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On behalf of the Iowa Department of Public Health (IDPH), we welcome you to your local board of health. IDPH is committed to working with you and other local public health providers in a partnership to promote and protect the health of all Iowans.

Even with the tremendous health advances we've seen throughout the years, we are still living in challenging times. State and local public health continue to work together as we address health threats such as obesity, emerging infectious diseases, lack of adequate mental health and drug abuse treatment programs and environmental hazards, and in many cases with fewer resources.

These challenges provide the opportunity for us to work together to help the public and your communities know what public health accomplishes, and the importance of public health activities in our citizens' daily lives regardless of where they live in the state.

As a member of your local board of health you will experience a number challenges and at the same time, many rewards. It is our hope that you find this guidebook a helpful reference. We encourage you to contact the department for any technical assistance or support you might need. Thank you for your services to the local board of health and the state of Iowa.

A handwritten signature in black ink that reads "Thomas Newton". The signature is written in a cursive style with a large, stylized initial 'T'.

GUIDEBOOK FOR LOCAL BOARDS OF HEALTH

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I. WHAT IS PUBLIC HEALTH?

PROTECTING THE HEALTH OF THE PUBLIC

Across Iowa, scores of dedicated volunteers are giving their time and energy to promote and protect the health of their friends and neighbors. Board of health members are focusing on the priority health problems in their communities, which might include substance abuse – including tobacco use – environmental issues, decreasing chronic disease, preventing violence and abuse, disaster preparedness, and more recently, response to bioterrorism threats.

Boards of health members are working with many partners to carry out the three core functions of public health:

- **Assessment – *knowing what needs to be done***
Every county in Iowa, under the leadership of the board of health, recently identified health problems, resources, and needs. These can be viewed by county at www.idph.state.ia.us. Click on Resources, Publications, Data, then on Iowa: Community Health Needs Assessment Data.
- **Policy Development – *being part of the solution***
Boards of health are working to increase collaboration, promoting shared responsibility for problem solving. Policy development can support public health and help meet community needs.
- **Assurance – *doing what needs to be done, or making sure it happens***
A primary responsibility of boards of health is to assure that private and public services to protect and promote public health are available and accessible to all.

As boards of health focus on current and future public health problems, it is important to recognize the ten great public health achievements in the United States during the past 100 years, as identified by the Centers of Disease Control and Prevention:

- Vaccination
- Motor-vehicle safety
- Safer workplace
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

In spite of those accomplishments, challenges to public health remain. The responsibilities and functions of a board of health, as listed below, give board members direction in meeting those challenges:

Support the mission of public health and the fundamentals of core public health functions

- Promote understanding of the mission of public health
- Support local public health department activities impacting public health

Communicate with residents of your county

- Discuss health issues and concerns with business and community leaders
- Share plans for public health with the community and obtain their input

Develop public health policy based on input from the community

- Determine policy based on current and reliable data
- Support policy for population-based public health and for individual health

Assure compliance with legal responsibilities

- Understand the statutory basis on which board responsibility is established
- Conduct board meetings in accordance with the Iowa Open Meeting law

Understand and support quality and accountable practices

- Develop an understanding of public health's budgetary process
- Assure that programmatic standards and requirements are met

Serving on a public policy board such as the board of health is an honorable and noteworthy task. If public health is to meet the challenges of the new millennium, its success will depend upon capable and dedicated leadership by its governing bodies.

THE HISTORY OF PUBLIC HEALTH IN IOWA

1866 Original Local Health Law

The Original Local Health Law designated the mayor and members of the town council or the township trustees in the rural areas as the local board of health. The law gave them the authority to establish regulations for public health and safety, to control nuisances, and to regulate sources of filth and causes of sickness in communities.

1880 State Board of Health Law

This law created the state board of health for the purpose of collecting vital statistics, establishing duties of local boards of health, and punishing the neglect of duties. The law required each town, city or township board to appoint a physician as a health officer for the community.

1967 New Local Health Act

Chapter 137 of the Code of Iowa marked the beginning of a new era of public health in Iowa. Each county was required to establish a local board of health with one member being a physician licensed by the state of Iowa. The county board of supervisors would appoint additional members to the local board. The law provided cities with populations greater than 25,000 with the option to establish a city board of health. Counties and cities could form district boards of health. Few changes in the law have occurred since 1967.

1988 The Future of Public Health

This report, published by the Institute of Medicine, provided a contemporary definition of public health, *“what we, as a society, do collectively to assure the conditions in which people can be healthy”*. The core public health functions of *Assessment, Policy Development and Assurance* provided a basis for the future of public health in Iowa.

1993 Healthy Iowans 2000

A health plan for Iowa, including health promotion and disease prevention goals and actions steps was published.

1994 The Essential Public Health Services

The Public Health Functions Steering Committee, representing seventeen national organizations, further defined the core public health functions by adopting the ten essential public health services.

1995 Iowa Public Health Charter

The Public Health Local/State Liaison Committee (the predecessor of the Director's Public Health Advisory Committee) adopted a public health charter for the state. This charter incorporated a set of guiding principles for improving the public health system in Iowa and provided recommendations for reform and restructuring the system, consistent with the goals outlined in *Healthy Iowans 2000*. The charter was adopted by almost 100% of local boards of health and served as a consensus-building document about the mission of public health and strategies to effect positive change in the public health system.

1995 Iowa Code Chapter 137-Local Boards of Health

The Local Health Act was renamed Local Boards of Health.

1998 (641) Iowa Administrative Code Chapters 77 and 78

The Administrative Rules in Chapter 77 incorporated the core public health functions and the essential public health services into the roles and responsibilities of the local boards of health. Chapter 78 itemizes rules for District Health Departments.

2000 Healthy Iowans 2010

Approximately 550 Iowans, representing more than 200 separate organizations, developed Iowa's plan to improve the health of Iowans. The entire publication can be accessed at <http://www.idph.state.ia.us>.

2001 Transformation of the Public Health Delivery System in Iowa

The initiative is an effort to "chart a course for the 21st century" and develop strategies to strengthen the delivery of public health services in Iowa. An inclusive process, both local and state public health professionals, as well as representatives of private and public sector have been engaged in the dialogue and planning for changes. Six core areas will be addressed:

- Marketing the relevance of public health
- Maximizing available resources through increased flexibility and aggregation of resources
- Having an adequate local public health infrastructure
- Focusing needs on achievement of goals established in Healthy Iowans 2010 through core public health programs
- Encouraging regional linkages
- Establishing accountability and performance measures

Details of this initiative can be accessed at www.idph.state.ia.us/fch/trans/focus.htm.

II. The Local Board of Health

COMPOSITION AND STRUCTURE OF LOCAL BOARD OF HEALTH

“Public Health is responsible to safeguard the community’s health through assessment, policy development and assurance.”

The board of health serves as an advocate for core functions of public health for its constituents. Timely and informative press releases and consistent communication initiatives with community and government leaders are important elements of a comprehensive public relations strategy.

A local board of health:

- Consists of five members
- One member must be a licensed physician
- Serves 3-year terms
- Appointed by the county board of supervisors

Organization:

- At the first meeting of the calendar year, elect a member to serve as chairperson
- May elect vice-chairperson, secretary, or other officers as necessary
- By-laws establish local structure and operations

Meetings:

- Time, place, and date of regular meetings as determined by board comply with Iowa’s provisions of open meeting law (Code of IA Chapter 21) See page 13 for access.
- Comply with the provisions of the Public Records Law – (Code of IA Chapter 22)
- Conduct meetings according to Roberts Rules of Order
- Minimum of quarterly meetings required
- Fifty percent of the board membership constitute a quorum

Submit to the Center for Local Public Health Services and Health Improvement, Division of Community Health, Iowa Department of Public Health:

1. Names and contact information of the board of health members within one month of appointment
2. Names of the chairperson and other officers within one month after election
3. Copy of regular and special meeting minutes submitted electronically one month following the meeting, including members present, and official board action

FISCAL RESPONSIBILITY

“The county board shall have jurisdiction over public health matters.” (IA. Code Chapter 137.5)

During the past several years, boards of health in Iowa have taken an active role in assessing public health needs in their jurisdiction and evaluating whether current services are being successful in helping meet those needs. It is expected this role will continue to expand and will include setting public health goals and priorities, shaping service delivery systems, and ensuring the efficient and effective use of resources. Boards of health may well be bringing together contractors, payees, and other affinity groups in the contracting and service delivery process.

Boards of Health are accountable for meeting state standards for service delivery and achieving desired outcomes.

Advantages to this local control include better management of limited resources, increased flexibility to direct funds to address local needs and priorities, decreased duplication of services and support of regional linkages.

A board of health who **does not directly oversee public health staff**, but contracts with other entities for public health services, may still have its own budget for board of health operating expenses, and needs to understand the fiscal support for public health in its jurisdiction. The board of health in this instance still has responsibility for fiscal oversight of public health services.

When a board of health **does directly oversee public health staff**, the fiscal responsibilities will also include:

- Set financial direction-approve the annual budget, approve financial guidelines, policies and procedures
- Delegate implementation of the budget
- Monitor financial status-ensure public health support planned for expenses and revenues

When the board of health is a contractor (a legal arrangement for the receipt of public health funds in exchange for services) or establishes subcontracts with nonprofit organizations, the board is required to meet the fiscal and reporting requirements of the funding source.

Expenses:

- Allowable board of health business expenses:
 1. Reimbursement for travel in private car or public transportation
 2. Lodging and meal expense
 3. Miscellaneous expense related to the performance of duties

Public Health Service Agreements (PHSA)

The anticipated results for having Public Health Service Agreements are the promotion of local responsibility for setting public health goals and priorities, shaping service delivery systems, and ensuring the efficient and effective use of state resources. A critical component of PHSA is the recognition of the role and responsibilities of the local board of health in the delivery of public health services in all counties of Iowa. The PHSA is a consolidation of local contracts into a single public health services agreement for each contractor with the potential of additional consolidation of contracts in the future. Each PHSA will include language addressing an expanded role of the local board of health in working with the contractor/s to address the needs of their jurisdiction and assuring compliance with the conditions of the contract/s.

POWERS OF LOCAL BOARD OF HEALTH

“The county board shall have jurisdiction over public health matters.”

Local boards of health are the governing boards in their county or district for public health. They establish the framework for public health. They provide local public health vision, mission, and advocacy and encourage community involvement in selecting public health priorities.

Powers of the local board of health include:

- ◆ Enforce state health laws and the rules and lawful orders of the state health department.
- ◆ Establish and enforce such reasonable rules and regulations consistent with law or with the rules of the state board as may be necessary for the protection and improvement of the public health.
 1. Rules of a county board shall become effective upon approval by the county board of supervisors.
 2. The local board of health shall hold a public hearing on a proposed rule before approving any rule or regulation.
 3. A notice of the public hearing, stating the time and place and the general nature of the proposed rule or regulation shall in published in the area served by the board.
 4. The board shall make a reasonable effort to give notice of the hearing to the communications media located within the said area.
- ◆ May enforce appropriate ordinances by agreement with the council of any city within its jurisdiction enforce appropriate ordinances of said city.
- ◆ Employ persons as necessary for the efficient discharge of its duties
- ◆ Provide reports of its operations and activities to the state department as may be required by the Director.

Additional powers of the local board of health include:

- ◆ May provide such personal, population-based and environmental health services as may be deemed necessary for the protection and improvement of the public's health.
- ◆ May engage in joint operations and contract with colleges or universities and the state health department, other public and private agencies, and individuals for public health activities or projects.
- ◆ May charge reasonable fees for public health services. No person shall be denied necessary services because of inability to pay the cost of such services.
- ◆ May issue licenses and permits and charge reasonable fees in relation to the collection or disposal of solid waste and the construction or operation of private water supplies or sewage disposal facilities.
- ◆ A local board of health may, in emergency situations, request additional appropriations from the Iowa Department of Public Health, which may, pending approval of the Director of Iowa Department of Public Health, be allotted from the funds reserved for public health emergencies. The local board of health shall report expenditures of emergency funds to the Director of Iowa Department of Public Health and return unexpended funds.

LEGAL RESPONSIBILITIES OF LOCAL BOARD OF HEALTH

The Board of Health's responsibilities and duties are established in the Iowa Code, and implemented through the Administrative Code. The duty of the Board of Health is set out in Iowa Code section 137.7.

Section 137.7(1) provides those local boards "may provide such personal and environmental health services as may be deemed necessary for the protection and improvement of the public health." This is very broad and gives the board virtually unlimited discretion as to what services to provide.

Other sections of the Iowa Code are much more specific and do establish certain duties for boards of health. The Iowa Code requires that county boards of health be responsible for providing a number of public health-related services. 641-79.5(135) of the Iowa Administrative Code, related to public health, makes clear that the county boards of health may choose to provide some of the mandated services through subcontracts with nonprofit agencies.

The Board of Health can by contract, merger or any other means, see that those services are provided by another entity. Responsibility still remains with the local board of health to see that these services are provided. The mandates in the public health statutes apply to health care access for all persons, regardless of income.

Through the use of public health staff or by contracting with one or more nonprofit agencies the county board of health must provide certain mandated public health services. (** Indicates that responsibility cannot be contracted to another entity*)

***137.5:** Requires that the county board of health shall have jurisdiction over public health matters within the county

***137.7:** Requires that the county board provide certain listed "powers and duties"

139.2: Requires that the county board of health set up a contagious disease recording system

***139.5:** Requires that the county board make such orders in regard to any person infected with a communicable disease as are necessary to protect the public's health

***139.6:** Requires the county board of health from whose jurisdiction the infected person is moving notify the board of health in the jurisdiction into which the person is moving

***139.9:** Requires the county board to provide the state with evidence that all children have been immunized

139.9: Requires that the county board provide school children with immunizations where not otherwise provided

***139.12:** Requires that the county board of health provide rules for forcible removal of infected persons

139.23: Requires that the county board provide supplies and services for the support of persons under quarantine

139.24: Requires that the county board provide proper care for persons treated for contagious disease

***139.26:** Requires the county board of health to establish a system under which it may authorize services and supplies under this chapter

***139.27:** Requires that the board examine all bills filed with board in relation to comm. disease

***139.28:** Requires that the county board of health pay market price for services and supplies for quarantine or isolation

140.8: Requires that the county board cause every person with a sexually transmitted disease to be examined and treated

141.3: Requires the county board of health to present HIV/AIDS information

141.5: Requires the county board of health to develop public information regarding HIV/ AIDS

141.9: Requires that county board of health work to prevent the spread of HIV

LOCAL BOARD OF HEALTH PHYSICIAN ROLE/RESPONSIBILITY

The physician member of the board of health has a unique responsibility as a liaison to the community and other medical professionals because of specific medical training and experience. As the physician member of the board of health it may be helpful to:

- Commit your loyalty to the residents of your county.
- Know the health of your county and where health barriers and threats exist.

Community Health Needs Assessment

Health Improvement Planning

- Advocate for promoting and protecting the health of county residents
- Assure Core Public Health Functions and provision of Essential Public Health Services
- Take an active role in healthcare discussions with physician colleagues

CONFLICT OF INTEREST

Because of the public service mission of public health, it is important that the community have confidence in their local board of health. In order to deal with the issue of conflict of interest and to encourage disclosure, it is recommended that the board of health consult with the local county attorney.

Guidelines for avoiding conflict include:

- Serve public health as a whole rather than any special interest group or constituency
- Avoid the appearance of a conflict of interest and disclose any potential conflicts to the board in a timely fashion
- Maintain independence and objectivity with a sense of fairness, ethics, and personal integrity
Never accept (or offer) favors or gifts from (or to) anyone who does business with the organization

WORKING WITH THE COUNTY BOARD OF SUPERVISORS

The local Board of Health is a part of local government structure and is the governing board for local health departments/districts. They establish policy framework for public health. In matters concerning Public Health, the Board of Health members are the official representatives of all the citizens they serve at the county, city, or district level. The Board of Health provides critical governance functions in providing local public health vision, mission, and advocacy and encouraging community involvement in selecting public health priorities.

The local Board of Health interacts, communicates, and depends on the county board of supervisors in the following:

- ◆ Appointment of Board of Health members
- ◆ Approval of adopted rules and regulations of the Board of Health
- ◆ Appropriation of tax funds, which it uses for its operation

In a District, the Board of Health relates to the Board of Supervisors in the following:

- ◆ Appointment method for members of district Board of Health
- ◆ Adopted rules and regulations approved and implemented by Board of Health
- ◆ Financial support for public health of the Districts constituents, when appropriate

WORKING WITH THE COUNTY ATTORNEY

The county attorney has a general obligation to provide advice and written opinion to local boards of health. Parent Code: County Home Rule 331.756: Narrow provision; states one of the duties of the county attorney is to provide legal advice to county boards.

The following is an excerpt from a letter dated January 5, 1990 to Ms. Martha L. Mertz, the Marion County Attorney, from Stephen E. Reno, the Assistant Attorney General:

“With regard to the legal service issue you have raised, this office has previously opined that even when the county attorney has the duty to provide advice or written opinion, without compensation, under 331.756(7), “that duty does not include the drafting of contracts or other similar documents, unless those documents are related to litigation involving the county (entity).” See Op. Att’yGen. #89-2-2(L); 1982 Op. Att’yGen. 496. It would therefore follow that the county attorney, even when required by statute to give advice and written opinion without compensation, has no duty to draft contracts or other documents, unless those documents are related to litigation which, by statute, requires the assistance of the county attorney.”

GUIDELINES FOR MEETINGS

- Meetings should be arranged for the convenience of the board members. If at all possible, select a regular time and date for the meeting. Any time of day can be appropriate. Meals or refreshments can be included. More frequent meetings can prevent lengthy meetings.
Example: 3rd Monday of every month at 12 noon, lunch included
- Begin meetings on time
- Take attendance
- Approve minutes from last meeting. Mail out or deliver minutes, agenda, and any supporting information several days prior to meeting. Board members should help determine agenda.
- Approve agenda for meetings.
- Public health officials, directors, and providers may be giving reports. These should be concise summaries. Written reports can be distributed in advance.
- Handle unfinished business from earlier meetings, then new business.
- State date and time of next scheduled meeting.
- Adjourn the meeting.
- Follow parliamentary procedures for conducting the meeting.
- A designated person should keep the minutes. The minutes should include:
 - Date, time, place, board members and guests present
 - Include all motions and action taken by the board
 - They do not need to include the discussion that led to the board action
 - Keep the minutes concise and factual
 - If there is a need of a hand vote, record the number of “ayes” and “nays”.

The person writing the minutes should sign the minutes. If there is a board secretary, the board secretary should cosign the minutes.

OPEN MEETINGS

Board of Health meetings need to be conducted according to the requirements of the Iowa open meetings and open records laws, which are in Chapters 21 and 22 of the Code of Iowa. “Iowa Open Meetings, Open Records Handbook” is available from the Iowa Freedom of Information Council web site, www.drake.edu/journalism/foi/frameomor_intro.html and includes Rules of Thumb as well as the contents of the Code.

ELECTRONIC MEETINGS

Requirements for holding electronic meetings are contained in the Iowa open meetings law, Section 21.8 of Chapter 21 of the Code of Iowa. These requirements can be accessed at www.drake.edu/journalism/foi/frameomor_intro.html

III. Working with the Iowa Department of Public Health

Defining the Relationship between the Local Board of Health and the Iowa Department of Public Health

The Iowa Department of Public Health provides general supervision of the state's public health. The department and local boards of health have both a contractual and statutory relationship. Iowa law authorizes local boards of health and defines their responsibilities. The department provides funding to local boards of health through a variety of contractual agreements; these agreements often stipulate reporting requirements. Local boards of health are autonomous in some areas, and seek state approval for other activities. Local boards of health are responsible to their constituents in matters of public health.

Technical assistance and consultation is available from the department as described below.

The Iowa Department of Public Health

- Provides information, consultation and support to local boards of health regarding board roles and responsibilities, essential public health services and significant public health issues.
- Contracts with local boards of health to assure delivery of core public health functions and essential public health services.
- Provides technical assistance to local boards of health as they update and submit Community Health Needs Assessment-Health Improvement Plans and makes those plans available to the public.
- Supports the continued development of local public health systems, including performance-based contracting, meeting public health standards and quality assurance.
- Provides technical assistance, consultation and support to local public health providers.

Iowa Department of Public Health – Phone 515/281-7689
Web site <http://www.idph.state.ia.us>

Director's Office 515/281-5605	Div. Of Operations 515/281-5604	Div. Of Community Health 515/281-6535	Div. Of Health Protection & Environmental Health 515/281-7726
Div. of Health Promotion, Prevention & Addictive Behaviors 515/281-3641		Div. Of Tobacco Use Prevention & Control 515/281-6225	

Center for Local Public Health Services and Health Improvement

Established in 2002 within the Division of Community Health, one of the main functions is to serve as an IDPH liaison with local boards of health and local public health providers for education, leadership and technical assistance on public health issues. Other priority services are:

- Promote and support development of local public health infrastructure
- Provide technical assistance and support to local boards of health related to health planning and efforts such as CHNA/HIP.
- Advance the Transformation of Public Health Delivery System in Iowa initiative
- Provide leadership and technical assistance at the local and state levels

- Support a population-based approach to health issues in Iowa Dept. of Public Health
- Provide liaison between local boards of health, local public health providers and IDPH to assist with the development and implementation of the PHSA.
- Facilitate the application of continuous quality improvement methods
- Facilitate continuous learning opportunities for the public health workforce
- Administer state funding to local boards of health and boards of supervisors for local public health services.

The phone number for the Center is 515/281-6535.

Environmental Health Issues

Local Boards of Health are required by Iowa Code 455B.172 to be the administrative authority for on-site waste water systems (Iowa Administrative Code 567 – Chapter 69) and nonpublic water wells (Iowa Administrative Code 567 – Chapter 49). This requires the local board of health to adopt standards and enforce those standards within their jurisdiction.

In addition, local boards of health commonly handle programs including, but not limited to, the grants to county programs, public health nuisances, food establishment inspections, swimming pool & spa inspections, tattoo establishment inspections, tanning bed inspections, funeral home/crematorium inspections, and time of property transfer (real-estate) inspections.

Iowa Code and Iowa Administrative Code requirements place additional responsibilities on local boards of health. These include 1) Iowa Code 351 “Dogs and Other Animals” 2) Iowa Administrative Code 21 – Chapter 61 “Dead Animal Disposal” 3) Iowa Administrative Code 567 – Chapter 68 “Commercial Septic Tank Cleaners”

Epidemiology

Center for Acute Disease Epidemiology

Iowa Administrative Code 641, Chapters 1, 2, and 3 and Senate File 2314 deal with disease reporting issues and other pertinent epidemiology issues. The Iowa Department of Public Health website can be accessed for information including fact sheets, disease trends, and listing of reportable diseases as well as influenza surveillance data during the influenza season. This can be accessed at www.idph.state.ia.us. Click on resources, publications, and data.

The Center for Acute Disease Epidemiology (CADE) is composed of two medical epidemiologists (State of Iowa licensed physicians), one public health veterinarian, two nurse epidemiologists, one master’s level epidemiologist, one administrative assistant, and one Epidemic Intelligence Service (EIS) officer on assignment from the Centers for Disease Control. CADE conducts surveillance on 51 reportable diseases and conditions, and provides numerous consultations to local health departments and local boards of health, nurses, physicians, and the public. Surveillance is done to identify cases of disease and intervene to prevent more cases from occurring. In the events of public health importance, like outbreaks, CADE works closely with the media to provide information to the public in order to educate and encourage the appropriate response.

IV. COMMUNITY HEALTH PLANNING

State Level Activities and Initiatives

Local boards of health play a critical leadership role in advocating for community health and in spearheading strategies and initiatives to improve community health. Understanding the relationship between state level activities and county initiatives will help assure that community needs are addressed.

State Board of Health

The State Board of Health, established in Chapter 136 of the *Code of Iowa*, is the policy-making body for the Iowa Department of Public Health. This board has the powers and duties to adopt, promulgate, amend and repeal rules and regulations. The state board also advises and makes recommendations about public health issues to the governor, the state general assembly and the director of the department of public health. The nine-member board is appointed by the governor and includes at least five consumer members and one licensed physician. The state board meets every other month.

Director's Public Health Advisory Committee

This committee advises the Director of the Iowa Department of Public Health about how to meet the mission of the Health Care Enterprise, "to ensure access to comprehensive health care focused on the prevention of disease and illness." Members are appointed by the Director and represent local public health and other constituencies who have an investment in public health and the health status of Iowans.

Healthy Iowans 2010

Healthy Iowans 2010 is the Iowa health plan that serves as a companion to the national plan, *Healthy People 2010*. *Healthy Iowans 2010* presents a comprehensive set of goals and plans to improve the health of Iowa residents across a broad spectrum of issues. The 23 chapters in the plan are connected by four themes — empowerment, eliminating health disparities, collaboration, and dynamic change. The plan was developed as a collaborative effort among the key stakeholders and included resource persons from state agencies, private, non-profit groups and from special population groups to ensure that health disparities could be adequately addressed.

The plan can be accessed at www.idph.state.ia.us.

Community-based health planning in Iowa — The CHNA-HIP

Local boards of health are responsible for submitting community-based health plans to the department on a regular basis using a standard reporting tool, the Community Health Needs Assessment-Health Improvement Plan (known as CHNA-HIP). The first plans using this tool

were submitted in the spring of 2000. Assessing, planning and evaluating is a continuous process and the next formal update of the CHNA-HIP will be due April 2005.

While local public health professionals provided leadership in developing the original plans, many community partners representing the private and public sectors shared the responsibilities of gathering, analyzing and prioritizing the county-specific data. Each county used their own community health-planning model to guide the assessment process so that they could report health status indicators and identify community health problems. Goals and action plans to address the priority problems were also included in the CHNA-HIP. The CHNA-HIP reduces duplication in completing community assessments for grant applications from the department and other sources and offers the opportunity to develop and foster community partnerships.

The department continues to provide support, training and other resources to help communities link their health improvement plans to *Healthy Iowans 2010*. The plans can be accessed on the department's web page at www.idph.state.ia.us.

V. RESOURCES, INFORMATION LINKS, AND REFERENCES

ORGANIZATIONS AND LINKS

This is a list of organizations and institutions relevant to public health practice and professionals and their web addresses. Web addresses may have changed since the list was developed.

American Public Health Association (APHA)

www.apha.org

This web site provides information about priorities for public health, conferences and links to state public health associations, the World Federation of Public Health Associations, and many other public health links.

Assessment Protocol for Excellence in Public Health (APEXPH)

This assessment model guides health officials through assessing and improving the organizational capacity of their departments and in working with local communities in assessing and improving the health status of their residents. Available from National Association of County and City Health Officials (NACCHO) www.naccho.org

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/

A wealth of information can be accessed at this web site including data and statistics; information about funding opportunities; health topic fact sheets; current health news; publications, software and other products; subscription services to CDC publications; and links to many other public health partners across the country.

Department of Health and Human Services (DHHS)

www.dhhs.gov

Go to this site for links to the various DHHS agencies including Administration for Children and Families, Administration on Aging, Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Care Financing Administration (HCFA), Health Resources and Services Administration (HRSA), National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA).

hawk-i

www.hawk-i.org

This web site provides a description of the *hawk-i* child health insurance program in both English and Spanish and lists the phone number to request an application. The *hawk-i* board members are also listed with their e-mail addresses, the minutes of previous meetings, and a schedule of upcoming meetings.

Health Resources and Services Administration (HRSA)

www.hrsa.gov

Check this site for information and links about a variety of federally supported programs including maternal and child health, rural health, women's health, and many others. This site also features an

information center with publications, resources and referrals on health care services for low-income, uninsured individuals and those with special health care needs.

Iowa Center for Public Health Preparedness

www.public-health.uiowa.edu/icphp/

This web site represents an academic preparedness center funded by CDC.

Iowa Department of Agriculture and Land Stewardship

www.state.ia.us/agriculture/

The web site provides access to information about programs addressing water quality protection, the dairy laboratory, and the food laboratory (which also tests drinking water for coliform bacteria and nitrates).

Iowa Department of Education

www.state.ia.us/educate/index.html

Go to this site for information about educational programs and services, research and statistics, administrative rules, and many links including Iowa schools and off-site resources.

Iowa Department of Elder Affairs

www.state.ia.us/elderaffairs/

This site provides descriptions of the wide variety of programs and services administered by the agency along with answers to frequently asked questions by senior citizens. A number of related links to the federal government; general links on elder topics, health and research web sites, and State of Iowa links specific to the elder population are available.

Iowa Department of Human Services (DHS)

www.dhs.state.ia.us

This site offers links to information about many services including hawk-i, Medicaid, PROMISE JOBS, Family Investment Program and more.

Iowa Department of Inspections and Appeals (DIA)

www.state.ia.us/government/dia/index.html

Check this site for information about social and charitable gambling license applications. The site also offers a directory of related links.

Iowa Department of Justice — Office of the Attorney General

www.state.ia.us/government/ag/index.html

The Attorney General is the chief legal officer of the state. This web site provides a guide to Attorney General opinions, legal research links, and an outline of the open record statute.

Iowa Department of Public Safety

www.state.ia.us/government/dps/index.html

This agency is home to the State Fire Marshall and information about fire safety regulations, building code provisions, and arson investigations.

Iowa Department of Natural Resources (DNR)

www.state.ia.us/government/dnr/index.html

This web site provides access to information about programs addressing air quality, water quality, animal feeding and waste management, and disposal of dead livestock, chemical spills, and solid waste management.

Iowa Department of Public Health

www.idph.state.ia.us

This web site provides information and access to information such as *Healthy Iowans 2010*, resources, availability of funding, the department's strategic plan, links to divisions and bureaus, and an alphabetic listing of divisions, bureaus, and programs. Online resources include health resources, county and state data, and others.

Iowa Emergency Management Division

www.state.ia.us/emergencymanagement

This division of state government supports local and state entities as they plan and implement mitigation's, preparedness, response and recovery strategies for natural, civil and technological emergencies and disasters. This division also coordinates, implements, and administers federal emergency management initiatives jointly with the Federal Emergency Management Agency (FEMA) and other federal agencies.

Iowa Environmental Health Association

www.ieha.net

This web site provides valuable resources on environmental issues.

Iowa Public Health Association (IPHA)

www.iowapha.org

The web site includes related public health links, directions on how to contact the association, a list of upcoming events, and hot topics.

Iowa State Association of Counties (ISAC)

www.iowacounties.org

ISAC's web site provides information about upcoming events, county information, legislative information, publications, and links to national resources, Iowa resources, ISAC affiliates, and a limited list of Iowa counties with their own web sites.

Mobilizing for Action Through Planning and Partnerships (MAPP)

This community-driven strategic planning process is available from National Association of County and City Health Officials (NACCHO) www.naccho.org

National Association of County and City Health Officials (NACCHO)

www.naccho.org

This web site provides information about resources, public health advocacy, and upcoming training events for local health departments.

National Association of Local Boards of Health (NALBOH)

www.nalboh.org

Check this web site for information about local boards of health resources, training opportunities, projects, and affiliated organizations.

National Conference of State Legislatures (NCSL)

www.ncsl.org

Public users of this state (anyone other than state legislators and legislative staff) can access NCSL reports on a variety of policy issues and find a gateway to state legislative sites.

National Environmental Health (NEHA)

www.neha.org

Check this web site for environmental credentialing and certification, upcoming training opportunities, publications, and related links.

State of Iowa

www.state.ia.us OR www.IOWAaccess.org

Go to this site to find links to the branch of state government or the state agency that has the information you need.

United States Department of Agriculture

www.fns.usda.gov/fncs

Check this site for information about nutrition assistance (including Food Stamps and the WIC Program), initiatives to reduce hunger and food insecurity, the 2000 Dietary Guidelines, and links to information about the U.S. food supply and nutrition survey data.

Upper Midwest Public Health Training Center

www.public-health.uiowa.edu/UMPHTC/

The Public Health Training Center, funded by HRSA, bridges the academic and practice communities in Iowa, Nebraska and South Dakota.

University of Iowa College of Public Health

www.ublic-health.uiowa.edu

This site represents an accredited college of public health.

Code of Iowa

The Code of Iowa is the Law of the State of Iowa. The Code of Iowa is created and adopted through the legislative process by legislators introducing a bill during the legislative session. Once a bill is introduced, it must go through a series of events before becoming law. The following is a brief overview of how a bill becomes a law.

- 1.) A legislator decides to sponsor a bill. Ideas can come from many sources.
- 2.) The legislator requests the idea to be drafted into a bill by the Legislative Services Bureau.
- 3.) The bill draft is then sent to the Senate or the House where it is assigned a number and then sent to the President (Senate) or the Speaker (House).
- 4.) The President (Senate) or the Speaker (House) assigns the bill to the standing committee within the chamber. The standing committee assigns the bill to a subcommittee. The subcommittee studies the bill and reports findings back to the standing committee.
- 5.) The standing committee may report the bill to their respective chamber with recommendations of the standing committee. The standing committee may also send the bill to the chamber without recommendation. The standing committee also has the option to take no action on the bill.
- 6.) Once the bill comes out of committee, it is placed on the Calendar, a listing of all bills eligible for debate. At this time legislators may file amendments to the bill.
- 7.) The bill, and any amendments filed, is debated by the full chamber. Amendments must be approved by a simple majority of those members voting.
- 8.) A constitutional majority (26 Senators or 51 Representatives) must vote “yes” in order for the bill to proceed to the next chamber.
- 9.) The bill goes through the same process in the second chamber. If the bill passes the second chamber without amendment, it is sent to the Governor. If the second chamber amends the bill, it must be sent back to the chamber of origin for approval of those amendments. If the chamber cannot come to an agreement on the version of the bill, a conference committee is appointed.
- 10.) After the bill passes both chambers in identical form, it is sent to the Governor. The Governor may sign the bill, veto the bill, or take no action on the bill.
- 11.) The bill becomes law upon the Governor’s signature or after three days during the session if the Governor takes no action. Bills received by the Governor during the last three days of the session have to be signed or vetoed within 30 days.

A more thorough description of how a bill becomes a law can be found on the legislative web page at www.legis.state.ia.us/Pubinfo/bill2law.htm.

Iowa Administrative Code

The Iowa Administrative Code is the rules for each of the agencies within state government. In order for an agency to adopt a rule, authority must be given to the agency through an act or law of the legislative body. The following is a brief overview of the steps an agency must take in adopting, amending, or repealing any rule.

- 1.) The agency must give notice of its intended action by submitting copies of the notice for publication in the Iowa Administrative Bulletin, which shall be published at least thirty-five days in advance of the action.
- 2.) The agency shall allow twenty-five days for submission of comments in writing regarding the notice. Additionally, a public hearing is held to allow for oral presentation regarding the notice.
- 3.) In some instances an agency can file for emergency adoption when public participation would be unnecessary, impracticable, or contrary to public interest. In this case, the public comment period outlined in number 2 above is inapplicable.
- 4.) Upon completion of the public hearing, the action is then presented to the Administrative Rules Review Committee.
- 5.) Upon adoption of the rule, the agency then files the rule in the Office of the Administrative Rules Coordinator. Thirty-five days after this date is typically when the rule becomes effective.

This information outlines the steps spelled out in Chapter 17A.4 and 17A.5 of the Code of Iowa. For a more complete description of the Administrative Rules process, please visit the Iowa General Assembly web page at www.legis.state.ia.us and pull up the Code of Iowa.

Public Health Acronyms

AEA	Area Education Agency. There are 15 AEAs in Iowa.
B	WIC code for a breastfeeding woman
C	WIC code for a child, aged 1 to 5 years
CACFP	Child and Adult Care Food Program
CAP	Community Action Program, sometimes referred to as Community Action Agency
CARES	Child and Adolescent Reporting System; the web-based data system used by Iowa Title V agencies to record child health activities.
CDC	Centers for Disease Control and Prevention
CEA	Community Empowerment Area
CH	Child Health Program; refers to Title V Programs in Iowa.
CHIP	Child Health Insurance Program (Title XXI), also referred to as SCHIP. The Iowa program is known as hawk-i.
CHSC	Child Health Specialty Clinics
CSFP	Commodity Supplemental Food Program
DHHS	Department of Health and Human Services; a federal agency.
DHS	Department of Human Services; a state agency with county offices.
EFNEP	Expanded Food and Nutrition Education Program, an Extension Service program from USDA
EPSDT	Early Periodic Screening, Diagnosis and Treatment Program
FIP	Family Investment Program; replaced the ADC Program
FMNP	Farmers Market Nutrition Program
FNP	Family Nutrition Program, from USDA Extension
FP	Family Planning Program
FQHC	Federally Qualified Health Center
hawk-i	Healthy And Well Kids in Iowa, Iowa's Title XXI insurance program. Also known as CHIP or SCHIP.
HHA	Homemaker/Home Health Aide Program
I	WIC code for an infant
I ³	Infant Immunization Initiative, the national initiative

I ⁴	Iowa Infant Immunization Initiative
IDPH	Iowa Department of Public Health
INEN	Iowa Nutrition Education Network
ISIIS	Iowa State Immunization Information System (also ADIOS)
LD	Licensed dietitian
MCH	Maternal and Child Health Program
MH	Maternal Health Program; refers to Title V Programs in Iowa
MPRO	Mountain Plains Regional Office; located in Denver
N	WIC code for a postpartum woman (non-breastfeeding woman)
NAWD	National Association of WIC Directors
NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NET	Nutrition Education Training Program
NETC	New Employee Training Course
NHLBI	National Heart, Lung, and Blood Institute
P	WIC code for a pregnant woman
PATH	Portable Access to Health, the WIC data system
PedNSS	Pediatric Nutrition Surveillance System
PHN	Public Health Nursing
PHSA	Public Health Services Agreement
PNSS	Pregnancy Nutrition Surveillance System
SCHIP	State Children's Health Insurance Program (Title XXI) also referred to as CHIP. The Iowa program is known as hawk-i.
USDA	United States Department of Agriculture
USPHS	United States Public Health Service
VFC	Vaccine for Children
VOC	Verification of certification
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Glossary of Public Health Terms

Assessment—One of public health's three core functions. The regular collection, analysis and sharing of information about health conditions, risks and resources in a community. Assessment is needed to identify health problems and priorities and the resources available to address the priorities.

Assurance—One of the three core functions in public health. Making sure that all populations have access to appropriate and cost effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organizations, by requiring action through regulation, or by direct provision of services.

Bioterrorism—The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population.

Capacity—The ability to perform the core public health functions of assessment, policy development and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital and technology resources.

Chronic disease—A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by a nonreversible pathological alteration, requires special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.

Clinical services/medical services/personal medical services—Care administered to an individual to treat an illness or injury.

Determinants of health—The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.

Disease—A state of dysfunction of organs or organ systems that can result in diminished quality of life. Disease is largely socially defined and may be attributed to a multitude of factors. Thus, drug dependence is presently seen by some as a disease, when it previous was considered to be a moral or legal problem.

Disease management—To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health care and lower health care costs.

Endemic—Prevalent in or peculiar to a particular locality or people.

Entomologist—An expert on insects.

Epidemic—A group of cases of a specific disease or illness clearly in excess of what one would normally expect in a particular geographic area. There is no absolute criterion for using the term epidemic; as standards and expectations change, so might the definition of an epidemic, such as an epidemic of violence.

Epidemiology—The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.

Foodborne illness—Illness caused by the transfer of disease organisms or toxins from food to humans.

Health—The state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity. Health has many dimensions-anatomical, physiological and mental-and is largely culturally defined. Most attempts at measurement have been assessed in terms of morbidity and mortality.

Health disparities—Differences in morbidity and mortality due to various causes experience by specific sub-populations.

Health education—Any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups or communities) conducive to health.

Health promotion—Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health.

Health status indicators—Measurements of the state of health of a specific individual, group or population.

Incidence—The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related *prevalence*.

Infant mortality rate—The number of live-born infants who die before their first birthday per 1,000 live births.

Infectious—Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable”.

Intervention—A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.

Infrastructure—The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.

Isolation—The separation, or the period of communicability, of known infected people in such places and under such condition as to prevent or limit the transmission of the infectious agent.

Morbidity—A measure of disease incidence or prevalence in a given population, location or other grouping of interest.

Mortality—A measure of deaths in a given population, location or other grouping of interest.

Non-infectious—Not spread by infectious agents. Often used synonymously with “non-communicable”.

Outcomes—Sometimes referred to as results of the health system. These are indicators of health status, risk reduction and quality of life enhancement.

Outcome standards—Long-term objectives that define optimal, measurable future levels of health status; maximum acceptable levels of disease, injury or dysfunction; or prevalence of risk factors.

Pathogen—Any agent that causes disease, especially a microorganism such as bacterium or fungus.

Police power—A basic power of government that allows restriction of individual rights in order to protect the safety and interests of the entire population.

Population-based—Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use; diet and sedentary lifestyles; and environmental factors.

Prevalence—The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time. It often is expressed as a rate.

Prevention—Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

Primary medical care—Clinical preventive services, first contact treatment services and ongoing care for commonly encountered medical conditions.

Protection—Elimination or reduction of exposure to injuries and occupational or environmental hazards.

Protective factor—An aspect of life that reduces the likelihood of negative outcomes, either directly or by reducing the effects of risk factors.

Public health—Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt and counter threats to the public's health.

Public health department/district—Local (county, combined city-county or multi-county) healthy agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.

Public health practice—Organizational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.

Quality assurance—Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

Quarantine—The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission during the incubation period should infection occur.

Rate—A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.

Risk assessment—Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.

Risk factor—Personal qualities or societal conditions that lead to the increased probability of a problem or problems developing.

Sanitarian—One who promotes or studies sanitation or sanitary measures.

Screening—The use of technology and procedures to differentiate those individuals with signs or symptoms of disease from those less likely to have the disease.

Social marketing—A process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than for commercial profit.

Social norm—Expectations about behavior, thoughts or feelings that are appropriate and sanctioned within a particular society. Social norms can play a powerful role in the health status of individuals.

Standards—Accepted measure of comparison that have quantitative or qualitative value.

State health agency—The unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free standing or units of multipurpose health and human service agencies.

Surveillance—Systematic monitoring of the health status of a population.

Threshold standards—Rate or level of illness or injury in a community or population that, if exceeded, call for closer attention and may signal the need for renewed or redoubled action.

Years of potential life lost—A measure of the effects of disease or injury in a population that calculates years of life lost before a specific age (often ages 64 or 75). This approach places additional value on deaths that occur at earlier ages.

(Source: National Conference of State Legislatures)

SAMPLE JOB DESCRIPTION

Position:	Board of Health member
Length of Term:	3 years, appointed by Board of Supervisors
Time Involved:	Monthly meetings, 2 hours Prep. Time/follow-up, 1 hour per month
Role:	Discuss health issues and concerns with business and Community leaders Share plans for public health with the community and Obtain their input Obtain and use current and reliable data to determine Policy Support policy for population based public health and for Individual health Oversee public health services in your jurisdiction
Responsibilities:	Understand the Board's legal responsibility Conduct Board meetings in accordance with Iowa Open Meeting law Adopt public health services supported by scientific research Established standards Understand the fiscal support for public health in your community Promote community understanding of public health

BOARD OF HEALTH ORIENTATION CHECKLIST

<u>Topic</u>	<u>By Whom</u>	<u>Date</u>
BOH Responsibilities including Code of Iowa chapter 137 and IAC chapter 77	_____	_____
Member Responsibilities including meeting site, dates, time	_____	_____
BOH By-Laws	_____	_____
BOH Guidebook	_____	_____
BOH Mission and Vision statement	_____	_____
Core Public Health Functions	_____	_____
Essential Public Health Services	_____	_____
Community Health Needs Assessment & Health Improvement Plan	_____	_____
Public Health Programs including objectives	_____	_____
Public Health Partners	_____	_____
Funding for Public Health in BOH jurisdiction	_____	_____
IF BOH is governing board of an agency, orientation to agency Table of Organization, policies, programs, staff, budget	_____	_____

BOARD OF HEALTH SELF EVALUATION

As a Board of Health member:	Y or N or NA	Comments
1	Do you know under what legal authority you operate as a board?	
2	Are you familiar with IAC chapter 77 and the Code of Iowa chapter 137?	
3	Do you know what legal counsel is available and appropriate for different legal issues?	
4	Do you know who your constituents are?	
5	Do you know and work with your community partners? (others in the community who are also concerned about the health of the residents)	
6	Do you have clear, concrete and realistic mission and vision statements?	
7	Do your mission and vision statements drive your decisions?	
8	Do you have by-laws for the board of health that are concise, understandable and comprehensive? Do you know and follow them?	
9	Do you understand the Core Public Health Functions and Essential Public Health Services as they relate to the Board?	
10	Do you understand the Core Public Health Functions and Essential Public Health Services as they relate to your employees or contract partners?	
11	Do you utilize appropriate, scientific and community-driven data and information to make decisions, develop strategic planning and fulfil your role of assessment, assurance, and policy development?	
12	Do you regularly monitor the impact of public health programs in your county? Do you expect time limited and measurable objectives related to the public health programs?	
13	Do you understand your role as contract manager for the Community Services grant?	
14	Do you ask for and receive information that will assist you to perform your Board duties?	

As a Board of Health member:		Y or N or NA	Comments
15	Do you routinely receive fiscal information that helps you oversee public health in your jurisdiction?		
16	Do you have a system to annually review the public health programs in your county? Does this evaluation/QA system include use of sound data and reasonable and measurable agency and program objectives?		
17	Do you have an adequate orientation process for your members?		
18	Do you work with the board of supervisors to recruit the best possible board of health members as the need arises?		
19	Do you fulfil the requirements as a reliable board of health member through your commitment to regular attendance and participation at the board of health meetings?		
20	Do you feel the work of the board, and your work on the board, makes an important difference?		