Public Health System Alignment Update

July 2026

IOWA Health and Human Services

Disclaimer

The information presented may change and may not be reflected in the final Lead Entity RFP.

- This presentation is not intended to be legal advice. If you have any legal questions, please consult your attorney.
- Attendance or lack of attendance at this presentation will not impact future scoring of Iowa HHS procurements in any way.
- The information presented in this presentation today is intended to be general in nature and available to any agency that may wish to apply for Iowa HHS procurements. The guidance provided today is not directed to any specific agency.
- Should any information provided in this presentation differ from information provided in a current or future procurement document, the language within the RFP shall govern.

Agenda

- Review key points from April townhalls
- Address themes from FAQs
- Review finalized Iowa code requirements for Boards of Health, with special attention on the future prioritization of Iowa HHS dollars
- What Iowa HHS is doing internally to support local public health administrators
- Questions

April Townhalls:
A Review of Key Points

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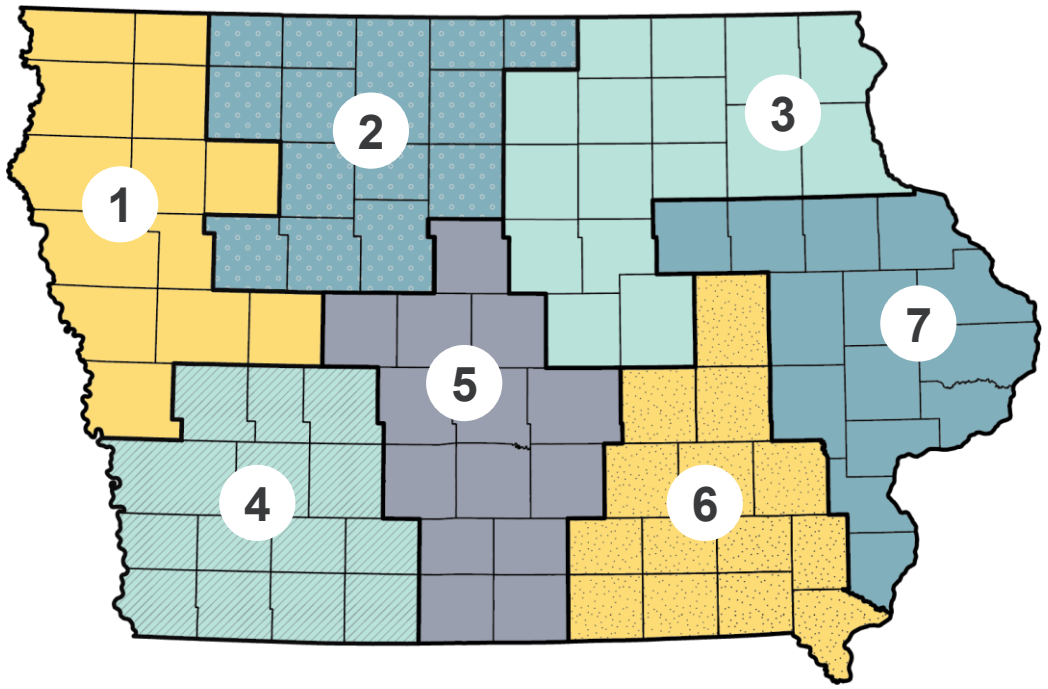
What is Iowa HHS System Alignment?

Creation of a more coordinated and efficient statewide Iowa HHS service system that better meets the needs of Iowans.

System alignment includes:

- Establishing Iowa HHS service systems with clear system outcomes and direction for achieving those outcomes
- Creating consistent pathways for service access
- Using existing funding more effectively
- Streamlining administrative work



Iowa HHS District Map

As part of statewide system alignment:

- Iowa HHS collaborates with Lead Entities statewide to create the 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.
- Iowa HHS, Lead Entity and local providers work together to integrate across Iowa HHS service systems for statewide system alignment.

Shared Responsibility Model

Iowa 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 Iowa 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

What Will a Public Health Lead Entity Do?

- Use Iowa HHS funds to ensure delivery of the five public health core services:
  - Communicable & Infectious Disease Control
  - Environmental Public Health
  - Chronic Disease and Injury Prevention
  - Emergency Preparedness and Response*
  - Maternal, Child and Adolescent Health*

*Existing Preparedness and Collaborative Service Areas will remain in place at this time. Lead Entities and Service Areas will be expected to collaborate.

- Collaborate with partners to strengthen the public health system within each district.
- Work with partners to connect with other Iowa HHS service systems and initiatives & develop system navigation processes.

Local Boards of Health (LBOH) continue to offer additional services and activities in addition to those funded by HHS.

Lead Entity Core Domains

Assessment and Planning

Works with counties, local providers and partners across the district to gain an understanding of the current public health landscape and needs of the district, before creating a District Public Health Service System Plan in collaboration with those same partners.

District-Level Public Health System Coordination

Coordinates District activities to meet service needs and align with the Statewide Health Service System Plan, in a manner that is responsive to the unique needs of the District.

Data Collection, Use, Reporting and Sharing

Ensures data collection, use, reporting and sharing requirements are met within the District and uses data to support the best delivery of Priority Public Health Core Services.

Collaboration and Partnership Building

Builds strong and sustainable relationships across Iowa HHS Service Systems and Iowa counties, including partnerships with diverse programs and organizations to build capacity and ensure the delivery of Priority Public Health Core Services.

Lead Entity – Phase 1

1/1/27 – 6/30/28

Collect county staffing & budget plans describing how LBOH will fulfill their lawful obligations outlined in Iowa Code

Convene partners for system planning

- 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

Assess capacity and gaps in core service delivery

Identify strengths, weaknesses and gaps within each county across the district.

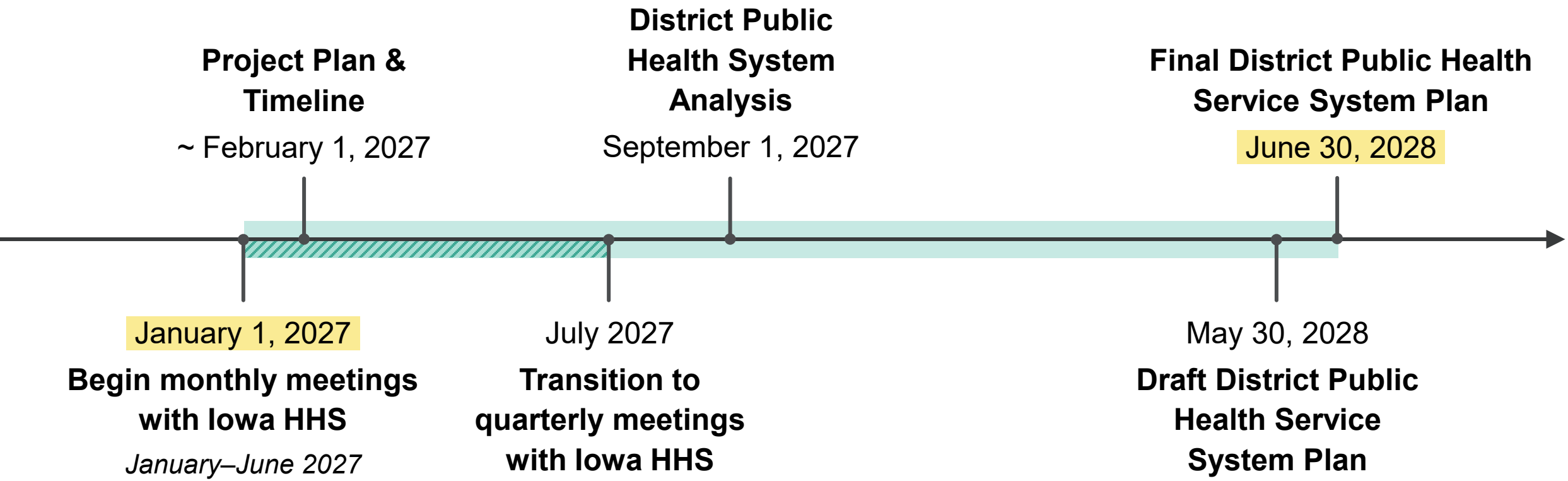
Districtwide Public Health Analysis

Develop District Public Health Service System plans for implementation in Phase 2

Using the analysis, develop a plan that outlines how public health activities across the district will be organized, coordinated, and supported.

Lead Entity Implementation Timeline

Phase 1 – 1/1/2027–6/30/2028



Outcomes of Phase 1 Lead Entity Work

- Districtwide Public Health System Analysis
  - Capacity
  - Strengths
  - Gaps
  - Workforce considerations
  - Capacity of each county to fulfill lawful obligations
- District Public Health Service System Plan
  - Priority Needs
  - Coordinated Approaches, including District System Navigation support
  - Methods for supporting the Priority Core Public Health Services
- **No changes to current LPH contracting in Phase 1**

Lead Entity – Phase 2 & Beyond

- Work with district partners to implement the District Public Health Service Plan developed in Phase 1
- Update Annual Districtwide Improvement Priorities (beginning annually in Phase 2). This will incorporate top quality improvement priorities for the next fiscal year.
- Support district system navigation to help Iowans receive needed services
- Work closely with Iowa HHS to coordinate district-level Iowa HHS activities
- Ensure local service provision: Iowa 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

Additional Information Based on Recent FAQs

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Funding – Key Points

Phase 1:

- $4 million (+) will be available to support Lead Entity activities in all seven districts, approximately $592,000 per district.
  - Iowa HHS plans to add a small amount of PHEP funding, in addition to PHIG.

Phase 2:

- Districts will need to plan for the Lead Entity administrative expenses using consolidated grant funds from LPHS, CLPPP, Imm and Obesity prevention funding.
- Iowa HHS will provide projected grant funds available per District. (total est. $9.2M annually)

- Certain funding streams (e.g., CLPPP & Imm) will remain dedicated to statutory or grant required purposes.
- Changes in **current** Local Public Health funding strategies will not occur before July 1, 2028 (State FY2029).

Funding Changes in FY29

Beginning July 1, 2028, the following funding sources will be distributed through Lead Entities:

- Local Public Health Services (LPHS)
- Immunization
- Childhood Lead Poisoning Prevention Program (CLPPP)
- Obesity prevention

What this means for these funds:

- Contracts will no longer be issued directly by Iowa HHS to LBOH or providers.
- Local Public Health Agencies (LPHA) and LBOH will not automatically receive guaranteed funding.
- Lead Entities will allocate funds (with local input) in ways that best support the priorities identified in District Plans.

How Lead Entities Will Prioritize Funds

Iowa HHS will create a Public Health Service System Statewide Plan, incorporating input from:

SHA/SHIP (Healthy Iowans); LPH partners; District PH Core Service Delivery Analysis

➡ **Iowa HHS will prioritize funding toward priorities identified in the Service System Statewide Plan.**

Each **Lead Entity** will collaborate with district partners and Iowa HHS to create a District Plan.

- District plans will outline the services & activities implemented by each district to support strategies and tactics identified in the Statewide Plan.
- Iowa HHS will review & approve district plans prior to lead entities contracting with local providers.

➡ **Lead Entities will align funding with activities identified in the District Plan.**

What this means:

- Some activities LPHAs currently provide with the identified funding sources* may not be eligible for funding in the future system.
- LPHAs may continue offering services not funded in the future system by using county dollars or other available funding sources.

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**Funding sources: LPHS; Immunization; CLPPP; Obesity prevention*

Lead Entity Core Service Delivery Analysis

First 18 Months (Phase 1)

In the first 18 months, Lead Entities will lead an evaluation of the district's ability to deliver public health core services, including:

- Conducting analysis of current services and partners in the district; including capacity, strengths and gaps using guidelines provided by Iowa HHS
- Identifying partners and strategies to fill core service delivery gaps

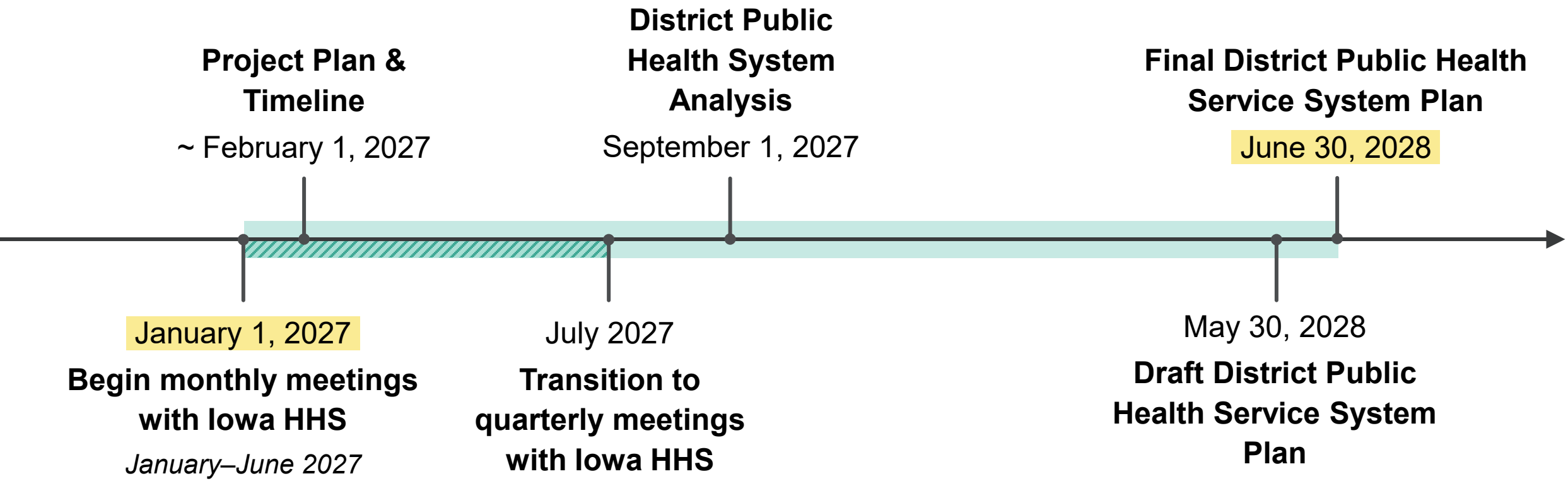
What this means:

- Based on analysis and planning work, Lead Entities will allocate funding* to providers to implement the District Plan.
- Providers include, but are not limited to, LPHAs; a Lead Entity may contract with providers outside of the District.
- If unable to find a local provider, the Lead Entity must provide the service.

**Funding sources: LPHS; Immunization; CLPPP; Obesity prevention*

Lead Entity Implementation Timeline

Phase 1 – 1/1/2027–6/30/2028



Takeaways

- These changes apply only to the identified funding sources* beginning July 1, 2028.
  - Beginning July 1, 2028, LPHAs will no longer be the automatic recipient of those funding sources.*
  - No changes are planned for any other funding sources currently contracted to LPHAs.
- Some counties may receive more of the identified funding sources* through a Lead Entity than they do in current state, and some may receive less, based on District Plans.
- New partners may be identified to deliver services to meet the District Plan, including partners that do not currently receive the identified funding sources.
- **Because services and activities will be determined by State and District Plans that have not yet been created, the exact uses of these dollars are not defined today.** Iowa HHS, Lead Entities and LPHAs will work closely together through the State and District Plan development to define these expectations prior to the July 1, 2028, transition date.

Funding sources: LPHS; Immunization; CLPPP; Obesity prevention

FAQ Resources

THEMES

- Accountability
- Cost & Funding
- Current System
- Data Planning
- Governance Authority
- Impact
- Input Engagement
- Services
- Structure
- Transition Implementation
- Workforce

For more information, visit:

[Public Health Service System FAQs]

Iowa Code Requirements for Local Boards of Health

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Local Boards of Health:
Public Health Responsibility – prerequisite

As part of alignment efforts, local boards of health will be responsible for Iowa code sections:

- 139A.11-12, and 15-18
  - Responsibilities to individuals impacted by Isolation or Quarantine
- Chapter 351.36
  - Enforcement of provisions related to Dogs & Other Animals

Iowa HHS Plans to Support System Alignment

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TA Planning & Project Management Structure

Iowa HHS public health will support alignment efforts by:

- Defining performance measures to guide District expectations (sample on next slide).
- Establishing a state-led technical assistance team to guide partners in applying the Shared Responsibility Model.
- Providing coordinated project management support, including tools, timelines and structured communication.
- Facilitating alignment through regular engagement, shared best practices, and consistent interpretation.
- Monitoring progress and help partners adjust strategies to ensure statewide coherence and shared goals.

Examples of KPIs (Communicable Disease)

Key Performance Indicator	Measure and Calculation	Data Source	Benchmark
Timeliness of Investigations*	**Initiation:** Percentage of case investigations initiated within applicable CADE Initial Follow-Up Timelines for Infectious Disease Investigations. CADE will compare the date of case reported to Iowa HHS with the date the healthcare provider was contacted. **Completion:** Average number of business days from the date case reported to Iowa HHS to the date investigation reaches "Investigation Completed" status.	Existing CADE/ IDSS reports developed to support prior PHEP grant measures.	At least 90% initiated within the applicable disease-specific timeframe and an average of fewer than 10 business days to complete investigations.
Completeness and Quality of Investigations	Percentage of IDSS case investigations reopened by CADE staff. Calculated as number of reopened investigations divided by total number of completed investigations for each county or district.	Existing CADE/ IDSS reopened-investigation report.	Fewer than 10% of completed investigations reopened by CADE staff.
After-Hours Response Readiness	Response time during CADE after-hours call-down drills conducted twice annually. CADE will document whether call was answered immediately *or* amount of time between initial and returned calls.	CADE call-down drill documentation.	Response within 15 minutes during both twice-yearly drills.

***Diseases included in the Timeliness of Investigations KPI:** Anthrax; botulism; cryptosporidiosis; cyclosporiasis; diphtheria; Haemophilus influenzae type b invasive disease; Hansen's disease; hantavirus syndromes; hepatitis A; malaria; meningococcal invasive disease; measles; mpox; mumps; pertussis; plague; poliomyelitis; psittacosis; rubella; Shiga toxin-producing E. coli; shigellosis; tetanus; and tularemia.

Implementation note: The completion benchmark uses an average of fewer than 10 business days because it is a set PHEP-based measure supported by an existing report. A percentage-based completion measure may be considered in the future if it can be incorporated into existing reporting processes without creating significant additional reporting/analysis burden.

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