

**WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM**

**#14**

Date: 4/7/17 Weekly Agenda Date: 4/11/17

**ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN:** Supervisor Jeremy Taylor

**WORDING FOR AGENDA ITEM:**

Siouxland District Health update, 28E Agreement further discussion of responsibilities

**ACTION REQUIRED:**

- |  |  |   |
|--|--|---|
| Approve Ordinance <input type="checkbox"/> | Approve Resolution <input type="checkbox"/>              | Approve Motion <input type="checkbox"/> |
| Public Hearing <input type="checkbox"/>    | Other: Informational <input checked="" type="checkbox"/> | Attachments <input type="checkbox"/>    |

**EXECUTIVE SUMMARY:**

This is an informational update following discussion by our Building Services Director in front of the Board of Supervisors last week concerning water treatment at the District Health building.

**BACKGROUND:**

There was discussion at the Board of Health meeting on April 5 2017, of the 28E Agreement as well as further conversation and a meeting between Supervisor Taylor, Director Kevin Grieme, Building Service Director Kenny Schmitz and Baker Group Shane Albrecht. Results and discussion will be shared. ( Please see also some informational updates desired to be shared from that Board of Health meeting)

**FINANCIAL IMPACT:**

None

**IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?**

Yes  No

**RECOMMENDATION:**

Information Only

**ACTION REQUIRED / PROPOSED MOTION:**

Information Only

**28E AGREEMENT BETWEEN  
WOODBURY COUNTY, IOWA,  
AND SIOUXLAND DISTRICT BOARD OF HEALTH**

This Agreement is entered into this 24<sup>th</sup> day of September, 2002, by and between: Woodbury County, Iowa (hereinafter "County"), located at 620 Douglas Street, Sioux City, Iowa 51101 and the Siouxland District Board of Health (hereinafter "District Health"), located at 205 5th Street, Sioux City, Iowa 51101. This Agreement is entered into pursuant to Section 28E.12 of the Code of Iowa.

**I. PURPOSE AND OBJECTIVE**

This Agreement is entered into between the County and District Health (hereinafter "Parties") for the purpose of providing the terms under which County provides funding and other support for District Health and to set forth the terms of lease of office space for District Health. It is the objective of the Parties in entering into this Agreement to enable District Health to better fulfill its statutory duties and obligations. The Parties do not intend to create a separate legal entity under this Agreement. District Health has and will continue to operate as a separate and autonomous organization from that of the County.

**II. TERM**

This Agreement shall begin on July 1, 2002 and, unless sooner terminated as provided below, terminate on June 30, 2003. The Agreement shall automatically renew for successive one-year periods thereafter unless either party gives the other written notice of intent not to renew. Such notice shall be given not less than ninety (90) days before the end of the original or any succeeding renewal term. Notwithstanding the termination of this Agreement, however, the lease of the property identified in Exhibit B hereto, as provided in section V(B), below, shall continue until January 1, 2012 unless the term is extended as provided in said subparagraph V(B)(iii).

**III. ADMINISTRATION**

This Agreement shall be administered by District Health, an organization whose existence predates this Agreement. All administrative decisions concerning this Agreement shall be undertaken pursuant to the terms provided in District Board of Health's operating agreements, attached hereto as Exhibit A, and by this reference incorporated herein.

**IV. HOLDING OF PROPERTY UNDER THIS AGREEMENT**

All real property used or acquired under the terms of this Agreement shall be held in the name of County. All personal property used or acquired under the terms of this Agreement shall be held in the name of District Health.

**V. COUNTY RESPONSIBILITIES**

**A. FUNDING**

County shall provide funding to District Health for provision of Public Health services as provided by law. Funding shall be approved by the County Board of Supervisors as part of their normal budgetary process.

**B. LEASE**

- i. The County shall lease to District Health the property identified in Exhibit B, attached hereto and by this reference made a part hereof, situated in Woodbury County, Iowa. The term of the lease shall begin on February 1, 2002 and shall, unless extended as provided below, end on January 1, 2012.
- ii. District Health acknowledges that County maintains no duty to warn or protect District Health or any other party from of any defect in the leased premises, whether known or unknown, and that use of the property noted-above creates no duties upon County. District Health has had an opportunity to inspect the property and by signature below, represents that no concerns exists as to the condition of the property
- iii. Except as the rent may be adjusted pursuant to this subparagraph, District Health shall pay to County as rent for the property a total rent of \$80,000.00 per year payable on or before December 31 of each year commencing in December 2003. County intends to purchase the property identified in Exhibit B and to incur indebtedness therefor in the approximate amount of \$800,000.
- iv. District Health agrees to limit use of the property to use as a health service building. District Health shall defend, indemnify and hold County harmless for any claim which results from District Health's use of the property. County shall defend, indemnify and hold District Health harmless for any claim which results from County's ownership of the property. The duty of each party to indemnify the other shall survive the expiration of the term of the lease
- v. Within a reasonable time after the termination of the term of the lease, District Health will relinquish possession of the property to County. At the time of surrender of the property, District Health shall assure that the property is in good order and condition, excusable or insurable loss by fire, unavoidable accidents and ordinary wear, excepted.
- vi. If District Health or County violates the terms of this Agreement, the other may pursue the legal and equitable remedies to which each is entitled.

- vii. If either party files suit to enforce any of the terms of this Agreement, the prevailing party shall be entitled to recover court costs and reasonable attorney's fees.
  - viii. Landlord may enter upon the property at any reasonable time for the purpose of viewing, making repairs, or for other reasonable purposes.
  - ix. The conduct of either party, by act or omission, shall not be construed as a material alteration of this Agreement until such provision is reduced to writing and executed by both parties as an addendum to this Agreement.
  - x. No expense shall be incurred for or on account of County without first obtaining County's written authorization. District Health shall take no actions that might cause a mechanic's lien to be imposed upon the property.
  - xi. District Health shall, at its own expense, make any renovations for use of said property, provided, however that District Health and County may make application for joint grants, the proceeds of which may be used for such purpose. The cost of any maintenance or repair activity for said property that is \$2,000 or less shall be paid by District Health. The cost of any maintenance or repair activity that exceeds \$2,000 shall be paid by County. In the conduct of its maintenance and repair activities District Health shall, as it has customarily done in the past, consult County Building Services Department.
  - xii. District Health is not an agent of County.
  - xiii. This lease shall automatically renew for successive one-year terms after January 1, 2012 unless District Health gives County written notice of its intent not to renew not less than thirty (30) days before the expiration of the original term or the renewal term as the case may be. Unless the parties agree otherwise, the rent for the first renewal term shall be \$80,000. Thereafter, unless the parties agree otherwise, the rent for each successive renewal term shall be the rent for the immediately preceding renewal term increased or decreased by the same percentage as the percentage change in the Consumer Price Index (as defined below) occurring during said renewal term. For purposes of this subparagraph, the "Consumer Price Index" shall mean the U.S. City Average All Items Consumer Price Index for all Urban Consumers, or any successor index thereto. If the data necessary to make the adjustment are not available at the time the rent for any renewal term is due, then District Health shall pay County the same amount as the rent for the preceding renewal term and the adjustment to the rent shall be made as soon after such due date as practicable. Any amount due to either party as an adjustment shall be paid within thirty (30) days after the adjustment is calculated.
- C. County shall, at the request of District Health, provide District Health with the same Human Resources services provided to County offices. The Parties acknowledge that use of such services does not alter the employment relationship

between an employee of District Health and District Health and that the supervision, discipline and management of all such employees are entirely at the discretion of District Health. The Parties hereby represent that employees of District Health are not employees of the County and that District Health shall inform each of its employees of this in writing.

- D. County shall, at its cost, provide employment benefits to employees of District Health similar in nature to the benefits provided to County employees. These benefits include, but are not limited to, health insurance, dental insurance, worker's compensation, long-term disability insurance and life insurance. Other benefits may from time to time be provided by the County beyond those indicated above should both parties agree in writing to such an offering. District Health is authorized to extend benefits beyond that offered to County employees with such costs paid for by District Health.
- E. County shall continue to include District Health in the annual audit.
- F. County shall continue to provide payroll services, reporting of applicable payroll taxes and retirement benefits. District Health will continue to use the County federal ID number.
- G. County shall provide District Health with computer support services similar in nature to those provided to other County offices through the use of WCICC and any subcontractor employed through WCICC. District Health shall be entitled to participate in services beyond those common to other County offices by application for such services to the Director of WCICC and approval of the WCICC Board. Any services beyond those common to other County offices must be approved by the County and WCICC prior to installation. Funding for such projects must be approved by the County and the WCICC Board prior to installation.

## **VI. DISTRICT HEALTH RESPONSIBILITIES**

District Health shall:

- A. Comply with all provisions and requirements of the lease provisions noted above.
- B. Enforce state health laws and the rules and lawful orders of the state department of health.
- C. Make and enforce such reasonable rules and regulations not inconsistent with law or with the rules of the state department as may be necessary for the protection and improvement of the public health.
  - i). Rules of District Health shall become effective upon approval by the District Health and publication in a newspaper having general circulation in the district.

- ii.) Before approving any rule or regulation, District Health shall hold a public hearing on the proposed rule. Any citizen may appear and be heard at the public hearing. A notice of the public hearing, stating the time and place and the general nature of the proposed rule or regulation, shall be published as provided in section 331 305 of the Iowa Code in the area served by the District Health. District Health shall also make a reasonable effort to give notice of the hearing to the communications media located within said area.
- D. Employ persons as necessary for the efficient discharge of its duties. Employment practices shall meet the requirements of chapter 19A of the Iowa Code or any civil service provision adopted under chapter 400
- E. Designate the Treasurer of the County to establish a health fund for the district.
- F. Deposit in the health fund all moneys received by District Health for local health purposes from federal appropriations, from local taxation, from licenses, from fees from personal services, or from gifts, grants, bequests, or other sources. Expenditures shall be made from the fund on order of the District Health Board for the purpose of carrying out its duties.

**VII. AMENDMENT**

This Agreement may be amended from time to time by written agreement of the Parties.

**VIII. TERMINATION**

Each Party may terminate this Agreement at any time with thirty days written notice to the other Party. Upon termination of this Agreement, the Parties agree to use their best efforts to wrap-up all operations undertaken pursuant to this Agreement and distribute any real or personal property acquired thereunder. Should a conflict exists as to the distribution of any real or personal property, such conflict shall be resolved between the Parties by arbitration paid for equally between the disputing parties.

**IX. NOTICES**

Whenever notices and correspondence are to be given under this Agreement, the notices must be given by personal delivery to the other party or may be sent by mail, postage prepaid to the other party at the following address:

Woodbury County  
 Chr., Bd. of Supervisors  
 Room 104  
 County Courthouse  
 Sioux City, IA 51101

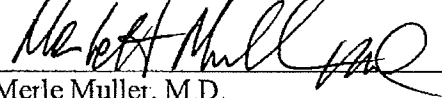
Siouxland District Board of Health  
 Health Director  
 205 5th Street  
 Sioux City, Iowa 51101

**X. APPLICABLE LAW.**

This Agreement is to be governed by the laws of the State of Iowa.

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above 28E Agreement and have caused their duly authorized representatives to execute this 28E Agreement.

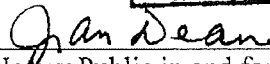
SIouxLAND DISTRICT BOARD OF HEALTH

  
\_\_\_\_\_  
Merle Muller, M.D.  
Chairperson, Siouxland District Board of Health

On this 30<sup>th</sup> day of September 2002, before me, a Notary Public in and for the State of Iowa, personally appeared Merle Muller, to me personally known, and, who, being by me duly sworn, did say that he is the Chairperson of the Siouxland District Board of Health; that the instrument was signed on behalf of the Siouxland District Board of Health, and that Merle Muller acknowledged the execution of the instrument to be the voluntary act and deed of the Siouxland District Board of Health, by it voluntarily executed.

Dated this 30<sup>th</sup> day of September, 2002.



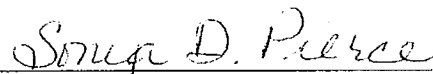
  
\_\_\_\_\_  
Notary Public in and for the State of Iowa

WOODBURY COUNTY

  
\_\_\_\_\_  
Larry Clausen, Chairperson  
Board of Supervisors

On this day 24<sup>th</sup> of September, 2002 before me the undersigned, a Notary Public in and for the State of Iowa, personally appeared Larry Clausen to me personally known, who, being by me duly sworn, did say that he is the Chairperson of the Woodbury County Board of Supervisors executing the foregoing instrument; that the instrument was signed on behalf of Woodbury County by authority of its Board of Supervisors; that Larry Clausen acknowledged the execution of the instrument to be the voluntary act and deed of Woodbury County by it voluntarily executed.

Dated this 24<sup>th</sup> day of September, 2002.

  
\_\_\_\_\_  
Notary Public in and for the State of Iowa



**AMENDMENT TO  
28E AGREEMENT BETWEEN  
WOODBURY COUNTY, IOWA  
AND SIOUXLAND DISTRICT BOARD OF HEALTH**

This amendment to the original 28E Agreement dated September 24, 2002, is entered into this \_\_\_\_ day of May, 2003, by and between Woodbury County, Iowa, 620 Douglas St., Room 101, and Siouxland District Board of Health, 1014 Nebraska Street, Sioux City, Iowa.

Pursuant to Section VII of the 28E agreement, the parties mutually agree to the following:

**The lease term of the property described in Exhibit B of the 28E agreement, which will currently expire on January 1, 2012, and is referred to in Sections II, V(B)(i), and V(B)(xiii), of the 28E agreement, is amended to reflect a new lease expiration date of January 1, 2027.**

**Except for the change of lease expiration date to January 1, 2027 in Sections II, V(B)(i), and V(B)(xiii), all other provisions of the 28E agreement remain in full force and effect.**

SIOUXLAND DISTRICT BOARD OF HEALTH

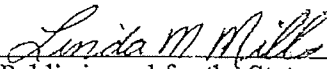


Merle Muller, M.D.

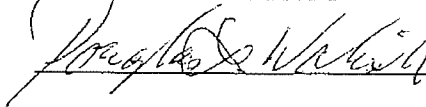
Chairperson, Siouxland District Board of Health

On this 14<sup>th</sup> day of May, 2003, before me, a Notary Public in and for the State of Iowa, personally appeared Merle Muller, to me personally known, and, who, being by me duly sworn, did say that he is the Chairperson of the Siouxland District Board of Health; that the instrument was signed on behalf of the Siouxland District Board of Health, and that Merle Muller acknowledged the execution of the instrument to be the voluntary act and deed of the Siouxland District Board of Health, by it voluntarily executed.

Dated this 14<sup>th</sup> day of May, 2003.

  
\_\_\_\_\_  
Notary Public in and for the State of Iowa

WOODBURY COUNTY






Doug Walish, Chairperson  
Board of Supervisors

On this day 20<sup>th</sup> of May, 2003 before me the undersigned, a Notary Public in and for the State of Iowa, personally appeared Douglas Walish to me personally known, who, being by me duly sworn, did say that he is the Chairperson of the Woodbury County Board of Supervisors executing the foregoing instrument; that the instrument was signed on behalf of Woodbury County by authority of its Board of Supervisors; that Douglas Walish acknowledged the execution of the instrument to be the voluntary act and deed of Woodbury County by it voluntarily executed.

Dated this 20<sup>th</sup> day of May, 2003.

  
\_\_\_\_\_  
Notary Public in and for the State of Iowa



CLARIFICATION TO  
28E AGREEMENT AND AMENDMENT TO 28E AGREEMENT  
BETWEEN WOODBUR6Y COUNTY, IOWA AND  
SIouxLAND DISTRICT BOARD OF HEALTH

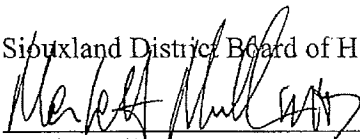
This clarification to the original 28E Agreement dated September 24, 2002 and the Amendment to 28E Agreement dated May 14, 2003, is entered into this 12th day of <sup>August</sup> ~~July~~, 2003 by and between Woodbury County, Iowa, 620 Douglas St., Room 101, and Siouxland District Board of Health, 1014 Nebraska Street, Sioux City, Iowa.

Pursuant to Section II and Section VIII, the parties mutually agree to the following clarification:

**Section II TERM:** The twenty-five year lease utilizes 2002 as the base year for calculation of the twenty-five year period of time.

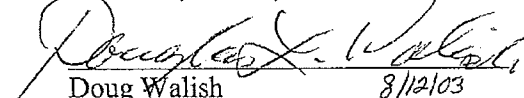
**Section VIII TERMINATION:** Both parties understand that they will not be able to exercise this section of the agreement prior to the completion of the twenty-five year lease period.

Siouxland District Board of Health



Merle Muller, MD  
Chairperson, Siouxland District Board of Health

Woodbury County



Doug Walsh 8/12/03  
Chairperson, Woodbury County  
Board of Supervisors

ADMINISTRATION  
(712) 279-6119  
Fax (712) 255-2601

ENVIRONMENTAL  
(712) 279-6119  
Fax (712) 255-2604

LABORATORY  
(712) 279-6119  
Fax (712) 255-2601

NURSING  
(712) 279-6119  
Fax (712) 255-2605

NUTRITION/WIC  
(712) 279-6636  
Fax (712) 255-2677

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

## 2017 County Health Rankings

# Iowa

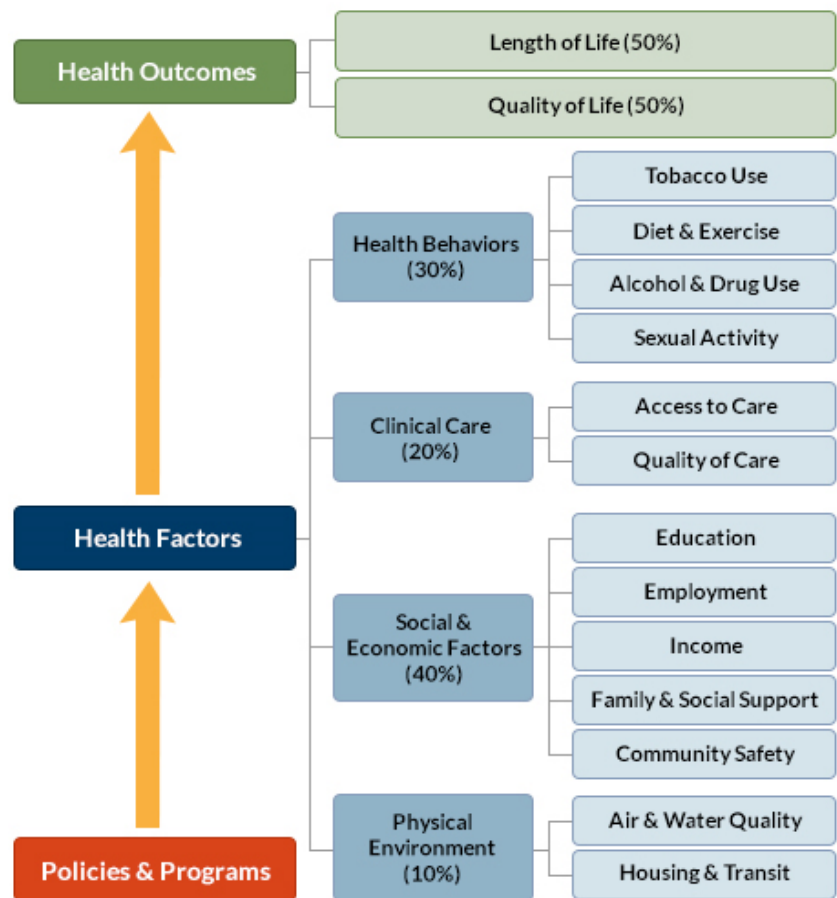


## INTRODUCTION

The *County Health Rankings & Roadmaps* program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

## WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to help identify issues and opportunities for local health improvement, as well as to garner support for initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



## DIGGING DEEPER INTO HEALTH DATA

Although we know that a range of factors are important for good health, every state has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. Some counties lag far behind others in how well and how long people live – which we refer to as a “health gap.” Find out what's driving health differences across your state and what can be done to close those gaps. Visit [countyhealthrankings.org/reports](http://countyhealthrankings.org/reports).

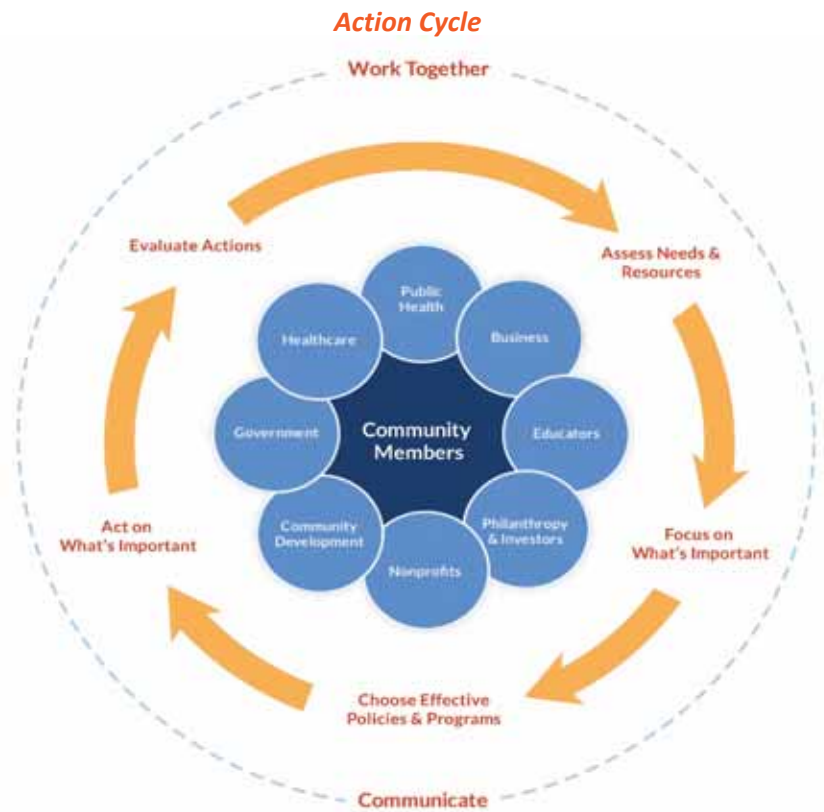
To further explore health gaps and other data sources in your community, check out the feature to [find more data](#) for your state and [dig deeper](#) on differences in health factors by geography or by population sub-groups. Visit [countyhealthrankings.org/using-the-rankings-data](http://countyhealthrankings.org/using-the-rankings-data).

## MOVING FROM DATA TO ACTION

*Roadmaps to Health* help communities bring people together to look at the many factors that influence health and opportunities to reduce health gaps, select strategies that can improve health for all, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from *awareness* about their county's ranking to *actions* designed to improve everyone's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- [What Works for Health](#) – a searchable database of evidence-informed policies and programs that can improve health
- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at [countyhealthrankings.org](http://countyhealthrankings.org)



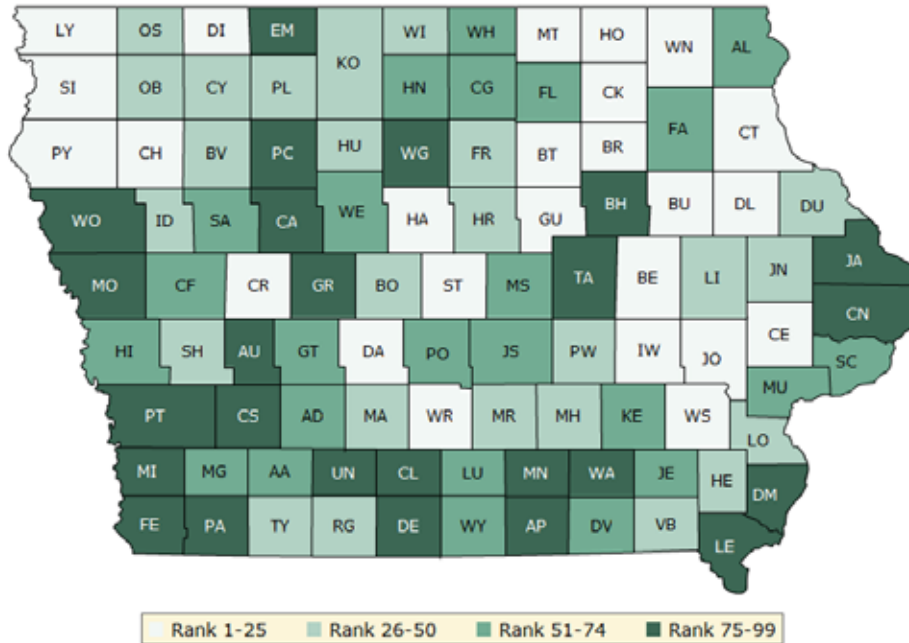
## HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide, the National Association of Counties, Local Initiatives Support Corporation (LISC), or Neighborworks— their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit [countyhealthrankings.org](http://countyhealthrankings.org) to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

### HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Iowa's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org).

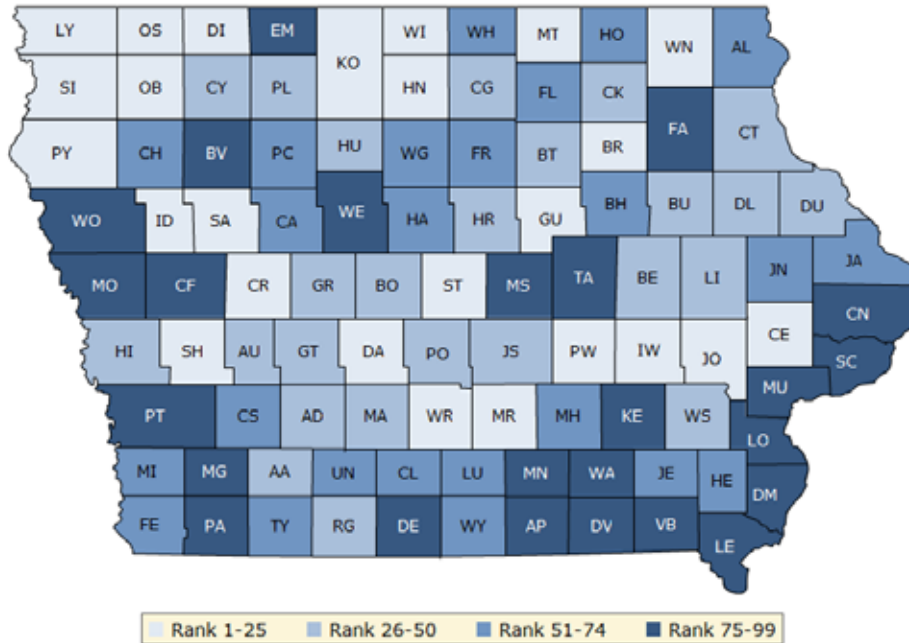


County	Rank	County	Rank	County	Rank	County	Rank
Adair	71	Davis	55	Jefferson	53	Pocahontas	96
Adams	68	Decatur	98	Johnson	16	Polk	59
Allamakee	52	Delaware	19	Jones	28	Pottawattamie	91
Appanoose	93	Des Moines	94	Keokuk	63	Poweshiek	38
Audubon	90	Dickinson	14	Kossuth	44	Ringgold	47
Benton	20	Dubuque	27	Lee	95	Sac	61
Black Hawk	85	Emmet	79	Linn	46	Scott	54
Boone	42	Fayette	69	Louisa	33	Shelby	49
Bremer	6	Floyd	73	Lucas	51	Sioux	1
Buchanan	24	Franklin	29	Lyon	3	Story	21
Buena Vista	45	Fremont	78	Madison	36	Tama	82
Butler	8	Greene	81	Mahaska	31	Taylor	37
Calhoun	86	Grundy	11	Marion	26	Union	87
Carroll	15	Guthrie	64	Marshall	74	Van Buren	35
Cass	80	Hamilton	22	Mills	89	Wapello	97
Cedar	5	Hancock	66	Mitchell	10	Warren	13
Cerro Gordo	70	Hardin	30	Monona	99	Washington	23
Cherokee	25	Harrison	62	Monroe	84	Wayne	60
Chickasaw	4	Henry	50	Montgomery	65	Webster	72
Clarke	92	Howard	12	Muscatine	57	Winnebago	32
Clay	34	Humboldt	40	O'Brien	39	Winneshiek	2
Clayton	18	Ida	41	Osceola	48	Woodbury	88
Clinton	83	Iowa	9	Page	76	Worth	67
Crawford	56	Jackson	75	Palo Alto	43	Wright	77
Dallas	7	Jasper	58	Plymouth	17		

### HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Iowa’s summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org)



County	Rank	County	Rank	County	Rank	County	Rank
Adair	36	Davis	89	Jefferson	64	Pocahontas	51
Adams	33	Decatur	92	Johnson	7	Polk	38
Allamakee	54	Delaware	28	Jones	52	Pottawattamie	95
Appanoose	97	Des Moines	96	Keokuk	75	Poweshiek	20
Audubon	39	Dickinson	16	Kossuth	15	Ringgold	46
Benton	42	Dubuque	29	Lee	98	Sac	22
Black Hawk	73	Emmet	76	Linn	43	Scott	83
Boone	35	Fayette	80	Louisa	84	Shelby	12
Bremer	6	Floyd	67	Lucas	69	Sioux	2
Buchanan	47	Franklin	63	Lyon	5	Story	8
Buena Vista	82	Fremont	72	Madison	26	Tama	79
Butler	27	Greene	45	Mahaska	70	Taylor	58
Calhoun	60	Grundy	4	Marion	18	Union	65
Carroll	11	Guthrie	49	Marshall	77	Van Buren	94
Cass	68	Hamilton	57	Mills	59	Wapello	99
Cedar	19	Hancock	21	Mitchell	14	Warren	13
Cerro Gordo	30	Hardin	37	Monona	78	Washington	34
Cherokee	56	Harrison	40	Monroe	86	Wayne	74
Chickasaw	48	Henry	66	Montgomery	88	Webster	87
Clarke	71	Howard	53	Muscatine	81	Winnebago	25
Clay	31	Humboldt	44	O'Brien	17	Winneshiek	1
Clayton	50	Ida	23	Osceola	24	Woodbury	93
Clinton	91	Iowa	9	Page	90	Worth	55
Crawford	85	Jackson	62	Palo Alto	32	Wright	61
Dallas	3	Jasper	41	Plymouth	10		

## 2017 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	5,900	3,600	12,000
Poor or fair health	% of adults reporting fair or poor health	16%	12%	10%	17%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.8	3.0	2.7	3.6
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	3.3	2.9	3.5
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	4%	10%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	17%	18%	14%	19%
Adult obesity	% of adults that report a BMI ≥ 30	31%	31%	23%	38%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	7.8	4.8	8.9
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	26%	24%	17%	32%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	76%	5%	92%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	21%	17%	24%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	30%	25%	0%	100%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	294.8	382.0	79.6	649.9
Teen births	# of births per 1,000 female population ages 15-19	38	27	6	49
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	14%	7%	5%	12%
Primary care physicians	Ratio of population to primary care physicians	2,030:1	1,350:1	11,160:1	550:1
Dentists	Ratio of population to dentists	2,570:1	1,600:1	7,340:1	450:1
Mental health providers	Ratio of population to mental health providers	1,105:1	820:1	25,660:1	310:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	56	48	23	90
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	86%	90%	79%	96%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	69%	51%	80%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	88%	90%	68%	98%
Some college	% of adults ages 25-44 with some post-secondary education	57%	70%	50%	85%
Unemployment	% of population aged 16 and older unemployed but seeking work	5.3%	3.7%	2.0%	5.3%
Children in poverty	% of children under age 18 in poverty	22%	15%	6%	27%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.3	3.3	5.6
Children in single-parent households	% of children that live in a household headed by a single parent	32%	29%	14%	41%
Social associations	# of membership associations per 10,000 population	12.6	15.3	5.7	32.6
Violent crime	# of reported violent crime offenses per 100,000 population	198	270	9	693
Injury deaths	# of deaths due to injury per 100,000 population	77	63	37	133
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.2	9.6	8.9	11.5
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	12%	6%	19%
Driving alone to work	% of workforce that drives alone to work	81%	81%	66%	87%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	30%	20%	9%	52%



## 2017 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2012-2014
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2015
	Poor physical health days	Behavioral Risk Factor Surveillance System	2015
	Poor mental health days	Behavioral Risk Factor Surveillance System	2015
	Low birthweight	National Center for Health Statistics – Natality files	2008-2014
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2015
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2013
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2010 & 2014
	Physical inactivity	CDC Diabetes Interactive Atlas	2013
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
<b>Alcohol and Drug Use</b>	Excessive drinking	Behavioral Risk Factor Surveillance System	2015
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2011-2015
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014
	Teen births	National Center for Health Statistics - Natality files	2008-2014
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2014
	Primary care physicians	Area Health Resource File/American Medical Association	2014
	Dentists	Area Health Resource File/National Provider Identification file	2015
	Mental health providers	CMS, National Provider Identification file	2016
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2014
	Diabetes monitoring	Dartmouth Atlas of Health Care	2014
	Mammography screening	Dartmouth Atlas of Health Care	2014
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	EDFacts <sup>1</sup>	2014-2015
	Some college	American Community Survey	2011-2015
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2015
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2015
	Income inequality	American Community Survey	2011-2015
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2011-2015
	Social associations	County Business Patterns	2014
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2012-2014
	Injury deaths	CDC WONDER mortality data	2011-2015
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution - particulate matter <sup>2</sup>	CDC National Environmental Public Health Tracking Network	2012
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2009-2013
	Driving alone to work	American Community Survey	2011-2015
	Long commute – driving alone	American Community Survey	2011-2015

<sup>1</sup> State sources used for California and Texas.

<sup>2</sup> Not available for AK and HI.

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## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

[countyhealthrankings.org](http://countyhealthrankings.org)



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## Guidance for Food Establishments during a Boil Water Order/Advisory

1. **What is a boil water order?**
  - a. A boil water order is issued by the DNR to public water systems when a health threat exists, or is likely to exist, that can be resolved by boiling the water.
2. **What is a boil water advisory?**
  - a. A boil water advisory is issued by a public water system when there is concern that a problem with drinking water may exist, but this problem has not yet been confirmed.
3. **Why are boil water orders/advisories issued?**
  - a. They are issued to protect the health of the public from infectious agents (such as bacteria) or other threats that could be or are known to be present in drinking water.
  - b. They may be issued for a variety of reasons, such as a water main break or a flood. Issues like these can cause a loss of water pressure and allow pathogens (such as bacteria) to enter the water system and be carried to consumers.
4. **What procedure should be used for boiling water?**
  - a. Put water in a clean and sanitized, heat-resistant container.
  - b. Put container on stove burner and bring to a rapid, rolling boil.
  - c. **Continue rolling boil for at least 1 minute.**
  - d. If necessary, cool water by placing in another sanitized container and storing in the refrigerator.
5. **While under a boil order/advisory, food service establishments should take the following precautions:**
  - a. Do NOT distribute any foods prepared with or containing water that was not bottled or boiled without pre-approval from regulatory authorities.
  - b. Do NOT distribute any foods that were touched by a food worker's bare hands who had washed their hands in non-bottled or non-boiled water without pre-approval from regulatory authorities.
  - c. Use only bottled or boiled water (see Step 4 for boiling procedure) for the following:
    - i. Serving drinking water or mixed drinks.
    - ii. To wash, rinse and prepare food.
    - iii. Using water as an ingredient in any food product.
    - iv. To make consumable ice products (a preferable alternative would be to purchase commercially bagged ice from an approved source/supplier).
    - v. To wash hands before and during preparation of food, and after using the restroom.

- d. Use boiled water for wash, rinse and sanitize steps in a three compartment sink. See manufacturer's label for proper sanitizer mixing instructions.
  - e. Refrain from using high temperature dish machines since the water does not reach boiling temperature for 1 minute. Use the three compartment sink method as described above in Step d. **Any alternative methods for dish washing/sanitization must be pre-approved by regulatory authorities.**
  - f. Do not use any equipment with water line connections. This includes but is not limited to beverage-dispensing machines, ice machines, glass washers, dishwashers, spray misters, filters, coffee/tea urns, etc.
6. **After the boil order/advisory is lifted, the following procedures should be completed with POTABLE WATER prior to re-opening:**
1. Flush all pipes and faucets. Run both hot and cold water faucets for at least 5 minutes.
  2. Thoroughly clean and sanitize all sinks before resuming use.
  3. Discard all ice in ice machines.
  4. Flush, clean and sanitize all equipment connected to water lines according to the manufacturers' instructions. This includes but is not limited to beverage-dispensing machines, ice machines, glass washers, dishwashers, spray misters, filters, coffee/tea urns, etc.
    - a. Contact beverage distributor for post-mix machine cleaning instructions.
  5. Run the empty dishwasher through the wash-rinse-sanitize cycle at least 3 times to flush the water lines and assure that the dishwasher is cleaned and sanitized inside before washing dishes and utensils in it.
    - a. Consult manufacturer instructions or contact product representative if further instructions are needed.
    - b. For chemical sanitizing machines, use approved test kit to ensure appropriate sanitizer strength has been reached.
    - c. For high temperature machines, the hot water temperature must reach 180°F.
  6. After completing Step 4 above, use dish washer to wash and sanitize any dirty dishes remaining since closure.
  7. Run water softeners through a generation cycle.
  8. Flush drinking fountains by running water continuously for at least 5 minutes.
  9. After completing the above procedures, **notify your health inspector before resuming food operations.**

**For more information, please call the Department of Inspections and Appeals at 515-281-6538.**