Jasper County Board of Health Agenda, Tentative
Thursday, September 10, 2026, 11:00 AM
Jasper County Office Building, 315 W. 3rd St. N., Large Conference Room, Newton, Iowa
A hybrid option is available via a 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) July 9, 2026, minutes (Attachment, 1 page)
5. Agenda Approval:(Action) Consider and approve the agenda (Attachment,1 page)
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
     - July and August reports – handout during the meeting

Old Business:

8. IHHS Updates: (Information Only, Discussion)
   IHHS Public Health System Alignment One Pager (Attachment, 2 pages)

New Business:

9. Jasper County Board of Health terms (Information Only) (Attachment, 1 page)
   - Donna Akins Term Ends: 12/31/2026
   - Doug Cupples Term Ends: 12/31/2026
10. 99 County Cancer Discussion About Jasper County: 9.9.2026
    Note: This is before the Board of Health meeting. Please sign up https://tinyurl.com/jaspercoia
    (Information) (Attachment, 1 page)
11. Emergency Plans (Action)
    - Hazard Vulnerability Assessment (HVA), (Attachment, 1 page)
    - NIMS Cast Compliance (Attachment, 5 pages)

Reports

12. Staff Report (Information Only)
13. Next meeting: Thursday, November 12, 2026, 11:00 AM
14. 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, July 9, 2026, 11:00 AM

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

- Call to Order. Time: 11:01 AM
- Roll Call of Jasper County Board of Health members: Present: Julie Smith (Chair); Donna Akins, and Jody Eaton
  Absent: Dr. Andrew Cope, Medical Director, Doug Cupples, Board of Supervisors.
- Introduction of others present: Becky Pryor, Administrator; Kristina Winfield, Public Health Coordinator; Melissa Gary, Health Department Assistant.
  Absent: Kevin Luetters, Community Development Director. No one online.
- Approval of the May 14, 2026, minutes. See 3-page attachment
  - Motion: Jody Eaton, Seconded by Donna Akins. All in favor, Motion passed unanimously
- Consider and approve the agenda. See 1-page attachment
  - Motion: Donna Akins, Seconded by Jody Eaton. All in favor, Motion passed unanimously
- Citizen Comments: None
- Outside Agency Reports:
- Environmental Health: May and June report. See 2-page attachment. Kevin was not present.
  - Becky Pryor, Jasper County Health Department Administrator, reported that Environmental Health has provided 269 services in Jasper County in FY26. Reports from May and June indicate an increase in inspections and well fills. Environmental Health program no longer provides time-of-transfer services.

1. Old Business:
   - IHHS Updates:
     - Becky informed the Board that the IHHS Public Health RFP for district planning should be released in August 2026. These Public Health districts will align with the Behavioral Health districts. The county awarded the RFP will serve as the hub for all counties in the district.
2. New Business:
   - Annual Policy Review. Becky review all.
     - Record retention update. See 2-page attachment. The update mandates retaining information for all federal grants for 10 years.
     - Environmental policies: Community Development responsible for. Chapter 69 has changed.
     - Home Care Reimbursement policies will go away on 7/1/2027.
     - Posting Board meetings. See 1-page attachment.

     Motion: Jody Eaton, Seconded by Donna Akins. All in favor, Motion approved unanimously
   - FY26 Annual Report and Strategic Plan
     Becky Pryor presented the FY 26 annual report, which included the FY 27 strategic plan.
     - Motion: Jody Eaton, Seconded by Donna Akins. All in favor, Motion approved unanimously
   - Next meeting: Thursday, September 10, 2026, 11:00 AM
   - Motion to adjourn the meeting:
     Motion, Donna Akins, Seconded by Jody Eaton. All in favor; motion approved unanimously

   - Time: 11:49 AM

_____

Board Member Signature: Date:

Minutes taken by Melissa Gary on July 9, 2026.

Public Health Service System Alignment

Phase 1: Planning

January 1, 2027 – June 30, 2028

Districtwide Public Health Service System Analysis

1. **Lead Entities will collect local boards' of health (LBOH) plans to fulfill their legal obligations outlined in Iowa Code (Sections 139A.11–12, 15–18 and 351.36).**
2. **Lead Entities convene partners for system planning**
   - ▶ Focus on the following Priority Core Public Health Services:
     - *Chronic Disease & Injury Prevention*
     - *Communicable & Infectious Disease Control*
     - *Environmental Public Health*
   - ▶ Collaborate with existing Preparedness and Collaborative Service Areas
   - ▶ Develop system navigation processes
3. **Lead Entities assess capacity & gaps in core service delivery**
   Identify strengths, weaknesses and gaps within each county across the district.

Statewide Plan:
Iowa HHS will draft a Public Health Service System Statewide Plan to guide District Plan development.

District Public Health Service System Plan

Using the analysis, the Lead Entity and partners will develop a District Plan that outlines how public health activities across the district will be organized, coordinated and supported.

Phase 1: Funding

How much funding will be available?

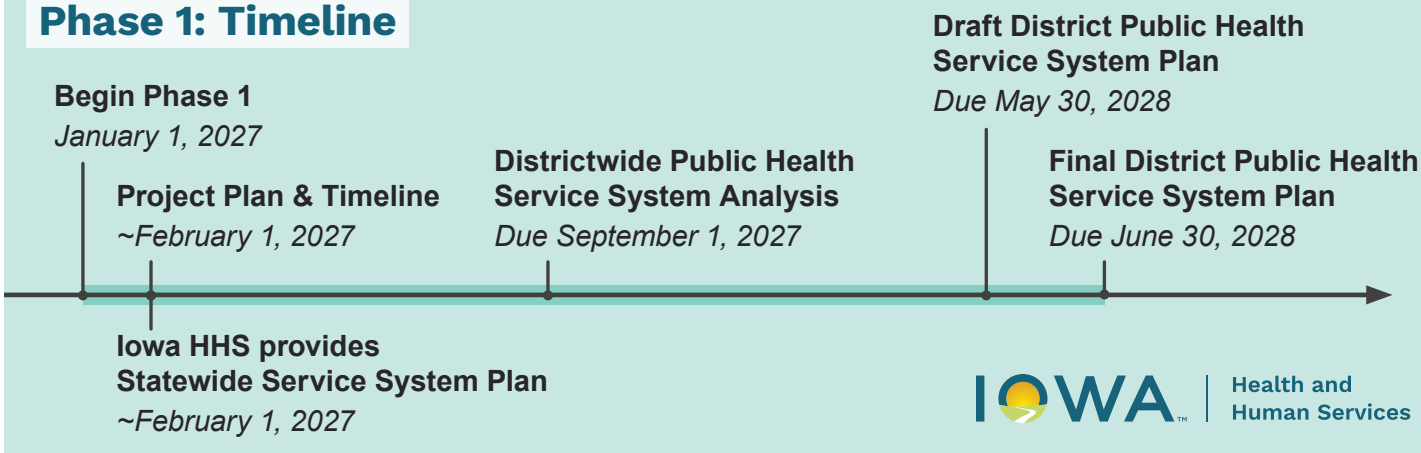
Approximately $592,000 per district, one-time funding from the CDC Public Health Infrastructure Grant (PHIG), plus a small amount of Public Health Emergency Preparedness (PHEP) funding.

How will District costs be covered?

Phase 1 will be a deliverable-based budget. Deliverables are planned to ensure operating funds are available for Districts throughout Phase 1.

Important:
No changes to current local public health funding strategies will occur before July 1, 2028 (SFY 2029).

Phase 1: Timeline



IOWA | Health and Human Services

Public Health Service System Alignment

Phase 2: Implementation of District Plans Begins

Begins July 1, 2028

Phase 2: Key Points for Implementation

Statewide and District Public Health System Plans will be created collaboratively between Iowa HHS, Lead Entity and District Partners.

- Initial District Plans will be finalized by June 30, 2028.
- Districts will begin to execute plans July 1, 2028.

Plans will be evaluated and adjusted as needed throughout the contract period. Iowa HHS, Lead Entities and District Partners will work collaboratively to ensure success.

***District Partners** include, but are not limited to, Local Public Health Agencies (LPHA), and they may include partners located outside the District.*

Phase 2: Funding

How much funding will be available?

Beginning July 1, 2028, a total of approximately $9.2 million in annual funding will be distributed through Lead Entities from the following contracts:

- Local Public Health Services
- Immunization
- Childhood Lead Poisoning Prevention
- Obesity Prevention

What this means for funding:

Contracts from this funding will no longer be issued directly to Local Boards of Health (LBOH) or providers.

LPHAs and LBOH will not automatically receive guaranteed funding.

LPHAs may continue offering services not funded in the future system by using county dollars or other available funding sources.

How will District costs be covered?

- Funding will be distributed to District Lead Entities by combining funding previously allocated to counties within the District.
- Lead Entity expenses will be covered by these combined grant funds.
- Partners must engage in District Planning efforts to be eligible to receive funding.
- Iowa HHS will continue to evaluate state and federal funding along with system needs and may make adjustments in awards made to districts.

How funding will be prioritized:

- The Public Health Service System Statewide Plan created in Phase 1 will create funding priorities.
- Each Lead Entity will collaborate with district partners & Iowa HHS to create a District Plan. Lead Entities will align funding with activities identified in the District Plan.

What this means:

Lead Entities will allocate funds (with local input) in ways that best support the priorities identified in District Plans.

Some activities LPHAs currently provide with these funds may not be eligible for funding in the future system.

For FAQs about Public Health Service System Alignment, visit: https://hhs.iowa.gov/ph-alignment-faqs

Jasper County Board of Health Roster as of 7.16.2026

Doug Cupples
Term Expires: December 31, 2026
Member since 11/26/2024 (Replaced Denny Stevenson, BOS)

Dr. Andrew Cope, Medical Director
Term Expires: December 31, 2027 (BOS November 9, 2021)
Member since 2018 – 7 years

Donna Akins
Term Expires: December 31, 2026
Member since 2019- 5 years

Julie Smith
Term Expires: December 31, 2027
Member since 1/2022- 3 years

Jody Eaton
Term Expires: December 31, 2028
Member since 1/2023- 2 year

Learn more about cancer

in Jasper County

Did you know? Iowa has the 2nd highest rate of new cancer diagnoses in the U.S., and rates are rising!

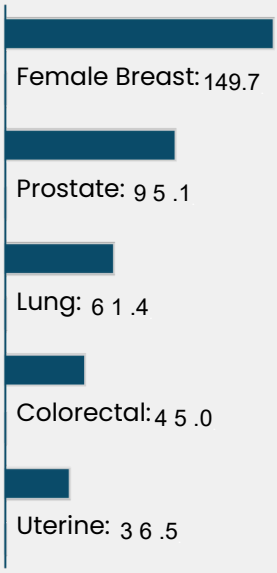
254 people
in Jasper County are diagnosed with cancer each year, on average

85 people
in Jasper County die of cancer each year, on average

Jasper County ranks
#60
for new cancer rates in Iowa
where #1 is highest and #99 is lowest

Join experts from the Iowa Cancer Registry to learn about cancer trends, statistics, and risk factors in your county.

Top cancers in Jasper County
Based on age-adjustedincidence rate per 100k



Wednesday, September 9, 2026

9:00 – 10:00 AM

Jasper County Health Department
315 W 3rd Street N
Suite 006 (Large Conference Room)
Newton, IA 50208

This meeting will be livestreamed via Zoom
RSVP to attend in-person or online at https://tinyurl.com/jaspercoia
or use the QR code

Iowa Cancer Consortium
www.canceriowa.org

IOWA HEALTH CARE
Holden Comprehensive Cancer Center

Iowa CANCER REGISTRY ICR
STATE HEALTH REGISTRY OF IOWA

IOWA RURAL HEALTH ASSOCIATION

Jasper County HVA FY27
Hazard Vulnerability Assessment

What is a Hazard Vulnerability Assessment?
A Hazard Vulnerability Assessment (HVA) is a systematic approach to identifying hazards of risks that are most likely to impact your healthcare facility and the surrounding community.

Purpose of the HVA:
Drive the focus of your Emergency Preparedness Program, plan development and updating and training for your organization

Goals of the Healthcare Coalition (HCC) HVA:

- assess and rank potential HCC threats or hazards,
- identify any potential HCC or system-wide vulnerabilities or gaps,
- promote the implementation of hazard mitigation strategies and plans,
- develop/update the HCC 5-year training and exercise plan,
- promote information sharing across the HCC about best practices related to threat preparedness.

Jasper County top 10 hazard rankings based on your last HVA:

1. Inclement Weather
2. Communication Failure
3. IT Failure
4. Staffing Shortage and lack of training
5. Supply shortage/lack of storage
6. Human cause incidents/violence
7. Pandemic/Epidemic/Outbreak
8. Utility/Electrical Failure
9. Mass Casualty
10. Active Threat

The hazard-specific relative risk, by order of threat.

1. Human
2. Hazmat
3. Technological
4. Natural

NIMS Adoption

Compliance Requirement: Adopt NIMS at the agency level for all departments; as well as promote and encourage NIMS adoption by others.

1. Has the public health agency formally adopted NIMS as the all-hazards, incident management system?

☒ Yes
☐ No
· If "yes", what legal authority was used to adopt NIMS: (check all that apply)
Jasper County Board of Health
☐ Other
· The date NIMS was formally adopted through a BOH meeting or the date the BOH approved the plans that included NIMS adoption language?
10-Sep-2026
· Is there a process for renewing / maintaining the approval of plans that includes NIMS adoption language?
☒ Yes ☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

2. Has the public health agency promoted and encouraged the adoption of NIMS internally?
☒ Yes
☐ No
· If "no", which of the following impedes adoption:
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

Compliance Requirement: Designate a single point of contact within the public health agency to serve as the principal coordinator for NIMS implementation.

3. Has the public health agency designated a single point of contact with the authority to serve as the principal coordinator for overall NIMS implementation?
☒ Yes
☐ No
· If "yes", who has been designated: ***Rebecca Pryor***
· If "no", which of the following impedes designated a single point of contact for NIMS implementation: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

Preparedness Planning

Compliance Requirement: Revise and update emergency operations plans (EOPs) and standard operating procedures (SOPs) to incorporate NIMS and National Response Framework (NRF) components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.

1. Indicate in the table below if public health departments with an emergency management or emergency response function that have incorporated NIMS into the following activities:

	Yes	No
Planning	☒	
Training Programs	☒	
Response Activities	☒	
Exercise Program	☒	
Equipment Acquisition	☒	
Evaluations	☒	
Corrective Actions	☒	

2. To what extent have the following NIMS concepts and principles been incorporated into incident management policies and SOPs:

	Not Incorporated	Fully Incorporated
Flexibility		☒
Scalability		☒
Standardization		☒
Interoperability & Compatibility		☒

Compliance Requirement: Participate in and promote mutual aid agreements, to include agreements with the private sector and non-governmental organizations.

3. Does the public health agency participate in mutual aid agreements?
☒ Yes
☐ No
· If "no", explain:
· Which of the following impedes the participation and promotion of mutual aid agreements: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise

☐ Education
☐ Other impediments, explain:

4. What actions have been taken by the public health agency to promote mutual aid agreements?
☒ Developed working groups and/or committees
☒ Signed MOUs/MOAs
☐ IMAC signatory
☒ Engaged in regular correspondence via phone/email
☒ Developed mutual aid templates
☐ Other actions taken by the public health to promote mutual aid agreements, explain:
☐ No actions have been taken, explain:
· Which of the following impedes promoting mutual aid agreements: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

5. What actions have been taken by the public health agency to promote mutual aid agreements with private sector and non-governmental organizations (check all that apply):
☒ Developed working groups and/or committees
☒ Signed MOUs/MOAs
☒ Engaged in regular correspondence via phone/email
☒ Developed mutual aid templates
☐ Other actions taken by the public health to promote mutual aid agreements with private sector and non-governmental organizations, explain:
☐ No actions have been taken, explain:

6. Indicate the types of mutual aid agreements for which the public health has trained or Exercised:

	Intrastate	Interagency
Training		☒
Exercises		☒

Preparedness Training

Compliance Requirement: Ensure that the appropriate personnel complete IS-700a NIMS: An Introduction; IS-800b National Response Framework; ICS 100a: Introduction to ICS; ICS 200a: ICS for Single Resources and other applicable training

****Refer to NIMS Training Record for training requirements and recommendations**

1. Does the public health agency document training status of personnel for NIMS compliance?
☒ Yes
☐ No
· If "no", explain:
· Which of the following impedes incorporating NIMS/ICS into public health training and Exercises: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Preparedness Exercises

Compliance Requirement: Incorporate NIMS/ICS into all training and exercises.

1. Does the public health agency incorporate NIMS into all training and exercises?
☒ Yes
☐ No
· If "no", explain:

Compliance Requirement: Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines.

2. Did the public health agency complete an after-action report and improvement plan for every exercise?
☒ Yes
☐ No
· If "no" which of the following impedes the completion of the after-action report and improvement plan: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

3. Did the public health agency participate in functional exercises that involved a multi-disciplinary and/or multi-jurisdictional component?
☒ Yes
☐ No
· If "yes", which disciplines were included ***Hospital, EMA, EMS, Health Department***
· If "no", explain:

4. Does the public health agency have an all-hazards Exercise program?
☒ Yes
☐ No
· If "no", which of the following impedes developing an all-hazards Exercise program (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Compliance Requirement: Incorporate corrective actions into preparedness and response plans and procedures.

5. Public health agency incorporates corrective action plans, after-action reports, and/or lessons learned into which of the following (check all that apply):
☒ Plans

☒ Procedures
☐ None, explain:
· What impedes incorporating corrective action plans, after-action reports and/or lessons learned (check all that apply):
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

6. Does the public health agency utilize improvement plans and after-action reports to maintain a Corrective Action Program?
☒ Yes
☐ No
· If "no", which of the following impedes developing an all-hazards Exercise program (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Communication and Information Management

Compliance Requirement: Apply common and consistent terminology as used in NIMS, including the establishment of plain language communications.

1. During an event, does the public health agency implement the following communication standards:

	Yes	No
Plain Language	☒	
Standardized terminology (verbal communications)	☒	
Standardized terminology (print communications)	☒	

Compliance Requirement: Utilize systems, tools and processes to present consistent and accurate information during an incident/planned event.

2. During an event, does the public health agency present consistent and accurate information:

	Yes	No
Communications	☒	
Information Management (computers)	☒	
Intelligence/Surveillance	☒	
Information Sharing (radios)	☒	
Resource Status (PODs, PPE, meds/vaccines)	☒	

Resource Management

Compliance Requirement: Inventory response assets.

1. Has the public health agency inventoried and maintained its response resources?
☒ Yes
☐ No
· If "no", which of the following impedes inventorying and maintaining response assets (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

2. Is interoperability considered prior to purchase of equipment?
☒ Yes
☐ No
· If "no", which of the following impedes inventorying and maintaining response assets (check all that apply).
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Education
☐ Other impediments, explain:

Command and Management

Compliance Requirement: Public Health Incident Command System (ICS): Manage all emergency incidents and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine and procedures, as defined in NIMS. ICS implementation must include the consistent application of Incident Action Planning and Common Communications Plans, as appropriate.

1. Does the public health agency implement NIMS-prescribed ICS for all-hazards incident response?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

2. Does the public health agency implement NIMS-prescribed ICS for managing preplanned events?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise

☐ Education
☐ Other impediments, explain:

3. Does ICS implementation include the consistent application of incident action planning?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

4. Does ICS implementation include the consistent application of common communications plans?
☒ Yes
☐ No
· If 'no", which of the following impedes adoption: (check all that apply)
☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

5. Do incident action plans incorporate the following ICS concepts:

	Yes	No
Designation of measurable objectives	☒	
· If "no", explain:		
Designation of command staff positions	☒	
· If "no", explain:		
Manageable span of control	☒	
· If "no", explain:		
Clear chain of command	☒	
· If "no", explain:		
Use of plain language	☒	

6. Do common communication plans address:

	Yes	No
Utilization of communications equipment and facilities assigned to the incident	☒	
· If "no", explain:		
Installation and testing of all communications equipment	☒	
· If "no", explain:		
Supervision and operation of the incident communications	☒	
· If "no", explain:		
Distribution and recovery of communications equipment assigned to the incident	☒	
· If "no", explain:		
Maintenance and repair of communications equipment on site	☒	
· If "no", explain:		

Compliance Requirement: Multi-agency Coordination System(MACS): Coordinate and support emergency management and incident response objectives through the participation in multi-agency coordination systems, i.e. – develop and maintain connectivity capability between local Incident Command Posts, local 911 Centers, and local Emergency Operations Centers.

7. Does the public health agency support the participation of multi-agency coordination systems where appropriate, during incidents/planned events?

	Yes	No
Framework (e.g. emergency operations procedures and disaster plans)	☒	
If "no" , explain:		
Training Curriculum	☒	
· If "no" , explain:		
Exercises	☒	
· If "no" , explain:		

8. Does the public health lead or participate in a multi-agency coordination system or utilize a multi-agency coordination system for:

	Yes	No
Preplanned events (recurring or special)	☒	

· If "yes", explain how it has been successfully utilized to manage preplanned events: **Nursing Facility drill was successful in gathering stakeholders together to discuss a mass casualty drill that led to great contacts, communication and relationship building with the nursing facilities as well as first responders and the hospitals and clinics. This led to a great group that meets regularly to discuss events happening in our county and has led to us working well to coordinate and communicate and understand the roles and responsibiilities of each stakeholder better.**

No-notice events	☒	

· If "yes", explain how it has been successfully utilized to manage no-notice events: **call back drill during severe weather helped to ensure rapid communication with staff and EOC ensuring a timely and efficient response if needed.**

· If 'no", which of the following impedes adoption: (check all that apply)
☒ Plans
☐ Policy
☐ Personnel
☒ Funding
☒ Exercise
☒ Education
☐ Other impediments, explain:

9. Which of the following primary functions is coordinated by the public health agency multi-agency coordination system (check all that apply):

☒ Situation assessment
☒ Critical resource acquisition and allocation
☒ Local/tribal disaster support
☐ Coordination with elected and appointed officials
☒ Coordination of summary information
☐ Incident priority determination
☐ Other, please explain:

Compliance Requirement: Public Information System: Implement processes, procedures, and/or plans to communicate timely, accurate information to the public during an incident through a Joint Information System and/or Joint Information Center.

10. Does the public health agency's Emergency Operations Plan include processes and procedures for utilizing a Public Information System, including establishment of a Joint

☒ Yes
☐ No

- If "yes", how many individuals are trained in using the public information system: **3**
- If "no", explain:
- Which of the following impedes the inclusion of processes and procedures for utilizing a public information system into the public health Emergency Operations Plan: (check all

☐ Plans
☐ Policy
☐ Personnel
☐ Funding
☐ Exercise
☐ Education
☐ Other impediments, explain:

Compliance Requirement: Ensure that the Public Information System can gather, verify, coordinate, and disseminate information during an incident/planned event.

11. During incidents, can the public health public information system gather, verify, coordinate and disseminate the following types of information:

	Gather	Verify
Critical Emergency Information	☒	☒
Crisis Communication	☒	☒
Public Affairs	☒	☒
Other types of information	☒	☒

This document should be revised as changes to the above answers occur, or at least yearly in conjunction with your NIMS compliancy statement submission. Record reviews and revisions in the table below.

Date Reviewed	Printed Name	Signature
11/7/2019	Rebecca Pryor	Rebecca Pryor
11/21/2022	Rebecca Pryor	Rebecca Pryor
10/3/2023	Rebecca Pryor	Rebecca Pryor
9/12/2024	Rebecca Pryor	Rebecca Pryor
5/14/2026	Rebecca Pryor	Rebecca Pryor
7/16/2026	Rebecca Pryor	Rebecca Pryor