmental exposures, and ensuring safety standards are met for programs regulated by the department.

Core Service Functions

Training Technical Assistance, & Consultation: Disseminate information; Offer TA and support to local providers; Respond to routine clinical questions.

Education & Communication: Disseminate information; Promote prevention and awareness; Offer campaigns and messaging; Engage communities.

Exposures & Reportable Conditions: Work with lead entity and HHS on routine environmental exposures and investigations.

Screening & Testing: Continues at local level with support from lead entity and HHS.

Environmental Services: Continues at local level with support from lead entity and HHS.

Surveillance & Detection: Conduct statewide surveillance and epidemiological activities with support from lead entity and locals.

Data & Analytics: Lead data strategy with support from lead entity and locals.

Chronic Disease & Injury Prevention

Includes helping people live longer, healthier lives across the lifespan by promoting interventions to prevent and limit complications from conditions that could result in disability or death.

Core Service Functions

Outreach, Education, & Communication: Disseminate information; Provide TA and support to local providers.

Partnership Development & Collaboration: Convene system partners; Link to other HHS service systems and initiatives.

Accountability & Performance Management: Develop plans that improve collaboration, coordination, efficiencies, and capacity.

Prevention Services: Work completed through contracts or agreements with support from lead entity and HHS.

Assessment & Surveillance: Assess capacity and gaps across the districts with assistance and input from lead entities and local providers

Policy Development & Support: With input from lead entities and local providers

Emergency Preparedness & Response

Includes being ready to respond to disasters, disease outbreaks, and other crises by planning and working with partners and the public before, during, and after a public health emergency.

Core Service Functions	Primary Responsibility
Command & Control Structure Supplies & Resources Training Communication Planning Exercising	Current Preparedness Service Area structure will remain in place <ul style="list-style-type: none">• Expectation for lead entity to work with SAs in system/district planning• Future consideration for bringing EP&R into lead entity structure if resources allow

Maternal, Child, & Adolescent Health

Includes improving the health, oral health, nutrition, and well-being of women, infants, children, and adolescents by promoting and providing prevention education and services that support healthy pregnancies, safe births, and strong starts for children.

Core Service Functions	Primary Responsibility
<p>Data & Analytics</p> <p>Assessment & Surveillance</p> <p>Policy & Development Support</p> <p>Accountability & Performance Management</p> <p>Outreach, Education, & Communication</p> <p>Partnership Development & Collaboration</p> <p>Prevention, Care, & Treatment Services</p>	<p>Current Collaborative Service Area structure will remain in place</p> <ul style="list-style-type: none">• Expectation for lead entity to work with CSAs in system/district planning• Future consideration for bringing MCAH into lead entity structure if resources allow

Lead Entity - Year 2 & Beyond

- Work with district partners to implement system improvement plans developed in Year 1
- Support district system navigation to help lowans receive needed services
- Use the Public Health Service System State Plan and district assessments to prioritize activities within the core services and develop district plans
- Work closely with Iowa HHS to coordinate district level HHS activities
- Ensure local service provision - 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

Partner Feedback – Core Services

1. Are there areas of clarity or detail within the Core Services that HHS should provide?
2. Do you have ideas to share on which core services may be better coordinated and more streamlined in the lead entity model?
3. What support and engagement can counties provide to the lead entity model to help implement the core services in a district?

Partner Feedback – Lead Entities

1. What expectations can we create for a lead entity in Year 1 to ensure the district establishes a clear Core Services implementation plan for Year 2?
2. What would make this partnership between Iowa HHS, the lead entity, and local providers successful?

Partner Feedback – Assistance and Support

1. What administrative duties can be shifted to a lead entity that will provide you the greatest value in return?
2. What knowledge, skills, and resources will be needed at the lead entity to be productive in your district assessment and planning?
3. What technical assistance and support does Iowa HHS need to provide to be supportive of the district lead entity model?

Questions

Robert Kruse

Director

Division of Public Health

Robert.Kruse@hhs.iowa.gov

Ken Sharp

Operations Deputy

Division of Public Health

Ken.Sharp@hhs.iowa.gov

Please submit any questions you may have to:

SystemAlignment@hhs.iowa.gov

What Local Boards of Health and Boards of Supervisors Need to Know

Overview

Iowa HHS is updating how HHS services are organized, funded and delivered across the state.

This alignment changes how state-funded public health services are organized, coordinated and delivered. It does not change county authority, legal responsibilities or local choice about how counties staff and structure public health services. The intent is to create a stronger, more coordinated and health outcome-focused public health system while preserving local governance and local flexibility.

Public Health System Goal

The goal is to strengthen Iowa's public health system to address leading health concerns by making services more consistent statewide, reducing administrative burden, improving coordination across counties and ensuring Iowans can more easily access essential public health services regardless of where they live.

What's Changing

Beginning January 1, 2027:

- ▶ Iowa HHS will fund public health "lead entities" to coordinate district planning, communication and collaboration among local providers and across all HHS service systems. This includes a planning year, followed by implementation.
- ▶ During this planning year, lead entities will collaborate with local providers to assess district needs and plan how core services are delivered through local providers.

Beginning July 1, 2028:

- ▶ Iowa HHS funds will no longer cover certain responsibilities required of local boards of health (for example, isolation and quarantine actions). Counties will be financially accountable for these activities.
- ▶ Iowa HHS will stop contracting directly with local providers for some statewide funding programs. These funds will instead flow through lead entities.
- ▶ Lead entities will contract with local providers to deliver selected services in three core areas: Communicable and Infectious Disease Control, Chronic Disease and Injury Prevention and Environmental Public Health.
- ▶ Lead entities will handle district-level reporting, data sharing and coordination across counties and providers.

Public Health Core Services Funded by Iowa HHS

- Chronic Disease & Injury Prevention
- Communicable & Infectious Disease Control
- Environmental Public Health
- Emergency Preparedness & Response (Preparedness Regions remain in place)
- Maternal, Child & Adolescent Health (Collaborative Service Areas remain in place)

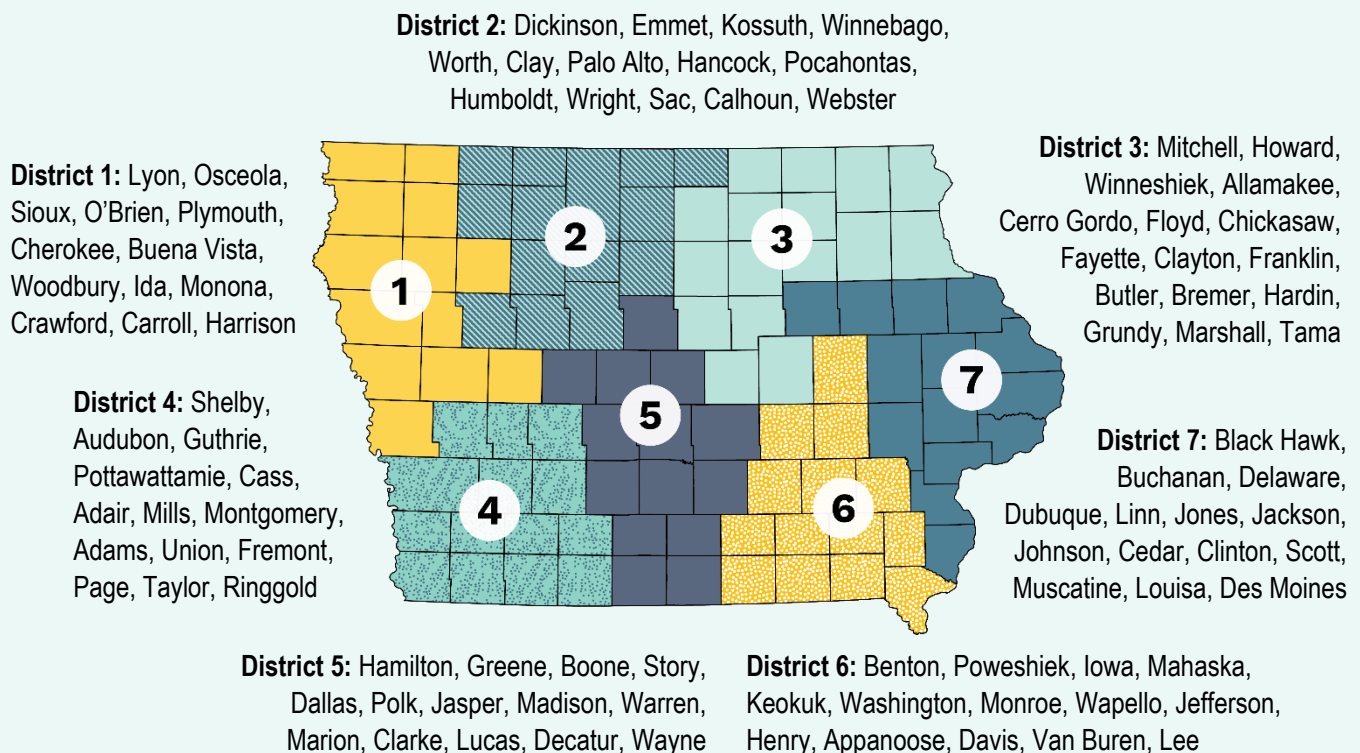
What Stays the Same

- ▶ County autonomy remains unchanged.
- ▶ Local boards of health remain under Iowa Code 137 and retain their authority and required legal responsibilities, including disease investigation, isolation and quarantine and enforcement of state health laws.
- ▶ Counties continue to employ their own staff, contract for services and collaborate with partners as they choose based on local needs.
- ▶ Local public health agencies continue existing partnerships.
- ▶ Local providers will continue to contract directly with Iowa HHS for certain programs such as Private Well Grants and certain high-morbidity programs.
- ▶ Local providers will continue providing data on service delivery, community needs and public health assessments.

The Bigger Picture

Iowa HHS Service Systems include:

- Aging & Disability Services
- Behavioral Health
- Community Access & Eligibility
- Family Well-Being & Protection
- **Public Health**




Please submit any questions to:
SystemAlignment@hhs.iowa.gov



Health and
Human Services

Let's break cycles & build a better future for you & your kids.

Connecting You To Resources You Can Trust Across 13 Areas of Support:

-  Housing
-  Recovery
-  Employment
-  Transportation
-  Education
-  Mental Health
-  Physical Health
-  Safety
-  Dental
-  Financial Stability
-  Food
-  Childcare
-  Legal Assistance

If you're working hard but it still feels like the odds are against you, **you're not alone.** Your Thrive Iowa Support Team is here to walk with you to meet your goals.

Thrive Iowa is a network connecting you to caring people and trusted resources. We don't just offer quick fixes — we build a plan together for real, lasting solutions, and we keep checking in.

Our target participants are parents (custodial or noncustodial), caregivers, or expectant parents in need.

We are currently offering services in multiple communities across multiple states. Visit hhs.iowa.gov/thrive to learn more.



Jasper Co. Health Dept FY26					July 1, 2025- June 30, 2026								
Public Health	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Totals
Communicable Disease	5	10	5	4	1	7	3	2	3	21			61
TB medication per day	30	55	30	31	30	6	0	0	0	0			182
Immunization given	7	71	3	17	14	13	3	3	0	0			131
School Audits			2550	2744									5294
Daycare Audits			256	198	293								747
Health Fair/Com Ed/Cares.- # approx.	310	450	305	7000	355	500	175	445	449	998			10987
Car seat installed	1	0	8	7	18	7	2	5	3	2			53
Promotions/Outreach													
Instagram impressions	209	231	119	560	202	328	101	239	130	592			2711
Instagram followers	524	525	523	522	522	524	529	528	529	539			5265
Facebook impressions: JCHD + Cares	26032	27094	27702	39675	35948	44998	211276	24655	44581	71285			553246
Facebook followers: JCHD + Cares	5297	5300	5307	5309	5326	5352	5369	5380	5408	5477			53525
Media-articles,ad,mentions	10	10	6	7	10	7	17	6	4	9			86
Media reach: appr./15,000	150000	150000	90000	105000	150000	105000	255000	90000	60000	135000			1290000
Website reach including resource guide	1910	2210	2417	2494	2608	2372	872	749	643	641			16916
Home Care Aide - reimbursement													
Total clients per month- duplicated	4	4	4	3	3	3	3	3	2	2	2		33
Claims PAID in month	\$1,120	\$1,426	\$788	\$788	\$910	\$700	\$980	\$910	\$840	\$849			\$ 9,310
Referrals Made/Outreach/Resources													
# referrals- on grant tracker form	278	674	395	317	454	320	187	452	422	453			3952
Grant billed													
Local Public Health Services-3% hold	\$20,446	\$18,261	\$21,762	\$25,502			\$2,579						\$88,550
Emergency Prep- PHEP	\$3,995	\$4,305	\$894	\$2,154		\$150	\$2,046		\$4,164	\$3,084			\$20,792
Immunization grant	\$3,307	\$3,391	\$3,476	\$1,025									\$11,199
Other funding: Decat					\$2,899	\$601			\$4,562				\$8,061
Total billed for month	\$27,748	\$25,957	\$26,132	\$28,681	\$2,899	\$751	\$4,626	\$0	\$8,726	\$3,084	\$0	\$0	\$128,603

Jasper County Cares Coalition

The 2nd Wednesday at 10:30 AM

- May 13
- June 10
- July 8
- August 12
- September 9
- October 14
- November 11
- December 9

2026



Contact: jaspercocares@jasperia.org

Jasper Co. Office Building, Large Conference Room
315 W. 3rd St N. Newton, Iowa 50208

2026 Multi-country Hantavirus Cluster Linked to Cruise Ship

Health Advisory

Distributed via the CDC Health Alert Network

May 11, 2026, 13:21

CDCHAN-00528

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and health departments about a new cluster of hantavirus disease cases caused by infection with Andes virus. Hantavirus disease can cause severe illness and can be fatal. Clinicians should be aware of the potential for imported cases, although the risk of broad spread to the United States is considered extremely unlikely at this time. As a precaution, this Health Advisory summarizes CDC's recommendations for U.S. public health departments, clinical laboratories, and healthcare workers about hantavirus disease case identification, testing, and biosafety considerations in clinical laboratories.

Background

On May 2, 2026, the World Health Organization (WHO) was notified of a cluster of severe acute respiratory illness (SARI) among passengers and crew of a cruise ship in the Atlantic Ocean. The cluster included two deaths and one critically ill passenger, whose laboratory tests confirmed hantavirus. On May 6, 2026, WHO confirmed that the type of hantavirus responsible for this outbreak is the Andes virus. As of May 8, 2026, WHO has reported eight cases (six confirmed and two suspected), including three deaths. Investigations are ongoing to assess exposure risk of all Americans passengers on the cruise ship or who may have been exposed to an infected cruise ship passenger on an aircraft.

The cruise ship departed from Ushuaia, Argentina, on April 1, 2026, and traveled across the South Atlantic Ocean, stopping at several remote locations, including Antarctica, South Georgia Island, Tristan da Cunha, Saint Helena, and Ascension Island. It carried 147 people (86 passengers and 61 crew) from 23 different countries. The extent of their contact with wildlife before or during the expedition is unknown.

CDC is working with partners (federal government, state and local and international) on safely repatriating American passengers from the cruise ship to a facility in Nebraska with specialized medical capabilities. On May 7, 2026, CDC sent a team to meet the cruise ship in the Canary Islands, Spain following travel from Cape Verde. The team is prepared to assess exposure risk among U.S. passengers and determine appropriate monitoring measures.

CDC is also coordinating with international partners to align public health guidance and has already issued health guidance to affected Americans via the State Department. **The risk to the public's health in the United States is considered extremely low at this time.** As a precaution, CDC is working to increase awareness of the outbreak among travelers, public health agencies, laboratories, and healthcare professionals nationwide.

Hantavirus pulmonary syndrome

Hantaviruses are a group of viruses that can cause severe illness and death. They are most commonly transmitted (spread) to humans through contact with infected rodents (e.g., urine, droppings, saliva). Rarely, infection can occur from rodent bites or scratches. From 1993 through 2023, a total of 890 laboratory-confirmed cases of hantavirus were reported in the United States. During that same period, 12 cases were reported in Iowa, with one additional case reported in Iowa in 2026.

In the Americas, hantaviruses can cause hantavirus pulmonary syndrome (HPS), a severe and potentially deadly disease that affects the lungs. HPS can be life-threatening. Among patients who have severe respiratory symptoms, the case fatality rate has been estimated at approximately 38%.

Andes virus, confirmed as the cause of this hantavirus outbreak, is the only type of hantavirus that has been documented to spread from person-to-person. Although rare, spread between people has typically required close, prolonged contact with a symptomatic person. This could include direct physical contact, prolonged time spent in close or enclosed spaces, and exposure to the infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding).

Symptoms of HPS caused by Andes virus usually appear within 4-42 days after exposure. Early symptoms can include fever, fatigue, and muscle aches, especially in large muscle groups like the thighs, hips, back, or shoulders. Early symptoms such as fever, headache, muscle aches, nausea, and fatigue can be easily confused with influenza or other viral illnesses. About half of all HPS patients have experienced headaches, dizziness, chills, and gastrointestinal symptoms, including nausea, vomiting, diarrhea, and abdominal pain. Late symptoms of HPS appear approximately 4-10 days after the initial phase of illness and can include coughing, shortness of breath, and chest tightness. Individuals are generally only infectious while symptomatic.

Early diagnosis of HPS can be difficult, especially within the first 72 hours of symptoms, before the virus can be accurately detected in body secretions and excretions. Repeat diagnostic testing is often done 72 hours after symptom onset. CLIA assays for detection of New World hantavirus IgM and IgG antibodies are available at CDC, some state public health laboratories, and Quest Diagnostics.

No specific treatment is recommended for hantavirus infection; early supportive care is critical even before the diagnosis is confirmed. Patients with suspected HPS can deteriorate rapidly, and delayed care reduces the chance of survival. In severe cases, extra-corporeal membrane oxygenation (ECMO) can significantly improve survival (up to ~80%) if started early. Usually, the critical phase of disease is fairly short, and survivors can recover quickly.

Recommendations for Healthcare Providers

- Be prepared to follow CDC's guidance for Andes virus under [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#).
 - In healthcare settings, for patients with suspected or confirmed Andes virus infection, CDC recommends patient placement in an airborne infection isolation room and the use of a gown, gloves, eye protection, and an N95 or higher-level respirator when entering the patient's room.

- Include HPS in the differential diagnosis for an ill person who has compatible symptoms AND who has reported epidemiological risk factors, including **at least one** of the following, within the 42 days before symptoms onset:
 - Had direct physical contact, or spent time in close or enclosed spaces, with a symptomatic person with confirmed or suspected Andes virus infection or with any objects contaminated by their body fluids.
 - Had exposure to an infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding).
 - Experienced a breach in infection prevention and control precautions that resulted in potential contact with body fluids of a patient with suspected or confirmed Andes virus infection.
- Consider and perform diagnostic testing for more common illnesses as well, such as [COVID-19](#), [influenza](#), and other common causes of gastrointestinal and febrile illnesses in an acutely ill patient with epidemiological risk factors and compatible symptoms.

For questions or concerns about submitting a specimen, please contact the HHS Center for Acute Disease Epidemiology (CADE) at 1-800-362-2736 (daytime) or 515-323-4360 (after hours, ask for the on-call epidemiologist).

For More Information

General Resources

- [About Hantavirus | CDC](#)
- [About Andes Virus | CDC](#)
- [Reported Cases of Hantavirus Disease | CDC](#)
- [Hantavirus Prevention | CDC](#)

Clinician Resources

- [Clinical Overview of Hantavirus | CDC](#)
- [Clinician Brief: Hantavirus Pulmonary Syndrome \(HPS\) | CDC](#)
- [Clinician Brief: Hemorrhagic Fever with Renal Syndrome | CDC](#)
- [Hantavirus Disease Trainings for Healthcare Providers | CDC](#)
- [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#)

Health Department Resources

- [Hantavirus Case Definition and Reporting | CDC](#)

Alcohol Treatment Resources - Jasper County

WHAT IS ALCOHOL USE DISORDER (AUD)?

Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. The good news is that no matter how severe the problem may seem, evidence-based treatment with behavioral therapies, mutual-support groups, and/or medications can help people with AUD achieve and maintain recovery.

RESIDENTIAL TREATMENT

Medical Detoxification &/or Residential

- **ASAC- Heart of Iowa** & multiple locations
- **Bridges of Iowa**, Des Moines
☎(515) 494-8515
- **Community & Family Resource (CFR)**
☎(866) 801-0085
- **Clearview Recovery** (Women)
☎(641)275-3441 **Prairie City**
- **Clive Behavioral Healthcare**, Clive
☎(844) 680-0504
- **Hickory Treatment** (Men/Women), Grinnell
☎(800)639-0069
- **Ivory Plains Recovery Center**, Adair
☎(888)201-3281
- **Prairie Ridge**, multiple locations
☎(641)424-2291
- **Rosecrance Behavioral Healthcare**
☎(815)391-1000 Creston & Davenport
- **St. Gregory Recovery Center**, Bayard.
☎(888)202-0387
- **Thrive Now Recovery Center**
☎(515) 824-5154 Pleasant Hill & Iowa City
- **UnityPoint**, Powell Chem, Des Moines
☎(515)263-2424
- **Veterans' Addiction & Substance Use**
☎(515) 699-5861 24 Hour Care
- **Zion Integrated Behavioral Health**
☎(712)243-5091 Atlantic

DRINKING DRIVERS (DUI) CLASS

- **Capstone Behavioral Healthcare**
☎(641) 792-4012 Newton
- **Keys to Success**
☎(641) 780-1087 Pella

CRISIS

- **Your Life Iowa** ☎988
☎(855)581-8111
Text (855)895-8398
- **Eyerly Ball Mobile Crisis**
☎988 or Call (515)205-9213

OUTPATIENT SUBSTANCE TREATMENT

Intensive Outpatient Program (IOP)

- **Capstone Behavioral Healthcare**, Newton
☎(641) 792-4012 (Transportation provided)

Outside of Jasper County, within 30 minutes

- **Clive Behavioral Health**, Clive (Evenings)
☎(844) 680-0504
- **St. Gregory Recovery Center**, West Des Moines
☎(888) 202-0387
- **UnityPoint Health, Powell**, Des Moines
☎(515) 263-2424
- **UCS Healthcare** Des Moines
☎(515) 280-3860

Other Outpatient Services

- **House of Mercy, Newton**
☎(641) 792-0717
- **Integrated Treatment Services (ITS)**, Newton
☎(641) 792-0045

SUPPORT IN JASPER COUNTY

- **AA (Alcoholics Anonymous)** aa.org, St. Stephen's, Newton. Also, see the website for days and times
- **AA Meetings, Area 24 District, AA Iowa**
- **Celebrate Recovery Newton** Church of The Way
☎(641)792-7300
- **Discover Hope 517, Newton**, Breaking Free Group
Tuesdays at 5:30 PM ☎(641)841-0598
- **House of Mercy, Newton**, Peer Support and Groups
☎(641)792-0717
- **SheepGate, Colfax**, 12-month men's program
☎(515)674-3713

Family Support Groups:

- **Al-Anon**, St. Stephen's Church, Newton, Sundays 6 PM
- **Al-Anon State**

Other websites for treatment

- SAMHSA.GOV
- Findtreatment.gov
- jasperia.org/resources/

EMERGENCY

☎911 or go to the nearest Emergency Dept



SENIOR HEALTH & FITNESS FAIR



WEDNESDAY MAY 27TH 7:30-10:00AM

Come to this **FREE** event and enjoy breakfast provided by Park Centre, raffle prizes, senior focused presentations and meet with local vendors.



Special Events

- 7:30am: Park Centre breakfast starts
- 8:00am: Community Vendor Booths Open
- 8:15-8:45am: "Downsizing Made Easy" presented by Andy Algreen
- 9:00-9:30am: "Fall Prevention Strategies" presented by MercyOne Newton PT and OT
- 9:45am: Cardio Drumming presented by Park Centre



641-792-4006 | SARAH.PITTMAN@NEWTONYMCA.ORG

CAR SEAT EVENT



Saturday, MAY 16, 2026

8 AM-12:00 PM

Location: Pregnancy Center of Central Iowa
709 1st Ave W, Newton

FREE car seats will be available while supplies last.

FREE \$25 Kwik Star Fuel Cards will be given to the first 15 families who attend.

Funding for this event is provided by the Jasper, Marion, and Poweshiek Board



JASPER COUNTY
HEALTH DEPARTMENT - IOWA

