

Iowa Department of Public Health



2016

Annual Report & Budget Summary



Protecting and Improving the Health of Iowans

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Department Director's Office

Gerd W. Clabaugh, MPA, 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

Deputy Director's Office

Sarah G. Reisetter, JD, Deputy Director
515-281-4355

- Bureau of Planning Services
- Communications
- Data Management
- Policy Advisor & Legislative Liaison

Division of Acute Disease Prevention, Emergency Response & Environmental Health

Ken Sharp, Division Director
515-281-5099

- Bureau of Emergency and Trauma Services
- Bureau of Environmental Health Services
- Bureau of Immunization and TB
- Bureau of Radiological Health
- Center for Acute Disease Epidemiology

Division of Administration & Professional Licensure

Marcia Spangler, Division Director
515-281-4955

- Bureau of Finance
- Bureau of Health Statistics
- Bureau of Information Management
- Bureau of Professional Licensure
- Office of Health Information Technology (Iowa e-Health)

Division of Behavioral Health

Kathy Stone, Division Director

515-281-4417

- Bureau of HIV, STD, and Hepatitis
- Bureau of Substance Abuse
- Office of Disability, Injury, and Violence Prevention
- Office of Gambling Treatment and Prevention

Division of Health Promotion & Chronic Disease Prevention

Brenda Dobson, Division Director

515-281-7769

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

Division of Tobacco Use Prevention & Control

Jerilyn Oshel, Division Director

515-281-6225

- Support for tobacco control efforts: Community partnerships
- Support for tobacco cessation: Quitline Iowa
- Reduce secondhand smoke exposure: Smokefree Air Act
- Promote youth prevention
- Surveillance, evaluation, and statistics

Policy Advisor & Legislative Liaison

Deborah Thompson

Mobile: 515-240-0530

Go to <http://idph.iowa.gov/> for more information about the department, including health statistics, publications, and program information.



I am pleased to present the 2016 Iowa Department of Public Health Annual Report and Budget Summary. A recurring theme throughout this past year has been quality improvement. Each division in the department is actively measuring programs and processes. Staff have been empowered to identify opportunities for improvement and then equipped with the tools to make positive changes.

In December of last year, I announced IDPH's intention to pursue national accreditation from the Public Health Accreditation Board (PHAB). At that time, a self-assessment of the department's ability to meet the PHAB standards found IDPH met about half of the PHAB measures. 2016 has seen vigorous departmental work towards applying and submitting documentation to PHAB in 2017.

Monthly staff learning opportunities have focused on quality improvement, collaboration, performance management, and a variety of topics geared toward ensuring programs and individuals are operating at the highest levels to improve the health of Iowans. A workforce development plan, updated strategic plan, and creation of measurable performance standards are some of the departmental achievements of 2016.

Legislatively, IDPH has appreciated the nimbleness afforded by lawmakers to make budget decisions based on the current public health needs of the state. The removal of many earmarks and flexibility of bill language has helped make the department more adaptable and responsive to the changing public health landscape.

In this Annual Report and Budget Summary, you will find detailed descriptions of the programs and services that help IDPH achieve our mission of promoting and protecting the health of Iowans. I urge you to take a moment to read about the good work being done by each division, bureau and program. I believe public health's everyday contribution to the lives of Iowans is both significant and necessary to the future of our state.

Sincerely,

Gerd W. Clabaugh, MPA
Director, Iowa Department of Public Health

Vision for Iowa

Healthy Iowans in Healthy Communities

Mission

Protecting and Improving the Health of Iowans

Vision for IDPH

Iowa's Leader for Population Health

Guiding Principles

ACCOUNTABILITY

We act with integrity and strive for fairness in all we do.

COLLABORATION/TEAMWORK

We value internal and external partnerships, and remain flexible to new and diverse ideas.

COMMUNICATION

We use timely, effective, and open dialogue to increase collaboration and participation in protecting and improving health.

HEALTH EQUITY

We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work, and play.

QUALITY

We are dedicated to efficiency, effectiveness, and the continuous improvement of our processes and services.

RESULTS ORIENTED

We strive for excellence through decision-making that is priority-focused, data-driven, or evidence-based.

WORKFORCE DEVELOPMENT

We continually work to develop the skills and competencies of our workforce.

What does public health do?

Public health is a partnership of local public health, the Iowa Department of Public Health (IDPH), non-profit organizations, health care providers, policymakers, businesses, and many others working together to promote and protect the health of Iowans. Public health strives to improve the quality of life for all Iowans by assuring access to quality population-based health services related to the following goals:

- Promoting healthy living;
- Preventing injuries & violence;
- Strengthening the health infrastructure;
- Protecting against environmental hazards;
- Preventing epidemics & the spread of disease; and
- Preparing for, responding to, & recovering from emergencies.



How does Iowa's public health system meet these goals?

In Iowa, local boards of health are responsible for protecting the public's health. County boards of supervisors appoint the members of the local boards of health. Iowa law gives broad authority to local boards of health to decide what public health services to provide within their jurisdictions and how to provide them; thus, the size and structure of local public health agencies and the services they provide varies greatly throughout the state. Local boards of health work with agencies, businesses, health care providers, and others to assure public health services are being provided in their jurisdiction.

The Iowa Department of Public Health (IDPH) partners with local public health, policymakers, health care providers, business and many others to fulfill our mission of promoting and protecting the health of Iowans. IDPH's primary role is to support Iowa's 98 county boards of health, two city boards of health, and one district board of health in this mission. To do this, IDPH provides technical support, consultation, and funding. IDPH also provides a variety of direct services such as licensing health professionals; regulating emergency medical services and substance abuse treatment providers; regulating radioactive materials; and collecting birth, death, and marriage records. The State Board of Health is the policymaking body for IDPH. Iowa's governor appoints State Board of Health members and the department director.

How the Iowa Department of Public Health is organized

Iowa has had a state public health agency since 1880, when the 18th 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, overseeing more than 80 programs and employing more than 400 people.

The 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. The Board also advises and makes recommendations to the governor, General Assembly, and the IDPH director on public health, hygiene, and sanitation. The IDPH director works closely with the State Board of Health to develop state health policy.

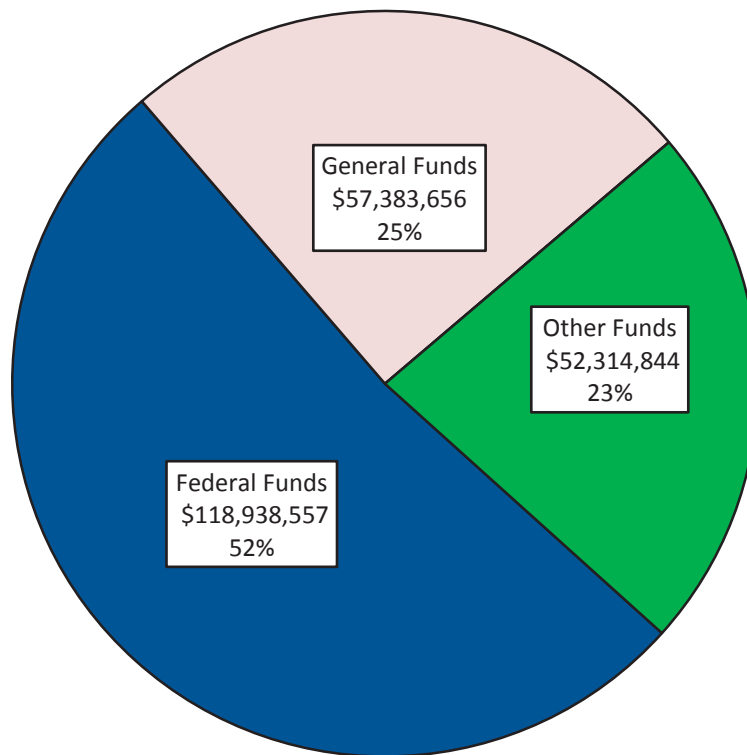
IDPH is organized into seven units:

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

IDPH provides administrative support for 24 professional licensure boards that regulate and license various health professions. IDPH also provides staff for several consumer-oriented councils and task forces. Many Iowans serve on these various boards and commissions. They provide regular input into the department's policy development, program planning, implementation, and evaluation efforts.

Contracting is done with more than 850 entities, in 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, HIV/AIDS prevention and care providers, and many others.

Total expenditures in State Fiscal Year (SFY) 2016 were \$228,637,056. 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, grants received from private organizations, and state technology reinvestment funds.

Table 1 shows SFY 2015 and 2016 actual expenditures, and estimated 2017 expenditure information for the department as a whole. This Annual Report and Budget Summary also includes SFY 2015 and 2016 actual expenditures, and estimated 2017 expenditure information for individual department programs and services.

Table 1. Iowa Department of Public Health Budget Summary

	SFY2015 Actual	SFY2016 Actual	SFY2017 Estimate
State General Fund	\$58,043,282	\$57,383,656	\$59,371,352
Federal funds	\$120,362,167	\$118,938,557	\$126,534,397
Other funds	\$43,563,623	\$52,314,844	\$71,677,143
Total funds	\$221,969,072	\$228,637,056	\$257,582,892
FTEs	414.98	430.06	470.20

Note: Total funds and FTEs may not equal sum of individual funding sources due to rounding.

The following pages provide details about department programs and services. These profiles include:

- the name of the program/service;
- 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 program goals;
- state fiscal year 2015 and 2016 expenditures, and estimated 2017 expenditure information; and
- contact information, including a main telephone number and Internet address.

Not all programs will have 2016 data for the measures of progress. In these cases, the data for the most recent year available is reported for the measure. Overall, programs met targets or showed progress for 49 (50%) of the 98 measures in the profiles where progress could be assessed. This is a decrease from last year, in which 62% of targets were met or showed progress for 101 reported measures. More detailed information about how we are doing is available in the *How do we measure our progress?* section of each profile.

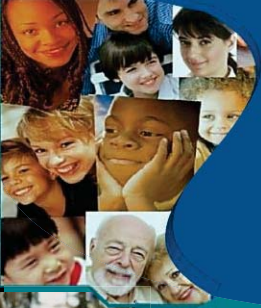
In addition, several expenditures cannot be assigned to individual programs and are not included in the profiles. These expenditures (Table 2) include the following: department director's office staff and supplies, division director salaries; the Iowa Donor Registry; epilepsy education, Medical Cannabidiol registration card program, child burial expenses, injury and violence epidemiological capacity, influenza education for youth in agriculture, professional licensing software, and other department-wide activities, including billings paid to the Dept of Administrative Services (association fees, OCIO, worker's compensation charges, utilities, etc.), Attorney General's Office (legal counsel), and Auditor of State's Office (auditing).

Table 2. Department-wide Activities Budget Summary

General funds, federal direct & indirect funds, technology reinvestment funds*, & indirect from private grants*: K05-0673; K07-0773/0873; K09-0985; K19-1913; K21-2101/2221/2226/2227; 0153-0928/1098/1542/1990/2102/2152/2156/2158/2162/2220/2244

	SFY2015 Actual	SFY2016 Actual	SFY2017 Estimate
State General Fund	\$1,115,674	\$1,117,876	\$1,267,876
Federal funds	\$982,988	\$1,439,000	\$4,173,004
Other funds*	\$943,734	\$1,750,216	\$2,524,355
Total funds	\$3,042,396	\$4,307,092	\$7,965,235
FTEs	9.79	10.31	16.10

To take a virtual tour of IDPH and view the most recent versions of the profiles, go to <http://idph.iowa.gov/About>.



Access to Quality Rural Health Services

Phone: 1-800-308-5986

<http://idph.iowa.gov/ohds/rural-health-primary-care/rural-health>

Protecting & Improving
the Health of Iowans



Rural Iowa has charming towns and productive farmlands. Residents are known for their strong work ethic and mid-west rural way of life. However, for people in rural areas, it sometimes means a lack of timely access to needed health care services. There are 82 critical access hospitals (25 beds or less), 8 tweener (26 to 49 beds), 163 federally certified rural health clinics and several other medical clinics and public health offices offering health and safety services to rural residents.

IDPH's Rural Health programs collaborate with key partners to coordinate strategies that ensure rural Iowans access to; quality health care, occupational safety programs, coordinated community care, disease prevention services, and benefit from health professional recruitment and retention. In the most recent IDPH Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), health care infrastructure including access to health services rated as the second highest need by Iowa counties.



Did you know?

According to 2010 Census population data, 36% of Iowans live in rural areas with 79 of the 99 Iowa counties considered rural. The Census Bureau estimated that in 2015 the percent of Iowans living in rural areas has dropped to 29%. While farmers comprised on 4% of the Iowa workforce in 2014, they accounted for 29% of all occupational fatalities. Hospitals, clinic providers, EMS, and several Iowa agricultural organizations are working aggressively to decrease farm accidents and improve the safety and health status of farmers, farm workers, and farm families.

Why is Access to Quality Rural Health Services important to protecting and improving the health of Iowans?

- All Iowans need timely emergency health care services.
- Health care transitions to population health and coordinated community care can best serve Iowans.
- All Iowans need primary health care services, required medications to prevent serious health consequences and to reduce unnecessary emergency room visits.
- Statewide partnerships provide a high level of advocacy for health care access.
- Collaborative actions support statewide health workforce recruitment and retention strategies.
- The Bureau of Oral and Health Delivery Systems programs maintain Iowa's commitment to become the healthiest state in the nation.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do we do?

- Provide funding to rural hospitals, organizations, and health systems to implement projects that: improve healthcare quality, collect and submit national data, improve financial and operational performance, and develop innovative health delivery systems.
- Provide technical assistance for variety of improvement activities including: project management, staffing, education, technology purchases, and community engagement.
- Collect and disseminate information on local, state, and national level rural health issues.
- Develop projects and activities that serve as models for communities throughout Iowa.
- Three rural health delivery system programs (State Office of Rural Health (SORH), Medicare Rural Hospital Flexibility Program (FLEX), and Small Rural Hospital Improvement Program (SHIP) collaborate with federal-state partnerships to solve challenges to rural health care access.
- Collaborate with stakeholders and partners to deliver educational offerings and training for health care providers, clinical/clerical staff, local EMS, and public health staff.

How do we measure our progress?

1 Percent of Iowa hospitals reporting to Hospital Compare

	Q1 2015 to Q2 2016	SFY 2017 Goal
% of Iowa CAHs Reporting	87.8%	90%
% of US CAHs Reporting	84.8%	Unknown

Data Source: Flex Monitoring Team
www.flexmonitoring.org/data/state-level-data/

How are we doing? Hospital Compare initiative provides an important opportunity for Critical Access Hospitals (CAHs) to publicly report, assess, and improve their performance on national standards of care.

2 Number of rural health care providers by type of facility

	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Rural Health Clinics	144	153	157	165
Critical Access Hospitals	82	82	82	82

Data Source: Iowa Department of Inspections and Appeals

How are we doing? Access to health care services in rural areas is a national topic of conversation. Iowa has maintained the number of Critical Access Hospitals in the state and has grown the number of Rural Health Clinics over the past four years maintaining access to health care for Iowans.

What can Iowans do to help?

1. Learn more about the Bureau of Oral and Health Delivery Systems and the importance of rural health care access by visiting <http://idph.iowa.gov/ohds/rural-health-primary-care>.
2. Take part in local community health assessment and planning.
3. Live a healthful life, get preventive health screenings, exercise, and eat nutritiously to stay well.

Expenditures

FLEX: federal grant: 0153-0914. **SORH:** federal grant: 0153-0902. **SHIP:** federal grant: 0153-0916. **Health Delivery Systems:** general fund & intra state receipts*; State funds are used for a 3:1 match for the Office of Rural Health Grant: K07-0767; K09-0905.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$398,444	\$396,081	\$396,081
Federal funds	\$1,342,224	\$1,638,952	\$1,399,571
Other funds*	\$0	\$0	\$0
Total funds	\$1,740,668	\$2,035,033	\$1,795,652
FTEs	5.34	4.34	7.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Bureau of Oral & Health Delivery Systems ♦ Access to Quality Rural Health Services

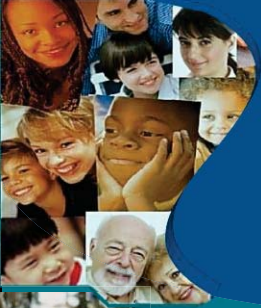
Phone: 1-800-308-5986 ♦ Fax: 515-242-6384 ♦ <http://idph.iowa.gov/ohds/rural-health-primary-care/rural-health>

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

FLEX – Phone: 515-314-6912 ♦ <http://idph.iowa.gov/ohds/rural-health-primary-care/flex>

SHIP – Phone: 515-981-8944 ♦ <http://idph.iowa.gov/ohds/rural-health-primary-care/ship>

State Office of Rural Health – Phone: 515-499-4467 ♦ <http://idph.iowa.gov/ohds/rural-health-primary-care/rural-health>



Acute Disease Epidemiology

Phone: 1-800-362-2736
<http://idph.iowa.gov/CADE>

Protecting & Improving
the Health of Iowans



During the summer of 2015, mumps cases began to be reported in one of Iowa's largest university campuses. By the end of 2015, over 400 cases of mumps were reported. A majority of cases occurred in college aged students but illness also spread to people of all ages in communities across the state. Mumps cases continue to be reported in 2016.

The Center for Acute Disease Epidemiology (CADE) works to keep Iowans healthy by studying the causes, determining the risks, and controlling the spread of diseases. By continually monitoring, tracking, and testing for diseases, CADE works to prevent future disease outbreaks.

Did you know? The majority of food-borne illness originates from food eaten and prepared at home.

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

- All Iowans are affected by disease. CADE receives more than 20 disease reports daily that must be investigated.
- Epidemiology (the study of disease) helps track illness to determine when there is a widespread threat to your health.
- Disease is spread in many ways. With the help of county health agencies and providers, CADE investigated and/or referred 5,917 cases of infectious disease (chart 1) and 118 outbreaks (chart 2) in 2015.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Prepare for, respond to, & recover from emergencies

Promote healthy behaviors

Chart 1. Number of disease events reported to CADE for follow-up by year

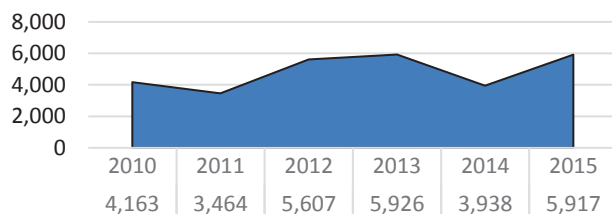
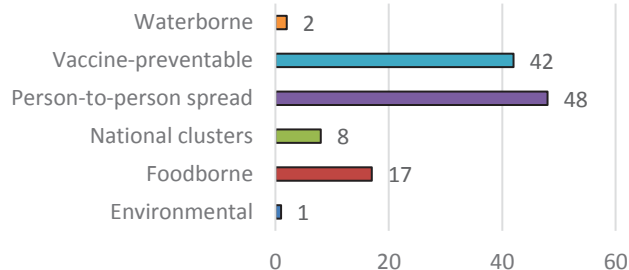


Chart 2. Number of outbreaks by type in 2015



What do we do?

- Monitor and control infectious diseases.
- Plan and prepare for public health emergencies through training exercises.
- Epidemiologists work with counties to fight diseases and outbreaks.
- Develop and use ways to prevent and control diseases.
- Provide advice, equipment, and assistance to health care providers.

How do we measure our progress?

1 Percent of outbreak investigations in which the local public health agency found CADE support and guidance in disease investigation was helpful.

Data Source: CADE staff logs, Survey Monkey

How are we doing? CADE and our local public health partners investigated 118 outbreaks in 2015. Surveys to local public health agencies found that 100% of local agencies agreed (A)/strongly agreed (SA) with the following:

- communication with IDPH worked well during the investigation (97% SA; 3% A)
- conference calls with response partners worked well during the investigation (75% SA, 25% A)
- disease investigation consultation and guidance from IDPH was helpful (90% SA, 10% A), and
- IDPH responded appropriately to requests for assistance with public information related issues (89% SA, 11% A).

2 Percent of disease reports that are sent out for follow-up by local public health within 48 hours of receiving them.

Data Source: Iowa Disease Surveillance System

How are we doing? CADE uses the Iowa Disease Surveillance System (IDSS) to refer disease reports to local public health agencies for follow up investigation. Nearly 100% of diseases reported are instantly referred to the appropriate local agency. In the interest of timely investigations, IDSS will send a reminder to local agencies at 3 days and 10 days if a case has had no activity. IDPH field epidemiologists monitor these referrals.

What can Iowans do to help?

1. All Iowans can help stay well and prevent the spread of illness with good health habits: eat healthy foods, exercise, keep your vaccinations up-to-date, and remember to wash your hands!
2. Public health officials and health care providers should be aware of infectious diseases and remember the importance of reporting those diseases to IDPH by phone at 1-800-362-2736 or fax at 515-281-5698.
3. All Iowans can learn about diseases and the way diseases are spread by getting information and advice from trustworthy sources <http://idph.iowa.gov/CADE>.
4. All Iowans can report suspected foodborne illness to: **844-IowaSic (844-469-2742)**.

Expenditures

General fund, federal funds, & private grants*: K15-1501; 0153-1506/1514/1516/1518/1606.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$411,845	\$414,242	\$414,870
Federal funds	\$2,047,450	\$2,613,037	\$4,203,962
Other funds*	\$165,376	\$146,915	\$0
Total funds	\$2,624,670	\$3,174,194	\$4,618,832
FTEs	11.19	14.50	15.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Adolescent Health

Phone: 1-800-383-3826
<http://idph.iowa.gov/adolescent-health>

Protecting & Improving
the Health of Iowans



Behaviors of young people are influenced at individual, peer, family, school, community, and societal levels. Because many societal factors contribute to adolescent health, safety, and well-being, a collaborative effort engaging multiple partners and sectors is necessary. Such joint efforts can also help to promote a more comprehensive approach to addressing adolescent health – one that views adolescents as whole persons, recognizing and drawing upon their assets and not just focusing on their risks.

Did you know?

Adolescents and young adults are youth between the ages of 10 and 24 years old. They make up 21% of the population in Iowa. This time of life is characterized by significant change and transition (second only to the 1st year of life). It provides a great opportunity to build the capacity and strength of youth to lead healthy, productive lives.

Why is the Adolescent Health program important to protecting and improving the health of Iowans?

- Adolescence is a period where patterns are established and lifestyle choices have both current and future implications for health and well-being.
- The investment that Iowans make in the health and well-being of young people impacts our state now and for the future, by engaging youth with community leaders.
- Risk factors in adolescent's lives include: unplanned pregnancy; homelessness; suicide; motor vehicle crashes, including those caused by drinking and driving; substance use and abuse; smoking; sexually transmitted infections (STIs) including human immunodeficiency virus (HIV); and lack of connections to caring and supportive adults, families, schools, and communities.
- Supporting young people to make positive choices – such as eating nutritiously, engaging in physical activity, and avoiding substance abuse, will decrease their risk of sustaining serious injuries or developing chronic diseases in adulthood.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Strengthen the health infrastructure

Prevent epidemics & the spread of disease

What do we do?

Education for Adolescents

- Healthy relationships
- Adolescent development
- Adolescent well visits
- Community Service Learning
- Healthy life skills
- Sexual health
- Reproductive Life Planning
- Bullying
- Suicide prevention
- Adolescent health website—IAMincontrol.org
- TEEN Line resource and referral

Pregnancy Prevention

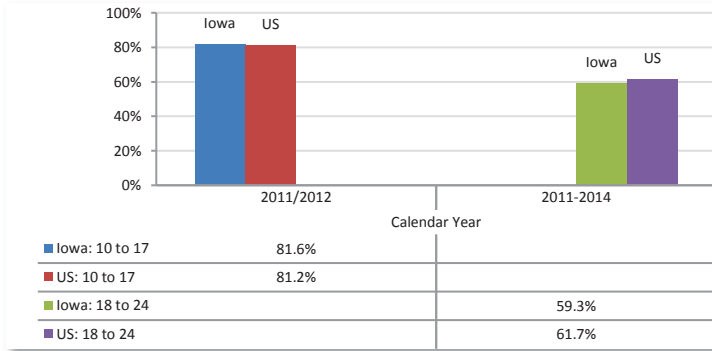
- Personal Responsibility Education Program
- Abstinence Education Grant Program

Health Promotion

- All youth have safe and supportive families, schools, and communities
- All youth are healthy and socially competent
- All youth are successful in school
- All youth are prepared for a productive adulthood
- All youth have access to health care services for their physical, mental, sexual, social, emotional, and spiritual well-being

How do we measure our progress?

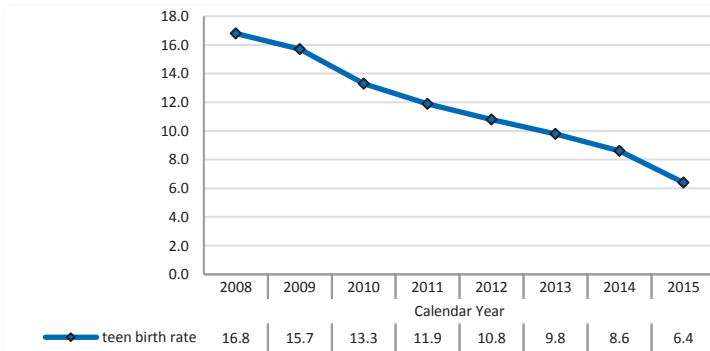
- ❶ **Adolescent Well Visits: Percent of 10-17 year olds who had 1 or more preventive visits in past year & percent of 18-24 year olds who had a check-up in past 12 months.**



Data Source: 10-17 year olds: National Children's Health Survey 2011/2012; 18-24 year olds: Behavioral Risk Factor Surveillance Survey, 2011-2014.

How are we doing? The percentage of adolescents ages 10-17 receiving a well-visit in 2011-2012 in Iowa (81.6%) is similar to the national average (81.2%), whereas the 2011-2014 percentage of young adults ages 18-24 receiving a well-visit in Iowa (59.3%) is below the national average (61.7%).

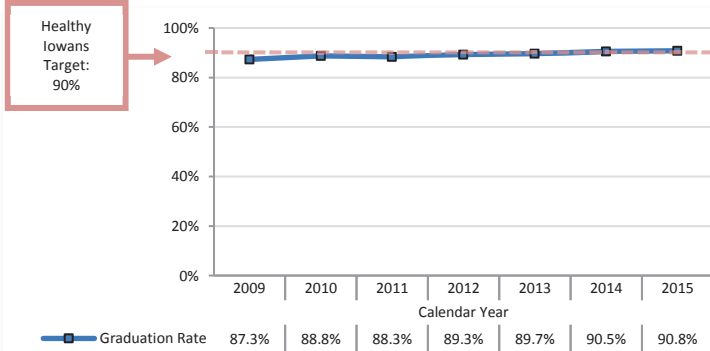
- ❷ **Number of births to teens ages 15 to 17 (per 1,000 females ages 15 to 17).**



Data Source: IDPH Vital Records Birth Data. Data are available annually.

How are we doing? In 2015, the teen birth rate in Iowa for females' age 15-17 years was 6.4 per 1,000.

- ❸ **Percent of Iowa high school students who graduate in four years.**



Data Source: Iowa Department of Education.

How are we doing? The statewide graduation rate has increased 2.5% over a five-year period, from 88.3% for the Class of 2011 to 90.8% for the Class of 2015.

What can Iowans do to help?

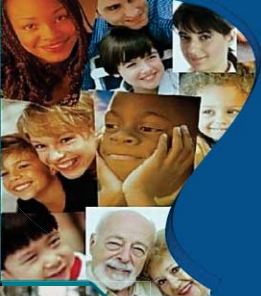
1. Learn more about adolescent health by going to <http://idph.iowa.gov/adolescent-health>.
2. Share with friends and colleagues how prevention, early intervention and timely treatment improve health status for adolescents, prepare them for healthy adulthood, and decrease the incidence of many chronic diseases in adulthood.
3. Encourage annual well visits for adolescents to receive recommended immunizations and health education.
4. Encourage young people to visit the adolescent health website by going to www.IAMincontrol.org.
5. Physicians and other health care providers can provide anticipatory guidance during the adolescent well visit by reviewing various risk factors that teens may encounter.

Expenditures

Federal funds: 0153-0606/0616

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$788,561	\$825,226	\$970,499
Total funds	\$788,561	\$825,226	\$970,499
FTEs	2.10	2.02	2.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Brain Injury

Phone: 515-281-8465
<http://idph.iowa.gov/brain-injuries>

Protecting & Improving
the Health of Iowans



Brain injuries, sometimes called “concussions”, can be caused by hitting your head during a fall or a car crash. Brain injury can also be caused by a stroke or from a lack of oxygen to the brain. Whatever the cause, brain injuries can result in physical, thinking, and emotional changes. Individuals with brain injury and their families need proper diagnosis and treatment to deal with the daily challenges they face.

The Brain Injury program works to improve the lives of Iowans living with brain injuries and their families by linking people to services, promoting safety to prevent brain injuries from happening, and training service providers on how to best work with individuals who have sustained a brain injury. A life may be changed by a brain injury – but that life goes on and the Brain Injury program works to ensure that life is the best and most productive it can be.

Did you know?

According to the Centers for Disease Control and Prevention (CDC), nearly 1.7% of people in Iowa or approximately 50,000 Iowans are currently living with long-term disabilities caused by a brain injury (CDC, 2008).

Why is the Brain Injury program important to protecting and improving the health of Iowans?

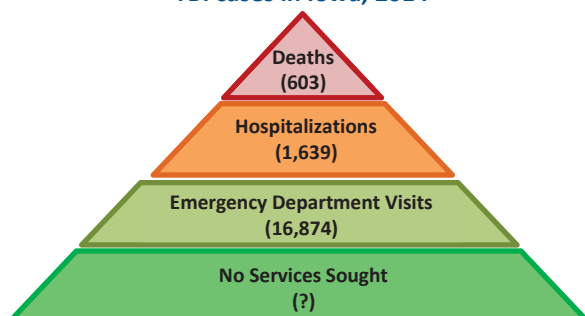
- In 2014, there were nearly 17,000 emergency department visits resulting in a diagnosis of traumatic brain injury (TBI) in Iowa; over 1,600 Iowans were hospitalized because of TBI; and over 600 individuals lost their lives.
- Brain injuries happen in a wide variety of ways. The top causes include falls, vehicle crashes, being hit by an object, and assaults.
- Falls are the leading cause of brain injury and rates of fall-related TBIs are increasing among children aged 0-4 years and older and for adults over the age of 75 (CDC website).
- Concussions are brain injuries. Through collaboration with the Department of Education and the Iowa Concussion Consortium, the Brain Injury program works to increase awareness of concussion management and strategies for supporting youth who have experienced a concussion.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries & violence

Promote healthy living

TBI cases in Iowa, 2014

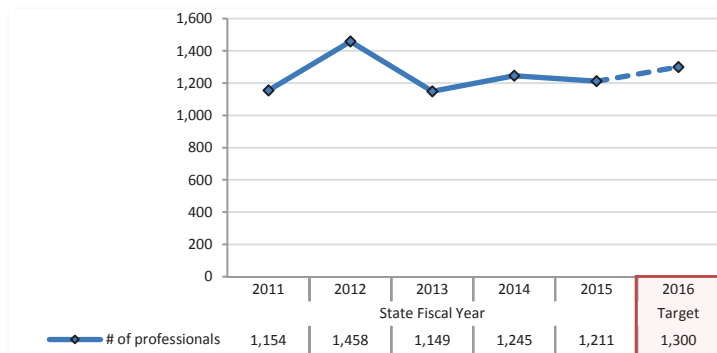


What do we do?

- Promote and carry out brain injury prevention activities.
- Provide brain injury information, awareness, and learning opportunities.
- Work through the Brain Injury Alliance of Iowa to improve access to needed services and supports for Iowans with brain injury and their families.
- Study the needs of people with brain injury and their families to better meet those needs and address barriers to supports they may encounter.
- Make recommendations to other state departments to support a comprehensive statewide service delivery system.
- Work through the Iowa Association of Community Providers to offer training related to supporting individuals with brain injury in their community.

How do we measure our progress?

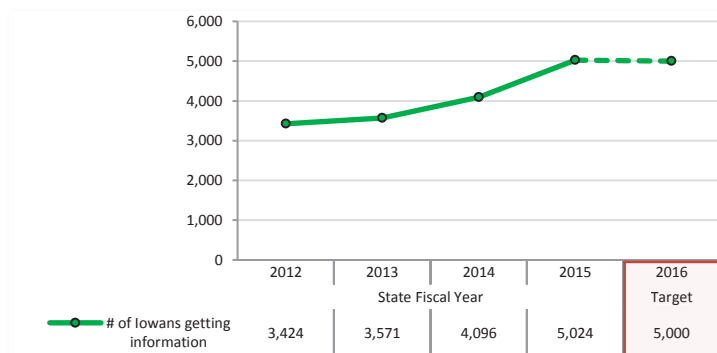
① Number of health professionals receiving brain injury training.



Data Source: Iowa Association of Community Providers. Data are available annually.

How are we doing? Over 900 Iowa healthcare and community services workers continue to be trained on an annual basis.

② Number of Iowans that get information and support about living healthy after brain injury.



Data Source: Brain Injury Alliance of Iowa. Data are available annually.

How are we doing? The number of Iowans with brain injury receiving information about living with brain injury has more than doubled since 2006.

What can Iowans do to help?

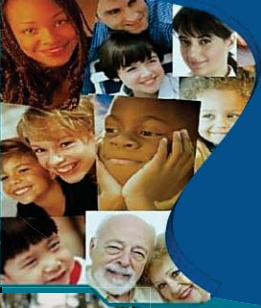
1. Iowans and family members experiencing brain injury can advocate for increased and appropriate brain injury related services. For more information, contact the Brain Injury Alliance of Iowa at www.biaia.org or call 1-855-444-6443.
2. Healthcare professionals can provide appropriate services to Iowans with brain injury. For more information on special training opportunities, go to http://www.iowaproviders.org/trainings/brain_injury.html.
3. All Iowans can help prevent the likelihood of brain injury by wearing helmets and by assessing and reducing their risk of falling. To learn more about injury prevention, go to <http://idph.iowa.gov/brain-injuries/prevention-taskforce>.

Expenditures

General fund & federal funds: K07-0853/0854; 0153-1802.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$903,010	\$909,379	\$1,065,291
Federal funds	\$254,431	\$242,643	\$241,979
Total funds	\$1,157,441	\$1,152,022	\$1,307,270
FTEs	1.19	1.21	1.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Cancer

Phone: 515-281-5616
<http://idph.iowa.gov/chronic-disease-prevention>

Protecting & Improving
the Health of Iowans



In 2016, an estimated 16,600 new cancers will be diagnosed among Iowa residents and 6,400 will die from cancer. Cancer is the second leading cause of death in Iowa. The Iowa Department of Public Health's cancer programs work to prevent cancer from occurring, detect cancer at its earliest stages when the disease is most treatable, and promote access to the best treatment and survivorship programs for all Iowans. The Department's cancer programs include: the Iowa Care For Yourself Program, Iowa Get Screened Colorectal Cancer Program, Cervical Cancer Screening Program, and Comprehensive Cancer Control Program.

Did you know?

Cancer is a reportable disease as stated in the Iowa Administrative Code and is collected by the State Health Registry of Iowa, located at the University of Iowa.

Why are cancer programs important to protecting and improving the health of Iowans?

- Cancer impacts nearly all Iowans.
- Cancer programs promote healthy community environments, behaviors, and cancer screening to protect health and identify cancer early when it is most treatable.

Which Iowa Public Health Goals are we working to achieve?

Promoting healthy living

Protecting against environmental hazards

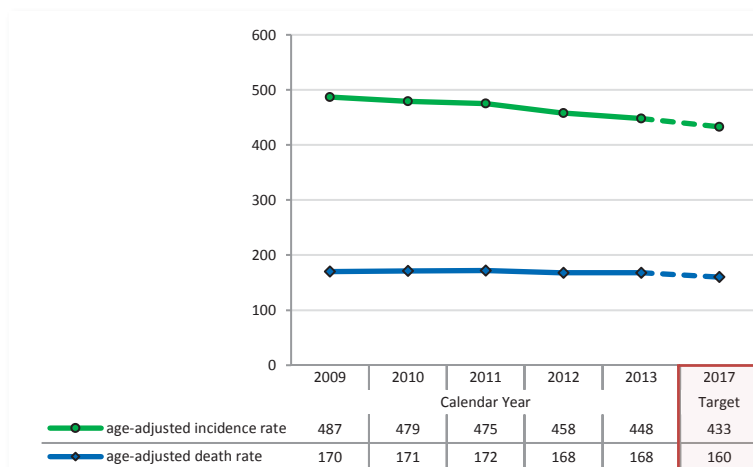
Strengthening the health infrastructure

What do we do?

- **Iowa Comprehensive Cancer Control Program** works to strengthen comprehensive cancer control efforts in Iowa using evidence-based and integrated approaches to address the burden of cancer by:
 - ✓ Collaborating with partners to coordinate the implementation of goals and objectives in the Iowa Cancer Plan, a document containing measurable goals and objectives to reduce the burden of cancer in Iowa.
 - ✓ Providing financial support to Iowa's cancer control partnership, the Iowa Cancer Consortium, who are working together to reduce the burden of cancer in Iowa. To view the Iowa Cancer Plan visit: <http://canceriowa.org/iowa-Cancer-Plan.aspx>.
- **Iowa Care for Yourself Program** contracts with local health care providers and local boards of health to increase screening services to uninsured, underinsured or underserved women who are at or below 250% of the federal poverty level by:
 - ✓ Providing eligible Iowans access to breast exams and mammograms, pelvic exams, and Pap tests.
 - ✓ Increasing awareness of early breast and cervical cancer detection, diagnosis and treatment among the general population and targeted populations of need.
 - ✓ Visit <http://idph.iowa.gov/cfy> for more information.
- **Iowa Get Screened: Colorectal Cancer Program** works to increase colorectal cancer screening to 80% by 2018 by:
 - ✓ Implementing evidence-based interventions (EBIs), improve quality assurance/quality improvement (QA/QI) activities and provide data tracking and monitoring to raise screening rates among Iowa's underserved, underinsured and uninsured populations.
 - ✓ Collaborating with local health departments to provide limited colorectal cancer screening services to eligible Iowans. Visit <http://idph.iowa.gov/igs> for more information.
- **Cervical Cancer Screening Program (CCP)** provides cervical cancer screening and preventive services to a wider population than is currently served by the Iowa Care for Yourself Program. The CCP provides Iowa's low-income, uninsured, and underinsured women ages 19 – 64 and men ages 19 – 26, and those up to 300% of the federal poverty level access to the Human Papilloma Vaccine (HPV), cervical cancer screening and diagnostic services.

How do we measure our progress?

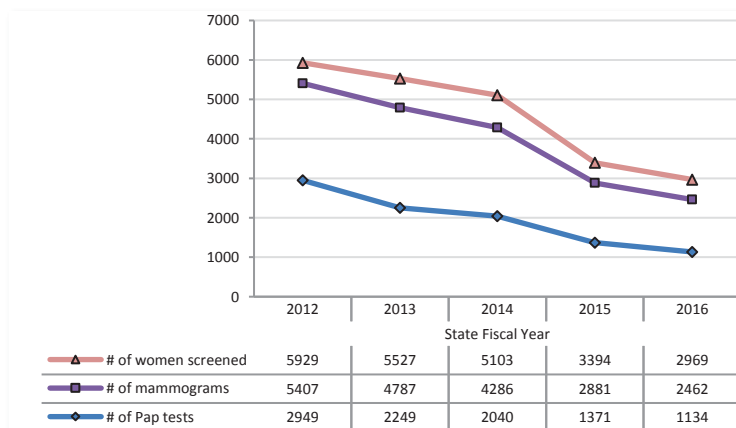
- ❶ All invasive cancer incidence and death rates for males and females (age-adjusted per 100,000 Iowans to the 2000 U.S. Standard Population).



Data Source: Surveillance, Epidemiology, and End Results Program SEER*Stat Database: Incidence- SEER 9 Regs Research Data, Nov 2015 Sub (1973-2013); And Surveillance, Epidemiology, and End Results Program SEER*Stat Database: Mortality- All COD, Aggregated with State, Total U.S. (1969-2013).
: 2014 data is not yet released.

How are we doing? The incidence of cancer in Iowa has declined since 2009.

- ❷ Number of women screened, and number of mammograms and Pap tests provided.



Data Source: BCCEDP Data Set. Data are available annually.

How are we doing? For Fiscal Year 2016, the *Care for Yourself* Program screened 2,969 women with a provider office visit and/or mammography.

What can Iowans do to help?

1. Learn more about cancer risks and symptoms, prevention, early detection, treatment and survivorship.
2. Live healthier lives:
 - ✓ Do not use tobacco or quit if you do,
 - ✓ Maintain a reasonable weight,
 - ✓ Get physically active,
 - ✓ Eat a diet with at least five servings of fruits and vegetables per day,
 - ✓ Avoid tanning beds and too much sun, and
 - ✓ Test your home for radon.
3. Have regular age and risk-appropriate cancer screenings and vaccinations (colonoscopy, mammogram, Pap test, skin check, HPV vaccine etc.).
4. Join the Iowa Cancer Consortium and help reduce the burden of cancer in Iowa.

Visit <http://idph.iowa.gov/ccp> and www.canceriowa.org.

Expenditures

Iowa Comprehensive Cancer Control Program: general fund, and federal funds: K07-0865/0867; 0153-0416/594/598

Breast & Cervical Cancer Early Detection: federal funds, private grant*, and intra-state receipts* (Dept. of Transportation – License Plate Sales): 0153-0408/0416/0426/0594/0624; K07-0775/0852/0856/0867

Iowa Get Screened Colorectal Cancer Program: federal funds: 0153-0762/0769

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$1,017,894	\$992,209	\$995,993
Federal funds	\$2,931,657	\$2,936,531	\$2,891,334
Other funds*	\$155,092	\$245,703	\$186,545
Total funds	\$4,104,643	\$4,174,443	\$4,073,872
FTEs	10.18	11.01	11.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Cancer Control & Prevention
♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Iowa Comprehensive Cancer Control Program: Phone: 515-281-5616 ♦ <http://idph.iowa.gov/ccp>

Iowa Care for Yourself Breast & Cervical Cancer Early Detection Program: Phone: 515-281-5616 ♦ <http://idph.iowa.gov/cfy>

Iowa Get Screened: Colorectal Cancer Program: Phone: 515-281-5616 ♦ <http://idph.iowa.gov/igs>



Child Health

Phone: 1-800-383-3826

<http://idph.iowa.gov/family-health>

Protecting & Improving
the Health of Iowans



Successful promotion of children's health is rooted in a partnership of families, communities, health care providers, and public health providers. Iowa's Child and Adolescent Health programs promote the development of local systems of health care to ensure that all Iowa children and youth have regular, preventive health care. Child and Adolescent Health programs strive to make family-centered, community-based, and culturally-sensitive health services available to all Iowa children and youth.

Did you know?

Research shows that for every \$1 invested in early health care and education of a young child, Iowa will see an economic return of \$17 per child.

Why are Child and Adolescent Health programs important to protecting and improving the health of Iowans?

- Child and Adolescent Health programs provide access to regular preventive health services that affect a child's physical and mental health, success in school, and health in later years.
- Child and Adolescent Health programs advocate for medical homes that provide a consistent source of comprehensive primary care and facilitate partnerships between families and providers.
- Child and Adolescent Health programs reach out to underserved and disparate populations, who are least likely to access preventive health services. Programs serve low-income children and youth.
- Child and Adolescent Health programs address barriers to accessing preventive health services including health care coverage, transportation, and interpretation.
- Child and Adolescent Health programs link families to community-based services based upon family needs.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

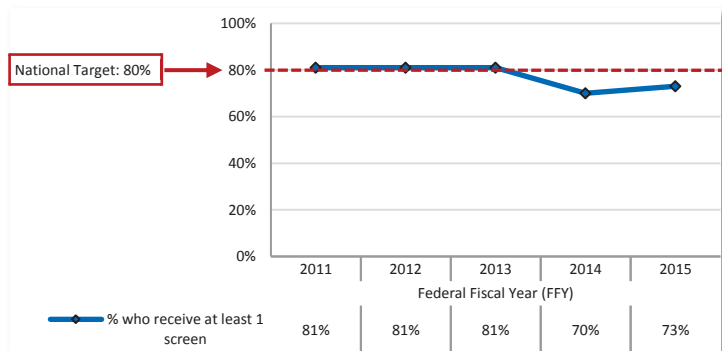
Strengthen the health infrastructure

What do we do?

- Provide funding for 23 Child and Adolescent Health programs that assure child and adolescent health services are available in all 99 counties for children and youth ages birth to 22. In FFY 2016, 166,041 Iowa children accessed health care services through Iowa's community-based Child and Adolescent Health centers.
- Encourage community-based Child and Adolescent Health agencies to work closely with medical providers to ensure family-centered, community-based, and culturally-sensitive preventive health services are offered.
- Provide access to community-based health resources through the toll free Healthy Families Line, a 24-hour information and referral phone line.
- Assist with developing local health care systems that meet present and future health needs.
- Support community-based child and adolescent health agencies that link clients to medical and dental providers and other needed services.

How do we measure our progress?

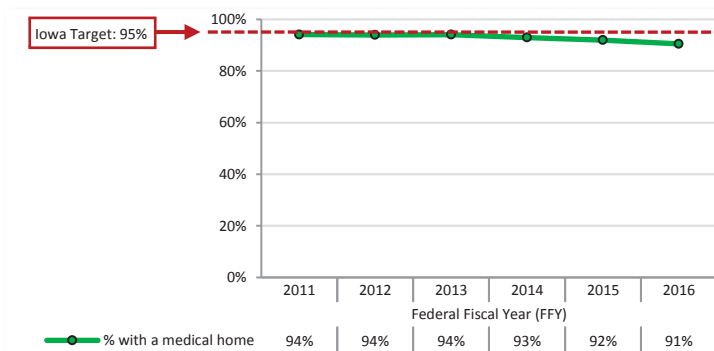
① Percent of Medicaid enrolled children who receive at least one recommended well child exam.



Data Source: Federal CMS 416 report. Data are available annually. Beginning with federal fiscal year (FFY) 2010 data, the report is based upon the number of children continuously enrolled in Medicaid for a minimum of 90 days who receive at least one well child exam during the year.

How are we doing? The percent of Medicaid enrolled children receiving at least one well child exam per year remained stable at 81% from FFY 2010 - FFY 2013. In 2014, Iowa made adjustments in how the data was pulled, which led to a decrease to 70% in FFY 2014, with a 3% increase noted in FFY 2015. The target for all states set by the national Centers for Medicare and Medicaid Services (CMS) is 80%.

② Percent of children served in Child and Adolescent Health programs who report a medical home.



Data Source: Child & Adolescent Reporting System (CAREs). Annual unduplicated counts are based upon the federal fiscal year (FFY) October-September. Beginning with FFY 2011, this data is based upon the number of children that received services where their medical home status could be assessed.

How are we doing? The percent of children and adolescents served reporting a medical home is 90.52% for FFY 2016.

What can Iowans do to help?

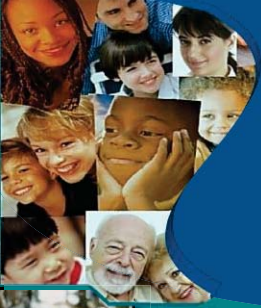
1. Learn more about community-based child and adolescent health services by going to <http://idph.iowa.gov/family-health>, <http://idph.iowa.gov/adolescent-health>, and <http://idph.iowa.gov/epsdt>.
2. Learn more about the healthy development of children. Go to www.iowaepsdt.org.
3. Refer uninsured or underinsured families to Child and Adolescent Health centers by contacting the Healthy Families toll free line at 1-800-369-2229.

Expenditures

General fund, RIFF funds, 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; K09-0987/1025; 0153-0506/0622/0454; K20

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$812,968	\$806,991	\$860,755
Federal funds	\$2,036,999	\$1,939,379	\$1,962,634
Other funds*	\$4,121,310	\$7,024,420	\$7,251,799
Total funds	\$6,971,277	\$7,070,790	\$7,375,188
FTEs	9.86	9.34	13.06

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Child Health Specialty Clinics

Division of Health Promotion & Chronic Disease Prevention

Phone: (866) 219-9119

www.chsciowa.org

Protecting & Improving
the Health of Iowans



Assuring a System of Care for Children and Youth with Special Health Care Needs – Carver's Story

When our son Carver was born, there were some complications. The umbilical cord was wrapped around him several times, and at one point, he was without oxygen and a heartbeat. The doctors didn't know what the future held for Carver, but they also didn't know what a fighter he was. After only 10 days in the NICU, we were able to take our healthy and beautiful baby boy home. Carver was a typical baby, but as time went on we noticed that his legs "looked funny" and he wasn't reaching physical milestones. After several doctor visits, Carver was diagnosed with Spastic Diplegic Cerebral Palsy, a condition which makes his legs very stiff and walking difficult. The doctor said that this was caused from the lack of oxygen during Carver's birth.

Despite all our medical visits, no one mentioned Early ACCESS. I had never heard of it either, until a co-worker gave me the name and number of an angel named Jan who worked at Child Health Specialty Clinics (CHSC). Jan is an Early ACCESS Service Coordinator and the parent of a child with special needs. She helped us set up in-home physical therapy, speech therapy, and consultations with a CHSC dietitian via Skype. Jan also helped us navigate the foreign worlds of Social Security Insurance/Disability and Medicaid for children with special health care needs. These are supports that we would not have been able to figure out on our own. Having a child with special needs can be scary and well...HARD! I am so thankful that I had another mother guiding me through those first critical years of my son's life. My only regret it that we didn't get referred to Early ACCESS the day he was born.

Did you know?

Child Health Specialty Clinics (CHSC) administers Iowa's MCH Title V program for children and youth with special health care needs in partnership with the Iowa Department of Public Health. CHSC is part of the Division of Child and Community Health in the University of Iowa Stead Family Department of Pediatrics, assuring a System of Care for all Iowa children and youth with special health care needs. Over 150,000 Iowa children and youth have special health care needs including chronic physical, developmental, behavioral, and emotional concerns. In federal fiscal year 2015, CHSC served over 7,800 Iowa children and youth and their families, providing gap-filling clinical services, care coordination, and family to family support.

Why is Child Health Specialty Clinics important to protecting and improving the health of Iowans?

- Over 20% of all Iowa children and youth 0 to 18 years of age have a special health care need.
- These health needs often impact the entire family and can require the involvement of multiple service systems.
- Federal rules require that at least 30% of each state's Title V Maternal and Child Health Block Grant funds be used to focus on children and youth with special health care needs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Promote healthy living

Prevent injuries and violence

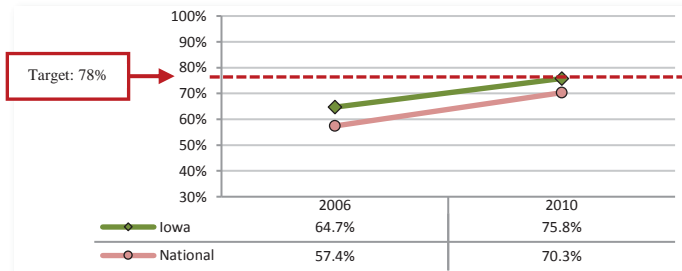
What do we do?

- CHSC provides gap-filling clinical services including assessments of child development, health conditions, and behavioral concerns.
- CHSC has a network of 14 regional centers and satellite locations across Iowa, connecting families to specialists through telehealth.
- CHSC employs over 120 public health professionals, clinical providers, and family members of children and youth with special health care needs who work with communities to build partnerships, improve coordination of services, and promote optimal child health.
- CHSC's Family Navigators provide families of children and youth with special health care needs with individual problem-solving and emotional support. They have firsthand experience as a parent or caregiver of a child with special needs. Family Navigators work with other CHSC staff including ARNPs, Nurses, and Social Workers.

How do we measure our progress?

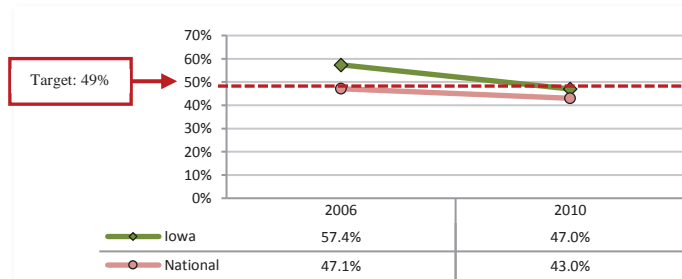
We employ a process of continuous quality improvement and report our metrics to the federal government every year using state and national performance measures.

1 Percent of children with special health needs (CYSHCN) ages 0-18 years whose families' partner in decision-making at all levels and are satisfied with the services they receive.



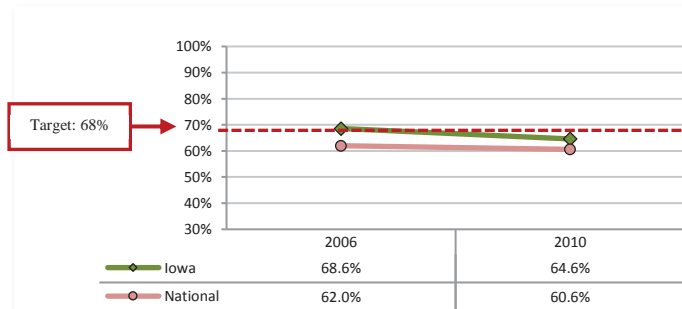
Data Source: NS-CSHCN Survey. Data are available approximately every 5 years.

2 Percent of CYSHCN ages 0-18 years who receive coordinated, ongoing, comprehensive care within a medical home.



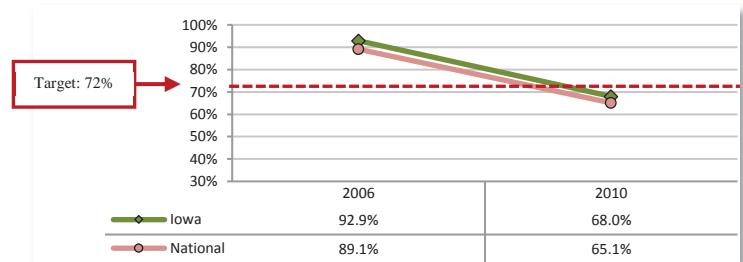
Data Source: NS-CSHCN Survey. Data are available approximately every 5 years.

3 Percent of CYSHCN ages 0-18 years whose families have adequate private and/or public insurance to pay for the services they need.



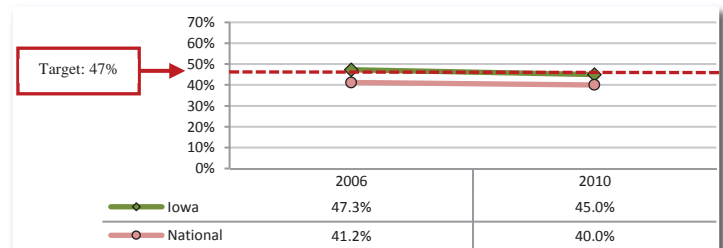
Data Source: NS-CSHCN Survey. New data are available approximately every 5 years.

4 Percent of CYSHCN ages 0-18 years whose families report the community-based service systems are organized so they can use them easily.



Data Source: NS-CSHCN Survey. Data are available approximately every 5 years.

5 Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.



Data Source: NS-CSHCN Survey. Data are available approximately every 5 years.

What can Iowans do to help?

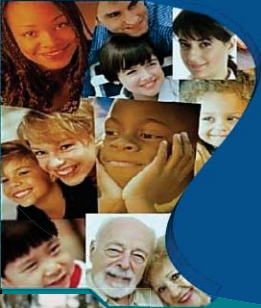
1. Refer children or youth with special needs to CHSC by visiting www.chsciowa.org.
2. Be inclusive of children with special health care needs and their families.
3. Recognize the essential public health role CHSC plays as Iowa's Title V program for children and youth with special health care needs.
4. Discuss with policymakers the importance of a System of Care for children and youth with special health care needs and their families.

Expenditures

General fund & federal grant: K07-0703; 0153-0706

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$1,185,114	\$1,184,157	\$1,185,114
Federal funds	\$2,770,873	\$2,785,084	\$2,465,564
Other funds	\$0	\$0	\$709,242
Total funds	\$3,955,987	\$3,969,241	\$4,359,920
FTEs	0.00	0.00	0.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Child Protection Centers

Phone: 515-281-4816
www.nca-online.org

Protecting & Improving
the Health of Iowans



Child abuse. No one wants to imagine the mental and physical pain an abused child must endure. Unfortunately, the pain can sometimes be prolonged by the very systems designed to protect the victims. Child Protection Centers provide a safe environment where all exams and interviews can occur in one place.

Emily's Story: He told me not to tell anyone. He said I'd get in trouble if I did. He said no one would believe me anyway. But one day I finally told my mom. She hugged me and said she loved me. Then she took me to the Child Protection Center. Everyone there was so nice. They explained things in a way I could understand and made me feel safe. A lot happened - an interview, a medical exam, the trial. What happened to me was a terrible thing. But I'm glad the Child Protection Center was there when I needed it.

Child Protection Centers work to ease the pain of abuse through understanding and awareness.

Did you know?

In state fiscal year 2016, 3,418 children were served in Child Protection Centers funded by the Iowa Department of Public Health (IDPH).

Why are Child Protection Centers important to protecting and improving the health of Iowans?

- Children who are victims of alleged child abuse can be further victimized by the numerous interviews and exams they undergo. At a Child Protection Center, all investigations to gather evidence can occur in one place.
- IDPH works with five Child Protection Centers in Iowa: Allen Child Protection Center in Waterloo, Mercy Child Advocacy in Sioux City, Mississippi Valley Child Protection Center in Muscatine, Regional Child Protection Center (Blank Children's Hospital) in Des Moines, and St. Luke's Child Protection Center in Hiawatha. To expand accessibility, additional services are provided at a satellite office in Mason City operated by Allen Child Protection Center, and via the Mississippi Valley Center's agreement with a provider in Davenport.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do Child Protection Centers do?

- Provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child/youth-friendly setting.
- Provide a team that includes law enforcement, county attorneys, physicians and nurses, mental health professionals, family advocates, and child protection center staff to ensure children and families are not subjected to duplicated exams and interviews.
- Provide a comfortable, private, child-friendly setting that is both physically and psychologically safe for children and youth.
- Build community awareness and understanding of child abuse.
- Coordinate and track investigation efforts so cases do not "fall through the cracks."
- Improve prosecution of child abuse cases; holding offenders accountable.

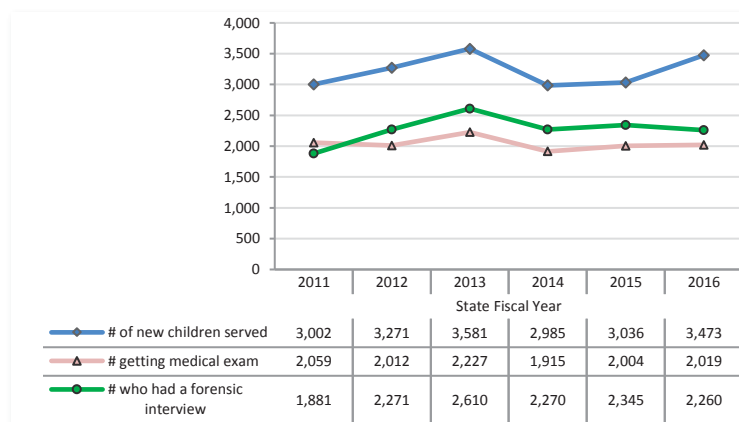
How do we measure our progress?

- ❶ Number of new children served.
- ❷ Number of children who had a medical exam.
- ❸ Number of children who had a forensic interview.

Data Source: CPC Reports to IDPH. Data are available annually.

How are we doing?

Child protection centers (CPCs) first received state funding in state fiscal year (SFY) 2005. The CPCs have used this funding to increase capacity and infrastructure. Based on a comprehensive assessment of needs for additional CPC services throughout the state, the Iowa Chapter of National Children's Alliance is actively working with areas determined to have the highest need to form full service CPCs or satellite centers.



What can Iowans do to help?

1. Iowans who are abused or suspect that a child is being abused should seek help. If you suspect a child is being abused or neglected,
 - ✓ CALL a DHS local office 8:00 AM - 4:30 PM Monday-Friday. For an interactive map of county office locations and contact information, go to
 - ✓ http://dhs.iowa.gov/dhs_office_locator or
 - ✓ CALL Iowa's Child Abuse Hotline at 1-800-362-2178.

For more information, go to <http://dhs.iowa.gov/child-abuse>

2. All Iowans can support Child Protection Centers and outreach efforts in new communities.
3. Public health professionals can build awareness of the Child Protection Centers and encourage use and support of their services. Go to www.nca-online.org to learn more.

Expenditures

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

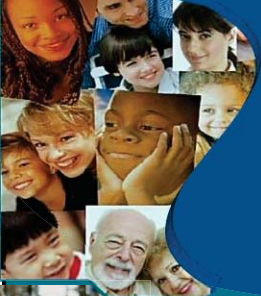
	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
Other funds*	\$1,626,491	\$1,649,870	\$1,658,285
Total funds	\$1,626,491	\$1,649,870	\$1,658,285
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Child Protection Centers

Phone: 515-281-4816 ♦ Fax: 515-281-4535 ♦ www.nca-online.org

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075



Congenital & Inherited Disorders

Division of Health Promotion & Chronic Disease Prevention

Phone: 1-800-383-3826

<http://idph.iowa.gov/genetics>

Protecting & Improving
the Health of Iowans



Brody's Story

As a school psychologist, Kelsey works daily with children who have educational challenges. She and her husband did everything possible to give their son Brody a healthy start. One week after his birth, they were shocked to learn that Brody was diagnosed with profound biotinidase deficiency. This genetic condition can cause developmental delays, hearing and vision loss, coma, and even death. Fortunately, Brody's condition was caught in time. "We are humbled and grateful," Kelsey says. "With continuous treatment, Brody now has the chance to live a quality life full of joy, health and opportunity."

Did you know?

Each year, an average of 1,850 Iowa children are born with a congenital or inherited disorder, and approximately 200 babies are stillborn. Three of every 1,000 newborns or 120 babies in Iowa are diagnosed with hearing loss each year and another 2 to 3 per 1,000 children will develop hearing loss after birth. Childhood hearing loss is the most common birth defect. Most babies born with hearing loss are born to parents with normal hearing.

The Center for Congenital and Inherited Disorders (CCID) programs serve all phases of the life cycle: prenatal, neonatal, pediatric, and adult.

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

- Screening programs for the early detection of inherited or congenital disorders help assure earlier interventions to eliminate or reduce disability and provide family support.
- Early detection and treatment can prevent mental retardation and even death in children born with an inherited or congenital disorder.
- Children born with a hearing loss who are identified early and given appropriate intervention before 6 months of age demonstrated significantly better speech and reading comprehension than children identified after 6 months of age (Yoshinaga-Itano, et al., 1998).
- By the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services (White & Maxon, 1995).

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Promote healthy living

What do we do?

CCID administers 8 programs that promote and improve access to comprehensive genetic health care services, laboratory services, early hearing detection and intervention, and surveillance. CCID assures statewide education is provided and develops policies and programs that assure the availability of and access to quality genetic health care, newborn screening, and laboratory services.

- Early Hearing Detection and Intervention (EHDI) program – provides universal newborn hearing screening, short-term follow up, and referrals to early intervention and family support services.
- Regional Genetics Consultation Services – regional clinics provide statewide medical consultation and counseling to people with a diagnosed genetic disorder.
- Neuromuscular & Related Disorders – provides medical consultation and counseling to those with a diagnosed neuromuscular disorder, such as muscular dystrophy.
- Iowa Newborn Screening Program (INSP) – conducts newborn testing and follow-up for metabolic disorders and cystic fibrosis. Testing is done for Iowa, North Dakota, and South Dakota. INMSP also provides metabolic formula and medical foods for people diagnosed with PKU and other inherited metabolism disorders that require medically necessary foods.
- Iowa Registry for Congenital and Inherited Disorders (IRCID) – 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. Promotes stillbirth's awareness initiatives.
- Family Health History Initiative – provides resources to explore and compile family health history to determine the risk of inheriting disease. Provides resources for lifestyle/behavior changes and screening tests based on the results of the family health history.
- Maternal Prenatal Screening Program – conducts prenatal testing to screen for congenital/inherited disorders of the fetus.

How do we measure our progress?

1. **Percent of newborns whose screening specimens are received by the State Hygienic Laboratory within 72 hours of birth.** Data Source: INSP/SHL database. Data are available annually.

How are we doing? In 2015, 99% of Iowa newborn screening specimens were received by the State Hygienic Laboratory within 72 hours of birth. (Target – 100%).

2. **Percent of children, who do not have a parent-signed refusal, that are screened for disorders tested through the Iowa newborn screening panel.** Data Source: INSP/SHL database. Data are available annually.

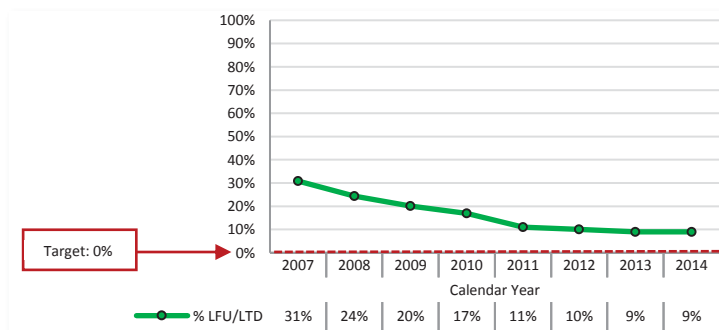
How are we doing? Nearly all, 98.98%, Iowa newborns are screened using the Iowa newborn screening panel (Target – 100%). There were 24 NBS refusals signed in CY2015 (number has increased due to improved documentation of refusals).

3. **Percent of infants screened at birth for hearing loss.**

Data Source: IDPH/EHDI database. Data are available annually. 2014 data is preliminary.
*Not eligible children data removed (families who refused screening and deceased).

How are we doing? Nearly all Iowa newborns (99%) are screened for hearing loss. Those not eligible for screening included infant deaths and parent refusals. There were 324 families who refused the hearing screen at birth; 275 (85%) were home birth families. An additional 25 children were considered lost at birth, 21 of those were home birth families that did not respond to repeated hearing screening requests. The number of refusals slightly increased while the numbers of children lost at birth showed a significant decrease from 88 to 25 which means that education and outreach is making a difference.

4. **Percent of infants lost to follow up or documentation (LFU/LTD) among all infants who did not pass their initial birth hearing screen.**



Data Source: IDPH/EHDI database. Data are available annually. 2012 data are not yet available as some children may still be receiving follow up. 2014 data is preliminary.

How are we doing? The number of infants that do not return for a hearing re-screen is steadily decreasing which means that a greater percentage of children are receiving recommended follow up.

What can Iowans do to help?

1. Go to <http://idph.iowa.gov/genetics> to learn about CCID programs, and <http://idph.iowa.gov/ehdi> to learn more about EHDI programs.
2. Support and promote newborn screenings by having your children screened, and encouraging others to do the same.
3. Conduct your own family health history and talk to your health care provider about the results.
4. Talk to your legislators about funding for newborn screening and genetic programs.
5. Contact the EHDI advisory committee (<http://idph.iowa.gov/ehdi/committee>) with questions or issues.
6. Contact the Congenital and Inherited Disorders Advisory Committee (<http://idph.iowa.gov/genetics/public/advisory-committee>) with questions or issues

Health care professionals can

1. Teach patients about the benefits of newborn screening.
2. Provide information to pregnant women about monitoring fetal activity.
3. Help patients gather their family health history and discuss the results with them.
4. Learn more about science-based genetic research.

Policymakers can

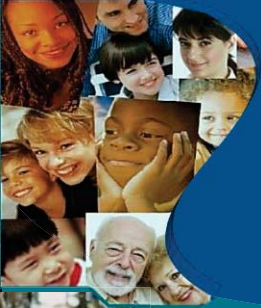
1. Learn about science-based genetic research and genetic programs.
2. Provide funding for public health-based genetic programs, including public health surveillance.

Expenditures

General fund, federal funds, private grants*, & retained fees*: K07-0705/0709/0765; 0830-0830; 0153-0570/0722/0724. EHDI: general fund & federal funds: K05-0611; 0153-0544/0682

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$1,037,327	\$1,130,890	\$1,162,083
Federal funds	\$693,985	\$504,023	\$363,782
Other funds*	\$224,869	\$301,330	\$244,969
Total funds	\$1,956,182	\$1,936,243	\$1,770,834
FTEs	3.78	4.19	3.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Iowa Dental Board

Phone: 515-281-5157
www.dentalboard.iowa.gov

Protecting & Improving
the Health of Iowans



Did you know the practice of dentistry dates back to Egyptian times? A tomb from 2600 BC marks the death of Hsy-Re, known as the “greatest to deal with teeth.” We have come a long way since those ancient days. Today, dentistry involves preventative, restorative and even cosmetic care.

The Iowa Dental Board helps keep Iowans healthy by making sure only qualified dentists, dental hygienists, and dental assistants practice in Iowa. By licensing health professionals and establishing standards for practitioners, Iowans can be confident they are receiving competent care.

Did you know?

There are 2,152 licensed dentists, 2,421 licensed dental hygienists and 4,592 registered dental assistants in Iowa.

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

- All Iowans deserve ethical and safe dental care from competent and qualified practitioners.
- Setting rules for practitioners ensures that minimum standards are met. Licensing is an effective way to keep untrained and dishonest individuals from practicing dentistry, dental hygiene, or dental assisting in Iowa.

Which Iowa Public Health Goals are we working to achieve?

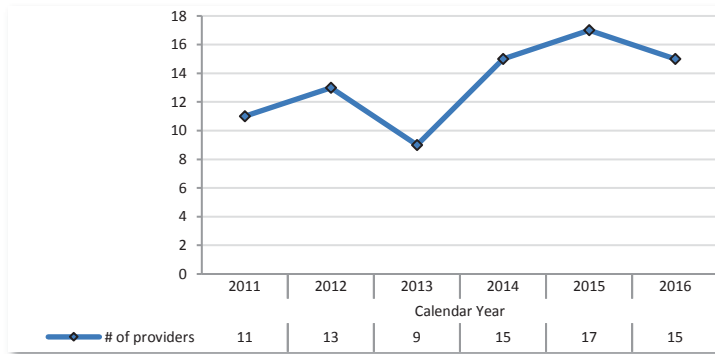
Strengthen the health infrastructure

What do we do?

- License health professionals.
- Adopt rules and establish standards for practitioners.
- Enforce Iowa laws, which regulate the practice of dentistry.
- Investigate complaints about health professionals.
- Discipline health professionals who break the law.
- Monitor disciplined and impaired (e.g., substance abuse, mental health problems) professionals so they can return to practice as soon as it is safe.
- Provide licensure and discipline data to the public.
- Educate professional groups, students, and the public.
- Watch national health care trends to see how they might apply to Iowa.

How do we measure our progress?

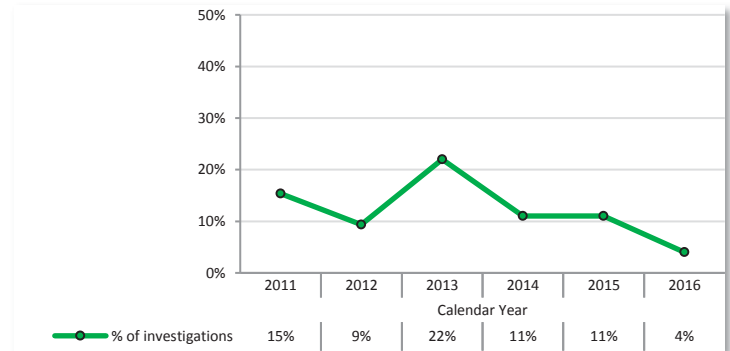
1 Number of practitioners participating in the Iowa practitioner recovery program.



Data Source: Manual counts. Data are available annually.

How are we doing? During 2016, there were 15 practitioners participating in our IPRC program.

2 Percent of investigations resulting in formal discipline.



Data Source: Board manual counts. Data are available annually.

How are we doing? Out of 150 complaints filed in 2016, 6 resulted in formal discipline.

What can Iowans do to help?

1. All Iowans can learn more about the Iowa Dental Board by going to www.dentalboard.iowa.gov.
2. Health professionals should learn how to comply with Iowa laws.
3. Health professionals can learn how to use the programs created to help impaired or potentially impaired professionals. For more information, go to www.dentalboard.iowa.gov/iprc/index.html.

Expenditures

Retained fees*: K19-2062

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$959,158	\$1,050,040	\$1,148,483
Total funds	\$959,158	\$1,050,040	\$1,148,483
FTEs	7.49	7.90	8.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Iowa Dental Board

Phone: 515-281-5157 ♦ Fax: 515-281-7969 ♦ www.dentalboard.iowa.gov

400 SW 8th Street, Suite D ♦ Des Moines, IA 50309-4687



Diabetes Prevention & Control

Phone: 515-242-6204

<http://idph.iowa.gov/diabetes>

Protecting & Improving
the Health of Iowans



Finding out that you or someone you love has diabetes is scary. You may feel frustrated, overwhelmed, or even angry. Diabetes is a serious health condition, but it can be prevented or controlled. The IDPH works with partners to help Iowans learn how to prevent and control diabetes and its complications.

A participant was admitted to comprehensive diabetes self-management education with a new diagnosis of type 2 diabetes. The participant completed 100% of the program through group sessions. Initial A1c was greater than 13% and BMI was greater than 39. An oral medication was initiated along with nutrition and activity information. The chosen behavior lifestyle goal was in regard to nutrition. At three months, the follow-up A1c had declined to less than 8% and BMI had decreased to 38, with the nutrition lifestyle goal achieved at 100%.

The Iowa Department of Public Health helps Iowans learn how to prevent and control diabetes.

Did you know? One in three adults has prediabetes, and one in eleven has diabetes.

► Why is Diabetes Prevention & Control important to protecting and improving the health of Iowans?

- Prediabetes is a condition when a person's blood glucose levels are higher than normal but not high enough to be considered diabetes. An estimated 9 in 10 adults with prediabetes don't know they have it; so many Iowans have prediabetes but don't know it.
- Type 2 diabetes can be prevented or delayed through the evidence-based and cost-effective National Diabetes Prevention Program (NDPP).
- Diabetes is a disease in which blood glucose levels are above normal. When you have diabetes, your body either doesn't make enough insulin or use its own as well as it should. Approximately 211,057 (8.8%) adult Iowans have been told by a doctor that they have diabetes.
- Risk factors for diabetes include increased age, lack of physical activity, a family history of diabetes, certain socioeconomic conditions, obesity, and certain races and ethnicities.
- Diabetes self-management education can help patients gain knowledge and skills to modify their behavior and successfully self-manage the disease.

► Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Strengthen the health infrastructure

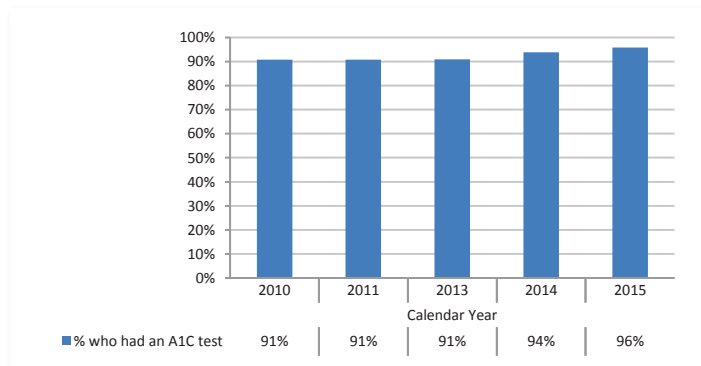
► What do we do?

The Health Promotion and Chronic Disease Control Partnership, which includes prediabetes and diabetes, collaborates with private and public agencies and organizations throughout the state to:

- Provide education about diabetes prevention and control through training for health care providers.
- Provide educational materials for communities, health care providers, and certified outpatient diabetes self-management education programs.
- Promote awareness of prediabetes and diabetes.
- Certify community-based outpatient diabetes self-management education programs.
- Maintain involvement with diabetes care providers and educators statewide.
- Monitor, evaluate, and report diabetes-related data.
- Promote and support community-based self-management programs for people with or at risk for chronic disease.

How do we measure our progress?

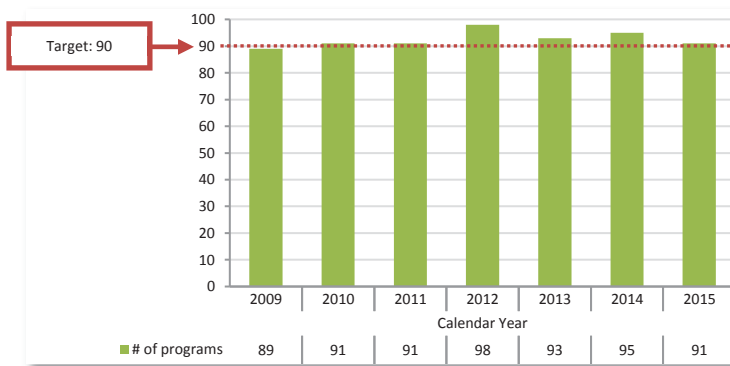
① Percent of Iowa adults with diabetes who had at least one A1C test in the last year.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available annually. BRFSS did not collect data for this question in 2012.

How are we doing? The percent of Iowa adults with diabetes who have at least one A1C test annually increased from the previous year. Note, it is recommended that this test be done at least twice a year and at least three months apart.

② Number of state-certified outpatient diabetes education programs.



Data Source: IDPH program records as of December 31 annually.

How are we doing? In 2014, the number of programs was 95. In 2015, the number of programs was 91. We have set a target of maintaining 90 programs annually.

What can Iowans do to help?

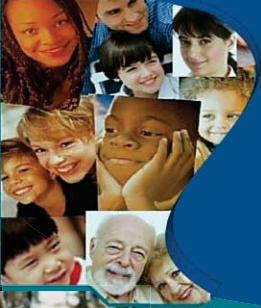
1. Iowans can make sure they know their prediabetes or diabetes status and risk by talking to their health care provider.
2. Health care providers can screen and test their patients for prediabetes and refer eligible patients to the National Diabetes Prevention Program - NDPP (<http://bit.ly/NDPPinIA>).
3. Providers working with people with diabetes can refer them to an outpatient diabetes self-management education program (<http://bit.ly/DSMEinIA>).
4. Iowans can reduce their risk for type 2 diabetes by being active most days, not using tobacco, eating healthy, and being at a healthy weight. For someone with diabetes, strict control can prevent or reduce complications including heart disease, stroke, kidney disease, blindness and amputations.

Expenditures

Federal funds: 0153-0728(33%)

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$474,698	\$733,405	\$709,433
Total funds	\$474,698	\$733,405	\$709,433
FTEs	2.53	2.84	3.12

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Disability & Health

Phone: 515-281-8465

<http://idph.iowa.gov/disability-injury-violence-prevention/disability-health>

Protecting & Improving
the Health of Iowans



The Iowa Department of Public Health (IDPH) Disability and Health Program (DHP) recently began work on a new 5 year grant funded by the Centers for Disease Control and Prevention. The Disability and Health Program will use data available to monitor the health of Iowans with disabilities as well as provide information and training to create inclusive and accessible programs aimed at improving access to programs addressing healthy weight, improved nutrition, and increased physical activity.



Did you know?

Compared to adults without disabilities, Iowans with disabilities differ in general health status and chronic disease prevalence such as having high blood pressure (24% vs 42%) and experiencing coronary heart disease (3% vs 11%), heart attack (3% vs 11%), stroke (1% vs 8%), and diabetes (6% vs 20%). People with disabilities are also more likely to have significant differences in risk factor exposures, including being a current smoker (31% vs 19%), more likely to be obese (38% vs 26%), and report inactivity (34% vs 25%).

Why is the Disability & Health Program important to protecting and improving the health of Iowans?

- Through a grant with the Centers for Disease Control and Prevention, the Disability and Health Program and its partners are working on improving the health of Iowans with disabilities through policy, programmatic, societal, and environmental changes to create healthy, inclusive communities.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Strengthen the health infrastructure

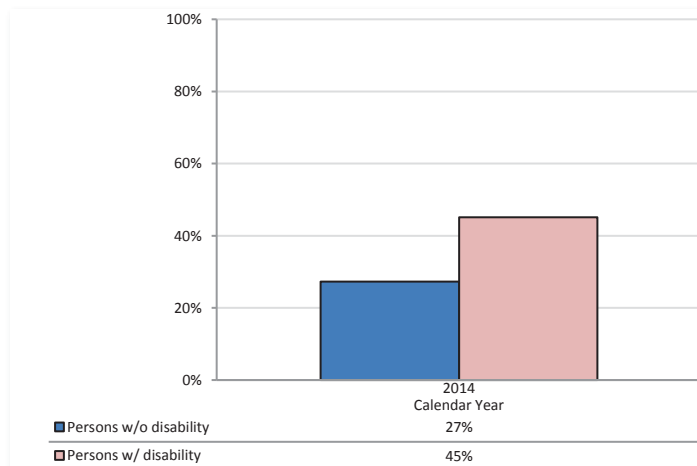
What do we do?

- Increase health promotion opportunities by offering informational resources and training on how to create disability inclusive public health programs.
- Provide site surveys on request to increase accessibility by using the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Written guidance and training on how to meet minimum compliance is available.
- Train professionals regarding communication and accommodation for patients with disabilities.
- Complete a public needs assessment of Iowans with disabilities and maintain current data to promote policy changes to increase health and wellbeing.
- Promote the creation of inclusive and healthy communities through readiness surveys and activities impacting policy, programmatic, societal and environmental changes.

How do we measure our progress?

The Disability and Health Program's goal is to improve the health of Iowans with Disabilities. Utilizing baseline information from the 2014 Iowa Behavioral Risk Surveillance Survey (BRFSS), we aim to evaluate our progress in reducing the health disparities experienced by people with disabilities by decreasing the percentage of individuals with disabilities who report being obese and increasing the number of individuals with disabilities who report being active.

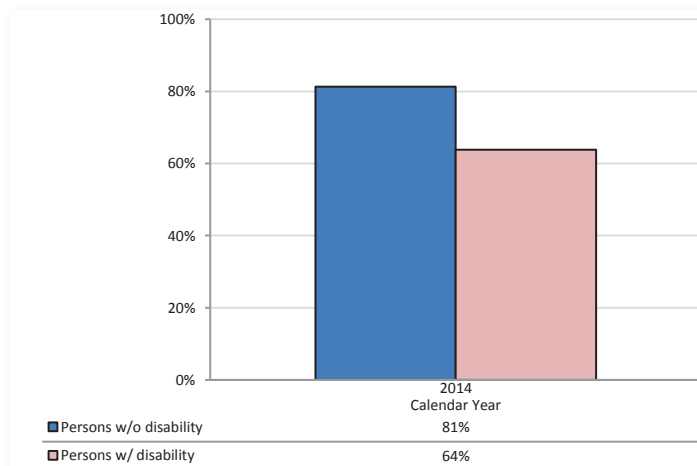
1 Percentage of Iowans with and without disabilities who report being obese.



Source: <http://dhds.cdc.gov/profiles>.

How are we doing? Persons with disabilities are significantly more likely (45.1%) to self-report being obese compared to persons without disabilities (27.3%).

2 Percent of Iowa adults who self-reported exercising in the past 30 days.



Source: <http://dhds.cdc.gov/profiles>.

How are we doing? In 2014, persons with disabilities were less likely to report exercising in the past 30 days (63.8%) compared to their non-disabled peers (81.3%).

What can Iowans do to help?

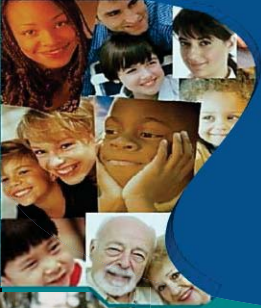
1. Organizations can "commit to inclusion" by incorporating the 9 Guidelines for Disability Inclusion: <http://committoinclusion.org/9-guidelines-for-disability-inclusion/>
2. Organizations and businesses can increase their accessibility. More information is available at <http://idph.iowa.gov/disability-injury-violence-prevention/disability-health/accessibility> or by calling 515-242-6336.

Expenditures

Federal funds: 0153-1004

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$302,847	\$318,312	\$264,127
Other	\$0	\$10,200	\$0
Total funds	\$302,847	\$328,512	\$264,127
FTEs	1.40	1.41	1.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Early Childhood

Phone: 1-800-383-3826 or 515-281-4911

<http://idph.iowa.gov/family-health>

Protecting & Improving
the Health of Iowans



Ellen's Story...

Our daughter, Ellen, was attending preschool at Heartland Child Development Center. They indicated that the Lions Club would be giving a free vision screening at the school and asked for permission to have her screened. We hadn't noticed any problems with her vision whatsoever, but thought it was a good idea to have her vision checked. Even though I am a nurse, I never detected any problems. I would not have had her vision checked until just before kindergarten.

Her results suggested that she be evaluated for a possible astigmatism. I made an appointment and her doctor was very surprised that her left eye had not turned in, as her vision was so poor in that eye. She wanted her in corrective lenses immediately to prevent any strabismus. When Ellen got her first pair of glasses, she cried; so did we! She was so surprised that she could see things that were far away. It was just before Christmas and when she saw the Christmas lights on the trees during the ride home, she said, "I never knew there were separate lights on the trees!" Initially, her vision would only correct to 20/40 with lenses. During the next year, we began patching her right eye in an effort to force the left eye to work harder. She progressed well and under the constant direction of her doctor, she was finally able to correct to 20/20. Also, both eyes have remained conjugate. She looks so cute in her little glasses.

Thank you for the work the Iowa KidSight Program does. If not for the screening, we may have waited too long, and her vision would have been forever impaired.



Did you know?

In Iowa, there are more than 237,000 young children ages 0-5. Of these approximately:

- 16% live below the federal poverty level¹.
- 35% have ever received a developmental screening¹.
- 75% have all available parents in the workforce¹.

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

- Research shows that the first five years of a child's life have a profound and lifelong impact on physical and emotional wellbeing, readiness to learn and succeed, and ability to become a productive citizen.
- Child abuse disproportionately impacts young children. In 2015, 49.3% of child abuse victims were less than 6 years old.²
- Poverty is one of the greatest barriers to healthy child development. Poverty can negatively impact young children's cognitive development and ability to learn, can lead to behavioral, social and emotional problems, and can result in poor health.¹
- Unintended injury is the leading cause of death and disability for children over age 1. Preventing injuries in early child care and education settings has a large impact on the health, school readiness, and lifelong potential of Iowa's children.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

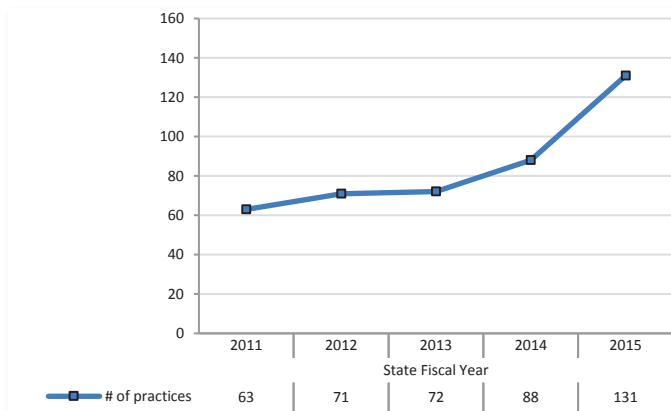
Promote healthy living

What do we do?

- Early Childhood Iowa (ECI) has developed a comprehensive plan that serves as the framework for Iowa's early childhood system.
- The 1st Five program partners with primary healthcare providers to ensure quality social, emotional, and developmental screenings of children under age 5 and helps practices by offering enhanced care coordination to families in need of diverse community resources.
- Healthy Child Care Iowa (HCCI) supports the health and safety of children enrolled in early care and education programs through nurse consultation, health education, and facilitating health services referrals.
- IDPH collaborates with community partners to implement Iowa's Endorsement for Culturally Sensitive, Relationship Focused Practice Promoting Infant Mental Health. This initiative supports early childhood professionals with resources and opportunities to promote healthy mental development among children age birth through five.
- With the Iowa Department of Education, IDPH coordinates the Early ACCESS program, providing developmental evaluations and services for children from birth to age 3, and coordinates services for children with or at risk for developmental delays.

How do we measure our progress?

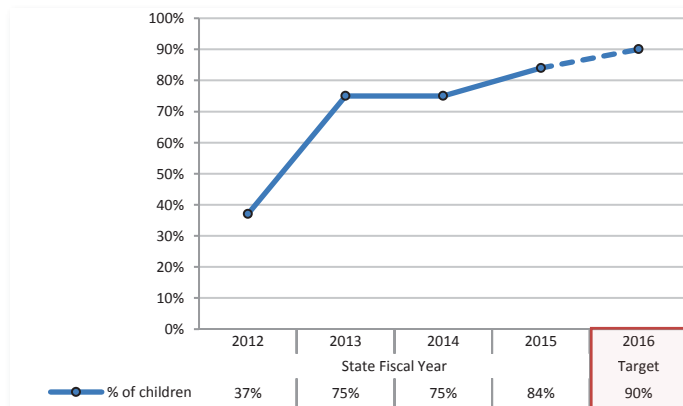
1 Number of medical practices engaged in 1st Five surveillance.



Data source: 1st Five Title V Child Health Agencies. Data are available annually.

How are we doing? Between FY06 to FY16, the number of known practices in Iowa working to integrate a standardized surveillance tool during well child exams that includes assessing for social/emotional development and family risk factors increased from 2 to more than 200. Evaluation of referrals shows that for every one referral from a medical practice, three additional referrals are identified when care coordinators work with families.

2 Percent of children with special health care needs who have a special needs care plan in the early care and education setting.



Data Source: ECI Annual Reports and HCCI records. Data are available annually. 2016 data not available.

How are we doing? In SFY2015, the percentage of children with special needs that had a care plan rose to 84%. Care plans, such as asthma action plans, diabetic care plans, allergy and anaphylaxis plans; ensure caregivers are aware of the health needs of the infants and young children in their care and how to care for these children on a daily and emergency basis.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.earlychildhoodiowa.org/parents/index.html) to learn more about Early Childhood Iowa.
2. Check <http://idph.iowa.gov/1stfive> for information on children's social-emotional development and to search a current statewide map of clinics partnering with 1st Five.
3. All Iowans can make sure their babies are screened for hearing loss. Iowa law requires screening all babies before leaving the hospital. To learn more, go to <http://idph.iowa.gov/ehdi>.
4. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or sending an email to iafamilysupportnetwork@vnsia.org.
5. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

Federal funds & intra state receipts* (Dept of Human Services & Education): 0153-0548/0676/0980. 1st Five: general fund, health care trust, & intra state receipts* (Dept of Human Services): K05-0691. Early ACCESS: federal funds & intra state receipts* (Dept of Education): 0153-0708/AR18. HCCI: intra state receipts* (Dept of Human Services & Management): 0153-0662. Vision Screening: general fund K09-0931

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$1,591,041	\$2,338,753	\$3,424,473
Federal funds	\$418,402	\$115,229	\$16,534
Other funds*	\$1,056,707	\$1,238,666	\$1,575,426
Total funds	\$3,066,150	\$3,692,648	\$5,016,433
FTEs	6.38	7.03	5.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Early Childhood

Phone: 1-800-383-3826 or 515-281-4911 ♦ <http://idph.iowa.gov/family-health>

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Early ACCESS (5th floor)

Phone: 515-201-5282 Fax: 515-725-1760

www.iafamilysupportnetwork.org/early-access-iowa/what-is-ea

1st Five (5th floor)

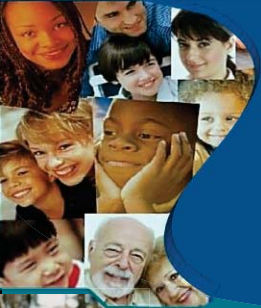
Phone: 515-281-7721 Fax: 515-725-1760

<http://idph.iowa.gov/1stfive>

Healthy Child Care Iowa (5th floor)

Phone: 281-7519 Fax: 515-725-1760

<http://idph.iowa.gov/hcci>



Emergency Medical Services and Trauma

Phone: 515-281-0620
<http://idph.iowa.gov/BETS/EMS>

Protecting & Improving
the Health of Iowans



A broken leg, a heart attack, a stroke, or an injured child – whatever the emergency, Iowa's Emergency Medical Services (EMS) system is ready to respond. Iowans rely on the EMS system to provide efficient, well-trained, and reliable out-of-hospital care. The EMS system must ensure this care is available to all Iowans, whether urban or rural, even when resources are scarce.

The Emergency Medical Services system works to ensure medical help is there when Iowans need it.



Did you know?

In 2015, 75% of authorized EMS services in Iowa describe themselves as volunteer and respond to approximately 13% of calls for service. The 25% of EMS services staffed by paid EMS providers respond to 87% of calls for service.

Iowa has an inclusive Trauma System. If an injury occurs anywhere in Iowa, there are thousands of trained providers ready to respond in a timely manner and take the victim to one of the 118 trauma care facilities where life-saving care is immediately available.

In 2015, 15,877 pediatric patients used the EMS system for either a medical or trauma emergency.



Why are EMS programs important to protecting and improving the health of Iowans?

- In 2015, Iowa ambulance services received 267,191 calls, resulting in 216,413 patients being transported to a healthcare facility.
- According to the Web-based Injury Statistics Query and Reporting System (WISQARS), unintentional injury is the leading cause of death for Iowans from age one to nine and the 4th leading cause of death for all age groups combined (Centers for Disease Control and Prevention; National Center for Injury Prevention and Control, 2014).
- Iowa's Trauma System works to decrease the incidence and severity of trauma, and prevent unnecessary deaths and disabilities.
- Iowa's Trauma System works to keep costs down while improving efficiency.
- Early CPR and defibrillation usually result in a greater than 50% long-term survival rate for witnessed cardiac arrests.

Which Iowa Public Health Goals are we working to achieve?

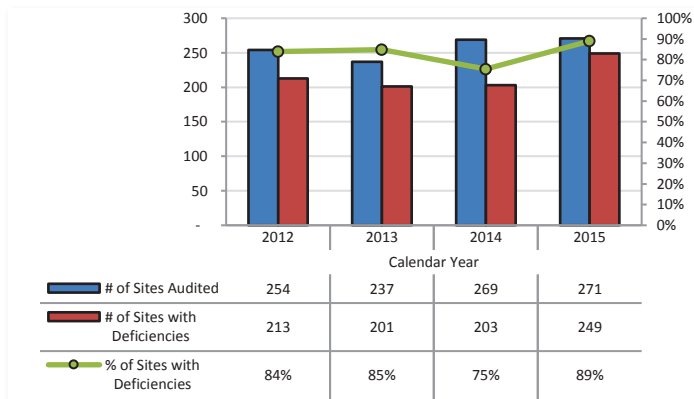
- Prevent injuries & violence
- Strengthen the health infrastructure
- Prepare for, respond to, and recover from emergencies
- Promote healthy living

What do we do?

- Regulate EMS training programs, individual providers, and patient care services. Regulation ensures baseline standards for training, certification, and service authorizations are met.
- Help county EMS associations by providing funds for training and system development, and by serving as a resource for local EMS services.
- Iowa's Trauma System certifies hospitals at a level of trauma care based on what resources are available in the community.
- Administer the Lucas Automated CPR Device Program which provides automatic chest compression devices to EMS services and hospitals across Iowa.

How do we measure our progress?

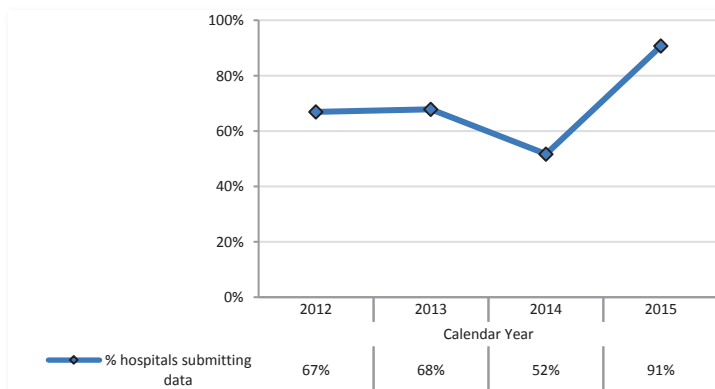
1 Number of EMS service onsite inspections with deficiencies



Data Source: Onsite inspection reports. Data are available annually.

How are we doing? The Bureau inspects each of Iowa's 712 emergency medical services every three years, or more often when deficiencies are found. For the years noted in the chart above, inspectors found an average of 3 deficiencies per onsite inspection.

2 Percent of Iowa hospitals submitting data to the state trauma registry.



Data Source: Iowa Trauma Registry.

How are we doing? Each of the 118 trauma facilities in Iowa is required to submit data to the state trauma registry. The data is used in the re-verification of the facilities to ensure standards and benchmarks are being met and to support performance improvement. In addition, the state and associated trauma committees can look at trends at our trauma facilities to identify weaknesses in our trauma program and respond to the needs of the facilities. After switching to the ImageTrend registry software, more hospitals are submitting data due to the relative ease compared to the previously used software.

What can Iowans do to help?

1. Authorized EMS service providers should make sure that all required data is submitted to the Bureau.
2. Emergency medical care providers must understand the EMS system and the rules that regulate providing emergency medical care.
3. Understand the signs and symptoms of stroke such as trouble walking and talking, and numbness or paralysis in the face, arms, or legs; and summoning emergency care.
4. All Iowans can help create public access defibrillation programs in their communities.
5. All Iowans can learn how to keep children safe from injury, including learning how to properly install child safety seats, and the importance of wearing bicycle helmets.

Expenditures

General fund and federal funds: General funds are used for maintenance of effort match for the PHHS Block Grant: K19-1941/1943; 0153-1942; Lucas Automated CPR Device Grant 0153-1992; EMS for Children: 0153-1714; Injury Prevention "Love Our Kids" license plate sales*: K19-1948; 0153-1722; Critical Access FLEX Funding 0914-CA15.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$1,158,285	\$1,324,578	\$1,323,285
Federal funds	\$851,076	\$483,419	\$514,056
Other*	\$101,873	\$118,451	\$1,987,074
Total funds	\$2,111,234	\$1,926,448	\$3,824,415
FTEs	8.60	10.16	14.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

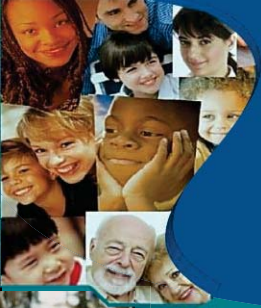
*Includes \$150,000 for technology reinvestment.

Iowa Department of Public Health Division of Acute Disease Prevention & Emergency Response and Environmental Health

Emergency Medical Services and Trauma

Phone: 1-800-728-3367 Fax: 515-281-0488 <http://idph.iowa.gov/BETS/EMS>

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075



Emergency Preparedness

Phone: 515-281-5604

<http://idph.iowa.gov/BETS/preparedness>

Protecting & Improving
the Health of Iowans



Mark Twain has been quoted as saying, "If you don't like the weather, just wait five minutes. It'll change." That old quote rings true here in the Hawkeye state with tornadoes, flooding, ice storms, and record heat and cold – sometimes all in the same week! The Bureau of Emergency and Trauma Services (BETS) Emergency Preparedness Program works to protect the health of Iowans by preparing for these natural phenomena and other public health emergencies and disasters that disrupt health care systems and affect the health of Iowans.

BETS works with health care coalitions representing local public health departments and hospitals, and other federal, state, and local partners in Iowa to provide guidance, tools, and resources to help prepare for, respond to, and recover from disasters.

No one can predict the next disaster, but BETS' work with local partners helps to enhance Iowans' ability to quickly return to normal when disaster strikes.



Did you know?

BETS administers i-SERV, the Iowa Department of Public Health's secure online registry for individuals wishing to volunteer in the event of a large-scale disaster or public health emergency. As of October 1, 2016 there are 2,233 volunteers registered in i-SERV. i-SERV is part of a federal effort to coordinate and assemble volunteers for all types of emergencies. For more information, click the i-SERV link at <http://idph.iowa.gov/BETS/preparedness>.

Why is emergency preparedness important to protecting and improving the health of Iowans?

- Public health emergencies, from human threats such as terrorism, to natural disasters like floods and tornadoes, to disease outbreaks like pandemic flu, can affect all Iowans.
- Emergencies can happen at any time and anywhere. During such emergencies, public health and healthcare professionals are among the first responders.
- Coordinating communications, plans, and systems, helps make disaster response more effective at all levels of government.
- Coordinating scarce health resources in a disaster ensures the greatest needs are met for the most people possible with the available resources.

Which Iowa Public Health Goals are we working to achieve?

Prepare for, respond to, & recover from emergencies

Prevent epidemics & the spread of disease

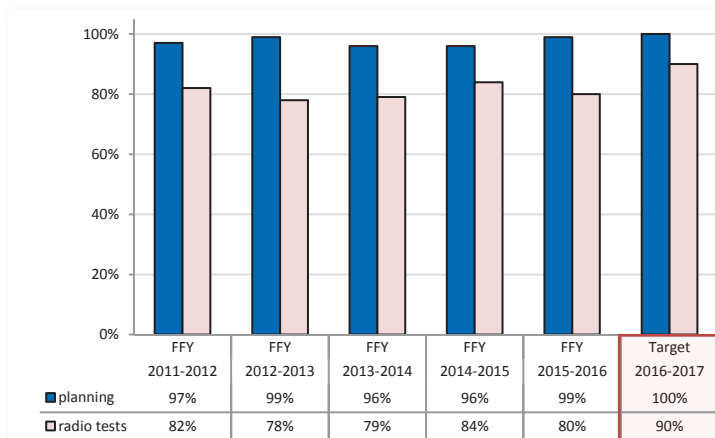
What do we do?

Administer federal preparedness grants that allow us to:

- Enable a more coordinated response due to integration of public health and health care preparedness planning.
- Operate a communications system that links critical disaster response partners.
- Work to improve plans and processes to inform the public about disaster-related health risks and ways to be protected.
- Provide disaster planning and personal preparedness information to individuals and families in Iowa.
- Recruit and register medical volunteers to assist overwhelmed health care systems during an emergency.
- Recruit and maintain the Public Health Response Teams, which respond to disasters and relieve overwhelmed locals until other resources can arrive on scene.
- Maintain a stockpile of emergency medical countermeasures in the event of a large-scale disaster or infectious disease outbreak.

How do we measure our progress?

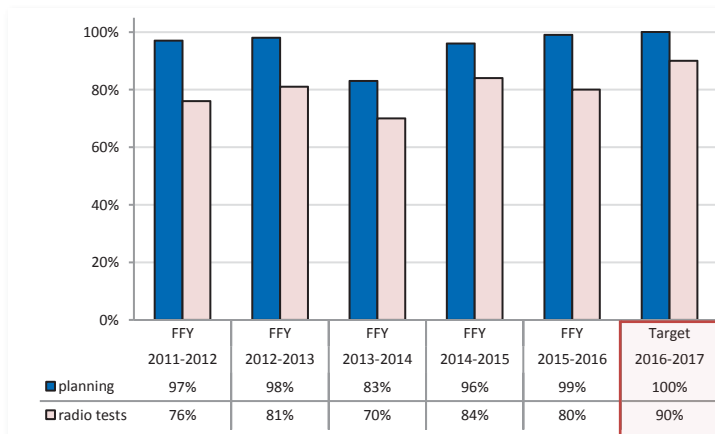
1 Percent of local public health agencies that complete preparedness activities.



Data Source: Reports from Local Public Health Agencies. Data are available annually. Radio test figures are from January through September 2016.

How are we doing? In FY2015-2016, Iowa's local public health agencies partnered with hospitals and other agencies to ensure their communities are prepared for a disaster. Agencies were asked to complete plans and respond to monthly radio checks to ensure redundant, interoperable communications in the event of an emergency.

2 Percent of hospitals that complete preparedness activities.



Data Source: Reports from Iowa Hospitals. Data are available annually. Radio test figures are from January through September 2016.

How are we doing? In FY2015-2016, Iowa's hospitals partnered with local public health agencies and other agencies to ensure their communities are prepared for a disaster. Hospitals were asked to complete plans and respond to monthly radio checks to ensure redundant, interoperable communications in the event of an emergency.

What can Iowans do to help?

1. Create a family disaster plan and family disaster kit. Review the plan at least once a year. For help creating a disaster plan and more information on what should be included in the kit, go to www.ready.gov/kit.
2. Become involved with public health and hospital volunteer programs in your community to assist in exercises and actual incidents.
3. Healthcare and public health professionals should remain vigilant with emerging infectious diseases that pose a threat to the public's health.

Expenditures

Antiviral Program: general fund (Executive Council – Iowa Code 7D.29): K19-1938. **Hospital Preparedness:** federal funds: 0153-1934; Ebola 1956-EB20. **Public Health Preparedness:** federal funds: 0153-1932; Ebola Phase 2: 1932-EPR6.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$57,663	\$73,315	\$75,375
Federal funds	\$8,980,506	\$8,782,315	\$11,044,560
Total funds	\$9,038,169	\$8,855,630	\$11,119,935
FTEs	17.59	16.96	17.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Environmental Epidemiology

Phone: 515-281-7462
<http://idph.iowa.gov/ehs>

Protecting & Improving
the Health of Iowans



Iowans may be exposed to environmental conditions that cause disease at home, outdoors, and in the workplace. Environmental Epidemiology helps protect the health of all Iowans by watching for and investigating environmental diseases and illnesses such as, arsenic in private water wells, carbon monoxide poisoning, lead poisoning, work-related exposures, and environmental concerns during floods or other natural disasters. Environmental Epidemiology works with local and state partners to prevent illness and injury by providing data collection and analysis that impacts decisions made for outreach, awareness, and intervention activities. This includes assuring children are tested for lead poisoning, collaborating on activities that reduce exposure for lead-poisoned children and adults, and providing information on how to prevent harmful exposures and injuries at home, work, and play.

By working to understand and prevent harmful environmental exposures, Environmental Epidemiology helps keep Iowans safe.

Did you know?

About 400 Iowa children born each year will become lead poisoned by their 6th birthday.

In 2014, there were 91 fatal occupational injury deaths reported in Iowa. Iowa has a higher percentage of older worker deaths (55 years of age or older) with a 2009-2013 average of 45% compared to a U.S. average of 32%. From 2009-2013, only 11% of the Iowa workforce worked in agriculture and construction but these workers had 49% of the fatal workplace injuries.

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

- Everyone has some risk for developing an environmental or occupational disease.
- Nearly 40% of Iowa houses were built before 1950, and most of these homes 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 them in their mouths.
- In 2015, Iowa had 761 adults with an elevated blood lead test of 10 µg/dL or higher, with about 90% related to workplace exposure. Other adult elevated blood lead exposures in Iowa occur from hobby activities or while doing home renovation projects.
- In 2015, there were 27 deaths from CO exposure in Iowa and 248 emergency department visits from CO poisoning.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prepare for, respond to, & recover from emergencies

Prevent epidemics & the spread of disease

Prevent injuries & violence

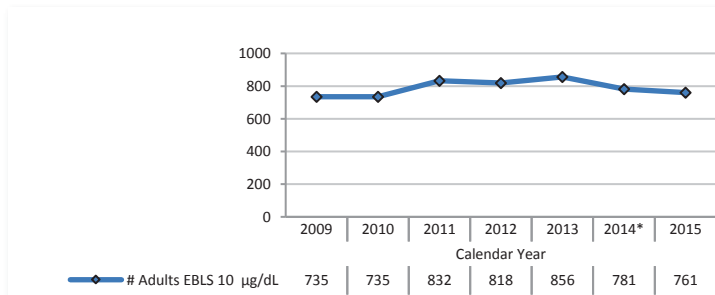
Strengthen the health infrastructure

What do we do?

- Environmental Health Services works with other state and local agencies to investigate illnesses caused by food, water, or environmental exposures, providing guidance and assistance to local public health officials and other state agencies when needed.
- The Lead Poisoning Prevention program works to reduce childhood lead poisoning. The program manages data surveillance for the entire state. IDPH works with 23 local programs to provide funding and technical assistance to assure services are available across the state. Services may include the promotion of testing, monitoring blood test results for lead exposure, case management with lead hazard identification and intervention for lead-poisoned children with higher levels, and educating Iowans about prevention.
- The Occupational Health and Safety Surveillance program tracks, analyzes, and reports work-related illness, injury, and death data, and oversees all cases of adult lead poisoning. It also provides information to workers, employers, medical providers, and other public health programs.
- The Environmental Public Health Tracking program involves the ongoing collection, integration, analysis, interpretation, and dissemination of data on environmental hazards, exposures to those hazards, and health effects that may be related to the exposures.

How do we measure our progress?

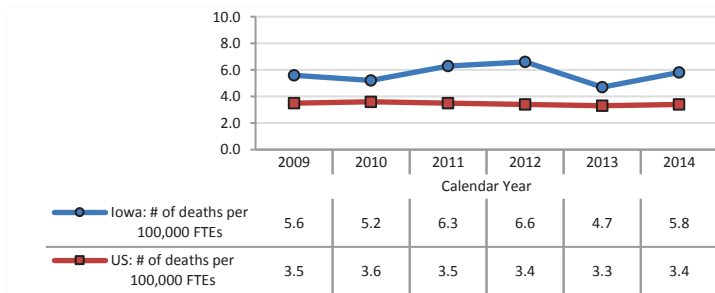
1 Number of adults with elevated blood lead (EBL) test results



Data Source: Iowa ABLES Surveillance

How are we doing? Numbers have been declining since 2013 at all levels of adult lead exposure. Some of this decrease may be due to a change in the data surveillance system that occurred in July 2014. Surveillance quality improvement measures are ongoing. Activities to raise community and worker awareness of prevention options and the risks of chronic low-level lead adult exposure and acute high-level exposure continue.

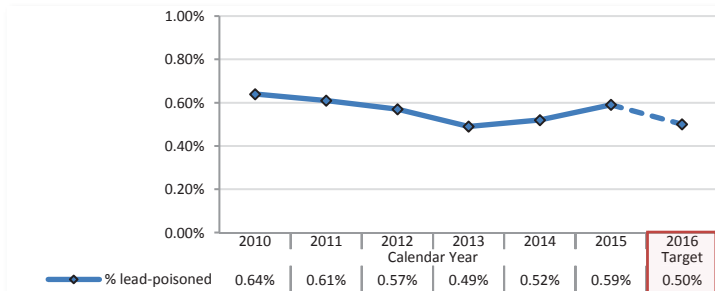
2 Rates of fatal work-related injuries occurring in Iowa and the US per 100,000 full time equivalent workers (FTEs).



Data Source: IDPH Occupational Health & Safety Surveillance Program and U.S. Department of Labor.

How are we doing? The trend since 2009 shows Iowa's rates trending up, yet US rates are trending down. Iowa has many high-risk jobs and workers often work to an older age. Many high-risk workers work for themselves or for a family or small business that may have limited safety resources. Transportation-related incidents and falls, slips, and trips remain the highest events causing death.

3 Percent of Iowa children under 6 years old who have confirmed elevated blood lead levels (≥ 10 µg/dL).



Data Source: IDPH Childhood Blood Lead Surveillance Database. Data are available annually.

How are we doing? The percentage of children tested who have confirmed elevated blood lead levels continues to be low.

What can Iowans do to help?

1. If you have been diagnosed with an environmental-related disease, make sure your physician reports it to IDPH. For a list of reportable environmental diseases, go to <http://idph.iowa.gov/ehs/reportable-diseases>
2. Local public health should consult the Environmental Epidemiology program for help and guidance on possible environmental exposures and health concerns. <http://idph.iowa.gov/ehs>
3. All Iowans should be aware of lead poisoning risks. Iowa parents should be aware of possible exposure to lead hazards and have their children tested for lead poisoning. Adults who work with lead should be aware of their lead exposure level and health impacts. Their children can be poisoned by lead brought home on their clothes, and unborn children can be exposed to lead while a woman is pregnant. <http://idph.iowa.gov/lpp/surveillance>
4. Follow laws requiring training and certification of those who identify or abate lead-based paint, and those who perform renovation, remodeling, and repainting in pre-1978 housing or child-occupied facilities. <http://idph.iowa.gov/lpp/certification>
5. Iowa workplaces should adopt safety practices to prevent illnesses, injuries, and fatalities. <http://idph.iowa.gov/lpp/occupational-health>

Expenditures

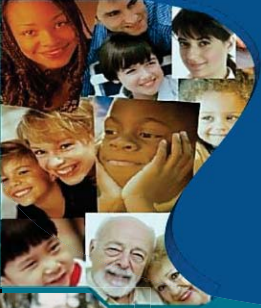
Funding Sources: General fund, federal funds, & retained fees*. K13-1351; 0153-0402/0984/1708/1912

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$507,811	\$535,202	\$537,750
Federal funds	\$1,237,722	\$1,144,173	\$1,153,214
Other funds*	\$13,966	\$13,373	\$24,577
Total funds	\$1,759,499	\$1,692,748	\$1,715,541
FTEs	8.67	8.67	8.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response and Environmental Health ♦ Environmental Epidemiology
 Phone: 515-281-7462 ♦ Fax: 515-281-4529 ♦ <http://idph.iowa.gov/ADPEREH> ♦ <http://idph.iowa.gov/ehs>
 5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Lead Poisoning Prevention – Phone: 800-972-2026 ♦ Fax: 515-281-4529 ♦ <http://idph.iowa.gov/ehs>
 Occupational Health & Safety Surveillance – Phone: 800-972-2026 ♦ Fax: 515-281-4529 ♦ <http://idph.iowa.gov/lpp/occupational-health>



Environmental Health Protection

Phone: 800-972-2026
<http://idph.iowa.gov/ehs>

Protecting & Improving
the Health of Iowans



The Bureau of Environmental Health Services strives to ensure the protection of environmental health by providing technical assistance and services to local environmental health departments, local boards of health, and all Iowans. Bureau staff ensure the protection of environmental health in swimming pools and spas, tattoo establishments, and migrant labor camps. We verify that water treatment devices, such as water filters, perform appropriately and as claimed by the manufacturer. We also issue professional licenses and certifications.

Did you know? Annual inspections for tattoo establishments and pool facilities are conducted by qualified staff of local boards of health in 97 of Iowa's 99 counties.

Why are Environmental Health Protection programs important to protecting and improving the health of Iowans?

- The Backflow Program ensures that the individuals testing and repairing backflow prevention assemblies are knowledgeable in performing these tasks to protect your drinking water supply.
- The Migrant Labor Camp program provides sanitation and health standards relating to the construction, operation, and maintenance of migrant labor camps to reduce the risk of communicable disease transmission and injury among migrant farm workers.
- The Plumbing and Mechanical Systems Board licenses individuals who work on the plumbing, HVAC, refrigeration and hydronic systems and equipment, which helps eliminate the threat of contaminating city and county water supplies, and preventing major accidents associated with faulty equipment installations.
- The Swimming Pool and Spa Program works to reduce the number of recreational water illnesses transmitted through swimming pools and spas and to minimize the number of serious injuries and drowning incidents associated with swimming pools and spas throughout the state.
- The Tattoo Program ensures that all tattoo artists and establishments meet the criteria to be permitted in Iowa.
- The Water Treatment Program ensures the system you purchase performs as advertised by the manufacturer/seller to reduce the specified health related contaminants and claims are truthful and accurate.
- The Lead Professional Certification Program aims to reduce the number of lead-poisoned children in Iowa.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prevent epidemics & the spread of disease

Prevent injuries & violence

What do we do?

- The Backflow Prevention Assembly Tester Registration program sets training standards for technicians who test backflow prevention devices and maintains a registry of qualified technicians.
- The IDPH Migrant Labor Camp Program permits operators providing housing to seven or more migrant agricultural workers, who travel for the purpose of seasonal employment in agriculture.
- IDPH maintains the Iowa State Plumbing Code and Iowa State Mechanical Code, the minimum standards for plumbing and mechanical work in Iowa cities.
- IDPH reviews the health-related contaminant reduction claims of water treatment systems and maintains a registry of systems that comply.
- The Swimming Pool and Spa Program registers swimming pools and spas, establishes safety and sanitation criteria for their operation and use, establishes minimum qualifications for pool operators and lifeguards, and inspects facilities to make sure they are safe.
- The tattoo program manages permits for permanent establishments, mobile establishments and temporary establishment permits while ensuring that all tattooing performed in the State of Iowa is in accordance with applicable rules.
- The Lead Professional Certification Program ensures that lead-based paint is identified and remediated according to work practice standards.

How do we measure our progress?

1 Number of backflow prevention assembly testers certified.

How are we doing? In 2016, IDPH issued certification to 1,290 individuals conducting backflow prevention assembly tests.

2 Number of migrant labor camp permits issued.

How are we doing? In 2016, the migrant labor camp program issued 16 permits in 7 counties ensuring that 1,452 migrant and seasonal farm workers and their families live in housing that meets Iowa law.

3 Number of plumbing and mechanical professional licenses issued by the Plumbing and Mechanical Systems Board.

Data Source: IDPH Licensing Database. Data are available annually.

How are we doing? As of December 2016, 11,883 plumbing and mechanical professionals and 1,783 contractors were licensed in the state.

4 Number of pools and spas registered.

How are we doing? As of December 2016, IDPH issued registrations to 2,258 pool facilities. This includes pools, spas, splash pads, and water slides.

5 Number of tattoo artist and tattoo establishment permits issued.

How are we doing? In 2016, the tattoo program issued 768 tattoo artist permits and 273 tattoo establishment permits.

6 Number of water treatment systems registered.

How are we doing? In 2016, IDPH issued 359 registrations for water treatment systems sold in Iowa.

7 Number of certified lead professionals.

How are we doing? In 2016, IDPH issued 3,422 individual certifications and 2,167 firm certifications for lead professional activities.

What can Iowans do to help?

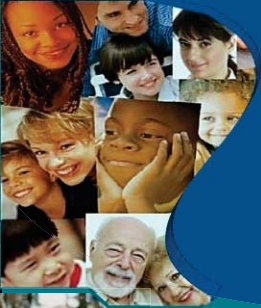
1. A list of licensed plumbing and mechanical contractors is available at <https://eservices.iowa.gov/pmsb/>.
2. The patron or bather shares a responsibility in maintaining a healthy swimming environment by practicing healthy swimming behaviors to improve hygiene and reduce the spread of disease:
<http://idph.iowa.gov/swimmingpoolsandspas/safety>
3. Consumers and bathers also share responsibility for using aquatic facilities in a healthy and safe manner to reduce the incidence of injuries. Please always provide direct supervision of your children whenever they are in or around the water and follow all posted rules.
<http://idph.iowa.gov/swimmingpoolsandspas/prevention>
4. To access the list of registered water treatment devices, visit <http://idph.iowa.gov/ehs/water-treatment>.
5. Make sure only registered professionals test or repair your backflow prevention assemblies by visiting <http://idph.iowa.gov/ehs/backflow-prevention>.
6. You can report housing concerns at migrant labor camps by filing a complaint at <http://idph.iowa.gov/ehs/migrant-labor-camp>.
7. Report non-permitted tattoo artists to <http://idph.iowa.gov/tattoo>.

Expenditures

General fund & retained fees*: K19-1901/1903/1905/1954/2041

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$157,237	\$277,320	\$276,677
Other funds*	\$1,321,644	\$1,083,568	\$1,468,369
Total funds	\$1,478,881	\$1,360,888	\$1,745,046
FTEs	11.78	10.97	12.36

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Environmental Health Services & Outreach

Phone: 515-281-0921
<http://idph.iowa.gov/ehs>

Protecting & Improving
the Health of Iowans



We live in a time when it's easy to take many things for granted. Clean water, safe food, and proper waste disposal are things we expect. However, it takes properly trained people at the local level to carry out the work needed to ensure the basics we've come to expect are there consistently. IDPH works to ensure the same services and knowledge are delivered statewide, regardless the size of the community.

IDPH supports local boards of health and their employees in providing environmental health programs. These trained individuals are key in performing routine inspections on regulated facilities as well as providing technical assistance and guidance to local public health officials and Iowans who have concern regarding environmental exposures and their health.

Did you know?

We work closely with all 99 counties to ensure they have the resources to perform all aspects of environmental health.

Why are Environmental Health Services and Outreach important to protecting and improving the health of Iowans?

- Concerns about environmental conditions continue to increase, but the level of environmental health services is not consistent across the state.
- Environmental health affects every Iowan every day. The environmental health workforce is vital to making sure Iowans are safe where they live, work, and play.
- Environmental hazards may affect Iowans in a public health emergency or natural disaster. These include food safety, availability of clean drinking water, management of waste, and air quality.
- Iowa's environmental health workforce is aging and it is important to recruit new graduates to the field of environmental health.
- During public health emergencies and natural disasters, federal resources are typically not available for the first 72 hours. Local health agencies must be prepared to respond until additional assistance arrives.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Protect against environmental hazards

Prepare for, respond to, & recover from emergencies

What do we do?

- Offer consultation to local boards of health and boards of supervisors on their role in providing environmental health services. This includes finding and hiring qualified environmental health specialists.
- Provide training and consultation services to local environmental health staff and public on issues including indoor air quality, water quality, tattoo inspections, and more.
- Provide technical assistance and consultation during a food or water related illness outbreak investigation.
- Facilitate coordination between state agencies and local public health agencies.
- Provide equipment, assistance, and back-up staff for local emergency response plans.
- The Grants to Counties Water Well program provides funding to local health departments for private well testing, plugging abandoned wells, and renovating existing wells.

▶ How do we measure our progress?

❶ Number of well tests provided by the Grants to Counties program:

Data Source: Program tracking logs. Data are available quarterly.

How are we doing? In state fiscal year 2016, over 7,000 private wells in Iowa had their water tested for coliform bacteria and nitrate through the Grants to Counties program.

❷ Number of wells rehabilitated by the Grants to Counties program:

Data Source: Program tracking logs. Data are available quarterly.

How are we doing? In state fiscal year 2016, 174 private drinking wells were rehabilitated to protect public health and prevent groundwater contamination.

❸ Number of wells plugged by the Grants to Counties program:

Data Source: Program tracking logs. Data are available quarterly.

How are we doing? In state fiscal year 2016, over 1800 wells and cisterns were plugged to protect public health and prevent groundwater contamination.

▶ What can Iowans do to help?

1. All Iowans should develop a personal or family disaster plan. For more information, go to www.ready.gov.
2. Iowans can contact their county environmental health office if they would like a free water test for their private well, or if they need help paying for the cost of plugging a well.
3. Local public health officials, elected officials and board of health members should call 515-281-0921 with questions about the delivery of environmental health services in Iowa.

▶ Expenditures

General fund, federal funds, & intra state receipts* (Dept of Natural Resources): K09-0963; K13-1303/1402/1404; K19-1901.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$509,101	\$301,264	\$300,518
Federal funds	\$28,254	\$17,171	\$19,000
Other funds*	\$1,601,226	\$1,797,933	\$2,697,581
Total funds	\$2,138,580	\$2,116,368	\$3,017,099
FTEs	3.81	2.80	3.56

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Family Planning

Phone: 515-321-8159

<http://idph.iowa.gov/family-health/family-planning>

Protecting & Improving
the Health of Iowans



The Iowa Department of Public Health (IDPH) Family Planning Program provides funding to community agencies to offer medical services, health education, and information to Iowans to promote reproductive health in Iowa.

A client from Western Iowa who is pursuing a career in health care sent the following thank you note to her provider: "Words cannot explain how grateful I am to have a caring woman like you as my provider. You went out of your way to take care of me on a Saturday. I appreciate the things you do." Family Planning services help men and women reach their educational and career goals.

A woman from Southern Iowa wrote, "I really appreciate that I have somewhere to go for a reasonable price. I am grateful to know that I was still welcome even though I didn't have payment today."

Did you know?

In 2013, 42% of pregnancies in Iowa were unintended according to the Iowa Pregnancy Risk Assessment Monitoring Surveillance program.

Why is the Family Planning program important to protecting and improving the health of Iowans?

- There are about 330,620 women in Iowa ages 13-44 that need contraceptive services. Increasingly men are seeking family planning services. Improving birth outcomes and promoting healthy families and communities are essential to promoting public health.
- The social and economic circumstances facing low-income or minority families may result in decreased access to family planning services.
- Iowa's adolescents have higher rates of unintended pregnancy, low birth weight babies, and sexually transmitted infections (STI) than any other age cohort does. The national teen birth rate for 15 to 19 year olds is 34.3 per 1000 population. Iowa's statewide birth rate for 15-19 year olds was 20.4 in 2014. However, there are significant differences by race and ethnicity among Iowa's adolescents. Iowa's non-Hispanic Black females 15-19 years olds experience a birth rate at almost 3.5 times that of their non-Hispanic White peers. Hispanic teens are similar with a birth rate almost 3 times that of non-Hispanic white teens.
- In 2015, Title X providers in Iowa served 40,910 women and 3,027 men. Almost 36,000 of those individuals had an annual income less than 250% of the federal poverty level. Title X providers also provided cervical cancer screenings, 14% of which required additional follow up for abnormal findings, 49,734 STI tests, and 4,887 HIV tests.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Strengthen the health infrastructure

What do we do?

Medical Services

- Birth control exams and supplies
- Tests and treatment for sexually transmitted diseases
- Cancer screening: pap smears and breast exams
- Infertility exams, counseling, and referral
- Tests for high blood pressure and anemia
- Pregnancy tests

Information

- How to plan a healthy pregnancy
- How to talk with parents and others about sexuality
- How to make responsible sexual decisions, avoiding reproductive coercion
- How to make a reproductive life plan

Health Education

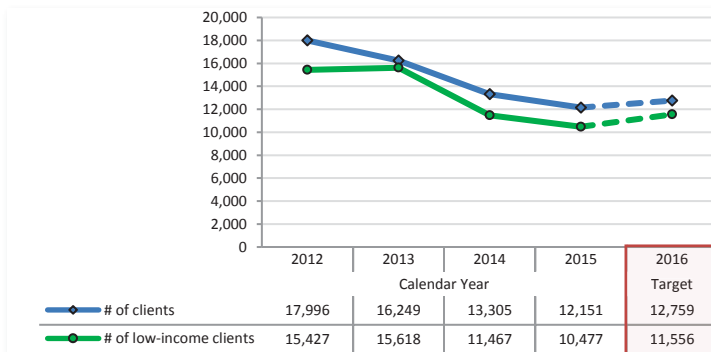
- Birth control methods
- Reproductive health and reproductive life planning
- Self-exams for breast or testicular cancer
- Sexually transmitted infections and HIV/AIDS
- Importance of nutrition
- Effects of alcohol, drugs, and tobacco on reproductive health

Community Education

- Public speakers and educational materials
- Parent-child communication
- Reproductive health
- Birth control
- Other family planning-related issues, including HIV/AIDS and STI prevention

How do we measure our progress?

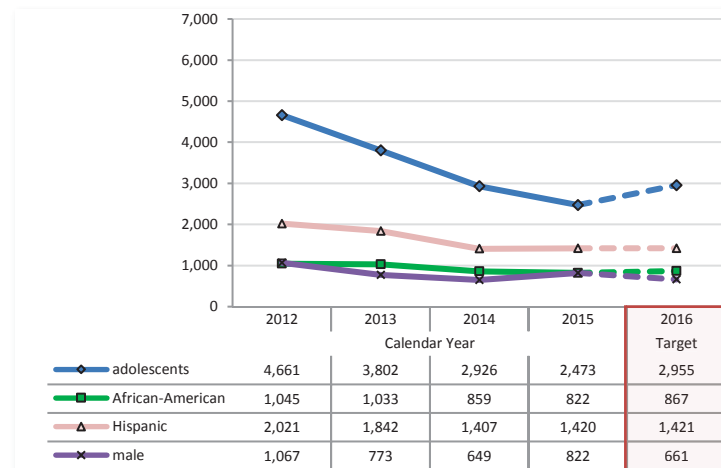
- 1 Number of unduplicated clients served.
- 2 Number of low-income clients served (below 150% of the federal poverty level).



Data Source: Family Planning Annual Report.

How are we doing? IDPH funded family planning clinics continue to see a high proportion of low income clients.

- 3 Number of adolescents (under 20 years old) served.
- 4 Number of African-American clients served.
- 5 Number of Hispanic clients served.
- 6 Number of male clients served.



Data Source: Family Planning Annual Report.

How are we doing? The number of adolescent clients increased between 2008 and 2011, staying stable through 2015. The number of male clients increased annually from 2007 to 2012 and has remained stable. The number of African-American clients decreased slightly in 2014 and 2015. The number of Hispanic clients served increased to its highest level in 2012 but dropped slightly in 2013 and 2014, increasing again in 2015.

What can Iowans do to help?

1. Learn more about the Family Planning Program by going to <http://idph.iowa.gov/family-health/family-planning>.
2. Share with friends and colleagues how important it is that pregnancies are planned.
3. Share with friends, colleagues, and other health professionals that no-cost or low-cost reproductive health care screening and contraception is available by calling 1-800-369-2229.

Expenditures

Federal funds: 0153-0302

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,184,398	\$1,227,639	\$1,241,499
Total funds	\$1,184,398	\$1,227,639	\$1,241,499
FTEs	1.90	1.80	1.65

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Finance

Phone: 515-281-6645
<http://idph.iowa.gov/finance>

**Protecting & Improving
the Health of Iowans**



Who does the bookkeeping in your family? Who pays the bills and makes sure the money is spent wisely? It's an important task and one that requires a great deal of responsibility and attention to detail. Now, imagine keeping the books for a family of 468. The IDPH Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for the 468 employees of IDPH and the department's 65 program areas. That's a lot of beans to count!

By improving the processes and procedures for service contracts, the Bureau of Finance has been able to manage scarce resources more effectively. By handling all the financial matters for IDPH, program staff members can devote their time to promoting and protecting the health of Iowans.

The Bureau of Finance works hard to ensure the department spends every dollar as effectively and efficiently as possible.

Did you know?

Did you know? The Bureau of Finance paid 14,000 bills for different contracts to over 853 different contractors that provided services to lowans in their local communities in state fiscal year (SFY) 2016.

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

- The Bureau of Finance ensures scarce resources are spent effectively so the 65 program areas and 468 employees of IDPH can work to promote and protect the health of Iowans.
- Centralizing administrative support services in the Bureau of Finance is an effective and efficient way to monitor and assure accountability in the use of taxpayer money.

► Which Iowa Public Health Goals are we working to achieve?

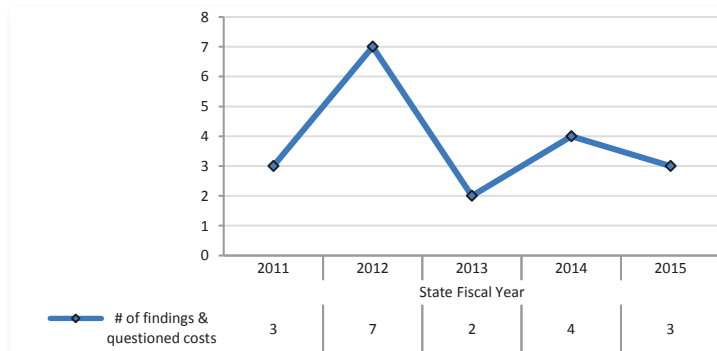
Strengthen the health infrastructure

What do we do?

- The Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for IDPH.
- The Bureau works to improve the service contracting process by standardizing and simplifying procedures throughout the department.
- Contractors use IowaGrants.gov, an electronic grant management system, for service contract management including the submission of requests for funding, submission of required progress reports, and reimbursement requests.

How do we measure our progress?

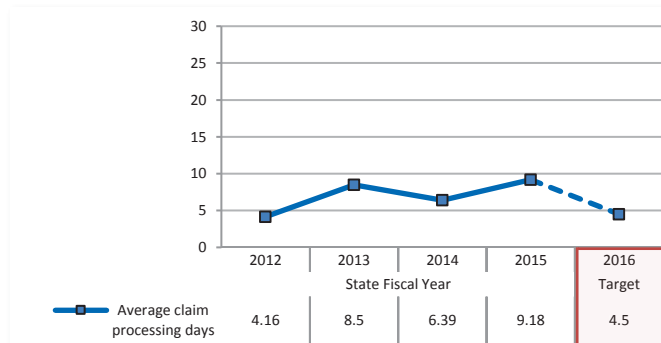
① Audit Reports: Number of findings and questioned costs.



Data Source: State Audit Report. Data are available annually.

How are we doing? The number of audit findings has been consistently low over the past several years. IDPH received 3 findings in the 2015 Audit Report. The target is always 0.

② Claim processing: Average processing time from receipt of an account payable document to issuance of payment by DAS.



Data Source: Program records. Data are available annually.

How are we doing? We have consistently met our goal for claim turnaround time since SFY 2010 helping to ensure timely payment to our numerous vendors/contractors.

What can Iowans do to help?

1. All IDPH service contractors must follow the terms and conditions of financial management, confidentiality, staff qualifications, contract performance, and contract administration. For more information on IDPH terms and conditions, go to "Funding Opportunities" at <http://idph.iowa.gov/finance/funding-opportunities/general-conditions>.
2. IDPH employees must ensure that the state gets the highest quality service from providers at the most reasonable cost.
3. All Iowans can recommend ways the bureau can improve its services by e-mailing the Finance Bureau Chief at cheryl.christie@idph.iowa.gov.

Expenditures

Federal indirect funds, & indirect funds from private grants*: 0153-2202

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,528,378	\$1,617,184	\$1,009,930
Other funds*	\$0	\$0	\$720,070
Total funds	\$1,528,378	\$1,617,184	\$1,730,000
FTEs	16.26	17.22	19.50

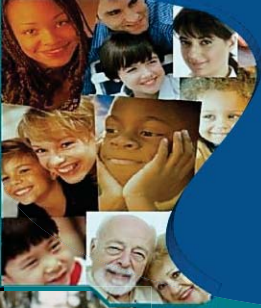
Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Finance
 Phone: 515-281-6645 ♦ Fax: 515-281-3789 ♦ <http://idph.iowa.gov/finance>
 6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Accounts Payable – Phone: 515-281-8539

Accounts Receivable and Service Contracting – Phone: 515-281-6645

Administrative Services (Fleet, Mail, Purchasing, etc.) – Phone: 515-281-3699



Gambling Treatment & Prevention

Phone: 1-800-BETS OFF
www.1800BETSOFF.org

Phone: 515-281-8802
http://idph.iowa.gov/igtp

Protecting & Improving
the Health of Iowans



For most people, office pools, lottery tickets or a trip to the casino are harmless entertainment. For some, however, gambling leads to serious problems that can also harm people close to them and the wider community. For problem gamblers, the Iowa Gambling Treatment Program is here to help.

Gambling had taken control of Jeff's life two years ago. In that short time, he amassed nearly \$110,000 in credit card debt and was on the verge of bankruptcy. He spent hours away from his family and work to be at the casino. He opened new credit cards and maxed them out. As the bills began to pile up, he knew he needed to stop but couldn't put the brakes on his habit himself. "I didn't know what I was going to do," he said. "Without treatment, I wouldn't have been able to quit. I've got a long way to go to be out of debt but I have the skills to do it...I have hope."

Did you know?

Iowans seeking to gamble can choose from 19 casinos licensed by the Iowa Racing and Gaming Commission, three tribal casinos, 2,400 lottery outlets, and over 2,700 entities holding social, charitable, and amusement gaming licenses. These venues were in addition to a broad range of social media and smartphone gambling-like games and applications, as well as numerous Internet and other illegal gaming opportunities.

Why is Gambling Treatment & Prevention important to protecting and improving the health of Iowans?

- From the UNI-CSBR report *Gambling Attitudes and Behaviors: A 2015 Survey of Adult Iowans*, we have learned:
 - Approximately 294,000 adult Iowans (13%) experienced a symptom of problem gambling in the past 12 months.
 - Almost 1 in 4 (23%) of adult Iowans know a person whose gambling may be causing problems for him/her.
- Iowans with gambling problems report money spent gambling led to financial, personal, family, and work problems.
- Treatment is effective in reducing or eliminating gambling and associated problems like debt and employment concerns.
- The 1-800-BETS OFF helpline and website offer Iowans help and information.
 - In SFY 2016, over 5,700 calls were logged to the helpline and over 9,500 visits were made to www.1800BETSOFF.org.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

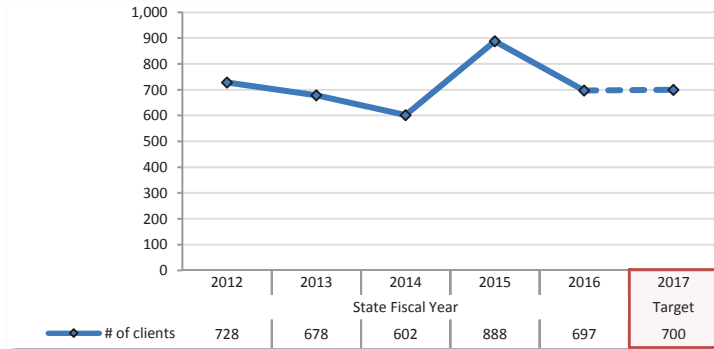
Strengthen the health infrastructure

What do we do?

- Fund counseling for problem gamblers and those affected by the gambling of a family member.
- Fund recovery support services to assist persons receiving problem gambling treatment.
- Fund prevention and education services on the risks and responsibilities of gambling.
- Fund prevention services for groups at increased risk of problem gambling.
- Fund helpline referral and education services through 1-800-BETS OFF and www.1800BETSOFF.org.
- Fund training and professional development for counselors treating problem gambling and common co-occurring disorders, like substance abuse.
- Promote a recovery-oriented system of care that supports long-term recovery efforts of Iowans.

How do we measure our progress?

① Number of clients receiving treatment services from a state funded provider.



Data Source: Iowa Service Management Reporting Tool (I-SMART). Data are available annually.

How are we doing? In SFY2016, 697 clients received treatment services.

② Percent of discharged clients who successfully completed treatment who report no gambling in the past 30 days.



Data Source: CY 2006-2010 - Iowa Gambling Treatment Outcome System. CY 2011-2014 Iowa Service Management Reporting Tool (I-SMART)

How are we doing? Of clients who successfully completed treatment in calendar year 2014, 75% reported no gambling in the past 30 days.

What can Iowans do to help?

1. If you or someone you care about is struggling with problem gambling, call 1-800-BETS OFF for help.
2. Problem gambling often co-occurs with and can elevate other mental health, substance use or health problems. Understand the signs and symptoms of problem gambling and how to treat it or where to refer people for help. Training, education and information on problem gambling is available through Training Resources at www.trainingresources.org and the Iowa Substance Abuse Information Center at www.drugfreeinfo.org.
3. All Iowans can find more information about problem gambling at www.1800BETSOFF.org.

Expenditures

General fund: K01-0222

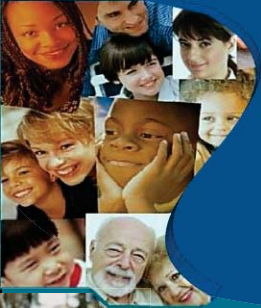
	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal year 2017 Estimate
State funds	\$2,574,622	\$2,886,310	\$2,836,614
Total funds	\$2,574,622	\$2,886,310	\$2,836,614
FTEs	2.45	2.19	2.55

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Gambling Treatment Program

Phone: 1-800-BETS OFF or 515-281-8802 ♦ Fax: 515-281-4535 ♦ www.1800betsoff.org ♦ <http://idph.iowa.gov/igtp>

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075



hawk-i Outreach

Phone: 515-423-8188

www.hawk-i.org

Protecting & Improving
the Health of Iowans



Karen is a single, working mom who needed health insurance for her child. She couldn't afford it, but heard about the **hawk-i** insurance program for children in working families. She heard about the program from a **hawk-i** outreach coordinator in her community. She completed and submitted an online application, and soon after her **hawk-i** coverage began, her daughter broke her arm on the playground at school. No problem. Her daughter saw the doctor and all turned out well. This story shows how the **hawk-i** program works.

Did you know?

Over 322,000 eligible Iowa children are enrolled in Medicaid and **hawk-i**.

The **hawk-i** program offers dental-only coverage for children who have health insurance but may not have dental coverage.

Why is **hawk-i** Outreach important to protecting and improving the health of Iowans?

- The Iowa Department of Human Services estimates that about 40,000 uninsured Iowa children under the age of 19 are below 302% of the 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.
- According to the 2010 Iowa Child and Family Household Health Survey:
 - 3% of Iowa children are uninsured, and most of these children are eligible for **hawk-i** or Medicaid. If all **hawk-i** and Medicaid eligible children were enrolled, 99% of Iowa children would have health insurance coverage.
 - Almost a quarter of uninsured children have an unmet healthcare need.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Strengthen the health infrastructure

All about **hawk-i**:

- Families can apply for **hawk-i** online at <https://dhsservices.iowa.gov> or by calling 1-855-889-7985.
- A family four can make up to \$73,602 and qualify for **hawk-i**.
- Outreach coordinators promote **hawk-i** to eligible families, and assist them in accessing the new application. The local coordinators also provide information to families about local Navigators and Certified Application Counselor Organizations.

What do we do?

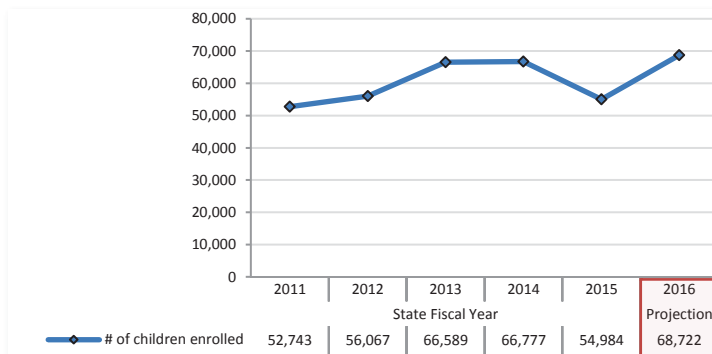
- Work with other organizations and agencies to provide information and **hawk-i** applications to families at various locations.
- Help families navigate the Medicaid and **hawk-i** enrollment process.
- Develop and deliver timely, culturally-correct education and materials to Iowans through conferences, health fairs, and trainings.
- Encourage policy and procedure changes in the Medicaid and **hawk-i** programs to increase the number of people who stay in the programs.
- Consult with other programs, such as Oral Health, to create effective outreach and communication materials for health insurance, and overall child and family health and wellness.
- Plan meetings and trainings to discuss ways to expand health care coverage outreach and education, simplify coverage programs, and coordinate coverage.

How do we measure our progress?

1 Number of children enrolled in Medicaid expansion & *hawk-i*.

Data Source: Iowa Department of Human Services. Data are available annually.

How are we doing? During fiscal year 2015, 54,984 children were enrolled in Iowa's *hawk-i* and Medicaid Expansion programs. Of these, 3,215 were enrolled in the *hawk-i* Dental-Only program. It is projected that by end of fiscal year 2016, the total number of children enrolled in Iowa's *hawk-i* and Medicaid Expansion programs will reach approximately 68,722, and 3,948 in the *hawk-i* Dental-Only program. With the continuation of expanded outreach efforts and expanded coverage of children in families with countable income up to 302% of the FPL, it is expected that enrollment will continue to grow.



What can Iowans do to help?

1. All parents, health care providers, community members, policy makers, and employers can learn about the *hawk-i* program at www.hawk-i.org.
2. Parents with questions about their eligibility for the *hawk-i* insurance program should contact *hawk-i* customer service at 1-800-257-8563. For more information, go to www.hawk-i.org.

Expenditures

Federal funds & Intra state receipts* (Dept of Human Services): 0153-0534/ 0618/0688

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
Federal funds	\$0	\$0	\$0
Other funds*	\$372,838	\$342,340	\$500,000
Total funds	\$372,838	\$342,340	\$500,000
FTEs	0.95	0.72	0.80

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention *hawk-i* Outreach

Phone: 515-423-8188 Fax: 515-725-1760 www.hawk-i.org

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075



Health Care Safety Net

Phone: 1-800-308-5986

www.iowapca.org/?page=safetynet

Protecting & Improving
the Health of Iowans



If you watch a high-wire circus act closely, you'll notice that not only do the performers have a cable attached from the wire to their body, but there's also a safety net below. If the performer falls and the cable malfunctions, the safety net is there to protect the performer. That's a lot like the way the Health Care Safety Net works. It is intended to "catch" Iowans in danger of falling through the cracks in the health care system.

By focusing on community health centers, rural health clinics, small rural hospitals, and free clinics, IDPH Safety Net partners are able to reach over 420,000 Iowans who would otherwise lack access to health care because of where they live, cultural differences, or having little or no health insurance. Iowa has 14 federally qualified community health centers, 163 Certified Rural Health Clinics, 31 free clinics and 92 small rural hospitals across the state.

Good health should not be a tightrope walk for any Iowan. The Health Care Safety Net partners IDPH engages provide the assurance of access to care.

Did you know?

According to the 2010 Census, 40% of Iowans live in rural areas where the **population to provider ratio** is twice as high as in urban areas. The disparity in the number of providers makes it difficult to get health care quickly, especially in case of an emergency.



Why is the Health Care Safety Net important to protecting and improving the health of Iowans?

- All Iowans need to be able to get health care within a reasonable time, using primary care services in a timely fashion to prevent more serious health consequences and reduce unnecessary emergency room visits.
- Safety Net services increase access to qualified health professionals and to quality health services for underserved and uninsured Iowans. Safety Net providers, such as community health centers and free clinics, provide needed comprehensive health care services to all Iowans, regardless of ability to pay.
- In the past, free clinics in Iowa were unable to recruit enough professionals to provide free services due to the lack of professional insurance coverage. The Volunteer Health Care Provider program (VHCPP) offers indemnification to volunteer health care providers serving Iowa's free clinics. VHCPP free clinics have served more than 100,000 Iowans since 2010.

Which Iowa Public Health Goals are we working to achieve?

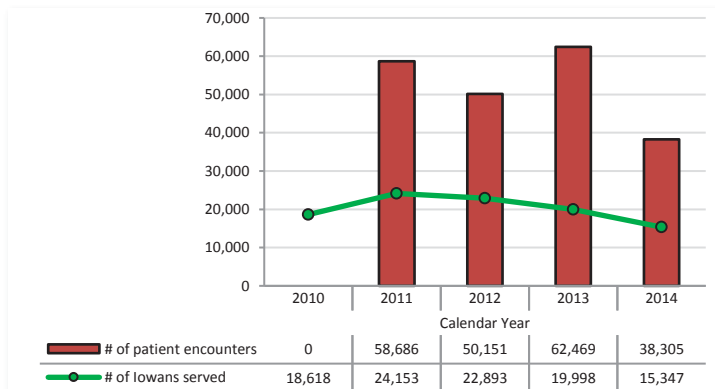
Strengthen the health infrastructure

What do we do?

- Provide funding to and contract management of the Iowa Collaborative Safety Net Provider Network.
 - ✓ Training support for Sexual Assault Response Teams
 - ✓ Initiatives to expand access to specialty care.
 - ✓ Programs expanding access to pharmaceuticals.
 - ✓ Direct financial support to Iowa free clinics, Federally Qualified Health Centers, and Rural Health Clinics.
 - ✓ Safety Net Medical Home development projects.
- Assist physician assistants and advanced registered nurse practitioners to participate in a postgraduate medical training program so they can provide services in Iowa's mental health shortage areas.
- Analyze geographic areas of Iowa eligible for CMS-certified Rural Health Clinics.
- Provide indemnification to health care professionals and free clinics through the Volunteer Health Care Provider program. As of December 2016, 346 professionals are enrolled.
- Provide loan repayment opportunities to primary care providers working in designated underserved areas.
- Collaborate with Iowa Primary Care Association to identify areas of Iowa in greatest need.
- Analyze and identify areas of Iowa for Health Professional Shortage Areas leading to eligibility for loan repayment and enhanced reimbursement from Medicare.

How do we measure our progress?

1 Number of Iowans served and encounters by VHCPP professionals.



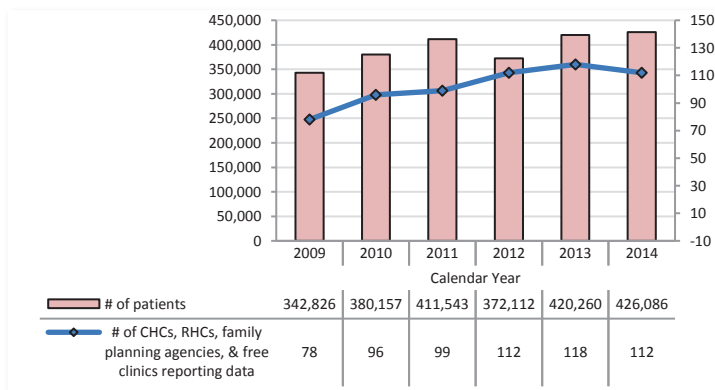
Data Source: Program database & clinic reports. Data are available annually. Number of patient encounters data is unavailable for 2010. VHCPP providers are not mandated to submit data therefore data is not collected from every safety net provider. The full Network data report is available at: <http://www.iowapca.org/?page=81>.

How are we doing? Approximately 44% of visits to free clinics are for treatment of chronic illness, 46% for treatment of illnesses that are not chronic, and 4% for preventative care.

Note: 5% of visits were categorized as unknown types of treatment

2 Number of clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.

3 Number of patients served by clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.



Data Source: Safety Net Provider Network database. Based on number of clinics reporting. Data are available annually.

How are we doing? During 2014, the Iowa Collaborative Safety Net Provider Network included 14 Community Health Centers serving 184,268 patients; 59 Rural Health Clinics serving 181,950 patients; 5 Family Planning Agencies serving 44,521 patients; and 34 free clinics serving 15,347 patients.

What can Iowans do to help?

1. If you or someone you know needs health care services, go to <http://findahealthcenter.hrsa.gov/> to find the health center nearest you.
2. All Iowans can volunteer to help free clinics with grant-writing, fundraising, and any general tasks needed to run the clinic.
3. Health care professionals wanting to volunteer at free clinics can visit the VHCPP Web site at <http://idph.iowa.gov/ohds/iowa-health-workforce/vhcp>.

Expenditures

General fund & RIIF (Rebuild Iowa Infrastructure Funds)*: K09-0971/0981/1001/1003/1013/1015; KA8-KA80

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$2,231,717	\$866,832	\$870,623
Other funds*	\$0	\$0	\$75,000
Total funds	\$2,231,717	\$866,832	\$945,623
FTEs	0.60	0.55	0.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Bureau of Oral & Health Delivery Systems ♦ Health Care Safety Net

Phone: 1-800-308-5986 ♦ Fax: 515-242-6384 ♦ www.iowapca.org/?page=safetynet

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Volunteer Health Care Provider Program

Phone: 515-242-6879 ♦ Fax: 515-725-1016 ♦ <http://idph.iowa.gov/ohds/iowa-health-workforce/vhcp>



Office of Health Care Transformation

Phone: 515-954-9537
<http://idph.iowa.gov/ohct>

Protecting & Improving
the Health of Iowans



Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.¹ Babies born just a few miles apart can have dramatic differences in life expectancy.² Some will die 20 years earlier than others who live just a short distance away because of differences in social determinants of health, such as education, income, race, ethnicity, and where they live. To improve health, we need to improve people's opportunities to make healthy choices—in the places where they live, learn, work, and play.

¹ Healthy People 2020. Social Determinants of Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

² Robert Wood Johnson Foundation. City Maps. <http://www.rwjf.org/en/library/articles-and-news/2015/09/city-maps.html>

Did you know?



Sixty percent of what determines health is due to social, environmental, and behavioral factors; 20 percent is due to health care; and 20 percent is due to genetics. (Source: McGinnis et al, 2002)

► Why is the Office of Healthcare Transformation (OHCT) important to protecting and improving the health of Iowans?

- The OHCT serves as a key point-of-contact for health transformation initiatives within IDPH including:
 - Medicaid State Innovation Model
 - Social Determinants of Health
 - Accountable Care Organizations
 - Health Insurance Marketplace
 - Patient-Centered Medical Homes/Health Homes
- The mission of the OHCT is to promote community care coordination and value-based payments for providers; and advance the patient-centered transformation of the health care system, which will improve care and reduce cost.
- A patient-centered medical home is a practice that provides care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. It is a model of care that holds significant promise for better health care quality, improved involvement of patients in their own care, and reduced avoidable costs over time.
- With the ever-changing health care landscape, both at a federal and state level, the OHCT helps public health programs, local public health agencies, and stakeholders navigate these changes by offering information, resources, and technical assistance.
- Iowa was awarded a [State Innovation Model design](#) award. Through this initiative, the OHCT will focus on improving care coordination through [Community Care Coalition \(C3\)](#) Initiatives, and will develop a plan to improve population health with a focus on three main target areas (obesity, diabetes, and tobacco use).

► Which Iowa Public Health Goals are we working to achieve?

Promote healthy living
Prevent epidemics & the spread of disease
Strengthen the health infrastructure

► What do we do?

- The goals of the OHCT are: convening stakeholders; building relationships and partnerships; streamlining efforts; and offering assistance to Local Public Health Agencies to prepare for changes in the health care system by:
 - Improved overall health of Iowans
 - Patient focused care & increased patient satisfaction
 - Prevention and management of chronic diseases
 - Increased access to healthcare
 - Reductions in preventable emergency department visits and hospital readmissions
 - A strong focus on social determinants of health
- The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts to the public and other partners.
- The OHCT coordinates the [Patient-Centered Health Advisory Council](#), which serves as a key resource for feedback and recommendations to ID PH, the legislature, and other stakeholders on health transformation initiatives and emerging issues in Iowa.
- Through the State Innovation Model, the OHCT provides infrastructure and support to providers throughout Iowa to promote care coordination and improve population health.
- The OHCT uses innovative strategies to build and maintain partnerships with the Iowa Department of Human Services, Iowa Department of Aging, Iowa Insurance Division, and the Iowa Department of Education by regularly presenting to outside stakeholder groups on national and state health care initiatives.

▶ How do we measure our progress?

❶ The percentage of Iowans under age 65 with health insurance.

Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2015 Current Population Survey (CPS: Annual Social and Economic Supplements).
<http://kff.org/other/state-indicator/nonelderly-0-64/?currentTimeframe=0&selectedRows=%7B%7D>

How are we doing? In 2015, 6% of Iowans under age 65 did not have health insurance, compared to 10% nationally.

❷ The number of Iowans who enrolled in the Health Insurance Marketplace during the 2016 Open Enrollment period.

Data Source: U.S. Department of Health & Human Services, Office of the Assistant Secretary For Planning and Evaluation (ASPE)
<https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>

How are we doing? During the 2016 Open Enrollment Period, there were:

- 55,089 Marketplace plan selections
- 33% were pre-retirees (age 55-64)
- 26% were young adults (18-34)
- 70% were Silver plan selections
- 85% of plans selected were with financial assistance

▶ What can Iowans do to help?

1. Become more informed and knowledgeable about the initiatives in Iowa that are advancing including the Health Insurance Marketplace, State Innovation Model, medical homes/health homes, and accountable care organizations.
2. Actively work toward developing partnerships within your community to prepare for changes that are coming with health care transformation.
3. Learn more about the work of Patient-Centered Health Advisory Council by visiting <http://idph.iowa.gov/ohct/advisory-council>. Meetings are open to the public and dates for 2017 are:
 - Friday, February 10- Polk County River Place
 - Friday, May 19- TBD
 - Friday, August 11- Polk County River Place
 - Friday, November 3- Polk County River Place

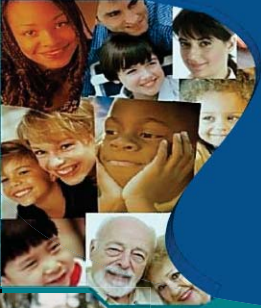
▶ Expenditures

State funds: K07-0863; K09-0910/0991/0993/0995/0997/0999.

Federal funds: 0153-1002.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$943,485	\$562,545	\$563,585
Federal funds	\$21,254	\$16,734	\$45,003
Other funds*	\$885,417	\$4,393,589	\$6,917,052
Total funds	\$1,850,156	\$4,972,868	\$7,525,640
FTEs	1.90	4.53	6.15

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Health Information Technology (Iowa e-Health)

Phone: 1-866-924-4636
www.lowaeHealth.org

Protecting & Improving
the Health of Iowans



Imagine experiencing a heart attack hours away from home. The emergency room needs your vital health information fast. Blood type, allergies, and medications you take can affect the medical care you receive. Trouble is, it can take hours or days before the emergency room receives your medical records.

This is time you may not have.

That's why the Iowa Department of Public Health, through a public and private collaboration known as Iowa e-Health, is leading an effort to create a statewide health information exchange (HIE), which is also known as the Iowa Health Information Network (IHIN). This secure network will give your health care providers access to your vital health information when and where it is needed, in cases of emergency or during regular appointments.

This quicker access may save your life.

Did you know?

The Iowa Health Information Network (IHIN) is not a central repository of health records; rather, it is a "hub" that connects different electronic health record systems throughout the state, allowing health information to flow between health care providers and, when appropriate, to IDPH.

Why is Iowa e-Health important to protecting and improving the health of Iowans?

Iowa e-Health will help facilitate the sharing of health information across boundaries of individual practice and institutional health settings and with consumers. It is a public good that will contribute to improved:

- Clinical outcomes and patient safety,
- Population health,
- Access to and quality of health care, and
- Efficiency in health care delivery.

Which Iowa Public Health Goals are we working to achieve?

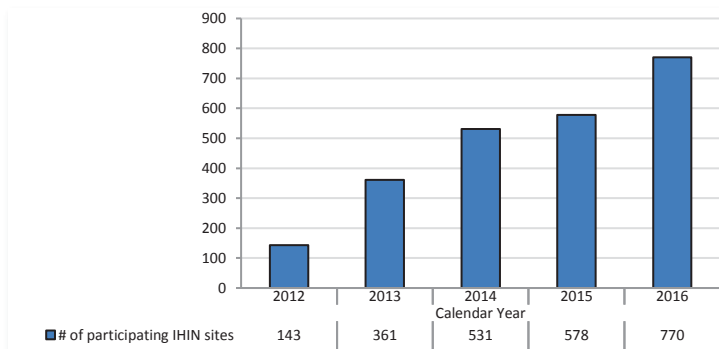
- Strengthen the health infrastructure
- Prevent epidemics & the spread of disease

What do we do?

- Build awareness and trust of health IT.
- Promote statewide deployment and use of electronic health records and health information exchange.
- Enable a statewide health information exchange (also known as the IHIN).
- Enable the electronic exchange of clinical data (e.g., continuity of care document).
- Safeguard privacy and security of health information.
- Advance coordination of health IT activities across state and federal government.
- Establish a governance model for Iowa e-Health.
- Execute and manage day-to-day business and technical operations for Iowa e-Health.
- Secure financial resources to sustain Iowa e-Health.
- Monitor and evaluate health IT progress and outcomes.

How do we measure our progress?

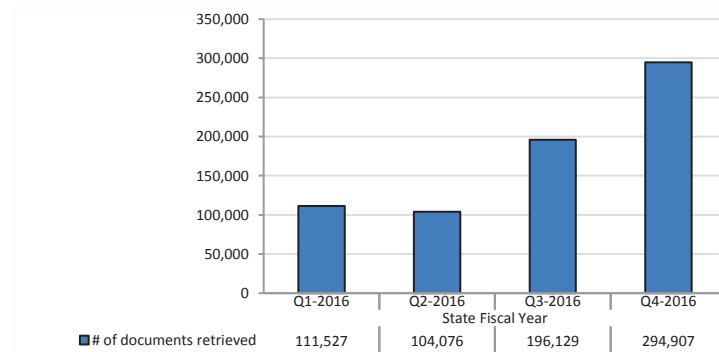
1 Number of participating IHIN sites.



Data Source: Program records. Data are available annually.

How are we doing? Through State Fiscal Year 2016, the IHIN participation rates remain consistent with the projected growth track outlined in the initial Business and Financial Sustainability Plan. The IHIN team, along with contracted vendors, continues to promote the awareness and use of the IHIN to providers across the state. We are continually reaching out to new provider types such as long-term care, home health and pharmacies in an effort to enable the exchange of more complete patient health information and to encourage care coordination between providers.

2 Electronic exchange of patient health information.



Data Source: Informatics Corporation of America monthly activity reporting.

How are we doing? The IHIN establishes a secure transport system for providers to electronically exchange patient health information. Through a query (search), providers are able to access health records of connected IHIN participants throughout the state. As the IHIN continues to add providers to its participant list and providers continue to incorporate use of the IHIN into their clinical workflows, we expect the richness of the available patient data to grow.

What can Iowans do to help?

1. Every Iowan should communicate with their health care provider(s) to learn how health information technology is being used to enable delivery of high quality, safe and efficient care.
2. All Iowans are encouraged to develop and improve personal computer skills.
3. All Iowans should learn about plans to promote the adoption and use of health IT, including the IHIN. For more information go to www.iowaeHealth.org.
4. Public health professionals should continue to learn about how health information technology can be fully utilized to promote and protect the health of Iowans.

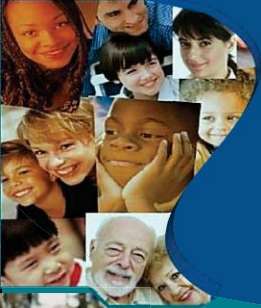
Expenditures

General fund, federal funds, intra state receipts* and program income*: 007K-0072/0076; K09-0977; 0153-AR10

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$149,426	\$29,389	\$149,426
Federal funds	\$0	\$0	\$0
Other funds*	\$4,254,074	\$2,853,686	\$2,774,113
Total funds	\$4,403,500	\$2,883,075	\$2,923,539
FTEs	3.66	2.32	3.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.





Health Statistics

Phone: 515-281-4944
<http://idph.iowa.gov/health-statistics>

Protecting & Improving
the Health of Iowans



Each year in Iowa, about 40,000 babies are born, another 30,000 Iowans die, and 20,000 people decide to get married. Who keeps track of all these people? The IDPH Bureau of Health Statistics does. Vital records data has been kept in Iowa since 1880 and every person who was born, died, or got married since then is on file at IDPH.

Statistical data isn't just interesting trivia. It's important information that can be used to analyze and report on health trends and issues. It is also the basis for virtually all of the research conducted in the social sciences such as economics, political science, and sociology. These records are also required to prove eligibility for many programs and services, such as a driver's license, passport, or Medicaid.

Much of Iowa's health history can be told through the "numbers" and the Bureau of Health Statistics helps ensure they "add up" to a healthier future.

Did you know?

Health Statistics are provided to public health research projects approved by the Research and Ethics Review Committee. Data are provided from Iowa records and from the national file maintained by the National Center for Health Statistics, which is a compilation of all state data files.

Why are Health Statistics important to protecting and improving the health of Iowans?

- Health data is used to monitor trends in health and health care, identify health problems, and measure the effectiveness of public health programs.
- Health data is used to measure progress toward meeting the goals of public health and programs.
- Vital records are needed to determine eligibility for many programs and services. For instance, a birth certificate is required for a driver's license or passport and provides proof of citizenship.
- Health statistics help us understand the health of Iowans, including disparities in health and the use of health care by different people.
- Health statistics help leaders decide where resources are needed and how they can best be used. Statistics also provide a measure of a program's success.

Which Iowa Public Health Goals are we working to achieve?

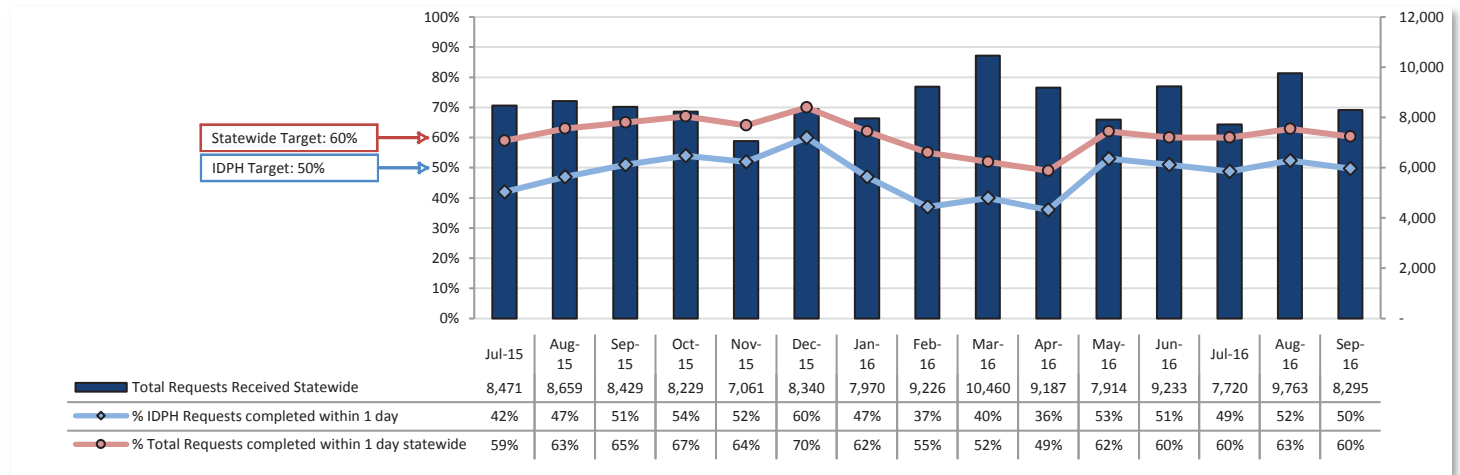
Strengthen the health infrastructure

What do we do?

- Provide data to local, state, and national public health agencies so they can plan and measure the effectiveness of programs and make decisions about the use of resources.
- Provide data to state agencies to help them conduct their official duties.
- Provide certified copies of birth, death, and marriage records to Iowans and other entitled people to establish eligibility for many benefits, including U.S. citizenship.
- Provide a database to monitor progress on health objectives, identify emerging health issues, and support policy development.
- Publish the annual Vital Statistics of Iowa and Vital Statistics in Brief.

How do we measure our progress?

1 Percent of certified copy requests completed within one day.



Data Source: Iowa Vital Events System.

How are we doing? The Iowa Vital Events System was established in 2014 with a goal to improve statewide access to vital records. This system allows the state registrar and county registrars access to electronic vital records and improve efficiency in processing and turn time.

- The number of certified copy requests received by the Bureau of Health Statistics in FY16 was 65,128; 47% of those requests were processed within one business day. The total number of certified copy requests received statewide in FY16 was 103,179; 60% of those requests were processed within 1 business day.
- The number of certified copy requests received by the Bureau of Health Statistics in the first quarter of FY17 was 15,687; 50% percent of those requests were processed within one business day. The total number of certified copy requests received statewide in the first quarter of FY17 was 25,778; 61% of those requests were processed within 1 business day.
- Our goal at IDPH is to process 50% of all requests received within one business day. The goal statewide is to process 60% of requests within one business day.

What can Iowans do to help?

1. All Iowans can learn about health trends by accessing health statistic information. For information on health trends, go to <http://idph.iowa.gov/health-statistics>.
2. All Iowans can find out how to obtain vital records. For more information on health trends, go to <http://idph.iowa.gov/health-statistics>.
3. Data providers can work with the Bureau of Health Statistics to report accurate and complete data efficiently.
4. Data providers can work with the Bureau of Health Statistics to collect data in standard formats and with standard processes.

Expenditures

Federal funds, retained fees*, and other fees*: 0153-0456/AR22; 0024-0024/1024/1026

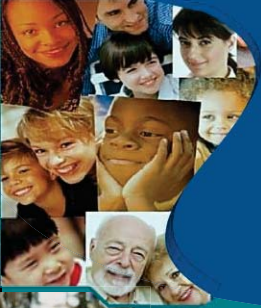
	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State Funds	\$0	\$0	\$0
Federal funds	\$1,052,329	\$790,071	\$712,385
Other funds*	\$2,962,161	\$3,282,324	\$3,757,100
Total funds	\$4,014,490	\$4,072,395	\$4,469,485
FTEs	25.88	25.12	26.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Health Statistics

Phone: 515-281-4944 ♦ Fax: 515-281-0479 ♦ <http://idph.iowa.gov/health-statistics>

1st Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075



Heart Disease & Stroke Prevention

Phone: 515-281-6016
<http://idph.iowa.gov/hdsp>

Protecting & Improving
the Health of Iowans



Iowa's WISEWOMAN Program screened more than 600 women for cardiovascular disease (CVD) risk factors in state fiscal year 2016. From July 2015 through June 2016, the WISEWOMAN Program screened 632 women for high, blood pressure, high cholesterol, obesity and diabetes. Eighty-three were identified with uncontrolled hypertension (BP > 140/90), 63 were newly or previously diagnosed with diabetes, 79 presented with high cholesterol (Total cholesterol > 240) and 527 were overweight or obese (BMI>25). The WISEWOMAN participants with CVD risk factors were referred to healthy lifestyle programs, such as health coaching, a national weight loss program, smoking cessation programs, and physical activity and nutrition community resources. Participants with hypertension were also referred to a self-measured blood pressure monitoring program and/or a medication therapy management program. The WISEWOMAN Program is funded by the Centers for Disease Control and Prevention and provides services for women ages 40-64 who are uninsured or underinsured in 50 counties throughout Iowa. Learn more about the WISEWOMAN Program at <http://idph.iowa.gov/cfy/public>

Did you know? Heart disease is the #1 killer and stroke is the #4 killer of Iowa men and women.

Why is Heart Disease and Stroke programming important to protecting and improving the health of Iowans?

Heart disease and stroke deaths remain leading causes of death.

- In 2015, 6,555 Iowans died of heart disease, the leading cause of death in the state.
- Another 1,354 Iowans died from stroke, the fourth leading cause of death in the state.
- Deaths from heart disease and stroke combined, accounted for 28% of deaths in Iowa.
- In 2015, 4,245 deaths, 64.8% of heart disease deaths, were due to coronary heart disease (CHD):
 - ✓ This was a death rate (age-adjusted) of 139 per 100,000 for men and 71 per 100,000 for women; 96% higher for men than women;
 - ✓ In total, this was an age adjusted CHD death rate of 101 deaths per 100,000 Iowans, and a stroke death rate of 31 deaths per 100,000 Iowans;
- The Healthy People 2020 goal is to reduce the CHD death rate to 101 per 100,000 and the stroke death rate to 34 per 100,000, respectively.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Promote healthy living

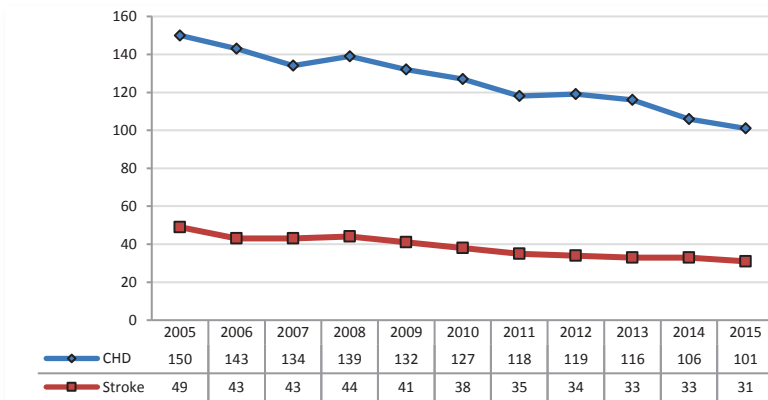
What do we do?

The Health Promotion and Chronic Disease Control Partnership partners the IDPH with many private and public organizations, health systems and community organizations to plan, implement and report on state-wide heart disease and stroke prevention activities. With current CDC funding, the IDPH is working with Iowa's health systems to improve the quality of patient screening, education and care. This entails prioritizing work with patients to control high blood pressure through care coordination, team-based care approaches, appropriate utilization of electronic health records, patient self-monitoring, and reporting of clinical and hospital performance measures that will demonstrate improvements over time.

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) provides services to Iowa women through the *Care for Yourself* Breast and Cervical Cancer program in specific population areas. WISEWOMAN provides health screenings associated with heart disease and stroke risk factors (i.e. height/weight, blood pressure, glucose, and cholesterol readings). A new grant period for WISEWOMAN began in 2013/2014 and will be available in eight regions covering over 44 counties across the state. The program will provide screening services for up to 900 women during Year3. IDPH is partnering with Weight Watchers and other community organizations that are designed to promote lasting, healthy lifestyle changes.

How do we measure our progress?

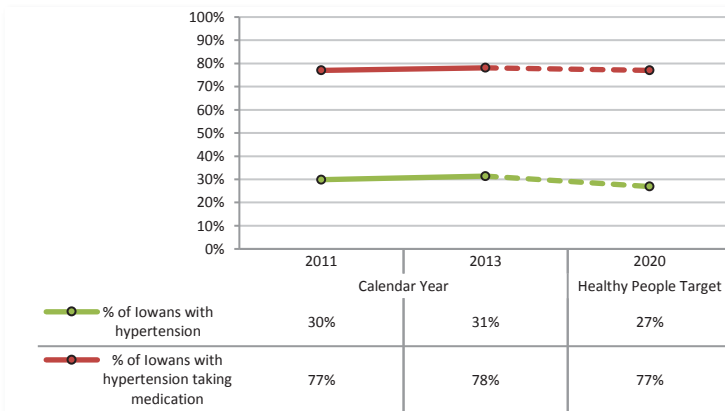
1 Age-Adjusted coronary heart disease (CHD) & stroke death rate (per 100,000 Iowans).



Data Source: Mortality Data, Vital Records, Iowa Department of Public Health. Data are available annually.

How are we doing? Coronary heart death rate decreased by 33% in the last ten years to 101 per 100,000 Iowans in 2015 from 150 per 100,000 Iowans in 2005. Stroke death rate decreased by 37% in the last ten years to 31 per 100,000 Iowans in 2015 from 49 per 100,000 Iowans in 2005.

2 Percent of Iowans with hypertension taking medication to lower it.



Data Source: BRFSS, no data for 2014

How are we doing? In 2015, 30.6% of all respondents reported ever being told they had high blood pressure. This hypertension figure is slightly lower than the 31.4% reporting high blood pressure found in 2013. *The Healthy People 2020* goal for high blood pressure is 26.9%. This is less than what is currently the case in Iowa (30.6%).

In 2015, 1.1 % reported being told they had borderline or pre-hypertension, which is higher than the 0.5% reported in 2013.

Of those reporting high blood pressure in 2015, 78.5% reported taking medication for their condition. This is slightly higher than the 78.1% reported in 2013.

The Healthy People 2020 goal is for 77.4% of people with high blood pressure taking medication to lower it. Iowa's current figure was 78.1%, which is higher than the *Healthy People 2020* goal.

What can policymakers do?

1. Invest in evidence-based prevention which is less costly than treatment.
2. Use public policy to instill heart-healthy habits in children.
3. Limit tobacco use.
4. Promote early identification and treatment of high blood pressure and cholesterol.
5. Support sodium reduction efforts; engage food manufacturers and restaurants in voluntarily reducing sodium in their products.
6. Promote access to the healthcare system for all.

What can healthcare providers do?

1. Use electronic health records to identify and support patients who have high blood pressure or cholesterol and who need help quitting smoking.
2. Refer patients to community resources, such as smoking quitlines and blood pressure self-management programs.
3. Track patient progress on the **ABCS** of heart health—Appropriate Aspirin Use, Blood Pressure Control, Cholesterol Management, and Smoking Cessation.

What can communities do?

1. Participate in coalitions and advisory groups that engage public health policy.
2. Seek policies and programs that help individuals make healthy lifestyle choices.
3. Promote or volunteer to increase rapid response and quality systems of care for heart attack and stroke.

What can Iowans do to help?

1. Know your health numbers (including blood pressure, blood cholesterol, and blood glucose levels).
2. Increase your amount of physical activity each day.
3. Eat moderate portion-sizes of fresh fruits, vegetables, whole grains, lean-meats and low-fat dairy products.
4. Reduce your sodium intake.
5. Know the symptoms of a heart attack and a stroke – and know when to call 9-1-1.

Expenditures

Federal funds: 0153-0420/0728(30%)/0760

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,037,302	\$1,321,230	\$1,546,579
Other	\$0	\$0	\$0
Total funds	\$1,037,302	\$1,321,230	\$1,546,579
FTEs	3.84	4.83	5.51

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



HIV/AIDS & Viral Hepatitis

Phone: 515-242-5150
<http://idph.iowa.gov/hivstdhep>

Protecting & Improving
the Health of Iowans



You could be one of more than 550 Iowans who doesn't know they are infected with HIV. Or maybe you're one of as many as 100,000 Iowans who has chronic hepatitis C, but doesn't know it. Knowledge is power, especially when it comes to disease. Finding out early that you are HIV-positive or have chronic hepatitis C means that you can receive treatment earlier and live a longer, healthier life.

The HIV/AIDS and Viral Hepatitis programs provide prevention, counseling, testing, and treatment services. Disease Prevention Specialists help people newly diagnosed with HIV learn about the disease, talk to their partners about being exposed, and learn how to get into care. One person wrote the following to their disease prevention specialist: "You told me at a very low point in my life that I would be fine. You even called me six months later to say 'I told you so,' and you were right. Since then, I have regained my health, and have returned to work. My outlook is now happy and hopeful. Thank you."

Through personal awareness and community support, the HIV/AIDS and Viral Hepatitis programs are helping save lives.

Did you know?

More than a third of the people diagnosed with HIV last year were considered to be late testers – meaning that they had been infected for many years before they were tested. Should you be tested?

Why are HIV/AIDS & Viral Hepatitis programs important to protecting and improving the health of Iowans?

- There were 124 HIV diagnoses in 2015, a significant increase from the 98 diagnoses in 2014. The increase may indicate that efforts to improve routine testing are showing some good results.
- The estimated number of Iowans living with HIV/AIDS has grown to approximately 3,000 people, including 555 who are infected and do not know it.
- Over 20,000 Iowans have been reported with hepatitis C. As many as 100,000 more are undiagnosed.
- Early detection of both diseases can greatly increase the life expectancy of someone who is infected.
- Medications are available to treat HIV and to cure hepatitis C. The AIDS Drug Assistance Program provides life-saving medications and helps with insurance premiums and co-pays for over 400 Iowans.
- Early treatment of HIV infection means an individual is less likely to transmit the infection to partners. It also decreases the number of hospital visits, costs less, and increases the quality of life.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Strengthen the health infrastructure

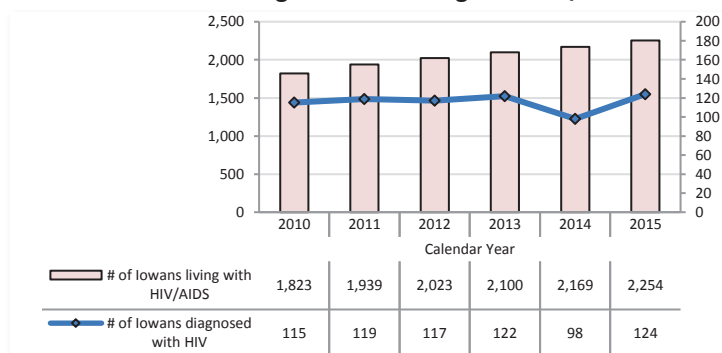
Promote healthy living

What do we do?

- Provide information, training, and funding to local public health agencies and community-based organizations for prevention programs.
- Offer counseling, testing, and referral services, including services for the partners of people living with HIV and hepatitis.
- Provide medication, case management, and supportive services.
- The AIDS Drug Assistance program provides life-saving medication and assistance with health insurance costs for HIV infected Iowans with incomes up to 400% of Federal Poverty Level.
- Study and investigate ways to decrease transmission among disproportionately affected people, such as African Americans, Latinos, men who have sex with men, and injection drug users.

How do we measure our progress?

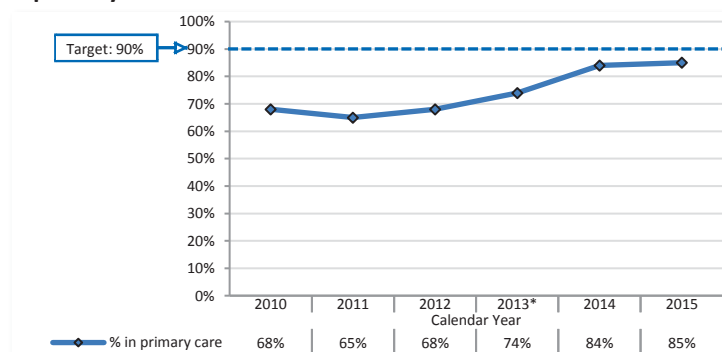
- 1 Number of Iowans diagnosed with HIV.
- 2 Number of Iowans diagnosed and living with HIV/AIDS.



Data Source: HIV/AIDS reporting system. Data are available annually.

How are we doing? Diagnoses have been increasing recently, particularly among white, non-Hispanic males. The number of Iowans living with HIV/AIDS is increasing by about 100/year.

- 3 Percent of diagnosed HIV-positive people who are in HIV primary medical care.

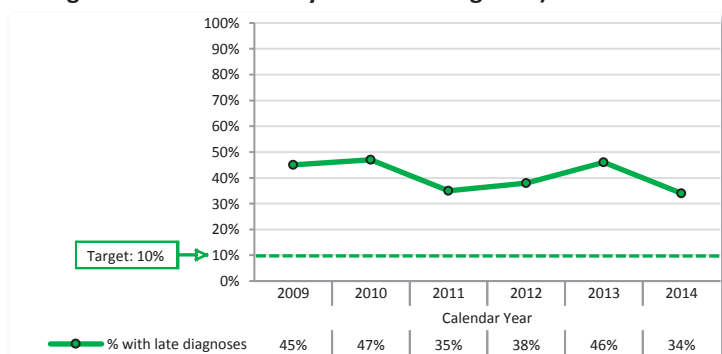


Data Source: HIV/AIDS reporting system. Data are available annually.

*Out-of-state individuals removed from database.

How are we doing? The percentage of diagnosed HIV-positive people who are in HIV primary medical care has improved to 85%.

- 4 Percent of people with late diagnoses of HIV infection (AIDS diagnosis made within 1 year of HIV diagnosis).



Data Source: HIV/AIDS reporting system. Data are available annually, one year after diagnosis.

How are we doing? The percentage of people with late diagnoses of HIV infection is lower than in previous years.

What can Iowans do to help?

1. All Iowans who are at risk for HIV or hepatitis C should be tested to learn their statuses. To find out if you're at risk, go to <http://idph.iowa.gov/hivstdhep>.
2. All Iowans can encourage people who have tested positive for HIV or hepatitis C to follow their treatment providers directions and take their medications faithfully.
3. Health professionals can learn about screening for HIV and hepatitis C through training programs.
4. Health professionals can learn about good resources for patients interested in the disease, medications, and testing. For more information, go to <http://idph.iowa.gov/hivstdhep>.

Expenditures

HIV: general fund, federal funds, intra state receipts* (Dept of Education), & private grant*: K07-0761; 0153-0804/0806/0810/1570/1572/1580/1582/1584. **Hepatitis:** general fund: K15-1529

	State Fiscal Year 2015 Estimate	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$662,011	\$662,584	\$662,011
Federal funds	\$5,365,482	\$4,343,601	\$4,332,686
Other funds*	\$1,355,932	\$3,928,812	\$3,297,613
Total funds	\$7,383,425	\$8,934,997	\$8,292,310
FTEs	16.08	17.29	17.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Home Visiting

Phone: 1-800-383-3826 or 515-229-9976
<http://idph.iowa.gov/family-health/family-support>

Protecting & Improving
the Health of Iowans



"The parent educator saw me when I was still in the hospital after giving birth to my child. They detected a delay in my child that I didn't know about and were able to get us the help we needed. Without them, I don't know where we would be." *Delaware County Parent*

Did you know?

Research shows that the most rapid brain development occurs before age five, when children's brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships, into adulthood and beyond.

Why are Home Visiting programs important to protecting and improving the health of Iowans?

- **Lower health costs:** The Healthy Families America program helped reduce the incidence of low birth weight, which is associated with costly short- and long-term health problems such as high blood pressure, cerebral palsy, and lung disease, as well as other poor outcomes for children.
- **Better health outcomes:** One home visitation program has been shown to reduce abuse and neglect—two early indicators of long-term health problems—among children of low-income, high-risk mothers by 48%. Adults who experienced childhood abuse and neglect are more likely to suffer from a range of physical problems, including arthritis, asthma, and high blood pressure.
- **School readiness and workforce preparation:** At-risk children who participated in one high quality, home visiting program had better cognitive and vocabulary scores by age six and higher third-grade scores in math and reading than the control group. At-risk toddlers who participated in another voluntary home visitation program were 42.5% more likely to graduate from high school than their peers who did not participate.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Prevent injuries & violence

What do we do?

The Maternal Infant Early Childhood Home Visiting (MIECHV) program is responsive to the diverse needs of children and families in communities at risk and provides an opportunity to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Home visiting is one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, strong parent-child relationships, and promotes responsible parenting among mothers and fathers.

How do we measure our progress?

- 1 The state adopted a new data collection system in state fiscal year 2015 that impacted the validity of reporting trend data from previous years. New measures of progress have been provided.

How are we doing?

42% of families enrolled were enrolled prenatally. 45% of those enrolled were also first time Mothers. At-risk families enrolled in the HOPES-HFI program have shown steady progress in ensuring that enrolled pregnant women are getting into prenatal care and receiving prenatal care at regular intervals resulting in more children born at healthy birth weights. 79% of Mothers were screened for maternal depression and of those 70% were referred to services due to a positive screen.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.earlychildhoodiowa.org/parents/index.html) to learn more about the Early Childhood Iowa projects.
2. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or an email to earlyaccessia@vnsdm.org.
3. For more information about family support programs across the state, Children at Home, Parentivity check out this website: <http://www.iafamilysupportnetwork.org/family-support>
4. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

General fund, federal funds, & intra state receipts*: K05-0559; 0153-0560/0568.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$728,808	\$717,953	\$734,841
Federal funds	\$8,205,541	\$6,087,941	\$4,983,341
Other funds*	\$187,225	\$234,125	\$292,330
Total funds	\$9,121,574	\$7,040,019	\$6,010,512
FTEs	5.67	4.87	3.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Home Visiting

Phone: 1-800-383-3826 or 515-229-9976 ♦ <http://idph.iowa.gov/family-health/family-support>

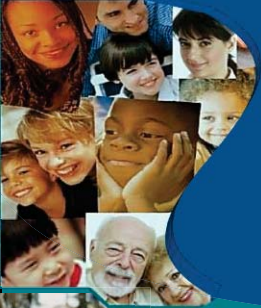
4th & 5th Floors, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

MIECHV Home Visiting (5th floor)

Phone: 515-954-0647 Fax: 515-242-6013
<http://idph.iowa.gov/family-health/family-support>

HOPES-HFI (5th floor)

Phone: 515-229-9976
<http://idph.iowa.gov/hopes>



Immunization

Phone: 1-800-831-6293

<http://idph.iowa.gov/imm/tb/immunization>

Protecting & Improving
the Health of Iowans



In the 1950s, 7,813 Iowans were infected with polio, many needing braces, crutches, wheelchairs, and iron lungs. In 2015, no cases of polio were reported in Iowa. Why such a dramatic decline? The polio vaccine. During the 1960s, more than 35,000 Iowans got rubella (German measles). Vaccines have changed the world we live in by providing protection against harmful diseases and, in some cases, eliminating them altogether. According to the Morbidity and Mortality Weekly Report, the Institute of Medicine, and the Centers for Disease Control, vaccines are one of the most successful public health advances in the last century.

The Iowa Immunization program's vision is healthy Iowans living in communities free of vaccine-preventable diseases. Collaborating with public and private health care providers, the program works to increase the number of Iowans who are fully vaccinated.

Vaccines help prevent the spread of disease and the IDPH Immunization program promotes immunizations through education, collaboration and advocacy.

Did you know?

Vaccine-preventable diseases still threaten the health of Iowans. In 2015, 153 cases of pertussis were reported.

Why is the Immunization program important to protecting and improving the health of Iowans?

- Vaccines are responsible for the control of many infectious diseases once common in the U.S., including polio, measles, diphtheria, whooping cough, rubella, mumps, tetanus, and Haemophilus influenzae type b (Hib).
- Vaccines help prevent infectious diseases and save lives, giving Iowans the opportunity to live healthy in healthy communities.
- Immunizations have contributed to our increased life expectancy.
- Immunizations save money! Each year, routine immunizations save more than \$68.8 billion in costs to society.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Strengthen the health infrastructure

Prepare for, respond to, & recover from emergencies

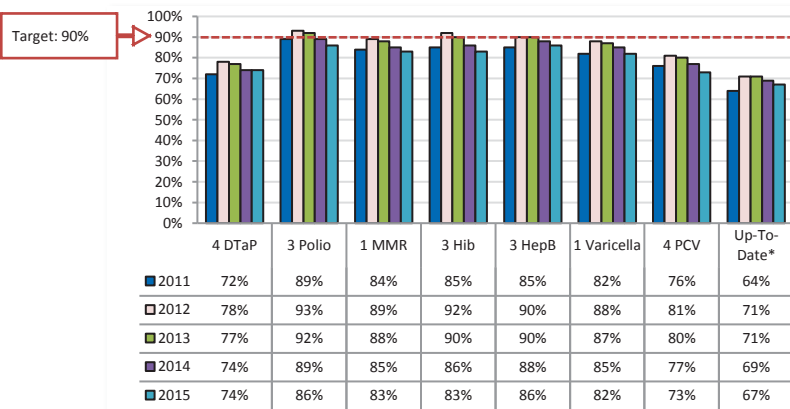
Promote healthy living

What do we do?

- Purchase and distribute vaccine to public and private health care providers through the Vaccines for Children (VFC) program. The VFC Program provides vaccine for approximately 46%, or 348,579 of Iowa's children. Iowans ages 18 and younger are eligible for the program because they are Medicaid eligible, uninsured, underinsured, or are American Indian or Alaskan natives.
- Provide education about vaccine-preventable diseases and the benefits of immunization.
- Provide funding to local public health agencies to conduct immunization clinics and outreach clinics.
- Manage the statewide Immunization Registry Information System (IRIS), which maintains immunization records for all Iowans, helping to prevent individuals from being under and over immunized.

How do we measure our progress?

1 Percent of Iowa 2-year-olds covered by individual vaccines and up-to-date* overall.

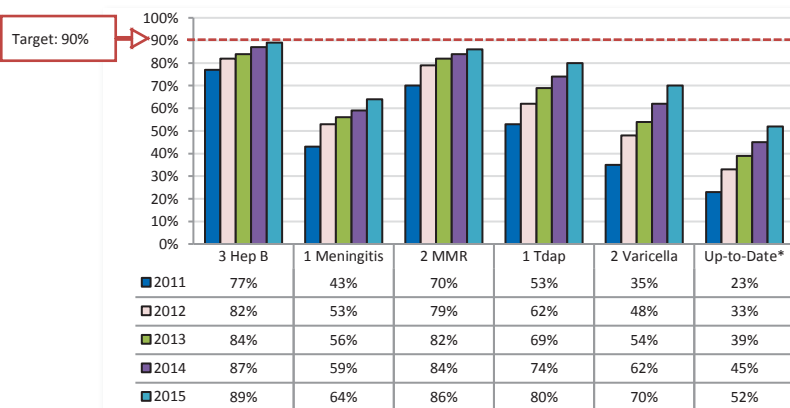


Data Source: Immunization Registry Information System, 2011, 2012, 2013, 2014 & 2015 County Immunization Assessments. Data are available annually.

* Up-To-Date are children who have completed each individual vaccine series (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, & 4 PCV) by 24 months of age.

How are we doing? Immunization rates in Iowa are consistent with national average for vaccine rates. The goal is to reach 90% coverage for each set of vaccines.

2 Percent of Iowa adolescents covered by individual vaccines and up-to-date* overall.

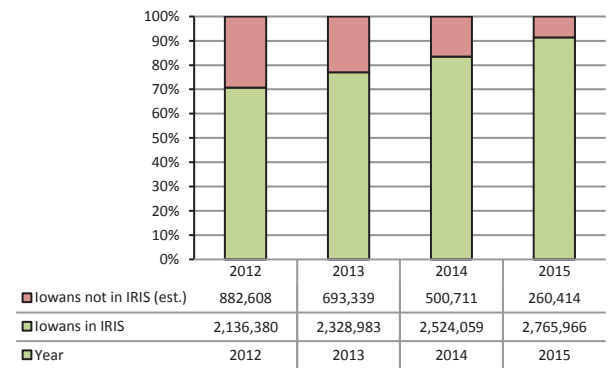


Data Source: Immunization Registry Information System, 2011, 2012, 2013, 2014 & 2015 County Immunization Assessments. Data are available annually.

* Up-To-Date are adolescents (13-15 years old) who have completed each individual vaccine series (3 Hep B, 1 Meningitis, 2 MMR, 1 Tdap/Td, 2 Varicella)

How are we doing? Adolescent immunization rates in Iowa are consistent with the national average for vaccine rates. The goal is to use data on vaccination coverage to identify groups at risk of vaccine-preventable diseases, provide vaccination coverage estimates in an effort to increase coverage, and evaluate the effectiveness of programs designed to increase coverage.

3 Number of patients in the Immunization Registry Information System (IRIS) by Year.



Data Source: Immunization Registry Information System Data. Data are available annually. Population data from CDC Wonder.

How are we doing? The number of patients in IRIS has steadily increased, and nearly all Iowans have a record in IRIS. More than 236,000 patient records were added in 2015, and IRIS contains more than 32.6 million immunizations. IRIS includes records consisting of two or more immunizations for 96.6 percent of Iowa's children 4 months to 6 years of age. This increase helps to reduce vaccine-preventable diseases, over-vaccination, and allows health care providers to see up-to-date information when they need it most.

What can Iowans do to help?

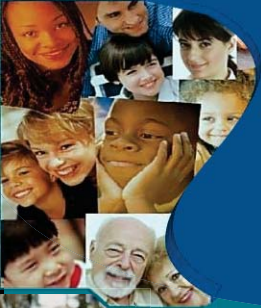
1. Keep track of and maintain immunization records for you and your children. For a handy immunization card, go to <http://idph.iowa.gov/immtdb/immunization>.
2. Health care professionals can promote the need for and the benefits of immunization.
3. Health care professionals should routinely give immunizations according to the recommended childhood, adolescent, and adult schedules.
4. Health care professionals can attend immunization educational seminars and trainings.
5. All Iowans can encourage their family, neighbors, coworkers, and friends to receive all recommended vaccines.

Expenditures

General fund, federal funds, and intrastate receipts*: K15-1521; 0153-1522/1532/1534/1536/1538/1544.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$591,471	\$592,447	\$588,327
Federal funds	\$4,437,585	\$4,697,259	\$4,694,473
Other funds*	\$0	\$0	\$0
Total funds	\$5,029,056	\$5,289,706	\$5,282,800
FTEs	14.90	15.63	15.85

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Information Management

Phone: 515-281-4258
<http://idph.iowa.gov/InformationManagement>

Protecting & Improving
the Health of Iowans



Much of the work done by the Iowa Department of Public Health involves the gathering and distributing of information about health-related activities in the State of Iowa. The Bureau of Information Management is responsible for making sure that this vital two-way flow of digital information is secure and uninterrupted.

The bureau provides network and server management, desktop computer and printing support, application design and development, database design and administration, web-based information collection and delivery, project analysis and management, and many other important services to the department and the citizens of our state.

Did you know?

Information Management maintains the Department's portfolio of over 90 applications with users from internal IDPH staff, local public health agencies, IDPH contractors, hospitals and clinics. Over 400 Help Desk tickets are submitted to Information Management each month.

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

- We exist to provide the technology infrastructure and support to enable Public Health to fulfill its mission of promoting and protecting the health of Iowans.
- We develop, maintain, and support technology services used by programs to serve Iowans.
- Your information is secure. When it comes to security, we serve as policy advisor to IDPH leadership and implement measures to ensure confidential data is safely stored and secured.
- We fill the role of data custodian for the department which means we're responsible for data storage & maintenance.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

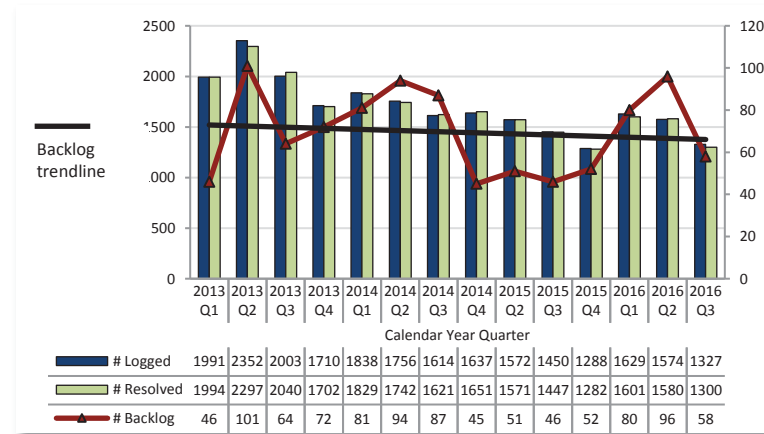
Prepare for, respond to, & recover from emergencies

What do we do?

- Develop and support websites including the IDPH website, providing the public with access to public health information
- Provide front-line help desk support for department programs, local public health agencies, IDPH contractors and other users
- Design, develop, and support computer software, equipping IDPH programs and partners to fulfill the department's mission.
- Store and secure data programs collect and use to write grants, improve services and make policy decisions
- Maintain and support IDPH technical infrastructure, computers and hardware for all department employees
- Offer technical consultation services to support programs, including project management, business process improvement, and RFP development.

How do we measure our progress?

1 Customer Service: Number of information management (IM) tickets logged, resolved, and backlog.



Data Source: Program records. 2015 Q1 data is unreliable due to a data loss in February 2015. Q1 2015 data not reported due to potential data discrepancies.

How are we doing? In 2015, 78% of requests were, on average, completed within 1-business day (up 1% from 2014). Due to data loss with our Help Desk system in February, data for Q1 2015 is not available.

What can Iowans do to help?

1. Iowans can use the IDPH website to find accurate health information. Go to <http://idph.iowa.gov/>.

Expenditures

Federal indirect funds, & intra state receipts* (Dept of Human Services): 0153-2208

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$146,581	\$526,798	\$991,887
Other funds*	\$1,186,238	\$989,659	\$967,113
Total funds	\$1,332,819	\$1,516,457	\$1,959,000
FTEs	10.75	10.33	12.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

* Includes \$480,000 for technology reinvestment.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Information Management

Phone: 515-281-4258 ♦ Fax: 515-281-3789 ♦ <http://idph.iowa.gov/InformationManagement>

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075



Local Public Health Services

Phone: 515-281-4355
<http://idph.iowa.gov/lphs>

Protecting & Improving
the Health of Iowans



A young child was seen by a doctor a number of times for a cough, fever and slow weight loss. The family did not speak English and the medical provider could not follow-up since the family was not returning phone calls. The local health department was made aware of the possible tuberculosis (TB) case and the family was contacted by public health. During a home visit, public health staff educated the family about the serious nature of TB and the parent agreed to testing for the child. Public health staff assisted the family by accompanying them to the hospital, communicating with hospital staff, and ensuring the child's parent understood the care needed. The child tested positive for active TB. Over the course of the next several months, public health staff made daily visits to the child's home, made all doctor appointments, set up transportation to specialists, and coordinated communication across the medical team caring for the child. With significant support from staff, the child successfully completed the full TB medication and treatment regimen. All contacts of the child were identified and tested - adults and children. No active TB cases were found among the child's contacts. Several did have positive skin tests but were found to have latent TB. These individuals were offered medication treatment.

Public health staff helped the family understand how treatment was going and spent many hours providing ongoing education about TB disease, medications, diet, and monitoring for side effects. Without the daily support from the staff, this family and child would not have been able to access and comply with the care needed to treat active TB.

Did you know?

Local public health services exist in all of Iowa's 99 counties and local boards of health assure that all communities have services that help promote healthy Iowans and healthier communities.

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

- All Iowans deserve a local public health system that:
 - ✓ supports local capacity to assess, plan, and ensure a basic standard of service delivery, and
 - ✓ serves as the mechanism to continually assess changing health needs and develop strategies to address those needs and achieve local health improvements.
- Increases the capacity of the local board of health to safeguard the health and wellness of communities by:
 - ✓ providing leadership in engaging community stakeholders to support health promotion and preventive services, and
 - ✓ providing public health services that promote healthy behaviors in individuals, groups and communities to prevent and reduce illness, injury, and disease, and
 - ✓ providing gap-filling services when there are no other providers.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Promote healthy living

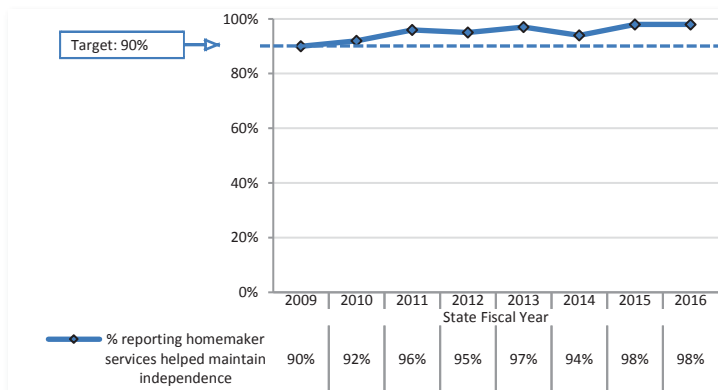
What do we do?

IDPH supports local public health services through:

- Grant funding for local programs that:
 - ✓ Strengthen the public health infrastructure in supporting local needs assessment and community organizing processes to encourage community change for improved health;
 - ✓ Facilitate strategic planning, including initiating partnerships with other community sectors to improve health and setting priorities so available resources are used more efficiently;
 - ✓ Help Iowans engage in healthy behaviors, including promoting health & wellness where Iowans live, work, and play; and
 - ✓ Improve access to health services for those who "fall through the cracks" and often have no other options, including
 - In-home skilled nursing; home care aide; homemaker; health maintenance; and immunizations for children and adults when there is no other funding source.
- Regional consultants provide education, technical assistance, and support to 101 local boards of health and local public health agencies in all 99 counties. Support is directed to resolving community health issues, problems, or concerns; building and maintaining the knowledge and skills necessary to provide local public health services and build healthier communities; developing and delivering quality and effective public health services that are community-driven, culturally appropriate, and responsive to community health needs assessments and changes in the health care delivery system; acting as catalysts for sharing best practices; and providing the linkage between federal, state, and local public health services at a time when the health care system is experiencing tremendous change and health reform efforts continue to evolve.

How do we measure our progress?

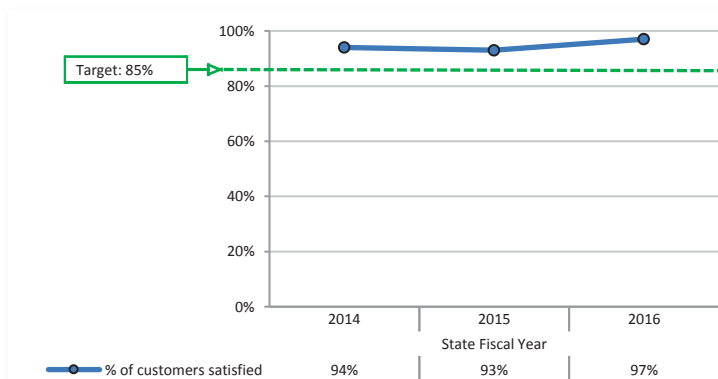
1 Percent of clients who report that homemaker services helped them to remain in their home.



Data Source: LPH service contracts End of Year Report. Data are available annually.

How are we doing? Our target is to achieve at least 90% each year. In SFY2016, we exceeded our target with 98%.

2 Percent of customers (Administrators/Directors of authorized agencies) who are satisfied with Regional Community Health Consultant (RCHC) services.



Data Source: LPH Customer Survey. Data are available annually.

How are we doing? We have set a target of achieving at least 85% each year and have exceeded this goal. For SFY2016, 97% of customers indicated they were satisfied with RCHC services.

What can Iowans do to help?

1. All Iowans should be familiar with their local public health agency and the services provided.
2. All Iowans can support local public health policies and plans.
3. All Iowans should consider serving as a board of health member.
4. All Iowans can create a personal and family health improvement plan.

Expenditures

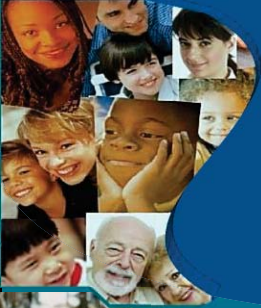
Local Public Health Liaison: general fund and federal funds. State funds are used for maintenance of effort match for the PHHS Block Grant. K09-0957; 0153-0958

Local Boards of Health: general fund K09-0959

Healthy Aging: general fund K11-1111

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$8,810,839	\$8,837,712	\$8,839,312
Federal funds	\$359,526	\$370,250	\$437,592
Other funds	\$0	\$0	\$0
Total funds	\$9,170,365	\$9,207,962	\$9,276,904
FTEs	6.88	6.95	9.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Maternal Health

Phone: 1-800-383-3826

<http://idph.iowa.gov/family-health/maternal-health>

Protecting & Improving
the Health of Iowans



Crystal was 15 years old, pregnant, homeless, and a junior in high school when she first met her maternal health nurse. Crystal's mother has a long history of mental illness. Crystal has been caretaker to her bi-polar mother and younger siblings. The maternal health nurse partnered with Crystal throughout her pregnancy, finding housing and educating Crystal about pregnancy, child rearing, and goal setting for the future. Crystal also suffered from depression; her nurse arranged counseling. Last year, Crystal delivered a healthy baby girl and graduated from high school. Crystal is now working and attending class at DMACC. She feels that the Maternal Health program has had a positive impact on her and her baby's life.

Did you know?

The Maternal Health program improves the health of mothers and babies by teaching mothers about healthy lifestyle choices and nutrition, assessing oral health, screening for maternal health, mental health, and pregnancy risk factors, and improving access to prenatal care. We promote breastfeeding, as well, which improves infant health, immunity, growth, and development.

Why are Maternal Health programs important to protecting and improving the health of Iowans?

- Early and adequate prenatal care (starting in the first 3 months of pregnancy) is important to a healthy pregnancy and birth. It helps reduce illness and disability through health care advice and by identifying and managing chronic or pregnancy-related risks.
- According to the Iowa Barriers to Prenatal Care Survey, most Iowa women receive prenatal care; yet, low-income, teen, and minority women are more likely to receive prenatal care after the 3rd month. Barriers include financial, transportation, and a lack of knowledge that prenatal care is important. The Maternal Health program works to overcome these barriers.
- Premature and low birthweight babies have a higher risk of death and disabilities. Costs for caring for these babies are up to 15 times higher. In 2015, there were 3,551 preterm infants born in Iowa. This represents 9% of live births, a slight improvement from 2014.
- Maternal health agencies have worked hard to improve the number of pregnant women who have a "medical home" – a regular source of prenatal medical care by a physician or midwife – from 68% in 2002 to 89% in 2015.
- Domestic and sexual violence are pervasive problems that have major impact on health conditions. Research has shown that when women are provided with support and information about their safety options, they are more likely to take steps toward safety in their interpersonal relationships. Iowa's Maternal Health and Family Planning programs work to integrate domestic and sexual violence and coercion prevention into our programs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

Promote healthy living

What do we do?

IDPH funds 24 Iowa maternal health agencies that provide services to pregnant and postpartum women. For a map with contact information for these agencies, go to <https://idph.iowa.gov/Portals/1/userfiles/88/MH%20Map%20October%202016.pdf>.

Services include:

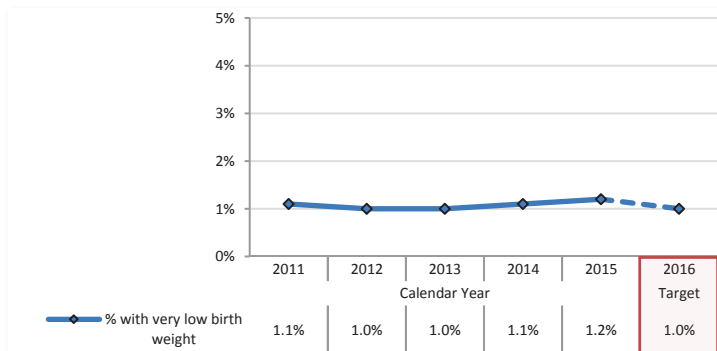
- ✓ Help in finding a medical home.
- ✓ Prenatal and postpartum health education.
- ✓ Transportation to medical visits.
- ✓ Education about lifestyle choices to improve pregnancy outcomes.
- ✓ Breastfeeding education and support.
- ✓ Psychosocial assessment including screening for perinatal depression.
- ✓ Nutrition assessment and education.
- ✓ Oral health assessment and help in finding a dentist to provide a regular source of oral health care.
- ✓ Postpartum home visits by registered nurses to assess the health of both new mothers and their babies.
- ✓ Family needs assessments and referrals to community resources for help.
- ✓ Pregnant women may qualify for help from publicly funded health insurance (Medicaid) even if they were not eligible before pregnancy. Program staff help families find out if they qualify for services at a reduced or no cost.
- ✓ Referral to family planning and child health agencies after delivery to support the family's ongoing health care needs.

In addition, IDPH administers PRAMS a maternal health specific project.

Iowa's Prenatal Risk Assessment Monitoring System (PRAMS), a part of the Centers of Disease Control and Prevention initiative, strives to reduce infant mortality and low birth weight. It is a population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy. For more information about Iowa PRAMS go to the following website: <http://idph.iowa.gov/prams>.

How do we measure our progress?

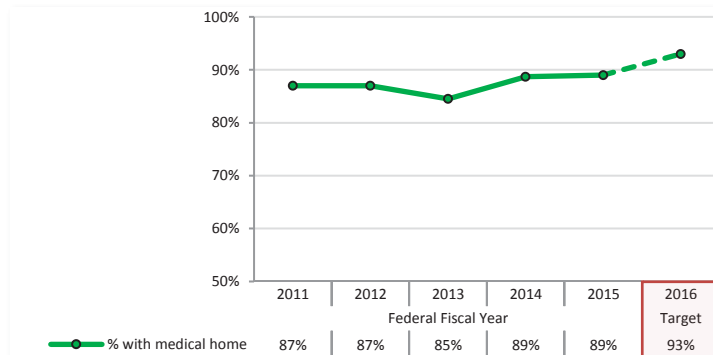
1 Percent of very low birth weight infants (less than 1500 grams) among all live births.



Data Source: Vital statistics. Data are available annually.

How are we doing? The percent of very low weight births has remained steady from 2002 to 2014. Data for 2015 shows that 1.2% of Iowa births were very low birth weight births.

2 Percent of women served in the maternal health program who report a medical home.



Data Source: Women's Health Information System. Data are available annually.

How are we doing? In 2002, the rate was 68% with a medical home. In 2015, our rate of women reporting a medical home was 89%. It did not meet our target, but is a 20.5% increase since 2002.

What can Iowans do to help?

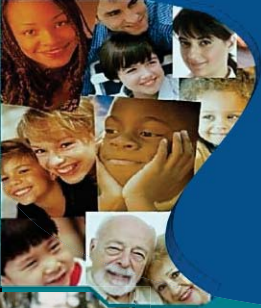
1. Health care professionals can refer Medicaid eligible/low-income women for maternal health services. Call the Healthy Families Line at 1-800-369-2229 or <http://idph.iowa.gov/family-health/maternal-health>.
2. Plan to improve your health before you are pregnant. This offers the best chance of having a health pregnancy and a healthy baby. Eat a balance diet, give up smoking, stop drinking alcohol, begin taking folic acid, see a dentist, and take care of your teeth.
3. Learn more about preventing family violence at www.futureswithoutviolence.org.
4. Learn more about PRAMS at www.cdc.gov/prams.

Expenditures

General fund, federal funds, & other receipts*; State funds are used for a 75% match for the Title V Block Grant: K05-0507/0523/0651; K09-0989; 0153-0304/0454/0566/1980

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$378,495	\$368,000	\$369,082
Federal funds	\$1,674,001	\$1,659,710	\$1,877,059
Other funds*	\$40,030	\$593,994	\$469,098
Total funds	\$2,092,525	\$2,621,703	\$2,715,239
FTEs	5.05	5.94	5.24

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



State Medical Examiner

Phone: 515-725-1400
www.iosme.iowa.gov

Protecting & Improving
the Health of Iowans



For many Iowans, knowledge about what a medical examiner does may be limited to an episode of "CSI" or reruns of "Quincy." While entertaining, these programs don't paint a true picture of the many responsibilities of the State Medical Examiner's Office.

The State Medical Examiner's Office (SME) performs 700-800 autopsies per year, but that's only a small part of what is accomplished. The SME also reviews over 4,500 death investigation reports from Iowa's 99 counties and provides guidelines and 24-hour consultation services to county medical examiners and investigators. In addition, SME staff are responsible for signing over 700 death certificates and over 250 cremation permits per year.

While the television version of a medical examiner may appear glamorous, the real-life work of the State Medical Examiner in Iowa is a vital part of Iowa's public health system.

Did you know?

The physicians employed by the State Medical Examiner's Office are all board certified in anatomic, clinical, and forensic pathology.

The Iowa Office of the State Medical Examiner is accredited by the National Association of Medical Examiners (NAME).

Why is the State Medical Examiner's Office important to protecting and improving the health of Iowans?

- Iowa has more than 28,000 deaths each year. Of these deaths, approximately 5,000 need a death investigation by the county medical examiner, deputy medical examiner, investigators, and/or the state office.
- Approximately 1,500 deaths require autopsy, and of those, between 700 and 800 are performed by the Iowa Office of the State Medical Examiner.
- State Medical Examiner forensic pathologists provide expert witness testimony at depositions, grand juries, and state and federal criminal and civil trials.
- The State Medical Examiner's Office provides guidance and oversight for county medical examiners and investigators throughout the state.
- The State Medical Examiner's Office has staff appointed to the state's Domestic Violence Team and Child Death Review Team, providing help and expert advice about forensic pathology questions and concerns.
- The State Child Death Review Team is under the direction of the State Medical Examiner's Office.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do we do?

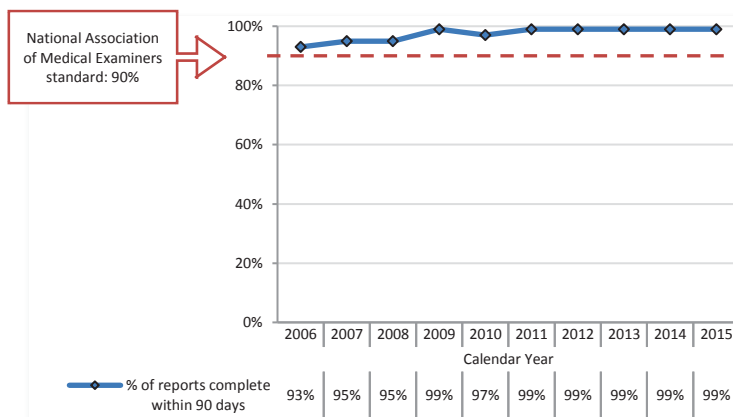
- Provide 24/7 consultation to all counties pertaining to death investigations.
- Perform 700-800 autopsies and review over 5,000 reports annually.
- Provide funding for up to four county medical examiners and/or medicolegal death investigators to attend training.
- Provide lectures, tours, and presentations to schools, professional groups, and other government agencies.
- Provide internships for investigators, radiology technologists, clinical laboratory scientists, and medical office specialists from many schools throughout Iowa.
- Maintain a database of medical examiner cases statewide.
- Forensic pathologists provide more than 40 lectures per year to medical students, residents, mortuary science students, and county medical examiners and their investigators.
- Provide basic death investigation training sessions across the state to county level investigators and medical examiners.
- Provide clinical rotations for medical students.
- Coordinate and lead the state's Disaster Response Team for mass fatality incidents (Iowa Mortuary Operations Response Team [IMORT]).
- Oversee the State Child Death Review Team (CDRT).

How do we measure our progress?

1 Percent of autopsy reports completed by the State Medical Examiner's Office within 90 days of death.

Data Source: SME Database. Data are available annually.

How are we doing? In 2015, the IOSME completed 756 autopsies. Of these, 99% were completed within 90 calendar days, 89% within 60 days, and 57% within 30 days. Through the third quarter of calendar year 2016, 99% of finalized autopsies were completed within 90 calendar days, 95% within 60 days, and 66% within 30 days.



What can Iowans do to help?

1. Every Iowan can view the Iowa Office of the State Medical Examiner as an independent and objective investigative agency.
2. Iowans can encourage more funding for the office as it continues to grow and takes on more cases statewide.

Expenditures

General fund, federal funds (Postmortem Toxicology Study Grant), intra state receipts* (Coverdell Forensic Science Improvement Grant – Governor's Office of Drug Control Policy), & retained fees*: K19-1951; 0153-1982/1984/1986

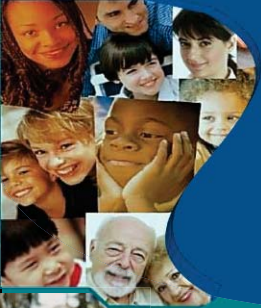
	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$822,084	\$822,084	\$822,084
Federal funds	\$0	\$0	\$0
Other funds*	\$2,002,741	\$1,971,174	\$2,775,807
Total funds	\$2,824,825	\$2,793,258	\$3,597,891
FTEs	18.14	18.85	12.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health (IDPH) ♦ Iowa Office of the State Medical Examiner (IOSME)

Phone: 515-725-1400 ♦ Fax: 515-725-1414 ♦ www.iosme.iowa.gov

2250 S Ankeny Blvd ♦ Ankeny, IA 50023



Iowa Board of Medicine

Phone: 515-281-5171
www.medicalboard.iowa.gov

Protecting & Improving
the Health of Iowans



The Iowa Board of Medicine takes seriously its fundamental responsibility to serve the citizens of Iowa by ensuring that physicians and acupuncturists are qualified to practice and they are adhering to laws, rules and standards that regulate their practices.

In addition to helping Iowans get quality medical care, the Iowa Board of Medicine helps physicians quickly establish their practices in Iowa. The Board's database allows applicants and licensees to apply for a license or renew their Iowa license online through the Board's website. In FY 2016, all applications for new licenses were received online and 98.7 percent of renewals were processed online.

The 10-member Board and the agency's professional staff work hard to protect the public by responding to complaints and mandatory reports concerning conduct or competency issues of physicians and licensed acupuncturists practicing in Iowa. The Board's 2015 annual report, a statistical tabulation of licensure, and enforcement, and regulatory activities, is available at [www.medicalboard.iowa.gov/images/Stats/2015 Annual Report.pdf](http://www.medicalboard.iowa.gov/images/Stats/2015%20Annual%20Report.pdf).

Did you know? There are 11,967 physicians and 63 acupuncturists licensed to provide health services to Iowans.

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

- Iowans deserve medical care and acupuncture from competent, qualified practitioners. By licensing providers, we help keep untrained and dishonest individuals from working in Iowa.
- The medical board provides licensure, investigation, and services for professionals with substance abuse or mental health problems. Iowa law mandates such services.
- Research shows that monitoring programs, like the Iowa Physician Health program, are highly effective in reducing the likelihood of a return to addictive or problem behavior.
- Thousands of Iowans use the Docfinder service on the medical board's Web site each year. Docfinder provides information about licensees to the public.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as they are safe to practice again.
- Provide information about licensure and discipline to the public, employers, and credentialers.
- Speak to professional groups, students, and the public.
- Watch trends in other states and use that information to help form policy.

How do we measure our progress?

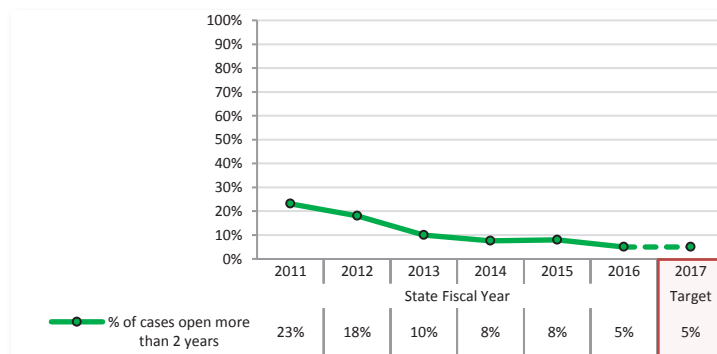
❶ Referral source for physicians in the Iowa Physician Health Program (IPHP).



Data Source: Manual counts. Data are available annually.

How are we doing? The majority of the participants in the IPHP self-reported, which means they reported their potential impairment to the IPHP on their own. This data supports the work being done to increase awareness of the program.

❷ Percent of open cases that have been open for more than two years.



Data Source: Board database. Data are available annually.

How are we doing? The percentage continues to decline, allowing the Board to be more responsive to public concerns about licensees' competence and conduct.

What can Iowans do to help?

1. All Iowans can use the Docfinder on the medical board's Web site to search for a licensed physician or acupuncturist. Go to www.medicalboard.iowa.gov to use Docfinder.
2. Physicians and licensed acupuncturists should learn about and follow ethical and medical guidelines.
3. Physicians and employers should use the Iowa Physician Health Program to deal with physicians who show an impairment or potential impairment (for example, addiction or mental health problems). Go to www.iphp.iowa.gov to learn more.

Expenditures

Retained fees*: K19-2071/2075

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,953,565	\$2,921,368	\$4,609,831
Total funds	\$2,953,565	\$2,921,368	\$4,609,831
FTEs	23.36	22.63	24.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Iowa Board of Medicine

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400 SW 8th Street, Suite C ♦ Des Moines, IA 50309-4686



Minority & Multicultural Health

Phone: 515-281-4904
<http://idph.iowa.gov/mh>

Protecting & Improving
the Health of Iowans



The Office of Minority and Multicultural Health (OMMH) provides benefits, partnerships and networks developed with previous funding (which ended in 2013) allow OMMH to expand activities via statewide community and faith-based health and wellness programming. Sustainability is provided by OMMH through technical assistance and support. The OMMH Advisory council continues to use its 2017 strategic plan for council and program activities. To date, trainings have been provided to over 550 health professionals by OMMH staff. Trainings enhanced education and outreach strategies on issues related to health equity/health disparities and the impact on diverse populations. OMMH also serves on the Region VII Health Equity "Heartland" Advisory Council. In October 2016, OMMH staff was voted to co-chair this council, serving with the Nebraska OMH officer. We continue to serve as a board member of the National Association of State Offices of Minority Health. Communities continue to increase the engagement of the OMMH Advisory Council in strategic planning and program activities, regional multicultural coalitions, and service delivery. We continue to provide preceptorships and internships for the Des Moines University College of Osteopathic Medicine, Masters of Public Health Program and partner with other Iowa academic institutions in accordance with our goal to provide internships for students of diverse ancestry heritage.



Did you know?

- ✓ In 2005, IDPH established the Office of Multicultural Health (OMH), which became Iowa law in 2006. OMMH has worked diligently to actively promote and facilitate health equity for Iowa's multicultural communities.
- ✓ In 2010, OMMH received its first federal DHHS OMH State Partnership Grant. In 2011, OMMH, in contractual agreement with the University of Northern Iowa, completed a 3-phase goal of establishing the opportunity for six regional public health minority health coalitions. In 2012, OMMH received a DHS, OMH National Plan for Action award to increase education and awareness efforts to end health disparities. Free materials and toolkit resources can be found at <http://minorityhealth.hhs.gov/npa>.
- ✓ In 2014, OMMH entered into its first collaboration with DHS and University of Iowa for CLAS standards training and continues to provide this training to any agency or institution free of charge. In 2015, OMMH staff received two certificates of commendation from the Deputy Assistant Secretary of DHHS OMH in recognition for their contribution to regional health equity initiatives within Iowa.

Why is Minority & Multicultural Health important to protecting and improving the health of Iowans?

- According to recent national and state data, Iowa demographics continue to change. In 2014, the diverse population is estimated at 2.9% African American, 0.4% Native American, 1.8% Asian alone, 5.0% Hispanic/Latino, 1.4% two or more races, 0.1% Native Hawaiian and other Pacific Islander alone.
- Chronic diseases such as diabetes, cardiovascular disease, and cancer are more common in Iowa's minority and immigrant/refugee populations. IDPH must assist local public health agencies and health care providers to address the health concerns, awareness of health disparities and health equity of all Iowans.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do we do?

- Work with companies, communities, faith-based groups, and others across Iowa to develop strategies for providing culturally and linguistically appropriate services.
- Coordinate and provide education and training in culturally and linguistically appropriate health care and service delivery to any state, local, or regional agency, program, or institution.
- Assure access to networks, contacts, and resources necessary to apply for local, regional, and federal grants and awards.
- Provide information to the public about health disparities.
- Ensure a comprehensive health assessment for newly arriving refugees. Work with partnering agencies to assure appropriate health services are received.
- Plan, evaluate, assess, and research health disparities.
- Develop legislation, rules, and policies related to health disparities.
- Work with and provide links to communities, local agencies and programs, and regional and federal entities to address the health issues that affect Iowa's minorities, immigrants, and refugees.

How do we measure our progress?

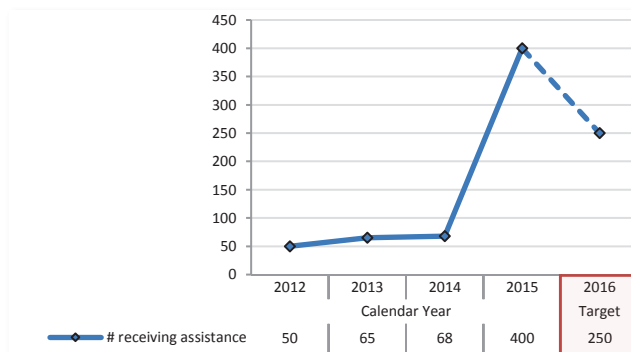
1 Number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services.

Data Source: OMMH records. Data are available annually.

How are we doing? The OMMH consists of the Executive Director of OMMH, its advisory council, and a multitude of partnerships throughout Iowa that provide education and professional expertise in the area of health disparities and health equity.

From 2012 to 2015, OMMH continues to increase partnerships, technical assistance, and the facilitation of workshops and professional development for more than 1,500 public health, faith and community based organizations. Since 2012 we have maintained a positive and productive relationship with undergraduate students of diversity at Cornell College in Mt. Vernon Iowa. We continue to provide internships, capstone and special projects for students attending Des Moines University, UNI, DMACC, U of I and Iowa State in their undergrad and graduate studies programming. OMMH continues to work in partnership with the Iowa Comprehensive Cancer Consortium, IDPH tobacco programming and health promotion and chronic disease prevention programming to address the needs of Native Americans, African Americans, and Latinos living with cancer. In partnership with Community Health Partners of Sioux County Public Health, we continue to provide assistance to the Latino Women's Support Services Coalition (SALUD).

2016 - 2017 continues to focus on OMMH programming and staff infuse health equity and health disparity issues in health professional education and community engagement.



What can Iowans do to help?

1. All Iowans can become more aware of the health care and access needs of Iowa's minority, immigrant, and refugee residents.
2. All Iowans can build public, professional, and policymaker support for programs and policies to improve the health of minorities, immigrants, refugees, and their families.
3. Iowa organizations can do more to recruit and retain racial and ethnic minorities as health and human service providers.

Expenditures

Federal funds: 0153-0404/0948/0952

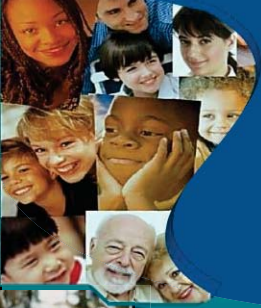
	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$74,389
Federal funds	\$1,922	\$0	\$0
Other funds	\$60,553	\$108,814	\$133,251
Total funds	\$62,476	\$108,814	\$207,640
FTEs	0.76	1.19	1.70

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Minority & Multicultural Health

Phone: 515-281-4904 ♦ Fax: 515-242-6384 ♦ <http://idph.iowa.gov/mh>

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075



Iowa Board of Nursing

Phone: 515-281-3255
<https://nursing.iowa.gov>

Protecting & Improving
the Health of Iowans



The mission of the Iowa Board of Nursing is to protect the public's health, safety and welfare by regulating the licensure of nurses, the practice of nurses, nursing education and continuing education.

The Iowa Board of Nursing strives to maintain the health, safety and welfare of all Iowans by licensing qualified and competent nurses.

The Board investigates complaints against nurses to ensure the protection of the public. Thirty-six percent of complaints filed result in formal discipline. The Board's annual report, a statistical tabulation of licensure and enforcement activities, is available at the board's website at <https://nursing.iowa.gov>.

Did you know? There are over 64,000 licensed nurses in Iowa.

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

- Iowans deserve care from qualified professionals.
- Iowans deserve protection from care that does not meet standards, including timely investigations of complaints about nursing practice, and discipline of nurses who are found to have violated the law.

Which Iowa Public Health Goals are we working to achieve?

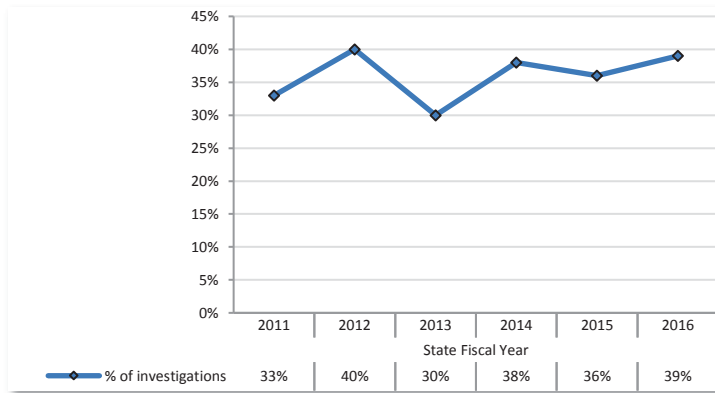
Strengthen the health infrastructure

What do we do?

- License nurses who meet requirements.
- Approve nursing education programs.
- Approve continuing education providers.
- Promulgate rules and regulations to carry out the mandate of the laws.
- Carry out the Iowa Nurse Assistance Program.
- Investigate complaints and monitor disciplined licensees.
- Discipline nurses whose practice is out of compliance with Iowa Code and Iowa Administrative Code.
- Conduct continuing education audits.
- Maintain licensee records.
- Collect, analyze, and disseminate nursing workforce data.

How do we measure our progress?

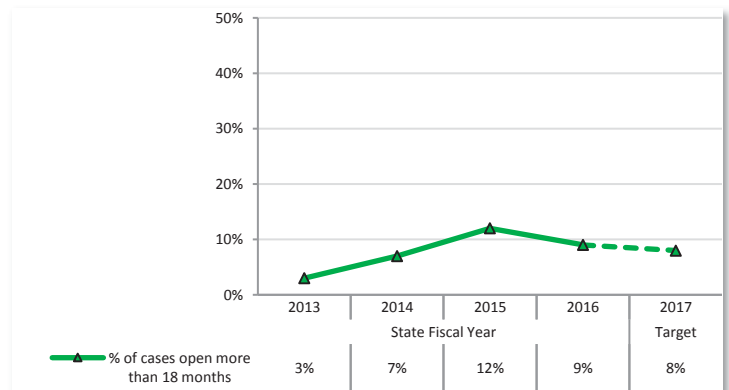
① Percent of investigations resulting in formal discipline.



Data Source: Iowa Board of Nursing Database.

How are we doing? Out of 764 complaints filed in state fiscal year 2016, 298 resulted in formal discipline.

② Percent of closed cases that were open for more than 18 months.



Data Source: Iowa Board of Nursing Database.

How are we doing? The percentage has decreased in Fiscal Year 2016. The enforcement unit had no vacancies during Fiscal Year 2016. The number of advanced practice cases, and cases kept open by ongoing litigation take a longer investigation period.

What can Iowans do to help?

1. Iowans and employers may contact the Iowa Nursing Board for information regarding discipline history or may retrieve discipline documents through our website <https://nursing.iowa.gov>.
2. Iowans may report nurses whose practice does not appear to meet standards of care by calling 515-281-3255, emailing enforce@iowa.gov or completing a complaint form at our website <https://nursing.iowa.gov>.
3. Iowa nurses are required to report other nurses whose practice does not meet standards of care.

Expenditures

Retained fees*: K19-2082

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,872,413	\$2,887,483	\$4,753,000
Total funds	\$2,872,413	\$2,887,483	\$4,753,000
FTEs	21.48	21.70	22.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Iowa Board of Nursing

Phone: 515-281-3255 ♦ Fax: 515-281-4825 ♦ <https://nursing.iowa.gov>

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Nutrition

Phone: 515-281-6650
<http://idph.iowa.gov/nutritionandphysicalactivity>

Protecting & Improving
the Health of Iowans



According to the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS), over 1.5 million (1,573,174) adult Iowans are overweight or obese. To reverse the obesity epidemic, we must not only educate Iowans but change the food environments to provide more opportunities for people to eat healthy foods. The State of Obesity report calls for government, industry, healthcare, foundations, schools, child care and families around the country to work together to ensure that all children and families live healthy lives.

Did you know? Iowa falls in the bottom 3 states for adults for daily vegetable consumption.

Why is Nutrition important to protecting and improving the health of Iowans?

- 86 of 99 counties identified *Obesity, Nutrition and Physical Activity* as a top health issue in the 2016 Community Health Needs Assessments prepared by local boards of health.
- The rate of overweight and obese Iowans has dramatically increased among adults and youth and affects all income groups.
- Iowa could save an estimated 5.7 billion dollars over 15 years if the average Body Mass Index (BMI) were lowered by just five percent.
- Iowa ranks 31 out of 51 states including the District of Columbia for fruit consumption and 47 out of 51 states including the District of Columbia for vegetable consumption. The *2015 Dietary Guidelines for Americans* recommends a healthy eating pattern which includes a variety of fruits and vegetables.
- 1 in 5 Iowa children and 1 in 8 Iowans age 60+ risk facing hunger each day.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

What do we do?

Programs focusing on nutrition include 1) Iowa Nutrition Network; 2) State Childhood Obesity Funds; and 3) CDC State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305).

Iowa Nutrition Network/SNAP-Ed

- Engages children in elementary schools with fruit and vegetable nutrition lessons and gardening activities.
- Promotes Farm to School Programs and effective school wellness committees and policies.
- Connects older adults with their peers through monthly discussions focused on nutrition and healthy living.
- Promotes local and national food programs to reduce hunger and food insecurity.

Health Promotion and Chronic Disease Control Partnership (1305)

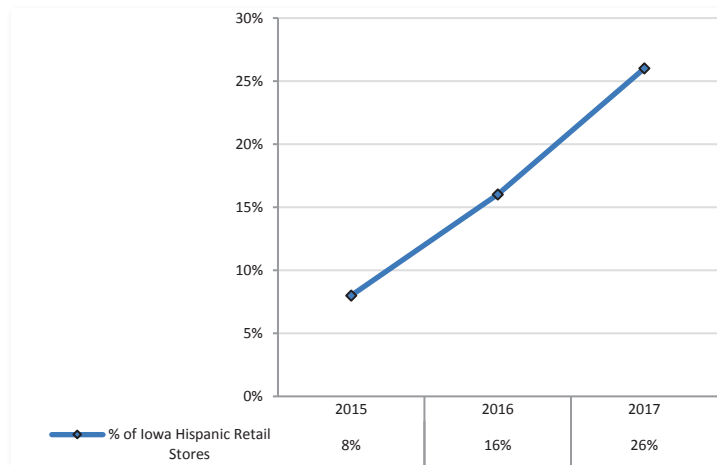
- Increases access to healthy foods and beverages in state facilities, childcare and Hispanic retail.
- Partners with the Iowa Department of Education to create supportive nutrition environments in Iowa schools.

State Childhood Obesity Funds

- Provides resources, funding and support to create healthier environments where Iowans live, learn, work, and play.
- Partners with Child Care Resource and Referral to assist child care centers with changes to their nutrition environments

How do we measure our progress?

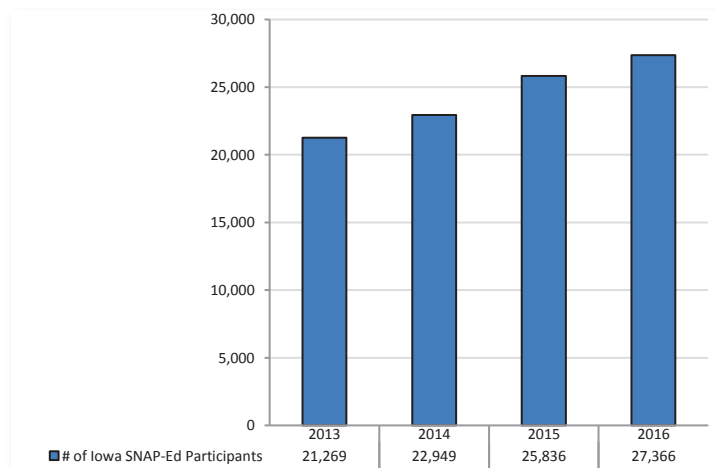
1 Percent of Iowa Hispanic retail stores participating in Shop Healthy Iowa.



Data Source: Shop Healthy Iowa program data

How are we doing? By the end of 2017, 26% of the Hispanic stores in Iowa will have implemented Compre Saludable/Shop Healthy Iowa, completing at least one store layout and one marketing enhancement that promotes healthy eating.

2 Total Number of Iowa SNAP-Ed Participants.



Data Source: SNAP-Ed EARS. *ISU Extension SNAP-Ed participation not reflected.

How are we doing? Across four years, SNAP-Ed participation increased nearly 30% (28.7%).

What can you do to help?

1. Make half your plate fruits and vegetables: www.choosemyplate.gov.
2. Work with stakeholders to strengthen the hunger relief system and improve the nutritional quality of foods.
3. Serve on your worksite wellness team to provide healthier food and beverage vending machine options for employees (www.nems-v.com).
4. Plant a garden or volunteer in your community or school garden.
5. Work with your local school district to provide and promote healthy foods in school meals, fundraisers, concessions and classroom parties; consistent messages about food and healthy eating, and the opportunities students have to learn about healthy eating.

Expenditures

Health Promotion: general fund, federal funds, & private grants*: K05-0609; 0153-0562/0728. **Iowa Nutrition Network:** intra state receipts* (Dept of Human Services) 0153-1108/1112.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$69,143	\$55,997	\$55,997
Federal funds	\$671,544	\$261,829	\$200,510
Other funds*	\$808,175	\$1,343,332	\$1,484,150
Total funds	\$1,548,862	\$1,661,158	\$1,740,657
FTEs	4.95	4.28	4.08

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Oral Health

Phone: 515-242-6383

<http://idph.iowa.gov/ohds/oral-health-center>

Protecting & Improving
the Health of Iowans



Smile! Everyone wants a bright, beautiful smile. But oral health is more than straight, shiny-white teeth. Did you know poor oral health in children can affect speech development? And, that 51 million school hours are lost each year to dental-related illness? Did you know poor oral health in adults has been linked to heart disease? Unfortunately, getting needed dental care is difficult for low-income and uninsured families in Iowa. The Oral Health Center within the IDPH Bureau of Oral and Health Delivery Systems has programs that work to improve the oral health of all Iowans, regardless of income.

The Oral Health Center (OHC) encourages local public health partners to provide preventive services, like fluoride applications and dental sealants, and to provide education and assist families in making dental appointments. As a result, nearly three times more Medicaid-enrolled children are receiving dental care than in 2000.

Expanding access to oral health care for all Iowans is truly something to smile about.



Did you know? 97% of Iowa children have medical insurance, but only about 80% have insurance for dental care.

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

- Oral health directly affects the health and wellness of all Iowans.
- Cavities can be prevented.
- 16% of Iowa third-graders have untreated cavities; more than one out of every five low-income children has untreated cavities.
- Many families don't know about the importance of oral health and know little about proper oral hygiene and preventive care.
- Access to dental care is a major problem for low-income Iowa families. For children on Medicaid, 46% go without any dental services at all.
- Early access to preventive dental services saves money! For at-risk children, having fluoride applications as soon as teeth erupt reduces the chance that teeth get decayed and need fillings or crowns. A fluoride application costs just \$14. A small filling costs more than 3 times that.
- Iowa's dental workforce is aging and decreasing in number, particularly in rural parts of the state.

► Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

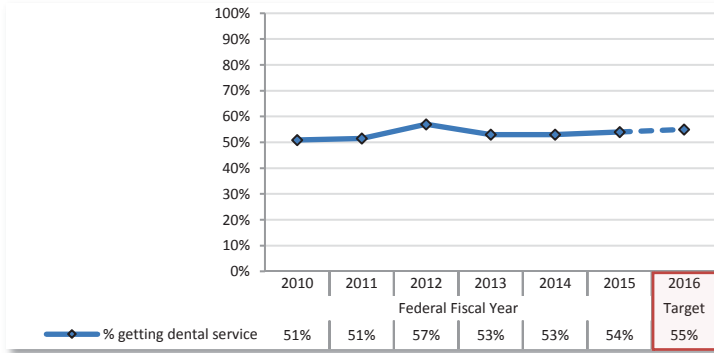
Strengthen the health infrastructure

► What do we do?

- Coordinate the I-Smile™ and I-Smile™ Silver programs, which help local public health partners promote oral health, provide preventive services, and educate the public about the importance of early and regular oral health care over a lifetime.
- Educate the public about the benefits of community water fluoridation.
- Promote interdisciplinary approaches that assure optimal oral health through education of medical practitioners. Work with local public health partners to help families make appointments and find payment sources for dental care.
- Provide funding to public health agencies to provide screenings and dental sealants to low-income, uninsured, and underinsured children in grades 1-8.
- Coordinate oral health surveillance to monitor and track Iowans' oral health status and ability to access and pay for care.
- Oversee the school dental screening requirement for children newly enrolling in elementary and high school.
- Track services provided by dental hygienists working under public health supervision, to assure limited services are provided to underserved families.

How do we measure our progress?

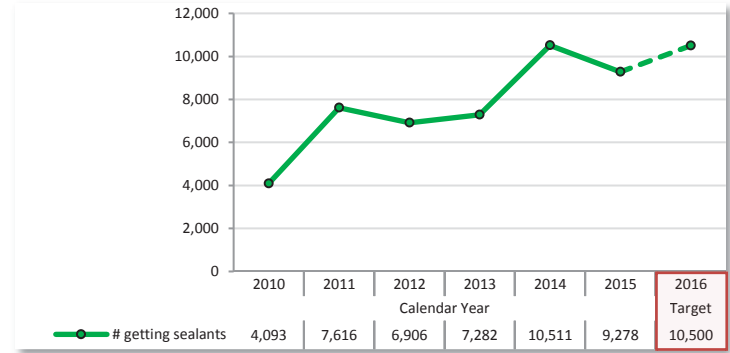
① Percent of Medicaid-enrolled children ages 1-5 who get a dental or oral health service.



Data Source: Centers for Medicare & Medicaid Services (CMS) Form 4.16. Data are available annually.

How are we doing? I-Smile™ is helping us to achieve a 35% increase in the number of children receiving services from 2008.

② Number of children ages 0-20 getting dental sealants from hygienists practicing under public health supervision.



Data Source: IDPH Public Health Supervision year-end reports. Data are available annually.

How are we doing? Public health supervision has been allowed since 2004. In calendar year 2015, 9,278 children received sealants.

What can Iowans do to help?

1. Learn about the importance of good oral health and how to keep your mouth healthy.
2. Use the Oral Health Center as a trusted source for oral health information and policy development.
3. Encourage sufficient funding for the Oral Health Center to help the success of its programs.

Expenditures

General fund, federal funds, intra state receipts* (Dept. of Human Services), & private grants*. State funds are used for a 25% match for the Title V Maternal & Child Health Block Grant: K05-0503/0561; 0153-0502/0504/1006.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$274,388	\$276,274	\$276,274
Federal funds	\$786,182	\$834,929	\$1,150,977
Other funds*	\$2,185,778	\$2,311,906	\$2,296,661
Total funds	\$3,246,349	\$3,423,109	\$3,723,912
FTEs	8.12	8.21	9.10

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Iowa Board of Pharmacy

Phone: 515-281-5944
<https://pharmacy.iowa.gov>

Protecting & Improving
the Health of Iowans



A doctor may write the prescription to cure what ails you, but it's up to your local pharmacist to fill that prescription to the exact specifications of the prescriber. Pharmacists play a critical role in protecting the health of Iowans. The Iowa Board of Pharmacy assures the public that only qualified, competent pharmacists practice in Iowa.



The Iowa Board of Pharmacy strives to issue licenses and registrations quickly and efficiently. In addition, the Board receives and investigates complaints from Iowans, and when necessary, disciplines pharmacists and other regulated licensees who have broken the law.



With more than 3,600 licensed pharmacists in Iowa, the Board of Pharmacy works to ensure each provides quality health services to Iowans.



Did you know? There are more than 3,600 licensed pharmacists in Iowa.



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

- The Iowa Board of Pharmacy licenses pharmacists and other pharmacy professionals to ensure Iowans receive competent, qualified care.
- The Iowa Board of Pharmacy helps pharmacists who are battling addiction. Research shows that monitoring programs for impaired pharmacists are highly effective in reducing relapse.
- Licensure is an effective way to keep untrained and unethical individuals from practicing pharmacy in Iowa.

► Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

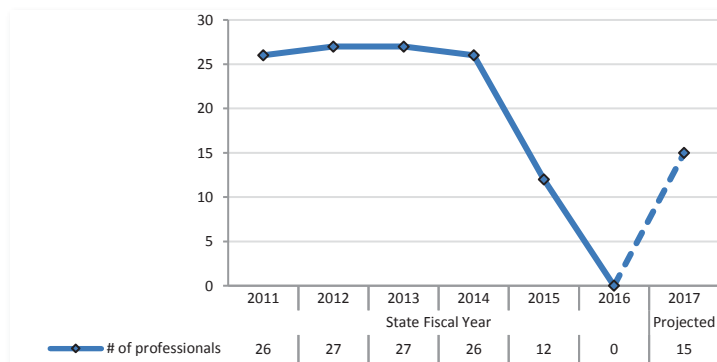


► What do we do?

- License pharmacies, pharmacists, and other health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Provide licensure and discipline data to the public, employers, and credentialers.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as it is safe to do so.
- Speak to professional groups, students, and the public.
- Ensure the safe distribution of effective prescription drugs in Iowa.

How do we measure our progress?

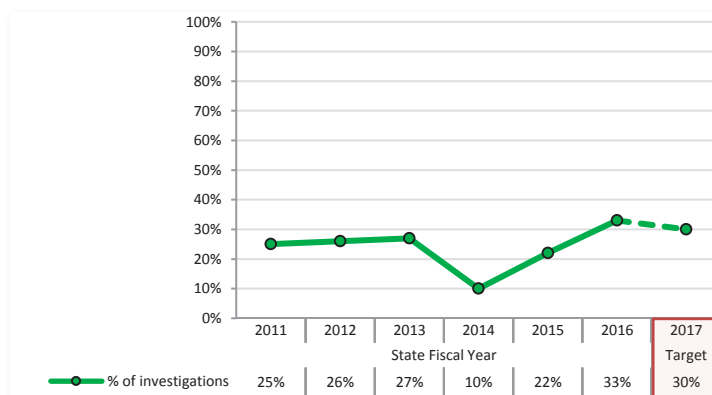
① Number of professionals participating in the Iowa Monitoring Program for Pharmacy Professionals (IMP3).



Data Source: Manual counts. Data is available annually.

How are we doing? The former Iowa Pharmacy Recover Network (IPRN) recently transitioned to the IMP3 (2016). The new IMP3 currently monitors 5 professionals and anticipates that number will triple by the end of the 2017 fiscal year.

② Percent of investigations resulting in formal discipline.



Data Source: Board database. Data is available annually.

How are we doing? The percentage of investigations resulting in formal discipline dropped to 10% in 2014. This is due to the inspection of more than 550 Iowa-licensed pharmacies located outside Iowa, all of which were classified and reviewed as investigations.

What can Iowans do to help?

1. All Iowans can contact the Iowa Board of Pharmacy to verify that a pharmacist license is in good standing. For information, call 515-281-5944 or check the Board's online verifications at <https://pharmacy.iowa.gov/miscellaneous/verifications>.
2. Health professionals can learn about ethics and rules.
3. Health professionals and their employers can go to <https://pharmacy.iowa.gov/misc/iowa-monitoring-program-pharmacy-professionals-imp3> to learn how to use the program created to help impaired or potentially impaired professionals.

Expenditures

Retained fees*: K19-2092

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,379,753	\$2,271,340	\$3,884,154
Total funds	\$2,379,753	\$2,271,340	\$3,884,154
FTEs	14.96	14.09	16.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Physical Activity

Phone: 515-281-6650
<http://idph.iowa.gov/nutrition-physical-activity>
www.i-walk.org

Protecting & Improving
the Health of Iowans



Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities calls on Americans to be more physically active through walking and calls on the nation to better support walking and walkability. The purpose of the Call to Action is to increase walking across the United States by improving access to safe and convenient places to walk and wheelchair roll and by creating a culture that supports walking and making our communities walkable for people of all ages and abilities.



Did you know?

Iowa is the only state in the nation that has not adopted national physical education standards. Physical education is a critical component to helping students reach the recommended 60 minutes of daily physical activity. Students with physical education are 2.5 times more likely to be active as adults.



Why is Physical Activity important to protecting and improving the health of Iowans?

- Adults who are physically active are healthier and less likely to develop many chronic diseases than adults who are not active.
- Some physical activity is better than none — and any amount has health benefits.
- Children who are more active demonstrate higher scholastic achievement, better classroom behavior, greater ability to focus, and less absenteeism compared to their unfit peers.
- People who live in neighborhoods with sidewalks are 50% more likely to meet physical activity guidelines
- Iowans aren't getting enough activity.
 - ✓ According to the 2015 Iowa BRFSS, half of Iowans are meeting physical activity guidelines, and one-quarter of Iowa adults reported no leisure-time physical activity in the last month.
 - ✓ Environments that support physical activity and proper nutrition provide a better quality of life for Iowans.
 - ✓ Obesity is Iowa's top health priority identified by Iowa counties through their community health needs assessment.
 - ✓ Two-thirds of Iowa adults are overweight or obese. Physical activity is both a prevention strategy and solution to the problem.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living



What do we do?

Programs focusing on physical activity include 1) CDC-funded Health Promotion and Chronic Disease Control Partnership (1305); 2) State Childhood Obesity Funds; and 3) Iowa Nutrition Network.

Health Promotion and Chronic Disease Control Partnership

- Making it easier for Iowans to walk and bike to their destinations. The healthy choice should be the easy choice.
- Working with metropolitan planning organizations to encourage their member municipalities to pass complete streets policies. Complete streets are streets designed for all users: pedestrians, cyclists, transit users and motor vehicles.
- Partnering with the Iowa Department of Education to increase physical activity opportunities in Iowa schools.
- Collaborating with the Healthiest State Initiative to advocate for more walkable communities

State Childhood Obesity Funds

- Providing resources, funding and support to create healthier environments where Iowans live, learn, work, and play.
- Partnering with Child Care Resource and Referral to assist child care centers with changes to their environments to encourage physical activity.

Iowa Nutrition Network/SNAP-Ed

- Bringing state and local partners together to build networks dedicated to healthy eating and physical activity.
- Promoting one hour of daily physical activity for children through the Play Your Way campaign.

▶ How do we measure our progress?

❶ Number of complete streets policies.

Data Source: <https://smartgrowthamerica.org/program/national-complete-streets-coalition/policy-development/policy-atlas/> (2006-2014)

How are we doing? There are 29 cities in Iowa with a complete streets policy, and 19 of the largest 58 cities in Iowa (those with a population of >7000) have a policy. Complete Streets are streets for everyone. A complete streets policy ensures that when the city builds and updates their roads they will be designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.

❷ Number of communities with an I-WALK project

Data Source: I-WALK program data (2010-2014); www.i-walk.org/participatingSchools.php

How are we doing? There have been 45 community I-WALK projects to date in 32 counties. I-WALK is the Iowans Walking and Logistics Toolkit, it is a partnership between the Iowa Department of Public Health and Iowa State University Extension and Outreach to assist communities with assessing their walking and biking infrastructure.

▶ What can Iowans do to help?

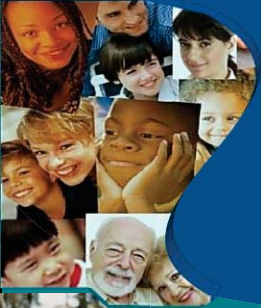
1. Be active 30 minutes, most days of the week. Three, 10-minute increments are just as effective as 30 minutes all at once.
2. Replace one car trip a week with a walking trip. Walk to the library, post office, or to get lunch on foot rather than driving.
3. Encourage your community to make it easier for citizens of all ages and all abilities to walk by passing a complete streets policy.
4. Talk to your local school district about the importance of physical education, recess, and physical activity opportunities before, during and after the school day.
5. Work with your local school district to make it easier and safer for students to walk and bike to school. Visit www.i-walk.org to see if your local school has been working on Safe Routes to School.

▶ Expenditures

Health Promotion: general fund, federal funds, & private grants*: K05-0609 (50%); 0153-0728 (13.5%). **Iowa Nutrition Network:** intra state receipts* (Dept of Human Services) 0153-1108 (25%).

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$81,369	\$54,385	\$55,998
Federal funds	\$1,174,446	\$260,960	\$252,431
Other funds*	\$359,189	\$385,389	\$593,143
Total funds	\$1,615,004	\$700,733	\$901,571
FTEs	2.41	1.95	2.01

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Planning Services

Phone: 515-242-5224

<http://idph.iowa.gov/planning-services>

Protecting & Improving
the Health of Iowans



Keeping Iowans healthy means fewer sick days for schoolchildren, more people working productively, reduced risk for diseases and injuries, lower health care costs, and longer, fulfilling lives for everyone. [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#) offers details about action 60 partner organizations took to improve Iowans' health. The action focused on 39 critical needs identified by Iowans across the state and tracked improvement.

In managing Healthy Iowans, the Bureau of Planning Services monitors progress on the plan and makes updates. In 2016, to answer the question, "Are we making progress?" the plan's 61 objectives were evaluated on whether or not they achieved their target or goal, were moving toward the target, had not moved at all, or were moving away from the target. The results show that 66% had been achieved or were moving toward their target; while 34% were moving away from the target or had not moved at all. The full *2016 Report: Are We Making Progress?* is available at <http://idph.iowa.gov/healthy-iowans/plan>.

Did you know?

Using input from thousands of Iowans, the 2016 Healthy Iowans state health assessment has identified Iowa's top health issues. Check out the infographic at <http://idph.iowa.gov/healthy-iowans>.

Why is Planning Services important to protecting and improving the health of Iowans?

- Planning Services coordinates local, state, and department assessment and planning activities that improve the function of public health for all Iowans.
- Clear and accurate information helps Iowans stay healthy, live with diseases like cancer or arthritis, and be ready for and cope with public health threats or emergencies.
- Planning Services works on improving the public health system through quality and performance improvement, and preparing for national public health accreditation. These activities contribute to increasing our ability to meet the health needs of Iowans.
- A highly trained and competent workforce strengthens the public health infrastructure. This infrastructure allows IDPH to prevent epidemics and the spread of disease; protect against environmental hazards; promote healthy behaviors; prevent injuries; and prepare for, respond to, and recover from public health emergencies. In addition, professional development has been shown to improve employee satisfaction, enhance performance and reduce turnover.

Which Iowa Public Health Goals are we working to achieve?

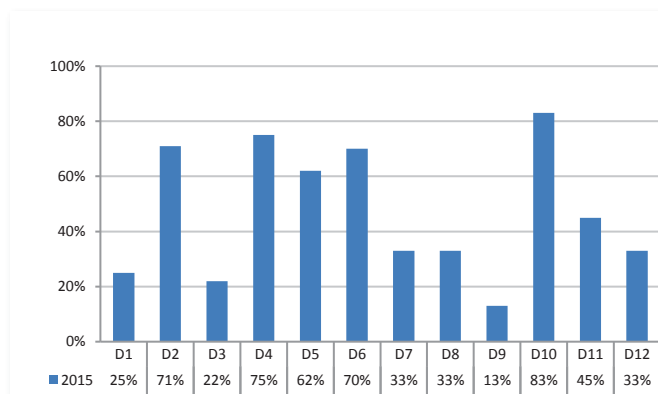
Strengthen the health infrastructure

What do we do?

- Help set health goals, create plans to meet them, and then track the progress toward meeting those goals.
- Provide information to the public about the department's administrative rules.
- Use technology to increase data access and use among general public, researchers, local public health agencies, and health professionals.
- Help IDPH programs set targets and measure their progress in meeting their program goals.
- Coordinate planning for changes in Iowa's public health system.
- Help local agencies and IDPH prepare for national public health accreditation.
- Provide technical assistance to communities in assessing their needs and writing health improvement plans.
- Handle all human resources issues including benefits, payroll, employee relations, and employment policies.
- Offer trainings that improve performance of IDPH employees and enhance their knowledge base.
- Coordinate a state process to make sure that the planning for new or changed institutional health services will be cost-effective.

How do we measure our progress?

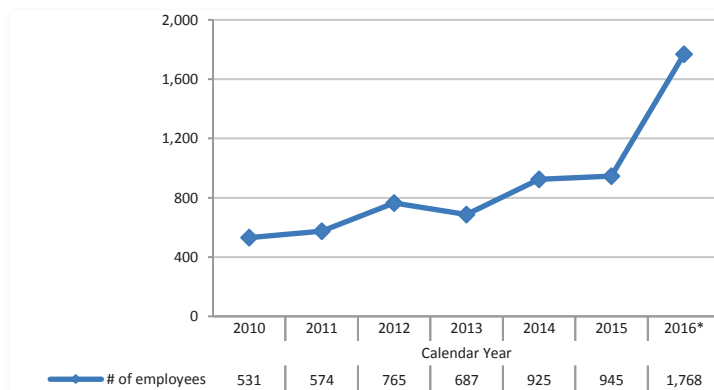
① Percent of national public health standards met—by domain.



Data Source: IDPH PHAB Self-Assessment. "D" = Domain.

How are we doing? IDPH conducted a self-assessment of the department's ability to meet national public health standards (PHAB). Twelve domain teams were established to identify where the department meets the standards. At the time of the survey, IDPH met 48% of the standards. Work plans developed by domain teams are being used to increase the percentage of measures IDPH meets. IDPH plans to apply for national accreditation in 2017.

② Number of IDPH employees that participate in internal trainings.



Data Source: Program data. Data are available annually. Employees can attend more than one training per year. * 2016 includes January 2016-November 2016.

How are we doing? In 2016, monthly "Bus Stop" sessions were added to the in-house training calendar to provide information on accreditation requirements, improve communication, and promote quality improvement. Total participation at the Bus Stops (January-November) was 668, or an average of 61 per month. Apart from the Bus Stops, there were over 80 additional training sessions offered. The total participation at those sessions was more than 1,100 (including 6 sessions for leadership development and 17 sessions of new employee orientation.) Through November 2016, total participation for all IDPH in-house trainings was the highest in the department's history.

What can Iowans do to help?

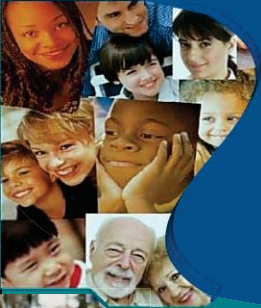
1. All Iowans should learn about important public health issues and policies. Visit the IDPH homepage at <http://idph.iowa.gov>.
2. All Iowans can participate in assessing health needs and planning improvements. To learn more, go to <http://idph.iowa.gov/chna/hip> and <http://idph.iowa.gov/healthy-iowans>.
3. All Iowans can learn more about public health and the wide variety of careers and services in the field. To learn more, go to <http://idph.iowa.gov/employment>.

Expenditures

General fund and federal indirect funds: K09-0969/0979; K19-1963; K21-2211; 0153-0992/0994/0996/2110/2242

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$355,343	\$365,961	\$400,357
Federal funds	\$1,269,134	\$1,682,225	\$1,757,000
Total funds	\$1,624,478	\$2,048,186	\$2,157,357
FTEs	13.61	15.03	17.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Prescription Services

TB – Phone: 515-281-7504 <http://idph.iowa.gov/immtdb>
STD – Phone: 515-281-3031 <http://idph.iowa.gov/hivstdhep>

Protecting & Improving
the Health of Iowans



If money is tight, it can be difficult to pay for a trip to the doctor. But what if you are diagnosed with a disease that requires expensive medications? How will you pay for that, too? The Prescription Services program is there to help, providing free treatment for Iowans with an STD or with TB infection or disease.

By treating more than 1,200 Iowans a year for latent TB infection, approximately 120 infectious cases of TB are avoided. The program also provides treatment for about 7,000 Chlamydia cases per year at a cost of \$1.81 per case per Iowan and over 1,000 cases of gonorrhea at a cost of \$3.30 per case per Iowan. For Iowans not treated soon enough, 10% will develop a serious complication called Pelvic Inflammatory Disease, costing at least \$1,167 per patient to treat.

Proper treatment prevents exposing others to diseases and their complications. The Prescription Services program provides treatment free of charge because going without treatment can be much more costly.

Did you know?

Each year, this program provides medication to treat more than 20,000 Iowans for sexually transmitted diseases and TB infection and disease.

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

- TB disease remains a public health problem in Iowa with an average of 46 new cases reported every year. Many Iowans are infected by TB, but haven't developed symptoms (latent TB infection or LTBI) and will need antibiotics to prevent them from getting the disease. About 150,000 Iowans are currently infected with TB.
- More than half of all Iowans will have an STD sometime in their life.
- Children and young adults are particularly at risk for STDs. In 2010, 74% of reported Chlamydia cases were among 15 to 24 year olds.
- Untreated STDs can lead to serious, even life-threatening complications.
- Early treatment saves money! For example, treating someone with a latent TB infection costs about \$500. Treating someone who has developed TB disease costs approximately \$17,000.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Strengthen the health infrastructure

What do we do?

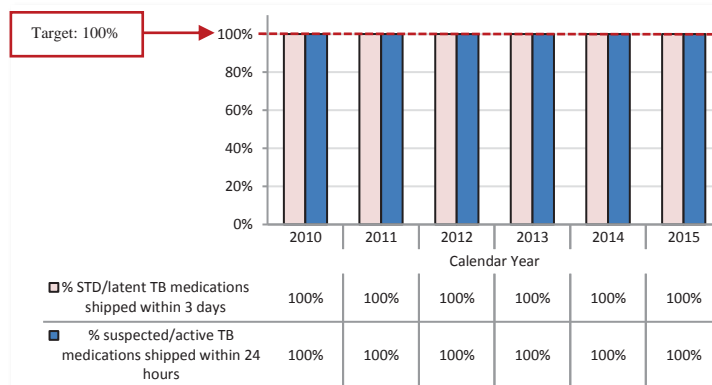
- Provide treatment for more than 1,200 Iowans with LTBI or TB disease each year.
- Provide treatment for more than 15,000 Iowans infected or exposed to chlamydial infection, gonorrhea, and syphilis each year.
- Ensure medications for active and suspected cases of TB are shipped within 24 hours of the prescription being written.
- Ensure medications for STD and LTBI are sent within three working days of the prescription being issued.
- Federal STD and TB grant funds cannot be used to buy medications for treating STD and TB patients. The Prescription Services program pays for medications that federal funds won't cover.

How do we measure our progress?

1. Percent of STD and latent TB infection medications shipped within three working days of the prescription request.
2. Percent of medications for suspected/active cases of TB disease shipped within 24 hours of the prescription request.

Data Source: Contract pharmacy database. Data are available monthly.

How are we doing? 100% of medications are shipped within the desired timeframe.



What can Iowans do to help?

1. Iowans of all ages should use safer sex practices, such as choosing one partner and knowing them well, regularly and correctly using latex condoms, or refraining from sex completely.
2. Iowans at risk of getting an STD should be tested, and if necessary, treated for STDs. To learn what puts you at risk of getting an STD, go to <http://idph.iowa.gov/hivstdhep>.
3. Maintain a healthy lifestyle, especially when visiting countries where TB is common.
4. Contact your clinician or local health department to see if you are part of a high-risk group in need of TB testing.
5. Health care professionals need to know about the availability and benefits of the program. Lack of awareness adversely affects Iowans who have no insurance or are underinsured.
6. Advocate for an increase in funding to continue these services. The rising costs of medication and no increases in program funding means fewer Iowans can be served each year.

Expenditures

General fund: K15-1541

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$105,428	\$104,265	\$105,095
Total funds	\$105,428	\$104,265	\$105,095
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response and Environmental Health / Behavioral Health
Prescription Services ♦ 5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

STD – Phone: 515-281-3031 ♦ Fax: 515-281-0466 ♦ <http://idph.iowa.gov/hivstdhep>

TB – Phone: 515-281-7504 ♦ Fax: 515-281-4570 ♦ <http://idph.iowa.gov/immthb>



Primary Care Workforce

Phone: 1-800-308-5986
<http://idph.iowa.gov/ohds>

Protecting & Improving
the Health of Iowans



A qualified health workforce is central to promoting, protecting and sustaining the health of Iowans. The Iowa Department of Public Health (IDPH) directs or participates in several statewide programs designed to recruit, develop, and retain health care professionals in the public health, medical, mental, and dental health fields. Critical to success is evaluating existing strategies to address the State's health workforce to determine if they can meet the changing needs of Iowans impacted by the aging of the population, rising incidence of chronic disease, and the ability of newly insured patients to access care.

IDPH commissioned the University of Iowa, Center for Health Policy and Research to evaluate state programs. The Iowa Health Workforce Program Analysis is one of the first steps in assuring programs provide Iowans with access to quality health services provided by a competent health workforce. This analysis and continued research efforts by IDPH will be included in a report to the Legislature by December 15, 2016.

Did you know? 54 of Iowa's 79 rural counties are fully or partially designated primary health care shortage areas, meaning they have an acute shortage of primary health care professionals.

Why are Primary Care Workforce programs important to protecting and improving the health of Iowans?

- Sixty-two Iowa counties include a Primary Care Health Professional Shortage Area.
- Eighty-nine Iowa counties are Mental Health Professional Shortage Areas.
- Almost half of Iowa's dentists (49%) are over age 50. Sixty-five Iowa counties are in a Dental Health Professional Shortage Area.
- Demand for physicians continues to grow faster than supply. By 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000.
- Studies indicate that physicians are more likely to remain in the state in which they obtained graduate medical education. For those Iowa graduates who go out of Iowa for their residency training, only an estimated 19% of them will return.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do we do?

- Lead the Medical Residency Training State Matching Grants Program to increase the number of physicians who complete their residencies in Iowa.
- Administer the National Health Service Corps (NHSC) program for Iowa, providing support to practice sites and clinicians.
- Assist up to 30 physicians to practice in Iowa each year through the Conrad 30/J1 Visa Waiver Program.
- Coordinate public and private efforts to develop and maintain a stable, well-qualified, diverse, and sustainable health care workforce.
- Manage grants and contracts related to primary care workforce.
- Manage grants and contracts related to mental and behavioral health workforce.
- Help professionals repay loans through the Iowa PRIMECARRE Loan Repayment Program. Loan repayment awards are made to an average of eight health professionals a year who commit to serve in shortage areas for two years.
- Help communities looking for health care professionals and professionals looking for vacancies through a Web-based national recruitment network, 3RNet www.3rnet.org made free to communities through federal funds.

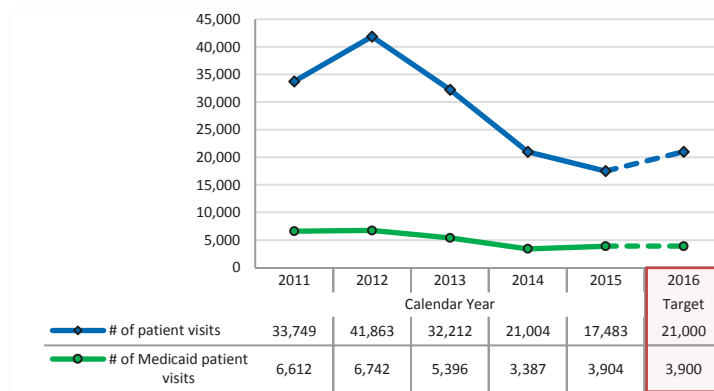
How do we measure our progress?

1 Number of underserved Iowans receiving health care as a result of state health professional loan repayment.

Data Source: Reports from loan repayment grantees.

Note that the 2015 reporting period was for a total of 9 months rather than 12 as in previous years.

How are we doing? Health professionals recruited and retained through the PRIMECARRE Loan Repayment Program serve thousands of Iowans each year. Recruitment and retention incentives help Iowa compete for health professionals in short supply; however, restrictions tied to federal regulations mean that only certain health professions are included.



2 Number of new medical residents entered into residency programs.

Source: University of Iowa Office of Statewide Clinical Education Programs

How are we doing? Studies indicate that physicians are more likely to remain in the state in which they obtained graduate medical education. Data indicates that those who both attend medical school and residency in Iowa - 67% of primary care and 48% of non-primary care providers remain within Iowa. For those residency-trained out of Iowa, only 19% of will return. Expanding access to more residency training slots in Iowa may increase the number of physicians remaining to practice within the state. Between FY2014 and FY2017, 4 new residency programs were established and 4 residency programs were expanded. Two additional new medical residency programs are anticipated for 2019.

What can Iowans do to help?

1. All Iowans can learn about the Bureau of Oral and Health Delivery Systems and Iowa's primary care workforce by visiting <http://idph.iowa.gov/ohds>.
2. All Iowans can participate in local community planning for health services and recruitment efforts.

Expenditures

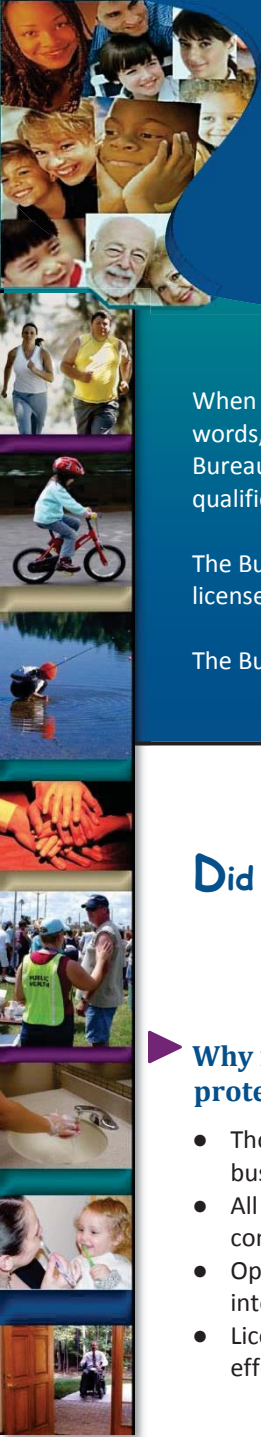
Medical Residency Training State Matching Grants Program: general fund K09-1019; 006T-006R. **Direct Care Workers:** general fund: K09-0933/1005/1007. **Mental Health Workforce/ Behavior Analyst Grants Program:** general fund: K09-0965/0967/1011; 008L-008L. **Health Workforce Analysis:** 006T-006T. **Primary Care Office:** federal funds: 0153-0912. **Dental Loan Repayment:** K09-0983; 006T-006D. **PRIMECARRE:** general fund, federal funds, & other funds; State funds are used for a 1:1 match for the Federal Loan Repayment Grant: K09-0901/1017; 0153-0908.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$3,042,078	\$3,103,770	\$3,441,836
Federal funds	\$297,544	\$298,556	\$290,212
Other funds*	\$180,203	\$1,459,757	\$3,840,392
Total funds	\$3,519,825	\$4,862,083	\$7,572,440
FTEs	1.49	1.82	3.55

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Bureau of Oral & Health Delivery Systems ♦ Primary Care Workforce
4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

3R-Net ♦ PRIMECARRE ♦ Primary Care Office ♦ Iowa Health Workforce Center
Phone: 1-800-308-5986 ♦ Fax: 515-242-6384 ♦ <http://idph.iowa.gov/ohds>



Professional Licensure

Phone: 515-281-0254
<http://idph.iowa.gov/Licensure>

Protecting & Improving
the Health of Iowans



When you go to a health provider, you expect a certain level of knowledge, competency, and ethical standards. In other words, you expect someone who knows what they're doing, and who does it in a courteous, professional manner. The IDPH Bureau of Professional Licensure works to protect the public and improve access to quality health services by licensing qualified professionals.

The Bureau of Professional Licensure also strives to make the process of licensing convenient for professionals. Online license application, renewal, and e-payment services are available and can be accessed 24 hours a day, 7 days a week.

The Bureau of Professional Licensure works to help ensure consistency and quality in Iowa health services.

Did you know?

You can verify the licensure status of any person or business regulated by the Bureau of Professional Licensure by name or license number. Go to <https://IBPLicense.iowa.gov/>.

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

- Thousands of Iowans rely on the professionals and businesses regulated by Professional Licensure.
- All Iowans benefit when health care is provided by competent, ethical professionals who hold active licenses.
- Open records and open meetings provide for public input into licensure requirements, rulemaking, continuing education, and discipline of licensees and businesses.
- Licensure boards are composed of professionals and public members who make sure licensure standards are safe, effective, and clearly communicated to the public.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the health infrastructure

What do we do?

- Process applications for initial licensure, license renewal, and reactivation of licenses.
- Coordinate examinations for licensure.
- Address all complaints and implement discipline at the licensing board's direction.
- Provide executive support to 19 licensure boards and direct services to licensees practicing in Iowa in the following professional categories:

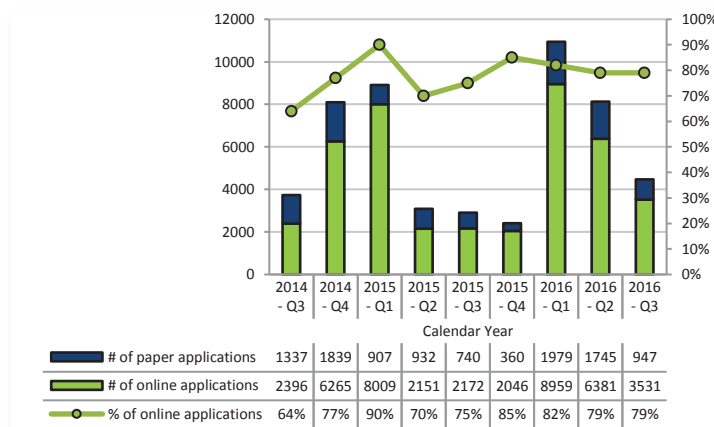
Athletic Training	Massage Therapy	Podiatry, Orthotics, Prosthetics, Pedorthists
Barbering	Mortuary Science	Psychology
Behavioral Science	Nursing Home Administrators	Respiratory Care and Polysomnography Practitioners
Chiropractic	Optometry	Sign Language Interpreters & Translators
Cosmetology Arts & Sciences	Physician Assistants	Speech Pathology & Audiology
Dietetics	Physical & Occupational Therapy	Social Work
Hearing Aid Specialists		

How do we measure our progress?

1 Number of customer transactions completed online.

How are we doing? The bureau has made a significant investment in a new licensing software application over the last several years. One of the benefits of the new software application is that it allows customers to transact business online, including initial licensure applications, renewal applications, reactivation applications, payment of civil penalties and insufficient fund charges.

In 2014, 73% of all transactions were completed online. In 2015, that percentage increased to 83%. The bureau's goal is to continue to increase the percentage of total transactions completed online, to further increase efficiency and accuracy of licensing transactions.



Data Source: Bureau database. Data are available monthly.

What can Iowans do to help?

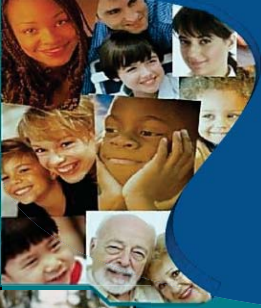
1. Iowans are encouraged to report incompetent or unethical practice. Contact the board office by telephone at 515-281-0254 or submit a complaint online at <https://ibpllicense.iowa.gov/PublicPortal/Iowa/IBPL/publicsearch/publicsearch.jsp>.
2. Professional organizations can inform the professional boards about current and emerging practices.
3. Educators can attend open meetings to share new teaching methods and trends with the boards.

Expenditures

Retained fees: K19-2054

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Other funds*	\$2,735,105	\$2,989,454	\$3,149,855
Total funds	\$2,735,105	\$2,989,454	\$3,149,855
FTEs	15.91	16.34	17.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Radiological Health

Phone: 515-281-3478

<http://idph.iowa.gov/radiological-health>

Protecting & Improving
the Health of Iowans



You can't see, smell, hear, or feel it. It can save lives, but also endanger lives. The use of radiation must be carefully monitored. The IDPH Bureau of Radiological Health protects Iowans from unnecessary and potentially harmful exposure to radiation.

The machines that produce radiation (like x-ray or mammography machines) and the people who use them are tested and certified to ensure Iowans are being treated by qualified professionals with safe equipment.

You've probably heard of radon – a naturally occurring gas that seeps into homes and can cause lung cancer. The Bureau of Radiological Health licenses experts who can stop radon from getting into a home. IDPH works each day to protect the health of Iowans – even when the “enemy” is invisible!

Did you know?

In 1986, the state of Iowa entered into an agreement with the U.S. Nuclear Regulatory Commission to protect the health and safety of Iowans by regulating radioactive material in Iowa.

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

- Exposure to radiation in large amounts can cause immediate and long-term health effects, including cancer and death.
- Iowans could be exposed to radiation at any time each day because of the common use of industrial and medical radioactive materials and machines.
- Radiation occurs naturally in the environment; however, anything beyond this natural exposure may be unnecessary and could be harmful.
- Iowa has one of the highest rates of indoor radon levels in the country.
- High quality mammography machines and images are essential to finding breast cancer early.
- Iowans of all ages are at risk for over-exposure to ultraviolet light from tanning beds.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Strengthen the health infrastructure

Prepare for, respond to, & recover from emergencies

Promote healthy living

What do we do?

- Inspect, test, accredit, and certify mammography facilities, machines, radiologists, and technologists.
- Issue Permits to Practice for individuals who operate or use ionizing radiation producing machines or administer radioactive material for diagnostic or therapeutic purposes.
- Coordinate radiation emergency response by working with local, county, state, and federal agencies in case of an accident.
- License, register, and inspect facilities that use radioactive materials.
- Educate Iowans about radon gas and credential radon measurement and mitigation specialists.
- Register tanning bed facilities and post health information about the risks of tanning.
- Register X-ray producing machines.
- Investigate allegations and complaints regarding radioactive material and radiation producing machines.

► How do we measure our progress?

- The U.S. Nuclear Regulatory Commission (NRC) oversees the Iowa radioactive material (RAM) program and conducts an Integrated Material Performance Evaluation Program (IMPEP) review every four years. The Iowa RAM program successfully completed three consecutive IMPEP reviews, receiving the highest score of SATISFACTORY for all performance indicators.

Due to the outstanding score of the IMPEP reviews, the Iowa RAM program was the first agreement state program to receive two one-year extensions by the NRC for the next IMPEP review.

- The Food and Drug Administration (FDA) oversees the Iowa mammography program and conducts an annual review. The Iowa mammography program consistently meets or exceeds the requirements set by the FDA.

The Iowa program annually inspects 142 mammography facilities including 166 mammography units and 25 stereotactic facilities. To continue providing services to Iowans, the facilities must correct all non-compliances that are found.

► What can Iowans do to help?

1. All Iowans can make themselves aware of the possibility of exposure to radiation, especially from medical procedures.
2. All Iowans can report any misuse of radioactive materials or ionizing radiation producing machines by contacting the Bureau of Radiological Health at 515-281-3478 or angela.leek@idph.iowa.gov.
3. All Iowans should learn about radon gas and how to test for it in their homes. For more information about radon, visit <http://idph.iowa.gov/radon>.

► Expenditures

Federal funds, intra state receipts* (Dept of Public Defense), private grants*, & retained fees*: K19-1901/1915/1920; 0153-1922/1926.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$66,126	\$122,971	\$122,667
Federal funds	\$166,438	\$169,192	\$171,576
Other funds*	\$1,305,964	\$1,577,166	\$2,341,990
Total funds	\$1,538,528	\$1,869,329	\$2,636,232
FTEs	10.66	11.24	12.09

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response and Environmental Health ♦ Radiological Health

Phone: 515-281-3478 ♦ Fax: 515-281-4529 ♦ <http://idph.iowa.gov/radiological-health>

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Mammography – Phone: 515-281-0405

Radioactive Materials – Phone: 515-281-0419

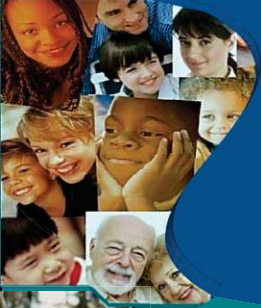
Tanning Facilities – Phone: 515-281-0415

Permits to Practice – Phone: 515-281-0415

Radon – Phone: 1-800-383-5992 or 515-281-4928

X-Ray Machines – Phone: 515-281-0415

Radiation Emergency Response – Phone: 515-281-3478



Sexually Transmitted Disease Prevention

Phone: 515-281-4936
<http://idph.iowa.gov/hivstdhep>

Protecting & Improving
the Health of Iowans



Sexually Transmitted Diseases (STDs) very often have no symptoms. Despite their asymptomatic nature, STDs can cause serious complications if they are not treated early in the course of infection. These complications include pelvic inflammatory disease (PID), chronic pelvic pain, tubal pregnancy, infertility, infant infection during childbirth, increased risk for HIV infection, and even death. STDs are a significant health threat in Iowa with more than 14,000 infections reported in 2015. Chlamydia and gonorrhea, respectively, represent the first and second most commonly reported conditions in Iowa and the U.S. The STD Prevention Program works to stop the spread of STDs in Iowa through reducing the number of Iowans who are unknowingly infected and providing treatment for those who are diagnosed with or suspected to have an STD.

One of the best ways to find undetected STD is to screen patients during annual exams and to find, test, and treat the partners of people who test positive. The STD Program maintains a screening collaborative with 65 public clinics across Iowa, targeting those most at risk for adverse outcomes of undetected infection. In both the public and private sectors, the STD Program offers technical assistance for sexual health program development, promotes clinician/patient dialogue about STD prevention, and ensures proper testing and treatment of exposed partners.

Did you know?

About 65% of reported chlamydia cases and about 50% of reported gonorrhea cases are found in young Iowans ages 15 to 24.

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

- STD cases have increased steadily over the last 10 years. The increases have many causes, but much of it is due to cases that are not diagnosed until one partner has already infected others. Additionally, the asymptomatic nature of STDs like chlamydia means that many young, sexually active Iowans are unknowingly infected and can easily spread the infection to partners. Early testing and treatment is important.
- In the majority of STDs, such as chlamydia, gonorrhea, and certain stages of syphilis, there are no symptoms, yet there can be internal damage that is irreversible.
- National studies suggest that every dollar spent on STD education and prevention saves an estimated \$43 on complications that can lead to hospitalization, surgery, infertility, and death.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Strengthen the health infrastructure

Promote healthy living

What do we do?

- Provide funding for testing supplies and patient and provider education at 65 STD testing sites across Iowa.
- Offer confidential partner notification and counseling statewide to inform persons who might not otherwise know they have been exposed to an STD.
- Provide treatment medications at no expense to Iowans with STDs to stop the spread of disease.
- Monitor the number of reportable STD cases and types of risk behaviors to provide appropriate community outreach.
- Offer technical assistance to clinics, hospitals, and laboratories to ensure correct identification, treatment, and follow-up care of STD patients.
- Identify and contain STD outbreaks to prevent further spread of infection.
- Develop and enforce legislation, rules, and policies to address emerging trends in STD transmission.

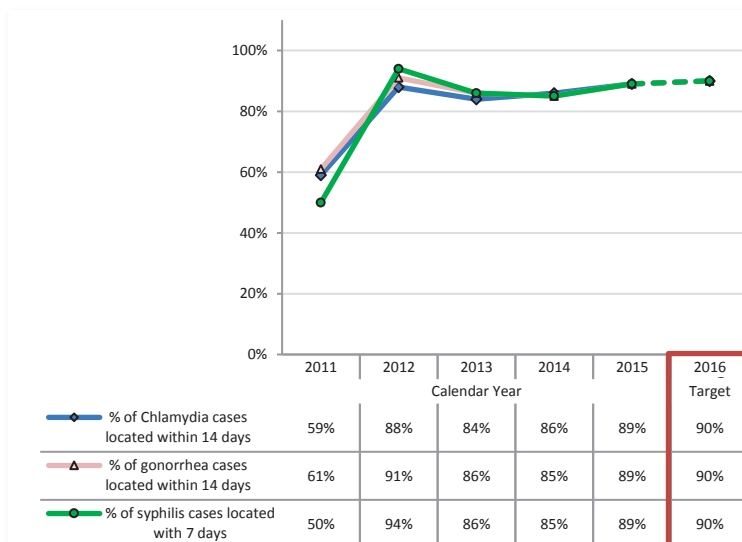
How do we measure our progress?

- 1 Percent of all reported infectious cases of syphilis located by state and local Disease Intervention Specialists (DIS) within seven working days.
- 2 Percent of all reported cases of gonorrhea located by state and local DIS within 14 working days.
- 3 Percent of all priority** cases of chlamydia located by state and local DIS within 14 working days.

Data Source: STD surveillance program and Iowa Disease Surveillance System. Data are sent to state DIS and local health department clinic supervisors.

** Due to the high volume of chlamydia cases, not all are initiated for investigation. Priority cases include those who are not treated by the provider or when specifically requested by the provider.

How are we doing? Better collaboration with medical providers and laboratories, combined with better use of the Internet to locate persons in need of services, will allow for further improvements in the number of persons with syphilis, gonorrhea, or chlamydia located within the specified timeframes. Large increases in the number of gonorrhea and infectious syphilis cases, coupled with an already high incidence of chlamydia cases has prompted the STD Program to reprioritize resources and assign only certain priority chlamydia cases to public health investigators for follow-up.



What can Iowans do to help?

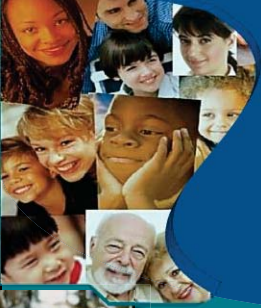
1. Promote medically accurate, comprehensive sexual education for youth. Sharing correct and complete information with those most at risk for infection has been shown to help those persons make different decisions about the behaviors that put them at risk.
2. Iowans of all ages should be knowledgeable of and utilize safer sex practices, including limiting the number of sexual partners; mutual monogamy with an uninfected partner; and regularly and correctly using latex condoms during sexual contact.
3. Iowans at risk of getting an STD should be tested, and, if necessary, treated for STDs. To find a testing location near you, go to <https://gettested.cdc.gov/>.
4. Health care providers, correctional systems, and educational systems may contact the IDPH STD Program at 515-281-4936 to get information about STD prevention.

Expenditures

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

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$56,390	\$53,820	\$56,390
Federal funds	\$622,616	\$618,193	\$607,942
Total funds	\$679,006	\$672,013	\$664,332
FTEs	3.45	2.78	3.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Substance Use Disorders (Prevention, Treatment, & Recovery)

Phone: 515-242-5934

<http://idph.iowa.gov/substance-abuse>

Protecting & Improving
the Health of Iowans



The Bureau of Substance Abuse supports the philosophy established by the Substance Abuse and Mental Health Services Administration (SAMHSA) which states:

"Prevention Works, Treatment is Effective, and People do Recover"

As champions for these efforts in Iowa, the Bureau of Substance Abuse works diligently to reduce misuse and abuse of alcohol and other drugs, ensure Iowans receive substance abuse assessment and treatment when and where they need it, and support addicted Iowans in their personal recovery efforts.

Did you know?

At least 72 health problems that require hospitalization are caused completely or in part by substance abuse with the top four being cardiovascular disorders, cirrhosis, cancer and unintentional injuries. In Iowa, 47% of substance use disorder clients served reported alcohol as the most common primary substance used, followed by marijuana at 25%, and methamphetamine at 18%. (Data Source, Iowa Department of Public Health, Division of Behavioral Health, SFY 2016)

Why is the Bureau of Substance Abuse important to protecting and improving the health of Iowans?

- Substance use disorders and related problems are among society's most far-reaching health and social concerns. Annually, over 45,000 Iowans seek assessment and treatment services for substance use disorders through IDPH-licensed programs.
- According to SAMHSA, the national Substance Abuse and Mental Health Services Administration, 90% of people in the U.S. who experience substance use problems and need treatment do not perceive the need for care.
- It costs every person in the U.S. nearly \$1,000 each year for health care, law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.
- The 2014 National Survey on Drug Use and Health 25.36% reported binge drinking in the last month which identifies Iowa as one of 10 states with the highest reported binge drinking.
- In 2015, 126 out of 320 (39%) Iowa traffic fatalities were alcohol or drug related ([Iowa Department of Transportation](#)).
- The National Survey on Drug Use and Health indicates that more than 2.3 million adolescents aged 12 to 17 in 2014 were current users of illicit drugs.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

Strengthen the health infrastructure

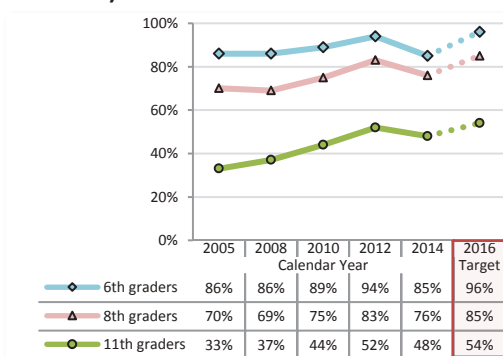
What do we do?

- License and monitor approximately 120 substance abuse treatment programs.
- Ensure that a full continuum of substance abuse assessment and treatment services is available to residents of all 99 Iowa counties.
- Implement substance abuse programs that support our mission such as: Families in FOCUS adolescent treatment project; Iowa Recovery Health Information Technology (IRHIT); Strategic Prevention Framework (SPF); Screening, Brief Intervention and Referral to Treatment (SBIRT) and Access to Recovery (ATR).
- Provide primary substance abuse prevention in all 99 counties, implement evidence-based programs, practices, and policies, and collaborate and coordinate with substance abuse providers and community partners.
- Conduct the [Iowa Youth Survey](#) that measures attitudes and experiences of 6th, 8th and 11th graders regarding alcohol and other drug use and violence, and their perception of peer, family, school and community environments.
- Ensure a [Recovery-Oriented System of Care](#) that welcomes and engages Iowans at any and all points in their personal recovery efforts.

How do we measure our progress?

Prevention Data

Percent of Iowa students (grades 6, 8, & 11 combined) who have never used alcohol.

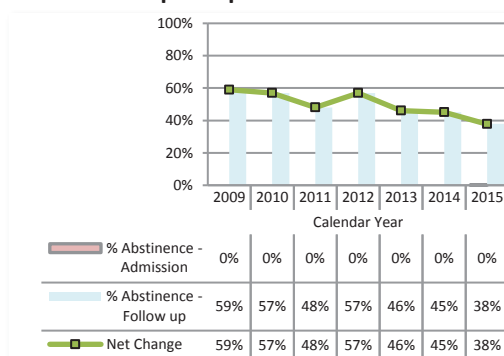


Data Source: Iowa Youth Survey. Data is available every two years.

How are we doing? There was a decrease for all three grades in 2014.

Treatment Data

Did not use alcohol or drugs at 6 month follow-up compared to admission.

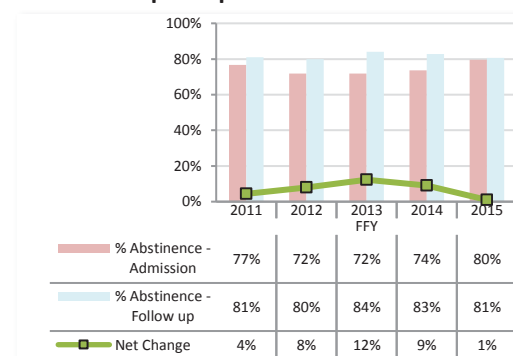


Data Source: State of Iowa Outcomes Monitoring System

How are we doing? On average in 2015, 38% of clients were abstinent 6 months post discharge.

Recovery Data

Did not use alcohol or drugs at 6 month follow-up compared to admission.



Data Source: ATR Services Accountability Improvement System

How are we doing? Since first receiving the ATR grant in 2007, Iowa has continued to show an increase in abstinence rates.

What can Iowans do to help?

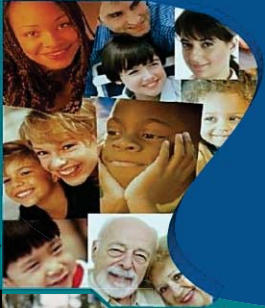
1. If you know someone who needs help with alcohol or drug problems, encourage them to call the IDPH Iowa Substance Abuse Information Center Helpline, 24 hours a day, 7 days a week, at 1-866-242-4111.
2. To learn more about Substance Abuse Prevention efforts in Iowa, go to <http://idph.iowa.gov/substance-abuse/prevention>.
3. To learn more about Substance Abuse Treatment Services in Iowa, go to <http://idph.iowa.gov/substance-abuse/treatment>.
4. To learn more about Recovery Support Services, go to <http://idph.iowa.gov/atr>.
5. To find out more about bullying and suicide prevention, go to www.yourlifeiowa.org.
6. Learn about the dangers of addiction. For more information, go to www.drugfreeinfo.org.

Expenditures

State funds: General fund & Underground Storage Tank Fund (USTF) (2011 only), federal funds, & 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: K01-0101/0105/0151/0154/0169/0171/0173; 0153-0102/0104/0130/0132/0152/0166/0176/0214/ 0218/0220/1968

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$19,092,734	\$19,104,090	\$18,903,715
Federal funds	\$19,700,278	\$19,165,063	\$20,653,499
Other funds*	\$866,449	\$643,244	\$1,310,948
Total funds	\$39,659,461	\$38,912,397	\$40,868,162
FTEs	14.72	16.01	19.55

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Youth Suicide Prevention

Phone: 515-281-5444

<http://idph.iowa.gov/substance-abuse/youth-suicide-prevention>

www.yourlifeiowa.org

Protecting & Improving
the Health of Iowans



"My close relative, Michael, was Mr. Popularity – a football star, idol and heartthrob – all through high school. All the guys wanted to be him and all the girls wanted to date him. Mike was also Mr. Comedy and cracked me up a million times throughout the too- few years he was with us. After graduating from college, Mike had a few successful careers, including one that allowed him to use his amazing artistic talents. On my 10th birthday, he cheered me up (I was upset about getting braces) by drawing caricatures of popular singers and making jokes. I have no doubt that, with his talents and terrific personality, Mike would have contributed so much more to our family and to the world. Unfortunately, for reasons I'm unaware of, he did not have consistent treatment for his bipolar disorder. So his condition worsened, leading him to take his life at the age of 36. Michael had a long, wonderful life ahead of him. He should be here to celebrate the joys of life with us – joys that are bittersweet now that he is gone. He should be here to help us through the tough times. He should be here to help us create more special memories. Too Few Years, Too Few Memories"

-Shauna Moses



Did you know?

In 2014, 392 Iowans lost their lives to suicide, and 23 of those deaths were teens.

Suicide was the 2nd leading cause of death for Iowans ages 15 to 44 from 2001-2013.

Why is Youth Suicide Prevention important to protecting and improving the health of Iowans?

- Suicide is not only the 2nd leading cause of death for Iowans ages 15 to 44; it results in thousands of friends and families left behind to try to make sense of their loved one's tragic death.
- For every suicide death in 2011, there were an estimated 6 hospitalizations. Three-fourths of suicides are completed by firearm or hanging. Almost all (94%) hospitalizations following a suicide attempt were due to medication or poisoning.
- Four percent of Iowa youth in 6th, 8th or 11th grade reported at least one suicide attempt in the past 12 months. Thirteen percent had serious thoughts of suicide (2014 [Iowa Youth Survey](#)).
- Suicidal thoughts and feelings do not usually exist in a vacuum; suicide prevention has strong ties to mental health promotion, substance abuse prevention and treatment, healthy relationships, safe schools, and stable employment.
- Suicide is a preventable cause of tragic death and injury. It is estimated that 90% of those who died by suicide had a diagnosable mental health problem such as depression or bi-polar disorder.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries & violence

Promote healthy living

What do we do?

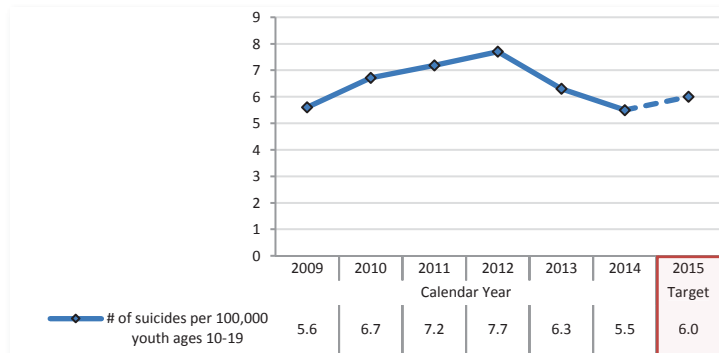
Your Life Iowa is a resource where youth, parents and school personnel can get immediate help and information about bullying and youth suicide. Program components include:

- Toll Free Telephone Hotline is available 24/7 to provide information, brief counseling and information about local resources. The Hotline number is (855) 581-8111
- Web Site with information and resources about bullying and youth suicide prevention. The web address is yourlifeiowa.org.
- Texting / Short Message Service (SMS) offer a timely and relevant way to get help. Texting is quickly becoming the chosen way to communicate, especially among youth. Texting is accessible from 2-10PM CST daily by texting 855-895-8398 (standard message and data rates may apply).

Iowa Suicide Prevention Planning Group is a group working to coordinate and enhance suicide prevention initiatives while working on the [Iowa Suicide Prevention Plan 2015-2018](#).

How do we measure our progress?

1 Number of Iowans age 19 & under who have died from suicide (per 100,000 youth ages 10-19).



Data Source: IDPH Vital Statistics. Data are available annually. 2015 data not yet available.

How are we doing? The youth suicide rate fluctuates from year to year due to many variables. Unfortunately, Iowa experienced an increase in overall suicides since 2009 with the youth rate remaining relatively stable. The 2014 youth rate is 5.5 per 100,000 youth ages 10-19.

What can Iowans do to help?

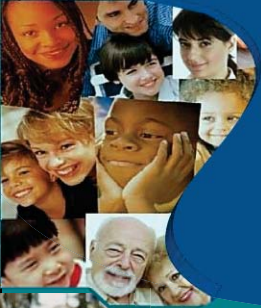
1. Your Life Iowa can provide information, support and resources at <http://www.yourlifeiowa.org/> or by calling (855) 581-8111.
2. Go to www.outofthedarkness.org/ to find out where to attend or how to organize a suicide awareness walk in your community.
3. Take comments about suicide seriously and support others efforts in seeking help for depression and suicidal thoughts. Go to www.afsp.org/preventing-suicide/find-help to learn more.
4. Program the National Suicide Lifeline Hotline number (800-273-8255) or Your Life Iowa (855-581-8111) into your cell phone and call if you're concerned about yourself or someone else. Go to www.suicidepreventionlifeline.org for more support.
5. Learn about the warning signs of suicide at <http://www.suicidology.org/resources/warning-signs>. For youth-specific warning signs, visit <http://www.youthsuicidewarningsigns.org/>

Expenditures

General fund & Federal funds: K05-0653; 0153-0694

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$50,000	\$49,829	\$50,000
Federal funds	\$316,733	\$598,908	\$147,235
Other funds	\$0	\$15,000	\$0
Total funds	\$366,733	\$663,737	\$197,235
FTEs	0.50	0.50	0.10

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Tobacco Use Prevention & Control

Phone: 515-281-6225
<http://idph.iowa.gov/tupac>

Protecting & Improving
the Health of Iowans



Since the year 2000, the Division of Tobacco Use Prevention and Control (TUPAC) has been reducing tobacco use, promoting cessation, and reducing exposure to second hand smoke for all Iowans. The ultimate goal of tobacco control in Iowa is to reduce the burden of tobacco-related chronic disease and morbidity, reduce the number one cause of preventable death and reduce the emotional, societal, and health care costs from tobacco use.

In 2015, 18% of Iowa adults reported they were current cigarette smokers. In 2014, 4% of Iowa 6, 8, and 11th grade students reported that they had smoked cigarettes in the prior 30 days while 6% reported using e-cigarettes and 9% reported using tobacco in any form during the past 30 days.

Substantial health care and work productivity costs are prevented when Iowans stop smoking. Annual health care costs in Iowa caused by smoking are at \$1.28 billion and the Medicaid portion of those costs extend over \$364.5 million.

Did you know?

30% of Iowans with annual incomes under \$20,000 report smoking while only 8.6% of Iowans with incomes over \$75,000 report smoking. (BRFSS, 2014)

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

- Tobacco use is the leading preventable cause of death of Iowans. In 2016, approximately 5,100 deaths were identified as smoking related.
- Smoking increases the risk of cancer, asthma, chronic obstructive pulmonary disease, and coronary heart disease.
- Reducing tobacco usage reduces Iowa's burden of chronic disease, improves workforce productivity, and reduces health care costs.

Which Iowa Public Health Goals are we working to achieve?

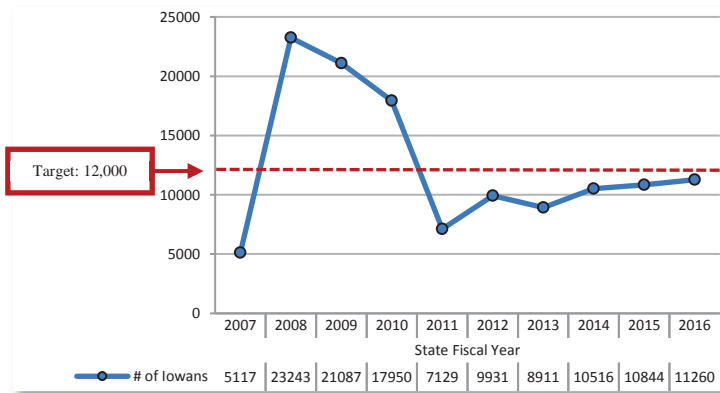
- Promote healthy living
- Protect against environmental hazards
- Strengthen the health infrastructure

What do we do?

- TUPAC funds 36 Community Partnerships, covering 99 counties, to engage in tobacco prevention and control activities at the local level. For more information, go to idph.iowa.gov/tupac
- Promote prevention and cessation through social media and targeted interventions.
- Provide resources, education, and information about the Iowa Smokefree Air Act at www.IowaSmokefreeAir.gov and 1-888-944-2247.
- Partner with private and public organizations to support health initiatives.
- Support [Quitline Iowa](http://QuitlineIowa.org) 1-800-QUITNOW (1-800-784-8669), which provides free, effective coaching to help Iowans quit using tobacco.
- Collaborate with other state agencies to enforce laws prohibiting tobacco sales to minors.
- Provide training and education to health care providers to promote cessation with their clients.
- Monitor trends in smoking and tobacco use prevalence and conduct evaluation of activities.

How do we measure our progress?

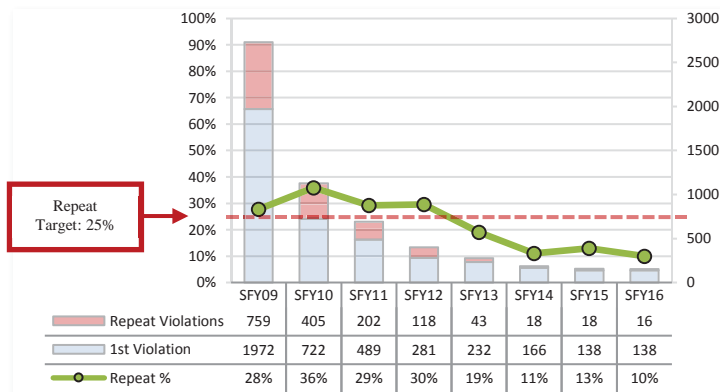
1 Number of Iowans Using Quitline Services



Data Source: Quitline contractor.

How are we doing? In state fiscal year 2016, we had 11,260 Iowans use Quitline Iowa counseling. The counseling experience may have been phone or web services.

2 Percentage of Smoke-Free Air Act Complaint Repeat Violations



Data Source: Smoke-Free Air Act (SFAA) Reporting Data.

How are we doing? In recent years, through technical assistance and education, we have reduced the number of repeat violations of the Smokefree Air Act (SFAA). In state fiscal year 2009, 28% of SFAA complaints were for violations that had already been documented. In state fiscal year 2016, this number was 10%.

What can Iowans do to help?

1. Be a strong role model: Be tobacco free.
2. Promote Quitline Iowa to loved ones, friends, coworkers, or any Iowan who wants to quit using tobacco. Encourage them to call 1-800-QUIT-NOW (1-800-784-8669).
3. Healthcare professionals should ask patients if they use tobacco products, advise them to quit and refer them to Quitline Iowa.
4. Young Iowans can participate in ISTEP (Iowa Students for Tobacco Education and Prevention).
5. Help to ensure compliance with the Smoke Free Air Act by going to www.iowaSmokefreeAir.gov or 1-888-944-2247 for information and resources regarding the law.

Expenditures

General fund, federal funds, & intra state receipts*: K01-0203/0219/0221/ 0223/0233; 0153-0224/9342.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$5,248,361	\$5,009,698	\$5,248,361
Federal funds	\$861,749	\$946,018	\$838,909
Other funds*	\$280,000	\$280,000	\$0
Total funds	\$6,390,110	\$6,235,716	\$6,087,270
FTEs	7.61	8.92	9.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Youth Tobacco Prevention

During the 2015-2016 academic school year, ISTEP (Iowa Students for Tobacco Education and Prevention) registered 2,202 members in 7th-12th grade. This membership was in 97 chapters, representing 55 counties. All ISTEP activities, messaging and educational strategies are created by the ISTEP Youth Executive Council, comprised of youth members from all areas of the state. Currently, four young Iowans represent ISTEP on the Tobacco Use Prevention and Control Commission. ISTEP believes our lives and bodies are *Worth Fighting For* and we promote this message statewide.

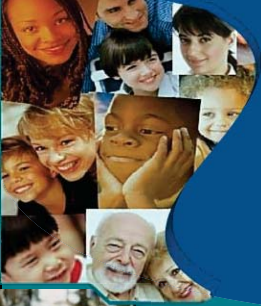
Check out our website at www.iowaSTEP.org.

Iowa Department of Public Health Division of Tobacco Use Prevention & Control

Phone: 515-281-6225 Fax: 515-281-6475 <http://idph.iowa.gov/tupac>

1st Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Quitline Iowa – Phone: 1-800-QUIT NOW (784-8669) www.quitlineiowa.org



Toxicology

Phone: 515-281-8707
<http://idph.iowa.gov/ehs/toxicology>
<http://idph.iowa.gov/ehs/hazardous-waste>

Protecting & Improving
the Health of Iowans



Toxicology is the study of the health impacts from exposure to chemicals and other toxic substances. The Toxicology Program at IDPH provides health consultations evaluating the health significance of exposures to chemicals and substances associated with environmentally contaminated areas, outside air, surface and drinking water, and any other sources of exposure to potentially toxic substances in the environment.

The Toxicology Program at IDPH is a resource for all citizens in the State of Iowa. In addition, the Toxicology Program at IDPH assists other state agencies such as the Iowa Department of Natural Resources in the establishment of environmental standards. IDPH also provides funding to the Iowa Statewide Poison Control Center, which works to reduce illness, deaths, and costs associated with poisoning through providing statewide around-the-clock emergency telephone advice.

Did you know?

Several factors play a key role in whether you will get sick from a chemical exposure. These factors are – the type of chemical, the amount of chemical, the duration of exposure (how long the exposure was), and the frequency of exposure (how many times you were exposed). If you prevent exposure to chemicals, you won't get sick or have any harmful effects on your health from chemicals.

Why is Toxicology programming important to protecting and improving the health of Iowans?

- Improper management of hazardous wastes, chemical spills and accidents, and previous industrial use of land may expose Iowans to dangerous chemicals.
- Iowans are concerned about environmental exposures to chemicals that can affect their health or the health of their children.
- Exposure to toxins associated with harmful algal blooms can impact the health of individuals.
- Iowans need trusted health information to prevent harmful exposures and disease-related exposures to toxic substances. The program responds to approximately 150 information requests from Iowans and local health department officials annually.
- People of all ages are at risk of exposure to poisons. In 2015, 47 percent of the calls to the Iowa Statewide Poison Control Center were concerned with a child less than 6-years old.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Prevent injuries & violence

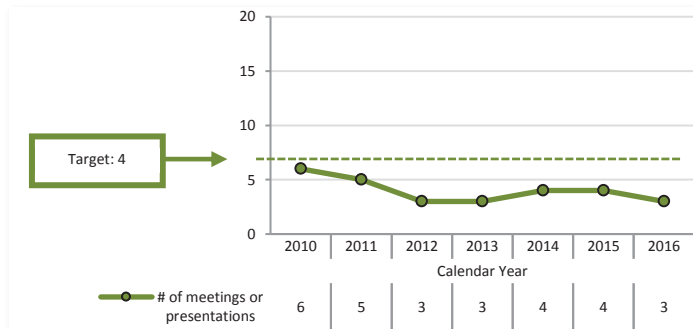
Prepare for, respond to, & recover from emergencies

What do we do?

- Prepare health assessments and health consultations for state and federal agencies and for communities regarding exposure to chemicals in water, soil, and air.
- Develop fact sheets and informational documents for state agencies and communities summarizing health effects from exposure to specific sites and specific chemicals.
- Provide reliable toxicological and medical information for healthcare providers and the public.
- Provide advice and information to local officials, medical professionals, and the public about potential chemical exposures during natural disasters or other emergencies.
- Work with the Department of Natural Resources to monitor exposure to toxins in recreational waters, and the levels of chemicals present in fish caught within Iowa.
- Provide statewide around-the-clock emergency telephone advice regarding poisoning from toxic substances.

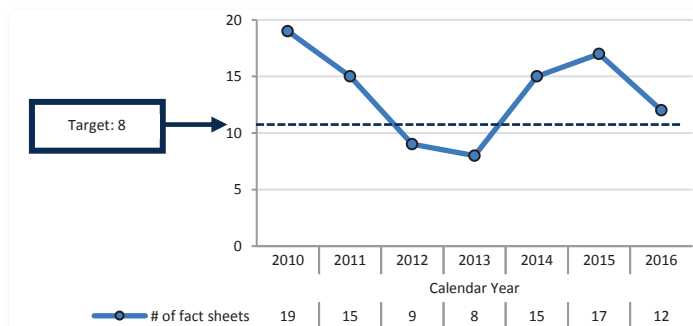
How do we measure our progress?

1 Number of community meetings attended or presentations made to communities.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

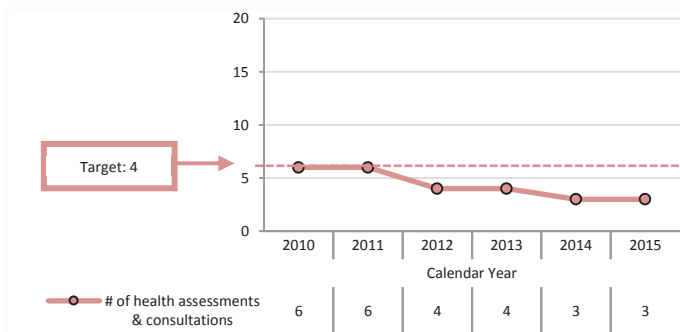
2 Number of fact sheets developed or revised.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

How are we doing? Our fact sheets provide the public and health professionals with a summary of the health impacts from exposure to the more common chemicals and identify sources where additional trusted information can be obtained

3 Number of written health assessments and health consultations completed.



How are we doing? The written health assessments and consultations are created to answer all pertinent health questions that communities have regarding their exposure to chemicals in their environment. Most of these written consultations are presented at public meetings to make sure our conclusions are understood and all questions from the public are addressed.

What can Iowans do to help?

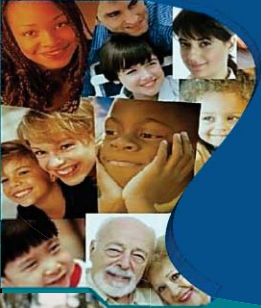
1. All Iowans can learn about existing or potential exposure to hazardous chemicals and how to protect themselves by assessing the Toxicology Manual at <http://idph.iowa.gov/ehs/toxicology>.
2. Physicians and healthcare providers need to get accurate information about the health risks from exposure to environmental chemicals and how these exposures can be diagnosed in their patients. For more information, go to www.atsdr.cdc.gov.
3. Industry and emergency response workers can learn how to prevent chemical spills by going to www.csb.gov.
4. All Iowans need to be aware of potential poisons in their homes and how they can keep themselves and their children safe. To learn more, visit www.iowapoisson.org

Expenditures

General fund, federal funds, & intra state receipts*: K19-1911; 0153-1318.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$598,751	\$678,045	\$598,751
Federal funds	\$0	\$0	\$0
Other*	\$683,290	\$683,290	\$1,024,719
Total funds	\$1,282,041	\$1,361,335	\$1,623,470
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Tuberculosis Control

Phone: 515-281-7504
<http://idph.iowa.gov/immtd/tb>

Protecting & Improving
the Health of Iowans



It's a disease as old as antiquity. Archeologists have found mummies with signs of it. Your grandparents or great-grandparents called it "consumption." Today, we know the disease as tuberculosis, or TB. Although an ancient disease, it's still around and the Iowa Department of Public Health's Tuberculosis Control program continues the fight against TB.

You may not know that Christmas Seals were introduced to help raise funds to fight TB. The organization that pioneered the Christmas Seals, the National Tuberculosis Association, became what's now known as the American Lung Association.

Less than two decades ago, Iowa averaged 65 TB cases each year. Now, through the efforts of the TB Control program, the number of cases has fallen to an annual average of 46 cases.

Did you know?

Patients who do not take their medications correctly or who are improperly treated can develop a virtually untreatable form of TB.

Why is the TB Control program important to protecting and improving the health of Iowans?

- Tuberculosis remains a public health problem in Iowa with an average of 46 cases reported each year.
- Over a thousand Iowans are diagnosed with latent TB infection each year. Latent TB infection (LTBI) can lead to future cases of TB disease.
- Infectious cases of TB must be treated to prevent others from becoming infected.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Strengthen the health infrastructure

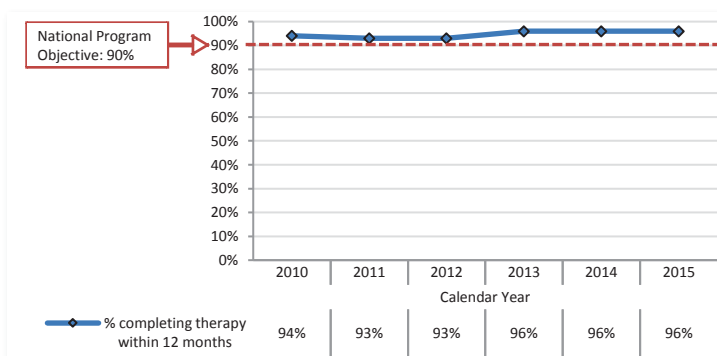
Promote healthy living

What do we do?

- Provide funding for local health departments to give TB tests, treatment, and chest x-rays for TB patients.
- Provide funding for the University of Iowa Hygienic Lab to perform state of the art TB laboratory testing.
- Maintain a system to ensure positive TB lab tests are reported to IDPH for surveillance and disease investigation.
- Advise healthcare providers who evaluate and treat Iowans with TB and LTBI.

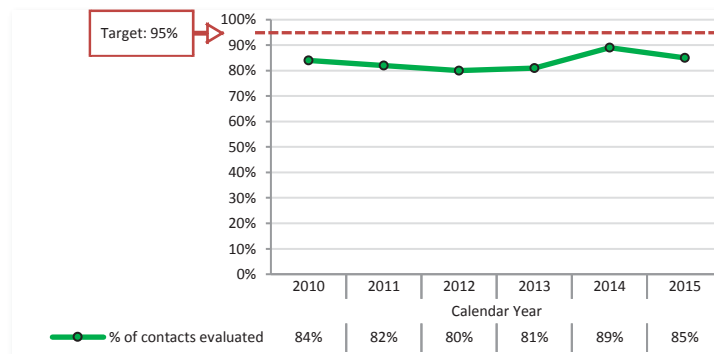
How do we measure our progress?

- ❶ 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. Data are compiled annually, but possibly not complete until 9 months into the next year.

- ❷ Percent of contacts to sputum AFB-smear positive TB cases evaluated for infection and disease.



Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa consistently meets or exceeds the national program objective of 90%. Local health departments assure completion of therapy for patients with infectious TB by providing directly observed therapy (DOT). This means a designated health care worker watches the patient take each dose of medication. This is the **only** way to ensure completion of therapy and thus stop the transmission of disease. DOT is the **standard of care** in the most effective TB control programs in the country. The TB Control Program provides incentive funding to local public health departments to perform DOT.

Consequences of incomplete therapy include:

- treatment failure
- relapse
- multiple drug resistant tuberculosis (MDR-TB).

How are we doing? Iowa prioritizes the evaluation of those with recent and significant exposure to infectious TB and is above the national average for this objective. All infectious cases require a contact investigation by the local health department to identify contacts who:

- Have TB disease so that they can be given treatment and further transmission can be stopped.
- Have Latent TB Infection (LTBI) so that they can be given treatment for LTBI, and active disease can be prevented.

What can Iowans do to help?

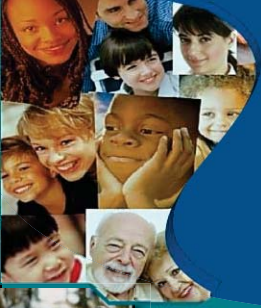
1. Maintain a healthy lifestyle, especially when visiting other countries where TB is common. For more information, go to www.cdc.gov/travel/yellowBookCh4-TB.aspx.
2. Local public health should follow recognized standards when caring for TB patients. For more information, go to <http://idph.iowa.gov/immtd/tb/local-public-health>.
3. Clinicians should be vigilant about the early diagnosis of TB and ensure proper treatment. For more information, go to www.cdc.gov/tb/pubs/PDA_TBGuidelines/default.htm.

Expenditures

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

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$55,993	\$55,019	\$56,444
Federal funds	\$335,309	\$343,334	\$345,944
Total funds	\$391,302	\$398,353	\$402,388
FTEs	1.97	1.68	1.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Violence Prevention

Phone: 515-242-6514

http://idph.iowa.gov/disability-injury-violence-prevention/sv_prevention

Protecting & Improving
the Health of Iowans



In October 2016, University of Northern Iowa's Center for Violence Prevention (UNI CVP) hosted a Mentors in Violence Prevention Leadership Summit. The summit was attended by 320 students and 14 school districts from across Iowa were represented. These students came together to learn how to recognize warning signs of teen dating violence and learn new skills to intervene with peers to interrupt violence and promote student safety. MVP is an internationally-recognized program that builds student leadership skills. The schools in Iowa that have adopted this program report fewer incidents of violence and referrals for discipline as students use their skills to intervene with their peers.

MVP is one of the prevention strategies that IDPH promotes to reduce risk factors and increase protective factors related to interpersonal violence. This bystander approach provides participants with options for how to respond when they witness violence or abuse. People are more likely to respond and not remain silent, and therefore complicit, in violence or abuse by others when they're provided with options other than physically intervening or doing nothing.

Did you know?

Sexual violence in Iowa cost an estimated \$5.8 billion in fiscal year 2009, or \$1,875 per resident, yet less than 1% of money spent as a result of sexual violence in Iowa goes towards funding prevention efforts. Prevention is a wise investment, as it can reduce the likelihood those exposed to interpersonal violence will experience depression, substance abuse, or other health problems later in life.

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

- An average of 19 Iowans die each year due to domestic violence homicides or suicides.
- Since 1995, 27 children were killed in domestic abuse murders and another 82 children were present at the scene when a murder occurred.
- 1 in 5 Iowa women will experience physical violence by an intimate partner and 1 in 10 will experience sexual violence in their lifetimes. Men also experience this, but at much lower rates.
- Adverse Childhood Experiences (ACEs) such as abuse, neglect, substance abuse in the home or a caregiver with mental illness can lead to poor health and social outcomes across the lifespan. The CDC estimates that having an ACEs score of 6 or more can reduce life expectancy by an average of 20 years. 56% of Iowa adults reported experiencing at least one ACE and 14.5% reported four or more.
- Research has shown that preventing the first act of sexual or domestic violence can stop the cycle of violence that often occurs in families and high-risk populations like women and low-income Iowans.
- Public health methods are effective in preventing violence through community involvement, education, and changing social norms that support violence.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries & violence

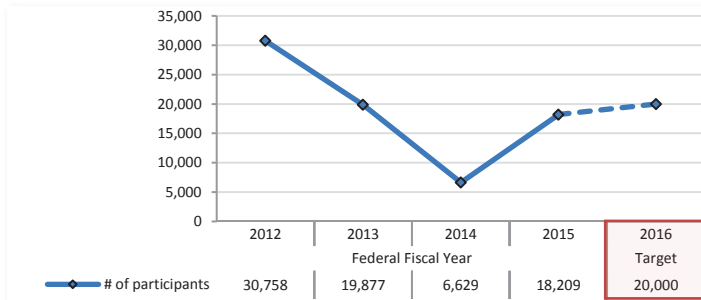
Promote healthy living

What do we do?

- Analyze violence data (including domestic abuse homicides and suicides) and release reports on violence prevention issues.
- Provide training and technical assistance to identify, assess, intervene, report, and document domestic violence and sexual assault for healthcare providers and other community professionals.
- Coordinate public information campaigns to change social beliefs that contribute to violence.
- Provide funding, training, and technical assistance for targeted prevention strategies aimed at community professionals, organizations, and communities.
- Make recommendations to state officials, agencies, and community leaders on how to prevent violence.

How do we measure our progress?

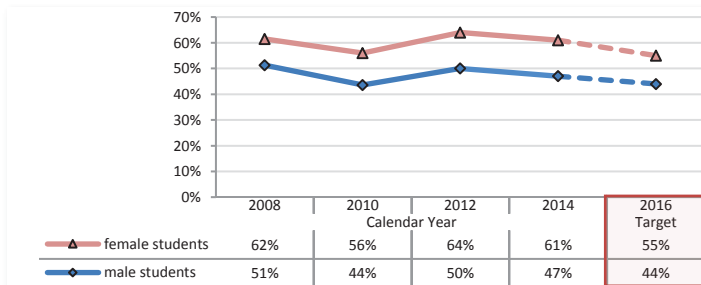
1 Number of students and professionals participating in sexual and domestic violence prevention programs.



Data Source: Iowa Coalition Against Sexual Assault. Data are available annually. 2014 data is 6-months only.

How are we doing? Decreases in state and federal sources of funds have changed the number of programs funded and the way people are reached through prevention programming. Fewer people are reached by more frequent exposure for more long-term impact.

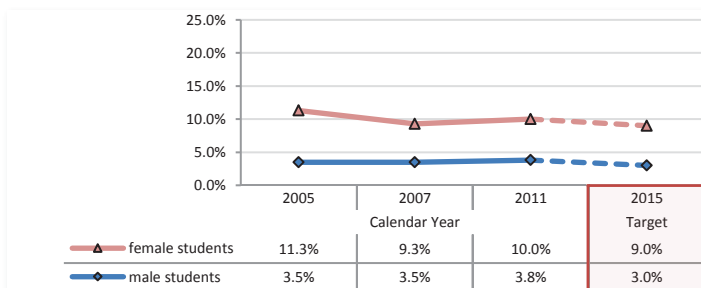
2 Percent of Iowa students (grades 6, 8, & 11) who report experience with being bullied.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? Rates of bullying that increased in 2010 are beginning to decline. Female students are more likely than male students to report being bullied.

3 Percent of Iowa 9-12 grade students who report they were ever physically forced to have sexual intercourse when they did not want to.



Data Source: Youth Risk Behavior Survey. Data are available every two years. Insufficient statewide response rate for 2013 & 2015. Next data reported in 2017 and available in 2018

How are we doing? There was a slight decrease in 2007 but an increase again in 2011. Iowa's rates are lower than the national average.

What can Iowans do to help?

1. Be an active [bystander](#) when you see someone bullying, harassing, or hurting another person. Support the person who is the target of the violence, and take a stand against violence.
2. Build caring connections within your community. Studies have shown that communities with higher rates of community support and connectedness have lower rates of child maltreatment, intimate partner violence, sexual violence, youth violence, suicide, and elder maltreatment. For more info, go to [Connecting the Dots](#) from the CDC.
3. Healthcare professionals can routinely screen for violence during patient visits, properly document findings, and refer patients for help when abuse is found. The Violence program offers training for healthcare professionals. For more information, go to [Health Care Response to Violence Against Women](#).
4. Community professionals can take steps to reduce risk factors for violence and promote strategies to reduce it. To learn more, go to Sexual Violence Prevention.
5. Find opportunities to get involved in awareness month campaigns. Opportunities include [Teen DV Month](#) in February, [Child Abuse Prevention Month](#), [Sexual Assault Prevention Month](#), and [National Youth Violence Prevention Week](#) in April, [National Campus Safety Awareness Month](#) in September, and [Domestic Violence Awareness Month](#) in October.
6. Contact the [Iowa Domestic Violence Helpline](#) at 1-800-770-1650 or the [Iowa Sexual Abuse Hotline](#) at 1-800-284-7821 if you or someone you care about is in need of support and referral.

Expenditures

General fund, federal funds, & intra state receipts*: K19-1965; 0153-1752/1756/1758.

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$203,032	\$203,032	\$203,032
Federal funds	\$347,572	\$564,671	\$608,676
Other funds*	\$85,694	\$49,605	\$184,405
Total funds	\$636,298	\$817,308	\$996,113
FTEs	1.05	0.94	1.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



WIC – Special Supplemental Nutrition Program for Women, Infants and Children

Phone: 515-281-4919
<http://idph.iowa.gov/wic>

Protecting & Improving
the Health of Iowans



When money is tight, difficult decisions must be made. For some Iowans, that means buying a used car instead of a new one. But for others, the decision may be between paying the rent and buying food. The IDPH WIC program ensures that some of the most vulnerable Iowans — low-income pregnant, breastfeeding, or postpartum women and their children up to age five — never have to go without good nutrition.

WIC services are the gateway to good health. Families looking for help with food through WIC also find access to other services such as prenatal care, well-child care, immunizations, lead screening, and many others that help families stay healthy.

Through WIC, all Iowa children and their mothers have access to a healthy start.

Did you know?

Each month, the Iowa WIC Program serves approximately 61,160 women, infants, and children, which is approximately 88% of those estimated to be eligible for services.

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

- More than 51% of infants born in Iowa receive WIC.
- One in every three pregnant women in Iowa receives WIC.
- Nearly one in five children in Iowa between ages 1 and 5 participates in WIC.
- WIC strengthens families by influencing lifetime nutrition and health behaviors.
- The WIC program coordinates services with many other programs including prenatal and postpartum care, well child care, immunizations, lead poisoning prevention programs, early intervention services, child care, Head Start, *hawk-i*, breastfeeding support, parenting education programs, food assistance programs, and more.

► Which Iowa Public Health Goals are we working to achieve?

Promote healthy living

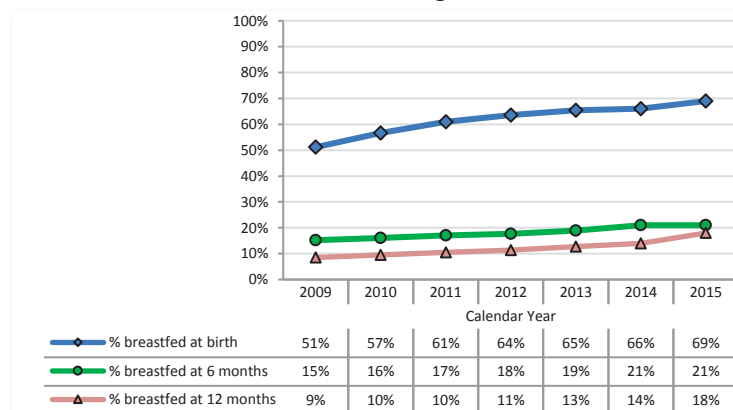
Strengthen the health infrastructure

► What do we do?

- Provide access to nutrient-rich foods.
- Offer nutrition education and support in making positive behavior changes in diet and physical activity.
- Provide breastfeeding education and support.
- Make referrals for health care and social services.
- Offer community-based services through 20 local contractors.
- Improve access to Iowa grown fruits and vegetables through the WIC Farmers Market Nutrition Program (in cooperation with the Iowa Department of Agriculture and Land Stewardship).
- Stimulate the Iowa economy by buying about \$39.5 million dollars of food from more than 650 Iowa grocery stores and pharmacies that accept WIC for the prescribed supplemental foods.
- Support Iowa agriculture by providing supplemental foods produced in the state (milk, fruit juice, whole wheat bread, and eggs).
- The Iowa WIC Program is a steward of federal money through the careful monitoring reviews of local agencies and compliance monitoring of authorized WIC vendors. Monitoring results in a program with strong integrity and compliance with federal regulations.

How do we measure our progress?

- ❶ Percent of WIC infants breastfed at birth.
- ❷ Percent of WIC infants breastfeeding at 6 months*.
- ❸ Percent of WIC infants breastfeeding at 12 months*.



Data Source: Iowa WIC Information Network (IWIC). 2016 data not yet available. *12-month breastfeeding rate for children born in 2015 is preliminary.

How are we doing? Duration rates have increased, but at a much slower pace. Duration rates are particularly a challenge because Iowa has a high rate of maternal employment for families with children under age 6. Many of the women served by WIC are also more likely to work in places that do not support breastfeeding. Of all Iowa infants born to women served by WIC in 2015, only 21% are still being breastfed at 6 months of age.

What can Iowans do to help?

1. All Iowans can promote and support breastfeeding. Breastfeeding is the best way to feed healthy newborns. To learn more about breastfeeding, go to <http://idph.iowa.gov/wic/breastfeeding>.
2. All Iowans can refer potentially eligible families to WIC. For more information about WIC, go to <http://idph.iowa.gov/wic/families>.
3. All Iowans can provide information about WIC services in your community. Free outreach materials are available from the state WIC office. Go to <http://idph.iowa.gov/wic/outreach-materials> to access the online website to order materials.

Expenditures

Program caseload levels are dependent upon the number of individuals who can be supported with the funds that are allocated. However, substantial cost savings are achieved through manufacturer rebates on infant formula, enabling WIC to serve more participants. The dollar amounts of the rebates are shown in the table to the right. **Total expenditures** reflect the actual amount of money spent using federal funds *plus* the savings from the rebates.

Follow Iowa WIC on Facebook!

Federal funds: 0153-0508/0512/0514/0516/0608/0620/0652/0678

	State Fiscal Year 2015 Actual	State Fiscal Year 2016 Actual	State Fiscal Year 2017 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$43,158,550	\$44,019,231	\$45,191,878
Manufacturer rebates	\$15,123,033	\$16,938,692	\$16,938,692
Total expenditures	\$58,281,583	\$60,957,923	\$62,130,570
FTEs	12.45	14.72	14.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.