

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)

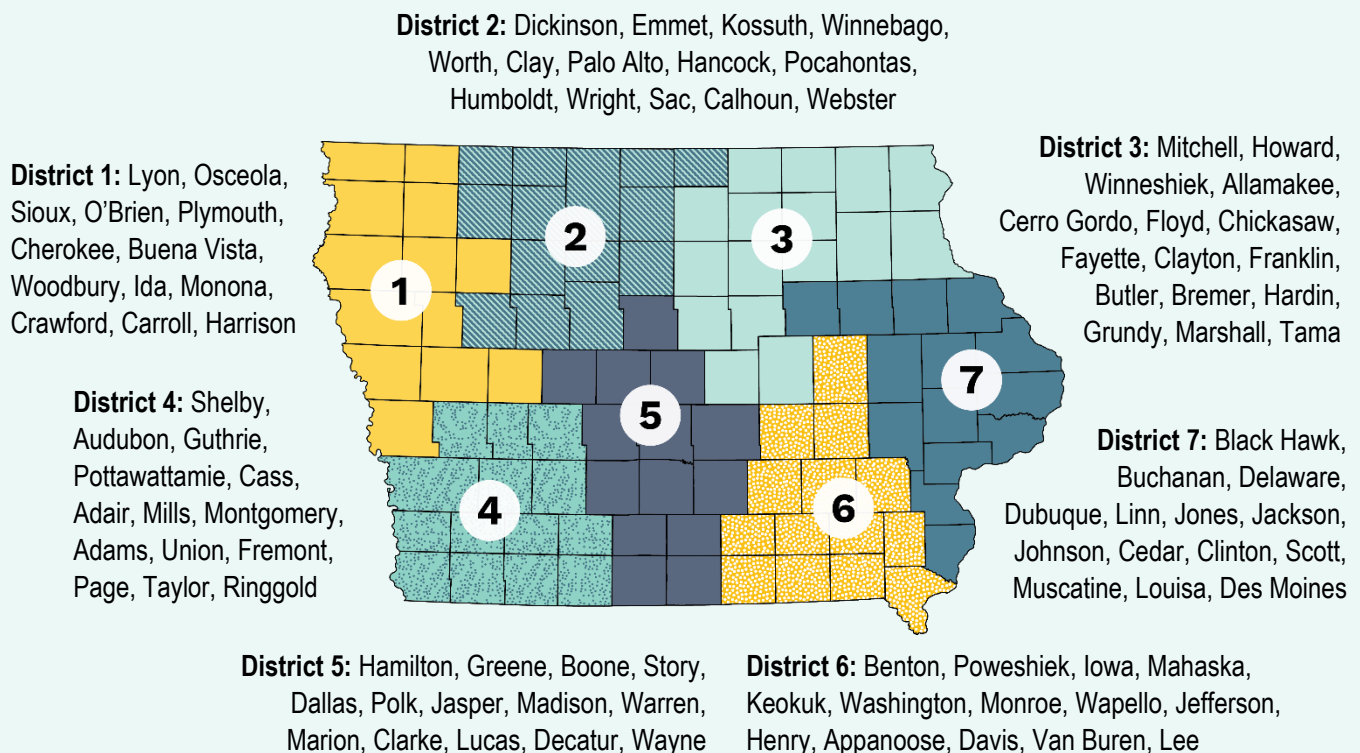
What Stays the Same

- ▶ 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:
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Health and
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