

Annual Report & Budget Summary

2007



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

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Iowa Department of Public Health – Contact Information

Department Director's Office

Thomas Newton, Director

515-281-7689

- State Board of Health
- Dental Board
- Board of Medicine
- Board of Nursing
- Board of Pharmacy
- Office of the State Medical Examiner

Division of Acute Disease Prevention and Emergency Response

Mary Jones, Deputy Director, Division Director

515-281-7996

- Center for Acute Disease Epidemiology
- Bureau of Communication and Planning
- Center for Disaster Operations and Response
- Bureau of Disease Prevention and Immunization
- Bureau of Emergency Medical Services (EMS)

Division of Administration and Professional Licensure

Marcia Spangler, Division Director

515-281-4955

- Bureau of Finance
- Bureau of Health Statistics
- Bureau of Information Management
- Bureau of Professional Licensure

Division of Behavioral Health & Professional Licensure

Kathy Stone, Division Director

515-281-4417

- Bureau of Disability and Violence Prevention
- Bureau of Gambling and Substance Abuse Treatment Program Administration, Regulation, and Licensure
- Office of Gambling Treatment and Prevention
- Bureau of Substance Abuse Prevention and Treatment

Division of Environmental Health

Ken Sharp, Division Director
515-281-5099

- Bureau of Environmental Health Services
- Bureau of Lead Poisoning Prevention
- Bureau of Radiological Health

Division of Health Promotion and Chronic Disease Prevention

Julie McMahon, Division Director
515-281-3166

- Bureau of Chronic Disease Prevention and Management
- Center for Congenital and Inherited Disorders
- Bureau of Family Health
- Bureau of Health Care Access
- Bureau of Local Public Health Services
- Office of Multicultural Health
- Bureau of Nutrition and Health Promotion
- Oral Health Bureau

Division of Tobacco Use Prevention and Control

Bonnie Mapes, Division Director
515-281-8857

- Community Partnerships
- Enforcement
- Evaluation and Research
- Just Eliminate Lies (JEL) (A youth-led anti-tobacco campaign)
- Quitline Iowa and Other Cessation Services

Legislative Liaison

Lynh Patterson
515-281-5033

Go to www.idph.state.ia.us for more information about the department, including health statistics, publications, and program information.

A Message from the Director

According to the Centers for Disease Control and Prevention, of the 30-year increase in life expectancy in the U.S. in the last 100 years, 25 can be attributed to the group of disciplines known as public health. While advancements in medicines and surgical techniques certainly deserve our attention, it may be even more important to recognize the good work being done in the field of public health every day.



The Iowa Department of Public Health promotes and protects the health of Iowans in a variety of ways: promoting healthy behaviors; preventing epidemics and the spread of disease; preparing for, responding to, and recovering from public health emergencies; protecting against environmental hazards; preventing injuries; and strengthening the public health infrastructure.

This year, IDPH worked closely with Lt. Governor Patty Judge’s Commission on Wellness and Healthy Living to hold 10 town hall meetings across the state to discuss wellness and lifestyles. Following these meetings, the Lt. Governor announced her “Five Steps Toward A Healthy Iowa,” a plan that grew out of recommendations by the Commission. This plan, along with many other recommendations of the Commission, strengthens our resolve toward promoting healthy behaviors through such programs as Iowans Fit For Life, Lighten Up Iowa, and many recommendations outlined in *Healthy Iowans 2010*.

The 2007 legislative session brought about a \$1.00 increase in the tax on cigarettes, as well as a commensurate tax on other tobacco products. Since this tax was introduced, Quitline Iowa, the state’s free hotline for smoking cessation, has seen a three-fold increase in calls from the previous year. The department also continues to educate Iowans about the health risks of secondhand smoke and advocates for smoke-free workplaces.

2007 brought new hope to many Iowans and Iowa communities affected by suicide and substance abuse. The department received a \$1.2 million grant focusing on suicide prevention activities for Iowans 15 to 24 years old. For Iowans on the road to recovery from substance abuse, a new \$9.4 million grant will provide much needed support services such as child care and faith-based services.

Preventing epidemics and the spread of diseases is achieved through a variety of activities. This year, the department dealt with a large outbreak of cryptosporidium, published the first *Foodborne Investigation Outbreak Manual*, introduced a new yearly report called *The Iowa Surveillance of Notifiable and Other Diseases*, and created a comprehensive Web site about preventing antibiotic resistance. Another important activity was working with the federal Office of Minority Health to begin a needs assessment on the provision of disease prevention services for African Americans in Iowa. Also in 2007, department staff conducted immunization trainings for more than 500 professionals at 16 sites throughout the state.

Emergency preparedness continues to be a focus of the department. However, government alone cannot do all that is needed to prepare Iowa. Business is an important partner to help maintain “continuity of community.” With this in mind, IDPH began working this year with Safeguard Iowa, a public/private partnership working to build safer, more resilient communities.

Thanks to a number of high-profile toy recalls in the U.S. recently, awareness about lead poisoning has grown to a new level. Although lead in products intended for children is a concern, the greatest risk of lead poisoning for Iowa children remains lead-based paint in houses built before 1960. A significant step in increasing testing for lead-poisoning was the passage of a law in 2007 requiring all children to show proof of a blood-lead test before entering school.

Lead-based paint is not the only health issue that pertains to homes in Iowa. This year, the department began the Healthy Homes initiative, a holistic approach that addresses aspects of housing that affect public health. By focusing on housing-related health issues, the project will provide public health professionals with the training and tools necessary to help rural and underserved populations in Iowa ensure their homes provide a safe and healthy environment.

Equally important is the partnership between local and state public health working to improve the performance of public health in Iowa. Through the Redesigning Public Health in Iowa initiative, the partnership has defined basic standards for service delivery to all Iowans. The department is developing a strategic framework that will show how our programs and services achieve these Iowa Public Health Standards. Available on our Web site by the middle of 2008, this framework will help bring the Iowa Public Health Standards alive by showing how our mission, goals, strategies, programs, and services relate to the standards. It will show Iowans what we do, why we do it, and how we’ll know when we’re successful.

In this *Annual Report and Budget Summary*, you will find a detailed description of the programs and services that help us achieve our mission of promoting and protecting the health of Iowans. Also, you will notice that this year’s report has been enhanced in many regards. For example, each program profile now includes information on which goals created by the Iowa Public Health Standards it helps to achieve. Graphs have also been added to help readers understand how we measure our progress in achieving those goals.

Please keep this valuable resource handy, as I think you will agree that public health’s everyday contribution to the lives of Iowans is both significant and necessary to the future of our state. And, visit our Web site, www.idph.state.ia.us, for the most up-to-date information and to offer feedback through our “Contact Us” service.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Newton". The signature is fluid and cursive, with a large initial "T" and "N".

Tom Newton, MPP, REHS

The Iowa Department of Public Health – Overview

Vision

Healthy Iowans living in healthy communities.

Mission

Promoting and protecting the health of Iowans.

Guiding Principles

We strive for INNOVATION and CONTINUOUS IMPROVEMENT in our activities to promote and protect the health of Iowans.

With a collective sense of SOCIAL JUSTICE, our activities reflect understanding and acceptance of DIVERSITY among Iowans.

We encourage COLLABORATION in our activities and in our decision making so that we respond more effectively to emerging issues and assure the highest QUALITY of services we can provide.

We recognize the value of a healthy COMMUNITY in developing healthy Iowans. We encourage our employees, Iowa's communities, and individual Iowans to work together as PARTNERS to build a healthy Iowa.

We are committed to using EVIDENCE-BASED strategies to assure our programs focus on creating RESULTS that improve the health of Iowans.

What the Department of Public Health does

The Department of Public Health is a catalyst for promoting and protecting the health of Iowans. It strives to improve the quality of life for all Iowans by assuring access to quality population-based health services in the following areas:

- Preventing injuries;
- Promoting healthy behaviors;
- Improving the department's performance;
- Protecting against environmental hazards;
- Strengthening the public health infrastructure;
- Preventing epidemics and the spread of disease; and
- Preparing for, responding to, and recovering from public health emergencies.



How the Department of Public Health fulfills these fundamental obligations

Providing an array of essential services fulfills these obligations. On many occasions, these services are invisible to the public, only becoming obvious when a problem develops. IDPH’s **Main Products and Services** include, but are not limited to, funding services, providing research-based knowledge and technical expertise, disease surveillance, regulatory inspections, and policy development. Technical assistance, disease surveillance, and regulatory inspections are delivered directly to local boards of health and local health agencies, the regulated community, and the public. Some services are provided indirectly through funding to local health agencies that provide direct public health services.

Iowa has had a state public health agency since 1880 when the Eighteenth General Assembly formed the State Board of Health to “provide for the collecting of vital statistics and to assign certain duties to local boards of health.” Since then, its duties have greatly expanded. Today’s IDPH serves as the state’s leader in administering and funding public health, as the department presides over more than 100 programs and employs more than 425 people.

The department’s mission of promoting and protecting the health of Iowans is accomplished by following the framework of the Iowa Accountable Government Act (AGA). IDPH has determined that the services and activities it engages in, as well as the products it provides to its customers, are included in five AGA core functions: child and adult protection; emergency management, domestic security,

public health preparedness; health and support services; regulation and compliance; and resource management.

In 1988, the Institute of Medicine (IOM) published The Future of Public Health, which recommended that public health’s core functions be assessment, policy development, and assurance. Each national public health core function is further defined by a set of essential services (Table 1).

In response to the IOM report, the IDPH has worked to align its services, products, and activities with the core public health functions and recognizes the national public health core functions as desired outcomes of its work.

Table 1. Public Health Essential Services

<ul style="list-style-type: none">• Monitoring health status• Diagnosing and investigating health problems & health hazards• Informing, educating, and empowering people about health issues• Mobilizing community partnerships to identify and solve health problems• Developing policies and plans that support individual- and community-health efforts• Enforcing laws & regulations that protect health & ensure safety• Linking people to needed personal health services• Assuring a competent public health and personal health-care workforce• Evaluating effectiveness, accessibility, and quality of personal- and population-based health services• Conducting research for new insights and innovative solutions to health problems

The IOM report also challenged all U.S. public health agencies to regularly and systematically collect, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiological and other studies of health problems. In response, IDPH developed the Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP), which is a comprehensive reporting tool that helps communities determine their health needs and plan health initiatives.

Agency staff includes professionals with degrees in education, communications, emergency medical services, engineering, environmental science, epidemiology, law, medicine, nursing, policy development, public health, and social work. Employees skilled in clerical services, data analysis, financial management, information technology, and research provide support services for the department.

IDPH is involved in the health-care system through individual, targeted-population, and population-based services. The department’s customers include county and city health agencies, county boards of health, emergency medical service providers and

programs, public and private contractors, public and private health care providers, and provider organizations. It also includes health-care payers, other federal, state, and local entities collaborating in health-care delivery, businesses, schools, department employees, and all Iowa citizens.

The IDPH administrative offices are located in the Lucas State Office Building, 321 E. 12th Street, Des Moines. Most IDPH employees are located in the Lucas Building although community health consultants, disease prevention specialists, emergency medical service personnel, and epidemiologists are located in area offices across the state. Administrative staff for nursing, pharmacy, medical, and dental boards are located in Des Moines, but not within the Capitol complex.

IDPH funding comes from a variety of sources, but funds are received primarily from the federal and state governments, including tobacco settlement funds and private foundations.

The nine-member state Board of Health is IDPH's legally designated policy-making body. The Board has the power and the duty to adopt, promulgate, amend, and repeal administrative rules and regulations, and advises or makes recommendations to the governor, General Assembly, and the IDPH director, on public health, hygiene, and sanitation. The director, appointed by the governor, works closely with the Board of Health to develop state health policy.

IDPH is divided into seven organizational units.

1. Director's Office
2. Division of Acute Disease Prevention and Emergency Response
3. Division of Administration and Professional Licensure
4. Division of Behavioral Health and Professional Licensure
5. Division of Environmental Health
6. Division of Health Promotion and Chronic Disease Prevention
7. Division of Tobacco Use Prevention and Control

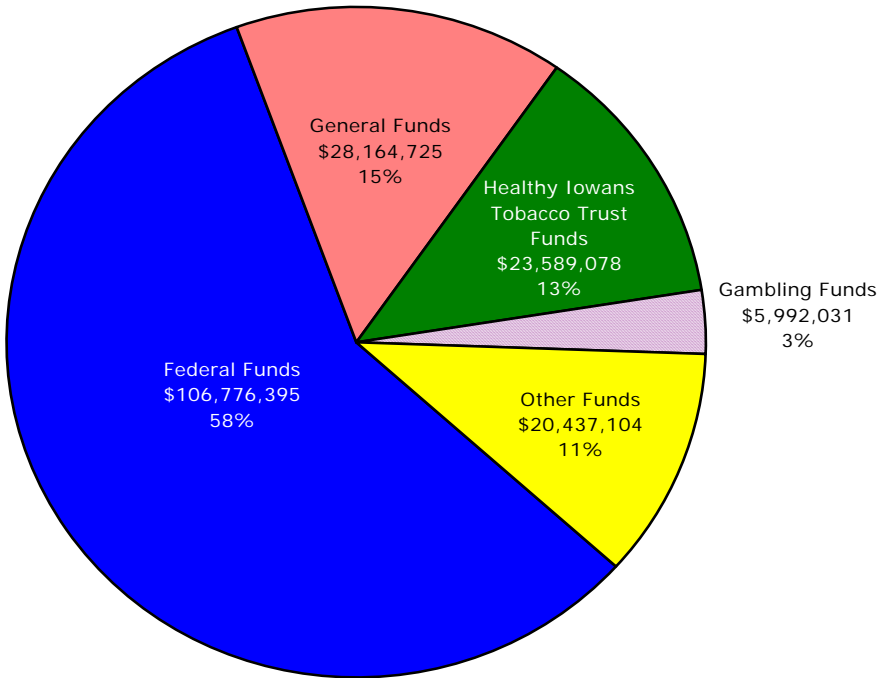
IDPH also provides administrative support for 23 professional licensure boards that regulate and license various health professions.

Approximately 300 Iowans serve on various boards and commissions. IDPH currently provides staff for several consumer-oriented councils and task forces. These groups provide regular input into the department's policy development and program planning, implementation, and evaluation efforts.

In total, 879 entities have department contracts to provide health services. IDPH currently contracts with all 99 counties to provide population-based health services and a limited number of personal health services. These contractors include county boards of health and boards of supervisors, community-action programs, public health nursing agencies, maternal and child-health agencies, substance abuse prevention agencies, emergency medical service providers, and HIV/AIDS prevention and care providers.

Total Fiscal Year 2007 Budget Summary

Total expenditures in FY2007 were \$184,959,334. The following chart shows the breakdown for expenditures by funding source:



“Other Funds” refer to fees collected and retained by individual programs or via memoranda of understanding that have been established with other state agencies or grants received from private foundations.

This Annual Report and Budget Summary also includes fiscal year 2006, 2007, and 2008 expenditure information for department programs and services.

Programs & Services

The following pages include details about department programs and services. Each listing includes

- the name of the program/service,
- a main telephone number and Internet address,
- the division overseeing the program/service,
- the program/service objective,
- why the program/service is important to promoting and protecting the health of Iowans,
- a description of services,
- at least one measure of progress toward our objectives, and
- fiscal year 2006, 2007, and 2008 expenditure information.

If the measure(s) of progress appeared in our 2007 department performance plan, the 2007 target will be included. The year 2007 refers to the state fiscal year in which the data was reported. Not all programs will have 2007 data. In these cases, the data for the most recent year available is reported for the measure.

Department Administration

Phone: 515-281-7689

www.idph.state.ia.us

Department Director's Office

By partnering with local public health, policymakers, health care providers, business and many others, IDPH fulfills its mission of protecting and promoting the health of all Iowans. IDPH is organized into six divisions and the Director's office

Why is department administration important to promoting and protecting the health of Iowans?

IDPH strives to improve Iowans' quality of life by working to meet the following:

Public Health Goals

Prevent Injuries

Promote Healthy Behaviors

Improve Department Performance

Protect Against Environmental Hazards

Strengthen the Public Health Infrastructure

Prevent Epidemics & the Spread of Disease

Prepare for, Respond to, & Recover from Public Health Emergencies

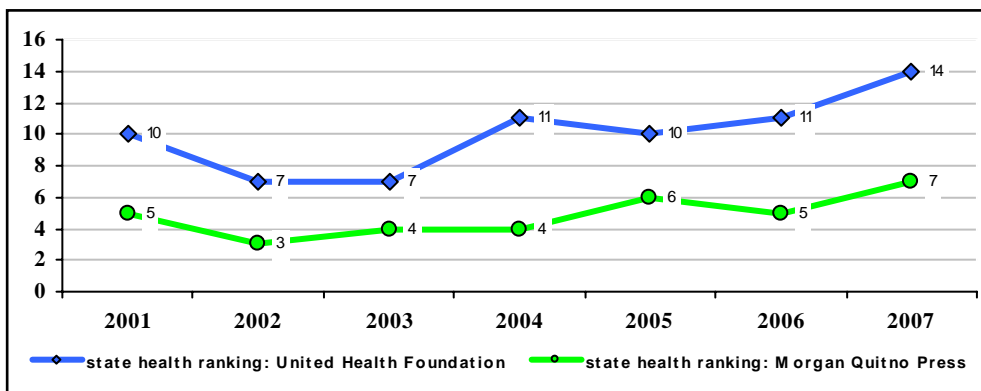
What services do we provide?

- The Division of Acute Disease Prevention and Emergency Response provides support, technical assistance, education, and consultation on infectious disease prevention and control, injury prevention and control, and public health and health care emergency preparedness and response. The division also coordinates department communication, public information, and planning.
- The Division of Administration and Professional Licensure provides vital records and health statistics services, coordinates 19 licensure boards regulating more than 30 health professions, provides fiscal management and contract administration, and provides software, network, and computer support.
- The Division of Behavioral Health promotes the prevention of substance abuse, problem gambling, violence, and secondary conditions among people with disabilities, and regulates substance abuse and gambling treatment programs.
- The Division of Environmental Health provides both educational and regulatory services to ensure a safe and healthy environment for Iowans.
- The Division of Health Promotion and Chronic Disease Prevention promotes and supports healthy behaviors and communities, the prevention and management of

chronic diseases, and the development of public health infrastructure and access to health care and other health services at the local and state level.

- The Division of Tobacco Use Prevention and Control promotes partnerships among state government, local communities, and the people of Iowa to reduce tobacco use.
- Director's Office: The director is the spokesperson and advocate for public health in Iowa and acts as a liaison to local boards of health, local public health agencies, health care providers, and consumers. The director also represents IDPH in a variety of national organizations and works with policymakers at the local, state, national, and international levels.
- Department wide activities include billings paid to the Dept. of Administrative Services (association fees, worker's compensation charges), Attorney General's Office (legal counsel), and Auditor of State's Office (auditing).

How do we measure our progress?



State health ranking. Data Source: United Health Foundation, Morgan Quitno Press. New data are available annually. **Baseline, CY2001** – United Health Foundation: 10th; Morgan Quitno Press: 5th. **Most Recent Year, CY2007** – United Health Foundation: 14th; Morgan Quitno Press: 7th.

How are we doing? Iowa consistently ranks near the top nationally in state health rankings.

Funding sources

General fund, federal indirect funds, & indirect from private grants*:

K21-2101/2221/2226; 0153-2102/2152/2154/2156/2158/2160/2220/2224/2228

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$841,421	\$757,816	\$797,706
Federal funds	\$430,268	\$417,285	\$804,100
Other funds*	\$198,336	\$249,184	\$0
Total funds	\$1,470,025	\$1,424,285	\$1,601,806
FTEs	7.26	5.87	7.05

Abstinence Education

Phone: 515-281-7721

www.idph.state.ia.us/hpcdp/abstinence_education.asp

Division of Health Promotion & Chronic Disease Prevention

The goal of the Abstinence Education Program is to increase the number of Iowa adolescents who make positive choices to abstain from premarital sexual activity and related risk behaviors, including the use of alcohol and other illegal drugs.

Why is the Abstinence Education Program important to promoting and protecting the health of Iowans?

- In 2005, nearly half (44%) of Iowa high school students in grades 9 to 12 reported ever having sexual intercourse (Iowa Youth Risk Behavior Survey).
- In 2005, the birth rate for Iowa females ages 12 to 18 was 13.9 per 1000; 9% of all births were to females under age 20. The rate was higher for African American (20%) and Hispanic (15%) teens. Most Iowa births to teens are out-of-wedlock. Nearly one in four (23%) of all of Iowa's out-of-wedlock births were to teenage mothers ages 15 to 19.
- Children born to teens tend to have poorer birth outcomes and cost Iowans about \$17,000 per year per teen. Costs include medical care, hospital bills, prescriptions, and infant supplies such as formula, diapers, car seats, etc.

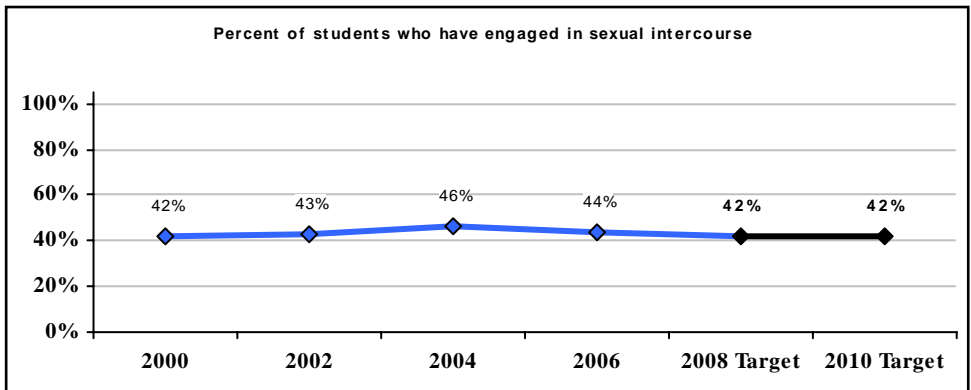
Public Health Goals

Promote healthy behaviors

What services does the Abstinence Education Program provide?

- Funding community-based private non-profit and public agencies to provide abstinence education programs. Programs include abstinence education curriculum in schools, one-time abstinence presentations to large groups of youth (in both schools and non-traditional settings such as youth detention centers, residential treatment facilities, and summer camps), media and marketing initiatives, mentoring activities, and parent workshops.
- Working with other IDPH programs, including Family Planning, Women's Health, and Child Health to discuss best practices and devise strategies for improving outreach to adolescents.
- Participating in the state committee for the National Campaign to Prevent Teen Pregnancy to create a state plan for decreasing teen pregnancy and teen birth rates.
- Providing outreach to Iowa teens and families through statewide events such as the state high school wrestling and girls and boys basketball events. Activities include interactive exhibits, distributing water bottles with the program's *i am* (Iowa's *abstinence mission*) logo, and electronic signs.

How do we measure our progress?



Percent of students, grades 9-12, who have engaged in sexual intercourse. Data

Source: Iowa YRBS. New data are available biennially, in even-numbered years.

Baseline, CY2000 – 42%. Most Recent Year, CY2006 – 44%.

2008 Target – 42.2%. 2010 Target – 42%.

How are we doing? Decrease in the percent of adolescents who have engaged in sexual intercourse.

Funding sources

Federal grants: 0153-0606/0610 (FY06)

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$384,587	\$378,638	\$306,104
Total funds	\$384,587	\$378,638	\$306,104
FTEs	1.17	0.98	1.00

Access to Quality Health Care

Phone: 1-800-308-5986

www.idph.state.ia.us/hpcdp/health_care_access.asp

Division of Health Promotion & Chronic Disease Prevention

The department's Access to Quality Health Care programs include three health delivery systems programs: the State Office of Rural Health (ORH), the Medicare Rural Hospital Flexibility Program (FLEX), and the Small Rural Hospital Improvement Program (SHIP). These Bureau of Health Care Access programs combine federal-state partnerships to help rural communities, health care facilities, and organizations identify and resolve issues to build Iowa's rural health and primary care infrastructure.

Why are Access to Quality Health Care programs important to promoting and protecting the health of Iowans?

- Based on the 2000 Census, 47% of Iowans live in rural areas. All Iowans need to be able to get timely health care, especially in the case of trauma or other urgent care needs.
- Iowa hospitals have limited funding to comply with the Health Insurance Portability and Accountability Act (HIPAA), implement prospective payment systems, and carry out quality improvement strategies.
- Iowa's rural health infrastructure needs advocacy efforts at the state level to identify information and resources that communities and organizations can use to improve their local health infrastructure. IDPH can effectively advocate for rural health issues at the national and state levels.
- The programs serve 82 Critical Access Hospitals, rural hospitals under 50 beds, Iowa emergency medical services, and other health care facilities such as rural health clinics to support their ability to assure access to quality health services.

Public Health Goals

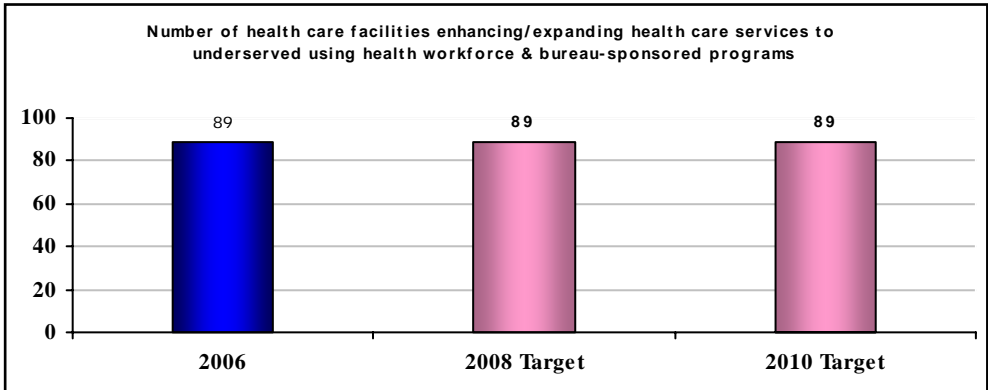
Strengthen the public health infrastructure

What services do the Access to Quality Health Care programs provide?

- State funding is used for 4.5 FTEs to provide program administration for state and federal funds including grant and contract management, technical assistance, and training for rural communities.
- Federal funding allows full-service hospitals to transition to Critical Access Hospital designation and helps small rural hospitals implement prospective payment systems (PPS), comply with HIPAA, reduce medical errors, and support quality improvement (QI) strategies.
- Mini-grants are provided to rural hospitals and health systems to fund projects (e.g., chargemaster review, clinic/outpatient service review, expansion analysis, building community relationships, quality improvement/quality assurance, and program/service diversification).
- Contracts are awarded to eligible hospitals to support activities including staffing, education, technology purchases and updates, and renovations identified by the hospitals to meet their needs in complying with PPS, HIPAA, or QI.
- We collect and distribute information (e.g., presentations, newsletters, community meetings, and national, state, and rural organizations) at the local, state, and national level on rural health issues and coordinate resources.

- We coordinate rural health related activities via partnerships with communities, organizations, or other IDPH programs. ORH works with the Primary Care Office to review and establish health shortage designations and with the Bureau of Emergency Medical Services to get funding for automatic external defibrillators.
- We strengthen federal, state, and local partnerships to impact policies, programs, and issues that affect the health of rural communities.
- We work with other public entities to address barriers to access to health care.
- We develop projects and activities that may be applied widely and serve as models for communities throughout Iowa.

How do we measure our progress?



Number of health care facilities that enhance or expand health care services to the underserved by using the health workforce and bureau-sponsored programs. *Data Source: Bureau progress reports. New data are available annually, in September.*

Baseline, CY2006 – 82 hospitals and 7 hospital health systems.

Most Recent Year, CY2006 – 82 hospitals and 7 hospital health systems.

2008 Target – 89. **2010 Target** – 89. **How are we doing?** On target with measures: recorded impact on 82 hospitals and 7 hospital health systems.

Funding sources

FLEX: federal grant: 0153-0914. **State Office of Rural Health:** federal grant: 0153-0902. **SHIP:** federal grant: 0153-0916. **Health Delivery Systems:** general fund, tobacco fund, federal grant, & intra state receipts* (Dept of Management); State funds are used for a 3:1 match for the Office of Rural Health Grant: K07-0767; K09-0905; K19-1933; K60-6069; K72-7201; K95-9501; 0153-0460 (FY06).

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$369,392	\$501,545	\$719,037
Tobacco funds	\$0	\$0	\$100,000
Federal funds	\$1,398,630	\$1,130,338	\$1,354,578
Other funds*	\$0	\$0	\$30,000
Total funds	\$1,768,022	\$1,631,883	\$2,203,615
FTEs	8.46	6.95	8.20

Acute Disease Epidemiology

Phone: 1-800-362-2736

www.idph.state.ia.us/adper/cade.asp

Division of Acute Disease Prevention & Emergency Response

The Center for Acute Disease Epidemiology (CADE) works to protect Iowans from infectious diseases by

- applying epidemiologic science to monitor and control infectious diseases,
- developing and applying prevention and control measures to reduce or stop the spread of infectious diseases,
- providing consultation and technical assistance to health care system providers, and
- participating in public health emergency response planning and providing support during a public health emergency.

Why is CADE important to promoting and protecting the health of Iowans?

- Infectious diseases may affect the health of all Iowans. CADE receives an average of 20 disease reports daily (about 5,000 per year) that must be investigated by the state or referred to a local public health agency.
- In 2006, there were 10 large outbreaks where illness was spread through food, 43 outbreaks where illness was spread person-to-person, 5 outbreaks where the source was unknown, and one animal to person outbreak. With the help of local public health, more than 7,000 people were screened for illness in these outbreaks and 1,762 people were reported ill.
- Epidemiology is vital to deciding when a threat to the public's health is an emergency. It helps describe how the public health emergency affects the public and whether prevention or control efforts are having an effect.

Public Health Goals

Prevent epidemics & the spread of disease

Prepare for, respond to, & recover from public health emergencies

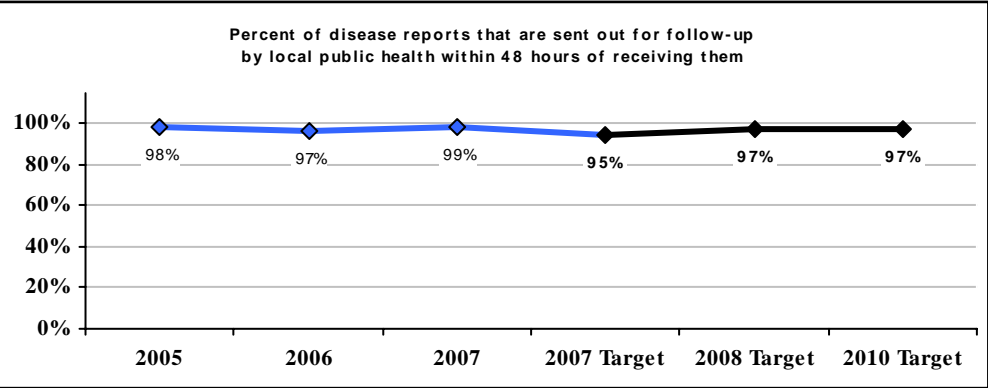
Promote healthy behaviors

What services does CADE provide?

- Epidemiology consultation and technical assistance to local public health.
- Disease surveillance, reporting, and investigation: Diseases are reported daily with referrals to local public health and other agencies for investigation or follow-up.
- Infectious disease consultation: giving advice on how long a sick person should stay away from others, what things will prevent the spread of illness, and what treatment might be available.
- Regional epidemiology services: Regional epidemiologists work with local public health by providing information about diseases and helping control outbreaks. Each epidemiologist works with between 16 and 19 counties. This achieves the nationally recommended standard of one epidemiologist for every 500,000 people.
- Outbreak management: Staff epidemiologists are trained to investigate outbreaks of illness. Local public health agencies may ask for help in determining how many people became ill in an outbreak and whether people became sick because of food, water, or other sick people.

- **Health care consultation:** Many consultations involve rabies. Rabies is a disease that usually happens in animals. Animals that are sick with rabies can spread the disease to people, but a person must be bitten by an animal or have a great deal of contact with the sick animal. Health care providers often call to ask about patient-animal exposure situations. CADE provides information not only to the health care worker, but also to the patient.
- **Influenza and West Nile virus surveillance:** We provide weekly influenza surveillance reports to the public. During the summer, CADE proactively informs the public about methods to prevent West Nile virus through news releases, Web information, and surveillance reports.

How do we measure our progress?



Percent of disease reports that are sent out for follow-up by local public health within 48 hours of receiving them. *Data Source: CADE disease report processing system. New data are available annually.* **Baseline, SFY2005 – 98.1%.**
Most Recent Year, SFY2007 – 98.9%. 2007 Target – 95%. 2008 Target – 97%. 2010 Target – 97%. **How are we doing?** This year CADE began sending out an “outstanding reports” notification to counties on a routine basis. The number of cases in this report has decreased substantially in 2006 alone. This is one indication that local public health agencies are more aware of the importance of complete and timely disease investigation and reporting.

Funding sources

General fund, federal grants, & private donations* (FY06): K15-1501; 0153-1502/1506/1702

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$425,681	\$439,297	\$556,884
Federal funds	\$1,241,860	\$1,207,144	\$957,637
Other funds*	\$7,956	\$0	\$0
Total funds	\$1,675,497	\$1,646,441	\$1,514,521
FTEs	9.04	8.39	8.80

Arthritis

Phone: 515-281-5675

www.idph.state.ia.us/hpcdp/arthritis.asp

Division of Health Promotion & Chronic Disease Prevention

The Iowa Arthritis Program works to reduce the impact of arthritis and improve the quality of life of Iowans affected by arthritis. By improving access to quality and affordable health care and promoting healthy behaviors, Iowans with arthritis will experience a decrease in pain and discomfort and an increase in mobility and well-being.

Why is the Iowa Arthritis Program important to promoting and protecting the health of Iowans?

- Arthritis is the #1 cause of disability for Iowans.
- An estimated 611,000 adult Iowans have been diagnosed with arthritis by a physician (2005).
- Arthritis has no known cure, so the goal is to alleviate pain and increase the well-being of people with arthritis.
- Arthritis can affect people of any age, race, or gender. Osteoarthritis, rheumatoid arthritis, lupus, osteoporosis, and other forms of arthritis affect women at higher rates than men.

Public Health Goals

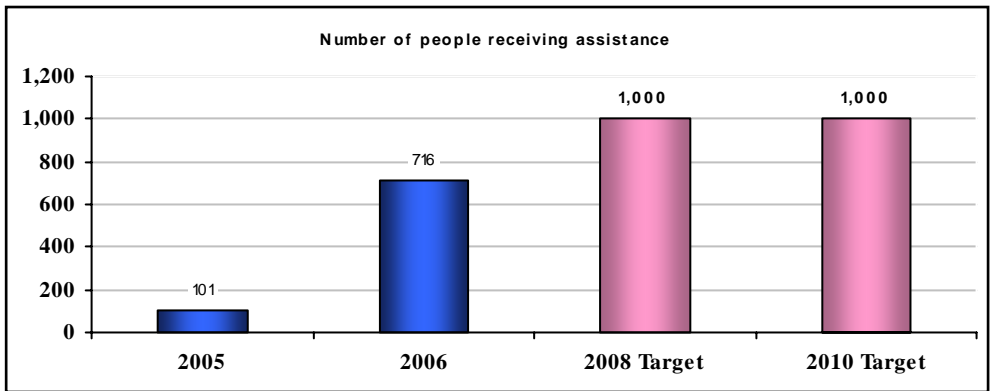
Strengthen the public health infrastructure

Promote healthy behaviors

What services does the Iowa Arthritis Program provide?

- Giving technical assistance to local public health such as program development and marketing ideas, arthritis materials, and lending out the “Assistive Devices” kit, which contains a variety of devices that make it easier for people with arthritis to manage their lives. Assistive devices include easy-open doorknobs, cover openers, or oversized utensil grippers.
- Working with IDPH chronic disease programs (Comprehensive Cancer Control Program, Heart Disease and Stroke Prevention Program, Diabetes Prevention and Control Program, etc.) at wellness/health fairs and conferences. Collaboration includes pooling resources to market programs together and providing a consistent social marketing message about how people can manage their condition with universal strategies for all types of chronic illnesses.
- Providing all Iowans with information and education about all aspects of arthritis and with referrals to medical and intervention services such as arthritis support groups, and fitness and aquatic classes.

How do we measure our progress?



Number of people receiving assistance (includes referrals to support groups, health care providers, and other services; ideas on program implementation; or advice on individual or organizational strategies to address arthritis related issues). *Data Source: Program tracking logs. New data are available monthly.* **Baseline, CY2005 – 101. Most Recent Year, CY2006 – 716. 2008 Target – 1,000. 2010 Target – 1,000.**
How are we doing? The Arthritis Program has increased its communications and referrals for people with arthritis.

Funding sources

Federal grant: 0153-0414

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$108,264	\$107,776	\$116,201
Total funds	\$108,264	\$107,776	\$116,201
FTEs	1.15	1.21	1.10

Asthma Control

Phone: 515-281-4779

www.idph.state.ia.us/hpcdp/asthma.asp

Division of Health Promotion & Chronic Disease Prevention

The Iowa Asthma Control Program (IACP) coordinates a statewide program to improve the quality of life of Iowans who have asthma. Asthma is a complex and costly, but manageable, chronic respiratory disease. It is the most common chronic condition for children and the fourth most common chronic condition for adults.

Why is the Iowa Asthma Control Program important to promoting and protecting the health of Iowans?

- In 1999, 200,000 Iowans were affected by asthma. About 47,000 are children and 145,000 are adults (8% of all Iowa adults).
- Of the 47,000 Iowa children with asthma, 12,800 were younger than 4 years old and 27,000 were ages 5 to 14.
- Each year in Iowa, uncontrolled asthma leads to 12,000 hospitalizations; 40,000 to 50,000 emergency department visits; 35,000 to 40,000 unscheduled doctor's office visits; 140,000 lost school days; and direct and indirect costs of \$144 and \$154 million.
- Women and African Americans have higher rates of asthma.

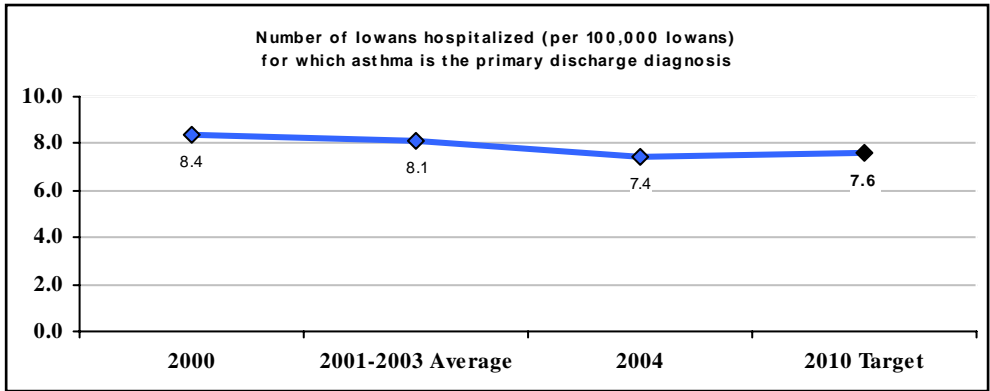
Public Health Goals

Promote healthy behaviors

What services does the Iowa Asthma Control Program provide?

- Contracting with the American Lung Association of Iowa to facilitate the Iowa Asthma Coalition.
- Providing Young and the Breathless trainings and asthma management sessions across the state through service agreements with Visiting Nurse Services nurse consultants. The Young and the Breathless training promotes an awareness of how policies and the physical environment play an important role in managing asthma. Education is provided through the Young and the Breathless trainings to child care providers and schools, school nurses, child care nurse consultants, and public health nurses; breakout sessions at state conferences; and at educational sessions for college nursing classes at central Iowa colleges.

How do we measure our progress?



Number of Iowans hospitalized (per 100,000 Iowans) for which asthma is the primary discharge diagnosis. *Data Source: State Inpatient Database (SIDS). New data are available annually—with a one to two-year delay in release and analysis.*

Baseline, CY2000 – 8.4 per 100,000 Iowans. Most Recent Year, CY2004 – 7.4. 2010 Target – 7.6. How are we doing? Rates are trending downward.

Funding sources

Federal grant: 0153-0702

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$354,724	\$254,721	\$290,780
Total funds	\$354,724	\$254,721	\$290,780
FTEs	2.22	2.24	2.30

Brain Injury

Phone: 515-281-0926

www.idph.state.ia.us/bh/brain_injury.asp

Division of Behavioral Health

The Brain Injury Program works to improve the lives of Iowans living with brain injuries and their families by supporting the activities of the Advisory Council on Brain Injuries, administering the activities of the federal traumatic brain injury grant, and administering the Brain Injury Services Program.

Why is the Brain Injury Program important to promoting and protecting the health of Iowans?

- Each year, over 2,500 Iowans experience a brain injury.
- 745 of these Iowans will experience long-term disability because of their brain injury and will need ongoing services and support.
- The Centers for Disease Control and Prevention (CDC) estimates that at least 50,000 Iowans currently live with long-term disabilities because of brain injury.

Public Health Goals

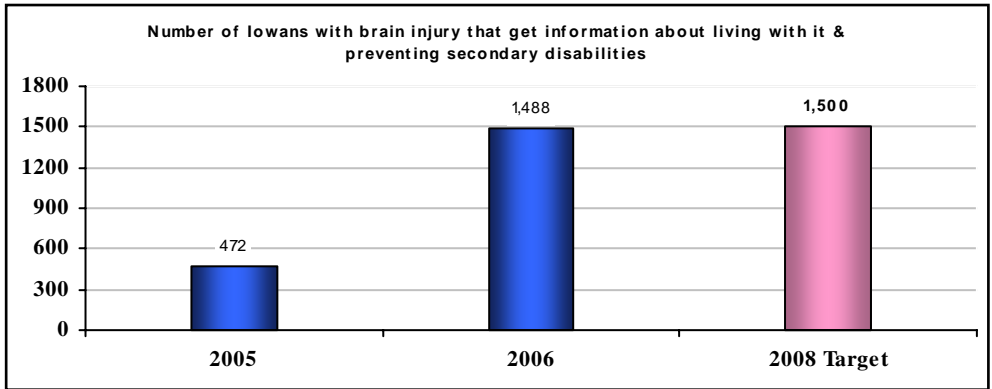
Prevent injuries

Strengthen the public health infrastructure

What services does the Brain Injury Program provide?

- Studying the needs of people with brain injury and their families.
- Making recommendations to other state departments about the planning, developing, and administering of a comprehensive statewide service delivery system.
- Promoting and implementing injury prevention activities.
- Providing more brain injury information, awareness, and education opportunities for families experiencing brain injury, professionals, and service providers through websites, information and resource tote bags, and direct training.
- Providing improved access to the Medicaid Home and Community Based Services Brain Injury Waiver by providing local match for individuals.
- Administering contracts through the Brain Injury Association of Iowa to link individuals with brain injury and their families to supports and services (resource facilitation) and with the Iowa Association of Community Providers to enhance brain injury training opportunities for providers statewide.
- Administering a Cost Share Program to provide service funding to Iowans who, either financially or functionally, do not qualify for the Medicaid Home and Community Based Services Brain Injury Waiver.

How do we measure our progress?



Number of Iowans with brain injury that get information about living with it and preventing secondary disabilities. *Data Source: Brain Injury Association of Iowa. New data are available annually. Baseline, SFY2005 – 472.*

Most Recent Year, SFY2006 – 1,488. 2008 Target – 1,500.

2010 Target – To be determined. How are we doing? The number of Iowans getting information about brain injury increased 215% from 2005 to 2006.

Funding sources

General fund, federal grant, & intra state receipts* (Dept of Human Services): K07-0853/0854/0856; K17-1801 (FY06); 0153-1802

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$63,169	\$63,169	\$63,169
Federal funds	\$66,532	\$77,429	\$145,329
Other funds*	\$0	\$339,005	\$5,014,481
Total funds	\$129,701	\$479,603	\$5,222,979
FTEs	1.06	2.18	3.05

Cancer

**Comprehensive Cancer
Control – Phone: 515-281-0925**

**Iowa Care for Yourself Breast & Cervical
Cancer Early Detection – Phone: 515-281-5616**

www.idph.state.ia.us/hpcdp/comp_cancer_control.asp
www.idph.state.ia.us/careforyourself/default.asp

Division of Health Promotion & Chronic Disease Prevention

IDPH has two cancer-related programs that receive federal, state, and private funding.

The Comprehensive Cancer Control (CCC) Program focuses on:

- prevention (fewer cases of cancer)
- risk reduction (fewer cases of cancer)
- early detection (earlier diagnosis of cancer)
- better treatment (fewer deaths from cancer with long-term cost savings for cancer treatment and rehabilitation and more effective use of health care resources)
- enhanced survivorship (better quality of life for survivors and their loved ones)
- fewer cancer disparities among Iowa's diverse populations.

The Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program pays for clinical breast and pelvic examinations, mammography, and Pap tests for women who are uninsured, underinsured, ages 40-64, and have incomes up to 250% of the federal poverty guideline.

Why are Cancer programs important to promoting and protecting the health of Iowans?

- Cancer is the 2nd leading cause of death in Iowa. An estimated 15,700 Iowans will be diagnosed with cancer and 6,400 will die in 2007.
- Nearly all Iowans have been affected by cancer: either their own, someone in their family, co-workers, or friends. Thus, cancer is a statewide problem that all Iowans need to know about and have the chance to take action.
- Many types of cancer can either be prevented or, when detected early, can be successfully treated.
- Over half of Iowans diagnosed with cancer will survive it.

Public Health Goals

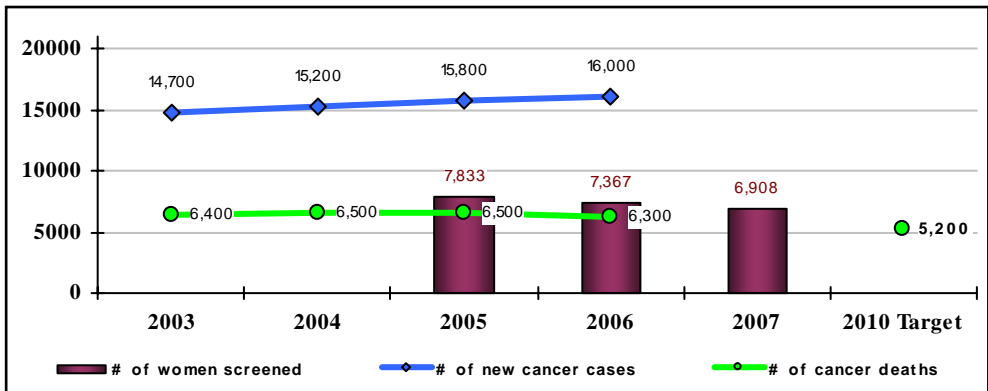
Promote healthy behaviors

Strengthen the public health infrastructure

What services do the Cancer programs provide?

- The Comprehensive Cancer Control Program works with the Iowa Consortium for Comprehensive Cancer Control (ICCCC) to implement the state cancer control plan, [*Reducing the Burden of Cancer in Iowa: A Strategic Plan for 2006-2011*](#).
- The Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program works with a network of local boards of health; local health entities, and health care providers to recruit, enroll, and provide case management to program-eligible women; reimburse for screening and diagnostic services (clinical breast exams, Pap tests, mammograms, and limited diagnostic services related to the breast or cervical cancer screening); increase the awareness of the need for routine breast and cervical cancer screening; and provide funding for breast cancer support services statewide.

How do we measure our progress?



❶ Iowa cancer incidence and mortality. *Data Source: State Health Cancer Registry. New data are available annually.* **Baseline, CY2003** – 14,700 new cancer cases; 6,400 deaths.

Most Recent Year, CY2006 – 16,000 new cancer cases; 6,300 deaths.

2010 Target – 173 cancer deaths per 100,000 Iowans (about 5,200 deaths).

How are we doing? The number of new diagnoses has grown over the years, but a large portion of new cases is a result of screening and early diagnosis. Cancer deaths in Iowa had been fairly stable for the past few years, but decreased in the last year.

❷ Number of women screened by the Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program. *Data Source: BCCEDP Data Set. New data are available annually, approximately 4 months after the period to be reported.*

Baseline, FFY2005 – 7,833. **Most Recent Year, FFY2007** – 6,908.

How are we doing? In FFY2007, the program screened 6,908 women. Data from 2003 suggest that the program screens about 25% of the eligible women ages 40–64 with mammography. The number of women that can be screened depends on funding provided by the CDC, other grants, and private donations. CDC has reduced funding for the program over the past three years, resulting in a decrease in the number of women served.

Funding sources

CCC: health care trust fund, federal grants, & private grant*: K58-5865; 0153-0416/0428/0430/0598/0970

Breast & Cervical Cancer Early Detection: federal grant, private grant*, & intra state receipts* (Dept of Transportation – License Plate Sales): 0153-0408/0426; K03-0424 (FY06); K07-0852

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Health care trust	\$0	\$0	\$700,000
Federal funds	\$3,414,536	\$3,105,669	\$3,255,820
Other funds*	\$14,535	\$66,814	\$141,055
Total funds	\$3,429,071	\$3,172,483	\$4,096,875
FTEs	6.44	6.16	8.25

Child Death Review

Phone: 515-242-6761

www.idph.state.ia.us/hpcdp/medical_examiner_cdrt.asp

Division of Health Promotion & Chronic Disease Prevention

The Iowa Child Death Review Team reviews all deaths of children ages 17 and younger and recommends initiatives and changes to the legislature and the public that will reduce or prevent such deaths in the future.

Why is the Iowa Child Death Review Team important to promoting and protecting the health of Iowans?

- In Iowa, an average of 415 children died each year between 2000 and 2005. Two-thirds of these deaths are due to birth defects, premature birth and diseases, which are natural causes of death. The remaining child deaths are due to accidents, suicides, homicides, sudden infant death syndrome (SIDS), or undetermined causes, which the Child Death Review Team considers preventable.

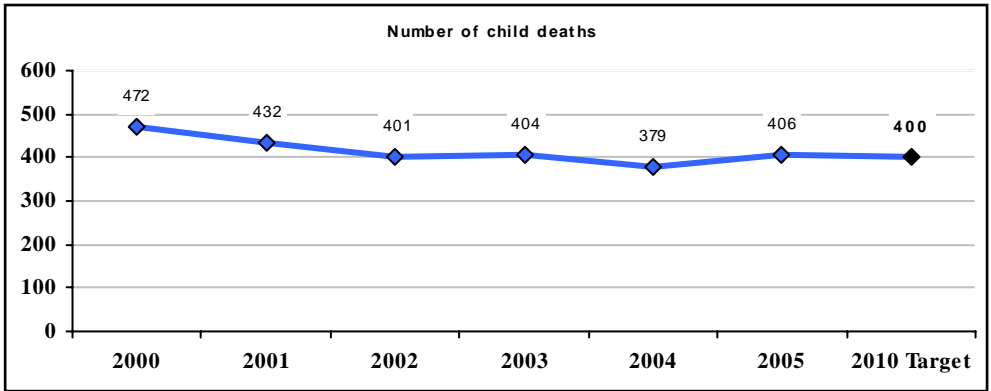
Public Health Goals

Promote healthy behaviors

What services does the Iowa Child Death Review Team provide?

- Reviewing the death of every child who dies in Iowa to determine
 - ✓ the circumstances surrounding the child's death,
 - ✓ what could have been done to prevent the death, and
 - ✓ how to use this information to prevent similar deaths from happening in the future.
- Making recommendations about prevention strategies to government officials, health and human services professionals, and the public to reduce child deaths.

How do we measure our progress?



Number of child deaths. *Data Source: Death certificates, autopsy reports, obituaries, hospital records, police reports. New data are available annually, in January.*

Baseline, CY2000 – 472. Most Recent Year, CY2005 – 406.

2010 Target – 400. How are we doing? Since the Child Death Review Team's inception in 1995, deaths have been decreasing steadily, but have leveled off in recent years.

Funding sources

General fund: K05-0661

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$32,340	\$28,348	\$36,780
Total funds	\$32,340	\$28,348	\$36,780
FTEs	0.38	0.36	0.00

Child Health

Phone: 1-800-383-3826 or 515-281-4911 www.idph.state.ia.us/hpcdp/family_health.asp

Division of Health Promotion & Chronic Disease Prevention

The Child Health Program works to improve children's healthy development by

- Assuring access to preventive child health services such as medical and dental assessment, health and nutrition education, developmental and socio-emotional screening and referral, care coordination, risk reduction, anticipatory guidance, parent health education, and related support.
- Linking families with community-based preventive health and family support services to meet health related needs.
- Identifying gaps and barriers to preventive health services.
- Promoting collaboration among health care providers in local communities to increase access to care.

Why is the Child Health Program important to promoting and protecting the health of Iowans?

- Over 250,000 children live in Iowa. Between 20% and 30% get services from Iowa's community-based child health centers. While services are available to all Iowa families, programs focus on services to low income families. Child health centers implement specific strategies to reach underserved populations such as racial and ethnic minorities who experience disparities in accessing preventive health services.
- Barriers to getting preventive health services care include financial access, transportation, lack of knowledge that well-child care is important, and categorical programs that lack system integration.
- These barriers affect all Iowa children and families. The focus is on low-income children with a particular emphasis on the following subgroups: ages 5 and younger, adolescents, and ethnic and racial minorities.

Public Health Goals

Promote healthy behaviors

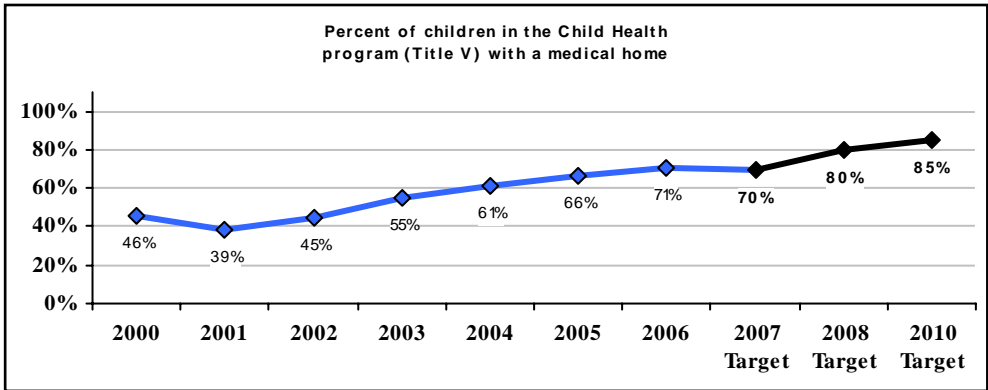
Strengthen the public health infrastructure

What services does the Child Health Program provide?

- Funding for 23 child health centers that provide child health services in all 99 counties for children and youth ages 0 to 22. Preventive health care services are provided through public and private collaborative efforts in which community public health works closely with medical providers to assure family-centered, community-based, and culturally sensitive services.
- Through these efforts, community entities are empowered to develop local health care systems that meet present and future health needs. The Child Health Program helps promote quality health care services to children and promote access to screening services and referral for identified needs.

- State and local partnerships provide services to hard-to-reach, vulnerable populations to assure access to essential health services, promote healthy development, and eliminate health disparities.
- Families are connected with community-based health resources through the toll free Healthy Families line, a 24-hour Information and Referral resource.
- Child Care Nurse Consultants provide health-related consultation to promote health and safety in child care.

How do we measure our progress?



Percent of children served in the Child Health program (Title V) who report a medical home. Data Source: Child & Adolescent Reporting System (CAREs). New data are updated quarterly. Annual unduplicated counts are available for FFY (Oct-Sept) in January. **Baseline, FFY2000 – 46% Most Recent Year, FFY2006 – 70.9%.** **2007 Target – 70%. 2008 Target – 80%. 2010 Target – 85%. How are we doing?** Steady incremental improvement.

Funding sources

General fund, health care trust fund, federal funds, & intra state receipts* (Dept of Human Services); State funds are used for a 75% match for the Title V Block Grant: K05-0505/0552/0554/0601/0931; K56-5669; K58-5869; 0153-0506/0522/0654/0662/0666 (FY06).

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$853,850	\$755,081	\$859,272
Health care trust	\$0	\$0	\$20,000
Federal funds	\$2,154,955	\$2,336,856	\$2,043,966
Other funds*	\$609,026	\$524,709	\$572,395
Total funds	\$3,617,831	\$3,616,646	\$3,495,633
FTEs	15.99	14.94	13.60

Child Health Specialty Clinics

Phone: 319-356-1117

www.uihealthcare.com/chsc

Division of Health Promotion & Chronic Disease Prevention

The Child Health Specialty Clinics (CHSC) improves the health, development, and well-being of children and youth with special health care needs in partnership with families, service providers, communities, and policymakers. CHSC services are provided through 13 regional centers. The public health goals are addressed through an array of direct, enabling, and core public health services that assure all Iowa children with special needs will have access to quality, community-based services.

Why is CHSC important to promoting and protecting the health of Iowans?

- About 100,000 Iowa children have some degree of a special health care need. CHSC provides direct clinical and/or care coordination services to over 5,000 children. Many more are served by CHSC's work with the core public health functions of assessment, policy development, and assurance.
- Children with special health care needs require more services and more types of services than children without special health care needs. Such specialty services are often not available or accessible to children with special health care needs and their families.
- Federal authorization for Title V (of the Social Security Act) requires that at least 30% of each state's Title V Maternal and Child Health (MCH) Block Grant be used to focus on children with special health care needs. Also, state and federal population-based surveys show the greater health and health-related service needs of children with special health care needs and their families.
- Families of children who have or are at risk for a special health care need; primary care providers; specialty care providers; other community-based health-related service providers; public and private insurers; state and community-level service planners; information and referral resources; and policymakers all benefit from knowing about CHSC.
- Individual risk for having a special health care need is dependent on a complex interaction of physical, environmental, genetic, and psychosocial factors. At the population level, research suggests that about 15-20% of all children ages 0 to 18 have a special health care need of some severity.

Public Health Goals

Strengthen the public health infrastructure

What services does CHSC provide?

To local public health:

- Telehealth technology to improve access to pediatric specialty services, especially behavioral consultations.
- Community-based expertise and guidance regarding delivery of or access to family-centered, coordinated, culturally competent specialty care.
- Collaboration on assessment of local public health needs.

- Assistance with administration of local MCH services, as needed.

To other programs in IDPH:

- Participating in a range of statewide public health system development initiatives (e.g., spreading early developmental screening best practices).
- Establishing medical home models of care among primary care providers.
- Helping develop Healthy Iowans 2010, a statewide public health plan.
- Providing policy and planning expertise to improve the safety net for vulnerable Iowans.

Directly to Iowans:

- Birth to Five Program for 0-5 year olds with or at risk of developmental delay to assess and monitor their development and, ultimately, optimize their school readiness.
- Integrated Evaluation and Planning Clinic for 0-21 year olds with chronic health conditions, especially behavioral problems, to assess problems, make recommendations, connect to community resources, and perform follow-up.
- Care coordination to help families access and efficiently organize needed services.
- Family support via a parent consultant network.

How do we measure our progress?

❶ Percent of children with special health needs (CSHCN) ages 0-18 whose families partner in decision-making at all levels and are satisfied with the services they receive. *Data Source: National CSHCN Survey. New data are available approximately every 5 years.* **How are we doing?** In 2002, Iowa – 58.5%; National – 57.5%.

❷ Percent of CSHCN ages 0-18 who receive coordinated, ongoing, comprehensive care within a medical home. *Data Source: National CSHCN Survey. New data are available approximately every 5 years.* **How are we doing?** In 2002, Iowa – 57.1%; National – 52.6%.

❸ Percent of CSHCN ages 0-18 whose families report the community-based service systems are organized so they can use them easily. *Data Source: National CSHCN Survey. New data are available approximately every 5 years.* **How are we doing?** In 2002, Iowa – 77.8%; National – 74.3%.

Funding sources

General fund, health care trust fund, & federal grant: K07-0703; K58-5863; 0153-0706

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$468,865	\$468,865	\$468,865
Health care trust	\$0	\$0	\$473,981
Federal funds	\$2,171,610	\$2,588,069	\$2,362,026
Total funds	\$2,640,475	\$3,056,934	\$3,304,872
FTEs	0.00	0.00	0.00

Child Protection Centers

Phone: 515-281-3932

www.nca-online.org

Division of Health Promotion & Chronic Disease Prevention

The Child Protection Center Grant Program provides grants for establishing new child protection centers (CPCs) and supporting existing CPCs. CPCs provide an environment designed to ensure that abused children are not further victimized by the intervention systems designed to protect them.

Why is the Child Protection Center Grant Program important to promoting and protecting the health of Iowans?

- In 2005, there were more than 15,000 cases of confirmed child abuse in Iowa.
- Children that are victims of alleged child abuse are further victimized by a fragmented system when they are not able to access a CPC.
- Iowa children have difficulty accessing CPCs because there are only four centers serving the entire state.

Public Health Goals

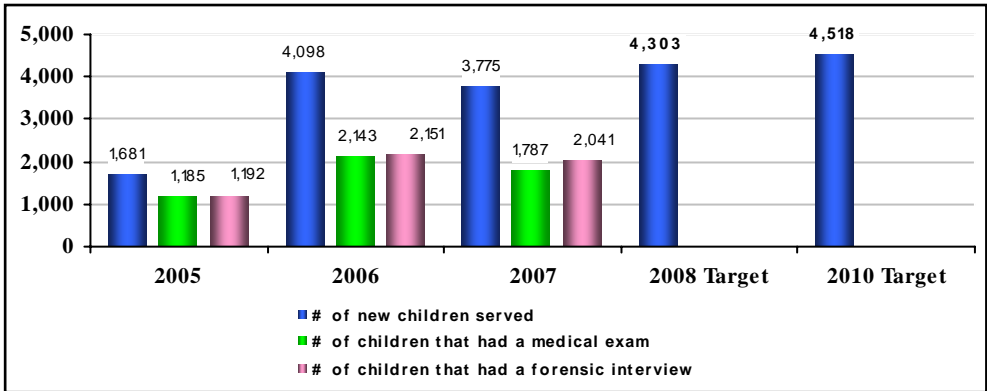
Strengthen the public health infrastructure

What services does the Child Protection Center Grant Program provide?

Child protection centers provide

- A comprehensive multidisciplinary team (Iowa Department of Human Services (DHS), law enforcement, county attorney, mental health, family advocacy, CPC staff) involved in the forensic interview part of a child abuse investigation, involved in interventions to assure that children and families are not subjected to unnecessary duplication of efforts, and promoting informed decision making at all stages of the case.
- A safe, child-friendly facility for interviews and/or services for abused children.
- Community awareness and understanding of child abuse.
- Coordination and tracking of investigation efforts so that cases do not “fall through the cracks.”
- Improved prosecution of child abuse cases thus holding more offenders accountable.

How do we measure our progress?



Number of new children served, number that had a medical exam, and number that had a forensic interview. *Data Source: CPC Reports to IDPH. New data are available annually.*

Baseline, SFY2005 – 1,681 children served; 1,185 had a medical exam; 1,192 had a forensic interview.

Most Recent Year, SFY2007 – 3,775 new children served; 1,787 had a medical exam; 2,041 had a forensic interview.

2008 Target – 4,303 children served (5% increase from 2006).

2010 Target – 4,518 children served (5% increase from 2008 target).

How are we doing? Child protection centers first received state funding in SFY2005. The CPCs have used this funding to increase capacity and infrastructure.

Funding sources

Intra state receipts* (Dept of Human Services): K17-1764

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Other funds*	\$985,214	\$1,001,089	\$1,030,000
Total funds	\$985,214	\$1,001,089	\$1,030,000
FTEs	0.00	0.00	0.00

Communication & Planning

Phone: 515-242-0157

www.idph.state.ia.us/adper/cap.asp

Division of Acute Disease Prevention & Emergency Response

The Bureau of Communication and Planning works to improve the department's performance and strengthen the public health system.

- We promote and protect the health of Iowans by providing information on health-related issues.
- We assess health needs, plan ways to meet them, and track progress.
- We act as the contact for legislators on policies, services, legal requirements, and administrative rules.
- We assure access to quality health services through the Certificate of Need program.
- We provide human resources services to maintain a competent professional workforce for the agency.

Why are Communication & Planning important to promoting and protecting the health of Iowans?

- No matter where they live, Iowans deserve a basic set of health services from local and state public health agencies. This assures that all Iowans will benefit from services and that agencies are held accountable.
- Iowans need clear and accurate information to stay healthy, to live with disabilities and diseases like cancer and arthritis, and to cope with public health emergencies.
- Through planning, programs can find ways to work together to achieve desired outcomes.
- Policies and funding decisions affect the quality of health services at the local, state, and federal levels.

Public Health Goals

Improve the department of public health's performance

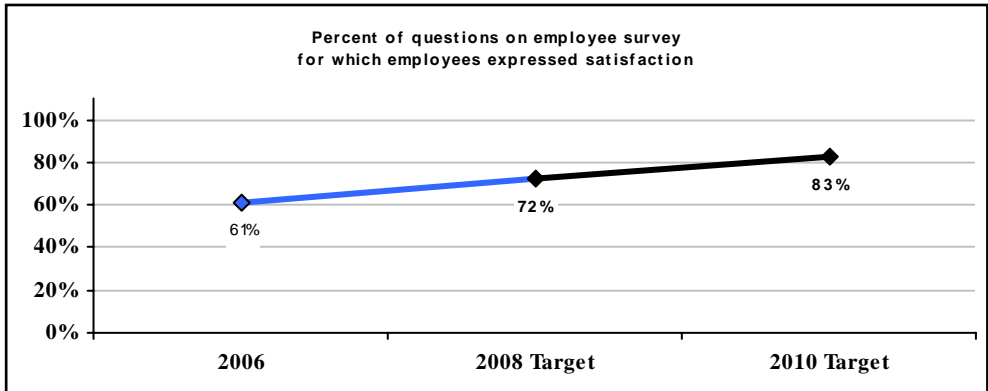
Strengthen the public health infrastructure

What Communication & Planning services do we provide?

- Communication and public information: We use a variety of media tools and events to inform Iowans about health issues.
- Assessment, planning, and evaluation: We help programs work effectively and use data to make decisions.
- Policy and constituent relations: To achieve the department's mission, we advocate for policies and set goals.
- Human resource management: We perform the functions related to hiring, training, and retaining a well-qualified staff.

- **Public health redesign:** To improve the quality and performance of public health agencies, we help define basic standards for services at the local level and the state's responsibilities in support of local public health. These standards help build the infrastructure needed to deliver services.
- **Certificate of Need program:** Based on state law, the Health Facilities Council reviews proposed changes to health care facility services to assure that they occur in an orderly, cost-effective manner.

How do we measure our progress?



Employee satisfaction. *Data Source: IDPH Employee Survey. New data are available every two years, in March.* **Baseline, CY2006 – 61%.**

Most Recent Year, CY2006 – 61%. 2008 Target – 72%. 2010 Target – 83%.

How are we doing? Of the 18 questions asked on the 2006 IDPH Employee Survey, employees expressed satisfaction with IDPH performance for 11 of them. Issues identified as needing improvement included the work environment, orientation and training, and communication and collaboration. No trend data are available from the current survey questions. However, an analysis of previous employee surveys reveals that employees have identified similar issues as needing improvement for several years.

Funding sources

General fund, health care trust funds, federal indirect funds, private grant*, private donations* & registration fees* (Barn Raising Conference): K19-1963; K21-2211; K60-6071; 0153-0954/2106/2210/2212/2214/2232/2234/2236

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$98,090	\$99,925	\$302,880
Health care trust	\$0	\$0	\$75,000
Federal funds	\$916,334	\$866,885	\$988,000
Other funds*	\$61,106	\$122,310	\$83,500
Total funds	\$1,075,530	\$1,089,120	\$1,449,380
FTEs	13.02	13.01	16.00

Congenital & Inherited Disorders

Phone: 1-800-383-3826

www.idph.state.ia.us/genetics/default.asp

Division of Health Promotion & Chronic Disease Prevention

The Center for Congenital and Inherited Disorders (CCID) was established in 1976 to initiate, conduct, and supervise genetic investigations and research to protect and promote the health of Iowans. Since its creation, the CCID has partnered with families, health and human service providers, and communities to advance the health and well-being of children with genetic conditions and special health needs. The CCID also works with the University of Iowa and health care providers throughout Iowa to develop programs that provide Iowans with state of the art genetics health care. The programs address all steps of the life cycle: prenatal, neonatal, pediatric, and adult.

Why is the Center for Congenital and Inherited Disorders important to promoting and protecting the health of Iowans?

- Approximately 38,000 children are born in Iowa every year. Each year, an average of 1,850 infants are born in Iowa with a congenital or inherited disorder, and approximately 180 Iowa babies are stillborn.
- CCID programs provide screening programs for the early detection of inherited or congenital disorders, so that early intervention can be provided to eliminate or reduce disability. Early detection and treatment can prevent mental retardation and even death in children born with an inherited or congenital disorder.

Public Health Goals

Strengthen the public health infrastructure

Promote healthy behaviors

What services does the Center for Congenital and Inherited Disorders provide?

The CCID provides the structure through which comprehensive genetic health care services, laboratory services and surveillance are developed and implemented as a vital part of the state's health care system; assures statewide genetics education is provided to promote health and prevent disease; and develops policies and programs that assure the availability of and access to quality genetic health care and laboratory services.

The CCID administers seven programs:

- Regional Genetics Consultation Services – provides medical consultation and counseling to individuals with a diagnosed genetic disorder. Services are provided statewide through regional clinics.
- Neuromuscular and Related Disorders – provides medical consultation and counseling to those with a diagnosed neuromuscular disorder, such as muscular dystrophy.
- Iowa Neonatal Metabolic Screening Program (INMSP) – conducts newborn dried blood spot testing for metabolic disorders, and cystic fibrosis, short term,

and long term follow-up. Testing is done for Iowa, North Dakota, South Dakota, Saudi Arabia, and temporarily for Louisiana. The INMSP also provides metabolic formula and medical foods for people diagnosed with PKU and other inherited disorders of metabolism that require medically necessary foods.

- Iowa Registry for Congenital and Inherited Disorders – conducts surveillance for congenital and inherited disorders and stillbirth on children born in Iowa.
- Stillbirth Surveillance Program – supports stillbirth surveillance activities of the Iowa Registry for Congenital and Inherited Disorders, and promotes awareness of stillbirths and initiatives that may reduce the number of fetal deaths.
- Family Health History Initiative – provides resources for people to explore and compile their family health history to determine their risk of inheriting disease. Provides resources for lifestyle/behavior changes and screening tests according to results of their family health history.
- Maternal Serum AFP Screening Program – conducts prenatal testing on maternal serum to screen for congenital/inherited disorders of the fetus.

How do we measure our progress?

❶ Percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs. *Data Source: INMSP/UHL database. New data are available annually, in October.* **Baseline, SFY2001 – 99.1%. Most Recent Year, SFY2006 – 100%. 2008 Target – 100%. 2010 Target – 100%. How are we doing?** We have met our target of 100% and are maintaining that rate.

❷ Percent of children, who do not have a parent-signed waiver, that are screened for disorders tested through the Iowa newborn screening panel. *Data Source: INMSP/UHL database. New data are available annually, in October.* **Baseline, SFY2005 – 99.5%. Most Recent Year, SFY2006 – 99.8%. 2008 Target – 100%. 2010 Target – 100%. How are we doing?** Trending upwards toward the target.

Funding sources

General fund, health care trust fund, tobacco fund, federal grants, private grants*, & retained fees*: K05-0665; K07-0705/0709/0765; 0830-0830; K56-5667; K58-5867; K70-7001 (FY 06); K81-8102; K84-8402; 0153-0714/0716/0718/0720

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$743,267	\$841,932	\$1,034,375
Health care trust	\$0	\$0	\$25,000
Tobacco funds	\$15,044	\$85	\$126,000
Federal funds	\$186,045	\$490,025	\$400,000
Other funds*	\$65,494	\$62,954	\$73,905
Total funds	\$1,009,850	\$1,394,996	\$1,659,280
FTEs	1.31	1.55	2.00

Covering Kids & Families & *hawk-i* Outreach

Covering Kids & Families

Phone: 515-242-6382

www.idph.state.ia.us/coveringkids/default.asp

hawk-i Outreach

Phone: 515-242-5980

www.hawk-i.org

Division of Health Promotion & Chronic Disease Prevention

Covering Kids & Families (CKF) is a statewide initiative to increase access to health care coverage for children by identifying and enrolling eligible children, implementing system changes to reduce enrollment barriers, increasing awareness of health literacy, and coordinating existing coverage programs for low-income children. The department also administers a *hawk-i* grassroots outreach program through community-based agencies within the Title V Maternal and Child Health Block Grant across Iowa.

Why are Covering Kids & Families and *hawk-i* Outreach important to promoting and protecting the health of Iowans?

- For FFY 2006, the Iowa Department of Human Services (DHS) has estimated that roughly 44,000 uninsured children (under age 19) in Iowa are below 200% of the federal poverty level.
- Research overwhelmingly shows that access to health care coverage increases a child's readiness to learn, improves school performance by nearly 70%, increases focus in class by 68%, and improves school attendance.
- Nearly one-third of all Americans, about 90 million people, have trouble understanding and using health information (Institute of Medicine).
- According to the 2005 Iowa Child & Family Household Health Survey, approximately 4% of children with health insurance had been uninsured at some point in the previous 12 months, and lower income children were most likely to have been without coverage (10%). Overall, 97% of survey responders said they believed it was very important for children to have health insurance.

Public Health Goals

Strengthen the public health infrastructure

What services do Covering Kids & Families and *hawk-i* Outreach provide?

Covering Kids & Families:

- Works with other organizations and agencies to promote health care coverage for children by providing outreach materials and insurance applications to families at various locations, exhibiting at events for various organizations, and making the link between health insurance and overall health and wellness.
- Develops and disseminates timely, culturally competent education and outreach materials to local communities through conferences, health fairs, and trainings.
- Consults with other programs, such as oral health, on effective outreach and communication methods for health insurance and overall child & family health and wellness.
- Coordinates meetings/trainings to bring partners together to discuss strategies and next steps for health care coverage outreach and education, simplifying

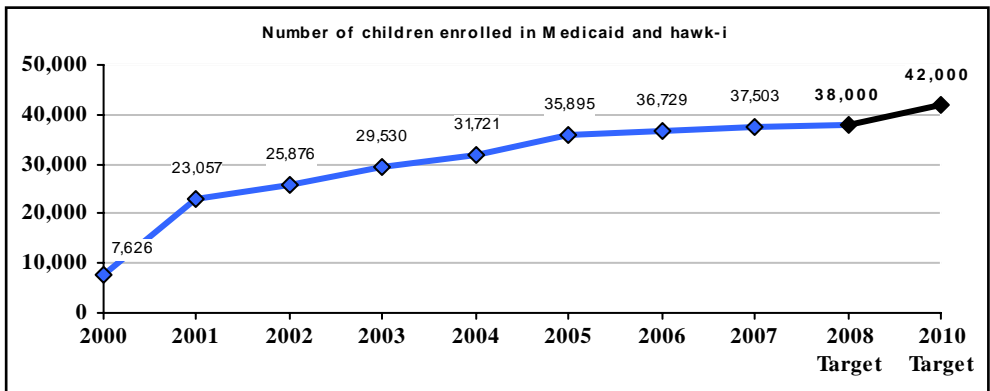
coverage programs, and coordinating coverage.

- Tests outreach materials and promotes awareness for “health literacy.”
- Develops and disseminates education materials on public policy issues relating to health care coverage for children.
- Encourages the Medicaid and hawk-i programs to adopt changes in policies and procedures designed to improve retention rates.

hawk-i Outreach:

- Distributes materials and education locally and statewide.
- Helps families navigate the Medicaid and ***hawk-i*** enrollment process.
- Engages local and statewide stakeholders in outreach efforts by keeping them informed of important issues, providing them with outreach ideas, and continually educating them on the importance of ***hawk-i*** & Medicaid.
- Reports to DHS on the barriers that outreach coordinators discover while conducting outreach.

How do we measure our progress?



Number of children enrolled in Medicaid & *hawk-i*. Data Source: Iowa Department of Human Services. New data are available monthly. **Baseline, SFY2000 – 7,626.**

Most Recent Year, SFY2007 – 37,503. 2008 Target – 38,000.

2010 Target – 42,000. How are we doing? Enrollment numbers are steadily rising; however, the provisions of the Deficit Reduction Act have somewhat slowed down the enrollment process.

Funding sources

Intra state receipts* (Dept of Human Services) & private grants*:
0153-0526/0534/0670/0686/0688

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Other funds*	\$512,457	\$461,989	\$487,500
Total funds	\$512,457	\$461,989	\$487,500
FTEs	1.87	2.33	1.75

Iowa Dental Board

Phone: 515-281-5157

www.state.ia.us/dentalboard

Department Director's Office

The Iowa Dental Board assures the public that only qualified dentists, dental hygienists, and dental assistants practice in Iowa.

Why is the Iowa Dental Board important to promoting and protecting the health of Iowans?

- There are over 6,500 dentists, dental hygienists, and dental assistants licensed to provide health services to Iowans. All Iowans deserve ethical and safe care from competent, qualified practitioners.

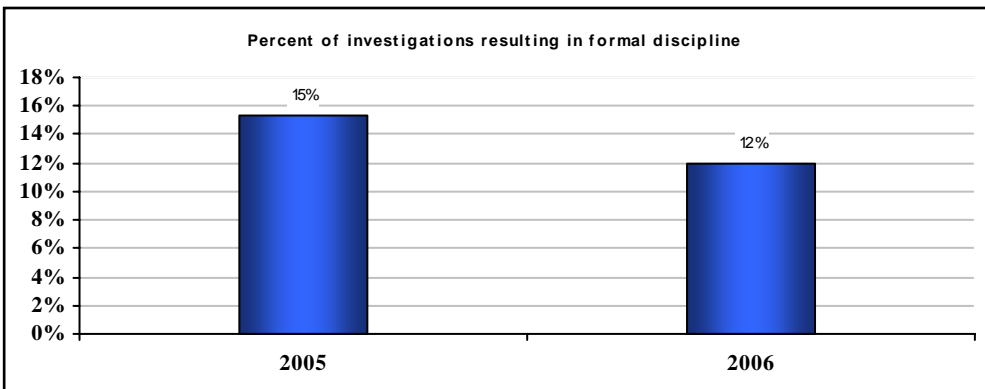
Public Health Goals

Strengthen the public health infrastructure

What services does the Iowa Dental Board provide?

- Licensing health professionals.
- Investigating complaints about these health professionals.
- Disciplining health professionals who have been found to break the law.
- Monitoring disciplined and impaired health professionals so that they can return to practice as soon as they are deemed safe to practice.
- Providing licensure and discipline data to the public
- Educating professional groups and students, as well as the public.
- Monitoring national health care trends.

How do we measure our progress?



Percent of investigations resulting in formal discipline. *Data Source: Board manual counts. New data are available annually, in January.* **Baseline, CY2005 – 15%. Most Recent Year, CY2006 – 12%. 2008 Target – To be determined. 2010 Target – To be determined. How are we doing?** Out of 150 complaints filed in 2006, 18 formal cases were filed.

Funding sources

General fund & retained fees*: K19-2061/2062/2063/2068

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$363,986	\$398,915	\$0
Other funds*	\$222,795	\$255,870	\$831,927
Total funds	\$586,781	\$654,785	\$831,927
FTEs	7.03	7.02	7.00

Diabetes Prevention & Control

Phone: 515-242-6204

www.idph.state.ia.us/hpcdp/diabetes.asp

Division of Health Promotion & Chronic Disease Prevention

The Iowa Diabetes Prevention and Control Program (IDPCP) reduces the impact of diabetes in Iowa. The program also certifies community-based outpatient diabetes education programs that focus on diabetes prevention and control.

Why is the Iowa Diabetes Prevention and Control Program important to promoting and protecting the health of Iowans?

- The American Diabetes Association defines diabetes as a disease in which the body does not produce or properly use insulin. Diabetes can lead to serious complications and premature death, but steps can be taken to control the disease and decrease the risk of complications. According to the Centers for Disease Control and Prevention (CDC), some races/ethnicities (American Indians, African Americans, and Hispanic/Latino Americans) are more likely to develop type 2 diabetes.

Public Health Goals

Promote healthy behaviors

Strengthen the public health infrastructure

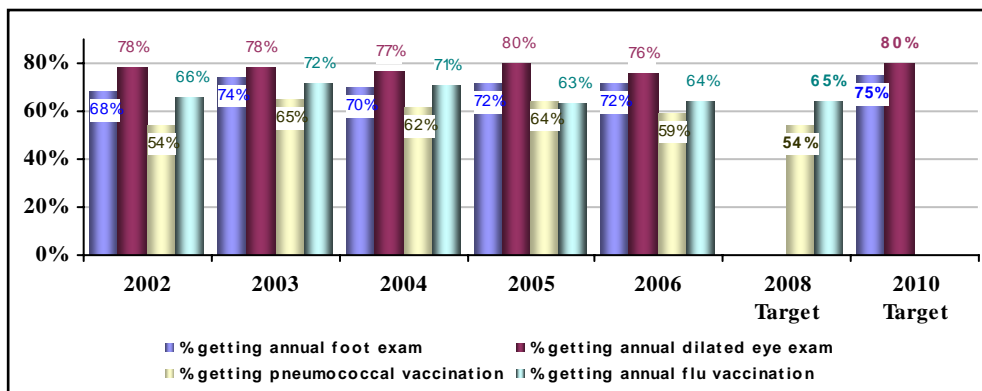
2006 Iowa data show...

- About 7.3% of adult Iowans have been told by a doctor that they have diabetes. This percentage is slightly lower than the national average of 7.5%.
- Men are more likely to have diabetes (7.8%) than women (6.8%).
- The percentage of Iowans diagnosed with diabetes increases as the population ages (in 2006, 13.5% of Iowans ages 55 to 64 and 17.5% of Iowans age 65 and older reported they had been told by a doctor that they had diabetes).
- Diabetes is the 8th leading cause of death among Iowans, representing 2.9% of all deaths (2006).

What services does the Iowa Diabetes Prevention and Control Program provide?

- Providing education about diabetes prevention and control through training for health care professionals, and identifying and developing resource materials that communities and certified outpatient diabetes education programs can use to inform and educate their partners and people with diabetes.
- Working with other chronic disease programs (e.g., nutrition and physical activity/obesity, arthritis, asthma, cancer, tobacco, and multicultural health) on projects to educate communities and high-risk populations.
- Certifying community-based outpatient diabetes education programs.
- Being involved with the Iowa Diabetes Network and participating in activities such as the Dilated Eye Exam Project to improve communication and collaboration among organizations working with Iowans with diabetes.
- Monitoring, evaluating, and reporting data related to diabetes prevalence and management.

How do we measure our progress?



❶ Rate of foot exam in the last year. *Data Source: Behavioral Risk Factor Surveillance System (BRFSS). New data are available annually. Baseline, 2000 – 59%. Most Recent Year, 2006 – 72%. Healthy Iowans 2010 Target – 75%.*
How are we doing? Nearly steady since 2003.

❷ Rate of dilated eye exam in the last year. *Data Source: BRFSS. New data are available annually. Baseline, 2000 – 72%. Most Recent Year, 2006 – 76%. Healthy Iowans 2010 Target – 80%.*
How are we doing? Peak in 2005; slight decrease in 2006.

❸ Rate of pneumococcal vaccination. *Data Source: BRFSS. New data are available annually. Baseline, 2002 – 54%. Most Recent Year, 2006 – 59%.*
CDC 2008 Target – 54%. How are we doing? Have exceeded 2008 CDC target; nearly steady since 2003.

❹ Rate of influenza vaccination in the last year. *Data Source: BRFSS. New data are available annually. Baseline, 2002 – 66%. Most Recent Year, 2006 – 64%.*
CDC 2008 Target – 64.5%. How are we doing? Have exceeded 2008 CDC target previously, but currently below target.

Funding sources

Federal grant & private grant*: 0153-1966/1970

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$170,046	\$211,951	\$259,554
Other funds*	\$9,812	\$42,613	\$35,000
Total funds	\$179,858	\$254,564	\$294,554
FTEs	2.21	2.83	2.90

Disability Prevention

Phone: 515-242-6336

www.idph.state.ia.us/bh/disability_health.asp

Division of Behavioral Health

The Disability Prevention Program focuses on preventing secondary conditions among Iowans with disabilities by providing a “Living Well with a Disability” course that empowers participants to set goals that promote health and wellness, assessing the accessibility of Iowa’s health care facilities, and providing emergency preparedness presentations for disability-related audiences.

Why is the Disability Prevention Program important to promoting and protecting the health of Iowans?

- Disability is a functional limitation that affects a person’s ability to walk, talk, hear, learn, or function day-to-day. The disability may be mental, physical, or sensory based. In 2005, 18.5% of Iowa adults reported believing they had a disability (BRFSS). When asked if they had a health problem that required the use of special equipment, 6% said they needed an item such as a cane, wheelchair, special bed, or special telephone.
- Access to services continues to be a key issue for people with disabilities, especially in rural communities. People with disabilities also are more likely to develop secondary conditions such as high blood pressure, high cholesterol, obesity, addiction, and depression.
- Iowa’s older population is growing. Retirees are choosing to “age in place.” Older people are more likely to be living with disabilities. To improve the quality of the lives and accessibility for people with disabilities, and to limit the onset of secondary conditions, Iowans with disabilities, family members, service providers, healthcare, emergency managers/first responders, and planners need to know more about resources available in their communities.

Public Health Goals

Prevent injuries

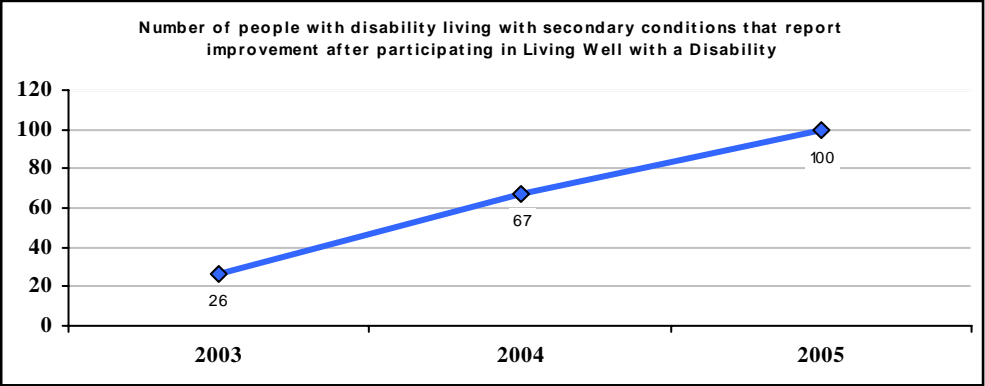
Promote healthy behaviors

What services does the Disability Prevention Program provide?

- Training and technical assistance to community health providers to improve accessibility and ADA compliance.
- Working with the IDPH Center for Disaster Operations and Response to provide emergency preparedness training for people with disabilities, service providers, family members, emergency managers/responders, and others.
- Contracting with the Center for Disability and Development at the University of Iowa to provide Living Well with a Disability, an 8-week course that helps people with a disability set personal goals that promote health and wellness. The program provides information, resources, and peer support that promotes a healthy lifestyle.

- Working with the Commission on Persons with Disabilities to assess physical access of Iowa healthcare facilities.
- Providing input for and monitoring progress toward the goals in the disability chapter of Healthy Iowans 2010.

How do we measure our progress?



Number of people with disability living with secondary conditions that report improvement after participating in Living Well with a Disability. *Data Source: University of Iowa Center for Disabilities and Development. New data are available annually, in December.* **Baseline, CY2003 – 26. Most Recent Year, CY2005 – 100. 2008 Target – To be determined. 2010 Target – To be determined.**

How are we doing? After completing the program, participants report improved health.

Funding sources

Federal grant & intra state receipts* (Dept of Human Services grant (FY06)): 0153-1706

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$361,261	\$392,625	\$437,033
Other funds*	\$16,010	\$0	\$0
Total funds	\$377,271	\$392,625	\$437,033
FTEs	2.48	1.99	1.70

Disaster Operations and Response

Phone: 515-281-5604

www.idph.state.ia.us/adper/cdor.asp

Division of Acute Disease Prevention & Emergency Response

The Center for Disaster Operations and Response works to reduce illness and death caused by bioterrorism, other public health emergencies, or disasters by enhancing the capabilities of public health, hospitals, and health care systems to respond.

Why is the Center for Disaster Operations and Response important to promoting and protecting the health of Iowans?

- Public health emergencies, ranging from human threats such as bioterrorism, natural disasters like floods and tornadoes, to infectious disease outbreaks and pandemic influenza, can affect all Iowans.
- We live under the threat of emergencies occurring at any time and anywhere with varying degrees of consequences. During such emergencies, public health and healthcare professionals are at the front lines to care for Iowans.

Public Health Goals

Prepare for, respond to, & recover from public health emergencies

Prevent epidemics & the spread of disease

What services does the Center for Disaster Operations and Response provide?

The center provides technical assistance and consultation to public health agencies, hospitals, laboratories, and emergency medical services that includes:

- Developing emergency preparedness plans.
- Leading the development of a 24/7 reportable disease surveillance system.
- Leading the development of a reporting system to make sure hospitals can take patients and have appropriate medical supplies.
- Supporting the development of a registry for volunteers willing to assist during disasters.
- Providing education and training for community partners, public health agencies, infectious disease specialists, emergency-department personnel, EMS providers, and other health care providers.
- Equipping and supplying the state and local laboratories to handle increases in receiving, testing, and reporting of specimens or samples.
- Managing communication systems through the Health Alert Network, high speed Internet, a paging system, and 800 MHz radios.
- Participating in exercises and drills that test response plans with business, schools, healthcare groups, public health, animal health specialists, law enforcement, and environmental health specialists.
- Purchasing, maintaining, and managing a mobile health care facility that may be used as an off-site surge care facility, isolation facility, special needs shelter, or large-scale immunization clinic.

- Providing continued support for the Public Health Response Teams (Disaster Medical Assistance Teams, Environmental Health Response Team, and Logistical Support Response Team) including response equipment, training, and exercises.

How do we measure our progress?

Percent of hospitals and public health agencies that conduct and/or participate in at least two tabletop exercises OR functional exercise OR one full-scale exercise OR one actual event per year. *Data Source: Iowa Hospitals, Local Public Health Agencies. New data are available annually, in December.*

① Baseline, Hospitals, FFY2006 – 85%. Most Recent Year, FFY2007 – 80/117 or 68% to date. 2008 Target – 90%. 2010 Target – To be determined.

How are we doing? In FFY2006, 102 out of 117 hospitals participated in exercises.

② Baseline, Public Health, FFY2006 – 98 counties completed exercises.

Most Recent Year, FFY2007 – 85%; 85 out of 99 counties have completed to date. 2008 Target – 99%. 2010 Target – To be determined.

How are we doing? In FFY2006, 98 counties conducted or participated in a minimum of one tabletop exercise.

Funding sources

Hospital Preparedness: federal grant: 0153-1934.

Public Health Preparedness: federal grant & intra state receipts* (Dept of Public Defense): 0153-1932.

Antiviral Program: general fund & intra state receipts* (Executive Council – Iowa Code 7D.29): K19-1938; 0153-1936

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$0	\$0	\$150,000
Federal funds	\$15,592,299	\$16,223,977	\$15,565,337
Other funds*	\$16,214	\$4,663,813	\$193,950
Total funds	\$15,608,513	\$20,887,790	\$15,909,287
FTEs	23.90	25.99	33.30

Early Childhood

Phone: 515-281-4911

www.idph.state.ia.us/hpcdp/family_health.asp

Division of Health Promotion & Chronic Disease Prevention

The department's Early Childhood programs support the development and integration of an early care, health, and education system for Iowa children (from before birth to age five) and their families. Programs include Early Childhood Iowa, Healthy Opportunities for Parents to Experience Success-Healthy Families Iowa (HOPES-HFI), 1st Five Healthy Mental Development (1st Five), Early Hearing Detection Initiative, and Early ACCESS.

Why are Early Childhood programs important to promoting and protecting the health of Iowans?

- Of Iowa families with children under age five, 77% have both or the only parent working. Families need quality early care, health, and education services for their children.
- Iowa child abuse rates are rising. From 2000 to 2005, the number of child abuse cases in Iowa increased 66%.
- 1st Five addresses three primary problems:
 - ✓ Low rates of developmental screenings that include healthy mental development and anticipatory guidance from primary care providers;
 - ✓ Difficulty locating and connecting families with appropriate intervention services;
 - ✓ Gaps and barriers in providing low-level intervention services for at-risk children, ages birth to five, and their families, especially for children with less intense needs.
- Early ACCESS serves over 2,000 Iowa children each year with a known developmental delay or a health condition that puts them at risk for developmental delay.
- Based on national statistics, we would expect about 120 Iowa children (out of about 40,000 births per year) to be born with permanent hearing loss each year. Research shows that if identification does not happen until after six months of age, a child's language skills at age three will be about half those of a child with normal hearing.

Public Health Goals

Strengthen the public health infrastructure

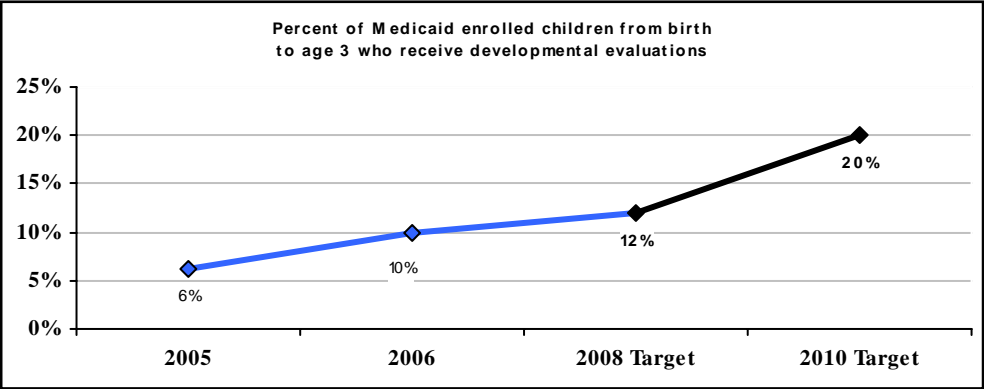
Promote healthy behaviors

What services do the Early Childhood programs provide?

- Early Childhood Iowa (ECI) has developed a comprehensive strategic plan that serves as Iowa's plan for the early care, health, and education system. ECI Stakeholders provide the direction needed to ensure that the ECI Strategic Plan will achieve Iowa's vision: Every child, beginning at birth, will be healthy & successful.
- HOPES-HFI is an early childhood family support program beginning during pregnancy or at the birth of a child that can continue through the preschool years. Through frequent home visits to families and children, HOPES-HFI
 - ✓ provides education on parenting and child development,
 - ✓ links families with appropriate community resources, and
 - ✓ helps families identify and develop formal and informal support systems.
- 1st Five builds partnerships between private health care and public service providers to develop structures for assessing the social-emotional and developmental skills of children under age five. 1st Five promotes using validated screening tools to assess social and emotional development and family risk factors, helps providers integrate these tools into their practices, and links children and families to community resources to improve access to appropriate follow-up care.

- The Early Hearing Detection and Intervention Program works to ensure early detection of hearing loss in newborns and infants and that appropriate follow-up and intervention services are available to children and their families.
- The Iowa Department of Education administers early ACCESS, with IDPH as a partner. In the past, IDPH programs were a referral source to Early ACCESS. In 2007, IDPH Title V Child Health grantees began providing direct services. Early ACCESS:
 - ✓ provides developmental evaluations and services for children from birth to age three.
 - ✓ coordinates services for children with or at risk for developmental delays.

How do we measure our progress?



Percent of Medicaid enrolled children from birth to age three who receive developmental evaluations. *Data Source: CMS 4.16 Annual EPSDT Participation Report. New data are available annually. Baseline, SFY2005 – 6.2%. Most Recent Year, SFY2006 – 10%. 2008 Target – 12%. 2010 Target – 20%.*

How are we doing? Between FY05 and FY06, the percent of children ages zero to three who received developmental evaluations increased from 6.2% to 10%.

Funding sources

Intra state receipts* (Dept of Human Services): 0153-0536; **Early Childhood Iowa:** federal grant: 0153-0676. **HOPES-HFI:** general fund & intra state receipts* (Dept of Human Services). State funds are used for a 75% match for the Title V Block Grant: K05-0559; K17-1753 (FY06). **1st Five:** general fund, health care trust fund, & intra state receipts* (Dept of Human Services): K05-0691; K56-5661; 0153-0692. **Early Hearing Detection:** health care trust fund & federal grant: K56-5671; 0153-0682. **Early ACCESS:** intra state receipts* (Dept of Education): 0153-0530/0708.

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$645,917	\$970,501	\$989,646
Health care trust	\$0	\$0	\$438,500
Federal funds	\$328,087	\$267,983	\$262,227
Other funds*	\$443,934	\$404,520	\$419,644
Total funds	\$1,417,938	\$1,643,004	\$2,110,017
FTEs	6.45	7.81	4.50

Emergency Medical Services Automated External Defibrillation

Phone: 515-281-0443

www.idph.state.ia.us/ems/aed_pad.asp

Division of Acute Disease Prevention & Emergency Response

The Automated External Defibrillation (AED) Program works to reduce the death and disability caused by sudden cardiac arrest. The AED Program enhances and supplements the local emergency response system in rural communities through grant funding, technical assistance, and consultation. Matching grant funds are available for rural communities to purchase AEDs, cabinets, and training equipment; provide training; and to develop a public access defibrillation program.

Why is the AED Program important to promoting and protecting the health of Iowans?

- Heart disease is the leading cause of death in Iowa.
- Approximately 1,500 Iowans are lost to sudden cardiac arrest each year.

Public Health Goals

Strengthen the public health infrastructure

Prevent injuries

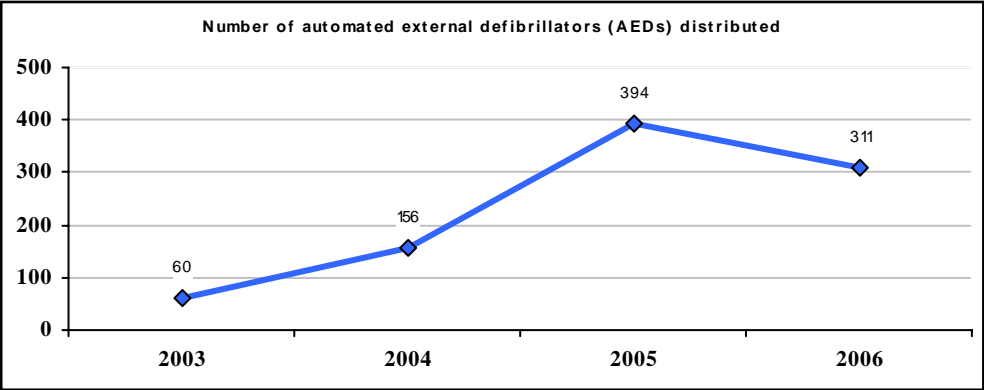
Promote healthy behaviors

Prepare for, respond to, & recover from public health emergencies

What services does the AED Program provide?

- Grant opportunities are open to rural local boards of health, community organizations, and cities.
- Communities throughout Iowa have public access defibrillation programs.

How do we measure our progress?



Number of automated external defibrillators (AEDs) distributed throughout Iowa. Data Source: IDPH grant final report. New data are available annually, in July. Baseline, CY2003 – 60. Most Recent Year, CY2006 – 311. 2008 Target – To be determined. 2010 Target – To be determined. **How are we doing?** To date, there have been more than 900 AEDs distributed throughout the state. In Iowa, there continues to be a decline in the death rate from sudden cardiac arrests.

Funding sources

Tobacco fund, federal grants, & carryover*: K83-8302; K85-8502; 0153-1726/1952

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Tobacco funds	\$272,538	\$234,130	\$40,000
Federal funds	\$163,801	\$20,692	\$83,089
Other funds*	\$0	\$0	\$115,869
Total funds	\$436,339	\$254,822	\$238,958
FTEs	0.77	0.36	1.00

Emergency Medical Services for Children & Injury Prevention

EMSC – Phone: 319-653-7270
www.idph.state.ia.us/ems/emsc.asp

Injury – Phone: 515-281-0609
www.idph.state.ia.us/ems/injury_prev.asp

Division of Acute Disease Prevention & Emergency Response

The Emergency Medical Services for Children (EMSC) & Injury Prevention programs work to prevent injuries and promote a system capable of treating children who are ill or injured. Protecting children includes preventing the number one threat to their morbidity and mortality—injury. EMSC is integrated within the EMS system, maternal and child health system, and the general health care system to assure that the system protects and promotes the health and well-being of both adults and pediatric patients.

Why are EMSC & Injury Prevention important to promoting and protecting the health of Iowans?

- About 671,000 Iowans are under age 18.
- Each year, about 20 children are killed in car crashes; 34% are unrestrained at the time of the crash.

What EMSC & Injury Prevention services do we provide?

- Injury prevention and pediatric health care resources are distributed to local public health departments. Brochures, flyers, and videos that cover many topics include, but are not limited to, the Iowa child restraint law, proper installation of child restraints, bike safety, and falls. These items are distributed when information has changed, a replacement has been printed, or upon request.
- Pediatric equipment is distributed to EMS services (Kiwanis medical bags – containing equipment specific to pediatric patients and their care).
- Injury prevention projects are provided including distributing child restraint seats, bicycle helmets, and education materials and funding local, grassroots injury prevention campaigns.

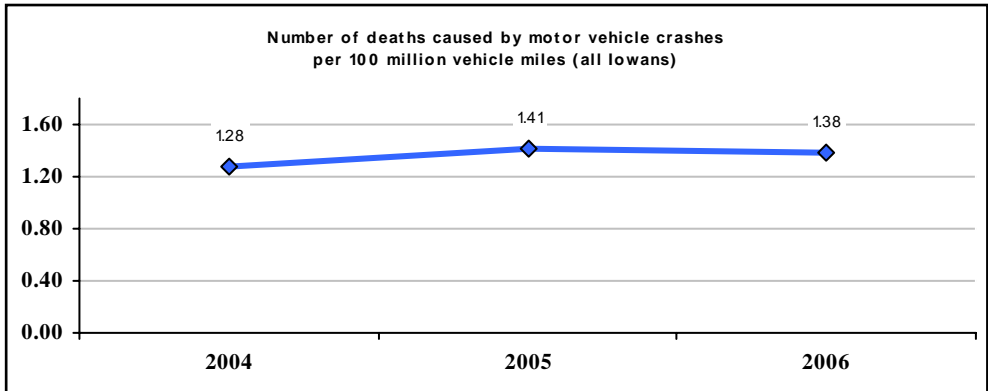
Public Health Goals

Prevent injuries

Promote healthy behaviors

Prepare for, respond to, & recover from public health emergencies

How do we measure our progress?



Number of deaths caused by motor vehicle crashes per 100 million vehicle miles traveled (VMT). *Data Source: FARS IDOT; GTSB. New data are available annually.* **Baseline, CY2004** – 1.28 per 100 million VMT (388 deaths).

Most Recent Year, CY2006 – 1.38 per 100 million VMT (439 deaths).

2008 Target – To be determined. **2010 Target** – To be determined.

How are we doing? Iowa's fatality rate for 2004 was 1.28 deaths per 100 million VMT, the lowest rate ever recorded. Iowa's rate for 2006 is 1.38 deaths per 100 million VMT, below the U.S. average of 1.50.

Funding sources

EMSC: federal grant: 0153-1714

Injury Prevention: intra state receipts* (Dept of Transportation – License Plate Sales & Governor's Traffic Safety Bureau grant): K19-1948; 0153-1722

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$144,727	\$ 91,469	\$107,328
Other funds*	\$172,317	\$151,951	\$382,000
Total funds	\$317,044	\$243,420	\$489,328
FTEs	1.70	2.06	2.20

Emergency Medical Services System

Phone: 1-800-728-3367

www.idph.state.ia.us/ems/default.asp

Division of Acute Disease Prevention & Emergency Response

The Emergency Medical Services (EMS) System helps provide a health safety net to Iowans by ensuring efficient, viable, well trained and reliable out-of-hospital care.

Why is the EMS System important to promoting and protecting the health of Iowans?

- EMS serves as an entry point to the health care system.
- All 3 million Iowans, along with visitors to the state, may potentially need out of hospital care.
- Iowa ambulance services receive 240,000 calls for service annually, which result in 200,000 patient transports.

Public Health Goals

Prevent injuries

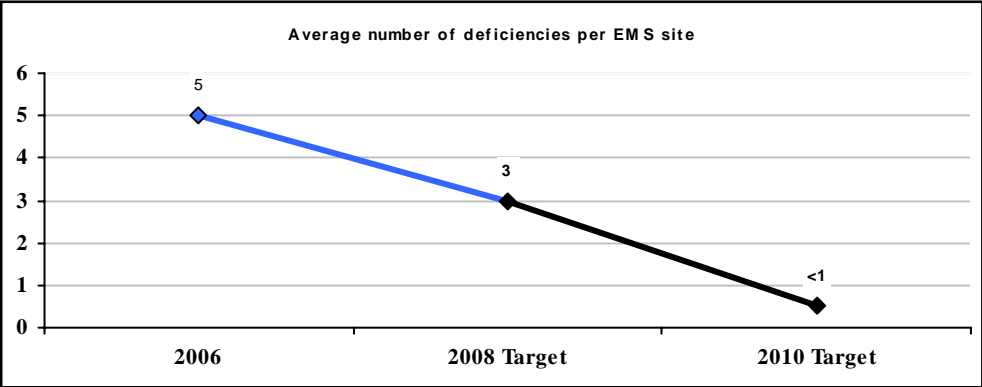
Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

What services does the EMS System provide?

- Regulation of EMS training programs, individual providers, and patient care services. Regulation is required to ensure adherence to baseline standards for training, certification, and service authorization.
- Helping county EMS associations by providing funds for training, system development and serving as a resource for local EMS services.

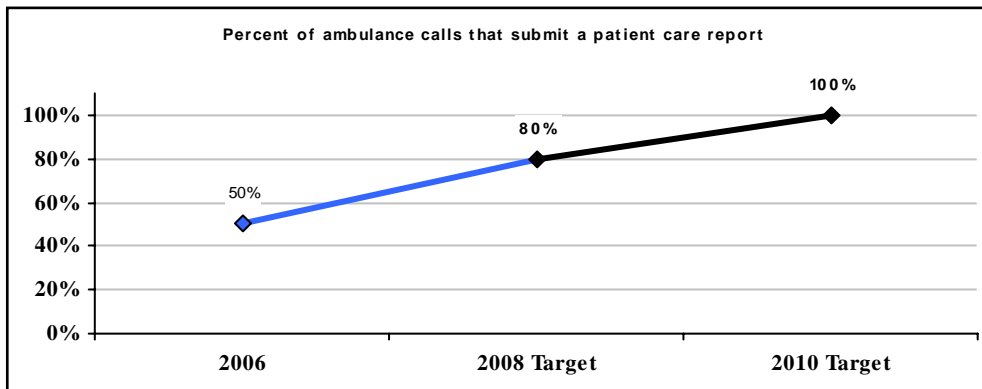
How do we measure our progress?



Average number of deficiencies per EMS site. Data Source: Onsite review reports. New data are available on an ongoing basis. **Baseline, SFY2006 – 5.**

Most Recent Year, SFY2006 – 5. 2008 Target – 3. 2010 Target – Less than 1.

How are we doing? Currently there is an average of 5 deficiencies per site.



Percent of ambulance calls that submit a patient care report. *Data Source: Patient care reports. New data are available on an ongoing basis.*

Baseline, SFY2006 – 50%. Most Recent Year, SFY2006 – 50%.

2008 Target – 80%. 2010 Target – 100%.

How are we doing? Currently, approximately 50% of ambulance calls are submitted.

Funding sources

General fund & federal grant; General funds are used for maintenance of effort match for the PHHS Block Grant: K17-1711 (FY06); K19-1941/1943; 0153-1942

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$799,428	\$989,361	\$1,067,656
Federal funds	\$485,382	\$316,942	\$340,752
Total funds	\$1,284,810	\$1,306,303	\$1,408,408
FTEs	8.68	8.99	9.35

Emergency Medical Services: Iowa's Trauma System

Phone: 515-281-0443

www.idph.state.ia.us/ems/trauma.asp

Division of Acute Disease Prevention & Emergency Response

Iowa's Trauma System works to reduce suffering, disability, death, and the costs of injury by matching an injured patient's needs to existing medical resources.

Services focus on six goals:

1. Decreasing the incidence and severity of trauma.
2. Preventing unnecessary deaths and disabilities from trauma.
3. Ensuring accessible care for all persons sustaining trauma.
4. Containing costs while enhancing efficiency.
5. Implementing performance improvement of trauma care throughout the state.
6. Ensuring trauma care facilities have appropriate resources to meet the needs of the injured.

Why is Iowa's Trauma System important to promoting and protecting the health of Iowans?

- In Iowa, trauma is the leading cause of death in the first four decades of life.
- Trauma is a disease of the young. From this perspective, it takes a higher toll on society than heart disease, cancer, and stroke combined. Unfortunately, there is an inverse relationship between the total number years of productive life lost to injury and the amount of funding to research the causes of and implement cures for the disease.
- Trauma is the 5th leading cause of death for all age groups combined.

Public Health Goals

Prevent injuries

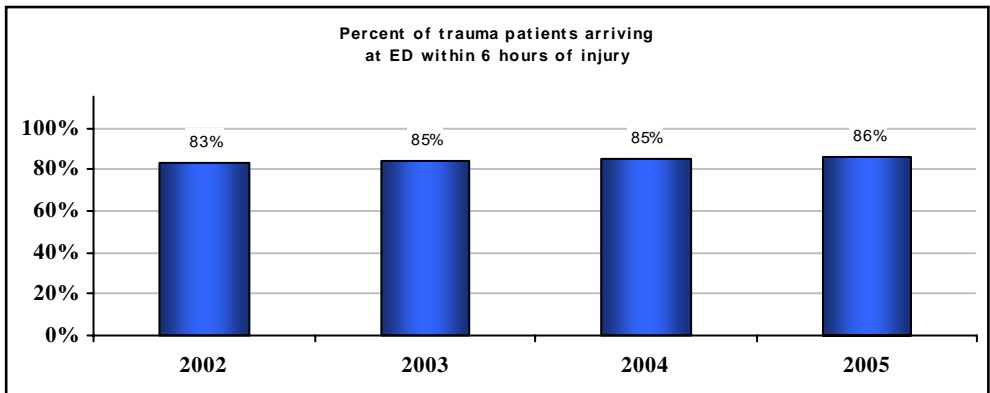
Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

What services does Iowa's Trauma System provide?

- Certifying all licensed hospitals at a level of trauma care based on resources that are available in the community. There are currently 2 Resource (Level I) Trauma Care Facilities, 5 Regional (Level II) Trauma Care Facilities, 22 Area (Level III) Trauma Care Facilities, and 88 Community (Level IV) Trauma Care Facilities.
- Collecting, analyzing, and providing trauma data to the IDPH Emergency Medical Services for Children (EMSC) & Injury Prevention and Bioterrorism Hospital Preparedness & Response programs.
- Providing regulation and oversight of trauma care facilities on trauma care resources that are available to the community through application reviews and onsite visits for certification.

How do we measure our progress?



Percent of trauma patients arriving at the emergency department (ED) within six hours of injury. *Data Source: State Trauma Registry data. New data are submitted quarterly but not usually analyzed until SEQIC meetings.* **Baseline, CY2002 – 83.3%. Most Recent Year, CY2005 – 85.9%. 2008 Target – To be determined. 2010 Target – To be determined. How are we doing?** Trauma patients are arriving at the ED within 6 hours of injury over 85% of the time.

Funding sources

Tobacco fund & federal grant: K92-9204; 0153-1944

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Tobacco funds	\$382,727	\$373,667	\$387,320
Federal funds	\$28,207	\$3,208	\$0
Total funds	\$410,934	\$376,875	\$387,320
FTEs	1.12	1.12	1.00

Environmental Epidemiology

Phone: 515-281-0921

www.idph.state.ia.us/eh/board_of_health_assistance.asp

Division of Environmental Health

The Environmental Epidemiology Program works to reduce the number of environmental and occupational diseases reported in Iowa. This is achieved by using epidemiology and surveillance to gather environmental information to determine the risk factors for and the distribution of environmental and occupational diseases in Iowa.

Why is the Environmental Epidemiology Program important to promoting and protecting the health of Iowans?

- Environmental exposures (such as air, food, or water containing toxic or cancer-causing agents or disease-causing organisms) result in negative health outcomes for Iowans.
- Everyone is at risk for developing an environmental or occupational disease. Anyone who eats meals outside the home, works outside the home, lives in a home built before 1950, breathes air contaminated with chemicals or particulates, or who is young, elderly, pregnant, or otherwise immune-compromised is at risk.
- While the food supply in the United States is one of the safest in the world, the Centers for Disease Control and Prevention (CDC) estimates that 76 million people get sick, more than 300,000 are hospitalized, and 5,000 die each year from foodborne illnesses.

Public Health Goals

Protect against environmental hazards

Prepare for, respond to, & recover from public health emergencies

Prevent epidemics & the spread of disease

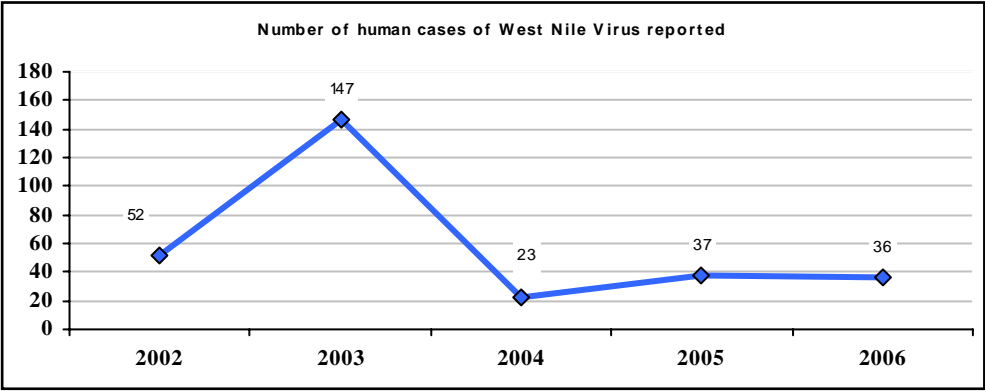
Strengthen the public health infrastructure

What services does the Environmental Epidemiology Program provide?

- Working with other IDPH centers and bureaus, other state agencies, and local agencies to investigate foodborne and waterborne illness outbreaks.
- Contracting with Iowa State University and local health departments to conduct mosquito surveillance, implementing the Comprehensive Assessment of Rural Health (CARHI) in Iowa, and implementing the Environmental Health Specialist Network (EHS-Net) Food Safety project.
- Providing guidance and technical assistance on epidemiology and environmental health to local public health professionals and other state agencies.
- Disseminating information and prevention and control measures on a variety of environmental exposures and diseases to local public health professionals, other state agencies, and the public.
- Investigating vector borne infectious diseases (i.e., rabies, mosquito-borne encephalitis, Lyme disease, etc.) to identify factors affecting exposure, and to determine optimal control measures.

- Conducting field investigations as necessary to identify the source of disease and the appropriate measures to interrupt disease transmission.
- Collecting surveillance data on 66 acute, infectious, environmental, and occupational diseases.
- Providing information about safer food preparation in the food industry and for homes by publishing the findings of EHS-Net studies in professional journals, summarizing the findings in professional organizational newsletters, disseminating the findings in appropriate meetings, and posting the findings to the IDPH & CDC Web sites.

How do we measure our progress?



Number of human cases of West Nile virus reported. *Data Source: IDPH and State Hygienic Laboratory. New data are available annually. Baseline, CY2002 – 52. Most Recent Year, CY2006 – 36. 2008 Target – To be determined. 2010 Target – To be determined. How are we doing?* The number of West Nile virus cases has stayed static over the last three years. Much of this can be attributed to IDPH’s public awareness campaign on how to protect oneself.

Funding sources

General fund, tobacco fund, & federal grants: K13-1303; K19-1901 (FY06); K92-9252; 0153-1312/1972

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$154,464	\$71,661	\$71,661
Tobacco funds	\$288,770	\$288,770	\$288,770
Federal funds	\$526,546	\$419,729	\$497,246
Total funds	\$969,780	\$780,160	\$857,677
FTEs	4.70	4.69	5.20

Family Planning

Phone: 515-242-6388

www.idph.state.ia.us/hpcdp/family_planning.asp

Division of Health Promotion & Chronic Disease Prevention

The Family Planning Program provides reproductive health screening and contraception to low income Iowans to promote reproductive health and decrease unintended pregnancy in Iowa.

Why is the Family Planning Program important to promoting and protecting the health of Iowans?

- In 2003, 35% of pregnancies in Iowa were unintended.
- Women with intended pregnancies obtain prenatal care earlier and generally take better care of themselves while pregnant than do women with unintended pregnancies.
- Children born from unintended pregnancies tend to have poorer outcomes than do children born from intended pregnancies.
- Children born to adolescents tend to have poorer birth outcomes and are very costly to Iowans (because they often use publicly funded health care).

Public Health Goals

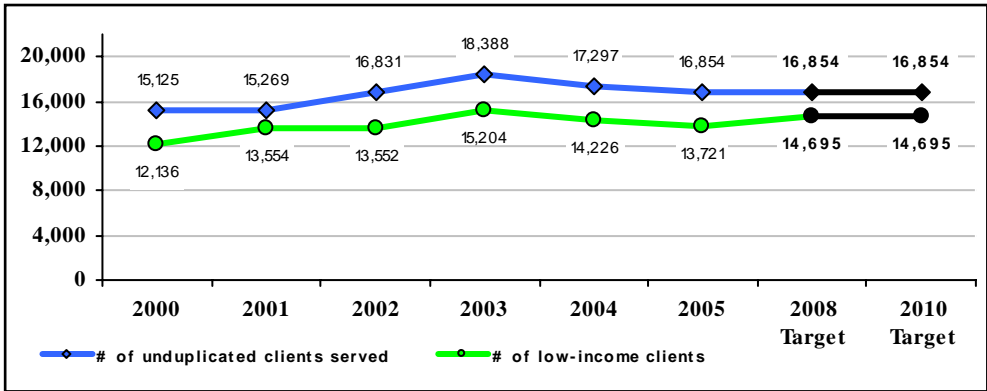
Promote healthy behaviors

Strengthen the public health infrastructure

What services does the Family Planning Program provide?

- Funding local health care providers to provide education, counseling, clinical services, and outreach.
- Providing services for and working with other IDPH programs by providing education about reducing the risks for sexually transmitted diseases (STD) and HIV, testing for and treating STDs, referral of pregnant women for prenatal care and WIC, and counseling about tobacco use reduction and cessation.
- Providing low or no cost Pap smears, breast/testicular exams, sexually transmitted disease testing and treatment, and contraception for low-income persons.

How do we measure our progress?



① Number of unduplicated clients served. *Data Source: Family Planning program data system. New data are available annually, in January.* **Baseline, CY2000 – 15,125. Most Recent Year, CY 2005 – 16,854. 2008 Target – 16,854. 2010 Target – 16,854.** **How are we doing?** The number of clients increased from 2000 to 2003, and then decreased. However, the number is still 11% above the baseline.

② Number of low-income clients served. *Data Source: Family Planning program data system. New data are available annually, in January.* **Baseline, CY2000 – 12,136. Most Recent Year, CY 2005 – 13,721. 2008 Target – 14,695. 2010 Target – 14,695.** **How are we doing?** The number of low-income clients increased from 2000 to 2003, and then decreased. However, the number is still 13% above the baseline.

Funding sources

Federal grant: 0153-0302

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$966,351	\$1,149,848	\$1,127,882
Total funds	\$966,351	\$1,149,848	\$1,127,882
FTEs	1.00	1.00	1.00

Finance

Phone: 515-281-6645 www.idph.state.ia.us/apl/finance.asp

Division of Administration and Professional Licensure

The Bureau of Finance provides accounting, budgeting, purchasing, contracting, and other general administrative responsibilities for the department. These services help the department meet its mission to promote and protect the health of Iowans.

Why is the Bureau of Finance important to promoting and protecting the health of Iowans?

- The department includes over 100 programs and approximately 450 employees working to promote and protect the health of all Iowans. To continue these programs relies on using scarce resources effectively. The Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for the department, thereby allowing program staff members to devote their time to achieving better outcomes for Iowans.

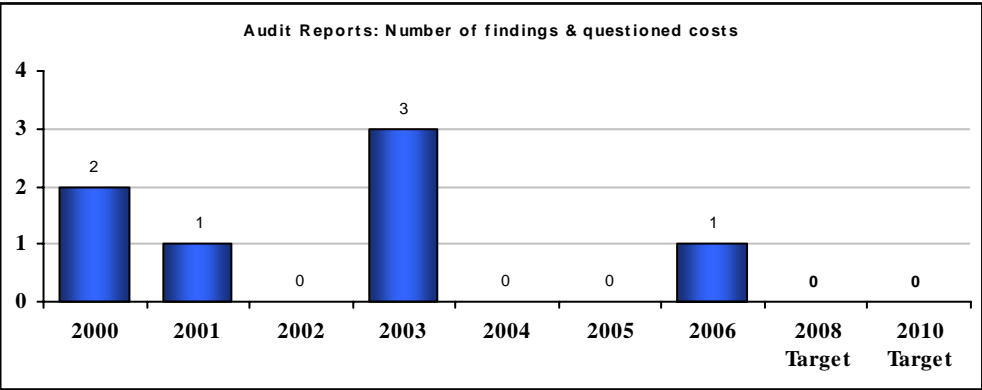
Public Health Goals

Improve the department of public health's performance

What services does the Bureau of Finance provide?

- The bureau provides all accounting, budgeting, contractual, and purchasing services for the department.

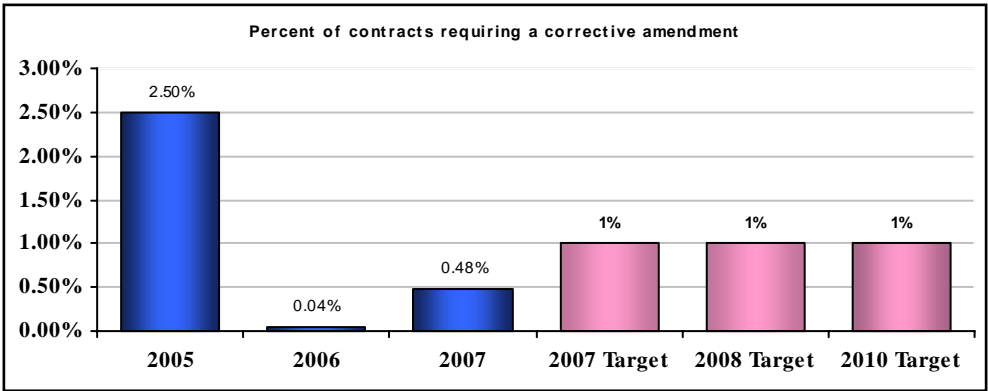
How do we measure our progress?



Audit Reports: Number of findings and questioned costs. Data Source: State Audit Report. New data are available annually. **Baseline, SFY2000 – 2.**

Most Recent Year, SFY2006 – 1. 2008 Target – 0. 2010 Target – 0.

How are we doing? The number of audit findings has been declining over the past several years.



Service Contracting: Percent of contracts requiring a corrective amendment (those amendments processed to correct information in the original document).

Data Source: Annual Service Contract Listing. New data are available annually, in August. Baseline, SFY2005 – 2.5%.

Most Recent Year, SFY2007 – 0.48%. 2007 Target – 1%. 2008 Target – 1%. 2010 Target – 1%. How are we doing? We have performed better than our target in two of the last three years.

Funding sources

General fund, federal indirect funds, & indirect funds from private grants*:
K21-2201; 0153-2202

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$101,155	\$88,921	\$85,167
Federal funds	\$981,663	\$1,040,050	\$586,481
Other funds*	\$0	\$0	\$631,519
Total funds	\$1,082,818	\$1,128,971	\$1,303,167
FTEs	17.30	16.76	17.90

Gambling Treatment

Phone: 515-281-8802

www.1800betsoff.org

Division of Behavioral Health

The Iowa Gambling Treatment Program works to reduce problem gambling behavior through information and referral to treatment services provided by the 1-800-betsoff helpline, education about the potential risks of gambling and about responsible gambling, and treatment services for problem gamblers and concerned others.

Why is the Iowa Gambling Treatment Program important to promoting and protecting the health of Iowans?

- The popularity of gambling and gambling venues has continued to increase in Iowa over the past several years. With this has come an increase in the number of problem gamblers and related problems. In SFY2006, more Iowans received treatment for problem gambling than any prior year.
- In addition, state and national studies have shown an increase in problem gambling behavior among the general population.

Public Health Goals

Promote healthy behaviors

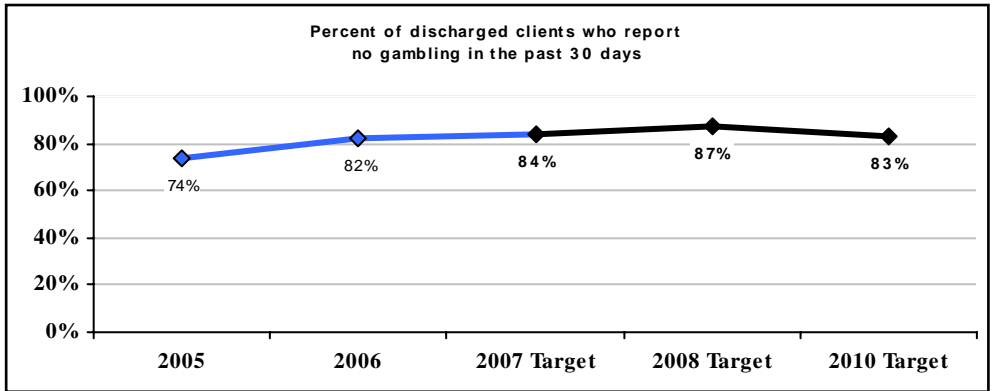
Strengthen the public health infrastructure

What services does the Iowa Gambling Treatment Program provide?

The program provides funding and assistance to agencies across Iowa so the following services can be provided:

- Counseling for people directly or indirectly affected by problem gambling.
- Evidence-based prevention and education services for schools, community groups, casino employees, and other targeted at-risk groups.
- Information about problem gambling and provider referral through the 1-800-betsoff helpline.
- Transitional housing services for people getting problem gambling treatment that have no other housing options.
- Training for counselors providing problem gambling treatment.

How do we measure our progress?



Percent of discharged clients who report no gambling in the past 30 days. *Data Source: Iowa Gambling Treatment Outcome System. New data are available annually, in September.* **Baseline, CY2005 – 74%. Most Recent Year, CY2006 – 82.4%. 2007 Target – 84%. 2008 Target – 87%. 2010 Target – 83%.**

How are we doing? Second year outcome data indicate that 82.4% of clients at discharge report no gambling in the past 30 days. This is up from 74% reported the previous year.

Funding sources

Gambling fund & carryover*: K96-9602

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Gambling funds	\$4,299,459	\$4,210,000	\$4,210,000
Other funds*	\$0	\$84,255	\$1,470,285
Total funds	\$4,299,459	\$4,294,255	\$5,680,285
FTEs	1.69	1.87	1.95

Grade “A” Milk Certification

Phone: 515-281-3773

www.idph.state.ia.us/eh/toxicology_env_health.asp#Milk

Division of Environmental Health

The Grade "A" Milk Certification Program assures milk and milk products are safe to drink and eat by certifying that all grade "A" milk and milk products are produced, transported, processed, sampled, quality tested, and labeled according to the requirements of Iowa and the U.S. Public Health Service Food and Drug Administration program of the National Conference on Interstate Milk Shippers.

Why is Grade "A" Milk Certification important to promoting and protecting the health of Iowans?

- Iowa ranks 12th in the nation in milk production. The industry contributes \$1.5 billion to Iowa's economy.
- Milk is nature's perfect medium for the growth of dangerous organisms. However, when properly processed, milk and milk products are among the safest and most nutritional food products in this country.
- All Iowans, and out of state consumers, benefit from safe milk and milk products produced in Iowa.

Public Health Goals

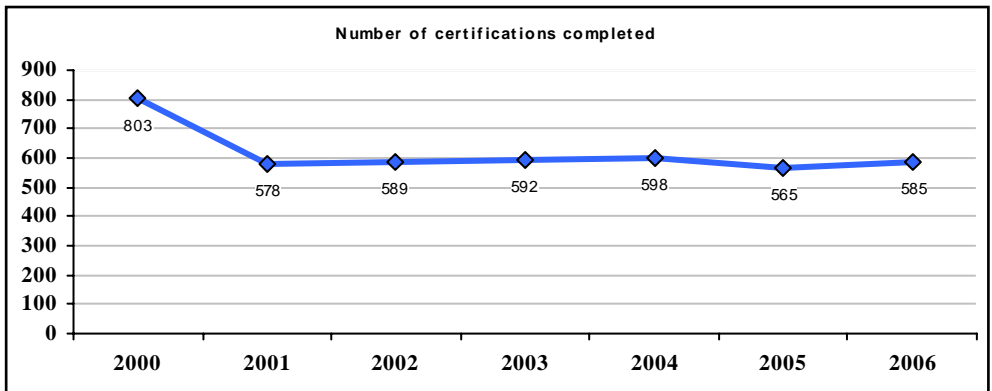
Protect against environmental hazards

Prevent epidemics & the spread of disease

What services does the Grade “A” Milk Certification Program provide?

- Conducting field surveys of grade “A” milk supplies, dairy farms, processing plants, and transfer and receiving stations to assure all requirements are met to protect consumer health.
- Surveying and certifying the work of field inspectors working for the Iowa Department of Agriculture and Land Stewardship as is required federally.
- Entering Iowa data into the national milk database program. For example, entering Iowa's drug residue in milk data makes it available for nationwide analysis of trends, lets it be used as information in antibiotic testing, and may effect any national rule changes.
- Training milk haulers in proper pick-up and sampling procedures.
- Aiding with investigations of suspected and confirmed milk borne disease outbreaks.
- Serving as a voting member of the National Conference on Interstate Milk Shippers by serving on national committees and casting votes in rule making process.

How do we measure our progress?



Number of certifications completed. *Data Source: Program records. New data are available annually.* **Baseline, CY2000 – 803. Most Recent Year, CY2006 – 585.**

2008 Target – To be determined. 2010 Target – To be determined.

How are we doing? IDPH continually meets criteria established.

Funding sources

General fund: K19-1907

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$170,675	\$168,739	\$200,407
Total funds	\$170,675	\$168,739	\$200,407
FTEs	2.01	2.00	2.00

Hazardous Waste Site Assessment & Hazardous Substances Emergency Surveillance

Hazardous Waste Site
Assessment – Phone: 515-281-8707

Hazardous Substances Emergency
Surveillance – Phone: 515-242-6337

www.idph.state.ia.us/eh/toxicology_env_health.asp

Division of Environmental Health

The Hazardous Substances Emergency Surveillance and Hazardous Waste Site Assessment programs are ongoing, state-based programs assessing the public health impact of hazardous waste disposal sites, spill sites, contaminated sites, and Brownfield sites in Iowa. The programs describe the public health consequences of the release of hazardous substances and work to reduce the morbidity and mortality from these releases. These programs are funded by the federal Agency for Toxic Substances and Disease Registry (ATSDR).

Why are Hazardous Waste Site Assessment and Hazardous Substances Emergency Surveillance important to promoting and protecting the health of Iowans?

- Improper management of hazardous wastes, chemical spills and accidents, and previous industrial use of properties may expose Iowans to chemicals that at certain levels can adversely affect human health.
- There are currently 19 hazardous waste sites in Iowa listed on the National Priorities List, and over 800 contaminated and Brownfield sites that are candidates for program evaluation.
- Iowans are concerned environmental exposures to chemicals can affect their health or the health of their children.
- There are approximately 350 uncontrolled or illegal acute chemical releases (not including petroleum products) in Iowa each year. Examples include ammonia, chlorine, pesticides, and fertilizers. Employees, emergency responders, and the public are at risk or being exposed during an unplanned or illegal chemical release. An average of 65 employees, responders, and member of the public are injured each year because of these releases.

Public Health Goals

Protect against
environmental hazards

Prevent injuries

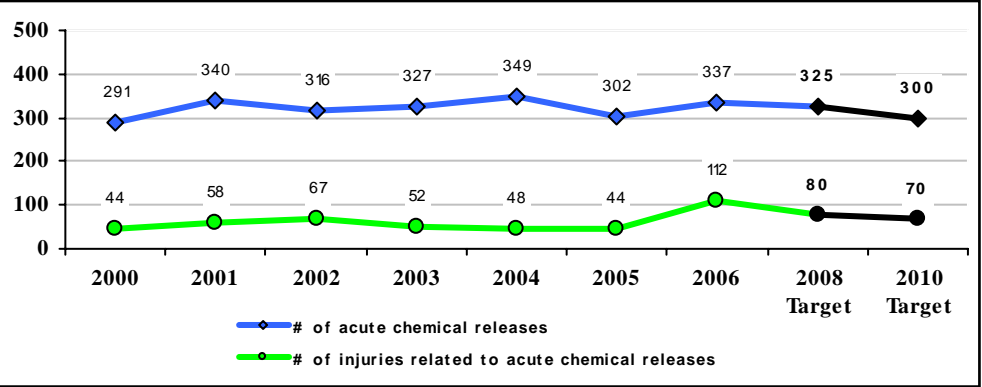
Prepare for, respond to, &
recover from public health
emergencies

What services do the Hazardous Waste Site Assessment and Hazardous Substances Emergency Surveillance programs provide?

- Preparing health assessments and health consultations for state and federal agencies and for members of the community that evaluate human health exposures to hazardous wastes, chemicals spills and accidents, former industrial sites, and other chemicals in the environment.
- Developing fact sheets and informational documents for state agencies and communities on exposure to a variety of chemicals and fact sheets summarizing health effects from exposure to specific sites.

- Designing and developing physician, nurse, and community education programs for communities where actual or potential exposures to hazardous substances exist.
- Providing data used by state and local stakeholders to analyze patterns, present data, make recommendations, and plan for prevention and response.
- Providing educational tools such as fact sheets, a newsletter, and ammonia safety stickers that are used by emergency responders, businesses, and the public.

How do we measure our progress?



① Number of acute chemical releases. *Data Source: IDNR, NRC, DNE, IPCC. New data are available annually.* **Baseline, CY2000 – 291. Most Recent Year, CY2006 – 337. 2008 Target – 325. 2010 Target – 300.** **How are we doing?** Acute chemical releases remain fairly consistent.

② Number of injuries related to acute chemical releases. *Data Source: IDNR, NRC, DNE, IPCC. New data are available annually.* **Baseline, CY2000 – 44. Most Recent Year, CY2006 – 112. 2008 Target – 80. 2010 Target – 70.** **How are we doing?** There has been a slight reduction in injuries for the past 4 years. A new reporting source was added in 2006, which explains the dramatic increase in injuries.

Funding sources

Hazardous Waste Site Assessment: Intra state receipts* (Dept of Natural Resources), federal grant, & federal indirect funds: 0153-01304/1314
Hazardous Substances Emergency Surveillance: federal grant: 0153-01308

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$278,837	\$267,577	\$314,602
Other funds*	\$49,458	\$27,683	\$0
Total funds	\$328,295	\$295,260	\$314,602
FTEs	3.72	3.31	3.25

Health Workforce

Phone: 515-281-8517

www.idph.state.ia.us/hpcdp/health_care_access.asp

Division of Health Promotion & Chronic Disease Prevention

The department's Health Workforce programs help assure a competent, diverse health workforce in Iowa and improve access to health care in underserved areas by

- recruiting and retaining health care professionals through the Primary Care Recruitment and Retention Endeavor (PRIMECARRE),
- using a national, Web-based recruitment and retention service called the National Rural Recruitment and Retention Network (3Rnet),
- assessing and forecasting health workforce supply and demand, and
- increasing volunteerism by competent health care professionals by offering protection via the Volunteer Health Care Provider Program (VHCPP) to eligible volunteer health care providers and eligible free clinics providing free health care services to Iowans.

These programs seek to promote the expansion of health care resources for vulnerable populations which include Iowans that are uninsured, homeless, migrants, chronically ill, or who live in areas with no access to primary care services.

Why are Health Workforce programs important to promoting and protecting the health of Iowans?

- In 2000, Iowa ranked 47th in the nation in the number of psychiatrists and 46th in the number of psychologists per 100,000 people (Health Resources and Services Administration). Eighty-four counties are Mental Health Professional Shortage Areas.
- Almost ½ of Iowa's dentists (49%) are over the age of 50. Sixty-one counties are in a Dental Health Professional Shortage Area.
- Long-term care facilities face high turnover of direct care workers, and Iowa's shortfall of nurses is projected to increase from 8% in 2005 to 27% in 2020.
- Iowa ranks 44th in the nation in the number of physicians per 100,000 people. Fifty-nine counties reside in a full or partial Primary Care Health Professional Shortage Area.
- Free clinics in Iowa are unable to recruit enough professionals to provide free services due to the lack of professional insurance coverage. The VHCPP removes that obstacle for participating individuals and clinics. VHCPP free clinics in Iowa served more than 30,000 Iowans from July 2006 to June 2007.

Public Health Goals

Strengthen the public health infrastructure

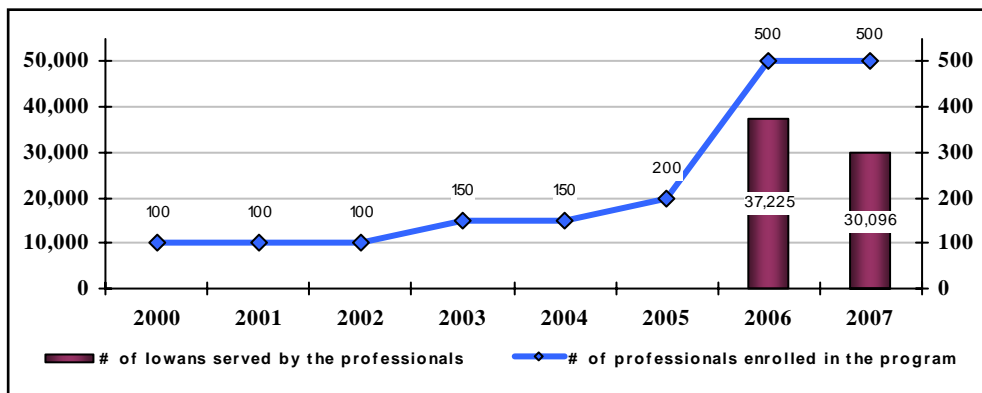
What services do the Health Workforce programs provide?

- Primary care access analysis and intervention planning.
- Shortage area designation submission.
- Project development and grant application assistance.
- National Health Service Corps site development and primary care provider recruitment and retention assistance.
- Assistance in recruiting students into primary care service-oriented careers.
- Sponsorship of J-1 Visa Waiver Physicians.
- Technical assistance to rural health clinics.
- Grants management and contract management.
- PRIMECARRE allocations currently support the Iowa Loan Repayment Program, with

matching federal and state funds. Loan repayment awards are made to an average of eight health professionals a year that commit to serve in shortage areas for two years.

- 3Rnet helps health care providers find vacancies to practice health care in Iowa and helps communities recruit and retain health care professionals through a free web based national recruitment network.
- Health care professionals and free clinics seeking protection for the health care services provided may apply to the Volunteer Health Care Provider Program. If approved for participation in the program they receive, at no cost, legal defense, and indemnification through the state in the event of a claim seeking damages.

How do we measure our progress?



❶ Number of professionals enrolled in the Volunteer Health Care Provider Program (VHCPP). *Data Source: Program database. New data are available annually.*

Baseline, SFY2000 – Approximately 100. **Most Recent Year, SFY2007** – Approximately 500. **How are we doing?** Health care professions have been added each year, therefore, numbers of participating individuals has steadily increased.

❷ Number of Iowans served by VHCPP professionals. *Data Source: Clinic reports. New data are available annually.* **Baseline, SFY2006** – 37,225. **Most Recent Year, SFY2007** – 30,096. **How are we doing?** Information is unavailable before FY06 due to inconsistent quarterly reporting by clinics and no funding available for staff to work with the VHCPP to enter data from quarterly reports.

Funding sources

Center for Health Workforce Planning: health care trust fund & federal grant: K60-6065/6073; 0153-0932. **Primary Care Office:** federal grant: 0153-0912.

PRIMECARRE: general fund & federal grant; State funds are used for a 1:1 match for the Federal Loan Repayment Grant: K09-0901; 0153-0908. **VHCPP:** unfunded mandate.

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$150,000	\$150,000	\$150,000
Health care trust	\$0	\$0	\$465,000
Federal funds	\$1,416,853	\$631,871	\$236,214
Total funds	\$1,566,853	\$781,871	\$851,214
FTEs	3.94	2.26	1.50

Health Statistics

Phone: 515-281-4944

www.idph.state.ia.us/apl/health_statistics.asp

Division of Administration and Professional Licensure

The Bureau of Health Statistics collects, registers, permanently stores, and issues certified copies of vital events for Iowans. The bureau also analyzes and reports on health trends and issues to facilitate data-based decisions that lead to improvements in the health of Iowans.

Why is the Bureau of Health Statistics important to promoting and protecting the health of Iowans?

About 40,000 births, 30,000 deaths, and 20,000 marriages occur in Iowa each year. Data about these events is vital to public health because the

- Data is used to identify health issues and measure the effectiveness of public health programs.
- Data is used to measure the progress toward meeting Healthy Iowans 2010 goals and the goals of other public health plans.

Public Health Goals

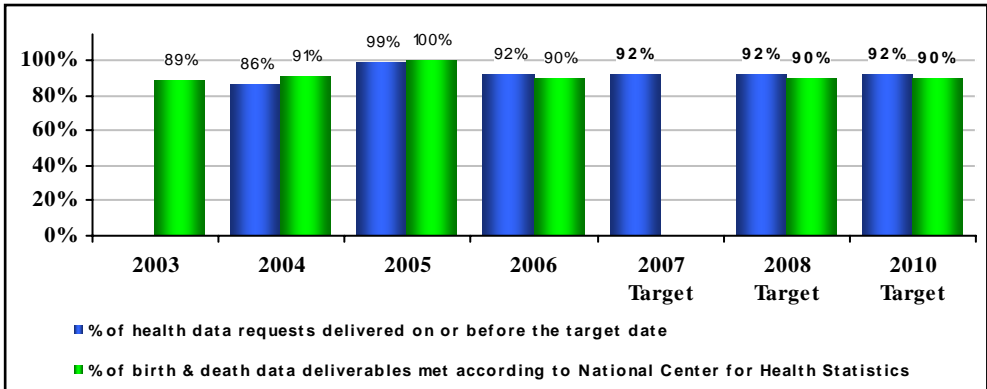
Improve the department of public health's performance

Strengthen the public health infrastructure

What services does the Bureau of Health Statistics provide?

- Providing data to public health agencies on the local, state, and national level that rely on the data to plan and measure the effectiveness of programs and to make decisions about program resources.
- Providing data to other state agencies to help them conduct official duties. For example, data is provided to the Iowa Department of Human Services-Child Support Recovery and Medicaid, Iowa Department of Transportation-Driver's License, Iowa Secretary of State-Voter Registration, State Library of Iowa Data Center, and the Iowa Public Employees' Retirement System (IPERS).
- Providing certified copies of birth, death, and marriage records to Iowans and other entitled persons to establish rights to many benefits including U.S. citizenship.
- Maintaining a comprehensive data and surveillance system capable of monitoring progress on health objectives, identifying emerging health issues, and supporting policy development. The bureau regularly analyzes department health data; researches health issues, provides access to health information for the state and public, and supports other health data activities.
- Publishing annual Vital Statistics of Iowa and Vital Statistics in Brief and special studies on selected topics such as infant mortality, caesarean sections, county estimates of behavioral risk factors, and life expectancy tables.
- Conducting the Behavioral Risk Factor Surveillance System (BRFSS) survey under the guidance of Centers for Disease Control and Prevention (CDC). BRFSS is the largest, continuously conducted, telephone survey in the world. The survey is designed to identify and monitor risk factors for chronic diseases and other leading causes of death. An annual BRFSS report is published.

How do we measure our progress?



❶ Percent of health data requests delivered on or before the target date. *Data Source: Request database and help desk. New data are available annually.*

Baseline, SFY2004 – 86%. Most Recent Year, SFY2006 – 92%.

2007 Target – 92%. 2008 Target – 92%. 2010 Target – 92%.

How are we doing? In SFY 2006, 92% of requests were completed by the agreed deadline—an improvement from 86% in SFY2004.

❷ Percent of birth and death data deliverables met according to National Center for Health Statistics requirements. *Data Source: National Center for Health Statistics report card. New data are available annually.* **Baseline, FFY2003 – 89%.**

Most Recent Year, FFY2006 – 90%. 2008 Target – 90%. 2010 Target – 90%.

How are we doing? Meeting expectations. Frequent changes to vital records systems and expectations make maintaining a 90% performance rating an appropriate target.

Funding sources

General fund, federal grants, & retained fees*: K21-2203; 0153-0456/0972/1724; 0024-0024

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$1,731	\$1,486	\$1,500
Federal funds	\$605,977	\$739,320	\$649,427
Other funds*	\$1,996,544	\$2,301,372	\$4,187,542
Total funds	\$2,604,252	\$3,042,178	\$4,838,469
FTEs	30.67	29.53	33.75

Heart Disease & Stroke

Phone: 515-281-4909

www.idph.state.ia.us/hpcdp/chronic_disease_prevention_management.asp

Division of Health Promotion & Chronic Disease Prevention

The department promotes heart disease and stroke prevention and risk reduction through its Iowa Care for Yourself WISEWOMAN cardiovascular services. The program provides screening and is testing an intervention that emphasizes sustained lifestyle changes to improve nutrition and increase physical activity. The goal of the intervention is to reduce cardiovascular disease risk among under- and uninsured Iowa women ages 40 to 64. The screening process helps participants know their risks. Services are offered to women participating in the Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program.

Why is heart disease and stroke programming important to promoting and protecting the health of Iowans?

- Cardiovascular diseases (CVD) are the #1 killer of Iowa men and women, representing 38% of Iowa deaths in 2005.
- According to the State Health Registry of Iowa, 4,962 Iowa women died of CVD (53% of Iowa's cardiovascular deaths) in 2005. Of these, 372 were ages 40 to 64.
- Women are not aware of their risk for CVD. They are less likely than men are to know heart attack signs and symptoms. In a 1997 Yankelovich poll, women could name some of the typical heart attack symptoms (chest pain and/or in the arm, tightness in the chest, and shortness of breath), but 90% did not mention symptoms more likely to affect women (nausea, dizziness, and fatigue).
- According to the poll, only 30% of women knew CVD was their greatest health threat. And, 40% of women believe they are more likely to die of breast cancer than of CVD (American Heart Association, 2001). In a similar poll in 2000, 34% of women recognized CVD as their number-one killer. By 2003, 46% of women named CVD as their biggest health threat, but only 13% believed they would die of it. In 2006, 57% of women knew that CVD was their number-one killer, but only 26% believed they would die of it. Women have a good general knowledge of heart disease risks, but do not know their personal cholesterol values or believe that heart disease is a problem for them.
- National data show that women with diabetes are two to four times more likely to die from cardiovascular disease than women without diabetes.

Public Health Goals

Promote healthy behaviors

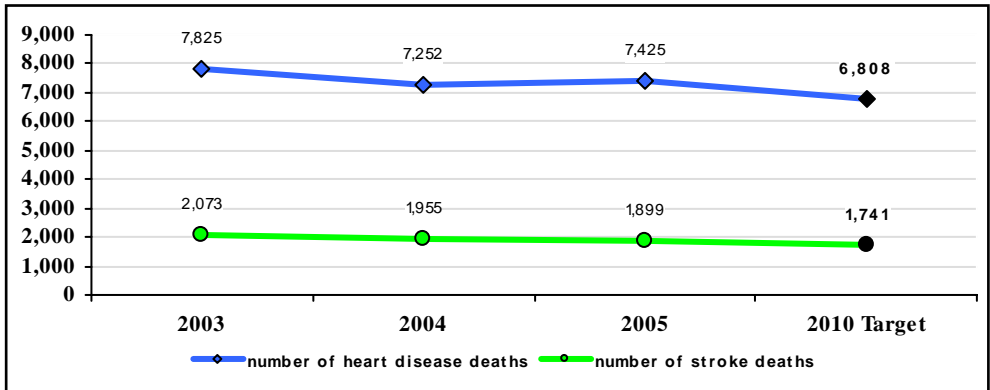
Strengthen the public health infrastructure

What heart disease and stroke related services do we provide?

- Communicating with entities across Iowa about the need to conduct, complete, and report activities that support the state heart disease and stroke plan: Healthy Iowans 2010, Chapter 9: Heart Disease and Stroke.

- Working with the American Stroke Association through the State Stroke Task Force to determine future programming necessary to improve stroke recognition, transport, and treatment in Iowa.
- Providing blood pressure, blood cholesterol, height, and weight screening, with limited diagnostic follow-up, and a multi-session nutrition and physical activity intervention to women at 20 sites that are participating in the Iowa Care for Yourself Program.
- Serving as Iowa's central point for communication of national heart disease and stroke goals and evidence-based programming strategies.

How do we measure our progress?



① Number of heart disease deaths. *Data Source: IDPH Vital Records. New data are available annually.* **Baseline, 2003 – 7,825. Most Recent Year, 2005 – 7,425.** **2010 Target** – Reduce 13% from 2003 baseline. **How are we doing?** More investigation is necessary to determine if advances in cardiac treatment are responsible for improved heart disease death trend.

② Number of stroke deaths. *Data Source: IDPH Vital Records. New data are available annually.* **Baseline, 2003 – 2,073. Most Recent Year, 2005 – 1,899.**

2010 Target – Reduce 16% from 2003 baseline.

How are we doing? Stroke-related death trends are not decreasing significantly.

Funding sources

Federal grants: 0153-0406/0420

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$1,042,960	\$819,068	\$1,156,865
Total funds	\$1,042,960	\$819,068	\$1,156,865
FTEs	5.16	4.64	3.95

HIV/AIDS/Hepatitis

Phone: 515-242-5150

www.idph.state.ia.us/adper/hiv_aids.asp
www.idph.state.ia.us/adper/hepatitis.asp

Division of Acute Disease Prevention & Emergency Response

The HIV/AIDS/Hepatitis Program works to decrease the number of Iowans with HIV/AIDS and hepatitis C by providing

- prevention programs,
- counseling and testing services,
- counseling and testing of partners, and
- access to medical care, medicine, and supportive services.

Why is the HIV/AIDS/Hepatitis Program important to promoting and protecting the health of Iowans?

- New diagnoses of HIV infection have stayed level at about 100 per year for the last 10 years.
- The number of Iowans living with HIV/AIDS is at an all-time high of over 1,300 persons.
- An additional 500 Iowans are estimated to be infected with HIV, but do not know it.
- There are an estimated 50,000 Iowans with chronic hepatitis C, the majority of whom do not know it.
- The AIDS Drug Assistance Program (ADAP) provides life-saving medications to over 200 Iowans each month.

Public Health Goals

Prevent epidemics & the spread of disease

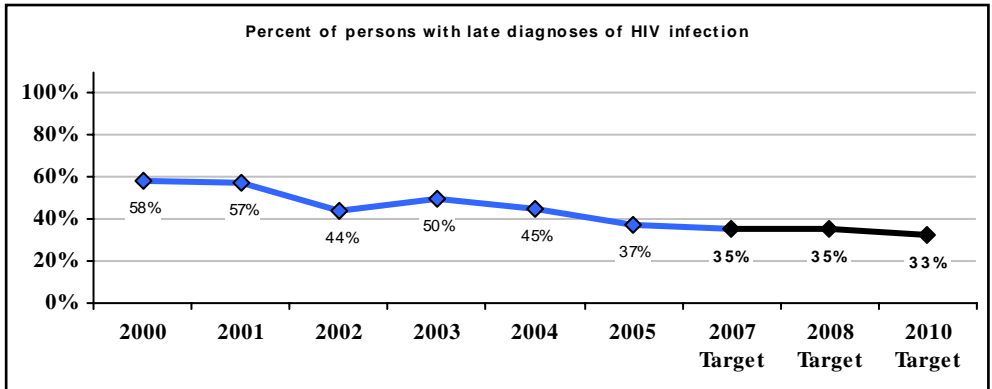
Strengthen the public health infrastructure

Promote healthy behaviors

What services does the HIV/AIDS/Hepatitis Program provide?

- Information, training, and funding to local public health and community-based organizations for prevention programs.
- Counseling, testing, and referral services, including to partners of HIV-positive persons.
- Medication, case management, and supportive services.
- Monitoring and assessing HIV/AIDS cases for trends, risk factors, and demographics.
- Program services are integrated with the department's Sexually Transmitted Disease, Immunization, and Tuberculosis programs. The AIDS Drug Assistance Program provides life-saving medication for HIV infected Iowans when no other resources, including Medicaid, are available. Other funds are used to investigate methods to decrease transmission among injection drug users, including the feasibility of a syringe-access program in Iowa.

How do we measure our progress?



Percent of persons with late diagnoses of HIV infection. *Data Source: HIV/AIDS reporting system. New data are available annually, in March, one year after the diagnosis year. Baseline, CY2000 – 58%. Most Recent Year, CY2005 – 37%.*

2008 Target – 35%. 2010 Target – 33%. How are we doing? The trend for the percentage of persons with late diagnoses of HIV infection is improving and is similar to the national average of 39% (2004).

Funding sources

HIV: general fund, tobacco fund, federal grant, intra state receipts* (Dept of Education), & private grant*: K07-0761; K86-8602; 0153-0804/1568/1570/1572/1574/1578/1580/1582

Hepatitis: general fund & private grant*: K07-0763; K15-1529; 0153-1576 (FY06)

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$120,000	\$447,978	\$458,000
Federal funds	\$3,879,311	\$3,697,044	\$4,567,117
Tobacco funds	\$275,000	\$274,924	\$275,000
Other funds*	\$39,272	\$44,618	\$72,625
Total funds	\$4,313,583	\$4,464,564	\$5,372,742
FTEs	11.03	11.74	13.90

Immunization

Phone: 1-800-931-6293

www.idph.state.ia.us/adper/immunization.asp

Division of Acute Disease Prevention & Emergency Response

The goal of the Immunization Program is to reduce and ultimately eliminate the occurrence of vaccine preventable diseases. This is done by working with public and private health care providers throughout the state to achieve and maintain high vaccination coverage levels, improve vaccination strategies for under-vaccinated populations, and assure prompt reporting, thorough investigation of suspected cases, and rapid use of disease control measures.

Why is the Immunization Program important to promoting and protecting the health of Iowans?

- Vaccines prevent disease in the people who get them and protect those who are exposed to unvaccinated individuals.
- Vaccines help prevent infectious diseases and save lives.
- Vaccines are responsible for the control of many infectious diseases that were once common in the U.S., including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib).
- 15% of Iowa's children are not fully immunized to protect against vaccine preventable diseases.
- In 2006, vaccine preventable diseases sickened 2,306 Iowans (primarily mumps and pertussis).
- Approximately 257,000 Iowans ages 18 and under are eligible for the Vaccines for Children (VFC) Program because they are Medicaid eligible, uninsured, underinsured, or American Indian or Alaska Natives as defined by the Indian Health Services Act. VFC provides vaccines to health care providers to immunize these Iowans who may have no other means to access these services.

Public Health Goals

Prevent epidemics & the spread of disease

Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

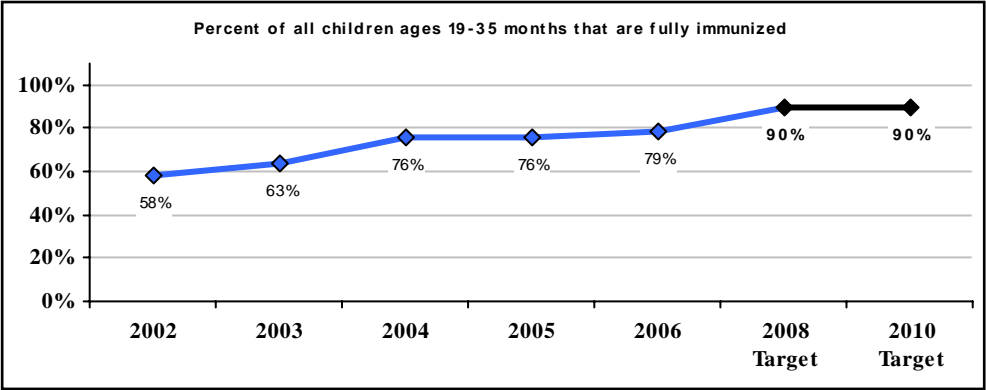
Promote healthy behaviors

What services does the Immunization Program provide?

- Purchasing and distributing vaccine to public and private health care providers throughout Iowa to vaccinate VFC eligible children. The program purchases and distributes vaccine to prevent the following diseases: diphtheria, tetanus, pertussis, hepatitis A, hepatitis B, Haemophilus influenza type b, polio, measles, mumps, rubella, varicella, meningococcal, pneumococcal, and influenza. In 2006, the program distributed 428,451 doses of vaccine to over 500 providers.
- Providing funding to local public health agencies to conduct immunization clinics, reduce barriers to getting immunizations, and provide outreach clinics for hard-to-reach populations.

- Coordinating the Perinatal Hepatitis B Program.
- Managing the statewide IRIS database that helps prevent patients from being under and over immunized by keeping individual immunization records for all Iowans, tracking vaccine use and distribution, and creating patient recall and reminder documents.
- Providing education to health care providers and the public about vaccine preventable diseases and the benefits of immunization.
- Responding to outbreaks of vaccine preventable diseases (e.g., the 2006 mumps outbreak – 1,958 cases) and playing a vital role in the IDPH Incident Management Structure during public health emergencies.

How do we measure our progress?



Percent of all Iowa children ages 19-35 months that are fully immunized*.
*Data Source: National Immunization Survey, Centers for Disease Control and Prevention. New data are available annually, in October. *Includes 4 or more doses of any diphtheria and tetanus toxoids and pertussis vaccines including diphtheria and tetanus toxoids, and any acellular pertussis vaccine (DTaP/DTP/DT); 3 or more doses of any poliovirus vaccine; 1 or more doses of measles-mumps-rubella vaccine; 3 or more doses of Haemophilus influenzae type b (Hib) vaccine; 3 or more doses of hepatitis B vaccine; and 1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness – 4:3:1:3:3:1.*

Baseline, CY2002 – 58%. Most Recent Year, CY2006 – 79%.

2008 Target – 90%. 2010 Target – 90%.

How are we doing? Immunization rates for Iowa children continue to increase.

Funding sources

General fund & federal grant: K15-1521; 0153-1522

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$417,803	\$404,041	\$664,649
Federal funds	\$2,222,694	\$2,309,628	\$2,970,267
Other funds	\$0	\$0	\$5,000
Total funds	\$2,640,497	\$2,713,669	\$3,639,916
FTEs	12.79	12.82	15.15

Information Management

Phone: 515-281-3216

www.idph.state.ia.us/apl/info_man.asp

Division of Administration and Professional Licensure

The Bureau of Information Management serves the department, the statewide public health community, and the public by implementing, maintaining, and supporting technology services. The bureau provides support services to the department as well as to local public health partners and private health providers to ensure timely, accurate, and reliable delivery of vital health information. The bureau also creates, maintains, and supports the technology infrastructure to collect, store, and provide health data to improve the health of Iowans.

Why is the Bureau of Information Management important to promoting and protecting the health of Iowans?

- The department, the statewide public health community, and the public need health data to develop and implement health policy. The bureau implements, maintains, and supports technology services that allow the collection and analysis of this needed health data.

Public Health Goals

Improve the department of public health's performance

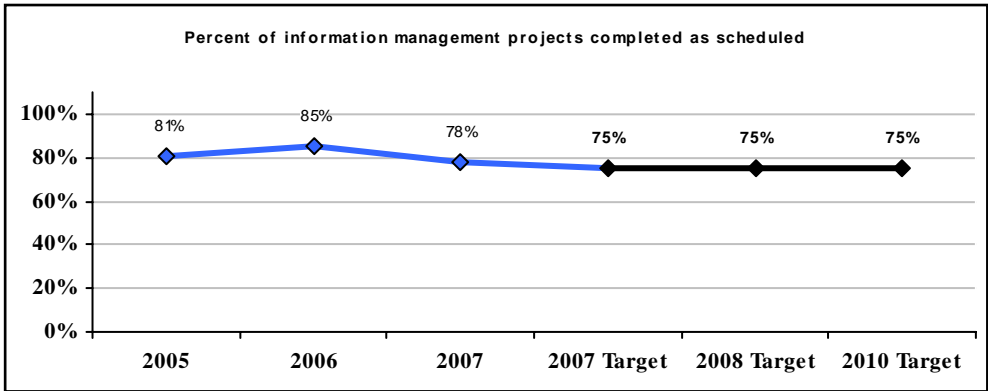
Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

What services does the Bureau of Information Management provide?

- Designing, developing, and supporting the IDPH network and other infrastructure. The bureau maintains and supports personal computers, hardware and software for all employees, including communications links to email, the Internet, the ITE mainframe, data servers, and applications.
- Web site and software application development and support.
- Help desk and technical consultation services to support department programs, project management, and grant writing.
- Data security, including data backups, up-to-date virus protection, email filters, and other data integrity and business continuity services.
- Support for the communication function of the IDPH incident management structure.
- Designing, developing, and supporting computer software for external public health partners, including local public health agencies and private providers.
- Secure data transfers.
- Developing and supporting information technology infrastructure for emergency preparedness for local public health agencies and private health providers.
- Providing the public with access to public health information.

How do we measure our progress?



❶ Percent of information management projects completed as scheduled.

Data Source: Information Management status reports tracked with MS Project. Data is updated weekly and available anytime. Final reports are made for each fiscal year.

Baseline, SFY2005 – 81%. Most Recent Year, SFY2007 – 78%.

2007 Target – 75%. 2008 Target – 75%. 2010 Target – 75%.

How are we doing? Our goal is 75%. We have been holding between 78% and 85% for the last three years.

❷ Percent of network-wide unscheduled downtime for the local area network.

Data Source: IDPH Big Brother monitoring system. Information in this system is added continuously and reports can be run as needed. **Baseline, SFY2005 – 0.004%.**

Most Recent Year, SFY2007 – 0.03%. 2007 Target – 0.1%. 2008 Target – 0.1%.

2010 Target – 0.1%. How are we doing? The goal is 0.1%. Last year (2006), we were down 0.04% and this year (2007), we were down 0.03%.

Funding sources

General fund, federal indirect funds, & intra state receipts* (Dept of Human Services): K21-2207; 0153-2208

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$111,823	\$195,498	\$125,200
Federal funds	\$1,275,744	\$1,234,470	\$1,473,000
Other funds*	\$53,031	\$51,056	\$45,000
Total funds	\$1,440,598	\$1,481,024	\$1,643,200
FTEs	16.61	15.80	16.75

Lead Poisoning Prevention

Phone: 1-800-972-2026

www.idph.state.ia.us/eh/lead_poisoning_prevention.asp

Division of Environmental Health

The goals of the Bureau of Lead Poisoning Prevention are to:

- Prevent childhood lead poisoning.
- Reduce the number of Iowa adults with elevated blood lead levels.
- Reduce Iowans' exposure to lead in the home.

Why is the Bureau of Lead Poisoning Prevention important to promoting and protecting the health of Iowans?

- Lead is especially harmful to the developing brains and nervous systems of children under age 6. Lead affects intelligence, hearing, and growth. At very high blood lead levels, children can have severe brain damage or even die.
- One child out of every 14 Iowa children under age 6 is lead-poisoned – more than 4 times the national average. About 2,000 Iowa children born each year will become lead poisoned before their 6th birthday.
- Nearly 40% of Iowa houses were built before 1950, and most of these houses contain lead-based paint. Young children who live in pre-1950 houses are lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put their hands in their mouths.
- In adults, lead has adverse effects on the nervous system, blood pressure, and fertility. Each year, an average of 126 Iowa adults have blood lead levels considered harmful (greater than or equal to 25 micrograms per deciliter ($\mu\text{g/dL}$)).

Public Health Goals

Protect against
environmental hazards

Prevent injuries

What services does the Bureau of Lead Poisoning Prevention provide?

Childhood lead poisoning prevention: In 72 counties, local boards of health provide services; IDPH provides funding and technical assistance. IDPH provides direct services in 27 counties. The program also provides technical assistance to the Title V Child Health Program, WIC, and Medicaid on blood lead testing policies and procedures.

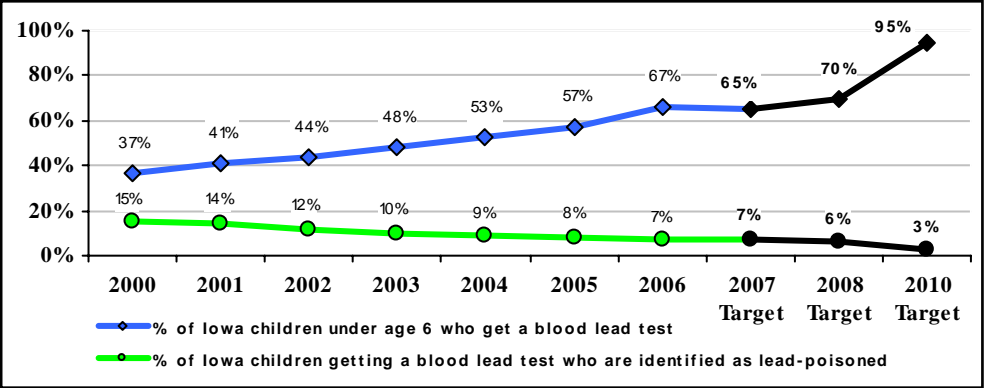
- The program assures that children under age 6 are tested for lead poisoning by educating parents and health care providers and by serving as the payer of last resort for children who do not have a source of payment.
- Medical and environmental case management is provided for lead-poisoned children. Blood lead testing and case management data is collected and analyzed.
- Information on childhood lead poisoning is provided to parents, health care providers, and property owners. Through community coalitions, community leaders are involved in childhood lead poisoning prevention.

Adult blood lead epidemiology and surveillance (ABLES): Blood lead test results are collected for Iowans 16 and older. Adults with blood lead levels considered harmful receive information or a telephone interview; questions about adult lead exposure are answered; and lead inspectors and lead abatement contractors are trained.

Lead-based paint activities training and certification: Training and certification is required for lead professionals, including lead inspectors, elevated blood lead inspectors, visual risk assessors, lead abatement contractors, and lead abatement workers.

Pre-renovation notification: Notifying property owners and occupants that lead-based paint may be present is required before renovating, remodeling, or repainting pre-1978 housing.

How do we measure our progress?



① Percent of Iowa children under age six who get a blood lead test.
② Percent of Iowa children getting a blood lead test who are identified as lead-poisoned. Data Source: IDPH Childhood Blood Lead Surveillance Database. New data are available annually, in February. **Baseline, CY2000** – 37% tested, 15% lead poisoned. **Most Recent Year, CY2006** – 66.5% tested, 6.6% lead poisoned. **2007 Target** – 65% tested, 7% lead poisoned. **2008 Target** – 70% tested, 6% lead poisoned. **2010 Target** – 95% tested, 3% lead poisoned. **How are we doing?** The percent of children tested for lead poisoning before age 6 is steadily increasing and the percent of children who are lead-poisoned is steadily decreasing. However, not all Iowa children are tested so there is still a need to educate providers and parents about the need to test for lead poisoning.

Funding sources

ABLES: federal grant: 0153-0402; **Childhood lead:** general fund, federal grant, & tobacco fund: K13-1351; K92-9212; 0153-1352; **Lead-based paint activities training & certification & pre-renovation notification:** federal grant & retained fees*: K19-1928; 0153-1912

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$351,808	\$448,054	\$672,808
Tobacco funds	\$76,388	\$56,831	\$76,388
Federal funds	\$1,153,825	\$935,755	\$1,094,153
Other funds*	\$26,150	\$19,780	\$30,000
Total funds	\$1,608,171	\$1,460,420	\$1,873,349
FTEs	10.83	9.50	11.50

Local Board of Health & Local Environmental Health Services

Phone: 515-281-0921

www.idph.state.ia.us/eh/board_of_health_assistance.asp

Division of Environmental Health

Local Board of Health & Local Environmental Health Services build the capacity of public health programs to protect Iowans against environmental hazards by providing technical assistance and consultation on environmental health issues to local boards of health, local environmental health departments, local public health staff, and others.

Why are Local Board of Health & Local Environmental Health Services important to promoting and protecting the health of Iowans?

- Concerns about environmental conditions continue to increase while the delivery of local environmental health services in Iowa is not consistent.
- Environmental health affects every Iowan every day. Things such as clean water to drink, safe food to eat, proper disposal of waste, and many others are often taken for granted. The environmental health workforce is vital to making sure Iowans are safe where they live, work, and play.
- Environmental hazards that may affect Iowans in a public health emergency or natural disaster include food safety, availability of potable water, vector control, wastewater infrastructure, solid waste, built environment, air quality, shelter management, and sanitation services.

Public Health Goals

Strengthen the public health infrastructure

Protect against environmental hazards

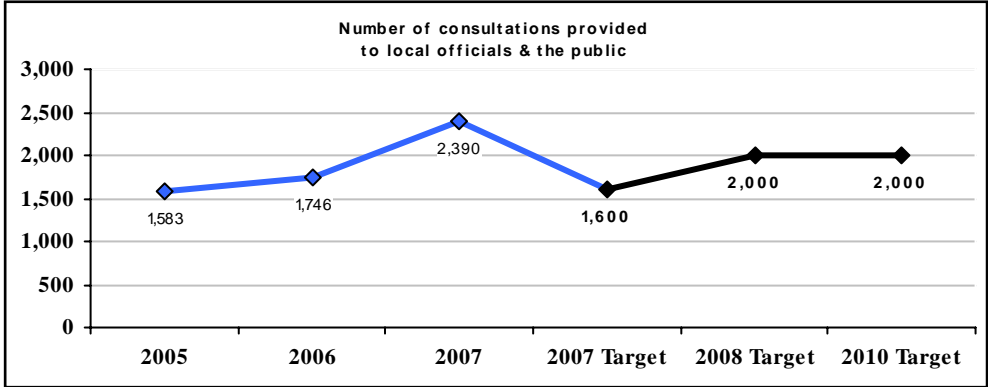
Prepare for, respond to, & recover from public health emergencies

What Local Board of Health & Local Environmental Health Services do we provide?

- We provide consultation to local boards of health and boards of supervisors on their role in providing environmental health services including recruiting and hiring qualified environmental health specialists, understanding the Iowa code and administrative rules, explaining model environmental health programs, and providing topic-specific education.
- We offer training and consultation services to local environmental health staff on environmental health issues (mold, indoor air quality, water quality, general sanitation, nuisance conditions, tattoo inspections, and others).
- We provide consultations to private citizens on environmental health and housing issues.
- We develop model programs for local officials to adopt and implement.

- We provide environmental health emergency response capacity, response equipment for local environmental public health departments, and help in developing local emergency response plans. The program has served as a model for other states wanting to develop an environmental health response team.
- We offer technical assistance and consultation during a foodborne or waterborne illness outbreak investigation.
- We facilitate relationship building between other state agencies and local public health agencies.

How do we measure our progress?



Number of consultations provided to local officials and the public. *Data Source: Division of Environmental Health phone & email logs. New data are available annually.*

Baseline, SFY2005 – 1,583. Most Recent Year, SFY2007 – 2,390.

2007 Target – 1,600. 2008 Target – 2,000. 2010 Target – 2,000.

How are we doing? As staff numbers increase, so do the number of inquiries and responding consultations provided.

Funding sources

General fund, Rebuild Iowa Infrastructure (RIFF) appropriation, & federal grant: K09-0963; K19-1909 (FY06); K71-K710; 0153-0960/0974

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$46,577	\$65,754	\$66,319
Federal funds	\$178,786	\$149,810	\$123,769
RIFF funds	\$0	\$100,000	\$0
Total funds	\$225,363	\$315,564	\$190,088
FTEs	1.74	1.65	1.65

Local Public Health Services

Phone: 515-281-7016

www.idph.state.ia.us/hpcdp/local_public_health_services.asp

Division of Health Promotion & Chronic Disease Prevention

Local Public Health Services are services that prevent illness, improve health, enhance the quality of life, and provide leadership to safeguard the health and wellness of communities. Local public health services promote the population-based policies and services necessary to address health disparities and improve everyone's health. Through assessing community health needs, determining priorities, and providing gap-filling services where there is no provider, local public health services increase the capacity of local health partners to prevent disease and promote wellness for all Iowans.

Why are Local Public Health Services important to promoting and protecting the health of Iowans?

- All Iowans deserve a local public health system that supports local capacity to assess, plan, and implement local health improvements.
- Local boards of health are responsible for public health in their jurisdiction and assure that all communities have services that help promote healthy behaviors and self-management of chronic disease.
- Local public health services exist in all of Iowa's 99 counties and help those especially vulnerable populations access health related services, which promotes healthy Iowans and healthier communities.

Public Health Goals

Strengthen the public health infrastructure

Promote healthy behaviors

What services are provided?

Local Public Health Services focus on each county's health priorities and include a variety of programs that help:

- Monitor health status and understanding health issues facing the community.
- Protect people from health problems and health hazards.
- Give people the information they need to make healthy choices.
- Engage the community to identify and solve health problems.
- Develop public health policies and plans.
- Enforce public health laws and regulations.
- People get health services.
- Maintain a competent public health workforce.
- Evaluate and improve programs and interventions.
- Contribute to and apply the evidence base of public health.

A few examples of these activities include, but are not limited to,

- Communicable disease surveillance, investigation, and follow-up;
- Immunization clinics;
- Personal care and support services including home care aide, homemaker, protective, and respite services;
- Skilled nursing home visits in the client's home;
- Screening services including blood pressure and blood glucose;

- Health education; and
- Prevention programs like fall prevention, bike safety, and home safety inventories.

IDPH supports Local Public Health Services through:

- Education designed to build and maintain the knowledge and skills necessary to provide local public health services and build healthier communities;
- Support for local needs assessment and community organizing processes necessary to encourage community change for improved health;
- Technical assistance in resolving community health issues, problems, or concerns; and
- Grant funding for local programs that help Iowans engage in healthy behaviors, improve access to health services for those who “fall between the cracks” and often have no other options, and strengthen the public health infrastructure.

How do we measure our progress?

Percent of counties that complete an assessment of their capacity to comply with the Iowa Public Health Standards. *Data Source: Reports from counties. New data are available annually.* **Baseline, SFY2007 – 90%. Most Recent Year, SFY2007 – 90%. 2010 Target – 95%. How are we doing?** In SFY2007, 89 counties completed the Redesign Survey to assess capacity to comply with the Iowa Public Health Standards.

IDPH Local Public Health Services will provide technical assistance to build the capacity of local public health programs to serve the public health needs of their communities and partner to build healthier communities.

- IDPH will assess local health department capacity to meet public health obligations and build a capacity improvement plan addressing strengthening recommendations and opportunities. Each county will have a plan on file.
- IDPH will help local boards of health in oversight of contracts to provide public health services to assure that the essential public health services are available.
- IDPH will assist and support the local boards of health to assure provision of programs that support self-management of chronic diseases.

Funding sources

Office for Healthy Communities: federal grant: 0153-0934.

Local Public Health Essential Services: tobacco fund: K92-9202.

Local Public Health Liaison: general fund & federal grant. State funds are used for maintenance of effort match for the PHHS Block Grant: K09-0957; 0153-0958.

Local Boards of Health: general fund: K09-0959. **Home Care Aide:** general fund: K11-1105. **Public Health Nursing:** general fund: K11-1103.

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$9,951,566	\$9,993,082	\$9,989,161
Tobacco funds	\$1,157,482	\$1,157,482	\$1,157,482
Federal funds	\$1,597,230	\$1,770,781	\$289,956
Total funds	\$12,706,278	\$12,921,345	\$11,436,599
FTEs	9.50	10.28	9.50

Maternal Health

Phone: 515-281-4731

www.idph.state.ia.us/hpcdp/maternal_health_services.asp

Division of Health Promotion & Chronic Disease Prevention

The Maternal Health Program improves the health of pregnant women and their children by assuring access to prenatal care resources such as medical and dental assessment, health and nutrition education, psychosocial screening and referral, care coordination, help with plans for delivery, risk reduction, health supervision, and postpartum home visits. The program promotes collaboration among health care providers in the local communities to increase access to care.

Why is the Maternal Health Program important to promoting and protecting the health of Iowans?

- Early prenatal care (within the first 3 months of pregnancy) is an important factor in having a healthy pregnancy and birth. Early and adequate prenatal care helps reduce illness and disability by providing health care advice and identifying and managing any chronic or pregnancy related risks.
- According to the Iowa Barriers to Prenatal Care Survey, most Iowa women get prenatal care; however, low-income, teen, and minority women are more likely to get late prenatal care (after the third month). Barriers to getting early prenatal care include financial, transportation, and a lack of knowledge that prenatal care is important.
- Premature, low birth weight babies have higher risks of death and disabilities. Costs for caring for these infants are up to 15 times higher. In 2004, there were 4,519 preterm births in Iowa, representing 11.8% of live births. This is an increase from 10% in 1996. Still, Iowa's rate is slightly better than the national rate of 12.5% of live births. (March of Dimes, Peristats)
- Title V agency staff have worked hard to improve the number of pregnant women who have a medical home from 68% in 2002 to 94% in 2006, a 26% increase in four years.

Public Health Goals

Strengthen the public health infrastructure

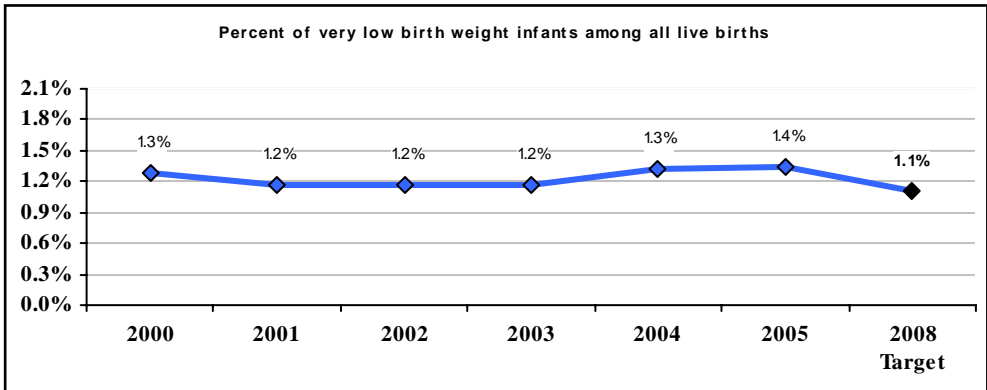
Promote healthy behaviors

What services does the Maternal Health Program provide?

- Providing local public health with a referral source for pregnant women. Pregnant women may qualify for help from Medicaid even if they were not eligible before pregnancy. Maternal health program staff help families find out if they qualify for services at reduced or no cost. Local public health staff may do home visits with the mother and infant after discharge from the hospital.
- Working with communities on community needs assessments.
- Working with and in some cases co-locating services with other IDPH programs such as Child Health, WIC, and Family Planning services.
- Participating in breastfeeding and substance abuse prevention coalitions.

- Providing professional training, developing standards/guidelines of care, consulting with regional and primary providers, and evaluating quality of care delivered to reduce the mortality and morbidity of infants through a contract with the University of Iowa Hospitals and Clinics, Statewide Perinatal Care Program.

How do we measure our progress?



Percent of very low birth weight infants (less than 1500 grams) among all live births. Data Source: Vital statistics. New data are available annually.

Baseline, CY2000 – 1.3%. Most Recent Year, CY2005 – 1.35%.

2008 Target – 1.1%. 2010 Target – To be determined.

How are we doing? The percent of very low weight births has increased slightly from 2001 to 2005.

Funding sources

General fund, federal grants, & private grant*; State funds are used for a 75% match for the Title V Block Grant: K03-0303 (FY06); K05-0507/0651; 0153-0304/0454/0532/0612

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$355,236	\$354,236	\$357,236
Federal funds	\$1,528,655	\$1,723,433	\$1,660,116
Other funds*	\$0	\$0	\$9,996
Total funds	\$1,883,891	\$2,077,669	\$2,027,348
FTEs	3.26	4.18	5.80

Iowa Board of Medicine

Phone: 515-281-5171

www.medicalboard.iowa.org

Department Director's Office

The Iowa Board of Medicine assures the public that only qualified, competent physicians (MD & DO) and acupuncturists (L.Ac.) practice in Iowa.

Why is the Iowa Board of Medicine important to promoting and protecting the health of Iowans?

- There are 10,010 physicians and 38 acupuncturists licensed to provide health services to Iowans.
- Iowans deserve medical care or acupuncture from competent, qualified practitioners. Licensure is a way to keep untrained and unscrupulous individuals from practicing medicine or acupuncture in Iowa.

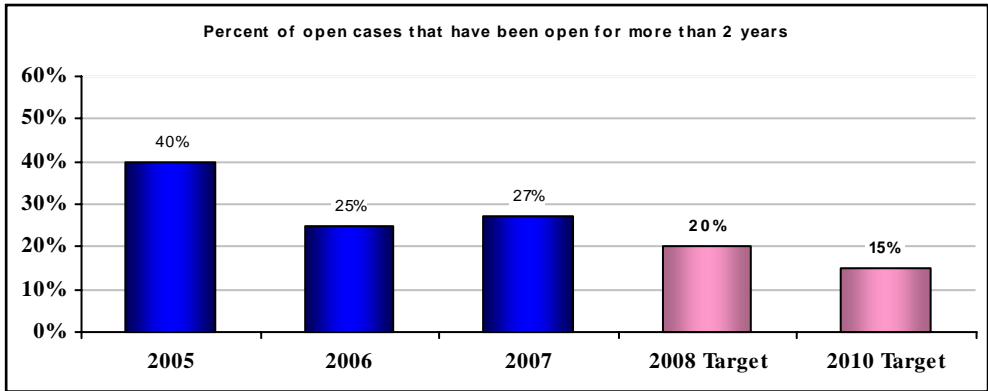
Public Health Goals

Strengthen the public health infrastructure

What services does the Iowa Board of Medicine provide?

- Licensing health professionals.
- Investigating complaints about these health professionals.
- Disciplining health professionals who have been found to break the law.
- Monitoring disciplined and impaired health professionals so that they can return to practice as soon as they are deemed safe to practice.
- Providing licensure and discipline data to the public, employers, and credentialers.
- Speaking to professional groups and students, as well as the public.
- Monitoring trends in other states and using that information to inform policy.

How do we measure our progress?



Percent of open cases that have been open for more than two years. *Data Source: Board database. New data are available annually. Baseline, SFY2005 – 40%. Most Recent Year, SFY2007 – 27%. 2008 Target – 20%. 2010 Target – 15%. How are we doing?* The percentage is decreasing showing that the backlog is improving.

Funding sources

General fund & retained fees*: K19-2071/2072/2075/2078

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$1,461,443	\$1,560,535	\$0
Other funds*	\$411,680	\$505,547	\$2,418,646
Total funds	\$1,873,125	\$2,066,082	\$2,418,646
FTEs	20.60	21.48	21.00

Multicultural Health

Phone: 515-281-4904

www.idph.state.ia.us/hpcdp/mh_default.asp

Division of Health Promotion & Chronic Disease Prevention

The Office of Multicultural Health works with local public health agencies and health care providers to improve minority/immigrant/refugee populations' access to high quality and culturally competent health care in Iowa. The office advises IDPH management and staff on minority/immigrant/refugee health issues and increases awareness of minority/immigrant/refugee public health needs.

Why is the Office of Multicultural Health important to promoting and protecting the health of Iowans?

- According to the U.S. Census, Iowa had a 97% increase in its minority population from 1990 to 2000. There was a 47% increase in African-Americans, a 46% increase in Native-Americans, a 214% increase in Asian-Pacific Islanders, and a 241% increase in the Hispanic-Latino population.
- From 1990 to 1999, approximately 2,600 legal immigrants and refugees became Iowa residents each year. Currently, Iowa's largest refugee groups are Southeast Asians and Bosnians. The Sudanese refugee population in Des Moines was 916 in 2001.
- Chronic diseases such as diabetes, cardiovascular disease, and cancer, are more common in Iowa's minority and immigrant/refugee populations. To meet the needs of these growing populations, Iowa must expand its capacity to address minority and immigrant/refugee health issues and help local public health agencies and health care providers address the health concerns of new Iowans.

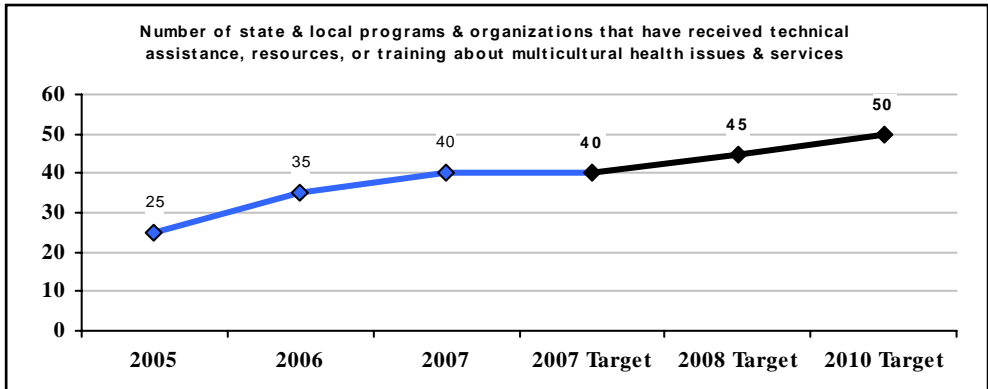
Public Health Goals

Strengthen the public health infrastructure

What services does the Office of Multicultural Health provide?

- Providing comprehensive management and program strategies to internal and external constituents to address culturally and linguistically appropriate services, including strategic goals, plans, policies, and procedures.
- Coordinating and providing ongoing education and training in culturally and linguistically competent health care and service delivery to any state, local, or regional agency, program, or institution.
- Providing access to networks and resources to community and faith based organizations related to grant opportunities provided through local, regional, and federal funding streams.
- Refugee health programming: accountability for documenting the completion of a comprehensive health assessment for newly arriving refugees and working with sponsoring agencies to facilitate proper health care and monitor health assessments to assure all refugees get follow-up care for tuberculosis, hepatitis B, and immunizations.

How do we measure our progress?



Number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services. *Data Source: OMH records. New data are available annually.*

Baseline, CY2005 – 25. Most Recent Year, CY2007 – 40.

2007 Target – 40. 2008 Target – 45. 2010 Target – 50.

How are we doing? Cultural competency was improved in 40 agencies because of the office's help in 2007.

Funding sources

Federal grants: 0153-0404/0952

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$87,517	\$89,114	\$90,370
Other funds	\$0	\$10,422	\$62,000
Total funds	\$87,517	\$99,536	\$152,370
FTEs	1.15	1.20	1.15

Iowa Board of Nursing

Phone: 515-281-3255

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

Department Director's Office

The Iowa Board of Nursing protects the public health, safety and welfare by ensuring that nursing is practiced by at least minimally competent licensed individuals who practice within their authorized scope of practice.

Why is the Iowa Board of Nursing important to promoting and protecting the health of Iowans?

- There are over 50,000 nurses providing health services to Iowans. Iowans deserve care from qualified professionals.
- Iowans deserve protection from care that does not meet standards including timely investigations of complaints about nurse practice and appropriate discipline of nurses who are found to have violated the law.

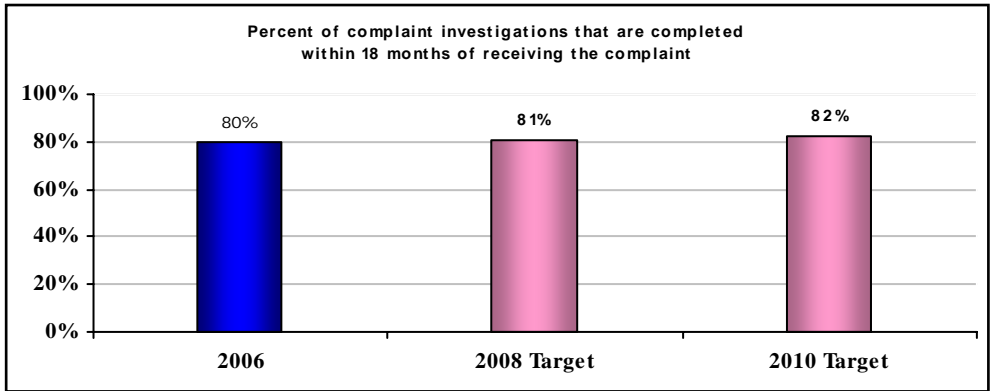
Public Health Goals

Strengthen the public health infrastructure

What services does the Iowa Board of Nursing provide?

- License nurses who meet requirements.
- Approve nursing education programs that meet requirements.
- Approve continuing education providers.
- Investigate complaints and monitor disciplined licensees.
- Prosecute nurses whose practice is out of compliance with Iowa Code and Iowa Administrative Code.

How do we measure our progress?



Percent of complaint investigations that are completed within 18 months of receiving the complaint. *Data Source: Manual counts. New data are available annually, in July. Baseline, SFY2006 – 80%. Most Recent Year, SFY2006 – 80%.*

2008 Target – 81%. 2010 Target – 82%.

How are we doing? 80% of complaint investigations are completed within 18 months of receiving a complaint.

Funding sources

General fund & retained fees*: K19-2081/2082/2083/2085/2087/2088

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$1,026,727	\$1,120,646	\$0
Other funds*	\$397,588	\$323,178	\$2,183,944
Total funds	\$1,424,326	\$1,443,824	\$2,183,944
FTEs	17.61	17.78	19.50

Nutrition and Physical Activity

Phone: 515-281-6650

www.idph.state.ia.us/iowansfitforlife

www.idph.state.ia.us/nutritionnetwork

Division of Health Promotion & Chronic Disease Prevention

The Iowa Nutrition Network promotes healthy lifestyles through nutrition education and physical activity, especially among Iowans living in poverty. The network uses public and private partnerships to deliver education to Iowa communities. Iowans Fit for Life works to reduce obesity-related diseases and medical costs through improved nutrition, physical activity, and supportive environments.

Why are Nutrition and Physical Activity programs important to promoting and protecting the health of Iowans?

Public Health Goals

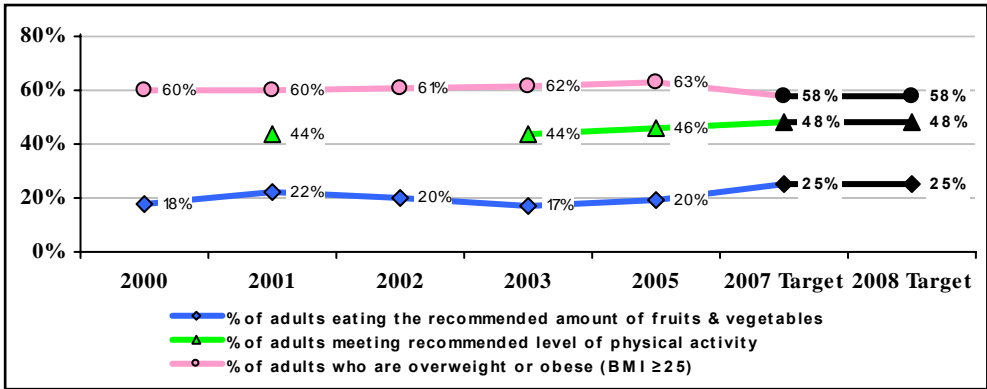
Promote healthy behaviors

- Obesity-related health problems cost Iowans \$783 million annually. Medicaid and Medicare cover about 46% of these costs.
- Obesity is a leading public health challenge in Iowa. The rate of overweight and obesity has dramatically increased among adults, adolescents, and children. The Healthy People 2010 goal for obesity is 15%. Iowa exceeds that by more than two-thirds at 25%.
- Over 60% of Iowans are overweight or obese. Those with incomes less than \$15,000 are most likely to be obese.
- Only 20% of Iowans eat fruits and vegetables five or more times per day and only 46% meet the recommended level of daily physical activity.
- In 2007, more than 200,000 Iowans received Food Assistance benefits (formerly the Food Stamp Program). Even with more food resources, Iowans in poverty are more likely to eat less nutritious diets than those with greater financial resources.

What Nutrition and Physical Activity services do we provide?

- We work with state and local partners to maintain a strong network of health partners dedicated to creating healthy nutrition and physical activity environments for all Iowans – especially for those facing health disparities due to poverty. Iowans Fit for Life coordinates Iowa's Comprehensive Nutrition and Physical Activity Plan with over 500 partners.
- We create and promote effective nutrition and physical activity messages that resonate with target audiences. Nutrition assistance and health education programs across Iowa use these messages for greater consistency and impact. State partners use an Iowa-based social marketing campaign, Pick a **better** snack™ and ACT, to promote eating fruits and vegetables for snacks and increasing daily physical activity (www.idph.state.ia.us/pickabettersnack).
- We promote the use of effective nutrition and physical activity education resources and strategies that are based on current education theory and community models that support changes in behavior.
- We provide funding to Iowa communities from the USDA Food Stamp Nutrition Education, Centers for Disease Control and Prevention, and the state of Iowa. This funding provides services in over 100 schools and congregate meal sites.

How do we measure our progress?



① Percent of Iowa adults who eat five or more servings of fruits and vegetables per day. *Data Source: BRFSS. New data are available every two years.*

Baseline, CY2001 – 22%. Most Recent Year, CY2005 – 19.5%. 2007 Target – 25%. 2008 Target – 25%. How are we doing? Iowa's reported consumption level is well below the national median of 23%. There does not appear to be a clear trend over time.

② Percent of Iowa adults meeting the recommended level of physical activity. *Data Source: BRFSS. New data are available every two years.*

Baseline, CY2001 – 44%. Most Recent Year, CY2005 – 46%. 2007 Target – 48%. 2008 Target – 48%.

How are we doing? Only 46% of Iowans are getting the recommended level of physical activity. This is a slight increase from 2001.

③ Percent of adults who are overweight or obese (BMI greater than or equal to 25). *Data Source: BRFSS. New data are available annually.*

Baseline, CY2000 – 60%. Most Recent Year, CY2005 – 63%.

2007 Target – 58%. 2008 Target – 58%. How are we doing? Over half of Iowa adults (62.5%) are overweight or obese, based on body mass index (BMI). The trend is of increasing overweight and obesity.

Funding sources

Iowans Fit for Life: general fund, health care trust fund, federal grant, & private grants*: K05-0693 (FY06); K07-0751; K56-5665; 0153-0524/0752/0936.

Nutrition Network: intra state receipts* (Dept of Human Services): 0153-1108

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$60,000	\$55,546	\$60,031
Health care trust	\$0	\$0	\$180,000
Federal funds	\$450,709	\$369,508	\$375,176
Other funds*	\$841,817	\$907,813	\$1,215,683
Total funds	\$1,352,526	\$1,332,867	\$1,830,090
FTEs	7.99	7.86	7.65

Occupational Injury, Illness, & Death Surveillance

Phone: 1-800-972-2026

www.idph.state.ia.us/eh/lead_poisoning_prevention.asp

Division of Environmental Health

The Occupational Injury, Illness, and Death Surveillance Program improves the health of Iowa's workforce by tracking and investigating indicators of occupational health and safety, cases of work-related deaths, and cases of pesticide poisoning.

Why is Occupational Injury, Illness, and Death Surveillance important to promoting and protecting the health of Iowans?

- There are currently 25,555 licensed private pesticide applicators and 8,449 commercial pesticide applicators in Iowa.
- In 2005, 72 cases of definite and probable pesticide poisoning were reported to IDPH.
- In 2004, there were 89 occupational fatalities in Iowa.

Public Health Goals

Protect against environmental hazards

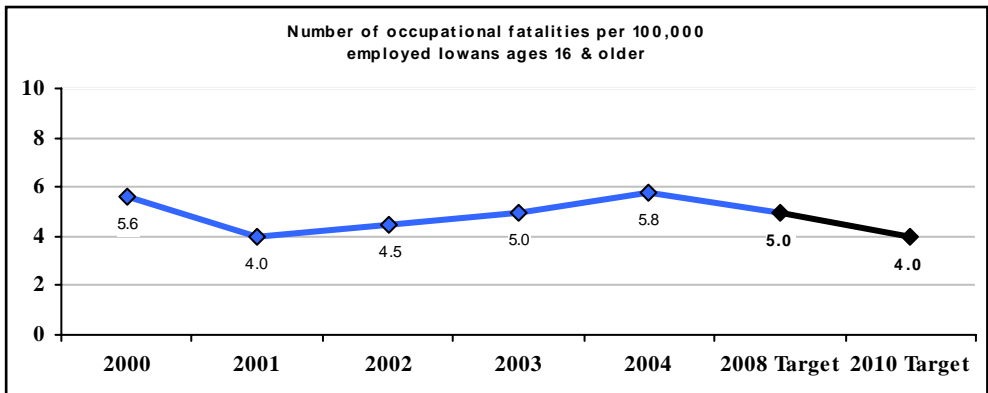
Prevent epidemics & the spread of disease

Promote healthy behaviors

What services does the Occupational Injury, Illness, and Death Surveillance Program provide?

- Providing information to the pesticide registration program at the Iowa Department of Agriculture and Land Stewardship (IDALS) so that IDALS can determine if the labeling of specific products should be changed to provide additional protections for pesticide users and people who live and work in areas where pesticides are used.
- Providing an annual report containing information about cases of pesticide poisoning that is distributed to local health departments and health care providers.
- Providing funding to the University of Iowa and the Office of the State Medical Examiner to
 - ✓ Conduct surveillance of fatal occupational injuries.
 - ✓ Conduct onsite investigations of the fatal incidents, identify risk factors for such injuries, develop prevention strategies, and distribute the results to the people who work in the occupations where the fatal incidents occur.

How do we measure our progress?



Number of occupational fatalities per 100,000 employed Iowans ages 16 and older. *Data Source: Work-Related Fatal Injuries Program Data and U.S. Department of Labor. New data are available annually, in June with a two-year delay.*

Baseline, CY2000 – 5.6. Most Recent Year, CY2004 – 5.8. 2008 Target – 5.0. 2010 Target – 4.0. How are we doing? The rate of fatal workplace injuries decreased from 5.6 deaths per 100,000 workers (87 deaths) in 2000 to lower numbers in 2001-2003. The number increased again in 2004 to 5.8 per 100,000 workers (89 deaths).

Funding sources

Federal grants & intra state receipts* (Dept of Human Services):
0153-1358/1360/1708

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$0	\$173,348	\$296,881
Other funds*	\$0	\$33,771	\$100,000
Total funds	\$0	\$207,119	\$396,881
FTEs	0.00	0.09	1.00

Oral Health

Phone: 515-281-3733

www.idph.state.ia.us/hpcdp/oral_health.asp

Division of Health Promotion & Chronic Disease Prevention

The department's Oral Health programs increase access to preventive oral health care, promote oral health awareness, and provide support to communities for developing an oral health infrastructure to reduce the risk of oral diseases and improve the oral health status of all Iowans.

Why are Oral Health programs important to promoting and protecting the health of Iowans?

- Oral health directly affects the health and wellness of all Iowans. Tooth decay is the number one chronic disease of childhood. Poor oral health in children can result in failure to thrive, impaired speech development, school absences, and lower self-esteem. For adults, oral disease can lead to lost work time and is linked to brain-related abscesses, cardiovascular disease, diabetes, osteoporosis, preterm births, respiratory pneumonia, and many other conditions.
- The challenges of getting vital oral health services and preventing disease can vary greatly due to many factors, including:
 - ✓ The dental workforce is aging and decreasing.
 - ✓ The dental workforce is mal-distributed; rural areas have limited access to available dental resources that tend to be located in more urban areas.
 - ✓ There are a limited number of dentists who provide care for Medicaid-enrolled or very young children.
 - ✓ Many families are not aware of the importance of oral health and have limited knowledge of proper oral hygiene and preventive care.
- Low-income Iowans face the greatest obstacles in accessing oral health care. While 13% of all third graders in Iowa have untreated decay, the number is even higher for low-income children (18%). One-fourth of children do not have insurance to help pay for dental services. For children on Medicaid, 57% go without any dental services at all.

Public Health Goals

Promote healthy behaviors

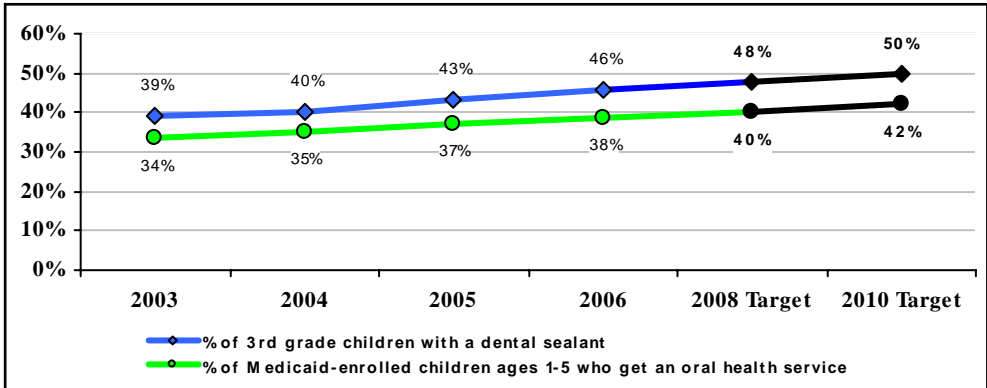
Strengthen the public health infrastructure

What Oral Health services do we provide?

- I-Smile, Iowa Access to Baby and Child Dentistry (ABCD), and Maternal and Child Health (MCH) Dental: Funding and project guidance are provided to Title V MCH agencies covering all 99 counties to assure access to oral health services for pregnant women and children. I-Smile and ABCD focus on enabling and infrastructure-building activities, including helping families schedule dental appointments, working with dental offices to develop a referral system, and participating in oral health coalitions. Many MCH programs also have dental hygienists providing preventive services, such as screenings, fluoride varnish applications, and teaching families about good oral health.
- School-based Dental Sealant: Seven Title V child health agencies get funding and project guidance to provide screenings and sealants to children in school-based settings. Projects target low-income, uninsured, and underinsured children.
- Dental Care for Persons with Disabilities: Children with disabilities and no source of payment for dental care are eligible to get dental treatment through this program. Services are provided through the University of Iowa, College of Dentistry or in participating dental offices around the state.

- Fluoride Mouthrinse: Supplies and education materials are given to schools around the state for children to participate in a weekly swishing of fluoride mouthrinse.
- Senior Smiles: Staff train public health nurses to do oral assessments, as well as provide and explain various oral hygiene items, such as electric toothbrushes or rinses for dry mouths. When the nurses make home visits to Medicaid-Elderly Waiver clients, they assess the clients' oral health, and then provide appropriate oral hygiene interventions. Three counties participated as pilot projects and three more counties are currently participating. Clients are also helped in finding a dentist for treatment needs.
- Staff also provide consultation and technical assistance such as community assessment, participation in community health planning, and oral health education and marketing.

How do we measure our progress?



❶ Percent of Medicaid-enrolled children ages 1-5 who get a dental service. *Data Source: CMS 4.16. New data are available annually. Baseline, FFY2003 – 34%. Most Recent Year, FFY2006 – 38%. 2008 Target – 40%. 2010 Target – 42%. How are we doing?* Small gains are seen annually, but there is still a low overall rate of access.

❷ Percent of third grade children with a dental sealant. *Data Source: Iowa Oral Health Survey. New data are available annually. Baseline, SFY2002 – 42%. Most Recent Year, SFY2006 – 45.5%. 2008 Target – 48%. 2010 Target – 50%. How are we doing?* Overall trend is positive, but in low to marginal levels.

Funding sources

General fund, health care trust fund, federal funds, intra state receipts* (Dept of Human Services), & private grants*. State funds are used for a 75% match for the Title V Maternal & Child Health Block Grant: K05-0503/0561; K56-5663; 0153-0502/0520/0528/0922/1110

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$70,420	\$331,978	\$390,379
Health care trust	\$0	\$0	\$39,000
Federal funds	\$589,836	\$548,130	\$630,832
Other funds*	\$47,626	\$831,216	\$1,588,812
Total funds	\$707,882	\$1,711,324	\$2,649,023
FTEs	3.31	3.89	10.25

Iowa Board of Pharmacy

Phone: 515-281-5944 www.state.ia.us/ibpe/index.htm

Department Director's Office

The Iowa Board of Pharmacy assures the public that only qualified, competent pharmacists practice in Iowa.

Why is the Iowa Board of Pharmacy important to promoting and protecting the health of Iowans?

- There are over 2,700 pharmacists licensed to provide health services to Iowans. All Iowans deserve pharmaceutical care from competent, qualified pharmacists.

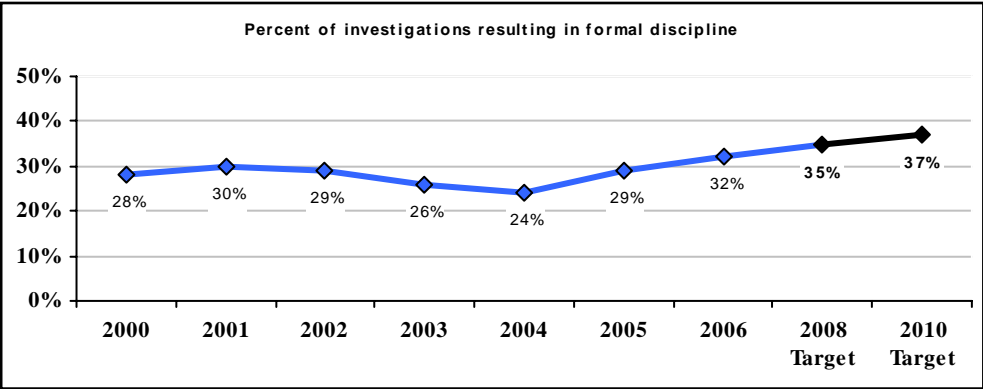
Public Health Goals

Strengthen the public health infrastructure

What services does the Iowa Board of Pharmacy provide?

- Licensing health professionals.
- Investigating complaints about these health professionals.
- Disciplining health professionals who have been found to break the law.
- Monitoring disciplined and impaired health professionals so that they can return to practice as soon as they are deemed safe to practice.
- Providing licensure and discipline data to the public, employers, and credentialers.
- Speaking to professional groups and students, as well as the public.

How do we measure our progress?



Percent of investigations resulting in formal discipline. *Data Source: Board database. New data are available annually. Baseline, FY2000 – 28%. Most Recent Year, FY2006 – 32%. 2008 Target – 35%. 2010 Target – 37%. How are we doing? More investigations are resulting in formal discipline.*

Funding sources

General fund, retained fees*, & federal grant (FY06):
K19-2091/2092/2093/2095/2098

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$775,865	\$841,534	\$0
Federal funds	\$3,377	\$0	\$0
Other funds*	\$812,910	\$757,940	\$2,185,520
Total funds	\$1,592,151	\$1,599,474	\$2,185,520
FTEs	15.38	14.88	15.00

Iowa Statewide Poison Control Center

Phone: 1-800-222-1222

www.iowapoisson.com

Division of Environmental Health

The department contracts with the Iowa Statewide Poison Control Center to reduce illness and death from poisonings by providing statewide 24-hour emergency telephone advice, poison prevention information, and education. An additional purpose is to reduce the costs of poisoning by safely treating less severe exposures at home with Poison Control Center guidance.

Why is the Iowa Statewide Poison Control Center important to promoting and protecting the health of Iowans?

- Thousands of Iowans are exposed to poisons every year. In 2006, the Poison Control Center received 41,337 calls – 27,991 of these were human poison exposures.
- People of all ages are at risk to exposure to poisons. In 2006, 52% of the Iowans exposed to poisons were children under age 6.
- Of the 27,991 human exposures in 2006, 0.32% suffered major effects, and 25 cases resulted in death (0.089%).
- The relatively small number of deaths reported to the Poison Control Center does not accurately represent the true extent of poisoning as a cause of acute injury and death in Iowa. Poisonings rank as the 19th leading cause of death in Iowa. In 2004, there were 158 poisoning deaths reported on death certificates.
- A single point of contact is needed so Iowans can get timely and accurate advice on treatment and medical management for those who are unintentionally or intentionally exposed to poisons.

Public Health Goals

Prevent injuries

Protect against
environmental hazards

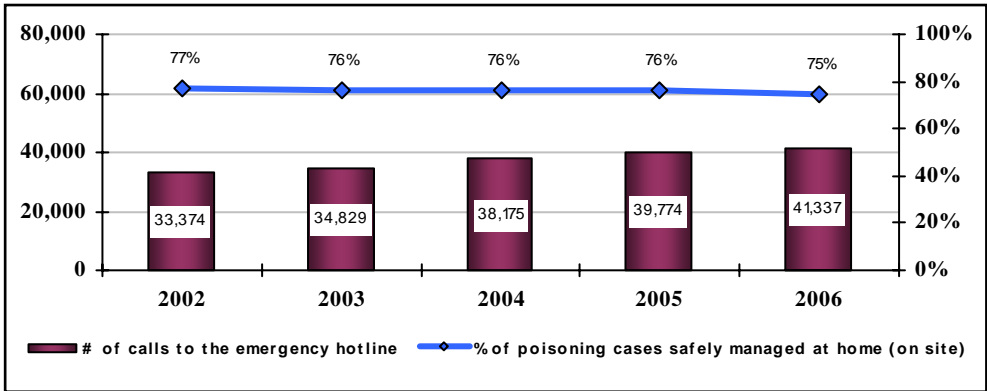
Prepare for, respond to, &
recover from public health
emergencies

What services does the Iowa Statewide Poison Control Center provide?

The department provides funding to the Iowa Statewide Poison Control Center for the following activities:

- Emergency Hotline: Poison information and poison management advice are provided 24 hours a day, 7 days per week, to health care providers and the public.
- Toxicology Consultation: Physician toxicologists provide 24-hour coverage for health care providers throughout Iowa.
- Public Education: Promotion of poison prevention and awareness to all ages through education programs, media contacts, poison center website, and distribution of poison prevention materials.
- Professional Education: A five-week rotation is offered for pharmacy students and toxicology education is provided for physicians, nurses, pharmacists, EMS personnel, police, HAZMAT teams, and other health care providers.

How do we measure our progress?



① Number of calls to the emergency hotline. *Data Source: Annual evaluation of call logs. New data are available annually, in January.* **Baseline, SFY2002 – 33,374.**

Most Recent Year, SFY2006 – 41,337. 2008 Target – To be determined.

2010 Target – To be determined. How are we doing? Call volume has increased 24% since SFY2002, with very little increase in staffing.

② Percent of poisoning cases safely managed at home (on site). *Annual evaluation of call logs. New data are available annually, in January.* **Baseline, SFY2002 – 77%.**

Most Recent Year, SFY2006 – 75%. 2008 Target – To be determined.

2010 Target – To be determined. How are we doing? Three out of four poisoning cases can be safely managed at home. This is the primary economic benefit of the Poison Center, saving millions of dollars in unnecessary health care costs. It also allows more efficient and effective use of limited health care resources. In FY06, over 20,000 children and adults were safely managed at home resulting in a net savings to Iowa's health care system of over \$5 million. This is a 19% increase in savings compared to FY05.

Funding sources

Tobacco fund: K92-9210

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Tobacco funds	\$600,000	\$600,000	\$600,000
Total funds	\$600,000	\$600,000	\$600,000
FTEs	0.00	0.00	0.00

Prescription Services

Phone: 515-242-5149

www.idph.state.ia.us/adper/disease_prevention_immunization.asp

Division of Acute Disease Prevention & Emergency Response

The Prescription Services Program seeks to reduce the number of Iowans infected with a sexually transmitted disease (STD) or tuberculosis (TB) and avoid the serious and costly health complications that can develop if infected Iowans are untreated. Iowa's investment allows public health to treat Iowans with an STD or TB infection/disease at no cost to the person who is infected. The majority of these Iowans have no other means to pay for these prescriptions.

Why are Prescription Services important to promoting and protecting the health of Iowans?

- TB disease remains a public health problem in Iowa with an average of 52 new cases reported every year. Many Iowans are infected by TB, but have not developed symptoms (latent TB infection or LTBI) and will need antibiotics to prevent them from getting the disease. About 150,000 Iowans currently are infected with TB.
- More than half of all Iowans will have an STD sometime in their life. In 2006, 8,393 Iowans were reported with Chlamydia, 1,967 with gonorrhea, and 68 with syphilis.
- Children and young adults are particularly at risk for STDs. In 2006, 75% of reported Chlamydia cases were among 15 to 24 year olds.
- Untreated Chlamydia can lead to pelvic inflammatory disease (PID), premature delivery, and infants born with eye infections or pneumonia. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy, which is a life threatening condition.
- Untreated gonorrhea can lead to PID, epididymitis (a painful condition of the testicles), and can spread to the blood or joints, becoming a life threatening condition.
- Untreated syphilis can lead to internal organ damage (e.g., brain, nerves, eyes, heart, etc.), which can lead to death.
- Proper treatment prevents exposing others to STDs and their complications.

Public Health Goals

Prevent epidemics & the spread of disease

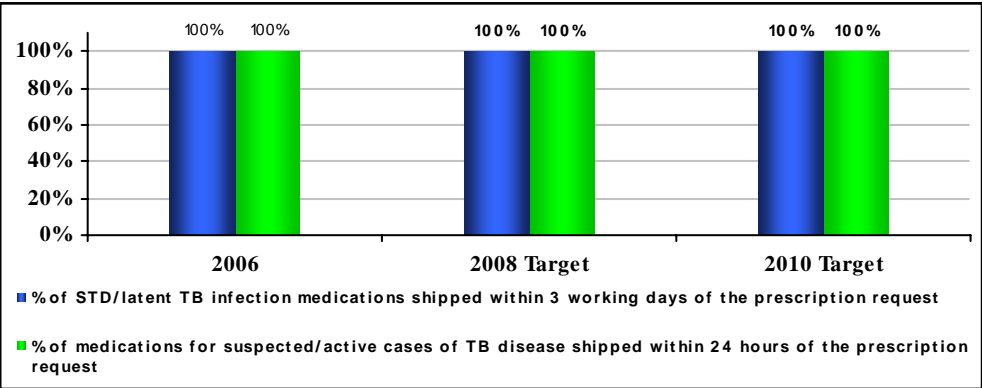
Strengthen the public health infrastructure

What Prescription Services do we provide?

- Providing treatment annually for 2000 Iowans with LTBI/TB disease.
- Providing treatment for 15,448 Iowans infected or exposed to STDs. In 2006, the program provided Chlamydia treatment for 11,011 Iowans, gonorrhea treatment for 4,286 Iowans, and syphilis treatment for 50 Iowans.
- Assuring medications for active and suspected cases of TB are shipped within 24 hours of the prescription.

- Assuring medications are dispensed statewide for STD and LTBI within three working days of the prescription.

How do we measure our progress?



① Percent of STD and latent TB infection medications shipped within three working days of the prescription request. *Data Source: Contract pharmacy database. New data are available on the 10th of each month. Baseline, CY2006 – 100%. Most Recent Year, CY2006 – 100%. 2008 Target – 100%. 2010 Target – 100%. How are we doing?* Contract began 10/01/05. Trend is yet to be determined. Baseline is 100%.

② Percent of medications for suspected/active cases of TB disease shipped within 24 hours of the prescription request. *Data Source: Contract pharmacy database. New data are available on the 10th of each month. Baseline, CY2006 – 100%. Most Recent Year, CY2006 – 100%. 2008 Target – 100%. 2010 Target – 100%. How are we doing?* Contract began 10/01/05. Trend is yet to be determined. Baseline is 100%.

Funding sources

General fund: K15-1541

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$145,515	\$145,526	\$145,515
Total funds	\$145,515	\$145,526	\$145,515
FTEs	0.00	0.00	0.00

The Bureau of Professional Licensure protects the public and improves access to quality health services by licensing qualified professionals who provide health services to the public, and by fairly and consistently enforcing the statutes and regulations of 19 licensure boards and 39 professions.

Why is the Bureau of Professional Licensure important to promoting and protecting the health of Iowans?

- The bureau licenses and regulates approximately 44,000 health professionals and 6,000 businesses in Iowa. In doing so, we touch the lives of thousands of Iowans who seek the services of these licensees every day.
- All Iowans benefit when care is provided by competent, ethical professionals whose practice is regulated in accord with open records and open meeting requirements.

Public Health Goals

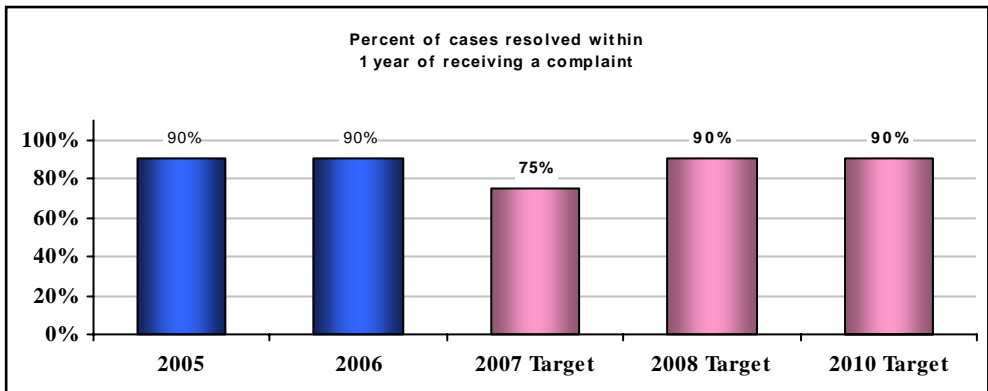
Strengthen the public health infrastructure

What services does the Bureau of Professional Licensure provide?

- Processing applications for initial licensure, license renewal, and reactivation.
- Coordinating, and in some instances, conducting examinations for licensure.
- Administering an impaired practitioner program to evaluate, assist, and monitor the recovery or rehabilitation of licensed professionals.
- Determining eligibility for the Volunteer Health Provider Program.
- Investigating complaints and implementing discipline at board direction.
- Collecting and reporting data about licensed health professionals to practitioners, stakeholders, and consumers in collaboration with other IDPH bureaus.
- Conducting research and fact-finding that supports fair and consistent rules about educational requirements, legal scopes of professional practice, continuing education, grounds for discipline and fees.
- Conducting study groups to get the input of stakeholders and service recipients to inform the licensure boards and the public about current practice issues such as the safe use of new technologies and procedures.
- Providing administrative support for 19 licensure boards and direct services to all licensed individuals practicing in Iowa in the following professional categories:

Athletic Training	Massage Therapy	Podiatry
Barbering	Mortuary Science	Psychology
Behavioral Science	Nursing Home Administrators	Respiratory Care Practitioners
Chiropractic	Optometry	Sign Language Interpreters & Translitterators
Cosmetology Arts & Sciences	Physician Assistants	Speech Pathology & Audiology
Dietetics	Physical & Occupational	Social Work
Hearing Aid Dispensing	Therapy	

How do we measure our progress?



Percent of cases resolved within one year of receiving a complaint. *Data Source: Bureau database. New data are available monthly.* **Baseline, SFY2005 – 90%.**

Most Recent Year, SFY2006 – 90%. 2007 Target – 75%. 2008 Target – 90%.

2010 Target – 90%. How are we doing? The boards respond to 100% of complaints. Following board review, some cases are referred for investigation to the Iowa Department of Inspections and Appeals. The overall number of investigations conducted remains relatively constant. Between July 2006 and June 2007, 181 cases were submitted for investigation and 245 investigations were completed thereby reducing case backlog. The number of active cases under investigation carried over per month decreased from 144 in July 2006 to 90 in June 2007.

Funding sources

General fund & retained fees*: K19-2051/2054

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$1,201,084	\$1,248,752	\$0
Other funds*	\$298,485	\$303,445	\$2,034,426
Total funds	\$1,499,569	\$1,552,197	\$2,034,426
FTEs	15.27	15.99	15.50

Radiological Health

Phone: 515-281-3478

www.idph.state.ia.us/eh/radiological_health.asp

Division of Environmental Health

The Bureau of Radiological Health protects Iowans from unnecessary exposure to radiation from industrial and medical radioactive materials and radiation machines (X-ray, linear accelerators, and mammography) through licensure, inspection, and participation in nuclear power plant emergency response drills. The bureau also credentials people who use radioactive materials or radiation-producing machines, provides education on the dangers of household radon, credentials radon mitigation and testing specialists, and oversees licensing of tanning units.

Why is the Bureau of Radiological Health important to promoting and protecting the health of Iowans?

- Exposure to radiation in significant amounts can cause immediate or long-term health effects, including cancer and death.
- Industrial and medical use of radioactive materials and radiation machines is widespread and Iowans have the possibility for exposure at any time in their daily lives.
- Exposure to radiation comes naturally from our environment; anything beyond this exposure is unnecessary. Improper handling or operation of radiation producing devices increases the probability of unnecessary exposure to radiation.
- Iowa has one of the highest rates of indoor radon in the country. Radon is considered the 2nd leading cause of lung cancer behind smoking.
- High quality mammography images are essential to finding breast cancer early.
- Iowans of all ages are at risk for over-exposure to tanning units.

Public Health Goals

Protect against environmental hazards

Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

Promote healthy behaviors

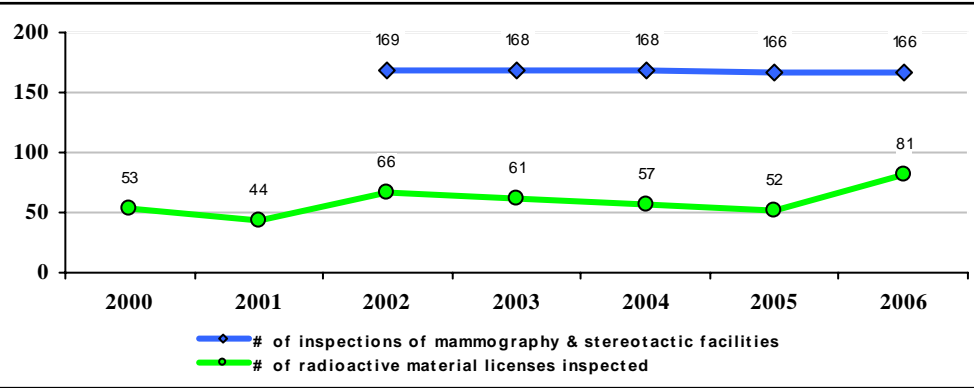
What services does the Bureau of Radiological Health provide?

- Mammography accrediting and certification: By inspecting mammography and stereotactic biopsy facilities annually, Iowans can be assured the equipment, radiologist, and technologists meet state and federal standards.
- Permits to Practice: certifying diagnostic radiographers, nuclear medicine technologists, and radiation therapists by verifying basic training, certification exams, and continuing education.
- Radiation Emergency Response: As part of the Iowa Emergency Response Plan, when notified of an incident, the bureau coordinates response with appropriate local, county state, and federal agencies to ensure that the proper health and safety response, mitigation, and clean up of the incident occur.
- Radioactive Materials: licensing and inspecting facilities that use radioactive materials to ensure they use approved procedures and these materials are used

safely. We maintain a readiness program for emergencies arising from the transportation of radioactive materials across the state. We also conduct analyses to ensure that radioactive materials have not entered our environment.

- Radon: supporting and educating Iowans about the danger associated with radon gas. We ensure that measurement and mitigation specialists are licensed. We also promote the testing of all homes in Iowa, especially new construction.
- Tanning Facilities: We cooperate with and train county inspectors to ensure all facilities operate with public safety as a priority. We enforce licensing, restrictions, and posting health information about tanning-related risk factors.
- X-ray Machines: investigating and inspecting ionizing and non-ionizing radiation related programs. We have a working knowledge of applicable local, state, and federal laws and regulations for radiological safety, which enables us to provide technical assistance to the public, facilities, and professional groups.

How do we measure our progress?



Number of inspections of mammography and stereotactic facilities (M&S), and radioactive material (RAM) licenses. *Data Source: Mammography & RAM databases. New data are available annually, in January. Baseline, CY2002 – 169 M&S, 53 RAM (2000). Most Recent Year, CY2006 – 166 M&S, 81 RAM. 2008 Target – To be determined. 2010 Target – To be determined. How are we doing?* Consistent with number of licenses and percent of inspections based on rotation rules.

Funding sources

General fund, federal grant, intra state receipts* (Dept of Public Defense), private grant*, & retained fees*: K19-1915/1918/1920; 0153-1922/1926

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$758,183	\$754,676	\$0
Federal funds	\$336,063	\$273,734	\$251,614
Other funds*	\$317,712	\$439,870	\$1,708,854
Total funds	\$1,411,958	\$1,468,280	\$1,960,468
FTEs	13.45	13.65	20.25

Safety Net Services

Phone: 515-281-7223

www.idph.state.ia.us/hpcdp/health_care_access.asp

Division of Health Promotion & Chronic Disease Prevention

The Safety Net Services Program works to assure Iowa's health care safety net is strengthened and able to serve underserved and uninsured Iowans. The program is a set of related services that assures a formal network of safety net providers to preserve and expand the health care safety net for vulnerable Iowans; emphasizes preventive services, disease management, reducing errors, continuity of care, and the medical home concept; recognizes that safety net providers are the primary means of access to health care for uninsured Iowans; and provides a mechanism to identify the extent to which uninsured Iowans access health care safety net providers.

Why are Safety Net Services important to promoting and protecting the health of Iowans?

- Based on the 2000 census, 47% of all Iowans live in rural areas. All Iowans need to be able to get health care within a reasonable time, especially in the case of trauma or other urgent care needs.
- In 2000, Iowa ranked 47th in the number of psychiatrists and 46th in the number of psychologists; 81 of 99 counties are designated as Mental Health Professional Shortage Areas.

Public Health Goals

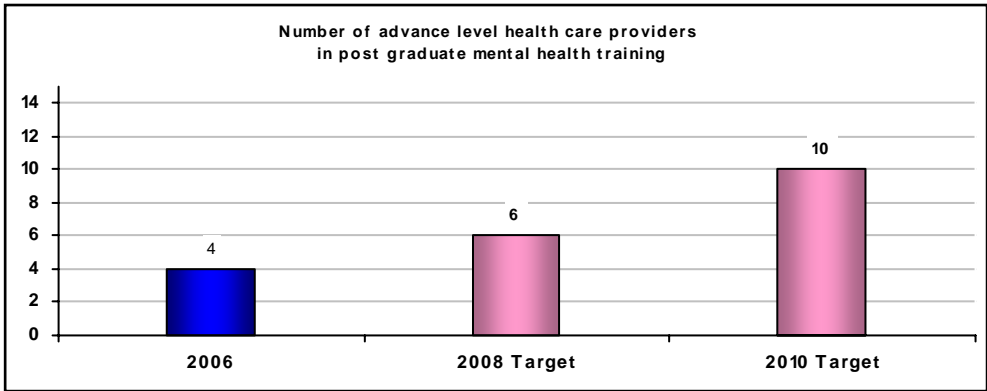
Strengthen the public health infrastructure

What Safety Net Services do we provide?

The program provides state funding and contract management to

- Develop a Safety Net Provider Network.
- Evaluate the Safety Net Provider Network.
- Establish new Federally Qualified Rural Health Center (FQHC) look-alike programs in Iowa that provide primary health care services to a designated Medically Underserved Area or Population (MUA/P).
- Recruit physician assistants and advanced registered nurse practitioners to participate in a post-graduate psychiatric medical training program to provide mental health services in Iowa's mental health shortage areas. The training will improve psychiatric and mental health services in areas of Iowa with mental health shortages by increasing the number of qualified health providers and expanding Web-based curriculum opportunities.

How do we measure our progress?



Number of advance level health care providers in post graduate mental health training. *Data Source: Contracts executed. New data are available annually.*

Baseline, CY2006 – 4. Most Recent Year, CY2006 – 4. 2008 Target – 6.

2010 Target – 10. How are we doing? Four health care providers are in training. Depending on funding, 10 are forecasted to complete training by 2010.

Funding sources

General fund, health care trust fund, & intra state receipts* (Dept of Human Services): K09-0965/0967; K60-6061/6067; 0153-0918

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$0	\$300,000	\$300,000
Health care trust	\$0	\$0	\$2,250,000
Other funds*	\$949,791	\$1,250,000	\$0
Total funds	\$949,791	\$1,550,000	\$2,550,000
FTEs	0.00	0.00	2.00

Sexually Transmitted Disease Prevention

Phone: 515-281-3031

www.idph.state.ia.us/adper/std_control.asp

Division of Acute Disease Prevention & Emergency Response

The Sexually Transmitted Disease (STD) Prevention Program provides services to halt the spread of STDs in Iowa, reduce the number of Iowans infected, and to avoid the serious and costly health complications that can develop if infected Iowans are left untreated. Services include screening (assessing for risk factors), testing, treatment, surveillance, education, counseling, and follow up of sex partners. The program also provides education for Iowans on reducing the risk of getting an STD.

Why is the STD Prevention Program important to promoting and protecting the health of Iowans?

STD infection remains a significant health threat in Iowa.

- Chlamydia infections have increased from 6,462 cases in 2003 to 8,393 cases in 2006. More than half of Chlamydia infections occur in people ages 15 to 24.
- Gonorrhea infections have increased from 1,544 cases in 2003 to 1,967 cases in 2007. Gonorrhea infection rates are 48 times higher in Iowa's African-American population and are more likely to affect young people.
- Syphilis infections have increased from 46 cases in 2003 to 68 cases in 2006.

Public Health Goals

Prevent epidemics & the spread of disease

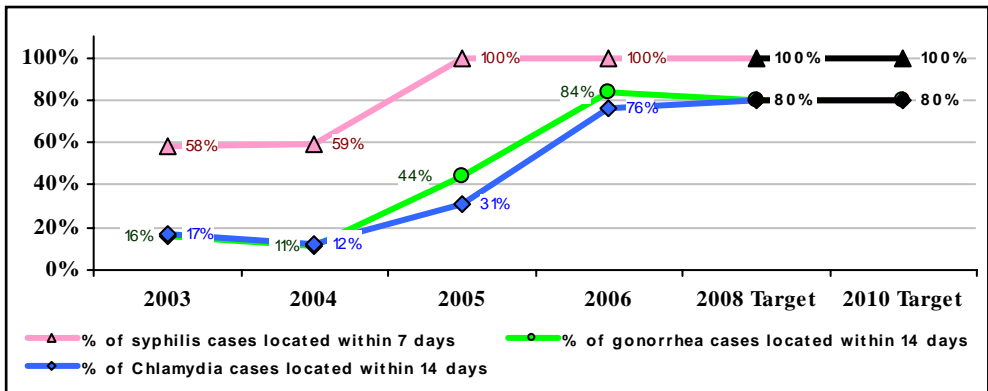
Promote healthy behaviors

Strengthen the public health infrastructure

What services does the STD Prevention Program provide?

- Funding 70 STD testing sites (local health departments, juvenile detention centers, corrections, and family planning clinics) across the state to provide testing supplies, education, and counseling on ways to avoid STD in the future.
- Funding the University of Iowa Hygienic Lab for free testing services.
- Partially funding six disease prevention specialists located throughout the state that provide direct services or help local health departments notify infected people of positive test results, refer those patients and their sex partners to treatment services, and counsel patients on ways to avoid future STD.
- Managing large numbers of Iowans with STD to halt the spread of disease.
- Guiding state and local health department education efforts through monitoring STD numbers and behaviors that place Iowans at risk. For instance, the large number of Chlamydia infections in Iowa's youth led the STD Prevention Program to establish a team health care providers, including insurance providers and health association representatives, to work together on improving Chlamydia screening and testing efforts in private physician offices across Iowa.

How do we measure our progress?



❶ Percent of all reported infectious cases of syphilis located by state and local disease prevention specialists (DPS) within 7 working days.

❷ Percent of all reported cases of gonorrhea located by state and local DPS within 14 working days.

❸ Percent of all reported cases of Chlamydia located by state and local DPS within 14 working days.

*Data Source: CDC software program - STD*MIS. New data are available on the 20th of each month and sent to state DPS and local health department clinic supervisors.*

Baseline, CY2003 – 58% for syphilis, 16% for gonorrhea, 17% for Chlamydia.

Most Recent Year, CY2006 – 100% (syphilis), 84% (gonorrhea), 76% (Chlamydia).

2008 Target – 100% (syphilis), 80% (gonorrhea and Chlamydia).

2010 Target – 100% (syphilis), 80% (gonorrhea and Chlamydia).

How are we doing? The percentage of people located within desired time frames has improved greatly since 2003 for reported cases of syphilis, gonorrhea, and Chlamydia.

Funding sources

General fund & federal grants; State funds are used for a 75% match for the Title V Block Grant: K15-1563; 0153-1564/1566

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$68,282	\$68,282	\$68,282
Federal funds	\$918,998	\$664,804	\$798,092
Total funds	\$987,280	\$733,086	\$866,374
FTEs	3.95	3.66	3.50

State Medical Examiner

Phone: 515-725-1400

www.idph.state.ia.us/do/medical_examiner.asp

Department Director's Office

The Office of the State Medical Examiner provides support, guidance, education, consultation, and training to county medical examiners and their death investigators. The office performs autopsies at the request of law enforcement agencies and the county medical examiner personnel to develop the logical, scientific, and unbiased information needed to determine the cause and manner of death. The office provides 24-hour service for death investigation throughout Iowa.

Why is the Office of the State Medical Examiner important to promoting and protecting the health of Iowans?

- Iowa has more than 27,000 deaths each year. Of these deaths, over 3,000 need a death investigation by the county medical examiner, deputy medical examiner, investigators, or the state office.
- Of the 3,000 deaths that need a death investigation, nearly 600 require autopsies by the State Medical Examiner's office.

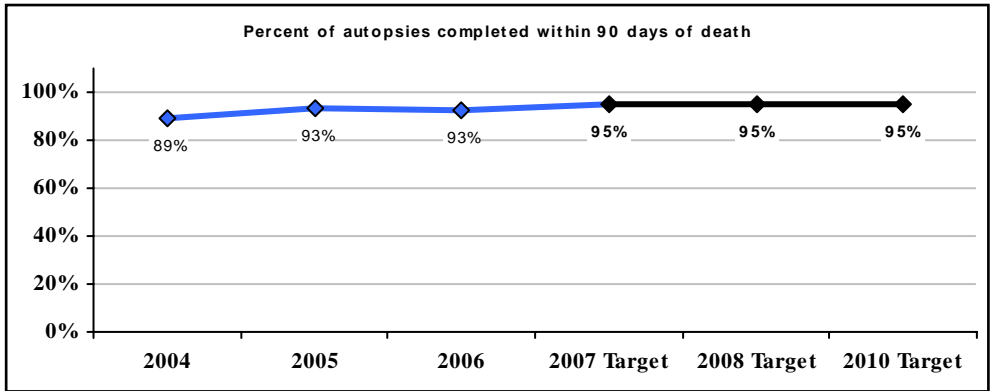
Public Health Goals

Strengthen the public health infrastructure

What services does the Office of the State Medical Examiner provide?

- Performing nearly 600 autopsies per year.
- Reviewing over 3,000 reports per year.
- Providing funding for 6-10 county medical examiners and medicolegal death investigators to go to training in St. Louis.
- Providing expert and deposition testimony at the federal, state and grand jury levels.
- Maintaining a statistical database of medical examiner cases statewide.
- Helping with death scenes when requested.
- Providing 24/7 access to all counties for help with or consultations about death investigations in their county.

How do we measure our progress?



Percent of autopsies completed within 90 days of death. *Data Source: SME Database. New data are available annually. Baseline, CY2004 – 89%.*

Most Recent Year, CY2006 – 93%. 2007 Target – 95%. 2008 Target – 95%.

2010 Target – 95%. How are we doing? We have increased the percent of autopsies performed within 90 days of death. However, our 2006 rate is still slightly below our target of 95%.

Funding sources

General fund & retained fees*: K19-1951

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$865,270	\$984,981	\$1,143,497
Other funds*	\$917,598	\$1,265,521	\$2,439,217
Total funds	\$1,782,868	\$2,250,502	\$3,582,714
FTEs	16.04	18.43	17.00

State Systems Development Initiative

Phone: 515-281-7613

www.idph.state.ia.us/hpcdp/family_health.asp

Division of Health Promotion & Chronic Disease Prevention

The federal State Systems Development Initiative (SSDI) helps state maternal and child health programs build state and community infrastructure that results in comprehensive, community-based systems of care for all children and their families.

Why is the State Systems Development Initiative important to promoting and protecting the health of Iowans?

- Iowa's maternal and child health (MCH) data systems are not able to work together to provide the data that programs need. Iowa's SSDI project focuses on the state's ability to provide the MCH programs with policy and program relevant information and data.
- Public health professionals need to continuously develop the capacity to use data in making program decisions.
- A strong system-level data capacity is important to support the development of systems of care at the community level.

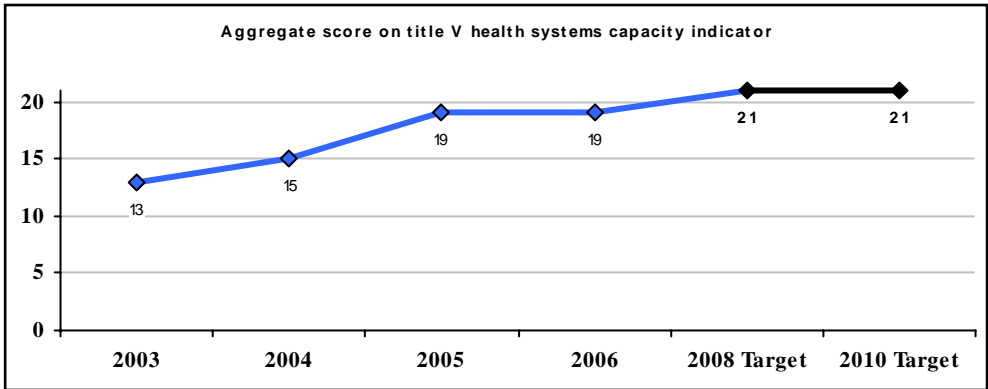
Public Health Goals

Strengthen the public health infrastructure

What services does the State Systems Development Initiative provide?

- Fostering a collaborative inter-bureau culture within IDPH that allows several bureaus to work together on collecting, integrating, analyzing, and disseminating maternal and child health data. The collaborative inter-bureau culture is nurtured through regular interaction in long-term SSDI work groups.
- Providing base funding for the development, implementation, and analysis of the Iowa Child and Family Household Health Survey, a population-based survey used by state and local public health programs.

How do we measure our progress?



Title V Health Systems Capacity Indicator #9(A): the ability of states to assure that the MCH program and Title V agency have access to policy and program relevant information and data. *Data Source: Iowa's annual Title V application to the US Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). New data are available annually when Iowa's application is posted to the MCHB Web site www.mchb.hrsa.gov/* **Baseline, FFY2003 – 13.**

Most Recent Year, FFY2006 – 19. 2008 Target – 21. 2010 Target – 21.

How are we doing? Each year, Title V Health Systems Capacity Indicator #9(A) is scored on seven components. Each component is scored 1, 2, or 3 with 3 being the most positive score. The highest possible aggregate score is 21.

1. Linkage of infant birth/death records
2. Linkage of birth records & Medicaid claims files
3. Linkage of birth records & WIC files
4. Linkage of birth records & newborn screening files
5. Hospital discharge surveys
6. Birth defects surveillance
7. Survey of recent mothers.

Funding sources

Federal grant: 0153-0684

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$90,992	\$109,578	\$81,737
Total funds	\$90,992	\$109,578	\$81,737
FTEs	0.38	0.50	0.50

Substance Abuse & Gambling Treatment Programs Regulation & Licensure

Phone: 515-242-6161 or 515-281-3641

www.idph.state.ia.us/bh/admin_regulation.asp

Division of Behavioral Health

The Bureau of Substance Abuse & Gambling Treatment Programs Regulation & Licensure licenses and regulates substance abuse and gambling addiction treatment programs to help ensure that Iowans receive quality addiction-treatment services. The bureau also protects Iowans through complaint investigations and State Board of Health actions to suspend, revoke, or refuse to renew a program's license.

Why is regulation and licensure of substance abuse and gambling treatment programs important to promoting and protecting the health of Iowans?

- Addiction to substances and gambling affect the health, family relationships, and employment of Iowans. In addition, addiction often leads to arrests or other legal problems.
- Substance abuse and problem gambling addiction affect all Iowans. Each year, 60,000 Iowans contact an addictions professional for screening, assessment, or evaluation for admission into gambling or substance abuse treatment. Of these, 42,000 are admitted to some level of treatment.
- Iowa is among several Midwest states in the middle of an epidemic of methamphetamine abuse and addiction, affecting almost 15% of patients admitted to treatment. Alcohol continues to be the main drug of choice for Iowans with marijuana as the second most common drug of choice.

Public Health Goals

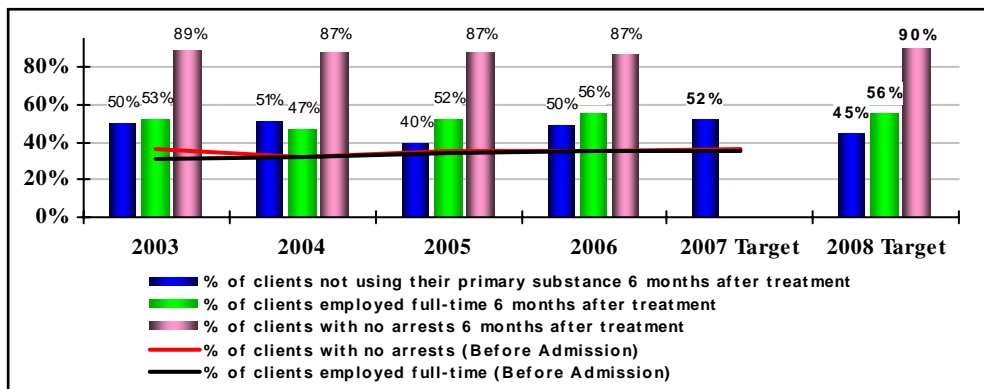
Strengthen the public health infrastructure

What services does the bureau provide?

- Conducting onsite licensing inspections of substance abuse and gambling treatment programs to assure they comply with the Iowa Administrative Code and clinical, administrative, and programming standards such as the facility's physical condition, therapeutic environment, treatment planning, medical services, quality improvement, and administrative policies and procedures. Inspection reports with recommendations are developed to present to the Iowa State Board of Health for its decision on licensure.
- Conducting complaint investigations on substance abuse and gambling programs and developing reports with recommendations to present to the Iowa State Board of Health for its decision on discipline.
- Providing technical assistance to substance abuse and gambling treatment programs on developing administrative, programming, and clinical services systems such as policy and procedure development, personnel administration, developing and identifying assessment procedures, treatment plan development, and confidentiality issues.

- Providing technical assistance to substance abuse and gambling treatment programs in developing policies, procedures, and systems to implement assessment and evaluation services.
- Maintaining a comprehensive list of licensed programs, their status, and available services to provide referral help to the public for evaluation and treatment services.

How do we measure our progress?



Treatment outcomes: Six months after treatment,

- ① Percent of clients not using their primary substance (abstinence).
- ② Percent of clients with no arrests.
- ③ Percent of clients employed full-time.

Data Source: Outcomes Monitoring System. New data are available annually, in October.

Baseline, CY2003 – No use: 50%; No arrests: 89%; Employed: 53%.

Most Recent Year, CY2006 – No use: 49.6%; No arrests: 87%; Employed: 56%.

2007 Target – No use: 52%. **2008 Target** – No use: 45%; No arrests: 90%; Employed: 60%. **2010 Target** – To be determined.

How are we doing? Since 2003, abstinence, no arrests, and employment after treatment are greater than reported at admission. In 2006, no clients reported abstinence at admission and 49.6% reported no use 6 months after treatment, 87% had no arrests, and 56% were employed full-time.

Funding sources

Federal grant & gambling fund: 0153-1968; K96-9604

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Gambling funds	\$32,682	\$92,031	\$100,000
Federal funds	\$329,337	\$336,199	\$365,215
Total funds	\$362,019	\$428,230	\$465,215
FTEs	4.36	4.88	5.00

Substance Abuse Prevention Services

Phone: 515-242-5934

www.idph.state.ia.us/bh/substance_abuse.asp

Division of Behavioral Health

The Substance Abuse Prevention Services Program provides an essential component of the network of services and supports that leads to a reduction in the abuse and illegal use of alcohol, tobacco, other drugs, and their related problems.

Why is the Substance Abuse Prevention Services Program important to promoting and protecting the health of Iowans?

- Substance abuse and related problems are among society's most pervasive health and social concerns. About 100,000 people die each year in the U.S. because of alcohol alone. In addition, illicit drug use and related AIDS lead to at least another 12,000 deaths.
- It costs every man, woman, and child in the U.S. nearly \$1000 each year for the health care, law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.
- Substance abuse, including tobacco use and nicotine addiction, is related to a variety of other serious health and social problems. An analysis of epidemiological evidence reveals that 72 conditions requiring hospitalizations are partially or completely caused by substance abuse.
- According to the 2005 Iowa Youth Survey, 59% of 8th graders and 46% of 11th graders think there is a possibility of "great risk or harm" in having 3 or more drinks of alcohol nearly every day.

Public Health Goals

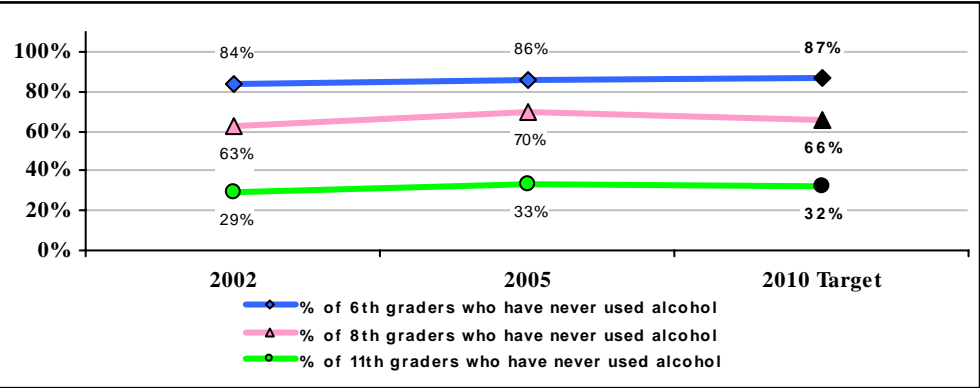
Promote healthy behaviors

What services does the Substance Abuse Prevention Services Program provide?

- Comprehensive substance abuse prevention: provides funding to organizations that use evidence-based programs to increase abstinence from alcohol, tobacco, and other drugs (ATOD) for people under age 21, to increase the organization and mobilization of community coalitions, and to increase awareness of employee/workplace ATOD health and safety issues. The targeted population is Iowans who do not need substance abuse treatment.
- Drug and violence prevention: provides funding to agencies that provide violence and substance abuse prevention programs for children and youth not normally served by state or federal education agencies, or to those needing special services or additional resources.
- Prevention of methamphetamine abuse: provides funding to public or private community-based organizations that offer evidence-based methamphetamine abuse prevention programs for youth ages 6-19, parents, and communities.
- Prevention through mentoring: provides funding to agencies or organizations certified by the Iowa Mentoring Partnership that use the Elements of Effective Mentoring Practice to provide mentoring services.
- Small community-based organization prevention through mentoring: provides funding to small community-based organizations certified by the Iowa Mentoring Partnership that provide or support local mentoring programs.

- Safe and drug free schools and communities-supportive community partnerships.
- Youth development: provides funding for evidence-based prevention programs that focus on out-of-school youth development opportunities and to small community-based organizations providing evidence-based youth development programming for ages 5 to 18.
- Community coalition grant: provides funding to coalitions to develop and implement environmental substance abuse reduction strategies and strategies to prevent violence in and around schools.

How do we measure our progress?



Percent of youth ages 12 to 17 who have never used alcohol. *Data Source: Iowa Youth Survey. New data are available every three years. Findings are available in spring of the following year.* **Baseline, CY2002** – 6th Graders: 84%; 8th Graders: 63%; 11th Graders: 29%. **Most Recent Year, CY2005** – 6th graders: 86%; 8th graders: 70%; 11th graders: 33%. **2010 Target** – 6th graders: 87%; 8th graders: 66%; 11th graders: 32%. **How are we doing?** We have already met our 2010 targets for 8th and 11th graders.

Funding sources

General fund, federal grants, tobacco fund, & intra state receipts* (Dept of Commerce – Sunday Liquor Sales, Depts. of Education, Human Rights, Human Services, & Office of Drug Control Policy): K01-0151/0154; K74-7402 (FY06); K75-7502; K90-9002 (FY06); 0153-0120/0152/0156/0166/0170/0214(50%)/0216 (FY06)

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$420,285	\$438,231	\$478,155
Tobacco funds	\$781,362	\$900,029	\$1,050,000
Federal funds	\$5,858,477	\$4,040,969	\$3,890,839
Other funds*	\$844,556	\$849,109	\$871,008
Total funds	\$7,904,680	\$6,228,338	\$6,290,002
FTEs	7.73	7.66	7.52

Substance Abuse Treatment Services

Phone: 515-242-5934

www.idph.state.ia.us/bh/substance_abuse.asp

Division of Behavioral Health

The Substance Abuse Treatment Services Program works to reduce the abuse of alcohol, tobacco, and other drugs and help addicted Iowans develop healthier lifestyles by assuring Iowans have access to quality substance abuse treatment services.

Why is the Substance Abuse Treatment Services Program important to promoting and protecting the health of Iowans?

- 74% of Iowans say that alcohol addiction has had some affect on them at some point in their lives, whether it was their own personal addiction, that of a friend or family member, or any other experience with addiction.
- Iowa's children deserve to be raised by parents who are capable of caring for them in homes that are free of toxic chemicals from cooking drugs or drug trafficking.
- People who drink even relatively small amounts of alcohol contribute to alcohol-related deaths and injuries in occupational incidents and when they drink before operating a vehicle.
- Adverse alcohol-drug interactions can be a major problem that causes hospital admissions among older patients, since many older patients take multiple medications.
- More behavioral research is needed to accomplish sustained behavior change. More programs are needed for women and for clients who also have mental problems.

Public Health Goals

Promote healthy behaviors

Strengthen the public health infrastructure

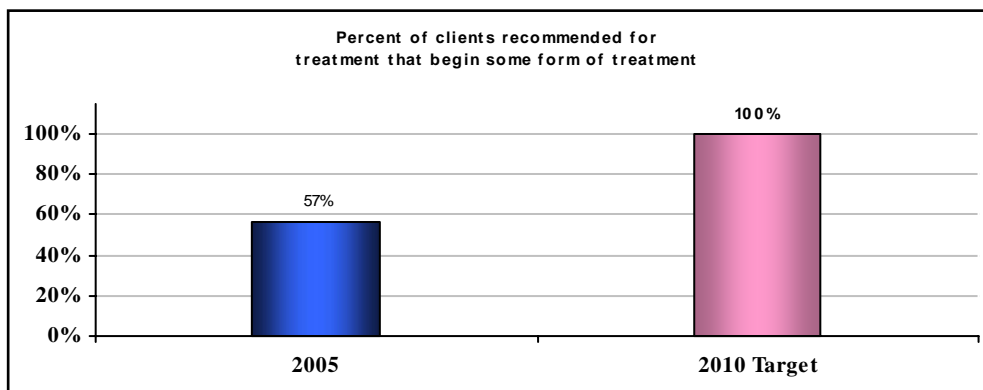
What services does the Substance Abuse Treatment Services Program provide?

- Assessment and evaluation services: providing the ongoing process of diagnosing and determining the level of care needed by the client/patient.
- Treatment services: residential treatment, day treatment, halfway house, intensive outpatient, extended outpatient, and medication-assisted treatment (e.g., methadone).
- Continuing care and aftercare: structured therapeutic involvement designed to enhance, facilitate, and promote transition from primary care to ongoing recovery.
- Specialized adult methamphetamine treatment programs: Jail-Based Treatment Project, Targeted Capacity Expansion Adult Treatment Program, and Drug Endangered Children's Treatment Project.
- Quality improvement technical assistance (e.g., NIATx: Network for the Improvement of Addiction Treatment and STAR-SI: Strengthening Access and

Retention-State Implementation Projects): focus primarily on process improvement activities including ongoing quality improvement at the provider and state level.

- Collecting substance abuse data reported by licensed providers: data is used to justify federal and state funding, as well as for statewide outcomes information.

How do we measure our progress?



Percent of clients recommended for treatment that begin some form of treatment. *Data Source: SARS/I-SMART. New data are available on the 20th day of the month following the service.* **Baseline, CY2005 – 57%.**

Most Recent Year, CY2005 – 57%. 2010 Target – 100%.

How are we doing? 43% of clients recommended for treatment never make it to treatment.

Funding sources

General fund, gambling fund, health care trust fund, tobacco fund, federal grants, & intra state receipts* (Depts. of Education, Human Rights, & Human Services, & Office of Drug Control Policy); State funds are used for a required maintenance of effort match for the Substance Abuse Prevention & Treatment Block Grant:

K01-0101/0103; K52-5221/5223; K91-9102; K97-9702;

0153-0102/0104/0108/0116/0122/0124/0126/0128/0130/0206/0212/0214 (50%)

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$772,355	\$800,653	\$1,023,684
Gambling funds	\$1,690,000	\$1,690,000	\$2,215,000
Health care trust	\$0	\$0	\$13,800,000
Tobacco funds	\$11,800,000	\$13,800,000	\$1,132,000
Federal funds	\$10,698,741	\$10,697,570	\$13,851,494
Other funds*	\$54,523	\$89,542	\$68,021
Total funds	\$25,015,619	\$27,077,765	\$32,090,199
FTEs	4.87	6.28	9.78

Tobacco Use Prevention and Control

Phone: 515-281-8857

www.idph.state.ia.us/tobacco

Division of Tobacco Use Prevention and Control

The Division of Tobacco Use Prevention and Control reduces tobacco use among Iowans by promoting partnerships among state government, communities, and the people of Iowa to foster a social and legal climate in which tobacco use becomes undesirable. The division uses evidence-based strategies to address four primary goals:

- Preventing youth from starting tobacco use.
- Promoting cessation of tobacco use by adults and youth.
- Reducing exposure to secondhand tobacco smoke.
- Reducing disparities in the impact of tobacco use on priority populations.

Why is Tobacco Use Prevention and Control important to promoting and protecting the health of Iowans?

- More than 4,500 Iowa adults die each year from smoking. Between 370 and 660 Iowa adults, children, and babies die each year from secondhand smoke and pregnancy smoking. Tobacco use is the leading preventable cause of death of Iowans.
- Smoking increases the risk of cancer, asthma, chronic obstructive pulmonary disease, and emphysema. Smoking causes coronary heart disease, Iowa's leading cause of death. Smokers are 2 to 4 times more likely to develop coronary heart disease than nonsmokers. Smoking approximately doubles a person's risk of stroke.
- Annual health care costs directly caused by smoking are now \$1 billion in Iowa. Iowa Medicaid covers approximately \$301 million of these costs.
- According to the Campaign for Tobacco Free Kids, 4,200 Iowa youth will become new smokers this year, 231,000 youth each year are exposed to secondhand smoke at home, and 7.6 million packs of cigarettes are bought or smoked by youth every year.
- Smoking rates are related to socioeconomic status, culture, stress, targeted advertising, cigarette prices, parent and community attitudes, and the capacity of communities to mount effective tobacco control initiatives. Iowa adults with incomes at or below the poverty level are 2½ times more likely to smoke than adults with higher incomes.
- Three-fourths of Iowa adult tobacco users say they would like to quit using tobacco.

Public Health Goals

Promote healthy behaviors

Protect against
environmental hazards

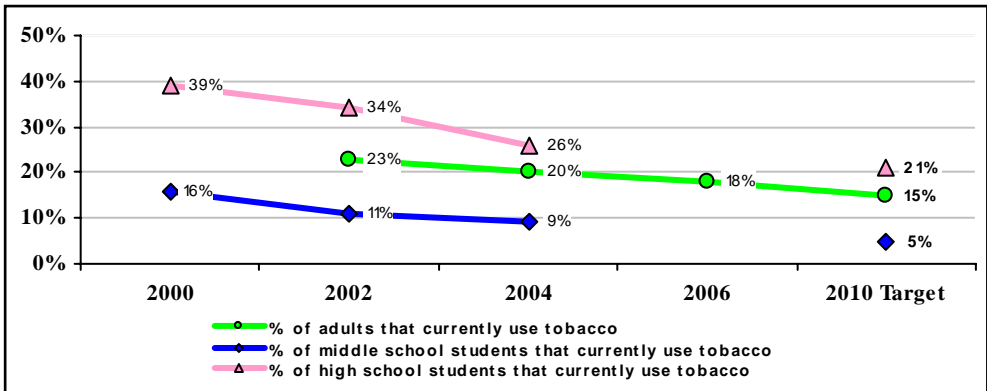
Strengthen the public
health infrastructure

What Tobacco Use Prevention and Control services do we provide?

- Community Partnerships: funding for local agencies to maintain coalitions that advise and support activities to reduce tobacco use. Coalitions promote public, school, and business smoking restrictions and health care provider reminder systems.
- Just Eliminate Lies (JEL): Iowa's youth-led anti-tobacco program. JEL provides peer-to-peer education, promotes local leadership, and has events across Iowa to engage youth. JEL works to change attitudes about tobacco use, raises awareness through education, creates effective counter-marketing, protects Iowans from secondhand smoke, and helps youth quit, or better yet, never start using tobacco. Go to www.jeliowa.org to learn more.
- Priority Populations capacity building grant program – funding for agencies to work with individuals, groups, and organizations to build local coalitions to identify disparities related to tobacco use and its effects.

- Quitline Iowa (1-800-784-8669): free, effective tobacco use cessation counseling. Trained counselors provide information about tobacco's health consequences, help create individualized quit plans, and offer ongoing support. Quitline offers counseling services in over 150 languages and for the hearing impaired. Iowa Medicaid clients who want to use Medicaid coverage for nicotine replacement therapy (NRT), e.g., patches and gum, must enroll in Quitline Iowa counseling. Funding also is provided to four free medical clinics for brief cessation counseling, promoting Quitline, and providing NRT.
- Secondhand smoke grants: funding for local organizations working to inform Iowans of secondhand smoke's negative health effects and create smoke-free public places.
- Tobacco enforcement: working with the Alcoholic Beverages Division of the Iowa Department of Commerce to reduce tobacco sales to minors by educating Iowa's retailers about state laws and responsible sales techniques, and through annual compliance checks on each of Iowa's approximately 5,000 tobacco permit holders.

How do we measure our progress?



Percent of adults and students that currently use tobacco (past 30 days). *Data Source: Iowa Youth Tobacco Survey; Iowa Adult Tobacco Survey. New data are available every two years.*

Baseline, CY2000 – middle school: 16%; high school: 39%; adults: 23% (2002).

Most Recent Year, CY2004 – middle school: 9%; high school: 26%; adults: 18% (2006).

2010 Targets – middle school: 5%; high school: 21%; adults: 15%.

How are we doing? Tobacco use is decreasing for Iowa students and adults.

Funding sources

General fund, tobacco fund, health care trust fund, federal grants, & other funds* (American Legacy Foundation): K01-0209/211; K52-5281/5283/5285/5287/5289; K82-8202; K93-9302/9308/9310/9312/9314/9352/9354/9356; 0153-9342

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$499,454	\$674,671	\$500,310
Tobacco funds	\$4,959,775	\$5,903,160	\$5,928,465
Health care trust	\$0	\$0	\$5,861,754
Federal funds	\$1,008,069	\$940,566	\$990,385
Other funds*	\$225	\$1,495	\$507,639
Total funds	\$6,467,523	\$7,519,892	\$13,788,553
FTEs	11.35	11.35	15.00

Tuberculosis Control

Phone: 515-281-7504

www.idph.state.ia.us/adper/tb_control.asp

Division of Acute Disease Prevention & Emergency Response

The goal of the Tuberculosis (TB) Control Program is to eliminate the transmission of tuberculosis disease in Iowa.

Why is the TB Control Program important to promoting and protecting the health of Iowans?

- TB disease remains a public health problem in Iowa with an average of 52 new cases reported every year.
- Each year, thousands of Iowans are diagnosed with latent TB infection (LTBI), representing possible future cases of TB disease.
- It is essential to provide health care services for infectious cases of TB to halt further transmission of the disease.
- It is essential to provide health care services for people with LTBI to prevent future cases of TB disease.

Public Health Goals

Prevent epidemics & the spread of disease

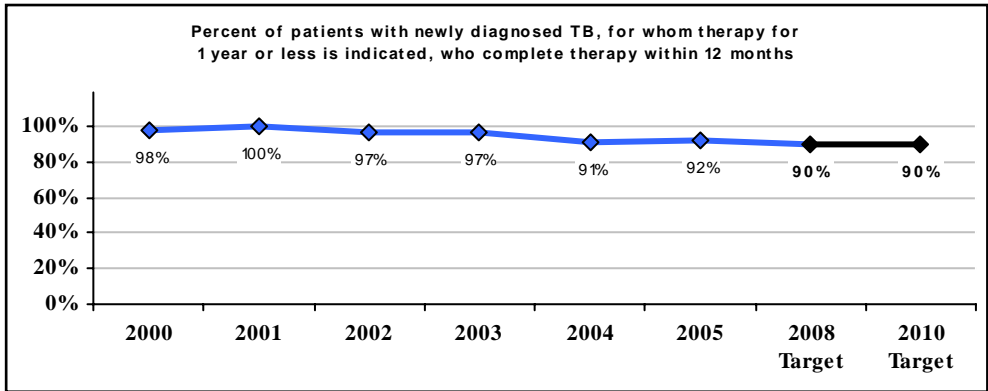
Strengthen the public health infrastructure

Promote healthy behaviors

What services does the TB Control Program provide?

- Medical consultation to health care providers who evaluate and treat Iowans with LTBI/TB disease and participation in the investigation as appropriate.
- Funding local health departments to give TB skin tests, perform directly observed therapy (DOT) (ensuring patient swallows each dose of medication) and provide medical evaluations (e.g., chest x-ray) for TB patients.
- Assuring positive TB lab results are reported to the department for surveillance and disease investigation purposes.
- Consultation to local health departments on contact investigations of persons with infectious TB.
- Funding the University of Iowa Hygienic Lab for TB detection testing services.

How do we measure our progress?



Percent of patients with newly diagnosed TB, for whom therapy for one year or less is indicated, who complete therapy within 12 months. *Data Source: CDC software program - Tuberculosis Information Management System. New data are compiled annually, but possibly not complete until 9 months into the next year.*

Baseline, CY2000 – 98%. Most Recent Year, CY2005 – 92%.

2008 Target – 90%. 2010 Target – 90%.

How are we doing? Iowa consistently meets or exceeds the national program objective of 90%.

Funding sources

General fund & federal grant: K15-1601; 0153-1602

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$68,282	\$64,817	\$64,956
Federal funds	\$399,599	\$481,855	\$464,812
Total funds	\$462,548	\$546,672	\$529,768
FTEs	3.41	3.31	3.40

Violence Prevention

Phone: 515-281-5032

www.idph.state.ia.us/bh/domestic_violence.asp

Division of Behavioral Health

The Violence Prevention Program seeks to reduce the rate of injury and death due to intentional violence, particularly violence against women, by using strategies designed to affect individuals, relationships, organizations, and communities.

Why is the Violence Prevention Program important to promoting and protecting the health of Iowans?

- Intentional injuries are one of the leading causes of death for younger Iowans. Suicide is the 2nd leading cause of death of Iowans ages 15 to 44.
- One in 10 Iowans will experience sexual violence and 1 in 12 will experience domestic abuse in their lifetime.
- Early exposure to violence often leads to adverse health affects later in life, such as increased substance use, mental health problems, and other chronic health conditions.

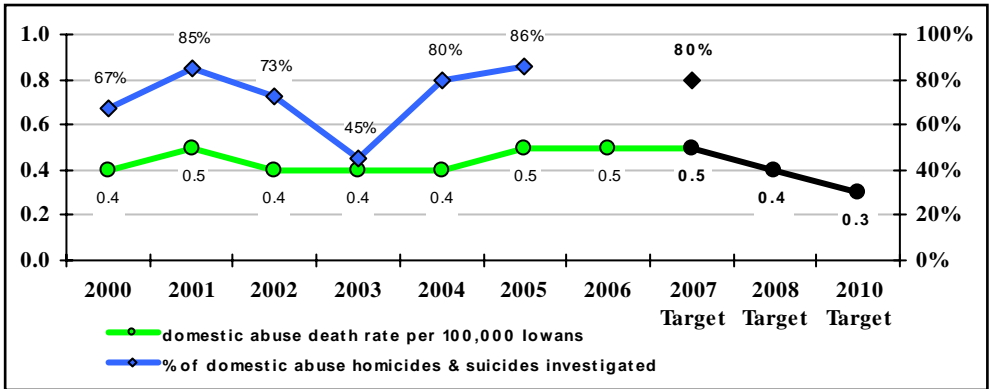
Public Health Goals

Prevent injuries

What services does the Violence Prevention Program provide?

- Analyzing violence data (including domestic abuse homicides and suicides), developing reports for the public on violence prevention issues, and making recommendations to state officials, agencies, and community professionals on prevention strategies.
- Training and technical assistance on identifying, assessing, intervening, reporting, and documenting domestic violence and sexual assault for health care providers and other community professionals.
- Funding, training, and technical assistance for Iowa sexual violence prevention programs to conduct targeted prevention initiatives for individuals, organizations, and communities.
- Public information campaigns that target changes in the social norms that contribute to interpersonal violence, using TV, radio, Internet, and other print media such as posters, brochures, etc.
- Managing the Abuse Education Review Panel.

How do we measure our progress?



❶ Domestic abuse death rate per 100,000. *Data Source: Domestic Abuse Death Review Team Database. New data are available annually, in January. Baseline, CY2001 – 0.5. Most Recent Year, CY2006 – 0.5. 2007 Target – 0.5. 2008 Target – 0.4. 2010 Target – 0.3. How are we doing?* The death rate is stable, averaging 13 deaths per year.

❷ Percent of domestic abuse homicides and suicides investigated and documented. *Data Source: Domestic Abuse Death Review Team Database. New data are available annually, in January. Baseline, CY2000 – 67%. Most Recent Year, CY2005 – 86%. 2007 Target – 80%. How are we doing?* The percent of cases reviewed declined over several years due to staff shortage and budget reductions.

❸ Number of students and professionals participating in sexual and domestic violence prevention programs. *Data Source: Domestic Abuse Death Review Team Database. New data are available annually, in January. Baseline, FFY2000 – 35,622. Most Recent Year, FFY2005 – 70,271. 2007 Target – 60,000. How are we doing?* Numbers served grew consistently until FFY05, when federal funding began decreasing. We are now emphasizing serving fewer people, but increasing the amount of material each receives.

Funding sources

General fund, federal grants, & intra state receipts* (Dept of Justice): K19-1965; 0153-0694/0696/1752/1756/1758/1962

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$0	\$0	\$100,000
Federal funds	\$590,201	\$477,448	\$906,988
Other funds*	\$44,000	\$43,042	\$210,632
Total funds	\$634,201	\$520,490	\$1,217,620
FTEs	1.99	0.63	2.70

Safe Drinking Water

Phone: 515-281-7462

www.idph.state.ia.us/eh/toxicology_env_health.asp

Division of Environmental Health

Safe Drinking Water programs reduce the likelihood of waterborne disease outbreaks and ensure safe drinking water for Iowans. The programs identify, treat, and prevent sources of environmental contamination in drinking water through private water well testing, private well plugging and renovation, water treatment device registration, fluoridation, the state plumbing code, and back-flow prevention tester registration.

Why are Safe Drinking Water programs important to promoting and protecting the health of Iowans?

- The availability of safe drinking water is vital to a strong public health system and is a benefit to all Iowans.
- About 20% of Iowans get their drinking water from private water wells.
- Historically, about 50% of wells tested produce an “unsafe” result for bacteria.
- About 20% of wells tested are above safe levels of nitrates for infants.
- Abandoned well and wells in deteriorated condition serve as conduits for environmental contaminants to enter the groundwater supply.
- Improperly installed plumbing poses a risk to drinking water systems through potential cross connections between drinkable water and wastewater.
- Fluoridation of drinking water, when done correctly, is a critical component to ensuring good oral health. Currently, 245 communities in Iowa fluoridate their public water supply.

Public Health Goals

Protect against environmental hazards

Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

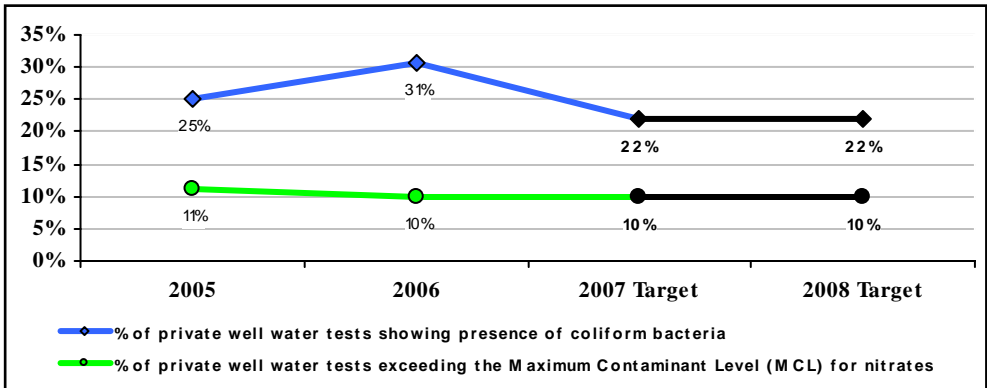
Promote healthy behaviors

What services do the Safe Drinking Water programs provide?

- Water treatment system registration: confirming that water treatment systems sold in Iowa that make health claims about contaminant reduction actually achieve those reductions. Maintaining a registry of water treatment systems for consumers that comply with Iowa law.
- Grants to Counties Water Well Program: providing funding to local health departments for private well testing, plugging abandoned wells, and renovating existing wells. Funding is used to provide private well owners with free or reduced-cost water tests and cost sharing to plug abandoned wells and renovate existing wells.
- Fluoridation: collecting data on fluoridation of public water supplies and providing technical assistance to communities currently adding fluoride to their drinking water and those considering fluoridation.

- Iowa State Plumbing Code: maintaining and revising the state plumbing code, the minimum standard for plumbing in Iowa cities.
- Backflow prevention assembly tester registration: enforcing rules in Iowa Administrative Code related to back-flow testing. Certifying continuing education courses for back-flow assembly testers.

How do we measure our progress?



① Percent of private well water tests showing presence of coliform bacteria.

Data Source: County reports to IDPH. New data are available annually, in August.

Baseline, SFY2005 – 25%. Most Recent Year, SFY2006 – 30.8%.

2007 Target – 22%. 2008 Target – 22%. 2010 Target – To be determined.

How are we doing? Data continues to show that approximately one-third of water tests show the presence of coliform bacteria.

② Percent of private well water tests exceeding the Maximum Contaminant Level (MCL) for nitrates.

Data Source: County reports to IDPH. New data are available annually, in August. **Baseline, SFY2005 – 11%.**

Most Recent Year, SFY2006 – 9.7%. 2007 Target – 10%. 2008 Target – 10%.

2010 Target – To be determined. How are we doing? Nitrate contamination continues to be an issue in parts of Iowa.

Funding sources

General fund, intra state receipts* (Dept of Natural Resources Groundwater Protection Fund), federal grant, & retained fees*: K13-1402/1404; K19-1903; 0153-1904

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$0	\$4,572	\$3,491
Federal funds	\$111,696	\$104,141	\$109,575
Other funds*	\$1,170,563	\$1,849,614	\$1,987,650
Total funds	\$1,282,259	\$1,958,327	\$2,100,716
FTEs	1.98	1.94	2.90

Swimming Pools and Spas

Phone: 515-281-8722 www.idph.state.ia.us/eh/toxicology_env_health.asp#swimming

Division of Environmental Health

The Swimming Pools and Spas Program inspects and regulates public swimming pools and spas to ensure the health and safety of people using the facilities.

Why is the Swimming Pools and Spas Program important to promoting and protecting the health of Iowans?

- Iowans, as much as ever, use public swimming pools and spas at a variety of locations: municipal pools, YMCA/YWCA, hotels and motels, health clubs, and water parks. About 2,100 public swimming pools and spas in Iowa are registered with the department.
- There are many health concerns related to swimming pools and spas including transmission of communicable disease, injury risks, and the potential for drowning.
- Swimming is a healthy form of recreation and exercise. Reducing risks at a swimming pool or spa through inspection and regulation allows Iowans to engage in this healthy behavior with limited concerns.

Public Health Goals

Protect against environmental hazards

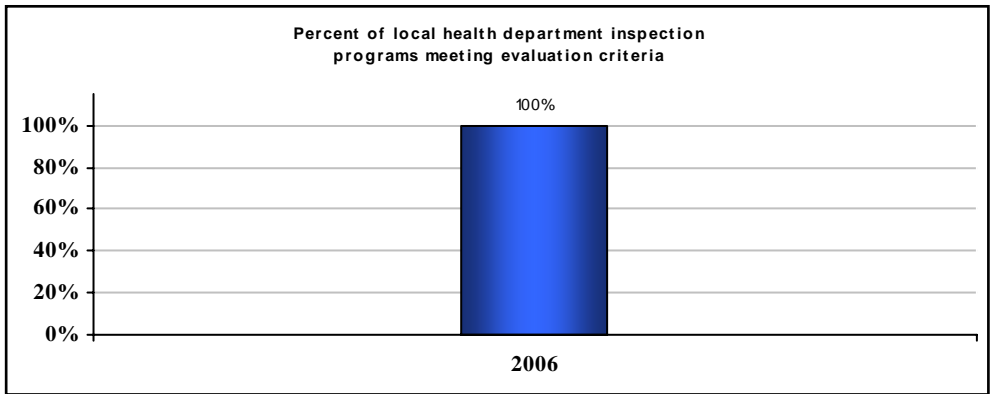
Prevent epidemics & the spread of disease

Prevent injuries

What services does the Swimming Pools and Spas Program provide?

- Contracting with 40 local health departments to perform inspections at public swimming pools and spas. Inspections include, but are not limited to, checking the environment around the pool, that the water is safe to swim in, and that appropriate plans and equipment are in place in the event of an emergency. Local health departments keep inspection fees to pay for their programs.
- Registering approximately 2,100 public swimming pools and spas in Iowa.
- Providing information about new technologies and methods, as well as code interpretations, to swimming pool and spa operators as well as to local inspectors through direct contact and a newsletter.
- Issuing construction permits for new constructions or renovations. Staff perform plan reviews and on-site inspections for any newly constructed or renovated public swimming pool and spa to complete the process.
- Evaluating local health department inspection programs annually as a form of standardization to assure that swimming pools and spas are being inspected thoroughly and consistently across the state.

How do we measure our progress?



Percent of local health department inspection programs meeting evaluation criteria. *Data Source: Program reports. New data are available annually.*

Baseline, 2006 – 100%. Most Recent Year, 2006 – 100%.

2008 Target – To be determined. 2010 Target – To be determined.

How are we doing? Programs are evaluated on an annual basis. 100% of programs met criteria; some required slight modifications.

Funding sources

General fund: K19-1905

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
State funds	\$51,937	\$65,121	\$67,578
Total funds	\$51,937	\$65,121	\$67,578
FTEs	1.00	1.00	1.00

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Phone: 515-281-4919

www.idph.state.ia.us/wic/default.asp

Division of Health Promotion & Chronic Disease Prevention

The WIC Program is a federally funded program for low-income pregnant women, breastfeeding women, postpartum women, infants, and children up to their fifth birthday. WIC improves the health of these nutritionally vulnerable individuals and improves their access to ongoing health care and social services.

Why is WIC important to promoting and protecting the health of Iowans?

- The Iowa WIC Program serves over 70,000 clients each month, approximately 88% of the estimated eligible population.
- Over 40% of the infants born in Iowa receive WIC services; nearly one in five children in the state is on WIC; and one in every three pregnant women in Iowa receives WIC services.
- WIC services are the gateway to good health. WIC is frequently a client's entry point to accessing other public health and social services including prenatal care, well child care, immunizations, lead screening, and many other services.
- The Iowa WIC Program coordinates services with multiple programs including women's health and child health programs, immunizations, health centers, university extension nutrition programs, child care, hawk-i, Medicaid, Head Start and Early Head Start, Child Health Specialty Clinics, Early ACCESS, area education agencies, food stamp nutrition education initiatives, and nutrition and breastfeeding coalitions.

Public Health Goals

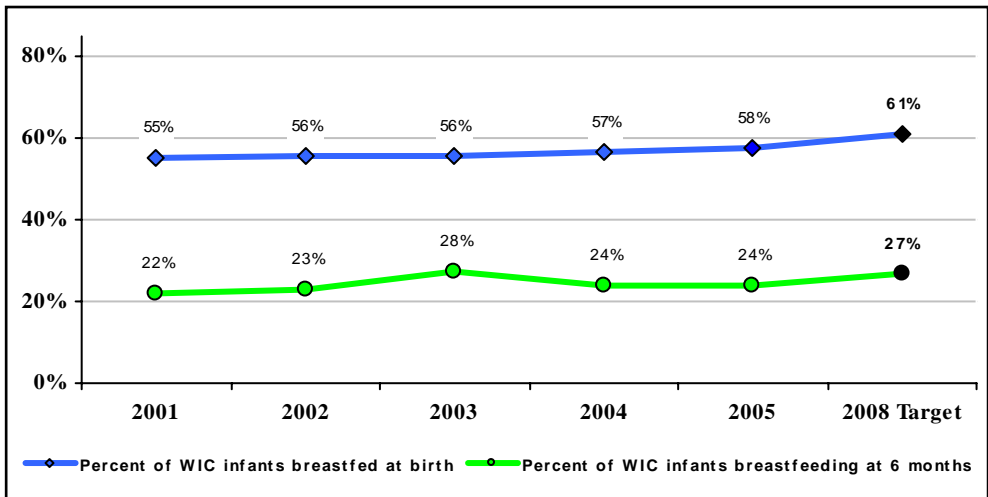
Promote healthy behaviors

Strengthen the public health infrastructure

What services does WIC provide?

- Funding 20 local agencies to provide community-based services such as providing clients with access to nutritious foods, nutrition and breastfeeding education, and referrals for health and social services.
- Providing data to local, state, and federal public health programs and organizations to monitor the nutritional status of women, infants, and children.
- Positively influencing the state's economy by purchasing over \$40 million dollars of food from 700 Iowa grocery stores and pharmacies that participate in the WIC Program and accept WIC checks for supplemental foods.
- Supporting Iowa agriculture by providing supplemental foods produced in the state (milk, fruit juice and eggs) and increasing access to Iowa grown fruits and vegetables through the Iowa WIC Farmers Market Nutrition Project (in collaboration with the Iowa Department of Agriculture and Land Stewardship and the Iowa Department of Natural Resources).

How do we measure our progress?



① Percent of WIC infants breastfed at birth. *Data Source: CDC Pediatric Nutrition Surveillance Data. New data are available annually, with the release determined by CDC priorities.* **Baseline, CY2001 – 55%. Most Recent Year, CY2005 – 57%. 2008 Target – 61%. How are we doing?** Initiation rates continue to increase slowly, just as the rates for all Iowa infants are increasing. Of all Iowa infants born in 2004, 74% of were ever breastfed (Data Source: 2006 National Immunization Survey).

② Percent of WIC infants breastfeeding at 6 months. *Data Source: CDC Pediatric Nutrition Surveillance Data. New data are available annually, with the release determined by CDC priorities.* **Baseline, CY2001 – 22%. Most Recent Year, CY2005 – 24%. 2008 Target – 27%. How are we doing?** Duration rates have increased much slower. The rise in 2003 and the fall in 2004 do not appear to be connected to any incidents or changes in service delivery. Duration rates are particularly a challenge because Iowa has the highest rate of maternal employment for families with children less than 6 years of age. The low and moderate-income women served by WIC are also more likely to work in places that do not support breastfeeding. Of all Iowa infants born in 2004, 45% were breastfed at 6 months of age (Data Source: 2006 National Immunization Survey).

Funding sources

Federal funds: 0153-0508/0512/0514/0516/0608/0614/0652/0678

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$39,092,041	\$40,089,116	\$40,250,754
Total funds	\$39,092,041	\$40,089,116	\$40,250,754
FTEs	13.82	13.09	12.85

Women's Health

Phone: 515-242-6388

www.womenshealthiowa.info

Division of Health Promotion & Chronic Disease Prevention

The Office of Women's Health seeks to raise awareness of women's health issues throughout life. The office serves as a liaison between the national Office on Women's Health and the state of Iowa. At the state level, the office serves as a communication link for women's health issues. Women's health-related programs are spread throughout the Iowa Department of Public Health (IDPH).

Why is the Office of Women's Health important to promoting and protecting the health of Iowans?

- Women have life issues different from men, as well as specific gender roles. Historically, most research about disease and disorders has been done on men, and the findings applied to women, often to their detriment. As more research focuses on gender-based differences, the findings clearly indicate that gender matters and that women and men respond very differently to diseases, to interventions, and to medications.

Public Health Goals

Strengthen the public health infrastructure

What services does the Office of Women's Health provide?

- Assuring coordination of primary care, preventive services, and mental health services for women in Iowa by strengthening state-level infrastructure for women's health.
- Improving access to women's health information by enhancing existing resources.
- Developing best practices for influencing women's health behaviors through improving women's health literacy.
- Compiling a comprehensive list of IDPH women's health-related programs.

Go to

www.idph.state.ia.us/common/pdf/publications/womens_health_related_programs.pdf for a comprehensive list of IDPH women's health-related programs. Women's health information is also available through the Iowa Women's Health Information Center (www.womenshealthiowa.info). Men's health issues are also addressed through this Web site.

How do we measure our progress?

Each IDPH program has its own measures. National, state, and county health statistics for a variety of topics, such as demographics, mortality, access to care, infections and chronic disease, reproductive health, maternal health, mental health, violence and abuse, and prevention can be accessed at www.womenshealth.gov/quickhealthdata/. In addition, each of the IDPH women's health-related programs described includes contact information. Most of the programs include reference Web sites.

Funding sources

Federal grant: 0153-0306/0962

	FY2006 Actual	FY2007 Actual	FY2008 Estimate
Federal funds	\$15,274	\$2,250	\$0
Total funds	\$15,274	\$2,250	\$0
FTEs	0.19	0.00	0.00