

CHAPTER 82  
OFFICE OF MINORITY AND MULTICULTURAL HEALTH

**641—82.1(135) Purpose.** The office of minority and multicultural health exists to actively promote and facilitate health equity for Iowa’s multicultural communities.  
[ARC 9775B, IAB 10/5/11, effective 11/9/11]

**641—82.2(135) Definitions.** For purposes of this chapter, the following definitions apply:

“*Community*” is defined as a group of people living in the same locality and under the same government or a group viewed as forming a distinct segment of society.

“*Continual cultural competency*” is defined as a set of congruent behaviors, attitudes and policies that come together as a system or an agency or among professionals and that enable that system or agency or those professionals to work effectively in cross-cultural situations.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the department of public health.

“*Disparity*” is defined as the condition or fact of being unequal.

“*Diverse*” is defined as made up of distinct characteristics, qualities or elements.

“*Immigrant*” is defined as a person who leaves one country to settle permanently in another.

“*Minority*” is defined as a part of a population differing from others in one or more characteristics and often subjected to differential treatment. Racial and ethnic minorities are classified as people of African descent (African-American/Black), Hispanic/Latino descent, Asian/Pacific Islander descent, Native American descent, and refugees and immigrants.

“*Multicultural*” is inclusive of communities of racial, ethnic or linguistic diversity.

“*Refugee*” is defined as one who flees in search of refuge, as in times of war, political oppression, or religious persecution.

**641—82.3(135) Responsibilities of the office of minority and multicultural health.** The purpose of the office is to improve the health of racial and ethnic minorities by bridging communication, delivery and service requirements and by providing customized services and practical approaches to problems and issues encountered by organizations and communities working to address the needs of these populations. The office of minority and multicultural health shall provide public health leadership regarding existing or potential issues or practices that can or could affect the health status of racial, ethnic, and linguistic multicultural individuals and families, immigrants and refugees. The office shall provide this leadership through the core functions of (1) education; (2) advocacy; (3) data management; (4) technical assistance and consultation; and (5) training and development. The office is responsible for the following:

**82.3(1)** Promoting continuous cultural competency in health care practice and education throughout Iowa’s public health care sector;

**82.3(2)** Collecting and providing valid empirical information on the health status of multicultural groups in Iowa;

**82.3(3)** Advocating for the development of policies and programs that improve the health of Iowa’s racially, ethnically and linguistically diverse populations and addressing health disparities that exist within these populations;

**82.3(4)** Providing technical planning assistance to communities and counties throughout the state and promoting community strategic planning;

**82.3(5)** Serving as the liaison and advocate for the department on minority and multicultural health matters and advocating for Iowa’s racial, ethnic, and linguistic multicultural communities;

**82.3(6)** Creating and promoting a climate of inclusiveness in the public health sector on state, regional and local levels by partnering with the office’s racial, ethnic, and linguistic multicultural constituents in Iowa to help them improve their collective health status;

**82.3(7)** Promoting the Iowa public health standards and providing technical assistance and consultation regarding state and local criteria relating to disparate populations and delivery of culturally appropriate services; and

**82.3(8)** Reviewing the impact of programs, regulations and health care resource policies on the delivery of and access to minority and multicultural health services.  
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**641—82.4(135) Advisory council.** A minority and multicultural health advisory council shall be established within the department.

**82.4(1) Membership.** The council shall be composed of no more than 15 voting members appointed by the director.

*a.* Membership shall include the following:

- (1) One representative from each of the six local public health service regions;
- (2) One representative from the Meskwaki Settlement;
- (3) Public-sector representatives such as legislators and state commissioners;
- (4) Service-sector representatives such as representatives from the department of human services, local councils, education, and health care;
- (5) Private-sector representatives such as business leaders, representatives from grassroots, nonprofit, faith-based and volunteer organizations, and community leaders.

*b.* A term of appointment is three years, with no more than three consecutive terms. An exception for individual reappointment from organizations represented shall be determined by the director.

*c.* The advisory council shall elect a chairperson.

*d.* In the case of a vacancy, the chairperson shall notify the department of the need to appoint another representative. Vacancies shall be filled in the same manner as original appointments.

*e.* The advisory council may designate one or more subcommittees to have such powers and perform such duties as may be deemed necessary by the council.

**82.4(2) Duties.** The advisory council shall perform the following duties:

- a.* Provide advice and make recommendations on diverse racial, ethnic, and linguistic health issues to the department, the office of multicultural health, and policy makers;
- b.* Provide advice and make recommendations on public policies and practices that affect multicultural communities; and
- c.* Provide advice and make recommendations on funding that supports the activities of the office of multicultural health.

**82.4(3) Meetings.** The advisory council shall meet at least four times a year to conduct its business. Meetings may be scheduled more frequently as business requires.

*a.* Notice of meetings and agenda shall be made available to council members a minimum of five working days prior to the meeting.

*b.* The operation of council meetings shall be governed by the following rules of procedure:

- (1) A majority of the members of the council shall constitute a quorum.
- (2) Action can be taken by a vote of the majority of the members of the council.
- (3) Robert's Rules of Order shall govern at all meetings.

*c.* All meetings are open to the public in accordance with the open meetings law, found at Iowa Code chapter 21.

**82.4(4) Absences.** Three consecutive unexcused absences shall be grounds for the director to consider dismissal of the advisory council member and to appoint another. The chairperson of the advisory council is charged with providing notification of absences.

**82.4(5) Minutes.** The advisory council shall keep minutes of all its meetings showing the date, time, place, members present, members absent, and the general topics discussed.

*a.* The minutes shall reflect the actions agreed upon by the members for topics requiring the members' input or consensus.

*b.* The minutes shall be provided to the members of the advisory council prior to the next scheduled meeting.

*c.* The minutes shall be available at the office of multicultural health for inspection Monday through Friday from 8:30 a.m. to 4:30 p.m. with the exception of holidays.

**82.4(6)** *Expenses of the council.* The following may be considered necessary expenses for reimbursement of advisory council members when incurred on behalf of advisory council business and are subject to established state reimbursement rates:

- a. Reimbursement for travel in a private car.
- b. Actual lodging and meal expenses, including sales tax on lodging and meals.
- c. Actual expenses for public transportation.

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These rules are intended to implement Iowa Code section 135.12.

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