

CHAPTER 80  
LOCAL PUBLIC HEALTH SERVICES  
[Prior to 8/3/94, "Homemaker-Home Health Aide Services"]  
[Prior to 4/11/07, see also 641—Ch 79]

**641—80.1(135) Purpose.** The purpose of the local public health services (LPHS) contract is to assure core public health functions are met, to assure essential public health services are delivered, and to increase the capacity of local boards of health to meet the unique needs of the population while promoting healthy people in healthy communities throughout their life spans.

[ARC 6270C, IAB 4/6/22, effective 7/1/22]

**641—80.2(135) Definitions.** For the purposes of these rules, the following definitions apply:

*"Allocation"* means the process to distribute funds.

*"Appropriation"* means the funding amount approved in the state budget.

*"Community"* means the aggregate of persons with common characteristics such as race, ethnicity, age, occupation, or other similarities such as location.

*"Contractor"* means a local board of health (LBOH).

*"Core public health functions"* means the functions of assessment, policy development, and assurance:

1. Assessment means regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. Policy development means formulation, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values in accordance with state public health policy.

3. Assurance means that programs and interventions, which maintain and improve health, are carried out by encouragement, regulation, or direct action.

*"Department"* means the Iowa department of public health.

*"Elderly"* means an individual aged 60 years and older.

*"Essential public health services"* means a framework for public health to promote and protect the health of all people in all communities.

*"Formula"* means the mathematical calculation applied to the state appropriation and granted to each local board of health pursuant to Iowa Code section 135.11(13) to determine the amount of available funds to be distributed to each county.

*"Local board of health"* or *"LBOH"* means a county or district board of health as defined in Iowa Code chapter 137.

*"Low income"* means the U.S. Census Bureau's small area income and poverty estimates (SAIPE) used to determine low income.

*"LPHS"* means local public health services.

*"Public health intervention"* means an organized effort to promote behaviors and habits that can improve physical, mental, and emotional health for specific groups of people.

*"Work plan"* means the plan established by the contractor to identify the details for implementing core functions and essential public health services.

[ARC 6270C, IAB 4/6/22, effective 7/1/22]

**641—80.3(135) Contractor assurances.**

**80.3(1)** The contractor may directly provide or subcontract all or part of the delivery of essential public health services and public health interventions.

**80.3(2)** The contractor shall make certain the following:

a. A work plan is submitted annually through an application process that identifies the intended public health interventions and essential public health services for the designated fiscal year;

b. Staff are available to meet the core public health functions, deliver essential public health services, and implement the public health interventions outlined in the work plan;

- c. As applicable, contractors will assure that policies and procedures are available for public health interventions and essential public health services identified in the work plan;
- d. Fiscal accountability of funds is monitored;
- e. Contract-required documentation, including performance metrics, is submitted by the established deadline;
- f. A local appeal process is available for public health interventions identified in the work plan; and
- g. All applicable local, state, and federal requirements are met.

[ARC 6270C, IAB 4/6/22, effective 7/1/22]

**641—80.4(135) Utilization of LPHS contract funding.** The contractor may bill the department for staff time, salaries and benefits, and other necessary costs to implement the approved work plan.

**80.4(1) Planning process.** Annually, the contractor shall conduct a planning process to identify the utilization of LPHS contract funding that considers the unique and changing needs of the communities served.

**80.4(2) Reallocation.** The department will annually determine the potential for unused funds from contracts. Reallocation of the funds shall be at the discretion of the department.

[ARC 6270C, IAB 4/6/22, effective 7/1/22]

**641—80.5(135) LPHS funds.**

**80.5(1) Allocation for LPHS funds.** Allocation for LPHS funds to each contractor is determined by the following formula:

- a. Eighteen percent of the total LPHS funds shall be divided so that an equal amount is available for use in each county in the state.
- b. Eight percent of the total LPHS funds shall be allocated to each county according to the county's population based upon the published data of the U.S. Census Bureau, which is the most recent data available three months prior to the release of the LPHS application.
- c. Forty-four percent of the total LPHS funds shall be allocated according to the proportion of state residents who are elderly persons living in a county based upon the bridged-race population estimates produced by the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS).
- d. Thirty percent of the total LPHS funds shall be allocated according to the proportion of state residents who are low-income persons living in a county based upon the U.S. Census Bureau's small area income and poverty estimates (SAIPE).

**80.5(2) Reserved.**

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These rules are intended to implement Iowa Code section 135.11(13).

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<sup>1</sup> May 16, 2018, effective date of ARC 3747C [80.2, 80.3, 80.4(4)“f”(6), 80.5(2)“a”(4), 80.6] delayed until the adjournment of the 2019 General Assembly by the Administrative Rules Review Committee at its meeting held May 8, 2018.