

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



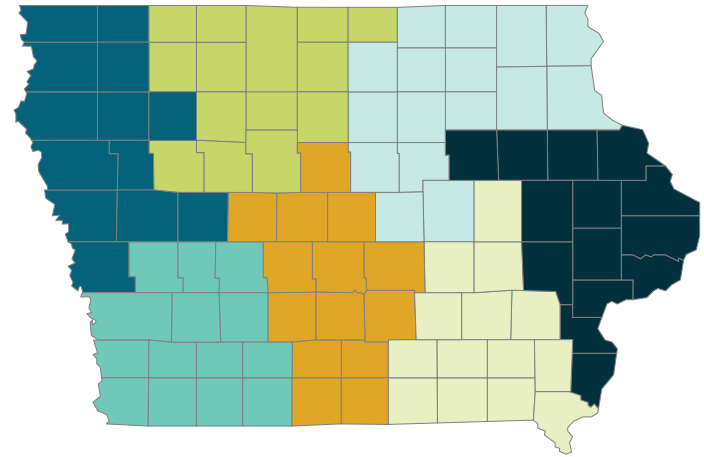
Focus on prevention,
strengths, and
support

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.

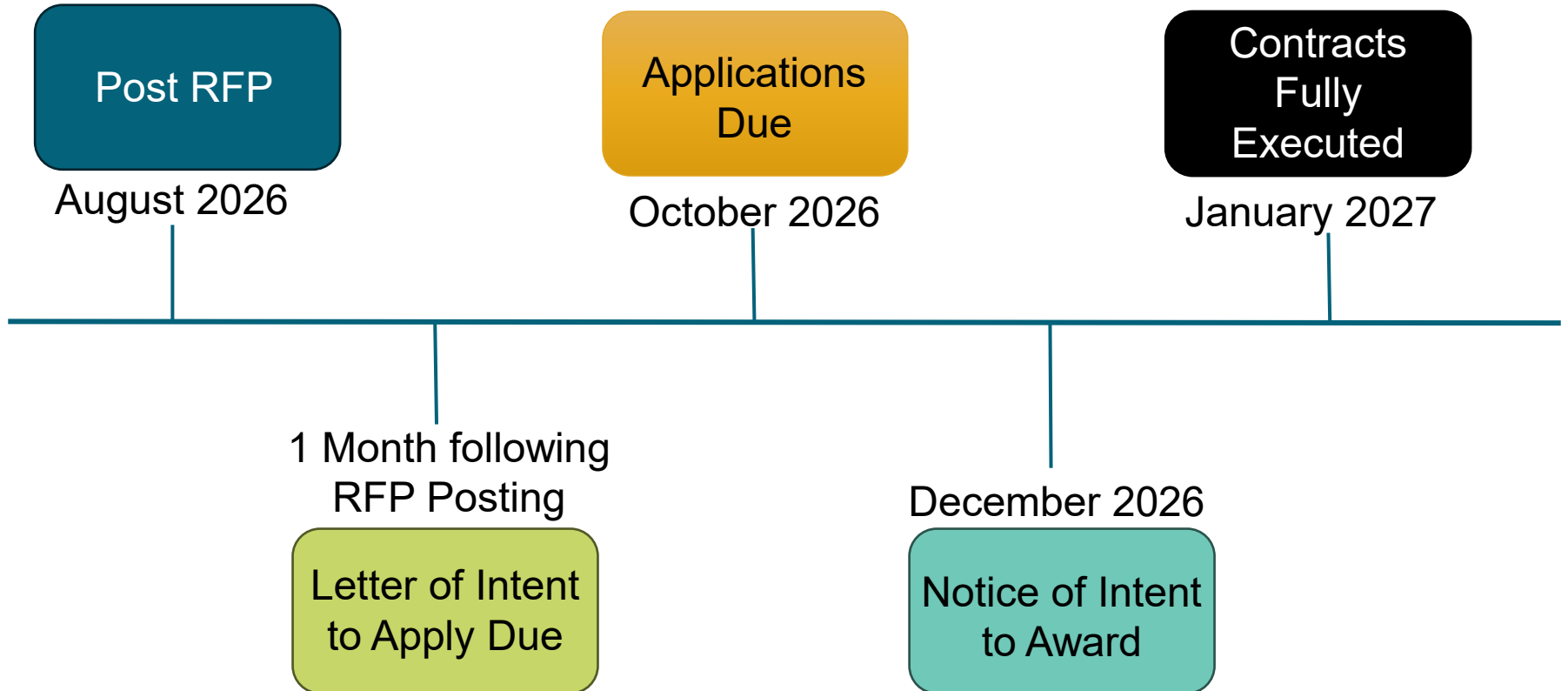
What stays the same?

- 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

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