

CHAPTER 77  
LOCAL BOARDS OF HEALTH  
[Prior to 7/29/87, Health Department[470] Ch 77]

**641—77.1(137) Purpose of local boards of health.** The local board of health shall have jurisdiction over public health matters within its designated geographic area according to Iowa Code chapter 137. The local board of health shall promote and protect the health of the citizens, and carry out the powers of local boards as specified in Iowa Code sections 137.6 and 137.7, and all other applicable Iowa Code chapters.

**641—77.2(137) Definitions.** For the purpose of these rules, unless otherwise defined, the following definitions apply:

“*Core public health functions*” means the functions of community health assessment, policy development, and assurance.

1. **Assessment:** Regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. **Policy development:** Development, 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 and in accordance with state public health policy.

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

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

“*Environmental health services*” means services focused on assessing and controlling the impact of people on their physical environment and the impact of the environment on them.

“*Essential public health services*” means those activities carried out by public health that fulfill the core functions.

“*Local board of health*” means a county, city, or district board of health.

“*Personal health services*” means services focused on the care of individuals.

“*Population-based health services*” means services focused on the health status of population groups and their environments.

**641—77.3(137) Roles and responsibilities of local boards of health.** Public health is responsible for safeguarding the community’s health. This goal is pursued through three core functions: assessment, policy development and assurance.

**77.3(1)** Assessment: regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, personal health services, and epidemiologic and other studies of health problems. Assessment includes the essential public health services that:

- a. Monitor health status to identify community health problems,
- b. Diagnose and investigate health problems and health hazards in the community, and
- c. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

**77.3(2)** Policy development: exercise its responsibility to serve the public interest in the development of comprehensive public health policies. This can be accomplished by promoting use of a scientific knowledge base in decision making about public health and by taking the lead in public health policy development. Policy development includes the essential public health services that:

- a. Develop policies and plans that support individual and community health efforts,
- b. Enforce laws and regulations that protect and ensure safety, and
- c. Research new insights and innovative solutions to health problems.

**77.3(3)** Assurance: assure their constituents that services necessary to achieve agreed-upon goals are provided either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly. Each local board must involve key policymakers and the general public in determining a set of high-priority personal and communitywide health services. Assurance includes the essential public health services that:

- a. Link people to needed personal health services and provide such personal and environmental health services as deemed necessary,
- b. Ensure the competence of public health and personal health care workforce,
- c. Inform, educate, and empower people about health issues, and
- d. Mobilize community partnerships to identify and solve health problems.

**641—77.4(137) Organization of local boards of health.**

**77.4(1)** *Officers of local board of health.* Each local board of health shall, at its first meeting during any calendar year, elect one of its members to serve as chairperson until the first meeting of the following calendar year.

a. The local board of health may elect a vice-chairperson, secretary, or other such officers as it may deem advisable.

b. In case of a vacancy of the office of chairperson, a successor shall be elected at the next meeting of the board, who shall serve the remainder of the term.

**77.4(2)** *Meetings of local board of health.* The place, date and time of regular meetings of the local board of health shall be determined by vote of the board, and shall comply with the provisions of the open meetings law which is found in Iowa Code chapter 21.

a. Each local board of health shall meet at least quarterly.

b. Special meetings of the board may be called as needed by the chairperson, or by any three board members. At least 24 hours' notice shall be given of special meetings, except in case of emergency.

**77.4(3)** *Quorum of local board of health.* Fifty percent or more of the board membership shall constitute a quorum.

**641—77.5(137) Operating procedures of local boards of health.**

**77.5(1)** The following information shall be submitted to the Iowa department of public health:

a. Names, addresses, and telephone numbers of members of the local board of health, within one month after their appointment.

b. Names of the chairperson and any other officers elected by the board, within one month after their election.

c. A copy of the minutes of each regular and special meeting of the board, which shall include at least:

- (1) The date and place of the meeting,
- (2) A list of members present, and
- (3) A report of any official board actions, within one month of the date of the meeting.

**77.5(2)** An annual report of expenditures for the previous fiscal year, to be submitted on forms provided by the Iowa department of public health, shall be submitted within 90 days of the close of the county fiscal year.

**641—77.6(137) Expenses of board of health members.**

**77.6(1)** The following may be considered necessary expenses of board of health members:

- a.* Reimbursement for travel in private car on board of health business at the same rate as provided for a public officer or employee in Iowa Code section 70A.9.
- b.* Actual lodging and meal expenses including sales tax on lodging and meals.
- c.* Actual expense of public transportation when traveling on board of health business.
- d.* Miscellaneous expenses related to performance of duties as approved by the board of health.

**77.6(2)** This rule shall not be construed as requiring the payment of reimbursement to any person or as prohibiting local boards from imposing additional restrictions or administrative requirements on expenses of their members.

These rules are intended to implement Iowa Code section 135.11(13) and chapter 137.

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