



## **Healthy Iowans: Iowa's Health Improvement Plan 2017-2021**

# **Taking Action to Improve Health in Iowa**

**Bureau of Public Health Performance  
July 2021**

**Protecting and Improving the Health of Iowans**



# Acknowledgements

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## Acknowledgements

Following is a list of organizations, programs and advisory groups that have been involved in action to implement Healthy Iowans: Iowa's Health Improvement Plan 2017-2021. While the Bureau of Public Health Performance at Iowa Department of Public Health serves as the coordinator for the document, the accomplishments, goals, objectives and strategies are solely due to the efforts of these groups. Their participation is sincerely appreciated.

### Organizations/Groups Implementing Healthy Iowans 2017-2021

- ACEs (Adverse Childhood Experiences) Coalition
- Advisory Council on Brain Injuries
- Alzheimer's Association
- American Cancer Society
- American Heart Association
- American Stroke Association
- Arthritis Foundation
- CAFÉ (Clean Air for Everyone) Citizen Action Network
- Campaign for Tobacco-Free Kids
- Care Coordination State Plan Task Force/Workgroup
- Center for Disabilities and Development at the University of Iowa Stead Family Children's Hospital
- Center for Rural Health & Primary Care Advisory Committee
- Central Iowa ACEs 360 Steering Committee
- Child and Family Policy Center
- Child Health Specialty Clinics, University of Iowa Division of Child and Community Health
- Community HIV and Hepatitis Advocates of Iowa Network
- Delta Dental of Iowa Foundation
- Easter Seals Iowa
- Family Planning Council of Iowa
- Food Access and Health Collaborative
- Gay Men's Health Committee
- Healthier Iowa Coalition
- IDPH Brain Injury Program
- IDPH Breastfeeding Program
- IDPH Bureau of Chronic Disease & Management
- IDPH Bureau of Emergency and Trauma Services
- IDPH Bureau of Environmental Health Services

## Organizations/Groups Implementing Healthy Iowans 2017-2021

- IDPH Bureau of Family Health
- IDPH Bureau of Health Statistics
- IDPH Bureau of HIV, STD, and Hepatitis
- IDPH Bureau of Nutrition and Physical Activity
- IDPH Bureau of Oral & Health Delivery Systems
- IDPH Bureau of Substance Abuse
- IDPH Child and Adolescent Health Program
- IDPH Data Management and Health Equity Program
- IDPH Disability and Health Program
- IDPH Division of Tobacco Use Prevention & Control
- IDPH Heart Disease & Stroke Prevention Program
- IDPH Immunization Program
- IDPH Iowa Gambling Treatment Program
- IDPH Iowa Suicide Prevention Planning Group
- IDPH Occupational Health & Safety Surveillance Program
- IDPH Office of Disability, Injury & Violence
- IDPH Patient-Centered Health Advisory Council
- IDPH Public Health Advisory Council
- IDPH Trauma Informed Work Group
- IDPH WIC Program
- Iowa Army National Guard
- Iowa Association for Health, Physical Education, Recreation and Dance
- Iowa Board of Pharmacy
- Iowa Cancer Consortium
- Iowa Caregivers
- Iowa Department of Administrative Services
- Iowa Department of Corrections
- Iowa Department of Education
- Iowa Department of Human Services – *hawk-i*
- Iowa Department of Natural Resources
- Iowa Department of Public Safety Governor’s Traffic Safety Bureau
- Iowa Department of Transportation
- Iowa Department on Aging
- Iowa Economic Development Authority
- Iowa Environmental Council
- Iowa Falls Prevention Coalition
- Iowa Health Information Network
- Iowa Healthcare Collaborative
- Iowa Healthiest State Initiative
- Iowa HIV and Hepatitis Community Planning Group
- Iowa Hospital Association
- Iowa Medicaid Enterprise
- Iowa Medical Society
- Iowa Million Hearts Initiative Partners
- Iowa Nurses Association
- Iowa Nutrition Network
- Iowa Office of Drug Control Policy
- Iowa Office of the State Medical Examiner
- Iowa Person and Family Engagement State Plan Task Force/Work Group
- Iowa Pharmacy Association

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**Organizations/Groups Implementing Healthy Iowans 2017-2021**

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- Iowa Poison Control Center
  - Iowa Primary Care Association
  - Iowa State University Extension & Outreach
  - Iowa Tobacco Control Advocates
  - Iowa Tobacco Prevention Alliance
  - Iowa Tobacco Use Prevention & Control Commission
  - Iowa Transportation Coordination Council
  - Lions Clubs of Iowa
  - Polk County Medical Society
  - Prevent Child Abuse Iowa
  - State Hygienic Laboratory
  - Susan G. Komen Greater Iowa
  - University of Iowa Division of Child & Community Health
  - University of Iowa Stead Family Children's Hospital Child Protection Program
  - University of Iowa Stead Family Children's Hospital, Department of Ophthalmology & Visual Sciences, Iowa KidSight
  - University of Northern Iowa Center for Energy & Environmental Education
  - Wellmark Blue Cross Blue Shield
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# Executive Summary

This report documents progress Iowa has made during the fourth year (2020) of implementing *Healthy Iowans: Iowa's Health Improvement Plan 2017-2021*. It is based on reports from partners that have contributed goals, measurable objectives, and strategies for protecting and improving the health of Iowans. This report shows promising trends and achievements in the action taken to improve health in Iowa, along with some challenges where continued vigilance or enhanced efforts are needed. The companion report, [Is Health in Iowa Improving?](#), provides recent data and trends for the Healthy Iowans' measures of health improvement in Iowa.

## Progress on Action to Improve Iowa's Health

Many of our Healthy Iowans partners focused their full attention on responding to the COVID-19 pandemic during 2020. Nevertheless, partners have made significant progress toward achieving the objectives and strategies in *Healthy Iowans: Iowa's Health Improvement Plan 2017-2021*. Based on partner progress reports, 54 (40%) of the 135 objectives in the plan currently are met and an additional 34 (26%) are not met, but are moving in the right direction. The trend is going in the wrong direction (away from the target) for only 21 (16%) objectives. Almost 85% of the 248 strategies in the plan are on track or already complete.

Based on partner progress reports and national data sources, the [Full Progress Reports for Objectives & Strategies](#) (beginning on page 10) include a progress report for each objective and strategy, including notes describing achievements or barriers to progress. A selection of some of the achievements and challenges from the full report follows.

## Achievements and Challenges by Health Issue

### Health Equity/Social Determinants of Health Focus Area ([pages 11-34](#))

- **Achievement:** More patients are getting an assessment that includes the social and economic factors that affect their health. (Goal 1, Objective 1-1, p. 12)
- **Achievement:** People are being tested, diagnosed, and treated for HIV sooner so they can live longer, healthier lives. (Goal 6, Objective 6-2, p. 25 & Goal 7, Objective 7-1, p. 26)
- **Challenge:** Access to family planning services continued to decline from 31,439 people served in 2018 to 27,377 in 2019. (Goal 2, Objective 2-1, p. 13)
- **Challenge:** The mortality rate for non-Hispanic African-American infants increased from 8.4 in 2015 to 10.4 in 2019. (Goal 9, Objective 9-1, p. 31)

### Health Equity/Social Determinants of Health Focus Area: Safe, Affordable Housing ([pages 35-36](#))

- **Achievement:** In 2020, 41,268 low and moderate-income individuals benefited from improved water and wastewater systems. (Goal 1, Objective 1-2, p. 36)
- **Challenge:** The target for improving owner-occupied housing for low and moderate-income individuals has not been reached. (Goal 1, Objective 1-1, p. 35)

### Health Equity/Social Determinants of Health Focus Area: Income/Poverty ([page 37](#))

- **Challenge:** Although many organizations are working to improve economic stability in Iowa, statewide goals, objectives, and strategies have not yet been identified for this health issue.

### Life Course Focus Area ([pages 38-47](#))

- **Achievement:** To protect child health and water quality from pesticides, the number of pledges to pesticide-free lawn management increased from 10 institutional/public landowners in 2016 to 380 in 2019. (Goal 2, Objective 2-1, p. 41)
- **Challenge:** The federal Centers for Medicare and Medicaid Services no longer reports the use of annual Medicare Wellness Visits, an important measure of how well Iowa is doing in the early detection of Alzheimer's disease. (Goal 4, Objective 4-1, p. 45)

### Health System Improvement & Evidence-Based Decision Making Focus Area ([pages 48-75](#))

- **Achievement:** More Iowa children are being screened for potential problems in their development as part of comprehensive well-child services. (Goal 3, Objective 3-1, p. 52)
- **Challenge:** While moving in the right direction, only 27% of parents of children/youth with special healthcare needs (CYSHCN) reported that their child/youth received services in a well-functioning system. (Goal 9, Objective 9-2, p. 63-64)

### Health System Improvement Focus Area: Transportation ([pages 76-77](#))

- **Achievement:** Local public transit agencies welcome public health agencies' requests for project ideas to access health-related transportation. (Goal 1, Objective 1-1, p. 76)
- **Challenge:** Minimal work occurred in the last year due to the COVID pandemic limiting public transit services and overwhelming local public health workloads. (Goal 1, Objective 1-1, Strategy 1-1.1, p. 77)

### Health System Focus Area: Insurance Affordability & Coverage ([pages 78-80](#))

- **Achievement:** More Iowa children were enrolled in Iowa's Child Health Insurance Program (Hawki), a program for families who do not qualify for Medicaid or private health insurance, from 58,199 in 2015 to 75,569 in 2020. (Goal 1, Objective 1-1, p. 78)

### Health System Focus Area: Lack of Primary Care Services ([pages 81-90](#))

- **Achievement:** Improved access to preventive care and chronic care management services through 120 pharmacies across Iowa. (Goal 3, Objective 3-1, p. 86)
- **Challenge:** Collaboration with partners/stakeholders is evolving on a common agenda for taking action and implementing solutions to build the health and long-term care workforce of the future, inclusive of the direct care workforce, and prepare for changes in the health care delivery system. (Goal 4, Objective 4-1, p. 88)

### Acute Disease Focus Area: Adolescent Immunizations ([pages 91-98](#))

- **Achievement:** More than 91% of students enrolling in 12<sup>th</sup> grade during the 2020-21 school year were vaccinated to protect them from meningococcal disease. (Goal 2, Objective 2-1, p. 93-94)
- **Challenge:** Although the percentage of 13-17 year-olds who got the human papillomaviruses (HPV) vaccine was up from 45.5% in 2016 to 61% in 2019, it is still far below the 80% target. (Goal 1, Objective, 1-1, p. 91-92)

### Acute Disease Focus Area: Flu Immunizations ([pages 99-102](#))

- **Achievement:** More hospital healthcare workers are protecting their patients by getting flu vaccinations. The percentage was 79% in 2009-10 and has been between 94% and 95% since 2016-7. (Goal 1, Objective 1-1, p. 99-100)
- **Challenge:** 65% of older adults (ages 65+) reported having a flu shot in 2019, much lower than the 80% target for 2021. (Goal 2, Objective 2-1, p. 101-102)

### Addictive Behaviors Focus Area: Substance Abuse ([pages 103-117](#))

- **Achievement:** To make naloxone, a medicine that rapidly reverses an opioid overdose, more available, 374 pharmacies participate in the naloxone statewide standing order and/or the naloxone statewide protocol. (Goal 2, Objective 2-1, p. 107-108)
- **Challenge:** While the percentage of 11<sup>th</sup> grade students who have never used alcohol increased from 2016 to 2018, nearly half (47%) of 11<sup>th</sup> graders reported they have used alcohol (Goal 4, Objective 4-1, p. 110-111). And, 20% reported current alcohol use. ([2018 Iowa Youth Survey - State of Iowa Results, p. 99](#))

### Addictive Behavior Focus Area: Tobacco ([pages 118-125](#))

- **Achievement:** More than 1,300 housing properties in Iowa have adopted a smoke-free policy. Find out more on the [Smoke Free Homes Registry](#). (Goal 1, Objective 1-4, p. 123-124)
- **Challenge:** Efforts to include casinos as public places that prohibit smoking and to include e-cigarettes as products prohibited from use in public places have not been successful. (Goal 1, Objective 1-1, Strategy 1-1.3, p. 120)



#### Chronic Disease Focus Area: Cancer ([pages 126-145](#))

- **Achievement:** Although not yet meeting targets for 2022, screening rates for colorectal and breast cancer increased from 2016 to 2018 due to many different strategies. (Goal 1, Objective 1-1, p. 117 & Goal 7, Objective 7-1, p.143-144)
- **Challenge:** Quitting tobacco use (the leading cause of lung cancer) continues to be one of the hardest things to do. Only about half of current smokers in 2019 reported trying to quit for a day or more. (Goal 3, Objective 3-1, p. 132-133)

#### Chronic Disease Focus Area: Diabetes ([pages 146-149](#))

- **Achievement:** More adults (nearly 9% in 2018 versus 6% in 2013) had the chance to prevent developing Type II diabetes because their healthcare provider told them about their pre- or borderline diabetes. (Goal 1, Objective 1-1, p. 146-147)
- **Challenge:** The percentage of adults with diabetes who had two or more A1C tests to manage their diabetes and reduce potential complications fell slightly from 81% in 2017 to 77% in 2018. (Goal 2, Objective 2-1, p. 148)

#### Chronic Disease Focus Area: Coronary Heart Disease ([pages 150-156](#))

- **Achievement:** Coronary heart disease mortality rate has decreased from 108 per 100,000 in 2014 to 101 in 2018. (Goal 1, Objective 1.1, p. 150-151)
- **Challenge:** A Heart and Stroke Consortium working on heart and stroke prevention throughout Iowa and implementing the Million Hearts Action Plan has not materialized. (Goal 1, Objective 1-1, Strategy 1-1.4, p. 154)

#### Environmental Health Focus Area: Water Quality ([pages 158-168](#))

- **Achievement:** Water is safer to drink. In 2019, the Iowa Well Survey tested wells in 43 counties for arsenic, manganese, lead, and copper (Goal 2, Objective 2-1, Strategy 2-1.1, p.161) under the umbrella of the Grants to Counties Private Well Water Program. Grants to Counties paid for more than 74,000 tests for bacteria, nitrate, and arsenic across the state from 2017 to 2020. (Goal 4, Objective 4-1, p.167-168) The percentage of regulated public water supplies meeting all health-based drinking water standards increased from 94.5% in 2015 to 97% in 2020. (Goal 1, Objective 1-1, p. 158-159)
- **Challenge:** Dedicated, sustainable funding for the Iowa Natural Resources and Outdoor Recreation Trust Fund has not materialized. (Goal 3, Objective 3-1, Strategy 3-3.1, p.164)

#### Healthy Living Focus Area: Obesity, Nutrition, & Physical Activity ([pages 170-180](#))

- **Physical Activity Achievement:** There was a 49% increase in physical activity among adults participating in the Expanded Food and Nutrition Program (EFNEP) and Supplemental Nutrition Assistance Program (SNAP). (Goal 1, Objective 1-1, Strategy 1-1.3, p. 171)
- **Nutrition Achievement:** The number of summer meal sites increased from 504 in 2016 to 2,003 in 2020 and helped ensure access to summer meals for families. (Goal 2, Objective 2-4, p. 178)
- **Physical Activity Challenge:** The percent of adults meeting aerobic physical activity guidelines dropped a little from 49% in 2015 to 48% in 2019. (Goal 1, Objective 1-1, p. 170-171)
- **Nutrition Challenge:** In 2019, the percent of adults eating fruit at least once a day dropped below the 2021 target. (Goal 2, Objective 2-1, p. 173-174)

#### Healthy Living Focus Area: Lack of Oral Health/Dental Services ([pages 181-189](#))

- **Achievement:** The percent of Medicaid-enrolled children ages 0-2 who received a dental service increased from 35% to 36%. (Goal 3, Objective 3-2, p. 186-187)
- **Challenge:** Although 90% of Iowans have access to fluoridated water, according to 2019 data, only 61% have access to optimally fluoridated water at the national standard level to prevent tooth decay. (Goal 1, Objective 1-1, p. 181-182)



#### Healthy Living Focus Area: Sexually Transmitted Diseases ([pages 190-193](#))

- **Achievement:** An increased outreach to populations disproportionately impacted by syphilis has allowed for earlier diagnosis and treatment. (Goal 1, Objective 1-3, Strategy 1-3.1, p. 193)
- **Challenge:** Substantial increases in gonorrhea cases among multiple populations have continued, straining resources. (Goal 1, Objective 1-2, p. 191-192)

#### Injury & Violence Area: Falls ([pages 194-200](#))

- **Achievement:** Patient falls in healthcare settings dropped from 3.27 falls per 1,000 patients in 2014 to 0.77 per 1,000 patients in 2019. (Goal 1, Objective 1-1, p. 194-195)
- **Challenge:** A reimbursement mechanism to support a network of evidence-base falls prevention classes has not materialized. (Goal 3, Objective 3-2, Strategy 3-2.3, p. 200)

#### Injury & Violence Area: Motor Vehicle Crashes ([pages 201-203](#))

- **Achievement:** Iowa's overall seat belt use for 2020 increased 0.63% to 95.2% from the 2019 rate of 94.6%. (Goal 1, Objective 1-1, Strategy 1-1.1, p. 202)
- **Challenge:** Alcohol-impaired driving fatalities increased from the 2011-2015 moving average of 90 to a 2015-2019 moving average of 93. (Goal 1, Objective 1-1, Strategy 1-1.3, p. 203)

#### Injury & Violence Focus Area: Adverse Childhood Experiences (ACEs)/Trauma Informed Care ([pages 204-216](#))

- **Achievement:** The Trauma Informed Leadership Team was developed to formalize cross-sector collaboration on ACEs and trauma informed care principles. (Goal 2, Objective 2-5, p. 212-213)
- **Challenge:** At this time, funds are not available to hire a Statewide Trauma Informed Prevention and Care Coordinator to lead activities. (Goal 2, Objective 2-1, p. 207-208)

#### Injury and Violence Area: Occupational & Farm Safety ([pages 217-219](#))

- **Achievement:** The 2015-2019 fatal occupational injury rate was 4.6/100,000 full-time equivalent workers, a major difference from the 2010-2014 five-year rolling average of 5.8. (Goal 1, Objective 1-1, p. 217-218)

#### Mental Health, Illness, & Suicide Focus Area ([pages 220-234](#))

- **Achievement:** At 74 pharmacies, medication screenings and adherence assessments are available for patients with mental health conditions like depression and anxiety. (Goal 4, Objective 4-1, p. 227)
- **Challenge:** More than 8,800 people in prison have chronic, serious, and other mental health issues. (Goal 5, Objective 5-1, p. 229-230)

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# FOCUS AREA: Health Equity & the Social Determinants of Health

## Iowa Health Issue: Health Equity & the Social Determinants of Health

### Iowa Counties with Local Strategies

- Allamakee (culture and immunization)
- Black Hawk (low-income, health literacy)
- Boone (access to Medicaid)
- Buena Vista (food security, ethnic food options)
- Calhoun (low-income/poverty, safe and healthy housing, people with disabilities)
- Carroll (fall prevention for people with disabilities, home safety/modification)
- Cass (oral health underserved populations)
- Cerro Gordo (food subsidy programs, food security, substandard housing)
- Cherokee (nutrition/physical activity efforts focused on people with disabilities)
- Clarke (low-income access to health care providers)
- Clayton (food security)
- Dallas (cultural competence and sensitivity to diversity, food security)
- Decatur (economic development)
- Des Moines (access to community services and resources for lower income residents)
- Dubuque (promoting healthy behaviors: cultural and economic diversity, healthy homes)
- Franklin (health of Hispanic females)
- Greene (maternal/child health services-low-income, resources-people with physical limitations, homeless, dental services-Medicaid)
- Grundy (transportation issues for disabled and low-income residents)
- Henry (dental care services-Medicaid)
- Ida (home safety/modification)
- Jefferson (support for persons with traumatic brain injury)
- Johnson County (pre-diabetes program for Hispanic and/or Latino residents)
- Lee (dental care services-Medicaid, reach vulnerable populations with barriers to access)
- Linn (maintained/affordable housing, care/community resources-vulnerable populations, mental health services-Medicaid/homeless)
- Marshall (language barriers to health services)
- Mitchell (Medicaid changes)
- Monona (poverty)
- Montgomery (Hispanic health, dental care services-Medicaid)
- Scott (access to medical providers for under-insured, uninsured, or Medicaid)
- Sioux (access to health care-Hispanic, stressed housing, interpretation/translation services, health literacy-cultural expectations)
- Story (food security, physical activity opportunities outside urban center)
- Taylor (access to services for people with disabilities)
- Warren (food security, communication strategies to achieve health equity)
- Woodbury (bilingual staff)
- Wright (outreach to Latino and underinsured population for mammograms)

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Health Equity & the Social Determinants of Health

**Goal #1** Ensure that Federally Qualified Health Center (FQHC) patients receive an assessment that includes socioeconomic factors affecting their health.

Alignment with National Plans

Healthy People 2020, Social Determinants of Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Alignment with State / Other Plans

Iowa Social Determinants of Health Statewide Strategy Plan (in development) <http://idph.iowa.gov/SIM>

Health Equity & the Social Determinants of Health

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> Increase from two to four the number of Federally Qualified Health Centers (FQHCs) using Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE).	2016	2	2018	4

Data Source & Location: Iowa Primary Care Association.

Report Date: April 17, 2018  
Year: 2017  
Value: 2

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The foundation has been laid to adapt the model from two to four FQHCs and make it available elsewhere.

Report Date: Mar 27, 2019  
Year: 2018  
Value: 5

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Three additional FQHCs across Iowa implemented PRAPARE during 2018 bringing the total up to five. One additional FQHC implemented in early 2019 and the Iowa PCA is now working on expansion with at least two additional FQHCs during 2019.

Report Date: Mar 8, 2021  
Year: 2020  
Value: 10

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Ten of the 14 health centers in Iowa are using the PRAPARE tool as of 2020. The Iowa PCA continues to facilitate peer sharing and learning opportunities related to social determinants of health data capture, analysis, and interventions to support patients.

Health Equity & the Social Determinants of Health

**Strategy 1-1.1** Provide project management support, training, and technical assistance to the FQHC clinic sites to implement the PRAPARE tool.

Strategy Type: Professional/provider-focused

Strategy Source & Location

Iowa Primary Care Association

Who's Responsible

Iowa Primary Care Association Performance Improvement and Health Information Technology Team

Target Date

Jun 30, 2018

Report Date

Mar 8, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: As of 2020, ten FQHCs in Iowa are using the PRAPARE tool with at least targeted patient populations (two FQHCs screen universally). An implementation toolkit and data model were developed through funding from the State Innovation Model (partnership with Iowa Healthcare Collaborative and IDPH/IDHS). The Iowa PCA and Siouxland Community Health Center continue to participate on PRAPARE, risk methodology, and social intervention coding committees facilitated by the National Association of Community Health Centers and the Association of Asian Pacific Community Health Organizations (AAPCHO).

Health Equity & the Social Determinants of Health

**Goal #2** Assure access to high quality family planning services for low-income Iowans.

Alignment with National Plans

Healthy People 2020, Family Planning <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 2-1</b> Increase or maintain the unduplicated count of low-income Iowans [defined as living below 150 percent of the poverty level (FPL)] served by Title X family planning providers.	2015	31,000	2021	32,553

Data Source & Location: Family Planning Annual Report <https://fpar.opa.hhs.gov/Public/ReportsAndForms>

Report Date

Mar 27, 2019

Year

2018

Value

31,439

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: There are two funded Title X grantees in Iowa. The Iowa Department of Public Health (IDPH) and the Family Planning Council (FPCI). For the 2018 calendar year, the IDPH Title X Program served 8,552 clients (80%) who were at or below 150% Federal Poverty Level.

Report Date

March 3, 2021

Year

2019

Value

27,377

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: There are two funded Title X grantees in Iowa. The Iowa Department of Public Health (IDPH) and the Family Planning Council (FPCI). For the 2019 calendar year, the IDPH Title X Program served 9,104 clients (87%) who were at or below 150% Federal Poverty Level. The total number of Title X clients (both IDPH and FPCI) declined from the past year. It is difficult to use

an actual number as a marker for change due to the Title X federal 2019 rule changes and the revisions in family planning access for services.

Health Equity & the Social Determinants of Health

**Strategy 2-1.1** As required by the Federal Title X, provide culturally sensitive and age-appropriate outreach to make individuals aware of where, when, and how they can access family planning services in their community.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

U.S. Department of Health & Human Services, Title X Family Planning  
<https://www.hhs.gov/opa/title-x-family-planning/index.html>

Who's Responsible

Iowa Department of Health and the Family Planning Council of Iowa

Target Date

Jan 1, 2021

Report Date

March 3, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The IDPH Title X contractors had limited outreach initiatives for calendar year 2020 due to the COVID-19 public health emergency response. For some contractors, family planning clinics were canceled for an extended period of time while others were able to continue serving clients on a regular basis with a modified clinic schedule. A few contractors were able to implement telehealth services and modified visit schedules based on provider availability. During the reporting period, Title X contractors and health care providers participated in a minimum of one health equity training session as well as multiple sessions specific to providing services to adolescents, and were provided multiple opportunities for additional professional development on providing culturally sensitive outreach.

Health Equity & the Social Determinants of Health

**Goal #3** Increase health equity and quality of life for people with disabilities.

Alignment with National Plans

Healthy People 2020, Disability & Health <https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health>

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

<b>Objective 3-1</b>	Increase the percentage of public health staff exhibiting cultural competency for disability.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	Unknown	2021	85%

Data Source & Location Iowa Department of Public Health workforce skill assessment survey. To be developed: The IDPH Disability Community Planning Group will draft and recommend questions to add to the survey.

Report Date

Mar 29, 2019

Year

2018

Value

72.9%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The IDPH workforce skill assessment survey was conducted in 2018. Two questions were added, one regarding staff comfort with integrating individuals with disabilities into projects and one regarding staff knowledge for developing materials in accessible format.

A total of 261 responses was received, with nearly 73% responding "Strongly Agree" or "Agree" with the statement "I feel comfortable integrating individuals who have disabilities into the projects I work on (e.g. physical, intellectual, development, mental health, etc.)"

Report Date  
March 1, 2021

Year  
2021

Value  
N/A

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input checked="" type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: The IDPH Workforce Skills Assessment survey continues to include questions regarding accessibility. In the 2021 survey, staff were asked to rate their knowledge of how to develop materials to be accessible to those who have a vision impairment and knowledge of how to develop materials to be accessible on the IDPH website.

Health Equity & the Social Determinants of Health

**Strategy 3-1.1** Provide public health professionals training on public health workforce competencies for disability inclusion. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan. Association of University Centers on Disabilities (2016): *Including People with Disabilities: Public Health Workforce Competencies*.  
[http://www.aucd.org/docs/Competencies%20Draft\\_VERSION%201.8\\_updated%203.16.pdf](http://www.aucd.org/docs/Competencies%20Draft_VERSION%201.8_updated%203.16.pdf)

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Dec 31, 2018

Report Date	Progress on Strategy			
Mar 1, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: In 2021, webinars were offered regarding creating an inclusive coalition and on using the community health inclusion index survey.

Health Equity & the Social Determinants of Health

**Strategy 3-1.2** Provide public health professionals training on Americans with Disabilities Act (ADA) accessibility guidelines. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Sep 30, 2020

Report Date	Progress on Strategy			
Mar 1, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: DHP staff continue to provide technical assistance and training on ADA requirements and accessibility. In 2020, ADA site audits were completed within Iowa State Parks.

Health Equity & the Social Determinants of Health

Objective 3-2	Increase the proportion of people with disabilities who report doing physical activity or exercise during the past 30 days other than their regular job.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	63.8%	2018	70%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>  
Disability in Iowa: Public Health Needs Assessment <http://publications.iowa.gov/16066/>



Report Date  
Apr 10, 2018

Year  
2016  
Value  
62.0%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Based on an Easter Seals of Iowa survey, individuals with disabilities report barriers to physical activity which include cost of a program, accessibility of facilities, and lack of transportation. Besides a BRFSS survey of individuals 18 years of age and older, the Iowa Youth Survey will include a disability question in 2018.

Report Date  
Mar 19, 2019

Year  
2017  
Value  
63.1%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Analysis of disability health disparities using 2018 BRFSS and 2018 IYS data will take place in 2019. 2018 is the first year disability data was collected in IYS, so this will serve as baseline.

Report Date  
Apr 16, 2021

Year  
2018  
Value  
61.6%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: 2018 Iowa Youth Survey: 90% of youth with disabilities reported that they were physically active for a total of 60 minutes in the past 7 days.

### Health Equity & the Social Determinants of Health

**Strategy 3-2.1** Identify and distribute health risk factor knowledge awareness training materials.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible  
Iowa Department of Public Health Disability and Health Program

Target Date  
Dec 31, 2019

Report Date  
Mar 1, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: In 2021, webinars were offered regarding creating an inclusive coalition and on using the community health inclusion index survey.

### Health Equity & the Social Determinants of Health

**Strategy 3-2.2** Develop Iowa disability service organization capacity using the Easter Seals Iowa WE wellness empowerment strategies.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible  
University of Iowa Center for Disabilities and Development and Easter Seals Iowa

Target Date  
Dec 31, 2019

Report Date  
March 3, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: In 2020, Easter Seals Iowa provided technical assistance to disability service providers on implementing wellness strategies, which led to changes such as requiring a health and wellness goal in service plans and a dayhab program that developed involved clients served in growing their own food, meal planning, and preparing healthy lunch menus.

Health Equity & the Social Determinants of Health

**Strategy 3-2.3** Partner with local public health agencies with identified willingness and implement policy, systems and environmental activities for people with disabilities in their community. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan.

Who's Responsible

University of Iowa Center for Disabilities and Development

Target Date

Aug 1, 2018

<u>Report Date</u> Mar 2, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: Siouxland District Health Department partnered with a local health club to conduct an onsite Community Health Inclusion Index assessment and distributed an Accessibility and Inclusive Practices member survey. The health club made several of the recommended changes. The health club also provided staff training on disability. In a separate project, the Crawford County Health Department provided a series of inclusive community events (bike rides, walking groups) targeted to people with and without disabilities. We have also provided technical assistance to the Black Hawk County Inclusive Health Coalition, which has the local health department as a partner. The project is focused on making health and recreation opportunities more inclusive of children with disabilities.

Health Equity & the Social Determinants of Health

<b>Objective 3-3</b>	Increase the percentage of Easter Seals Iowa clients measuring in the healthy body mass index (BMI) range.	Baseline Year 2012-15	Baseline Value 20%	Target Year 2018	Target Value 30%
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Data Source & Location Easter Seals Iowa database (unpublished)

<u>Report Date</u> Apr 25, 2018	Year 2017	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 53%	

Progress notes: Our approach is complete wellness. Sample activities we coordinate include a 7 week Hy-Vee Begin Nutrition course, tobacco cessation programming and support, healthy snacks, promoting walking/strolling, highlighting success stories, mental wellness challenges, water challenges, natural movement challenges, yoga, meditation, financial wellness, a garden where our clients work. In addition, we've sponsored a smoothie bar for clients and held cooking classes where over 100 clients attended throughout the year. All of these create an environment in which the team members are inspired to work on health and wellness with clients and clients feel empowered to participate in their own wellness journey.

<u>Report Date</u> Feb 8, 2019	Year 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
	Value 27%	

Progress notes: As of December 31, 2018, our data shows that 27% of clients we support are measuring in the healthy BMI range. Our target value was 30% so we did not hit our goal as of December. We are currently looking internally for additional team member training on the importance of role modeling, healthy behaviors, and providing mentor opportunities. We also have community partners to assist with this barrier including local dietitians who are meeting with clients on an individual and/or group setting to build on awareness and action steps to creating lasting change.

Report Date  
Apr 6, 2021

Year  
2020  
Value  
30%

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: For Easterseals of Iowa's fiscal year, 30% of clients with measured BMI were reported as being within a healthy BMI range, the data being 210/710 clients. The target goal is 30%, and the current measured value is an increase of 3% from the last progress report; this shows that we have met the objective and are trending in the right direction. The organization has a new wellness coordinator with programs focused on encouraging a healthy BMI for clients and team members through physical activity, healthy choices, and wellness education opportunities.

Health Equity & the Social Determinants of Health

**Strategy 3-3.1** Identify, coordinate, and establish health and wellness activities across multiple sectors and settings by 2018.

Strategy Type  
Community-focused

Strategy Source & Location

Easter Seals Iowa (unpublished)

Who's Responsible

Easter Seals Iowa health and wellness committee

Target Date

Jan 1, 2018

Report Date  
Apr 6, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Easterseals Iowa's Assistive Technology Center and Camp & Respite Department led 44 events related to health and wellness throughout 2020. Many of the events were held virtually due to COVID-19 pandemic, which allowed participation of over 400 clients across the state. Some in-person wellness events were canceled because of the pandemic.

Health Equity & the Social Determinants of Health

Objective 3-4	Increase the number of Easter Seals Iowa clients who have a formal health and wellness goal.	Baseline Year	Baseline Value	Target Year	Target Value
		2012-15	527	2018	700

Data Source & Location: Easter Seals Iowa balanced scorecard (unpublished)

Report Date  
April 25, 2018

Year  
2017  
Value  
619

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: 619 clients out of 1167 have a formal health and wellness goal (53%). We were able to increase the number of clients working on wellness goals by creating an environment where team members were consistently hearing about opportunities and encouraged to do them with clients. This led to more people talking about it, which in turn inspires clients to want to

pursue healthy lifestyles even more when they see the role modeling from their support staff on a daily basis.

Report Date  
Feb 8, 2019

Year  
2018

Value  
123

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input checked="" type="checkbox"/>	Not met, trend in wrong direction

Progress notes: 123/644 (19%) clients currently have formal goals in their individual program plan. One note is a change in the way we track the data; the numbers were skewed and not reflecting correctly. Every department has a goal on their personal balanced scorecard to address health and wellness quarterly so those conversations are happening with every client we support. However, the clients might not have a formal wellness goal clicked on their plan.

Report Date  
Apr 6, 2021

Year  
2020

Value  
316

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: 316/343 (92%) program plans include a formal health and wellness goal for clients to work on. Of the 343 plans, there are 254 independent clients receiving more than one service. 211/254 (83%) clients had a formal health and wellness goal. Fewer individual clients' goals were tracked in our database than previous years, however each department has a quarterly health and wellness goal tracked on the agency-wide balance scorecard (100% of programs, and therefore clients are impacted by a formal health and wellness goal).

Health Equity & the Social Determinants of Health

**Strategy 3-4.1** Present health and wellness tools/data/information to all 14 departments within Easter Seals Iowa to increase awareness.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Easter Seals Iowa (unpublished)

Who's Responsible

Wellness Coordinator, Easter Seals Iowa

Target Date

Jan 1, 2018

Report Date  
Apr 6, 2021

Progress on Strategy			
<input checked="" type="checkbox"/>	Complete	<input type="checkbox"/>	On track
<input type="checkbox"/>	Off track	<input type="checkbox"/>	No progress

Progress notes: Because of COVID-19, health and wellness was discussed at length with all departments including discussions on required PPE for team members and clients, self-care and burnout prevention, work-life balance, mitigation strategies such as social distancing and sheltering-in-place, and how to successfully continue service delivery in the midst of a pandemic. Typical health and wellness trainings included presentations on oral health, financial health, meal planning, trauma-informed care and mental health first aid.

Health Equity & the Social Determinants of Health

**Strategy 3-4.2** Develop and/or strengthen community partnerships to increase awareness.

Strategy Type  
Community-focused

Strategy Source & Location

Easter Seals Iowa (unpublished)

Who's Responsible  
Easter Seals Iowa health and wellness committee

Target Date  
Jan 1, 2018

Report Date  
Feb 8, 2019

Progress on Strategy

Complete     On track     Off track     No progress

Progress notes: We have many excellent community partners that have been instrumental in our success. Hy-Vee, the American Lung Association, the Polk County Health Department, Eat greater Des Moines, the downtown farmer's market, lifelong smiles coalition, wellness champions and much more. We continue to build on what is listed above.

Health Equity & the Social Determinants of Health

**Goal #4** Improve health equity among Iowans in low and moderate-income communities by increasing access to healthy foods.

Alignment with National Plans

Healthy People 2020, Social Determinants of Health

<https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

<b>Objective 4-1</b>		Baseline Year	Baseline Value	Target Year	Target Value
Secure public funding to create or expand healthy food financing initiatives to increase the number of healthy food retail outlets in under-served communities.		2016	0 (No funding)	2019	1 (Public funding)

Data Source & Location | To be developed.

Report Date  
Mar 21, 2018

Year  
2018

Value  
0

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: We need to plan with partners our campaign plan to organize toward this goal for FY 2019 policy proposal. Budgetary issues have blocked progress.

Report Date  
Mar 29, 2019

Year  
2018

Value  
0

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: A bill was presented in 2019 legislative session but didn't progress. Plans to do more in 2020. All of the retail expansions for Double Up Food Bucks have been supported by private or federal funding.

Report Date  
Mar 12, 2021

Year  
2020

Value  
0

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: CARES act funding allowed for expansion to 144 locations including all Fareway stores. This is temporary funding therefore once the funds are spent the number of sites will be reduced significantly. Continue to seek state funding to be leveraged with federal and private sector funding. There is significant work needed still to ensure sustainability of the program.

Health Equity & the Social Determinants of Health

**Strategy 4-1.1** Through public funding, create or expand a healthy corner store initiative that increases the amount of healthy food offered in existing corner stores in low and moderate income communities. Strategy Type  
Policy-focused

Strategy Source & Location

ChangeLab Solutions. Health on the Shelf

<http://www.changelabsolutions.org/publications/health-on-the-shelf>

*Pediatrics*. November 2009, VOLUME 124 / ISSUE 5. *Snacking in Children: The Role of Urban Corner Stores*

<http://pediatrics.aappublications.org/content/124/5/1293>

The Food Trust. *Healthier Corner Stores: Positive Impacts, Profitable Changes*

[http://thefoodtrust.org/uploads/media\\_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf](http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf)

The Food Trust. The national Healthy Corner Stores Network

<http://thefoodtrust.org/what-we-do/administrative/healthy-corner-stores-network>

The Food Trust. *Moving From Policy to Implementation*

[http://thefoodtrust.org/uploads/media\\_items/moving-from-policy-to-implementation-a-99845.original.pdf](http://thefoodtrust.org/uploads/media_items/moving-from-policy-to-implementation-a-99845.original.pdf)

Who's Responsible

Healthier Iowa Coalition, American Heart Association, Healthiest State Initiative

Target Date

Jul 1, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>
Mar 12, 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Continue to look at state funding opportunities to support a sustainable statewide program.

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Health Equity & the Social Determinants of Health

**Goal #5** Reduce arthritis-related disparities in health and health care.

Alignment with National Plans

Arthritis Foundation Strategic Plan <http://www.arthritis.org/Documents/Sections/About-Us/strategic-plan-rev-10.11.pdf>

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

<b>Objective 5-1</b>	Ensure that all individuals with arthritis can access the knowledge, skills and resources they need to be proactive in improving their health and quality of life.	Baseline Year 2016	Baseline Value 15,976	Target Year 2021	Target Value 32,136
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Data Source & Location: Data collected internally to track the total number of individuals in Iowa that utilize our resources. (Does not include website visits.) The objective is a 15% increase year-over-year.

Report Date: Feb 21, 2018  
Year: 2017  
Value: 19,491

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The revised objective is based on data provided in the [2017 IDPH State Health Assessment Supplement: How Does Iowa's Health Rank?](#) Arthritis can affect people of all ages, gender, races, nationality, socio-economic status, geographic location, and can be the result of genetic factors and/or environmental factors. There is no method for preventing arthritis; however there are methods individuals can utilize to reduce and manage symptoms. The Arthritis Foundation has created several online tools (including the arthritis resource finder on our website), as well as a toll-free helpline and additional resources that are available through the state office in West Des Moines.

Report Date: Apr 1, 2019  
Year: 2018  
Value: 22,422

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Arthritis can affect people of all ages, gender, races, nationality, socio-economic status, geographic location, and can be the result of genetic factors and/or environmental factors. There is no method for preventing arthritis; however there are methods individuals can utilize to reduce and manage symptoms. The Arthritis Foundation has created several online tools (including the arthritis resource finder on our website), as well as a toll-free helpline and additional resources that are available through the state office in West Des Moines.

Report Date: Apr 21, 2021  
Year: 2020  
Value: 500+

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to the global pandemic, the Arthritis Foundation is transitioning to a leaner, more-efficient organization that relies more on volunteer resources than ever before. However, services in Iowa are continuing that impact the lives of persons in Iowa with arthritis.



Health Equity & the Social Determinants of Health

**Strategy 5-1.1** The Arthritis Foundation will provide a centrally-managed source of information and support tools to ensure quality, consistency, depth and responsiveness to identified needs. The Iowa office will serve as a hub for guidance and information to assist all individuals in Iowa with arthritis to find resources and appropriate care.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Arthritis Foundation Tools & Resources: <https://www.arthritis.org/living-with-arthritis/tools-resources/>

Arthritis Foundation Annual Report: <https://www.arthritis.org/about-us/annual-report/>

Arthritis Foundation Strategic Plan:

<http://www.arthritis.org/Documents/Sections/About-Us/strategic-plan-rev-10.11.pdf>

Who's Responsible

Arthritis Foundation

Target Date

Dec 31, 2021

Report Date

Apr 21, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Live Yes! Arthritis Network (LYAN), a network of connectivity that includes virtual support groups called Live Yes! Connect Groups, online programs and webinars, a comprehensive series of surveys called the INSIGHTS assessments (172 in Iowa in 2020), and more. Our most recent data shows 121 Iowans statewide are members of a Connect Group and/or the LYAN online community. Virtual activities and education for children who are battling various forms of Juvenile Arthritis (JA), include a virtual summer camp, virtual JA Conference, Power Packs mailed to individual families in Iowa, and more.

Health Equity & the Social Determinants of Health

**Goal #6** Reduce HIV-related disparities and health inequities.

Alignment with National Plans

National HIV/AIDS Strategy <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

Healthy People 2020, HIV <https://www.healthypeople.gov/2020/topics-objectives/topic/hiv>

Alignment with State / Other Plans

Iowa Comprehensive HIV Plan 2017-2021 <https://idph.iowa.gov/hivstdhep/hiv>

Health Equity & the Social Determinants of Health

<b>Objective 6-1</b>	Reduce the diagnosis disparity rates of African Americans/Blacks (AA/B) and men who have sex with men (MSM) by 15%.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2015	AA/B: 20 MSM: 362	2021	15% reduction

Data Source & Location: Enhanced HIV/AIDS Reporting System (eHARS); HIV Prevention Program data; EvaluationWeb; Iowa Disease Surveillance System (IDSS). Rates are number of diagnoses per 100,000 population.

Report Date

Mar 13, 2018

Year

2016

Value

AA/B: 42  
MSM: 371

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: We have hired a Health Equity Coordinator, established a Disrupting Racism Committee, and are addressing better quality measures. Also, throughout 2016 and 2017, we placed select

print ads from the CDC's Act Against AIDS *Start Talking*, *Stop HIV*, *Let's Stop HIV Together*, and *#DoingIt* campaigns in the 13 largest metro papers and 211 additional publications across the state of Iowa to reach the general public. Additionally, we placed select ads from the CDC's Act Against AIDS *One Conversation* campaign in nine Hispanic publications in Iowa to reach Hispanic people. We also placed select digital ads from the CDC's Act Against AIDS *Start Talking*, *Stop HIV*, *Let's Stop HIV Together*, and *#DoingIt* campaigns on webpages, Facebook, Twitter, and Pandora. We prioritized three audiences: MSM, Minorities, and Minority MSM.

Report Date  
Mar 11, 2019

Year  
2017  
  
Value  
AA/B: 35  
MSM: 337

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Bureau of HIV, STD, and Hepatitis and the HIV and Hepatitis Community Planning Group developing a strategic plan to address HIV in Iowa for 2017-2021. This plan specifically addresses health disparities in HIV diagnoses among Iowans who are black or African American, and Iowans who are men who have sex with men. There are numerous initiatives in place to address these disparities, including:

- The Bureau hired a Health Equity Coordinator in 2017, who is charged with leading efforts to address HIV-related health disparities.
- The HIV and Hepatitis CPG established a Disrupting Racism group to address racism as a root cause of health disparities.
- The Ryan White Part B Clinical Quality Management program chose to focus on viral suppression of black and African American Iowans as a priority focus area. Increasing the percentage of Iowans who are virally suppressed will decrease transmission.
- IDPH-funded HIV testing sites continue their work to engage Iowans who are black or African American, or who are men who have sex with men, into testing services through increased outreach and marketing strategies.

Report Date  
Mar 4, 2021

Year  
2019  
  
Value  
AA/B: 25  
MSM: 52

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Bureau of HIV, STD, and Hepatitis continues to address health disparities among Iowans living with HIV through their 2017-2021 strategic plan. Initiatives implemented to address these disparities include:

- The continuation of the Disrupting Racism group to address racism as a root cause of health disparities.
- The Ryan White Part B Clinical Quality Management program continues to monitor viral suppression among black and African American Iowans diagnosed and living with HIV.
- Ryan White Part B subrecipient agencies participated in quality improvement events aimed at better supporting Iowans diagnosed and living with HIV who are not virally suppressed, especially those among disproportionately impacted populations.

The bureau, in coordination with the HIV and Hepatitis Community Planning Group, conducted two needs assessments: One among Iowans diagnosed and living with HIV and another among Iowans who receive HIV prevention services at IDPH-funded test sites. Results of the surveys were analyzed for disparities among disproportionately impacted populations.

Health Equity & the Social Determinants of Health

**Strategy 6-1.1** Implement a coordinated statewide marketing initiative.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Comprehensive HIV Plan 2017-2021

Who's Responsible

Iowa Department of Public Health Bureau of HIV, STD, and Hepatitis, the Community Planning Group, and the Gay Men's health Committee, and other community partners.

Target Date

Dec 31, 2021

Report Date

Mar 4, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Throughout 2019, for print ads, we placed ads from the CDC's Act Against AIDS campaign in the 13 largest metro papers and 211 additional publications across Iowa to reach the general public in all 99 counties. We placed new ad messages introducing Undetectable=Untransmittable research in the aforementioned publications, as well as in urban, Hispanic, and rural publications to reach people who are disproportionately impacted by HIV. Additionally, we added 83 newspaper websites to our 2019 outreach. Through our contracts, we grant money to our sub-recipients to perform their own marketing and outreach activities. This allows them the freedom to place in the correct medium and tailor the message to their community. Finally, we also engage media through press releases of new testing locations (e.g., pharmacies in 2019), national health observances (e.g., World AIDS Day), and newsworthy updates (e.g., congenital syphilis cases rising in Iowa). This approach has proven to be successful, and we will continue this outreach.

Health Equity & the Social Determinants of Health

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 6-2</b> Reduce the percentage of people with HIV disease classified as stage 3 (AIDS) within 3 months of HIV diagnosis to 30%.	2014	38%	2021	30%

Data Source & Location: Enhanced HIV/AIDS Reporting System (eHARS).

Report Date

Mar 13, 2018

Year

2016

Value

24%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: IDPH has expanded testing efforts across the state to get Iowans diagnosed early.

Report Date

Mar 11, 2019

Year

2017

Value

28%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: IDPH-funded HIV testing efforts continue to expand, as more health care providers are integrating HIV testing into routine care. Expanded testing efforts include increasing outreach testing to prioritized populations and implementing routine screening in FQHC's. Additionally, this is partly as a result of the Rural Outreach Liaisons (ROLs), who are strategically placed in rural areas of Iowa. One of their strategies is to work with rural providers to integrate routine HIV testing into standard medical care.

Report Date

Mar 4, 2021

Year

2019

Value

20%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: IDPH implemented a new HIV testing program in coordination with pharmacies. Select pharmacies in areas of the state that lack an IDPH-funded HIV test site are now trained and able to do rapid HIV testing. This new initiative will help Iowans living with HIV have more access to free testing services, and ultimately be diagnosed earlier.

Health Equity & the Social Determinants of Health

**Strategy 6-2.1** Increase the percentage of people who have ever been tested for HIV.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Comprehensive HIV Plan 2017-2021

Who's Responsible

Iowa Department of Public Health HIV Prevention Program in collaboration with Iowa Medical Society, other professional medical associations, medical schools, Primary Care Association, Department of Corrections, Iowa Medicaid Enterprise, IDPH-supported test sites, and other community partners.

Target Date

Dec 31, 2021

Report Date  
Mar 4, 2021

Progress on Strategy

Complete
  On track
  Off track
  No progress

Progress notes: In 2019, 13,141 Iowans were tested for HIV through IDPH-funded test sites, 10,921 were tested at select Federally Qualified Health Centers who participate in a routine opt-out testing initiative, and 76 were tested through the new pharmacy testing initiative.

When looking at the general Iowa population, 26% reported having ever been tested for HIV according to the 2018 BRFSS. This is similar to previous Iowa BRFSS results over the past 5 years

Health Equity & the Social Determinants of Health

**Goal #7** Increase access to care and improve health outcomes for persons living with HIV (PLWH).

Alignment with National Plans

National HIV/AIDS Strategy <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>  
 Healthy People 2020, HIV <https://www.healthypeople.gov/2020/topics-objectives/topic/hiv>

Alignment with State / Other Plans

Iowa Comprehensive HIV Plan 2017-2021 <https://idph.iowa.gov/hivstdhep/hiv>

Health Equity & the Social Determinants of Health

<b>Objective 7-1</b>	By December 31, 2021, increase the proportion of people diagnosed with HIV and living in Iowa who have achieved viral suppression to 90%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	76%	2021	90%

Data Source & Location: Enhanced HIV/AIDS Reporting System (eHARS).

Report Date: Mar 13, 2018  
Year: 2016  
Value: 78%

Progress on Objective

Met, trend in right direction
  Not met, trend in right direction  
 Met, no trend
  Not met, no trend  
 Met, trend in wrong direction
  Not met, trend in wrong direction

Progress notes: Viral suppression is the goal of HIV treatment, and Iowans who are virally suppressed have better outcomes. In addition, it is the goal of the Ryan White Program and the Iowa HIV

Comprehensive Plan. While the target has not yet been achieved, viral suppression has increased from the baseline and is trending in the right direction.

Report Date  
Mar 11, 2019

Year  
2017

Value  
78%

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input checked="" type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: Viral suppression is the ultimate goal of HIV treatment, as persons who are virally suppressed have better health outcomes and cannot sexually transmit the virus. In addition, it is the goal of the Ryan White Program and the Iowa HIV Strategic Plan. While the target has not yet been achieved, viral suppression has increased from the baseline and is trending in the right direction. IDPH-funded Ryan White Part B agencies provide a multitude of services to Iowans living with HIV to meet their needs in order to increase the likelihood that they can stay engaged in HIV medical care and become virally suppressed. Data indicate that some populations are less likely to be virally suppressed, including youth/young adults and Iowans who are black or African American. The Ryan White Part B Clinical Quality Management program is working with Part B agencies to address disparities in viral suppression among these populations.

Health Equity & the Social Determinants of Health

**Strategy 7-1.1** Partner with mental health stakeholders, substance use stakeholders, correctional facilities, and refugee services to better serve persons at increase risk and PLWH with co-occurring health issues. Strategy Type Professional/provider-focused

Strategy Source & Location

Iowa Comprehensive HIV Plan 2017-2021

Who's Responsible

Iowa Department of Public Health Bureau of HIV, STD, and Hepatitis, the regional outreach liaisons, and the Community HIV and Hepatitis Advocates of Iowa Network (CHAIN).

Target Date  
Dec 31, 2021

Report Date  
Mar 11, 2019

Progress on Strategy							
<input type="checkbox"/>	Complete	<input checked="" type="checkbox"/>	On track	<input type="checkbox"/>	Off track	<input type="checkbox"/>	No progress

Progress notes: Six Rural Outreach Liaisons (ROs) are placed strategically in rural areas of Iowa, and are tasked with relationship building with key partners/stakeholders regarding increasing HIV, STD, and Hepatitis testing, treatment, education and other care and prevention services. The ROs promote HIV testing, prevention, linkage to care, and retaining people living with HIV in care with the ultimate goal of viral suppression. The Rural Outreach Liaison goals are aligned with the National HIV/AIDS strategy to decrease the transmission of HIV in Iowa and promote and protect the health of Iowans.

**Goal #8** Increase health literacy among Iowans.

Alignment with National Plans

National Action Plan to Improve Health Literacy <https://health.gov/communication/initiatives/health-literacy-action-plan.asp>

CMS Person and Family Engagement Strategy

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Person-and-Family-Engagement.html>

Healthy People 2020, Health Communication and Health Information Technology (HC/HIT) Objective 1

<https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology>

Alignment with State / Other Plans

Iowa State Innovation Model, Statewide Strategy Plans for Person and Family Engagement, Care Coordination and Diabetes

<https://idph.iowa.gov/SIM>

Health Equity & the Social Determinants of Health

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 8-1</b>	By 2019, increase the number of healthcare providers and community-based service providers who use Teach Back with patients and clients by 15%.	2016	TBD	2019	15% increase

Data Source & Location: Composite figures based on hospitals reporting use of Teach Back and attendance figures for providers and services who attend Teach Back trainings; Iowa Healthcare Collaborative self-reported data sources

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
Feb 21, 2018	2017	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
	TBD	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The Iowa Healthcare Collaborative is in the process of determining a new/proper measure to determine and monitor Teach-Back use. An intended measure, a self-reported process measure for hospitals, is no longer a routine reporting measure.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 8, 2019	2018	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
	TBD	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: This objective may be revised because finding a measurement has not been successful.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 2021	2020	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
	TBD	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Recommendation to revise objective. Data is no longer collected for this area, however the Iowa Healthcare Collaborative continues to promote the use of teachback and provides education and training to hospital staff as requested.

Health Equity & the Social Determinants of Health

**Strategy 8-1.1** Increase provider and allied professional education and training focused on patient engagement and activation, including motivational interviewing, Teach Back, and health literacy best practices.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Care Coordination Statewide Strategy

Who's Responsible

Iowa Healthcare Collaborative, Iowa Department of Public Health, and the Care Coordination State Plan Task Force/Work Group

Target Date  
Dec 31, 2020

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Education and training were offered to providers and stakeholders throughout 2020. The content was delivered via virtual webinar series events as well as virtual training and technical assistance. Topics and education were embedded in programmatic offerings across diverse stakeholder network as well as available as part of on-demand requests.

Health Equity & the Social Determinants of Health

**Strategy 8-1.2** Deliver and promote trainings that educate health-care professionals on person-centered communication techniques and shared-decision making strategies, including active listening, Teach Back, and motivational interviewing.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Person and Family Engagement Statewide Strategy

Who's Responsible

Iowa Healthcare Collaborative, Iowa Department of Public Health, and the Iowa Person and Family Engagement State Plan Task Force/Work Group

Target Date  
Dec 31, 2020

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Education and training were offered to providers and stakeholders throughout 2020. The content was delivered via virtual webinar series events as well as virtual training and technical assistance. Topics and education were embedded in programmatic offerings across diverse stakeholder network as well as available as part of on-demand requests.

Health Equity & the Social Determinants of Health

<b>Objective 8-2</b>	Increase the number of Iowans who report they are able to understand health information provided to them by their healthcare provider by 5%.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	84%	2021	89%

Data Source & Location Performance based on the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS). This measure used due to wide availability and public reporting access.

Report Date

March 8, 2019

Year

2018

Value

84%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: This objective needs revision, in view of the change in HCAHP language.



Health Equity & the Social Determinants of Health

**Strategy 8-2.1** Increase awareness and address health literacy, including the use of patient conversation resources such as Teach Back and Ask Me 3.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Care Coordination Statewide Strategy; Iowa Person and Family Engagement Strategy

Who's Responsible

Iowa Healthcare Collaborative, Iowa Department of Public Health, Iowa Care Coordination State Plan Task Force/Work Group, Iowa Person and Family Engagement State Plan Task Force/Work Group

Target Date

Dec 31, 2021

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Health literacy outreach and education were conducted throughout 2020 across diverse stakeholder audiences, focusing on patient-centered conversations and tools, such as Teach Back and Ask Me 3. Education was incorporated as part of major initiatives programming. Statewide strategies progress reporting did not occur in 2020. No updates collected on progress from external stakeholders at this time.

Health Equity & the Social Determinants of Health

**Strategy 8-2.2** As part of best practices, create and maintain policies for patient-centered care practices across team settings, emphasizing inclusive team-based care, shared-decision making, and patient activation strategies.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Care Coordination Statewide Strategy

Who's Responsible

Iowa Healthcare Collaborative, Iowa Department of Public Health, Iowa Care Coordination State Plan Task Force/Work Group, Iowa Person and Family Engagement State Plan Task Force/Work Group

Target Date

Dec 31, 2021

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: There has been active development, dissemination, and honing of policies and protocols for patient-centered care, team-based care, shared decision making and patient activation. Strategies are integrated into major IHC initiatives affecting healthcare providers and patients statewide. Statewide strategies progress reporting did not occur in 2020. No updates collected on progress from external stakeholders at this time.

Health Equity & the Social Determinants of Health

**Goal #9** Reduce the African-American infant mortality rate.

Alignment with National Plans

Healthy People 2020, Maternal Infant and Child Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective 9-1	Reduce the mortality rate for non-Hispanic African-American infants from 8.4 infant deaths per 1,000 live births to 6.0 by 2021.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	8.4	2021	6

Data Source & Location: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER Online Database. <http://wonder.cdc.gov/lbd-current.html>

Report Date  
Mar 15, 2018  
  
Year  
2015  
  
Value  
8.4

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: We have been distributing portable cribs to any woman who reports at time of delivery that they don't have a crib. This started in January 2015 and is still occurring in four counties: Black Hawk, Des Moines, Clinton, and Hamilton. This was done to increase the number of infants who have a safe sleep environment and reduce SIDS deaths.

Report Date  
Mar 19, 2019  
  
Year  
2017  
  
Value  
9.6

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: We have been distributing portable cribs to any woman who reports at time of delivery that she doesn't have a crib. This started in January 2015 in four counties: Black Hawk, Des Moines, Clinton, and Hamilton. This was done to increase the number of infants who have a safe sleep environment and reduce SIDS deaths. The funding ended for this program; we are no longer have funding for the portable cribs.

Our infant mortality rate increased overall in 2016 and 2017 for white and non-Hispanic black infants. Data shows there were more deaths from very low birth weight infants in Iowa and other states as survival rates with good outcomes are now more common in these infants.

Report Date  
Feb 19, 2021  
  
Year  
2019  
  
Value  
10.4

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Iowa's infant mortality rate increased from 9.6-10.4 for Non-Hispanic African American infants since the previous reporting period. Contributing factors may include short gestation and unspecified low birthweight and Sudden Infant Death Syndrome. Rates for these factors are slightly higher for non-Hispanic African American infants than all other races. Efforts have

continued as outlined below, and beginning October 1, 2020, IDPH has increased the focus on safe sleep education. These increased efforts should reduce this rate in future years.

#### Health Equity & the Social Determinants of Health

**Strategy 9-1.1** Increase safe sleep education of new parents through education of child care providers on safe sleep.

Strategy Type  
Individual/interpersonal-focused

##### Strategy Source & Location

Existing program through contracts with Title V Maternal Health Contractors and the Statewide Perinatal Network and Team <http://idph.iowa.gov/family-health/resources>

##### Who's Responsible

Iowa Department of Public Health

##### Target Date

Jan 1, 2021

##### Report Date

Feb 19, 2021

##### Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Iowa SIDS Foundation distributed safe sleep educational resources to 246 providers in 79 counties, five of which were new to the list for the reporting period. The Foundation also provided presentations to a variety of community organizations throughout the state during the reporting period. In addition to the work of the Iowa SIDS Foundation, Iowa's Title V Maternal Health agencies provide safe sleep education to all clients receiving direct care services. Beginning in October 1, 2020, agencies were required to track safe sleep education, as well as to collaborate with community organizations to provide community education on safe sleep practices.

#### Health Equity & the Social Determinants of Health

**Strategy 9-1.2** Prevent unintended pregnancies.

Strategy Type  
Individual/interpersonal-focused

##### Strategy Source & Location

Existing program through contracts with Title V Maternal Health Contractors and the Statewide Perinatal Network and Team <http://idph.iowa.gov/family-health/resources>

##### Who's Responsible

Iowa Department of Public Health

##### Target Date

Jan 1, 2021

##### Report Date

Feb 19, 2021

##### Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Data from the 2019 Barriers to Prenatal Care Survey indicates a small decrease in the percentage of unintended pregnancies from the previous report (28% vs 29%, respectively). Title X Family Planning agencies continue to provide family planning services to Iowa's most vulnerable populations to ensure all Iowans have access to the contraceptive method of their choice. IDPH Title X providers have received training on One Key Question to ensure each client's pregnancy intent is taken into account and appropriate contraceptive and/or preconception counseling are provided.

#### Health Equity & the Social Determinants of Health

**Strategy 9-1.3** Provide education at birthing hospitals on shaken baby syndrome.

Strategy Type  
Individual/interpersonal-focused

##### Strategy Source & Location

Existing Program through contracts with Title V Maternal Health Contractors and the Statewide Perinatal Network and Team <http://idph.iowa.gov/family-health/resources>

##### Who's Responsible

Iowa Department of Public Health

##### Target Date

Jan 1, 2021

Report Date

Mar 17, 2020

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: We participated in Click for Babies Campaign in Iowa, a partnership with knitting shops and knitting clubs. Purple caps were knitted for newborns and distributed to Iowa birthing hospitals in November. A small tag on each hat contained a message to never shake your baby. See National Center on Shaken Baby Syndrome for more information on the Click for Babies campaign.

Health Equity & the Social Determinants of Health

**Goal #10** Continue to provide specialty care to Iowans 200% below poverty level through the Polk County Medical Society (PCMS) Volunteer Physician Network Program.

Alignment with National Plans

Healthy People 2020, Access to Health Services

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 10-1</b>	Through the Volunteer Physician Network of the Polk County Medical Society provide Iowans in need of specialty care referred from the 56 free clinics in Iowa through the funding received from the State of Iowa.	2016	2,400	2021	3,000 per year

Data Source & Location: VPN Program database, Volunteer Physician Network, a program of the Polk County Medical Society, 1520 High Street, Des Moines, IA 50309

Report Date

April 19, 2018

Year

2017

Value

3,685

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The demand for services has increased substantially for Iowans who do not have adequate coverage.

Report Date

April 2, 2019

Year

2018

Value

3,570

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Services continue to be offered.

Report Date

May 6, 2021

Year

2021

Value

4,336

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The number of patients served has increased beyond the target.

Health Equity & the Social Determinants of Health

**Strategy 10-1.1** Navigate patients in need for specialty care through the PCMS Volunteer Physician Network Program.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Polk County Medical Society

Who's Responsible

Polk County Medical Society

Target Date

Jan 1, 2021

Report Date

Apr 26, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Volunteer Physician Network continues to be a service provided to meet the continuing specialty healthcare needs of at risk populations in Iowa through physician volunteering specialty care, surgeries, education and services to referrals from the safety net and Free clinics of Iowa. Physician specialties continue to be recruited annually to cover needs in all medical specialties. A gap in health care still exists for the undocumented and socio-economically impacted communities in accessibility to affordable specialty healthcare coverage and the VPN continues to be THE ONLY ACCESS TO FREE SPECIALTY HEALTHCARE from over 500 Polk County Medical Society Physician Volunteers. Continuation depends on annual funding.

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# FOCUS AREA: Health Equity & the Social Determinants of Health

## Iowa Health Issue: Safe, Affordable Housing

Iowa Counties with Local Strategies

Calhoun, Carroll, Cerro Gordo, Dubuque, Greene, Ida, Linn, Montgomery, Sioux

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Safe, Affordable Housing

**Goal #1** Improve housing and infrastructure for low and moderate-income Iowans

#### Alignment with National Plans

Healthy People 2020, Social Determinants of Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

#### Alignment with State / Other Plans

State of Iowa Consolidated Plan for Housing and Community Development

<https://www.iowaeconomicdevelopment.com/our-agency-detail-resources/6501>

#### Safe, Affordable Housing

Objective 1-1	Improve conditions of owner-occupied housing for low and moderate income individuals by increasing the number of owner-occupied houses that are rehabilitated.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	164	2019	665

Data Source & Location: State of Iowa Consolidated Plan for Housing & Community Development Consolidated Annual Performance Report (CAPER) <https://www.iowaeconomicdevelopment.com/our-agency-detail-resources/6501>

Report Date: Mar 9, 2018  
Year: 2018

Value: 426

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: Awards have been made according to regulations of the US Department of Housing and Urban Development.

Report Date: Mar 26, 2019  
Year: 2019

Value: 530

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: Awards have been made according to regulations of the US Department of Housing and Urban Development.

Report Date: Mar 11, 2021  
Year: 2020

Value: 113

#### Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input checked="" type="checkbox"/> Not met, no trend      |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Awards have been made according to regulations of the US Department of Housing and Urban Development.

Safe, Affordable Housing

**Strategy 1-1.1** Invest a portion (22%) of CDBG funds into owner occupied rehabilitation activities for low and moderate income individuals. Strategy Type  
Demographic/socioeconomic-focused

Strategy Source & Location

State of Iowa Consolidated Plan for Housing and Community Development

Who's Responsible

Iowa Economic Development Authority and communities receiving Community Development Block Grant funds

Target Date

Jan 1, 2019

<u>Report Date</u> Mar 11, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: In 2020, \$6.2 million was allocated for owner occupied housing rehabilitation.

Safe, Affordable Housing

<b>Objective 1-2</b>	Improve water and wastewater systems serving low and moderate income individuals.	Baseline Year 2015	Baseline Value 21,541	Target Year 2019	Target Value 25,000
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Data Source & Location: State of Iowa Consolidated Plan for Housing & Community Development CAPER  
<https://www.iowaeconomicdevelopment.com/our-agency-detail-resources/6501>

<u>Report Date</u> Mar 11, 2021	Year 2020	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input checked="" type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 41,268	

Progress notes: \$13.7 million was awarded to improve water and wastewater systems in 2020.

Safe, Affordable Housing

**Strategy 1-2.1** Invest a portion (33%) of CDBG funds into owner occupied rehabilitation activities for low and moderate income individuals. Strategy Type  
Demographic/socioeconomic-focused

Strategy Source & Location

State of Iowa Consolidated Plan for Housing and Community Development

Who's Responsible

Iowa Economic Development Authority and communities receiving funding

Target Date

Jan 1, 2019

<u>Report Date</u> Mar 11, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes:



# FOCUS AREA: Health Equity & the Social Determinants of Health

## Iowa Health Issue: Income/Poverty

Iowa Counties with Local Strategies

Monona

This community health improvement plan is available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Income/Poverty

**Goal #1** Statewide goals, objectives, and strategies for these issues have not yet been identified.

#### Alignment with National Plans

Healthy People 2020, Social Determinants of Health, Economic Stability  
<https://www.healthypeople.gov/2020/topicsobjectives/topic/social-determinants-of-health>

#### Alignment with State / Other Plans

N/A

#### Income/Poverty

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b>	Statewide goals, objectives, and strategies for these issues have not yet been identified.				

Data Source & Location

#### Income/Poverty

Strategy	Description	Strategy Type
<b>Strategy 1-1.1</b>	Statewide goals, objectives, and strategies for these issues have not yet been identified.	Demographic/socioeconomic-focused

Strategy Source & Location

Who's Responsible

Target Date

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## FOCUS AREA: Life Course

### Iowa Health Issue: Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

#### Iowa Counties with Local Strategies

- Benton (vaccination of 2-year olds)
- Buchanan (asthma among youth, childhood lead testing, adult vaccination, vaccination of 2-year olds)
- Calhoun (chronic disease prevention in all age groups, youth/adult smoking & alcohol use, unintentional injury rates for adults/children, immunization & infectious disease, medical homes)
- Carroll (fall prevention in older adults & those with disabilities)
- Cerro Gordo (aging in place, asthma ages 5-64)
- Clinton (teenage pregnancy)
- Davis (senior care option & teen health),
- Delaware (vaccination of 19-35-month olds, pneumonia vaccination for 65+)
- Des Moines (violence prevention for youth)
- Fayette (resources for parents)
- Floyd (resources for parents)
- Greene (First Five program, low birthweight infants, teen births, access to elderly care, access to affordable child care)
- Hardin (lead screenings for children ages 6 & under)
- Henry (vaccination of 19-35-month olds)
- Howard (family wellness)
- Iowa (immunization rate of 24-month olds)
- Keokuk (home care for elderly, frail residents)
- Marshall (teenage pregnancy)
- Mills (positive parenting)
- Muscatine (early child development teenage births)
- Palo Alto (vaccination of 24-month olds)
- Pottawattamie (teenage pregnancy)
- Ringgold (prenatal care)
- Scott (school wellness policy)
- Taylor (children's immunization and older adults with disabilities)
- Van Buren (elderly services, prenatal care, well baby visits, lead screening for children ages 6 & under, immunization rates of 24-month olds)
- Wayne (preventive services for residents 50 & older)
- Webster (teenage pregnancy, parent education related to reproductive health, children with asthma, physical activity for 15 to 16-year olds, dental education for fifth graders, children with autism)
- Winnebago (physical activity for older adults & those with physical limitations)
- Woodbury (dental screening for kindergartners)
- Worth (supportive in-home services for elders)

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Goal #1** Assure that children have a healthy start.

Alignment with National Plans

Healthy People 2020, Family Planning <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

Alignment with State / Other Plans

N/A

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

Objective 1-1	Reduce the number of pregnancies conceived within 18 months of a previous birth among low-income lowans from 33.4% to 30%.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	33.4%	2021	30%

Data Source & Location | Iowa Department of Public Health, Vital Records special data request.

Report Date | Year  
Feb 20, 2018 | 2016  
Value | 35.7%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The difference between 2013 and 2016 is not statistically significant. IDPH MCH, PREP program and the Family Planning Council of Iowa continue to work on pregnancy spacing education. IDPH is a partner with IME on a postpartum contraception initiative. Training and education has been provided to contractors and maternity care providers. Champions have been identified among OB care providers to train others on the use of immediate postpartum insertion of reversible long-acting contraception. Information is provided in each birth certificate packet received by new families in Iowa about the importance of pregnancy planning and spacing.

Report Date | Year  
Mar 27, 2019 | 2017  
Value | 36%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The difference between 2014 and 2017 is not statistically significant. IDPH MCH, PREP program and the Family Planning Council of Iowa continue to work on pregnancy spacing education. IDPH is a partner with IME on a postpartum contraception initiative. Title X training and education has been provided to contractors and maternity care providers. Information is provided in each birth certificate packet received by new families in Iowa about the importance of pregnancy planning and spacing.

Report Date | Year  
Mar 16, 2020 | 2018  
Value | 35.4%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The difference between the previous years continues not to be statistically significant. Through a network of Title X family providers serves all 99 counties and Maternal and Child

Health (MCH), Women, Infants, and Children (WIC) and Personal Responsibility Education Program (PREP) contractors. Information is provided in each birth certificate packet received by new families in Iowa about the importance of pregnancy planning and spacing.

Report Date  
March 3, 2021

Year  
2019

Value  
35.7%

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Iowa Department of Public Health (IDPH) and the Family Planning Council of Iowa (FPCI) continue to work on pregnancy spacing since it is an important part of the Title X Family Planning Program. Reproductive planning information is provided in each birth certificate packet mailed from IDPH and received by families in Iowa about the importance of pregnancy planning and spacing. All Title X providers (IDPH and FPCI) assess each client's pregnancy intention and provide appropriate counseling based on the client response.

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Strategy 1-1.1** Work with community based partners to educate their staff about the importance of pregnancy spacing and planning so that they, in turn, can educate their clients about the importance of pregnancy intention wherever an individual may access services. Strategy Type  
Community-focused

Strategy Source & Location

Through a network of Title X family planning providers in all 99 counties and Maternal and Child Health (MCH), Women, Infants, and Children (WIC), and Personal Responsibility Education Program (PREP) contractors

Who's Responsible

Iowa Department of Public Health and the Family Planning Council of Iowa; Iowa Department of Public Health MCH, PREP and WIC programs

Target Date

Jan 1, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>			
Mar 16, 2020	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Iowa Department of Public Health and the Family Planning Council of Iowa (FPCI) continue to work and assess pregnancy spacing education. In September 2019, IDPH's Title X contractors were certified in One Key Question®. It was well received and follow-up with clinical providers has been positive. A training was also offered to family planning contractors specific to IUD insertion difficulties (after it has been inserted and trouble shooting). For Maternal Health, the Title V maternal health nurses provided postpartum education to discuss contraception and to make referrals to the Title X family planning agencies and information about the State Family Planning Program.

Through the Personal Responsibility Education Program (PREP), Cerro Gordo County Health Department provided one lesson on Life Plans that included discussion on pregnancy spacing as part of their program implementation. This lesson was provided to four (4) teens. The lesson was scheduled to be presented to an additional two (2) groups of teens, however these two program implementations were not able to meet due to COVID-19 and the resulting shut down of schools and residential facilities.

**Goal #2** Protect child health and water quality through pesticide reduction.

Alignment with National Plans

Healthy People 2020, Environmental Health, Objective 16

<https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>

Alignment with State / Other Plans

N/A

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

<b>Objective 2-1</b>	Increase the number of institutional/public land owners (parks, child care centers, schools, churches, businesses, colleges, health care facilities) committed to pesticide-free lawn management.	Baseline Year 2016	Baseline Value 10	Target Year 2021	Target Value 500
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Data Source & Location | University of Northern Iowa, Center for Energy & Environmental Education

Report Date      Year  
Feb 8, 2018      2017  
  
Value  
245

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Target, baseline, and reported values are in institutional units (schools, child care centers, parks, churches, etc.). Other metrics collected are total children no longer exposed via pledged areas (17,709) and total acres pledged pesticide free in the state (4,782). Institutional pledge count: 33 schools, 29 childcare centers, 154 parks, other institutions 29 [not applicable for reporting, but in support of this objective: over 500 residences]). *Revise the target to 500.*

Report Date      Year  
Feb 12, 2019      2018  
  
Value  
325

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: This year, a total of 80 additional pesticide-free pledges were made to the Good Neighbor campaign including 27 child care centers, 20 parks, 32 institutions, and 1 school (as well as over 300+ new private residents). This has increased the number of children no longer exposed to pesticides in this public areas by 1,439, and total pesticide-free acres by 1,765 (totaling 20,186 children and 5,403 acres respectively).

Report Date      Year  
Mar 13, 2020      2019  
  
Value  
380

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: This year, a total of 55 additional pesticide-free pledges were made to the Good Neighbor campaign totaling our pledges to 65 child care centers, 208 parks, 72 institutions, and 35 schools Objective 2-1).(our total private resident counts are now 1328). This has increased the number of children no longer exposed to pesticides in this public to 20,218, and total pesticide-free acres to 6826.

Report Date  
Feb 24, 2021

Year  
2020  
Value  
388

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: (Due to data synchronization and participant information updating, our numbers will not match previous years.) This year we had 6 new public parks, 1 new childcare center, and 1 new institution pledge to be pesticide-free. This brings our total to 209 parks, 70 childcare centers, 35 schools, and 68 institutions. Total resident counts are now up to 1,289, as of Dec. 31, 2020.

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Strategy 2-1.1** Launch a statewide public education campaign to reduce children's exposure to lawn pesticides, herbicides, insecticides, and fungicides. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

TBD

Who's Responsible

University of Northern Iowa, Center for Energy & Environmental Education

Target Date

Jan 1, 2020

Report Date  
Feb 24, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: In 2020, direct outreach activities reached 137 community members (not including those reached via social media or through the Good Neighbor Iowa website-- which is significant). Due to COVID-19, we were not able to hold any outreach activities, but instead gave 8 community presentations. We partnered with 18 Green Iowa AmeriCorps service members, as well as 17 community members, to launch an outreach network of Local Champions. Through class partnerships with UNI, 30 UNI students were engaged in hands-on learning.

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Goal #3** Address all aspects of transition to adulthood for youth with special health care needs through transition planning.

Alignment with National Plans

Title V National Priority Measure

<http://www.amchp.org/AboutTitleV/Resources/Documents/Crosswalk%20New%20Title%20V%20NPMs-Life%20Course%20Indicators.pdf>

Alignment with State / Other Plans

Iowa Title V CYSHCN Program Goal [https://www.idph.iowa.gov/Portals/1/Files/FamilyHealth/2015\\_state\\_narrative.pdf](https://www.idph.iowa.gov/Portals/1/Files/FamilyHealth/2015_state_narrative.pdf)

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 3-1</b>	By 2020, develop a transition plan for 60% of youth (aged 12-21) with special health care needs seen by a Child Health Specialty Clinics' nurse practitioner or physician.	2015	0	2020	60%

Data Source & Location | Chart reviews (unpublished)

Report Date  
Feb 19, 2018

Year  
2017  
Value  
0

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: CHSC began implementing a transition checklist with all youth 12 and older in May, 2018. Based on the concerns identified from this checklist, more comprehensive assessments may be completed.

Report Date  
Mar 1, 2019

Year  
2018  
Value  
44%

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: CHSC continues to implement a transition checklist with all youth 12 and older. This objective has been revised. After piloting the original transition planning protocol staff discovered a more simplified process was necessary to enable transition to adulthood discussions to take place with youth.

Report Date  
Mar 11, 2020

Year  
2019  
Value  
92%

Progress on Objective			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: We have developed a new protocol and training for developing transition goals with youth and families.

Report Date  
Apr 27, 2021

Year  
2019  
Value  
92%

Progress on Objective			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: 2019 is the last year for which data are available. CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

### Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Strategy 3-1.1** In collaboration with YSHCN and family members, identify culturally appropriate transition tools that align with the six core transition elements recommended by the American Academy of Pediatrics, Got Transition and the Lucile Packard Standards. Strategy Type  
Individual/interpersonal-focused

#### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016.

<https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6>

#### Who's Responsible

Child Health Specialty Clinics, University of Iowa Division of Child and Community Health Transition Workgroup

#### Target Date

Jan 1, 2020

Report Date  
Apr 27, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).



Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

<b>Objective 3-2</b>	Develop an overall state plan to coordinate transition efforts being conducted for YSHCN by various state agencies.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2015	0	2020	1

Data Source & Location: University of Iowa Division of Child and Community Health Transition Workgroup

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Feb 19, 2018	2017	<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	0				

Progress notes: As part of the state plan, the transition workgroup developed the transition checklist and resources that were implemented with all families of children 12 and over who had ARNP office visits.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 1, 2019	2018	<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	0				

Progress notes: An environmental scan looking at current services for youth transitioning to adulthood along with barriers to transition and recommendations to improve transition services was completed. The scan was then presented to the Iowa Coalition on Integrated Employment. Ongoing collaboration toward a overall state plan is still being pursued.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 11, 2020	2019	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	0				

Progress notes: This strategy is on hold.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Apr 27, 2021	2019	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	0				

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

<b>Strategy 3-2.1</b>	Conduct an assessment of current efforts regarding transition to adulthood planning in Iowa for YSHCN.	<u>Strategy Type</u>	Policy-focused
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Strategy Source & Location  
Iowa Title V Maternal and Child Health State Action Plan, 2016.  
<https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6>

<u>Who's Responsible</u>	<u>Target Date</u>
Child Health Specialty Clinics, University of Iowa Division of Child and Community Health Transition Workgroup	Jan. 1, 2020

Report Date

Apr 27, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Goal #4** Increase awareness about Alzheimer's disease and the importance of early detection to increase early detection.

Alignment with National Plans

National Plan to Address Alzheimer's

<https://www.nia.nih.gov/alzheimers/publication/2012-2013-alzheimers-disease-progress-report/national-plan-address-alzheimers>

Alignment with State / Other Plans

Alzheimer's Disease Iowa Taskforce [http://www.alz.org/national/documents/iowa\\_State\\_Plan.pdf](http://www.alz.org/national/documents/iowa_State_Plan.pdf)

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

<b>Objective 4-1</b>	Increase the Medicare Annual Wellness visits which include an assessment of cognitive function.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2015	58,392	2021	116,784

Data Source & Location: CMS tracks the number of Medicare eligible Iowans who have use the Annual Wellness Visit and received a cognitive screen.

Report Date

Mar 9, 2020

Year

2016

Value

70,538\*

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Alzheimer's Association has conducted numerous training sessions with the healthcare community to improve early diagnosis and detection. As a result of work with Broadlawns Medical Center to implement the new billing code by CMS to diagnose dementia and create care plan for those affected. From 2015-2018, we increased physician referrals to the Association by 400%. \*Beginning in Summer 2019, we have noticed a decline in the amount of referrals coming into our offices from all healthcare providers. We have a robust plan in place to rebuild relationships and connect with new providers to increase this number again. We still do not have current data from our home office for CMS report as of March 2020.

Report Date

Mar 2, 2021

Year

2016

Value

70,538\*

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Alzheimer's Association has conducted numerous training sessions with the healthcare community to improve early diagnosis and detection. As a result of work with Broadlawns Medical Center to implement the new billing code by CMS to diagnose dementia and create care plan for those affected. From 2015-2018, we increased physician referrals to the Association by 400%. \*Beginning in Summer 2019, we have noticed a decline in the amount of referrals coming into our offices from all healthcare providers. We have a robust plan in place to rebuild relationships and connect with new providers to increase this number again. We still do not have current data from our home office for CMS report as of March 2021. Since this report, our home office no longer collects this data.

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Strategy 4-1.1** Promote the Medicare annual wellness visit regularly through local programs, support groups, and community events in an effort to increase the number of Iowans receiving the cognitive screening statewide.

Strategy Type  
Community-focused

Strategy Source & Location

Alzheimer's Association website <http://www.alz.org/greateriowa/>

Who's Responsible

Alzheimer's Association

Target Date

Dec 31, 2018

Report Date

Mar 2, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Alzheimer's Association continues to increase the number of constituents it reaches through education, support groups and community events. 2020 numbers show an increase, however the COVID-19 pandemic did slow our progress down March - June. Our data shows that we have supported 7,257 total contacts that year. That number is down 4,060 from 2019.

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

<b>Objective 4-2</b>	Offer "Know the Ten Signs: Early Detection Matters" programs across the state on an annual basis.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	1,027 programs	2021	1,500 programs per year

Data Source: Alzheimer's Disease Facts and Figures report.

& Location: [https://www.alz.org/documents\\_custom/2016-facts-and-figures.pdf](https://www.alz.org/documents_custom/2016-facts-and-figures.pdf)

Report Date

May 16, 2018

Year

2017

Value

1,034

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: These meetings provide education on the basic facts about dementia and Alzheimer's disease, warning signs of dementia, how to mitigate dementia risk, legal and financial planning, how to live well with dementia, how to be an effective caregiver, how to communicate with persons with dementia, how to effectively manage dementia related behavior, safety management, local resources available for support, and the latest on dementia research.

Report Date

Mar 9, 2020

Year

2019

Value

57

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: These meetings provide education on the basic facts about dementia and Alzheimer's disease, warning signs of dementia, how to mitigate dementia risk, legal and financial planning, how to live well with dementia, how to be an effective caregiver, how to communicate with persons with dementia, how to effectively manage dementia related behavior, safety management, local resources available for support, and the latest on dementia research. In 2019, the Association delivered 1,611 programs in total, 57 were knowing the 10 signs specifically. This places us at 255 total Know the 10 Signs delivery since 2015.

Report Date

Mar 2, 2021

Year

2020

Value

297

Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: These meetings provide education on the basic facts about dementia and Alzheimer's disease, warning signs of dementia, how to mitigate dementia risk, legal and financial planning, how to live well with dementia, how to be an effective caregiver, how to communicate with persons with dementia, how to effectively manage dementia related behavior, safety management, local resources available for support, and the latest on dementia research. In 2020, the Association delivered 1,817 programs in total, 42 were knowing the 10 signs specifically reaching 694 people. This places us at 297 total Know the 10 Signs delivery since 2015.

Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle & Older Adulthood

**Strategy 4-2.1** Strategically implement critical educational functions statewide in an effort to raise awareness of the disease and promote early detection in the general public. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Alzheimer's Association website <http://www.alz.org/greateriowa/>

Who's Responsible

Alzheimer's Association

Target Date

Dec 31, 2018

Report Date

Mar 2, 2021

Progress on Strategy

- |                                   |  |                                    |                                      |
|-----------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Complete | <input checked="" type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|-----------------------------------|--|------------------------------------|--------------------------------------|

Progress notes: Service contacts continue to remain fairly steady, with COVID-19 pandemic altering total contacts slightly, with 7,257 total in 2020.

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# FOCUS AREA: Health System Improvement

## Iowa Health Issue: Health System Improvement & Evidence-Based Decision Making

Iowa Counties with Local Strategies

Cerro Gordo, Clay, Clayton, Crawford, Dallas, Davis, Dubuque, Fremont, Greene, Grundy, Hardin, Humboldt, Jackson, Keokuk, Linn, Mitchell, Muscatine, Pocahontas, Ringgold, Sioux, Van Buren, Warren, Wayne, Woodbury

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Health System Improvement & Evidence-Based Decision Making

**Goal #1** Increase person and family engagement in decision making.

#### Alignment with National Plans

Centers for Medicare & Medicaid Services (CMS) Person and Family Engagement Strategy  
<https://blog.cms.gov/2016/12/13/cms-releases-its-person-and-family-engagement-strategy/>

#### Alignment with State / Other Plans

Iowa State Innovation Model, Statewide Strategy Plans, Person and Family Engagement and Care Coordination  
<https://idph.iowa.gov/SIM>

#### Health System Improvement & Evidence-Based Decision Making

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b>	By 2018, increase the number of hospitals that have a Person and Family Advisory Council or patient representation on a patient safety or quality improvement work group, committee, or team.	2015	41.5	2018	50

Data Source & Location: Hospital self-report through Hospital Engagement Network/Hospital Improvement Innovation Network (HIIN) reporting; Iowa Healthcare Collaborative

Report Date	Year	Value	Progress on Objective
Feb 21, 2018	2017	52%	<input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Goal exceeded in 2017; 2018 figures to date indicate a continued, positive trend.

Report Date	Year	Value	Progress on Objective
March 8, 2019	2018	60%	<input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Goal exceeded in 2018.

Report Date	Year	Value	Progress on Objective
March 2021	2020	80%	<input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Goal exceeded in 2020.

Health System Improvement & Evidence-Based Decision Making

**Strategy 1-1.1** Disseminate person and family engagement best practice resources to hospitals through learning communities, web-based events, and communities of practice. **Strategy Type** Professional/provider-focused

Strategy Source & Location

Iowa Healthcare Collaborative HIIN program strategy

Who's Responsible

Iowa Healthcare Collaborative

Target Date

Sep 29, 2018

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Person and Family Engagement best practices and resources continued in 2020.

Health System Improvement & Evidence-Based Decision Making

**Goal #2** Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest (SCA).

Alignment with National Plans

Helmsley Charitable Trust <http://helmsleytrust.org/case-studies/milestone-healthier-hearts-upper-midwest>

Alignment with State / Other Plans

ACS Trauma Consultation Report for Iowa [https://idph.iowa.gov/Portals/1/userfiles/61/iowa%20TSC%20Report%20\\_Final.pdf](https://idph.iowa.gov/Portals/1/userfiles/61/iowa%20TSC%20Report%20_Final.pdf)

Health System Improvement & Evidence-Based Decision Making

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 2-1</b> COMPLETE: Distribute approximately 435 Lucas Assistive Devices for Cardiac Arrest Program (LADCAP) to emergency medical services and critical access hospitals across the state.	2016	109	2019	435

Data Source & Location Iowa Department of Public Health, Bureau of Emergency and Trauma Services records

Report Date

Mar 28, 2018

Year

2017

Value

265

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Continued to provide Lucas devices

Report Date

Apr 26, 2019

Year

2018

Value

485

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: There is no trend due to completion of the full grant. The bureau had excess funding and was able to exceed the goal of 435 Lucas devices to critical access hospital and EMS services in the state of Iowa.

Health System Improvement & Evidence-Based Decision Making

**Strategy 2-1.1** Equip EMS agencies and critical access hospitals with Lucas Device Systems. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Who's Responsible

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date

Dec 31, 2019

<u>Report Date</u> Apr 26, 2019	<u>Progress on Strategy</u> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Lucas device systems were distributed to 65 critical access hospitals, and 420 Lucas device systems were distributed to EMS services in the state of Iowa.

Health System Improvement & Evidence-Based Decision Making

<b>Objective 2-2</b>	COMPLETE: Increase the number of emergency medical providers and hospital personnel who have received train the trainer education on how to efficiently and safely use the Lucas device system.	Baseline Year 2016	Baseline Value 220	Target Year 2019	Target Value 870 REVISED: 778
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Data Source & Location Bureau of Emergency and Trauma Services spreadsheet

<u>Report Date</u> Mar 28, 2018	Year 2017	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 492	

Progress notes: The contractor conducts the training, and department staff assures that the training has been conducted effectively.

<u>Report Date</u> Apr 26, 2019	Year 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input checked="" type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 778	

Progress notes: The initial goal was based on the quantity of Lucas device systems that were estimated to be distributed with two persons per device receiving the Train-the Trainer education. The revised goal was based on the number of EMS services that are receiving Lucas device systems. Some EMS services received multiple devices, but only two persons attended the training for receiving EMS service.

Health System Improvement & Evidence-Based Decision Making

**Strategy 2-2.1** Contract with Physio Control to provide train the trainer education to hospital and EMS staff. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Who's Responsible

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date

Dec 31, 2019



Report Date

Apr 26, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 778 providers received training.

Health System Improvement & Evidence-Based Decision Making

**Objective 2-3**

COMPLETE: Improve data systems to track the Lucas equipment.

Baseline

Year

2016

Baseline

Value

0

No system

Target

Year

2019

Target

Value

system

Data Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Report Date

Mar 28, 2018

Year

2017

Value

1

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Multiple tracking systems are in place to track usage and lives saved.

Report Date

Apr 26, 2019

Year

2018

Value

1

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: This objective was revised to more accurately report on the tracking of user location of Lucas devices, not the use of devices.

Health System Improvement & Evidence-Based Decision Making

**Strategy 2-3.1**

Continue to improve on process to track Lucas device usage.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Who's Responsible

Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date

Dec 31, 2019

Report Date

Apr 26, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Based on the revised objective, this has been completed. Approximately June of 2018, the University of North Dakota ended the monitoring of usage and lives saved. The bureau is able to track "mechanical CPR device" usage, but not grant issued Lucas device specific usage.

Health System Improvement & Evidence-Based Decision Making

**Goal #3** Increase the use of standardized methods to assess the development of young children.

Alignment with National Plans

Title V Maternal and Child Health National Performance Measure #6 <https://mchb.tvisdata.hrsa.gov/>

Alignment with State / Other Plans

Title V State Plan Narrative <http://idph.iowa.gov/family-health>

Health System Improvement & Evidence-Based Decision Making

<b>Objective 3-1</b>	ORIGINAL: Increase the percent of Iowa children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool from 34.3% in 2012 to 40.3% in 2021.	Baseline Year	Baseline Value	Target Year	Target Value
		2012	34.3%	2021	45%
	REVISED: Increase the percent of Iowa children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool from 34.3% in 2012 to 45% in 2021.				

Data Source & Location: National Survey of Children's Health (NSCH), National Performance Measure #6  
<http://childhealthdata.org/browse/survey>

<u>Report Date</u>	<u>Year</u>	<p><b>Progress on Objective</b></p> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Feb 21, 2018	2016	
	Value 34.0%	

Progress notes: Little change since last reported data.

<u>Report Date</u>	<u>Year</u>	<p><b>Progress on Objective</b></p> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 15, 2019	2016-2017	
	Value 34.8%	

Progress notes: Little change since last reported data.

<u>Report Date</u>	<u>Year</u>	<p><b>Progress on Objective</b></p> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 30, 2021	2018-2019	
	Value 43.2%	

Progress notes: Data based on the combined 2018-2019 National Survey of Children's Health. 1st Five Healthy Mental Development Initiative works with providers to increase screening as part of a well-child exam. Title V provides gap filling screening. This objective has been revised based on exceeding the 2021 objective in 2019.

Health System Improvement & Evidence-Based Decision Making

**Strategy 3-1.1** Bureau of Family Health will promote parent and caregiver awareness of developmental screening. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Family Health

<u>Report Date</u> March 29, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: IDPH Continues to work with contracted Title V agencies to promote screening through primary care. This was a selected National Performance Measure through the Title V Block Grant in 2021.

**Health System Improvement & Evidence-Based Decision Making**

**Goal #4** Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocols supporting students returning to the classroom following concussion.

Alignment with National Plans

N/A

Alignment with State / Other Plans

Traumatic Brain Injury State Implementation Partnership Grant

**Health System Improvement & Evidence-Based Decision Making**

<b>Objective 4-1</b>	By 2019, 50% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion.	Baseline Year 2018	Baseline Value 6.27%	Target Year 2019	Target Value 50%
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Data Source & Location: To be developed.

<u>Report Date</u> January 2018	Year 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 6.27%	

Progress notes: In the Fall 2017, 1,165 surveys were sent out to Iowa principals. 124 complete responses were received. Of those, 73 indicated they were "implementing now" a return to learn policy for concussion management. This objective needs to reflect the priorities of the Advisory Council on Brain Injuries and other stakeholders as outlined in the new State Plan on Brain Injuries.

<u>Report Date</u> Mar 19, 2019	Year 2019	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value N/A	

Progress notes: In April 2018, the Iowa legislature passed a revised concussion law requiring schools to develop a return to learn plan for students who have sustained a concussion. The updated law also required adoption of a return to play protocol as written in administrative rules by IDPH and the Iowa High School Athletic Association. Due to this change, the survey has been postponed while the administrative rules were developed and the Iowa Concussion Management Guidelines for Iowa Schools were updated. A survey is planned for spring 2019.

Report Date

Year

Mar 1, 2021

2020

Value

NA

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: Due to the ongoing pandemic in 2020, IDPH did not conduct a survey. However, a 2021 survey using key informant interviews is currently in development in collaboration with Iowa's Injury Prevention Research Center.

Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.1** Annually, conduct a survey for school districts and accredited non-public schools to determine whether or not they have a protocol in place. Strategy Type Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Brain Injury Program

Who's Responsible

Iowa Department of Public Health, Brain Injury Program

Target Date

Jan 1, 2021

Report Date

Mar 4, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: An evaluation using key informant interviews is currently in development and will be conducted in Spring 2021. This evaluation will assess implementation of a process for developing concussion return to learn plans and implementation of Iowa's return to play protocol.

Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.2** By August 2017, concussion management guidelines will be drafted and distributed to all Iowa school districts and accredited non-public schools. Strategy Type Professional/provider-focused

Strategy Source & Location

Guidelines will be modeled off recommendations outlined in the Remove/Reduce, Educate, Adjust/Accommodate Pace (REAP) post-concussion model and from concussion guidelines produced by other states, such as Colorado, Kansas, and New York. <http://biaia.org/ICC/reap-full-publication.pdf>

Who's Responsible

Iowa Department of Public Health, Brain Injury Program and Iowa Department of Education

Target Date

Aug 1, 2017

Report Date

Mar 1, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The [Concussion Management Guidelines for Iowa Schools](#) are currently being updated to realign with the updated concussion law in Iowa and latest best practices.

Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.3** COMPLETE: Develop administrative rules to comply with the legislation. Strategy Type Policy-focused

Strategy Source & Location

Implementation of House File 2442

Who's Responsible

Iowa Department of Public Health, Brain Injury Program and the Iowa High School Athletic Association and Iowa High School Girls Athletic Union

Target Date

Jul 1, 2019

<u>Report Date</u> March 19, 2019	<u>Progress on Strategy</u> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Administrative rules (641.54) were developed and adopted in January 2019.

Health System Improvement & Evidence-Based Decision Making

**Strategy 4-1.4** Through 2021, provide training and technical assistance to school districts and accredited non-public schools wishing to develop and implement concussion management protocols.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Training and technical assistance will be based on REAP manual and the concussion management guidelines, to be developed in strategy 4-1.2 <http://biaia.org/ICC/reap-full-publication.pdf>

Who's Responsible

Iowa Department of Public Health, Brain Injury Program, Iowa Department of Education, and Brain Injury Alliance of Iowa

Target Date

Jan 1, 2021

<u>Report Date</u> Mar 4, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Through our contract partner, the Brain Injury Alliance of Iowa, an annual symposium on concussion is held each summer since 2017 and training and technical assistance is provided as request, through the Concussion Speakers' Bureau.

For the 2020-2021 school year, a statewide subscription to the [GetSchooledOnConcussion.com's Teacher Acute Concussion Tool \(TACT\)](#), a just in time training on making academic adjustments for students' experiencing concussion related symptoms.

Health System Improvement & Evidence-Based Decision Making

**Goal #5** Improve the quality of cause of death data collected on mortality records.

Alignment with National Plans

National Center for Health Statistics <https://www.cdc.gov/nchs/nvss/deaths.htm>

Alignment with State / Other Plans

CDC Technical Grant

Health System Improvement & Evidence-Based Decision Making

<b>Objective 5-1</b>	Improve the quality of death data by decreasing the number of unspecified cancer mortality records as the underlying cause of death (defined as Code 80) within 90 days after submission to the National Center for Health Statistics (NCHS) from 1% to 0.3%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	1.0%	2018	0.3%

Data Source & Location Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.

<u>Report Date</u> Feb 19, 2018	Year 2017	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value TBD	

Progress notes: The National Center for Health Statistics (NCHS) will provide current values at the end of the 2017 reporting period. Data will be available 5/10/18.

Report Date  
April 18, 2019

Year  
2018

Value  
0.6%

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: Training module was completed and users have accessed the module. Number of unspecified ICD codes has decreased slightly since implement of the training module. Project is completed.

Health System Improvement & Evidence-Based Decision Making

**Strategy 5-1.1** Create an online training module related to cancer mortality.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 22, 2019

Progress on Strategy

<input checked="" type="checkbox"/>	Complete	<input type="checkbox"/>	On track	<input type="checkbox"/>	Off track	<input type="checkbox"/>	No progress
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Progress notes: Training has been completed and implemented.

Health System Improvement & Evidence-Based Decision Making

**Objective 5-2** Increase the quality of death records by decreasing unspecified drug mortality records so that there are no more than 5% of the mortality records with a drug poisoning death containing only the code of T50.9 (i.e., T50.9 is defined as other and unspecified drugs) within 150 days after submission to NCHS.

Baseline Year	Baseline Value	Target Year	Target Value
2015	5.825%	2018	5%

Data Source & Location Iowa Department of Public Health, Bureau of Health Statistics. Iowa Vital Events System.

Report Date  
Feb 19, 2018

Year  
2017

Value  
TBD

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input checked="" type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: NCHS will provide current values at the end of the 2017 reporting period. Data will be available 5/10/18.

Report Date  
Feb. 22, 2019

Year  
2018

Value  
1.4%

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: This objective has been achieved.

Health System Improvement & Evidence-Based Decision Making

**Strategy 5-2.1** Create an online training module related to drug mortality records.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 22, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The on-line training module has been completed.

Health System Improvement & Evidence-Based Decision Making

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 5-3</b>	Increase the quality of mortality records so that no more than 0.3% of the mortality records containing an ill-defined cause of death (i.e., ill-defined causes of death are defined as those records containing an underlying cause code of R00-R94 or R96-R99 AND neither the manner nor the cause of death code is pending) within 90 days after submission to NCHS.	2015	0.91%	2018	0.3%

Data Source & Location: Iowa Department of Public Health, Bureau of Health Statistics

Report Date

May 7, 2018

Year

2017

Value

TBD

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Data will be available on 5/10/18.

Report Date

Feb 22, 2019

Year

2018

Value

TBD

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Ill-defined cause reporting is decreasing

Health System Improvement & Evidence-Based Decision Making

**Strategy 5-3.1** Create an online training module on death records for death certifiers.

Strategy Type

Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 19, 2018

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The bureau is working on the final review of the on-line tracking module.



Health System Improvement & Evidence-Based Decision Making

**Goal #6** Assure equitable public health services across the state.

Alignment with National Plans

Public Health National Center for Innovation at the Public Health Accreditation Board <http://www.phaboard.org/>

Alignment with State / Other Plans

N/A

Health System Improvement & Evidence-Based Decision Making

<b>Objective 6-1</b>	Increase the percentage of Iowa's population provided with the foundational public health services by the governmental public system.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2017	Unknown	2021	TBD

Data Source & Location: To be developed. Data will be collected by the Public Health Advisory Council.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 2018	2018	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	Unknown				

Progress notes: The Public Health Advisory Council has appointed a subcommittee to lead efforts on data collection.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 2019	2019	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	Unknown				

Progress notes: The Public Health Advisory Council is in the process of developing a survey that could be conducted on a regular basis to provide this information.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 2020	2020	<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	Unknown				

Progress notes: The Public Health Advisory Council was rescinded by the Iowa Legislature effective July 1, 2019. The survey developed will be fielded by the Iowa Department of Public Health's Bureau of Public Health Performance in 2020.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 2021	2021	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	Unknown				

Progress notes: Survey was completed in 2020. Analysis will be completed in 2021.

Health System Improvement & Evidence-Based Decision Making

**Strategy 6-1.1** Using the foundational public health services model, develop a description of baseline public health services provided by the governmental public health system.

Strategy Type  
Policy-focused

Strategy Source & Location

Public Health Advisory Council. The plan is not formalized at this time.

Who's Responsible

Public Health Advisory Council

Target Date

Mar 1, 2019

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Core foundational public health services have been identified.

Health System Improvement & Evidence-Based Decision Making

**Strategy 6-1.2** Determine the percentage of Iowa's population that are provided with the foundational public health services by the governmental public health system.

Strategy Type  
Policy-focused

Strategy Source & Location

Public Health Advisory Council. The plan is not formalized at this time.

Who's Responsible

Public Health Advisory Council

Target Date

Mar 1, 2019

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Data is available through survey, results have not yet been released.

Health System Improvement & Evidence-Based Decision Making

**Goal #7** Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.

Alignment with National Plans

Public Health Informatics Institute. *Building an Informatics Savvy Health Department* <http://www.phii.org/infosavvy>

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

<b>Objective 7-1</b>	Improve the cycle time from request to data sharing for Iowa Department of Public Health Data Sharing Agreements (DSAs) and Research Agreements (RAs).	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	54 days	2018	30 days

Data Source & Location Iowa Department of Public Health, Data Management Program

Report Date

Feb 9, 2018

Year

2017

Value

58.25 days

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: There are a small number of outlier agreements that are raising the average number of days. Data Management feels that current delays are outside of IDPH control.

Report Date  
Mar 26, 2019

Year  
2018  
  
Value  
74

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to changes in processes, and increased volume of data requests, agreements are now taking longer to complete.

Report Date  
Feb 19, 2021

Year  
2020  
  
Value  
63

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes:

Health System Improvement & Evidence-Based Decision Making

**Strategy 7-1.1** Conduct a quality improvement project to review the data sharing process and identify areas for improvement.

Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2017

Report Date  
March 26, 2019

<u>Progress on Strategy</u>			
<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Quality improvement activities have been completed.

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Health System Improvement & Evidence-Based Decision Making

**Goal #8** Increase the number of Data Sharing Agreements (DSAs) to ensure that data are being provided to internal and external Iowa Department of Public Health stakeholders to promote evidence-based decisions.

Alignment with National Plans

Public Health Informatics Institute. *Building an Informatics Savvy Health Department* <http://www.phii.org/infosavvy>

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

<b>Objective 8-1</b>	Increase the number of new DSAs by 10 per year.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	76	2020	116

Data Source & Location: Iowa Department of Public Health, Data Management Program

Report Date: Feb 9, 2018  
 Year: 2017  
 Value: 93

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Data sharing agreements have been centralized within the data management program, and we have seen growth in both programs ensuring that data are being shared appropriately, and the need for evidence-based decision-making. Both of these factors have led to the increases we see in number of DSAs being executed annually.

Report Date: Mar 26, 2019  
 Year: 2018  
 Value: 118

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: There were 26 new data data sharing agreements executed in 2018, and one expired without renewal, bringing the total number of data sharing agreements to 118.

Report Date: Feb 19, 2021  
 Year: 2020  
 Value: 152

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes:

Health System Improvement & Evidence-Based Decision Making

**Strategy 8-1.1** Educate Iowa Department of Public Health staff on the need for DSAs for data sharing through trainings and bureau meeting presentations.

Strategy Type: Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

Report Date

Mar 26, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The data management program continues to educate staff on these issues.

Health System Improvement & Evidence-Based Decision Making

**Strategy 8-1.2** Conduct outreach with public health stakeholders in the state, including local public health, researchers, and state-level organizations to promote the use of Iowa Department of Public Health data.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

Report Date

March 26, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: IDPH continues to work with Early Childhood Iowa Integrated Data System project and formalize the use and governance of IDPH data across executive branch agencies. We have also worked with data requesters, including researchers, and local public health agencies, to educate them about IDPH data and its governance.

Health System Improvement & Evidence-Based Decision Making

**Goal #9** Integrate services for Children and Youth with Special Health Care Needs (CYSHCN).

Alignment with National Plans

Title V State Priority Measure

Alignment with State / Other Plans

Iowa Title V CYSHCN Program Goal

Health System Improvement & Evidence-Based Decision Making

<b>Objective 9-1</b>	By 2020, increase the percent of families of CYSHCN who report being very satisfied with communication with and between their health providers and other programs.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	44%	2020	49%

Data Source & Location: National Survey of Children's Health, Question: Satisfaction with communication among child's doctor and other health care providers. <http://www.childhealthdata.org/browse/survey>

Report Date

Apr 17, 2018

Year

2016

Value

67.8%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Based on findings from the Data Resource Center for Child & Adolescent Health, 67.8% of families of CYSHCN were very satisfied and 29.5% were somewhat satisfied with communication among the child's doctors and other health care providers.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 1, 2019	2016	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	67.8%	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Based on findings from the Data Resource Center for Child & Adolescent Health, 67.8% of families of CYSHCN were very satisfied and 29.5% were somewhat satisfied with communication among the child's doctors and other health care providers in 2016. 2018 data is not yet available.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 11, 2020	2017-18	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	94.8%	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Based on 2017-2018 findings from the Data Resource Center for Child & Adolescent Health, 94.8% of families of CYSHCN were very satisfied or somewhat satisfied with communication among their child's doctors and other health care providers.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Apr 27, 2021	2017-18	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	94.8%	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: 2018 is the last year for which data are available. CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

### Health System Improvement & Evidence-Based Decision Making

**Strategy 9-1.1** Develop and implement protocols for the utilization of a Shared Plan of Care to improve coordination of care for children and youth with special health care needs. Strategy Type  
Professional/provider-focused

Strategy Source & Location  
Iowa Title V Maternal and Child Health State Action Plan, 2016.  
<https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6>

Who's Responsible Target Date  
Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Team Jan 1, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>			
Apr 27, 2021	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

### Health System Improvement & Evidence-Based Decision Making

<b>Objective 9-2</b>	By 2020, increase the percentage of CYSHCN who report receiving services in a well-functioning system.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	23.5%	2020	33%

Data Source & Location National Survey of Children's Health  
<https://www.childhealthdata.org/browse/survey/results?q=4563&r=17>

Report Date

Year

Mar 1, 2019

2018

Value

Not available

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes: The original National Survey of Children's Health measure has been discontinued. This objective has been revised. The new baseline value is for year 2016 because this is the first year that comparative data is available.

Report Date

Year

Mar 11, 2020

2017-18

Value

24.1%

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes: Data are from the 2017-2018 National Survey of Children's Health.

Report Date

Year

Apr 27, 2021

2017-18

Value

24.1%

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes: 2018 is the last year for which data are available. CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Health System Improvement & Evidence-Based Decision Making

**Strategy 9-2.1**

Collaborate with Division of Child and Community Health to support increased use of telemedicine, consultative models, and other electronic communications to enhance access to pediatric specialty care and ancillary services for CYSHCN particularly for children living in rural Iowa.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016.

<https://mchbtvis.hrsa.gov/Print/StateActionPlanTable/556e4c7f-a47f-4a72-938c-3e24b58034d6>

Who's Responsible

Child Health Specialty Clinics, Division of Child and Community Health Integration Strategy Workgroup

Target Date

Jan 1, 2020

Report Date

Apr 27, 2021

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: In 2020, the Division continued to facilitate telehealth visits. CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Health System Improvement & Evidence-Based Decision Making

**Goal #10** Expand the impact of the Iowa Public Health Tracking Portal in evidence-based decision-making.

Alignment with National Plans

[Centers for Disease Control and Prevention \(CDC\) National Environmental Public Health Tracking Network https://ephracking.cdc.gov](https://ephracking.cdc.gov)

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

<b>Objective 10-1</b>	Increase the number of hits on the Iowa Public Health Tracking Portal pages by 10% per year.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	24,465	2020	30,000

Data Source & Location | Piwik Web Analytics - annual report, page views sum for PHT and PHT\_Secure

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
Feb 9, 2018	2017	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	24,465				

Progress notes: There were 24,465 unique page views of the tracking portal in 2017.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
Feb 10, 2021	2019	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	31,053				

Progress notes: From 8/31/19 to 7/31/20 total sessions were 31,053, and total visitors were 26,376.

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-1.1** Conduct outreach and promotion of the tracking portal among Iowa Department of Public Health staff members and external public health stakeholders in Iowa. **Strategy Type** Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Environmental Public Health Tracking Communication Plan

Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Feb 1, 2019

<u>Report Date</u>	<b>Progress on Strategy</b>			
Feb 10, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Outreach was conducted with listserve members to promote newly published dashboards.

Health System Improvement & Evidence-Based Decision Making

<b>Objective 10-2</b>	Increase the number of data sets on the Iowa Public Health Tracking Portal by one data set per year.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	14	2020	18



Data Source & Location Iowa Department of Public Health, Data Management Program

Report Date

Year

Feb 9, 2018

2017

Value

15

Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: BRFSS data were added to the portal.

Report Date

Year

Mar 15, 2019

2018

Value

20

Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: The Iowa Public Health Portal was relaunched in May 2018, using a Tableau platform. This has allowed us to more easily add data to the portal. New data sets are Iowa Disease Surveillance System (IDSS), Iowa Immunization Registry, STD Laboratory Reporting, CMS 416, and American Communities Survey.

Report Date

Year

Feb 10, 2021

2019

Value

21

Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: A total of 21 dashboards were published to the portal in 2019, with 15 brand new dashboard topics/measures and two new datasets (Obesity, Hep C) added to the server.

Report Date

Year

Feb 10, 2021

2020

Value

41

Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: A total of 41 dashboards were published, with 38 new dashboard topics/measures published to the portal in 2020. Some dashboards were combined into one dashboard as user selectable filter. A new prescription monitoring dataset was added to the server.

Health System Improvement & Evidence-Based Decision Making

Strategy 10-2.1

Use the Data Needs Assessment conducted by the University of Iowa in 2016-17 to determine key data sets to include on the Iowa Public Health Tracking Portal.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Oct 31, 2017

Report Date

Feb 26, 2021

Progress on Strategy

- |                                   |  |                                    |                                      |
|-----------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Complete | <input checked="" type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|-----------------------------------|--|------------------------------------|--------------------------------------|

Progress notes: The U of I assessment is ongoing, and has identified additional subgroup breakouts as most wanted data: county, race, ethnicity, age, income, education, housing status, health equity measures. Recent dashboards include some of these

breakouts when available. However, not all datasets allow these breakouts due to insufficient or nonexistent data. Providing aggregated data that includes multiple topics is being considered. Also being considered is overall usability and understandability of the portal for local public health users. Additional infrastructure support is being considered (the last major infrastructure change was incorporating Tableau as the data hosting and dashboard visualization platform).

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-2.2** COMPLETE: Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations. Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

Health System Improvement & Evidence-Based Decision Making

<b>Objective 10-3</b>	Increase the number of programs that have data on the tracking portal by one per year, using existing portal data sets.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	6	2020	10

Data Source & Location Iowa Department of Public Health, Data Management Program

Report Date Year  
Feb 9, 2018 2017  
  
Value  
8

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The BRFSS program and Vital Records have new data on the portal.

Report Date Year  
Mar 15, 2019 2018  
  
Value  
11

Progress on Objective

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: New program data include substance abuse, diabetes, STDs, and injuries.

Report Date Year  
Feb 26, 2021 2019  
  
Value  
15

Progress on Objective

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: A total of 15 new dashboard topics/measures were published in 2019, with 2 new programs added to the portal in 2019 (Obesity, Hep C).

Report Date Year  
Feb 10, 2021 2020  
  
Value  
38

Progress on Objective

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: A total of 38 new dashboard topics/measures were published in 2020, with 1 new program introduced (Board of Pharmacy).

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-3.1** Use the data needs assessment and other department strategy plans to identify key programs to engage with the tracking portal. Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2018

Report Date

Feb 10, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The new platform Tableau is now an integral part of the tracking portal, as all new dynamic dashboards are created with it. The department at large is using Tableau in their own programs apart from the tracking portal: the infectious disease program uses it for weekly meetings and status reports, the vital records and health statistics bureau uses it for their dashboards and reports, the substance abuse bureau uses it for their reports. Monthly live Tableau workshops are available to all department staff, sometimes 3 times per month.

Health System Improvement & Evidence-Based Decision Making

**Strategy 10-3.2** COMPLETE: Develop Business Requirements with key program staff to define how data are presented and work with Iowa Department of Public Health, Information Management to develop data visualizations. Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

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**Goal #11** Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

Alignment with National Plans

National Strategy for Combating Antibiotic Resistant Bacteria

[https://www.whitehouse.gov/sites/default/files/docs/carb\\_national\\_strategy.pdf](https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf)

CDC Antibiotic Resistance Lab Network <https://www.cdc.gov/drugresistance/solutions-initiative/ar-lab-networks.html>

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement - Antimicrobial-resistant bacteria

<https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html>

Alignment with State / Other Plans

Iowa Antibiotic Resistance Task Force <http://idph.iowa.gov/antibiotic-resistance/iartf>

Health System Improvement & Evidence-Based Decision Making

<b>Objective 11-1</b>	Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	0	2020	1

Data Source & Location: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Report Date: April 18, 2018  
Year: 2017  
Value: 1\*

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: \*Groundwork has been laid to advance laboratory testing capabilities for detecting and confirming novel anti-microbial resistance mechanisms. This effort is currently sustained through CDC funding in support of the National Action Plan for Combating Antibiotic-resistant Bacteria. As funding permits, SHL will continue to perform this service. With the establishment of these testing capabilities, this meets the target value of 1 testing program.

Report Date: Feb 21, 2019  
Year: 2018  
Value: 1

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: SHL worked with the IDPH HAI coordinator to provide training and educational materials to clinical labs throughout the state, providing updates on organism identification and submission. This increased the number of isolates submitted for testing approximately 33% from 2017 to 2018 with more participating facilities.

Report Date: Mar 5, 2020  
Year: 2019  
Value: 1

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: SHL continued working with the IDPH HAI/AR staff to provide training and educational materials to clinical labs throughout the state, providing updates on organism identification and submission. The number of isolates submitted for testing increased approximately 50% from 2018 to 2019 with more participating facilities.

Report Date  
Mar 22, 2021

Year  
2020  
Value  
1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Despite a world-wide pandemic, SHL continued to perform testing and worked with IDPH HAI/AR staff to provide training and educational materials to clinical labs throughout the state. SHL had a dedicated ARLN fellow up until the pandemic began and then that individual was tasked with COVID testing support. Nearly double the number of specimens were submitted in 2020 compared to 2019.

### Health System Improvement & Evidence-Based Decision Making

**Strategy 11-1.1** Train and educate State Hygienic Laboratory (SHL) and in-state laboratorians to identify and submit those organisms that the CDC designated as urgent and serious threats (e.g., multi drug resistant organisms). Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

#### Who's Responsible

State Hygienic Laboratory (SHL) Microbiology staff, ILRN and Lab Benchmarking Google Group

#### Target Date

Jan 1, 2019

Report Date

Mar 22, 2021

#### Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: SHL was matched with an ARLN fellow that was able to work more closely with IDPH HAI staff as well as the Minnesota Department of Health State Lab (our regional ARLN facility). Despite being pulled to support COVID testing, this individual made great strides working with our sequencing and bioinformatics staff to identify a potential transfer of a *Klebsiella pneumoniae* carbapenemase carrying plasmid between *Klebsiella pneumoniae* ST307 and *Escherichia coli* in a single patient which was presented as a poster at the 2020 APHL annual meeting. Sequencing was performed on numerous isolates to identify this transfer. There was a tremendous increase in specimens received and SHL has now received SHL was matched with an ARLN fellow that was able to work more closely with IDPH HAI staff as well as the Minnesota Department of Health State Lab (our regional ARLN facility). Despite being pulled to support COVID testing, this individual made great strides working with our sequencing and bioinformatics staff to identify a potential transfer of a *Klebsiella pneumoniae* carbapenemase carrying plasmid between *Klebsiella pneumoniae* ST307 and *Escherichia coli* in a single patient which was presented as a poster at the 2020 APHL annual meeting. Sequencing was performed on numerous isolates to identify this transfer. There was a tremendous increase in specimens received and SHL has now received specimens from 85 different counties. SHL continues to advise submitting facilities regarding isolate identification and submission of suspected antimicrobial resistant organisms.

### Health System Improvement & Evidence-Based Decision Making

**Strategy 11-1.2** Increase SHL laboratory capacity to perform routine confirmatory CLIA-compliant antibiotic susceptibility testing. Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

#### Who's Responsible

State Hygienic Laboratory Microbiology staff

#### Target Date

Jan. 1, 2019

Report Date

Mar 22, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: SHL increased testing capabilities with the identification of the highly resistant fungus, *Candida auris*, and tested more isolates submitted from throughout the state.

Health System Improvement & Evidence-Based Decision Making

**Strategy 11-1.3** Increase laboratory capacity to perform carbapenem-resistance mechanism testing for the most common and important resistance mechanisms as recommended and updated annually by CDC.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23; K6 State CRE Laboratory Capacity [https://www.cdc.gov/drugresistance/biggest\\_threats.html](https://www.cdc.gov/drugresistance/biggest_threats.html)

Who's Responsible

State Hygienic Laboratory Microbiology staff

Target Date

Jan. 1, 2019

Report Date

Mar 22, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Our ARLN fellow validated new testing methods, including a screening test to identify CREs from surveillance specimens. Additionally, she helped identify a transfer of a resistance mechanism from one organism to another in the same patient. A poster was presented at APHL - see above Strategy 11-1.1.

Health System Improvement & Evidence-Based Decision Making

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 11-2</b>	Improve laboratory coordination and outreach/information flow for antimicrobial resistance monitoring throughout Iowa.	2016	0	2020	1

Improved outreach/information flow

Data Source & Location: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Report Date

April 20, 2018

Year

2017

Value

1\*

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: \*SHL is coordinating efforts with IDPH's initiative to reduce healthcare-associated infections (HAIs), specifically for carbapenemase resistant enterobacteriaceae (CRE) isolates submitted from healthcare facilities across the state. CREs became temporarily designated reportable diseases so that any suspected isolates are sent to SHL for identification and confirmation. In 2017, SHL tested over 200 isolates, confirming several CREs and supported IDPH's efforts to control two major outbreaks by performing point prevalence surveillance testing of potentially affected patients. This is a flourishing project with IDPH that appears to have met the target value for improving monitoring throughout the state.

Report Date

Feb 21, 2019

Year

2018

Value

1

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: SHL continued efforts with the IDPH HAI coordinator and advised submitting facilities on detection and testing methods. Information was regularly distributed amongst the laboratory community through our benchmarking list server. Using IDPH's Tableau function, a graphical map of confirmed CREs by type is now available on their webpage: <https://idph.iowa.gov/hai-prevention/stewardship>.

Report Date  
Mar 5, 2020

Year  
2019

Value  
1

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: SHL worked with IDPH as a member of the Healthcare Associated Infection & Antibiotic Resistance Advisory Group to provide information and training on detection and testing methods. Information was regularly distributed amongst the laboratory community through our benchmarking list server as well as through infection prevention and control channels. Using IDPH's Tableau function, a graphical map of confirmed CREs by type is now available on their webpage: <https://idph.iowa.gov/hai-prevention/stewardship>.

Report Date  
Mar 22, 2021

Year  
2020

Value  
1

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: SHL continued to support the IDPH HAI team with suspected outbreaks. Information was regularly distributed amongst the laboratory community through our benchmarking list server as well as through infection prevention and control channels.

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 11-2.1** Coordinate connections between epidemiology and laboratory functions at state, city, county, and local levels. Develop testing and communication protocols, reporting process, and IT infrastructure to ensure timely testing and reporting of results to submitting facilities, state prevention epidemiologists, jurisdictional public health laboratories, and regional prevention partners.

Strategy Type  
Community-focused

#### Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

#### Who's Responsible

Iowa Department of Public Health, Center for Acute Disease Epidemiology (CADE) staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

#### Target Date

Jan. 1, 2020

Report Date  
Mar 22, 2021

Progress on Strategy			
<input type="checkbox"/>	Complete	<input checked="" type="checkbox"/>	On track
<input type="checkbox"/>	Off track	<input type="checkbox"/>	No progress

Progress notes: SHL and IDPH presented webinars and developed information for clinical labs throughout the state, providing updates on organism identification and submission. SHL performs full susceptibility test results from the submitting facilities and tracks these profiles to share with IDPH. SHL also performed whole genome sequencing on certain isolates identified by IDPH in support of outbreaks.

#### Health System Improvement & Evidence-Based Decision Making

**Strategy 11-2.2** Utilize connections with the state HAI/AR prevention programs to improve outbreak response capacity for carbapenemase-producing *Enterobacteriaceae*.

Strategy Type  
Community-focused

Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Who's Responsible

Iowa Department of Public Health CADE staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

Target Date

Jan. 1, 2020

Report Date

Mar 22, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: SHL continued to support IDPH HAI staff with outbreak investigations, performing whole genome sequencing on specific isolates to determine relatedness between strains.

Health System Improvement & Evidence-Based Decision Making

**Strategy 11-2.3** Coordinate connections with hospitals in the state to receive isolates in a timely manner.

Strategy Type

Community-focused

Strategy Source & Location

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Grant, Iowa Department of Public Health Contract #5887EL23

Who's Responsible

Iowa Department of Public Health CADE staff, SHL Microbiology staff, ILRN and Lab Benchmarking Google Groups

Target Date

Jan. 1, 2020

Report Date

Mar 22, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: SHL worked with IDPH HAI staff on point prevalence studies and screening for *Candida auris*. Test kits were supplied by MDH and specimens were transferred there for further studies.

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**Goal #12** Increase the laboratory workforce in Iowa to meet future demands.

Alignment with National Plans

Healthy People 2020, Access to Quality Health Services and Support

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

American Society for Clinical Pathology (ASCP). *Building a Laboratory Workforce to Meet the Future*

<https://www.ascp.org/content/docs/default-source/pdf/advocacy/c8d427b2-aa0b-43b9-8b00-743af471a27a.pdf?sfvrsn=2>

Alignment with State / Other Plans

Kirkwood Community College Plan

Health System Improvement & Evidence-Based Decision Making

<b>Objective 12-1</b> Increase the total number of available training programs in Iowa.	Baseline Year	Baseline Value	Target Year	Target Value
	2017	9	2020	10

**Data Source & Location:** National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredited and approved program listing. In Iowa there are currently 4 medical laboratory technician (MLT) programs that offer a 2 year training course culminating in an AS and national certification. There are 5 medical laboratory scientist (MLS) programs that can be completed either as a 1 year post-baccalaureate program or a 3 + 1 year BS program.  
<http://www.naacls.org/Find-a-Program.aspx>

Report Date      Year  
 Apr 16, 2018      2017  
 Value  
 9

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** SHL has been working with Kirkwood Community College (KCC) to establish a new medical Laboratory Technician (MLT) program. KCC applied for and received approval to develop a program and the first class will be enrolling students in the 2018 Fall semester. With the addition of a new program, this should meet the target value of 10 training programs.

Report Date      Year  
 Feb 21, 2019      2018  
 Value  
 10

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** The program was approved and the first class began training in the 2018 Fall Semester with 9 students. Kirkwood is working with local facilities to serve as training partners for student practicum experiences. SHL plans to provide on-site microbiology lab training in 2019.

Report Date      Year  
 Mar 5, 2020      2019  
 Value  
 10

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** Seven students completed their formal MLT training and were scheduling clinical rotations in order to qualify to sit for their board examination. Kirkwood Community College is working towards becoming fully accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

Report Date  
Mar 22, 2021

Year  
2020  
Value  
10

<u>Progress on Objective</u>	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: More students completed formal training and several are now working as certified MLTs in facilities within the region. Kirkwood Community College is working towards becoming fully accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS).

Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.1** Utilize educational and technical expertise from SHL staff to develop adjunct instructors and increase professional development. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Develop training and case based scenarios for the HS science academy students. Develop staff educational training.

Who's Responsible  
State Hygienic Laboratory

Target Date  
Jan. 1, 2019

<u>Report Date</u>	<u>Progress on Strategy</u>
Mar 22, 2021	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: SHL staff continued to support MLT training, but due to the COVID pandemic, SHL's training lab was converted into a testing lab. Thus, all instruction and lab trainings were completed at Kirkwood's Coralville campus instead.

Health System Improvement & Evidence-Based Decision Making

**Strategy 12-1.2** Establish a new medical laboratory technician (MLT) program at Kirkwood Community College. Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible  
State Hygienic Laboratory

Target Date  
Jan 1, 2019

<u>Report Date</u>	<u>Progress on Strategy</u>
Mar 22, 2021	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The second group of students completed their formal coursework and are going through clinical rotations in preparation to take their board certification exams. There are now more board certified MLTs in the workforce.

# FOCUS AREA: Health System Improvement

## Iowa Health Issue: Transportation

Iowa Counties with Local Strategies

Dallas, Davis, Delaware, Greene, Henry, Humboldt, Iowa, Lee, Linn, Lucas, Mills, Pocahontas, Pottawattamie, Poweshiek, Sioux, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Transportation

**Goal #1** Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

#### Alignment with National Plans

National Prevention Council Action Plan

<https://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-safe-environments.pdf>

#### Alignment with State / Other Plans

Transportation Coordination in Iowa

<http://publications.iowa.gov/23108/1/2016%20Transportation%20Coordination%20in%20Iowa.pdf>

#### Transportation

Objective 1-1	Through regional transportation planning agencies and public transit agencies, identify projects for persons needing access to public transit for health prevention and medical-related services.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	TBD	2021	5

Data Source & Location: Iowa Department of Transportation, to be developed.

Report Date  
Mar 12, 2018

Year  
2017

Value  
0

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: This relies on the local public transit agencies being approached by the local departments of public health to assist in addressing local transportation issues. This funding source is available to any public transit system (if funds are available) coordinating with human service agencies, social service agencies, other governmental agencies, etc. at any time.

Report Date  
Mar 21, 2019

Year  
2018

Value  
0

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In June 2018, the Iowa Department of Public Health presented to the Iowa Public Transit Association to educate transit agencies on the Community Health Needs Assessment process and about the number of counties listing transportation as a barrier to persons accessing healthcare services. The Iowa Transportation Coordination Council (ITCC), in February 2019, also requested from IDPH a comprehensive list of public health programs providing funding

for or otherwise identifying transportation in their work. The state transit assistance special project fund source continues to be available to public transit agencies for this type of project.

Report Date  
Mar 10, 2021

Year  
2020

Value  
0

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input checked="" type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: The administrative rules for this grant program are being revised and during that process, no applications have been accepted. The Iowa DOT expects to have a new grant application form created by late summer with a deadline for applications of October 1 annually. Public health agencies are welcome to approach their local public transit agencies with service needs and project ideas at any time.

Transportation

**Strategy 1-1.1** Encourage local public health agencies to work with regional planning agencies and the public transit agencies in identifying projects related to accessing health-related services.

Strategy Type  
Community-focused

Strategy Source & Location

Iowa Department of Transportation

Who's Responsible

Iowa Transportation Coordination Council and the Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date  
Mar 10, 2021

Progress on Strategy			
<input type="checkbox"/>	Complete	<input checked="" type="checkbox"/>	On track
<input type="checkbox"/>	Off track	<input type="checkbox"/>	No progress

Progress notes: Iowa's public transit agencies are always willing to work with their local public health departments. Minimal work occurred in the last year due to pandemic limiting public transit services and overwhelming local public health workloads.

Transportation

**Strategy 1-1.2** Update and promote the Health Care and Public Transit publication.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Transportation

Who's Responsible

Iowa Department of Public Health, Iowa Department of Transportation Office of Public Transit, the state-wide mobility manager, and the Iowa Transportation Coordination Council.

Target Date

Jan 1, 2020

Report Date  
Mar 10, 2021

Progress on Strategy			
<input type="checkbox"/>	Complete	<input type="checkbox"/>	On track
<input type="checkbox"/>	Off track	<input checked="" type="checkbox"/>	No progress

Progress notes:

# FOCUS AREA: Health System Improvement

## Iowa Health Issue: Insurance Affordability & Coverage

Iowa Counties with Local Strategies

Calhoun, Louisa, Poweshiek, Ringgold, Scott, Sioux

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Insurance Affordability & Coverage

**Goal #1** Reduce the number of Iowa's children and pregnant women who are un- or under-insured.

#### Alignment with National Plans

Healthy People 2020, Access to Health Services

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

#### Alignment with State / Other Plans

N/A

#### Insurance Affordability & Coverage

Objective 1-1	Increase the number of children enrolled in Iowa's Child Health Insurance Program (CHIP) by 10% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	58,199	2020	64,019

Data Source & Location: Iowa Department of Human Services Annual Report of the Healthy and Well Kids in Iowa (**Hawki**) board to the Governor, General Assembly, and Council on Human Services. Available at <https://dhs.iowa.gov/ime/about/hawk-i-annual-reports>

Report Date	Year	Value
Mar 27, 2018	2017	62,420

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: The number of children enrolled in CHIP (**Hawki**) has increased substantially.

Report Date	Year	Value
Mar 27, 2019	2018	72,900

#### Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: The number of children enrolled in CHIP (**Hawki**) has increased substantially.

Report Date	Year	Value
April 21, 2021	2020	75,569

#### Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: The number of children in CHIP (**Hawki**) enrolled has continued to grow.

Insurance Affordability & Coverage

**Strategy 1-1.1** **Hawki** outreach coordinators will promote outreach activities for the following: schools, faith-based, medical & dental providers and diverse ethnic populations. Strategy Type  
Community-focused

Strategy Source & Location

Title V Child and Adolescent Health Program Strategy <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>

Who's Responsible

Iowa Department of Public Health, Title V Child and Adolescent Health Program - local contract agencies

Target Date

Sep 30, 2020

Report Date

April 21, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The number of children approved for presumptive eligibility has been met.

Insurance Affordability & Coverage

<b>Objective 1-2</b>	Increase the number of children approved for presumptive eligibility by 10% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	5,753	2020	6,868

Data Source & Location Iowa Department of Human Services Annual Report of the Healthy and Well Kids in Iowa (**Hawki**) board to the Governor, General Assembly, and Council on Human Services. Available at <https://dhs.iowa.gov/ime/about/hawk-i-annual-reports>

Report Date

Mar 27, 2019

Year

2018

Value

7,261

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The target value was met and an increased number of children were approved for presumptive eligibility.

Report Date

April 21, 2021

Year

2020

Value

6,868

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The target has been met.

Insurance Affordability & Coverage

**Strategy 1-2.1** Iowa Department of Human Services will enroll additional qualified entities who are eligible to submit presumptive eligibility applications. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Human Services, Medicaid initiatives <https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe>

Who's Responsible

Iowa Department of Human Services - (Hawki)

Target Date

Jan 1, 2020

Report Date

April 21, 2021

Progress on Strategy

Complete  On track  Off track  No progress

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Progress notes: In 2017, the Iowa Department of Human Services enrolled 220 entities that are qualified to submit presumptive eligibility applications with a goal of increasing that number by an additional 36 by 2020. Additional entities have been added, achieving the 2020 goal.

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# FOCUS AREA: Health System Improvement

## Iowa Health Issue: Lack of Primary Care Services

Iowa Counties with Local Strategies

Davis, Keokuk, Linn, Muscatine, Scott

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Lack of Primary Care Services

**Goal #1** Coordinate care for children and youth with special health care needs (CYSHCN) through a medical home.

#### Alignment with National Plans

Title V National Priority Measure <https://mchb.tvisdata.hrsa.gov/uploadedfiles/Documents/blockgrantguidanceappendix.pdf>

#### Alignment with State / Other Plans

Iowa Title V Maternal and Child Health State Action Plan, 2016. <https://mchb.tvisdata.hrsa.gov/Home/StateActionPlan>

Iowa Title V CYSHCN Program Goal

#### Lack of Primary Care Services

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> By 2020, 80% of CYSHCN served by Child Health Specialty Clinics' Pediatric Integrated Health Home program and on the Children's Mental Health Waiver will have a Shared Plan of Care (SPoC) in place.	2015	0%	2020	80%

Data Source & Location: DCCH Chart Reviews

Report Date: Mar 8, 2018

Year: 2017

Value: 120

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: We are continuing to make progress in the implementation of the Shared Plan of Care protocol. We have over 120 Shared Plans of Care completed with families of children on the CMH waiver and are continuing to implement the Shared Plan of Care with other children and youth served by CHSC.

Report Date: Mar 1, 2019

Year: 2018

Value: 100%

#### Progress on Objective

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Staff at CHSC continue to make progress in the implementation of the Shared Plan of Care protocol. This objective has been revised. To more specifically address where Shared Plans of Care are being implemented, staff at CHSC have identified the program in the new objective. In addition, with changing enrollment numbers, staff at CHSC have changed the value to a percentage.



Report Date  
Mar 11, 2020

Year  
2020

Value  
100%

<u>Progress on Objective</u>	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: This protocol has been changed. Instead of completing formal Shared Plans of Care, goal setting activities are completed with all children, youth, and families served by Child Health Specialty Clinics.

Report Date  
April 27, 2021

Year  
2020

Value  
100%

<u>Progress on Objective</u>	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

### Lack of Primary Care Services

**Strategy 1-1.1** In collaboration with family representatives, provide feedback on the Iowa Shared Plan of Care template that can be used by multiple systems and programs.

Strategy Type  
Policy-focused

#### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

#### Who's Responsible

DCCH Medical Home Workgroup

#### Target Date

Jan 1, 2021

Report Date  
April 27, 2021

#### Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

### Lack of Primary Care Services

**Strategy 1-1.2** Define the entities involved in a Shared Plan of Care and educate those entities about the definition and importance of a Shared Plan of Care.

Strategy Type  
Professional/provider-focused

#### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

#### Who's Responsible

DCCH Medical Home Workgroup

#### Target Date

Jan 1, 2021

Report Date  
April 27, 2021

#### Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

### Lack of Primary Care Services

**Strategy 1-1.3** Disseminate Shared Plan of Care template broadly and provide Shared Plan of Care training to families and other stakeholders of CYSHCN.

Strategy Type  
Individual/interpersonal-focused

#### Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible  
DCCH Medical Home Workgroup

Target Date  
Jan 1, 2021

Report Date Progress on Strategy  
April 27, 2021  Complete  On track  Off track  No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Lack of Primary Care Services

<b>Objective 1-2</b>	By 2020, 80% of primary care providers who serve children seen by Child Health Specialty Clinics' Pediatric Integrated Health Home Program and on the Children's Mental Health Waiver are educated about the use of the Shared Plan of Care to share information and coordinate care with specialists and the care team.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0%	2020	80%

Data Source & Location DCCH program records

<u>Report Date</u>	Year	<u>Progress on Objective</u>
Mar 8, 2018	2017	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction
	Value	<input checked="" type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend
	1200	<input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: We are still identifying additional strategies to engage Primary Care Providers in the Shared Plan of care.

<u>Report Date</u>	Year	<u>Progress on Objective</u>
Mar 1, 2019	2018	<input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction
	Value	<input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend
	100%	<input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: This objective has been revised. To more specifically address the practices who participate in the implementation of Shared Plans of Care, CHSC has identified the program where Shared Plans of Care are being implemented in the new objective. In addition, with changing enrollment numbers and therefore changing participating practices, CHSC has changed the value to a percentage.

Lack of Primary Care Services

**Strategy 1-2.1** Develop tools and trainings that will inform providers, staff, and families of CYSHCN on the importance of the Shared Plan of Care and how to use it, assuring that families receive coordinated, family-centered care that is documented. This would include providing information on how to refer CYSHCN to relevant care coordinators and other resources in their communities. Strategy Type Professional/provider-focused

Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible  
DCCH Medical Home Workgroup

Target Date  
Jan 1, 2021

Report Date Progress on Strategy  
April 27, 2021  Complete  On track  Off track  No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Lack of Primary Care Services

**Strategy 1-2.2** Provide trainings to families on coordinated, family-centered care.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Title V Maternal and Child Health State Action Plan, 2016

Who's Responsible

DCCH Medical Home Workgroup

Target Date

Jan 1, 2021

Report Date

April 27, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: CHSC strategies have been updated as of August 2020. More information is available at [www.chsciowa.org](http://www.chsciowa.org).

Lack of Primary Care Services

**Goal #2** Increase in the number of young children who receive a vision screening.

Alignment with National Plans

Healthy People 2020, Vision <https://www.healthypeople.gov/2020/topics-objectives/topic/vision>

Alignment with State / Other Plans

N/A

Lack of Primary Care Services

<b>Objective 2-1</b>		Baseline Year	Baseline Value	Target Year	Target Value
Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.		2015	46,025	2021	51,750

Data Source & Location Iowa KidSight Screening Stats. Iowa Children Screened by Year/Month. [http://www.medicine.uiowa.edu/kidsight/Screening\\_Statistics/](http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/)

Report Date

Feb 2, 2018

Year

2017

Value

50,290

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The program has achieved the original 2018 target in 2017. This achievement calls for increasing the number of children reached for vision screening.

Report Date

Mar 15, 2019

Year

2018

Value

50,856

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Program increased the number of children reached for vision screening this past year and the trend continues in the right direction toward meeting the new 2021 goal.

Report Date  
Feb 26, 2020

Year  
2019

Value  
51,530

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The Program increased the number of children reached for vision screening this past year and the trend continues in the right direction toward meeting the new 2021 goal.

Report Date  
Mar 5, 2021

Year  
2020

Value  
18,612

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The Program reached a remarkable amount of children during a global pandemic, particularly when most all Program Volunteers are in a high-risk category with many not screening, and when the schools and daycares where vision screenings are provided were not always open or allowing outside visitors.

Lack of Primary Care Services

**Strategy 2-1.1** Train volunteers to conduct vision screenings for young children in their local communities.

Strategy Type  
Community-focused

Strategy Source & Location

Department of Ophthalmology & Visual Sciences, University of Iowa

Who's Responsible

Lions Clubs of Iowa and the University of Iowa Stead Family Children's Hospital, Department of Ophthalmology & Visual Sciences

Target Date  
Dec 31, 2018

Report Date  
Mar 5, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: In 2020, a total of 45 volunteers were trained to conduct vision screenings--27 utilizing the on-line training mechanism and 18 attending classroom-style training. The volunteers who received training in 2020 represent 22 different communities/ Iowa Lions Clubs.

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Lack of Primary Care Services

**Goal #3** Improve access to preventive care and chronic care management services through pharmacists in lowa communities.

Alignment with National Plans

Community pharmacy enhanced services network

<https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

Alignment with State / Other Plans

Aligns with the state innovation model <http://www.ihconline.org/asp/sim/sim.aspx>

Iowa Healthcare Collaborative has a Statewide Strategy designated to increasing vaccination rates.

<http://www.ihconline.org/asp/toolkits.aspx>

Lack of Primary Care Services

<b>Objective 3-1</b>	Expand preventive care and chronic care management services that are provided at local pharmacies and covered by patients' health plans.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2017	At least 2 payers	2021	4

Data Source & Location: Internal data from CPESN and Iowa Pharmacy Association

Report Date: April 23, 2018  
 Year: 2017  
 Value: 84

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The CPESN® Iowa network provides opportunities for pharmacies to be involved in value-based healthcare models. Pharmacies that are involved in this network have committed to offering patient care services that transcend traditional medication dispensing, coordinating care with other healthcare team members, improving patient outcomes in their communities, and decreasing overall healthcare expenditures.

Report Date: Apr 12, 2019  
 Year: 2018  
 Value: 99

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The CPESN® Iowa network provides opportunities for pharmacies to be involved in value-based healthcare models. The number of pharmacies has grown that are currently involved in the clinical integrated network. Currently a majority, not all, pharmacies are being reimbursed for some type of preventive service, chronic care management, or a value-based payment from one or more payers.

Report Date: Mar 5, 2021  
 Year: 2020  
 Value: 120

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The CPESN® Iowa network provides opportunities for pharmacies to be involved in value-based healthcare models. The number of pharmacies has grown that are currently involved in the clinical integrated network. Currently a majority, not all, pharmacies are being reimbursed for some type of preventive service, chronic care management, or a value-based payment from one or more payers.

Lack of Primary Care Services

**Strategy 3-1.1** Iowa Pharmacy Association will administratively support the CPESN leaders to foster growth of pharmacist services including immunizations, chronic disease management, medication reconciliation, and other services that will help meet community needs with the lack of primary care services in Iowa. Strategy Type  
Professional/provider-focused

Strategy Source & Location

There are 5 pharmacists leading this initiative (called luminaries) and committees formed to include leaders in the CPESN. Iowa following a similar model which began in North Carolina to form the Iowa CPESN: <https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: IPA has continued to support CPESN® Iowa by offering education, tools, and resources to transform their practice sites and succeed in value-based healthcare models. Recently CPESN® Iowa hired an executive director for day-to-day management which will greatly increase the capacity of the network. IPA will continue to provide regular support.

Lack of Primary Care Services

**Strategy 3-1.2** Iowa Pharmacy Association will continue to encourage our members to advocate to pass federal provider status legislation for pharmacists. Strategy Type  
Policy-focused

Strategy Source & Location

Patient Access to Pharmacists' Care Coalition <http://pharmacistscare.org/>

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Although several setbacks due to COVID-19 caused a halt of introducing legislation into the 2020 Legislative Session, IPA plans to introduce bills in the 2021 Legislative Session regarding provider status for pharmacists at the state level. Specifically, IPA plans to support increasing access to patient care services by allowing pharmacists to test and treat, administer immunizations to all age groups, and utilize collaborative practice agreements. While 2019's legislative session brought successful legislation allowing pharmacists to provide patient care services through collaborative practice agreements and statewide protocols, reducing barriers that prevent pharmacists from billing for those services is necessary to create sustainable access to care. The effects of the pandemic may bring positive change towards recognizing pharmacists as healthcare providers.

Lack of Primary Care Services

**Strategy 3-1.3** Share successful models from other states with the Medicaid Managed Care Organizations and commercial payers to expand coverage to pharmacist services. Strategy Type  
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Although Iowa Medicaid announced in 2019 that they will begin to recognize pharmacists as providers and reimburse pharmacies pursuant to products via statewide protocols on July 1, 2020, the COVID-19 pandemic caused this date to be postponed until June 1, 2021. IPA will continue to advocate for coverage of the services pharmacists provide, beyond the product. Additionally, IPA is having discussions with the managed care organizations to view pharmacists as valuable members of the healthcare team and reimburse for enhanced services, medication therapy, management, and value-based agreements for other services. In 2020, there was an announcement that there will be a transition to have all vaccinations billed through patients' medical benefit, which may present additional challenges for pharmacies that are not set up to medically bill for products. IPA continues to work with the MCOs to ensure pharmacies are well-equipped to handle the billing and reimbursement of not only the COVID-19 vaccine, but additional vaccines once all immunizations are required to be billed through the medical benefit.

Lack of Primary Care Services

**Goal #4** Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

Alignment with National Plans

Healthy People 2020, Access to Health Services

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Alignment with State / Other Plans

Iowa Workforce Survey 2016: Direct Care, Supports, and Service Workers

[http://www.iowacaregivers.org/uploads/pdf/workforce\\_report.pdf](http://www.iowacaregivers.org/uploads/pdf/workforce_report.pdf)

Lack of Primary Care Services

<b>Objective 4-1</b>	Collaborate and work in partnership on a common agenda of taking ACTION and implementing SOLUTIONS to build the health and long-term care workforce of the future, inclusive of the direct care workforce, and be prepared for the changes in the health care delivery system.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	No common agenda	2019	1 common agenda

Data Source & Location | Iowa Caregivers

Report Date

Feb 20, 2018

Year

2018

Value

No common agenda

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Continue work effort to address barriers to CNA continuing in ACTIVE STATUS on the Nurse Aide Registry while working in settings outside of Nursing Facilities. Involved CMS in accomplishing revision to Conditions of Participation (CoP). Continue to be challenges in Iowa DIA implementing CoP revisions. Continue collaborative efforts in expansion of DCW Central Data Base/Expansion of Nurse Aide Registry.

Report Date  
Mar 20, 2019

Year  
2019

Value  
No common  
agenda

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Iowa CareGivers (IC), with consultation from DIA, published article in HUB to increase understanding of CMS regulations and Iowa DIA interpretation: <http://www.iowacaregivers.org/hub-newsletter/2018/2018-02.php>. IC continues to provide guidance and support to home and community-based employers and CNAs providing direct care, supports, and services seeking to remain ACTIVE on the DCW Registry. Exploring avenues to broaden DIA interpretation of CMS sub-regulations related to work requirements including appealing the interpretation. Continue to document and communicate need for expansion of DCW Registry to policy-makers.

Report Date  
March 2, 2021

Year  
2020

Value  
Movement  
towards a  
common  
agenda

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Building upon existing work including multiple surveys, listening sessions, and stakeholder forums addressing Iowa's direct care workforce (DCW) over the past decade, Iowa CareGivers co-hosted a multi-stakeholder forum: Building a Strong Direct Care Workforce in October 2019. 70 participants included direct care workers, employers, consumers, advocates, family caregivers, state department representatives, community colleges, and elected officials. Two issues impacting Iowa's DCW, and identified in the completed 2019 DCW Wage and Benefit Survey, were central to the overall discussion. Agreement on the two issues - 1) direct care worker wages; and 2) the need for a centralized direct care worker data base system to ensure workforce and training portability; ensure more accurate numbers of those working in the field; and the opportunity to link consumers with qualified workers as well as a number of other potential benefits to DCW and Iowans demonstrates movement towards a common agenda. Collaborated with IDPH and others in the development of the Iowa Healthcare Workforce Strategic Plan ensuring DCW "voices and stories" and issues confronting the direct care workforce are considered in the final plan.

Lack of Primary Care Services

**Strategy 4-1.1** Take advantage of opportunities to collaborate with partners/stakeholders; e.g., Elevate Aging, Skills to Compete, Future Ready Iowa, on a common agenda and inform public policy about the current and future health and long-term care delivery system in Iowa, workforce barriers and challenges, and models of policies or initiatives that are working in Iowa and other states.

Strategy Type  
Community-focused

Strategy Source & Location

Iowa Caregivers

Who's Responsible  
Iowa Caregivers

Target Date  
Jun 30, 2019

Report Date	Progress on Strategy			
March 2, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The target date has been adjusted in light of the impact of COVID-19 on Iowa and the work of Iowa CareGivers(IC). COVID-19 has impacted all Iowans but particularly the lives of many older Iowans, special needs populations, and the caregivers who



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provide care and support for them. IC's first priority was directed toward helping Iowa and all of our partners in the COVID-19 recovery efforts by distributing timely and reliable information to health and long-term services and supports (LTSS) employers and employees. With COVID-19, the DCW barriers and challenges that have been discussed for years have become "front and center"! As a result, there is greater collaboration among stakeholders on SOLUTIONS that will address some of these issues with an expansion of the DCW registry a foundation upon which to build!

<https://www.iowacaregivers.org/uploads/pdf/2021-DCW-impact-graphic.pdf>

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# FOCUS AREA: Acute Disease

## Iowa Health Issue: Adolescent Immunizations

Iowa Counties with Local Strategies

Buchanan, Calhoun, Delaware, Dickinson, Greene, Henry, Humboldt, Iowa, Osceola, Pottawattamie, Poweshiek, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Adolescent Immunizations

**Goal #1** Increase the number of adolescents 13 to 17 years of age who have received human papillomaviruses (HPV) vaccine.

#### Alignment with National Plans

President's Cancer Panel <https://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/index.htm>

U.S. National Vaccine Plan <http://www.hhs.gov/nvpo/national-vaccine-plan/index.html>

Healthy People 2020, Immunization and Infectious Diseases, Objective 11  
<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

#### Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/lowa-Cancer-Plan.aspx>

#### Adolescent Immunizations

Objective 1-1	By December 31, 2020, increase HPV vaccine completion rates* among Iowa adolescents 13-17 years of age to 80%.	Baseline Year	Baseline Value	Target Year	Target Value
	* Completion rate = appropriate HPV vaccination and may include 2 or 3 doses of vaccine.	2016	45.5%	2020	80%

Data Source & Location: National Immunization Survey-Teen (NIS-Teen) via TeenVaxView Interactive available at <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/index.html>

Report Date: Jun 9, 2020  
 Year: 2017  
 Value: 53.7%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes:

Report Date: Jun 9, 2020  
 Year: 2018  
 Value: 55.1%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes:

Report Date

Year

Jul 12, 2021

2019

Value

60.9%

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes:

Adolescent Immunizations

**Strategy 1-1.1** Encourage providers to strongly recommend the HPV vaccine as a cancer prevention vaccine and add the HPV vaccine to physician recommended vaccines at wellness checkups for recommended populations.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 5, Actions G & I

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Cancer Consortium's HPV Workgroup continues to convene stakeholders from across the state to develop collaborative work to increase HPV vaccination rates in Iowa, including through provider education and recommendation.

In Fall 2018, select HPV Workgroup members attended a CDC-sponsored workshop intended to help states develop action plans for their HPV coalitions. From this workshop, three statewide action plans were developed to guide the workgroup moving forward. The action plans address: 1. Understanding and using HPV vaccination data; 2. provider education and engagement; and 3. working with health systems.

From July 1, 2017, through June 1, 2018, two Consortium-funded projects titled *Enhancing Clinical Communication Skills and Physician Recommendation Program* provided education to 100 providers in the Siouxland area and 275 in the Des Moines area through in-person and virtual opportunities. Nationally recognized HPV experts delivered the education on how to use evidence-based interventions to increase HPV vaccination uptake. The Siouxland project was led by June E. Nysten Cancer Center; the Des Moines project was led by Mercy Cancer Center in Des Moines. Both projects included strong partnerships with American Cancer Society, Iowa Department of Public Health, and Merck.

With funding from the Iowa Cancer Consortium, Gilda's Club Quad Cities hosted an HPV Prevention & Awareness presentation with CEU eligibility to healthcare professionals in Muscatine (3/8/18) and Davenport (3/26/18) with a total of 22 Iowans served.

Adolescent Immunizations

**Strategy 1-1.2** Implement health care system strategies and office-based reminder systems to increase the number of patients who initiate and complete the HPV vaccination series.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022: Goal 5, Action D

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Cancer Consortium's HPV Workgroup continues to convene stakeholders from across the state to develop collaborative work to increase HPV vaccination rates in Iowa, including through provider education and recommendation.

In Fall 2018, select HPV Workgroup members attended a CDC-sponsored workshop intended to help states develop action plans for their HPV coalitions. From this workshop, three statewide action plans were developed to guide the workgroup moving forward. The action plans address: 1. Understanding and using HPV vaccination data; 2. provider education and engagement; and 3. working with health systems.

From July 1, 2017, through June 1, 2018, two Consortium-funded projects titled *Enhancing Clinical Communication Skills and Physician Recommendation Program* provided education to 100 providers in the Siouxland area and 275 in the Des Moines area through in-person and virtual opportunities. Nationally recognized HPV experts delivered the education on how to use evidence-based interventions to increase HPV vaccination uptake. The Siouxland project was led by June E. Nylen Cancer Center; the Des Moines project was led by Mercy Cancer Center in Des Moines. Both projects included strong partnerships with American Cancer Society, Iowa Department of Public Health, and Merck.

### Adolescent Immunizations

**Goal #2** Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.

#### Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases, Objectives 3 & 11

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

#### Alignment with State / Other Plans

Iowa Administrative Code, Chapter 7 <http://idph.iowa.gov/immmtb/immunization/laws>

### Adolescent Immunizations

Objective 2-1	Increase the percent of adolescents who receive meningococcal vaccine upon entry into 7th and 12th grades to 95%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016-17	0%	2019-20	95%

Data Source & Location: School and Childcare Audits, Iowa Department of Public Health  
<http://idph.iowa.gov/immmtb/immunization/audits>

#### Report Date

Feb 23, 2018

#### Year

2017-2018

#### Value

94.3% (7th)  
 92.8% (12th)  
 93.6% (overall)

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: During the 2017-18 school year 94.3% (37,743/40,025) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2017-18 school year 92.8% (36,066/38,860) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Report Date

Jul 22, 2019

Year

2018-2019

Value

94.5% (7th)  
91.7% (12th)  
93.1%  
(overall)

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: During the 2018-19 school year 94.5% (39,262/41,550) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2018-19 school year 91.7% (35,540/38,779) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Report Date

Jul 12, 2021

Year

2019-2020

Value

94.6% (7th)  
90.9% (12th)  
92.8%  
(overall)

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: During the 2019-20 school year 94.6% (39,782/42,057) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2019-20 school year 90.9% (35,435/38,984) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Report Date

Jul 12, 2021

Year

2020-21

Value

93.5% (7th)  
91.1% (12th)  
92.3%  
(overall)

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: During the 2020-21 school year 93.5% (38,997/41,718) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2020-21 school year 91.1% (35,415/38,882) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Adolescent Immunizations

**Strategy 2-1.1** Distribute educational materials to health care providers regarding school immunization requirements and the benefit of meningococcal vaccine.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health, Immunization Program & Iowa Immunization Coalition

Target Date

Feb 15, 2020

Report Date

Mar 26, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: During calendar year 2018, the Iowa Department of Public Health, Immunization Program distributed the following information regarding meningococcal disease, meningococcal vaccine and the meningococcal vaccine school requirement:

- Immunization Law and You Brochure - This brochure includes information regarding all school required vaccines including meningococcal vaccine. The program distributed 9,600 English and 1,875 Spanish brochures during 2018.

The Immunization Program created or updated the educational materials which were posted to the Immunization Program webpage. Information regarding the materials was sent to health care providers using the Immunization Program's listservs. The program has three listservs which include: general immunization, Vaccines for Children Program and Immunization Registry Information System (IRIS). The Iowa Department of Education also distributed information regarding the materials to all school nurses via the Iowa School Nurse listserv. The educational materials included the following:

- Meningococcal Vaccine Requirement Partner letter
- Meningococcal School Requirement Q & A
- Immunization Requirements Chart-Updated
- Iowa Immunization Law and You Brochure
- Certificate of Immunization Exemption-Medical
- Provisional Certificate
- Iowa Immunization Administrative Code

Adolescent Immunizations

**Strategy 2-1.2** Assess school meningococcal immunization coverage levels for 7th and 12th grade students annually.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Local Public Health Agencies and Iowa Department of Public Health, Immunization Program

Target Date

Mar 1, 2020

Report Date

Jul 12, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: During the 2020-21 school year 93.5% (38,997/41,718) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2020-21 school year 91.1% (35,415/38,882) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Adolescent Immunizations

**Goal #3** Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

N/A

Adolescent Immunizations

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 3-1</b> Secure legislation to expand access to adolescent immunizations administered by pharmacists.	2016	No legislation	2019	Legislation passed

Data Source & Location | Iowa Code: <https://www.legis.iowa.gov/law/iowaCode>  
 Currently, pharmacists can administer any vaccine per protocol to patients >18 years of age and influenza and other emergency vaccinations to patients >6 years of age.  
<https://www.legis.iowa.gov/docs/iac/rule/02-17-2016.657.8.33.pdf>

Report Date	Year	Value	Proposed Legislation	Progress on Objective
Mar 13, 2018	2017			<input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: As of December 31, 2017, Iowa Pharmacy Association staff had met with multiple Iowa legislators to discuss draft language for proposed legislation. The draft language included a framework for establishing pharmacist statewide protocols. If passed, this legislation would allow pharmacists to administer any ACIP-recommended immunization for individuals 11 years of age and older and influenza vaccines for those 6 months and older.

Report Date	Year	Value	Legislation Passed; Rules being written	Progress on Objective
Mar 15, 2019	2018			<input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: As of December 31, 2018, legislation was passed and signed to allow pharmacists to order and administer vaccines via a statewide protocol including influenza vaccines for those 6 months and older and the final two doses of the HPV vaccine series for those 11 years of age and older. The rules regulating the practice of statewide protocols is being written by the Board of Pharmacy and should become effective April 2019.

Report Date  
Mar 14, 2020

Year  
2019

Value  
Legislation Passed; Rules Written; Pending legislation to expand immunization SWP

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** As of December 31, 2019, the Iowa Board of Pharmacy wrote and finalized rules to implement the Pharmacist Statewide Protocol (SWP) for ordering and administering immunizations including influenza vaccines for those 6 months and older and the final two doses of the HPV vaccine series for those 11 years of age and older. The BOP rules became effective on April 5, 2019. In 2019, the Iowa Pharmacy Association met with multiple Iowa legislators to discuss draft language to expand upon the immunization SWP for pharmacist. IPA has introduced a bill for consideration during the 2020 legislative session that would allow pharmacists to prescribe and administer all vaccines and immunizations to children ages 6 and older. If passed, this would significantly improve access to immunizations for adolescents across Iowa.

Report Date  
Mar 5, 2021

Year  
2020

Value  
Legislation not passed; Rules Written; Pending legislation to expand immunization SWP

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** The unique circumstances of the COVID-19 pandemic presented many challenges to the policy priorities IPA aimed to introduce in the 2020 Legislative session. Although the session was abruptly suspended during the summer with all of our priorities alive and gaining momentum, the pandemic has highlighted the important role of pharmacists with providing immunizations. In September 2020, the U.S. Health and Human Services Department (HHS) issued a temporary declaration allowing for qualified pharmacists, pharmacy technicians, and pharmacy interns to administer vaccines to children between the ages of 3 and 18 for the duration of the public health emergency. This was able to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks as children across the United States return to daycare, preschool and school. IPA plans to introduce a bill into the 2021 Legislative Session that incorporates this temporary expansion, which would allow pharmacists to prescribe and administer immunizations to individuals ages 3 and up. If passed, this would significantly improve access to immunizations for adolescents across Iowa.

### Adolescent Immunizations

#### **Strategy 3-1.1**

Partner with key stakeholders to determine best strategies for expanding access to adolescent immunizations.

#### Strategy Type

Community-focused

#### Strategy Source & Location

IPA's 2017/2018 legislative priorities

#### Who's Responsible

Iowa Pharmacy Association

#### Target Date

Jun 1, 2019



Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Iowa Pharmacy Association (IPA) and the Iowa Public Health Association (IPHA) continue to meet with a group of stakeholders, called the Iowa Immunizes Coalition, to discuss strategies to improve immunization rates in Iowa. The stakeholder group consists of representatives of various health care-related associations, health-systems, pharmacies, industry, quality improvement organizations, public health schools, pharmacy schools, and government representatives. IPA continues to work with the Iowa Immunizes Coalition to support advocacy and education against anti-science rhetoric that heightened as a result of the COVID-19 pandemic and is designed to decrease vaccine confidence. Additionally, as a result of the U.S. Health and Humans Services Department (HHS) issuing a temporary declaration in September allowing for qualified pharmacists, pharmacy technicians, and pharmacy interns to administer childhood vaccines to children between the ages of 3 and 18 for the duration of the public health emergency, IPA plans to implement immunization trainings for pharmacy technicians to receive appropriate education to increase immunization rates in the state.

Adolescent Immunizations

**Strategy 3-1.2** Develop and disseminate educational resources to the public regarding pharmacist administered vaccinations.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

New proposed strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Dec 31, 2018

Report Date

Mar 05, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Likely due to the COVID-19 pandemic, there have been no public updates to the research project that investigated the state immunization registry with immunization needs. IPA has created strong relationships with news media outlets and public relation groups to distribute educational resources and awareness of the work of pharmacies and pharmacists to continue vaccinations during the pandemic, primarily COVID-19 vaccinations. IPA has helped to prepare pharmacies for media interviews, with hopes of highlighting the role of pharmacists during the pandemic. This may bring an increased understanding and positive reputation of pharmacists administering vaccines, which may result in increased confidence/willingness with receiving vaccines.

# FOCUS AREA: Acute Disease

## Iowa Health Issue: Flu Immunizations

Iowa Counties with Local Strategies

Buchanan, Calhoun, Greene, Iowa, Louisa, Madison, Mitchell, Sioux, Van Buren, Worth

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Flu Immunizations

**Goal #1** Increase the number of health care workers who receive the influenza vaccine annually.

#### Alignment with National Plans

*National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination*

<https://health.gov/hcq/pdfs/hai-action-plan-hcp-flu.PDF>

Healthy People 2020, Immunization and Infectious Disease Objective 12.9, available at

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

#### Alignment with State / Other Plans

N/A

#### Flu Immunizations

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> Each flu season (October-March), achieve a 90% influenza vaccination rate among health care workers at hospitals.	2009-10	79%	2020-21	90%

**Data Source & Location** Centers for Medicare & Medicaid Services Hospital Compare database, Timely and Effective Care – State flat file: Preventive Care measure: Healthcare workers given influenza vaccination. Available at <https://data.medicare.gov/data/archives/hospital-compare>

#### Report Date

Feb 21, 2018

#### Year

2016-2017

#### Value

94%

#### Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

**Progress notes:** The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

#### Report Date

Apr 25, 2019

#### Year

2017-2018

#### Value

94%

#### Progress on Objective

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                            | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction            | <input type="checkbox"/> Not met, trend in wrong direction |

**Progress notes:** The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

Report Date

Jun 9, 2020

Year

2018-2019

Value

95%

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes: The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

Report Date

March 2021

Year

2019-2020

Value

94%

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes: The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

Flu Immunizations

**Strategy 1-1.1** Distribute educational materials to Iowa health care workers regarding the importance of receiving annual influenza vaccine.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health, Immunization Program

Target Date

Sep 30, 2020

Report Date

Mar 28, 2019

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: During the 2018-19 influenza season, the Iowa Department of Public Health Immunization Program developed and distributed influenza vaccine posters. The poster was available in two sizes, 8.5 X 11" and 11 X 17". The poster included four different images and promoted receiving the flu vaccine with the slogan of "Get a Flu Shot Before the Flu Gets You." The Immunization Program distributed 1,375 posters during 2018-19 influenza season.

Flu Immunizations

**Strategy 1-1.2** Annually assess influenza vaccination rates of health care providers in long-term care and ambulatory care settings.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Healthcare Collaborative Strategy

Who's Responsible

Iowa Healthcare Collaborative

Target Date

Jul 31, 2021

Report Date

March 2021

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: Assessment of influenza vaccination rates among healthcare providers in long-term care and ambulatory care settings continued through the target date with maintenance of a self-reporting database and encouragement of reporting through the National Healthcare Safety Network for appropriate settings. (IHC's specific programming supporting LTC & ASC IMM services ended in 2016/17. IHC continues to promote, but no longer has intentioned programming.)

Flu Immunizations

**Goal #2** Increase influenza vaccinations in adults 65 years of age and older.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases:

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

American Nurses Association Position Statement 7/21/15:

<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Immunizations.html>

Alignment with State / Other Plans

N/A

Flu Immunizations

Objective 2-1	Annually, achieve a influenza vaccination rate of 80% among lowans 65 years of age and older.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	66.8%	2021	80%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date

Year

Feb 23, 2018

2016

Value

67%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2016, 67% of lowans age 65 and over reported having a flu shot in the past 12 months. This is lower than the 70.3% reported in 2015, but is comparable to the 2014 rate of 66.8%.

Among all adults, 46.6% had a flu immunization in the past 12 months. Females, older people, people with more education, people with higher household incomes and non-Hispanic Whites were more likely to have a flu immunization. The lowest percentage was found among Non-Hispanic Blacks (31.2%), while the highest was for those age 75 and older (68.7%).

Report Date

Year

Apr 17, 2019

2017

Value

66%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2017, 66% of lowans age 65 and over reported having a flu shot in the past 12 months. This is lower than the 70% reported in 2015, but is comparable to the 2014 & 2016 rates.

Among adults ages 18-64, 40% had a flu immunization in the past 12 months. Females, older people, people with more education, people with higher household incomes and non-Hispanic Whites were more likely to have a flu immunization. The lowest percentage was found among males ages 18-64 (35%), while the highest was for those ages 75 and older (72%).

Report Date

Year

Jun 9, 2020

2018

Value

60%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2018, 60% of lowans age 65 and over reported having a flu shot in the past 12 months. This is lower than the 66% reported in 2017. Among adults ages 18-64, 35% had a flu immunization in the past 12 months.

Report Date

Year

Jul 12, 2021

2019

Value

65%

Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: In 2019, 65% of lowans age 65 and over reported having a flu shot in the past 12 months. This is higher than the 60% reported in 2018. Among adults ages 18-64, 43% had a flu immunization in the past 12 months.

Flu Immunizations

**Strategy 2-1.1** Implement a public influenza vaccination campaign regarding the importance of receiving the vaccine annually. Strategy Type  
Community-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health Immunization Program

Target Date

Oct 1, 2021

Report Date

May 28, 2019

Progress on Strategy

- Complete  On track  Off track  No progress

Progress notes: During the 2018-19 influenza season, the Iowa Department of Public Health Immunization Program developed and distributed influenza vaccine posters. The poster was available in two sizes, 8.5 X 11" and 11 X 17". The poster included four different images and promoted receiving the flu vaccine with the slogan of "Get a Flu Shot Before the Flu Gets You." The Immunization Program distributed 1,375 posters during 2018-19 influenza season.

Flu Immunizations

**Strategy 2-1.2** Support public health efforts to improve vaccination rates for children and adults. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Updated Iowa Nurses Association Resolutions to show support:

<http://www.iowanurses.org/PublicPolicy/Resolutions.aspx>

Who's Responsible

Public Policy Committee of the Iowa Nurses Association

Target Date

Jan 1, 2021

Report Date

May 13, 2021

Progress on Strategy

- Complete  On track  Off track  No progress

Progress notes: INA shared content education and encouraging our members to immunize themselves against infectious diseases including influenza via our social media and newsletter. Additionally, we added our name to the Iowa Immunizes sign-on letter to ask legislators to use evidence, facts, and science when passing laws relating to vaccination.

# FOCUS AREA: Addictive Behaviors

## Iowa Health Issue: Substance Abuse

Iowa Counties with Local Strategies

Audubon, Benton, Buchanan, Calhoun, Cerro Gordo, Chickasaw, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Emmet, Franklin, Greene, Henry, Howard, Humboldt, Jackson, Jones, Linn, Madison, O'Brien, Shelby, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Substance Abuse

**Goal #1** Decrease opioid-related overdoses/deaths.

#### Alignment with National Plans

Healthy People 2020, Substance Abuse, Objective 12

<https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives>

#### Alignment with State / Other Plans

2018 Iowa Drug Control Strategy <https://odcp.iowa.gov/strategy>

2012 Iowa Prescription Abuse Reduction Strategy <https://odcp.iowa.gov/rxstrategy>

#### Substance Abuse

Objective 1-1	Reduce the annual number of opioid-related <sup>1</sup> overdose deaths in Iowa by 20%, from 163 (2015) to 130 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	163	2020	130

<sup>1</sup> The term "opioid" is used to describe a prescription pain reliever and/or illicit forms such as heroin and fentanyl.

Data Source & Location: Iowa Department of Public Health, Bureau of Health Statistics

Report Date: Mar 23, 2018

Year: 2016

Value: 180

#### Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: The original objective and baseline were based on estimated numbers. The objective and baseline have been revised to reflect final numbers.

Report Date: Feb 19, 2019

Year: 2017

Value: 206

#### Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: Iowa opioid-related overdose deaths, primarily from prescription opioids/narcotics and heroin, increased nearly 250%, from 59 deaths in 2005 to 206 deaths in 2017.

Report Date  
Feb 19, 2019

Year  
2018  
  
Value  
136

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: According to preliminary 2018 data from the Iowa Department of Public Health, the number of deaths involving opioids fell 34% to 136 opioid-related deaths, compared to 206 in 2017.

Report Date  
Feb 27, 2020

Year  
2019  
  
Value  
152

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: According to preliminary 2019 data from the Iowa Department of Public Health, the number of deaths involving opioids increased by 11% to 152 opioid related deaths.

Report Date  
February 2021

Year  
2020  
  
Value  
188

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: According to preliminary 2020 data from the Iowa Department of Public Health, the number of deaths involving opioids increased by 20% to 188 opioid related deaths.

Substance Abuse

**Strategy 1-1.1** Using hospital discharge data, determine the locations (via ZIP code) in Iowa of highest overdose admissions and highest opioid admissions.

Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible  
Iowa Poison Control Center

Target Date  
Jul 1, 2021

Report Date  
April 2, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Hospital discharge data acquisition getting better, but still problematic in that it is year/years old.

Substance Abuse

**Strategy 1-1.2** Use focused education and outreach in high drug overdose admission areas to improve awareness of the problem and actions to take in case of an overdose.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

New strategy

Who's Responsible  
Iowa Poison Control Center

Target Date  
Jul 1, 2021

Report Date  
April 2, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Education still being provided based on Iowa PCC data and population density.  
Education well received but difficult to determine effect.

Substance Abuse

**Strategy 1-1.3** Partner with bureaus in the Iowa Department of Public Health and Iowa Board of Pharmacy that are overseeing civilian and non-medical first responder use of naloxone.

Strategy Type  
Community-focused

Strategy Source & Location

New Strategy

Who's Responsible

Iowa Poison Control Center

Target Date

Jul 1, 2021

Report Date

Apr 2, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Little progress made primarily due to shifting self-harm behaviors with the coronavirus pandemic.

Substance Abuse

**Strategy 1-1.4** Increase the number of Iowans with substance use and mental health disorders referred to treatment via community pre and post arrest diversion programs" (e.g., IPAD pilot sites, drug and mental health courts, etc.)

Strategy Type  
Community-focused

Strategy Source & Location

New Strategy

Who's Responsible

Iowa Office of Drug Control Policy

Target Date

Jan 1, 2020

Report Date

Feb 15, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: New projects starting across the state.

Substance Abuse

**Strategy 1-1.5** Work with the Iowa Legislature for funding for treatment programs, facilities, and training of qualified Iowans to be able to provide the treatment and education needed to deal with this deadly epidemic in Iowa especially for youth and meet regularly with the Iowa Congressional Delegation to appropriate the funding in the federal bill that was passed last year for care and treatment of mental health and opioid addictions.

Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

Polk County Medical Society

Target Date

Jan 16-Jan 17

Report Date

April 2, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Polk County Medical Society is advocating and lobbying for the following legislation in Iowa: Legislation (Introduced) HF 623 A bill for an act relating to prior authorization for medication-assisted treatment under the Medicaid program.

Legislation (Introduced) SF 479 A bill for an act relating to mental health and disability services, including the establishment of a children's behavioral health



system and a children's behavioral health system state board, and requiring certain children's behavioral health core services. (Formerly SSB 1197.)

Legislation (Introduced) HF 690 A bill for an act relating to mental health and disability services, including the establishment of a children's behavioral health system and a children's behavioral health system state board, and requiring certain children's behavioral health core services. Was HSB 206

Legislation (Introduced) HF 624 A bill for an act establishing a psychiatric patient placement clearinghouse and inpatient psychiatric bed tracking system work group. (Formerly HF 451.)

Polk County Medical Society successfully advocated and lobbied for the bill, known as the Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. H.R. 6 was signed into law it promotes Opioid Recovery and Treatment for Patients and Communities. This bipartisan law was agreed to by the House and Senate to respond to the opioid crisis.

A critical provision contained in this law has made permanent a previously created program allowing physician assistants (PAs) and nurse practitioners (NPs) to obtain federal waivers to prescribe buprenorphine—a leading Medication-Assisted Treatment (MAT)—for the treatment of opioid use disorder (OUD). This provision also further expands the list of providers eligible to obtain such waivers by creating a five-year authorization for certified nurse-midwives, clinical nurse specialists, and nurse anaesthetists, tackles prevention, treatment, and recovery as well as enforcement. The issues addressed include the following:

It provides funding for research on nonaddictive painkillers.

The U.S. Department of Health and Human Services will be required to set rules that allow doctors to prescribe medication to treat addiction via telemedicine. That would expand help, especially to rural areas where it can be hard to access treatment for opioid use disorder.

It will fund early intervention for children who have been exposed to trauma. These children have been found to be at risk for opioid use disorder.

## Substance Abuse

**Strategy 1-1.6** Work with hospitals on legislation that would help to initiate the programs, education, and housing needed for substance abuse and mental health.

### Strategy Type

Policy-focused

### Strategy Source & Location

Polk County Medical Society Legislative Priorities for the 2017 Iowa Legislature

[https://www.iowamedical.org/iowa/News/2016/2017\\_IMS\\_Legislative\\_Agenda.aspx](https://www.iowamedical.org/iowa/News/2016/2017_IMS_Legislative_Agenda.aspx)

### Who's Responsible

Polk County Medical Society

### Target Date

Jan 1, 2017

### Report Date

Apr 21, 2021

### Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: **Telehealth payment parity** – same reimbursement as in-person care. This includes continuation of the telehealth policy flexibilities and payment parity that have proven vital to maintaining safe access to care for vulnerable patients and will be a critical component in the efforts to rebuild Iowa's healthcare system in response to COVID-19.

**Continuing Mental Health Reform** – Build upon our successes to ensure continued progress in strengthening Iowa's behavioral health system and support efforts to streamline the involuntary commitment process. In addition, continue to monitor the funding discussion for adult mental health care and the establishment of the children's mental health care system.

Substance Abuse

**Strategy 1-1.7** NEW - Introduce Physician Lead Metro Opioid Task Force through the Polk County Medical Society - implemented November 2018

Strategy Type  
Professional/provider-focused

Strategy Source & Location

See sources listed under the goal.

Who's Responsible

Polk County Medical Society

Target Date

TBD

Report Date

Apr 26, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Task force of area hospitals and Iowa Drug Council met and combined/shared policy to address alternate treatment methodology for pain in the ED to assist in offsetting use of opioids.

Substance Abuse

**Goal #2** Increase the availability of opioid reversal agents for patients at pharmacies across the state.

Alignment with National Plans

N/A

Alignment with State / Other Plans

2017 Iowa Code Chapter 135.190. Possession and administration of opioid antagonists immunity.  
<https://www.legis.iowa.gov/law/statutory>

Substance Abuse

<b>Objective 2-1</b>	All 99 of Iowa's counties have at least one pharmacy participating in the opioid antagonist statewide standing order.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2019	99

Data Source & Location | Iowa Board of Pharmacy. <https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution>  
Based on Opioid antagonist standing order: <https://pharmacy.iowa.gov/document/naloxone-standing-order>

Report Date

Mar 13, 2018

Year

2017

Value

76

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Overall, approximately 35% of Iowa community-based pharmacies are known to be participating in the naloxone statewide standing order. However, it appears that these pharmacies are only in 76 counties, leaving 23 of Iowa's counties without adequate access to naloxone. The Iowa Pharmacy Association continues to provide outreach to Iowa pharmacies to engage in the naloxone standing order.

Report Date

Mar 29, 2019

Year

2018

Value

85

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: In total, there are 361 pharmacies in Iowa participating in the naloxone statewide standing order. Currently 85 of Iowa's 99 counties have a pharmacy participating in the statewide standing order. Of note, 98 counties in Iowa have a pharmacy in the county.

Report Date  
Mar 14, 2020

Year  
2019  
  
Value  
82

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: In total, there are 362 pharmacies in Iowa participating in the naloxone statewide standing order and/or the naloxone statewide protocol for pharmacists. Currently, at least 82 counties in Iowa are participating in the statewide standing order and/or the naloxone statewide protocol. The number of counties has decreased from last year due to participating pharmacy closures in some counties. Of note, 98 counties in Iowa have a pharmacy in the county.

Report Date  
Mar 5, 2021

Year  
2020  
  
Value  
82

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In total, there are 374 pharmacies in Iowa participating in the naloxone statewide standing order and/or the naloxone statewide protocol for pharmacists. Currently, at least 82 counties in Iowa are participating in the statewide standing order and/or the naloxone statewide protocol. Of note, 99 counties in Iowa have a pharmacy in the county.

Substance Abuse

**Strategy 2-1.1** Collaborate with the Iowa Department of Public Health, Board of Pharmacy and other key stakeholders to educate local Iowa pharmacies and patients on the statewide opioid antagonist standing order.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

<https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution>  
<https://www.iarx.org/naloxone>

Who's Responsible

Iowa Pharmacy Association, Iowa Board of Pharmacy, Iowa Department of Public Health

Target Date

Dec 31, 2019

Report Date	Progress on Strategy			
Mar 5, 2021	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Starting in 2020, IPA has a 3-year partnership with the Iowa Healthcare Collaborative and other healthcare organizations to work with 3 high-risk counties with the highest rates of substance abuse and opioid overdose rates, Wayne, Lucas, and Appanoose counties. This partnership will include extensive education to community and hospital pharmacies within the counties to educate pharmacists and local communities on not only substance abuse support and treatment resources, but education on the naloxone standing order and statewide protocols that exists.

Substance Abuse

**Strategy 2-1.2** Increase public knowledge of which pharmacies are participating in the standing order for the opioid antagonist.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

<https://pharmacy.iowa.gov/naloxone-standing-order>

Who's Responsible  
Iowa Pharmacy Association

Target Date  
Dec 31, 2019

Report Date  
Mar 5, 2021

Progress on Strategy

Complete     On track     Off track     No progress

Progress notes: A full list of pharmacies participating in the Iowa Standing Order for Naloxone is available on the [Iowa Board of Pharmacy website](#). IPA will plan to update the list of pharmacies that stock naloxone for emergency use and provide updates during the 2022 year. Additionally, in July 2020, IDPH, the Iowa Board of Pharmacy, and MedOne partnered together to allow community pharmacies in Iowa to provide free Narcan nasal sprays to Iowa residents 18 years of age or older who may be at risk of an opioid-related overdose or to individuals who may be in a position to assist with an opioid-related overdose.

Substance Abuse

**Goal #3** At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.

Alignment with National Plans

N/A

Alignment with State / Other Plans

Strategic Prevention Framework for Prescription Drugs <http://idph.iowa.gov/substance-abuse/programs/spfrx>

Substance Abuse

<b>Objective 3-1</b>	COMPLETE: Partner with other statewide organizations to host 8 local meetings to address the substance abuse issues and strategies to overcome these issues.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2017	8

Data Source & Location: New objective, to be developed.

Report Date  
Mar 13, 2018

Year  
2017  
  
Value  
8

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10.

Substance Abuse

**Strategy 3-1.1** COMPLETE: Develop an agenda to facilitate 8 local events bringing key community members together to identify strengths and areas for improvement in regard to addiction, treatment, and access.

Strategy Type  
Community-focused

Strategy Source & Location  
Iowa Pharmacy Association

Who's Responsible  
Iowa Pharmacy Association

Target Date  
Dec 31, 2017

Report Date  
Dec 31, 2017

Progress on Strategy

Complete     On track     Off track     No progress

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10. These events have been successful at attracting a wide range of healthcare providers and facilitating local discussions. We had 290 participants in total, and received positive feedback regarding the content of the educational program. Key trends identified include: community collaboration/education, patient education, provider education, provider strategies, alternative pain management, PMP utilization, appropriate treatment, and medication disposal.

Substance Abuse

**Goal #4** Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.

Alignment with National Plans

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/priorities>

Alignment with State / Other Plans

Federal Block Grant State Plan <http://www.idph.iowa.gov/block-grant>

Substance Abuse

<b>Objective 4-1</b>	Increase the percentage of Iowa 11th grade students who have never used alcohol.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	48%	2018	54%

Data Source & Location | Iowa Youth Survey: <http://www.iowayouthsurvey.iowa.gov/>

Report Date      Year  
Feb 5, 2018      2016  
  
Value  
50%

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: Several federal grants provide funding to focus on underage drinking. Efforts point to positive outcomes using evidence-based practices, programs, and policies. The strategies include a media campaign, law enforcement approaches, compliance and safety checks, education in the schools, and changes in school policies.

Report Date      Year  
Feb 8, 2019      2018  
  
Value  
53%

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: Several federal grants provide funding to focus on underage drinking. Efforts point to positive outcomes using evidence-based practices, programs, and policies. The strategies include a

media campaign, law enforcement approaches, compliance and safety checks, educational programs, and changes in school and community policies.

Report Date  
April 2, 2021

Year  
2020

Value  
NA

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Because of the pandemic, the Iowa Youth Survey was put on hold to document change, and the grant focusing on alcohol ended.

Substance Abuse

**Strategy 4-1.1** Provide substance abuse prevention in all 99 counties through funding of and coordination with prevention providers.

Strategy Type  
Community-focused

Strategy Source & Location

Iowa Department of Public Health Program Profile for Substance Use Disorders  
<http://idph.iowa.gov/About/Program-Profiles>

Who's Responsible

Iowa Department of Public Health, Bureau of Substance Abuse

Target Date

Dec 1, 2018

Report Date  
April 2, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Integrated Provider Network Grant started on January 1, 2020 and underage drinking prevention services continue to be a focus. The grant funds prevention and treatment services to all 99 counties through 22 contractors.

Substance Abuse

<b>Objective 4-2</b>	Increase the number of Iowans who are abstinent at the six-month follow-up compared to their admission into substance use disorder treatment.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	45%	2020	50%

Data Source & Location Outcomes Monitoring System: <http://iconsortium.subst-abuse.uiowa.edu/Projects/OMS.html>

Report Date  
Feb 5, 2018

Year  
2015

Value  
38%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Reported abstinence from all substances at follow-up has ranged from 38% to 59% over the last ten years (2007-2016). There has been a downward trend from 2012 to 2015 where reported abstinence decreased by 19 percentage points (from 57% to 38%). The increase of 3.8 percentage points from 2015 (38%) to 2016 (41.8%) indicates at least a one-year reversal of the trend.

Report Date  
Feb 5, 2019

Year  
2016

Value  
42%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Reported abstinence from all substances at follow-up has ranged from 38% to 59% over the last ten years (2007-2016). There has been a downward trend from 2012 to 2015 where reported abstinence decreased by 19 percentage points (from 57% to 38%). The increase of

3.8% percentage points from 2015 (38%) to 2016 (41.8%) indicates at least a one-year reversal of the trend.

Substance Abuse

**Strategy 4-2.1** Ensure access to substance abuse treatment and recovery supports through funding and coordination of treatment and recovery providers across the state. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Program Profile for Substance Use Disorders  
<http://idph.iowa.gov/About/Program-Profiles>

Who's Responsible

Iowa Department of Public Health, Bureau of Substance Abuse

Target Date

Dec 1, 2019

Report Date

April 2, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: IDPH access to treatment remains on track. The number of MAT (buprenorphine) waived prescribers are at 200 for 2021. The number of opioid treatment program (methadone) locations in the state has grown to 20.

Substance Abuse

<b>Objective 4-3</b>	Reduce prescription drug abuse among 11th grade students with SAMHSA funding.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2014	5%	2018	4%

Data Source & Location Iowa Youth Survey: <http://www.iowayouthsurvey.iowa.gov/>

Report Date

Feb 5, 2018

Year

2016

Value

5%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Grant funding is available for only three counties. IDPH is working on coordination and developing effective strategies.

Report Date

Feb 8, 2019

Year

2016

Value

5%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: ORIGINAL: Three counties represented by two prevention agencies were awarded the SPF Rx grant to reduce prescription drug misuse for youth ages 12-18 and young adults 18-25. These counties are currently on schedule completing the required Strategic Prevention Framework steps and are expected to begin implementation of four required strategies within the next seven months.

This objective has been revised: The three counties are now in the implementation step of the Strategic Prevention Framework.

Report Date

Feb 26, 2020

Year

2018

Value

4%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction



Progress notes: The state Iowa Youth Survey numbers in the 2018 results for "In the past 30 days, on how many days have you: Used prescription medications that were not prescribed for you by your doctor?" were at 4%. For each of the three counties: two were at 4% and one was at 3%.

Substance Abuse

**Strategy 4-3.1** Implement the Strategic Prevention Framework (SPF) in three counties.

Strategy Type  
Community-focused

Strategy Source & Location

SPF - Rx Grant: <http://idph.iowa.gov/substance-abuse/prevention>

Who's Responsible

Iowa Department of Public Health, Bureau of Substance Abuse

Target Date

Sep 30, 2021

<u>Report Date</u> Feb 26, 2020	<b>Progress on Strategy</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: The three counties continue the implementation step in the Strategic Prevention Framework process with four prevention strategies each. Two of the counties have recently adopted a new strategy to focus on information dissemination of YourLifelowa resources. New radio commercials for the Prescription Drugs are Still Drugs media campaign have been developed to increase variety and audience reach.

Substance Abuse

<b>Objective 4-4</b>	Reduce the number of opioid prescriptions dispensed per 100 Iowans.	Baseline Year 2014	Baseline Value 72.3	Target Year 2021	Target Value Below National Average
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Data Source & Location: <https://www.cdc.gov/drugoverdose/data/prescribing.html>

<u>Report Date</u> Mar 26, 2019	Year 2017	<b>Progress on Objective</b> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 56.4	

Progress notes: The number of opioid prescriptions per 100 Iowans has decreased substantially from 2014 to 2017. The rates of opioid prescriptions per 100 Iowans were 72.3 - 2014, 68.6 - 2015, 64 - 2016, and 56.4 - 2017. The rate in 2017 is below the US national average of 58.7.

<u>Report Date</u> Jun 9, 2020	Year 2018	<b>Progress on Objective</b> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 49.3	

Progress notes: The rates of opioid prescriptions per 100 Iowans were 72.3 - 2014, 68.6 - 2015, 64 - 2016, 56.4 - 2017, and 49.3 - 2018. The rate in 2018 is below the US national average of 51.7.



Report Date

Jul 12, 2021

Year

2019

Value

43

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes: The rates of opioid prescriptions per 100 lowans were 72.3 - 2014, 68.6 - 2015, 64 - 2016, 56.4 - 2017, 49.3 - 2018, and 43 - 2019. The rate in 2019 is below the US national average of 46.7.

Substance Abuse

**Strategy 4-4.1** Educate pharmacies and patients on partially filling CII medications when appropriate (such as opioids for acute pain) to prevent overuse, misuse, addiction, and diversion.

Strategy Type

Professional/provider-focused

Strategy Source & Location

<https://www.cdc.gov/drugoverdose/data/prescribing.html>

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Report Date

Mar 20, 2019

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: The Iowa Pharmacy Association helped with small pockets of education regarding partial filling of CII in 2018. IPA will be more strategic in the coming year for specific education regarding this practice. IPA is currently with IDPH regarding pain management education for all healthcare providers. Technical assistance was identified with a UIHC pharmacist to facilitate the educational offerings starting in 2019.

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Substance Abuse

**Goal #5** Reduce the overall number of substance abuse illicit urinalysis and increase the number of self-referrals for substance abuse (alcohol and drug) in the Iowa Army National Guard (IA ARNG) through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

Alignment with National Plans

Army Regulation 600-85 The Army Substance Abuse Program [http://www.monterey.army.mil/Substance\\_Abuse/inc/R600\\_85.pdf](http://www.monterey.army.mil/Substance_Abuse/inc/R600_85.pdf)

Alignment with State / Other Plans

Screening, Brief Intervention, and Referral to Treatment, Iowa Department of Public Health <http://www.idph.iowa.gov/sbirt>

Substance Abuse

<b>Objective 5-1</b>	Reduce illicit drug positives by 10%, from 99 positives in training year 2016 to 79 positives in training year 2018.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	99	2018	79

Data Source & Location | IA ARNG Substance Abuse Drug Testing Database, JFHQ

Report Date  
Dec 6, 2017

Year  
2017  
Value  
138

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Training year 2017 showed a significant increase with 138 Illicit positives (39% higher than 2016).

Report Date  
Apr 19, 2019

Year  
2018  
Value  
80

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Training year 2018 showed a significant decrease with 80 illicit positives (42% lower than 2017).

Substance Abuse

**Strategy 5-1.1** All commanders in IA ARNG will drug test a minimum of 10% of their unit monthly and each soldier a minimum of once annually. Strategy Type Individual/interpersonal-focused

Strategy Source & Location

Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

Who's Responsible

Unit Commanders supported by IA ARNG Substance Abuse Drug Testing Coordinator

Target Date

Oct 1, 2018

Report Date  
March 3, 2021

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes:

Substance Abuse

**Strategy 5-1.2** Every unit location in the IA ARNG will identify and train two substance abuse Unit Prevention Leaders (UPL) for a minimum of two hours of substance abuse prevention education training to all M-Day Soldiers and a minimum of four hours for AGR Soldiers annually.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

Who's Responsible

Commanders identify individuals, IA ARNG Substance Abuse Office provides training

Target Date

Oct 1, 2018

Report Date

March 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes:

Substance Abuse

**Strategy 5-1.3** All IA ARNG Soldiers will be screened for substance abuse using the Screening, Brief Intervention, and Referral (SBIRT) model by a licensed provider during their annual medical screening and SBIRT providers will encourage soldiers to self-identify to their chain of command if issues arise.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Substance Abuse

Who's Responsible

Commanders supported by SBIRT provider/ Army Medical Detachment

Target Date

Oct 1, 2018

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes:

Substance Abuse

**Objective 5-2**

Increase soldiers' self referrals (to their commanders) for substance abuse (alcohol and drug) from 15 in 2017 to 30 in 2018 in the IA ARNG.

Baseline Year	Baseline Value	Target Year	Target Value
2017	15	2018	30

Data Source & Location IA ARNG SharePoint: Only accessible from IA ARNG computer platforms.

Report Date

Apr 22, 2019

Year

2019

Value

8

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Self-Referrals are not trending in desired direction, difficult to track.

Report Date

March 5, 2021

Year

2021

Value

25

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes:

Substance Abuse

**Strategy 5-2.1** Commanders will become educated on the Army's Limited Use Policy and speak to their soldiers about the importance of self identification vs. getting caught Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2018 Substance Abuse Program Letter of Instruction, JFHQ

Who's Responsible

Commanders supported by IA ARNG Substance Abuse Office/Prevention Working Group

Target Date

Oct 1, 2018

Report Date

March 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes:

Substance Abuse

**Strategy 5-2.2** All commanders in IA ARNG will drug test a minimum of 10% of their unit monthly and each soldier by name a minimum of once annually. Consistent testing will promote self identify before the announcement of a test, as soldiers are always subject to testing. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

Who's Responsible

Unit Commanders supported by IA ARNG Substance Abuse Drug Testing Coordinator

Target Date

Oct 1, 2018

Report Date

March 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes:

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# FOCUS AREA: Addictive Behaviors

## Iowa Health Issue: Tobacco/Nicotine Use

Iowa Counties with Local Strategies

Buchanan, Calhoun, Cedar, Cerro Gordo, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Franklin, Greene, Hamilton, Hancock, Humboldt, Iowa, Jones, Linn, Louisa, Madison, Muscatine, Sioux, Tama, Van Buren, Winnebago, Woodbury, Worth

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Tobacco/Nicotine Use

**Goal #1** Reduce tobacco use and the toll of tobacco-caused disease and death by preventing youth from starting, helping Iowans to quit, and preventing exposure to secondhand smoke.

#### Alignment with National Plans

Healthy People 2020, Tobacco Use <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Encourage the use of CDC funds allocated to Iowa for Tobacco Control Programs. [www.cdc.gov/tobacco/index.htm](http://www.cdc.gov/tobacco/index.htm)

American Association of Colleges of Nursing resolution to strongly encourage schools of nursing to promote 100% smoke and tobacco free policies on their campuses to support a healthy working and living environment.

<http://www.aacn.nche.edu/media-relations/resolutions>

American Nurses Association position statement: *Reducing Tobacco Use in Pharmacies*

<http://www.nursingworld.org/positionstatements>

Pharmacists and Action on Tobacco

<https://www.fip.org/files/fip/tobacco/publications/Pharmacists%20and%20Action%20on%20Tobacco.pdf>

Promoting Quitting Among Adults and Young People: Outcome Indicators for Comprehensive Tobacco Control Programs-2015

[https://www.cdc.gov/tobacco/stateandcommunity/tobacco\\_control\\_programs/surveillance\\_evaluation/key-outcome-2015/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/key-outcome-2015/index.htm)

#### Alignment with State / Other Plans

Tobacco Use, Prevention, & Control 2014-2018 Strategic Plan

<http://idph.iowa.gov/Portals/1/Files/TUPAC/2014%20-%202018%20Strategic%20Plan.pdf>

State Innovation Model (SIM) Statewide Strategy Plans, Tobacco <http://idph.iowa.gov/SIM>

#### Tobacco/Nicotine Use

Objective 1-1	Decrease current tobacco use among youth under 18 from 6% to 5%. (This figure excludes e-cigarettes.)	Baseline Year	Baseline Value	Target Year	Target Value
		2014	6%	2020	5%

Data Source & Location: Iowa Youth Survey, <http://www.iowayouthsurvey.iowa.gov/>

Report Date: Feb 19, 2018  
Year: 2016  
Value: 4%

#### Progress on Objective

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Seven Community Partnerships serving 12 counties are working locally to assist school districts update their tobacco/nicotine-free policies. IDPH Division of Tobacco Use Prevention and Control also provides assistance to any school wishing to update its policy. There are 71 Iowa Students for Tobacco Education and Prevention (ISTEP) Chapters and 1,878 ISTEP members serving 39 counties in Iowa. ISTEP provides leadership opportunities and program

activities for youth in 7th - 12th grade. Community Partnerships also regularly educate about the impact tobacco retailers have in their communities.

Report Date  
Feb 20, 2019

Year  
2018

Value  
4%

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input checked="" type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: Three Community Partnerships serving five counties are working locally to assist school districts update their tobacco/nicotine-free policies. IDPH Division of Tobacco Use Prevention and Control also provides assistance to any school wishing to update its policy. As of February, 2019 there are 77 Iowa Students for Tobacco Education and Prevention (ISTEP) Chapters serving 39 counties in Iowa. ISTEP provides leadership opportunities and program activities for youth in 7th - 12th grade.

Report Date  
Feb 19, 2021

Year  
2018

Value  
4%

Progress on Objective			
<input type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input checked="" type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: State funded local Community Partnerships are working locally to assist school districts update their tobacco/nicotine-free policies. IDPH Division of Tobacco Use Prevention and Control also provides assistance to any school wishing to update its policy. Currently there are 70 chapters in 44 counties registered on IowaSTEP.org. Eight of the 70 chapters are newly established this current school year. ISTEP provides leadership opportunities and program activities for youth in 7th - 12th grade. Community Partnerships also regularly educate about the impact tobacco retailers have in their communities.

Tobacco/Nicotine Use

**Strategy 1-1.1** Increase the tobacco tax to \$2.36 and revise how we tax all tobacco products in the state to make it more balanced. Strategy Type  
Policy-focused

Strategy Source & Location

Campaign for Tobacco Free Kids, CDC recommended strategy to decrease smoking rates especially among youth

Who's Responsible

Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Iowa Tobacco Control Commission

Target Date

May 1, 2019

Report Date  
Mar 2, 2021

Progress on Strategy			
<input type="checkbox"/>	Complete	<input type="checkbox"/>	On track
<input type="checkbox"/>	Off track	<input checked="" type="checkbox"/>	No progress

Progress notes:

Tobacco/Nicotine Use

**Strategy 1-1.2** Increase the amount of funding for the tobacco control and prevention program at the Iowa Department of Public Health to CDC-recommended levels. Strategy Type  
Policy-focused

Strategy Source & Location

Campaign for Tobacco Free Kids, CDC recommended strategy to decrease smoking rates especially among youth

Who's Responsible

Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart

<u>Report Date</u> Mar 2, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: Increases in funding have not materialized. Education of legislators on the issue will continue.

Tobacco/Nicotine Use

**Strategy 1-1.3** Improve the Smoke-Free Air Act by including casinos as a public place that should prohibit smoking and also include e-cigarettes as products that are prohibited from usage in public places. Strategy Type  
Policy-focused

Strategy Source & Location  
CDC recommendation for effective tobacco control  
Campaign for Tobacco Free Kids, American Cancer Society, American Heart Association research

Who's Responsible Target Date  
Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Tobacco Use, Prevention, and Control Commission Jul 1, 2020

<u>Report Date</u> Mar 2, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: Efforts to improve the Smoke-Free Air Act have not been successful. Education of legislators on expanding the Smoke-Free Air Act will continue.

Tobacco/Nicotine Use

**Strategy 1-1.4** Encourage nurse-parents and all other nurses to be role models for all children. Strategy Type  
Professional/provider-focused

Strategy Source & Location  
Iowa Nurses Association  
<http://www.tobaccofreenurses.org/>

Who's Responsible Target Date  
Iowa Nurses Association (INA) Public Policy Committee Jan 1, 2019

<u>Report Date</u> May 13, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: INA supported all legislation in this session that supported Smoke-Free Air Act.

Tobacco/Nicotine Use

**Strategy 1-1.5** Continue to follow and support legislation at the state and federal level that will control tobacco and nicotine use, especially monitoring vapor product use. Strategy Type  
Policy-focused

Strategy Source & Location  
2016 Iowa Nurses Association Resolutions.  
<http://www.iowanurses.org/Portals/11/2016%20INA%20Resolutions.pdf?ver=2016-07-25-125447-050>

Who's Responsible Target Date  
Iowa Nurses Association (INA) Public Policy Committee Jan 1, 2019

<u>Report Date</u> May 13, 2021	<u>Progress on Strategy</u> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: At the national and state levels, the Public Policy Committee has continued to pay considerable attention to legislation that results in freeing more children and adults from nicotine and tobacco addiction.

Tobacco/Nicotine Use

**Strategy 1-1.6** Publish an article in the IOWA NURSE REPORTER to update nurses on the impact of new forms of tobacco and smoking products. Strategy Type  
Professional/provider-focused

Strategy Source & Location

2016 Iowa Nurses Association Resolutions.

<http://www.iowanurses.org/Portals/11/2016%20INA%20Resolutions.pdf?ver=2016-07-25-125447-050>

Who's Responsible

Iowa Nurses Association (INA) Public Policy Committee

Target Date

Jan 1, 2019

Report Date

May 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: This strategy was complete in 2019.

Tobacco/Nicotine Use

<b>Objective 1-2</b>	Decrease adult smoking prevalence from 18.1% to 17.5%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	18.1%	2020	17.5%

Data Source & Location Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date

Feb 19, 2018

Year

2016

Value

16.7%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: All Community Partnerships promote Quitline Iowa as well as educate health professionals about Ask, Advise and Refer system in the entire state

Report Date

Feb 13, 2019

Year

2017

Value

17.1%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Promotion of Quitline Iowa is carried out through local activities by Division contractors, Community Partnerships; through collaboration with IDPH programs; advocates and other collaborative groups such as the Healthiest State Initiative.

Report Date

Jun 9, 2020

Year

2018

Value

16.6

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes:

Report Date

Mar 2, 2021

Year

2019

Value

16.4

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction



Progress notes: All Community Partnerships promote Quitline Iowa as well as educate health professionals about Ask, Advise and Refer system in the entire state. Promotion of Quitline Iowa is carried out through local activities by Division contractors, Community Partnerships; through collaboration with IDPH programs; advocates and other collaborative groups such as the Healthiest State Initiative.

Tobacco/Nicotine Use

**Strategy 1-2.1** Pursue legislation to allow pharmacists to prescribe smoking cessation medication under a statewide protocol. Strategy Type  
Policy-focused

Strategy Source & Location

2017 IPA legislative priority (unpublished)

Who's Responsible

Iowa Pharmacy Association

Target Date

Dec 31, 2020

<u>Report Date</u> Mar 14, 2020	<u>Progress on Strategy</u> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: The Iowa Board of Pharmacy finalized rules to allow pharmacists to order and dispense a prescription for nicotine replacement therapies for tobacco cessation eligible patients. The rules became effective on April 5, 2019. The Board requires that pharmacists maintain continuing pharmacy education on tobacco cessation in order to participate in the statewide protocol. CEImpact, a national continuing pharmacy education accreditation group created a comprehensive education program for pharmacists on patient education, motivational interviewing, and tobacco cessation therapies. IPA also hosted an educational webinar in April 2019 to educate pharmacists on navigating the statewide protocols. IPA has also continued to collaborate with the Iowa Medicaid Enterprise to include pharmacists as recognized providers pursuant to the established statewide protocols. Pharmacists are currently enrolling as providers through IME and will be able to submit claims for nicotine replacement therapy products beginning July 1, 2020.

<u>Report Date</u> Mar 5, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: IPA is pursuing legislation to expand the smoking cessation statewide protocol to include prescription-based smoking cessation products during the 2021 Legislative Session.

Tobacco/Nicotine Use

<b>Objective 1-3</b>	Increase the number of Quitline Iowa users from 2,635 in 2019 to 3,000 by 2025.	Baseline Year	Baseline Value	Target Year	Target Value
		2019	2,635	2025	3,000

Data Source & Location: Quitline Iowa contractor's monthly data, Iowa Department of Public Health

<u>Report Date</u> Feb 19, 2018	Year 2017	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
	Value 5,978	

Progress notes: In April 2016, Managed Care Organizations (MCOs) assumed responsibility for Medicaid. Because over 70% of our users for Quitline Iowa in the past were on Medicaid we saw a significant decrease in users to Quitline Iowa as the MCOs have their own cessation protocols. This change may account for a decrease in Quitline users. 2016 BRFSS data shows that 49.3% of adult Iowans know about Quitline Iowa.

Report Date Year  
Feb 20, 2019 2018  
Value  
4,570

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: In April 2016, Managed Care Organizations (MCOs) assumed responsibility for Medicaid. Because over 70% of our users for Quitline Iowa in the past were on Medicaid we saw a significant decrease in users to Quitline Iowa as the MCOs have their own cessation protocols. This change may account for a decrease in Quitline users. 2016 BRFSS data shows that 49.3% of adult Iowans know about Quitline Iowa. At the end of Division federal reporting year, there were 4,570 Quitline Iowa users.

Report Date Year  
Mar 2, 2021 2019  
Value  
2,635

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: In April 2016, Managed Care Organizations (MCOs) assumed responsibility for Medicaid. Because over 70% of our users for Quitline Iowa in the past were on Medicaid we saw a significant decrease in users to Quitline Iowa as the MCOs have their own cessation protocols. This change may account for a decrease in Quitline users. 2016 BRFSS data shows that 49.3% of adult Iowans know about Quitline Iowa. At the end of Division federal reporting year, there were 2,635 Quitline Iowa users.

Tobacco/Nicotine Use

**Strategy 1-3.1** Promote health systems changes to support tobacco cessation.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

Who's Responsible

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

Target Date

Dec 31, 2018

Report Date	Progress on Strategy			
Mar 2, 2021	<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input checked="" type="checkbox"/> No progress

Progress notes: IDPH Division of Tobacco Use Prevention and Control contractors, Community Partnerships, promote the Ask, Advise and Refer system in their service areas across the state. The Division also collaborates with IDPH programs to promote Quitline Iowa and the referral process with their contractors and partners.

Tobacco/Nicotine Use

Objective 1-4	Baseline Year	Baseline Value	Target Year	Target Value
By March 31, 2019, increase the number of properties (low-income, affordable, Public Housing Authority, and market rate) that adopt a smoke-free policy from 1,064 to 1,200.	2018	1,064	2019	1,200

Data Source & Location: Smoke Free Homes Registry: <https://smokefreehomes.iowa.gov/properties>

Report Date Year  
Feb 19, 2018 2018  
Value  
1,064

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: IDPH Division of Tobacco Use Prevention and Control staff continue to provide technical assistance to the Iowa Finance Authority, National Association of Housing and Redevelopment Officials (HUD related housing), and other property managers to adopt a smoke-free policy for their properties.

Report Date      Year  
Feb 20, 2019      2019  
  
Value  
1,241

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: IDPH Division of Tobacco Use Prevention and Control staff continue to provide technical assistance to the Iowa Finance Authority, National Association of Housing and Redevelopment Officials (HUD related housing), and other property managers to adopt a smoke-free policy for their properties. Five Community Partnerships representing five counties are working locally with properties to go smoke-free.

Report Date      Year  
Mar 2, 2021      2021  
  
Value  
1,319

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: IDPH Division of Tobacco Use Prevention and Control staff continue to provide technical assistance to the Iowa Finance Authority, National Association of Housing and Redevelopment Officials (HUD related housing), and other property managers to adopt a smoke-free policy for their properties.

Tobacco/Nicotine Use

**Strategy 1-4.1** Increase policies for smoke-free multi-unit housing. Strategy Type  
Policy-focused

Strategy Source & Location

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

Who's Responsible

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

Target Date

Dec 31, 2018

Report Date	Progress on Strategy			
Mar 2, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Division continues to do outreach to statewide housing organizations; promotes the program through media and its website. There are five Community Partnerships serving five counties providing local support in their service area.

Tobacco/Nicotine Use

Objective 1-5	Baseline Year	Baseline Value	Target Year	Target Value
Increase the adoption of 100% tobacco-free and nicotine-free campus policies from 317 to 482 school districts, private school systems by March 30, 2022.	2018	317	2022	482

Data Source & Location | Division of Tobacco Use Prevention and Control database of K-12 public and accredited private schools  
<https://idph.iowa.gov/tupac/control>

Report Date  
Feb 19, 2018

Year  
2018  
  
Value  
317

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Local contractors and Division staff continue to provide technical assistance to public and private school districts adopt a tobacco and nicotine free policy.

Report Date  
Feb 20, 2019

Year  
2019  
  
Value  
366

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: 366 out of 497 (current 2018-2019 school year) school districts with tobacco- and nicotine-free policy. The Division and its contractors, Community Partnerships continue state-wide and local outreach to public and non-public accredited school districts.

Report Date  
Mar 2, 2021

Year  
2021  
  
Value  
435

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Local contractors and Division staff continue to provide technical assistance to public and private school districts adopt a tobacco and nicotine free policy.

Tobacco/Nicotine Use

**Strategy 1-5.1** Establish and strengthen tobacco-free policies in schools and on college/university campuses.

Strategy Type  
Policy-focused

Strategy Source & Location

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

Who's Responsible

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

Target Date

Mar 30, 2020

Report Date  
Mar 2, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes:

# FOCUS AREA: Chronic Disease

## Iowa Health Issue: Cancer

Iowa Counties with Local Strategies

Adams, Allamakee, Calhoun, Clay, Davis, Delaware, Humboldt, Iowa, Madison, Muscatine, Sioux, Van Buren, Woodbury, Wright

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Cancer

**Goal #1** Increase colorectal cancer screening rates in Iowa.

#### Alignment with National Plans

National Colorectal Cancer Roundtable <http://nccrt.org/tools/80-percent-by-2018/>

#### Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

#### Cancer

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> Increase the percentage of people age 50-75 years of age who had a colorectal screening test* from 68.6% (2016) to 80% by 2022.	2016	68.6%	2022	80%

\* Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past 5 years.

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date	Year	Value
Mar 23, 2018	2016	68.6%

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Progress towards achieving this goal continues to be a priority for the Department, Iowa Cancer Consortium, American Cancer Society and a number of state and federal agencies, and local organizations. Involvement across various sectors, including health systems, workplaces, and insurers are just a few the areas of focus. In fact, the Department became an official member of the National Colorectal Cancer Roundtable joining the national effort to reach a 80% screening rate by 2018.

Report Date	Year	Value
Mar 7, 2019	2016	68.6%

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Question is only asked every other year. New data is not available at this time. Progress towards achieving this goal continues to be a priority for the Department, Iowa Cancer Consortium, American Cancer Society and a number of state and federal agencies, and local organizations. Involvement across various sectors, including health systems, workplaces, and insurers are just a few the areas of focus. In fact, the Department became an official member

of the National Colorectal Cancer Roundtable joining the national effort to reach a 80% screening rate by 2018.

Report Date  
Jul 12, 2021

Year  
2018

Value  
71.5%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes:

Cancer

**Strategy 1-1.1** Educate the public about the importance of cancer screening guidelines.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date  
Mar 15, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Iowa Cancer Consortium continues to develop and implement screening messages and information for the public and providers. This will be an extra important strategy as screening rates have dropped significantly during the pandemic.

The Consortium's Colorectal and Breast Screening workgroups continue to meet as needed to discuss collaborative efforts.

With funding from the Iowa Cancer Consortium, Gilda's Club of the Quad Cities hosted Colorectal Cancer Prevention & Screening presentations with CEU eligibility to healthcare professionals in Muscatine (9/27/17) and Davenport (1/18/18) with a total of 26 Iowans served.

With funding from the Iowa Cancer Consortium from July 1, 2017-June 1, 2018, Girls Inc. in Sioux City educated approx. 88 Iowa moms and daughters about breast, skin, and cervical cancer, screening, and prevention strategies using native-specific materials.

Cancer

**Strategy 1-1.2** Promote and support programs that provide free or low-cost recommended screenings to people who are uninsured or underinsured.

Strategy Type  
Community-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action E

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date  
Mar 15, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: In FY20 and 21 Promise Community Health Center received Iowa Cancer Plan Implementation Grant funding to offer breast screening and education for uninsured women.

The Iowa Cancer Consortium includes information about free or low-cost screenings in its electronic newsletter, which reaches approximately 1,500 Iowans. Information is also shared through its social media networks.

Cancer

**Strategy 1-1.3** Encourage providers, clinics and systems to use evidence-based strategies, such as system-based patient reminder tools, to increase cancer screenings. Strategy Type  
Professional/provider-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

<u>Report Date</u>	<u>Progress on Strategy</u>
March 15, 2021	<input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress

Progress notes: A report is not available at this time.

Cancer

**Strategy 1-1.4** Implement evidence-based interventions, recommended by the Community Guide, in clinics to increase colorectal cancer screening rates. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Get Screened Program

Who's Responsible

Iowa Department of Public Health, American Cancer Society

Target Date

Jun 29, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>
March 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The Department and Iowa Primary Care Association continue to partner with federally qualified health centers to implement evidence-based interventions. The overall impact of this collaboration reaches 164,081 Iowans age 50-75, including a total of 10 health systems, 30 clinics, and 157 health care providers. The clinics are using Fecal Immunochemical Test (FITs) as the primary screening test. A majority of the clinics do not have access to free colorectal cancer screening tests for their patients.

Cancer

**Strategy 1-1.5** Plan and/or promote colorectal cancer screening guidelines to health care professionals. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Get Screened Program

Who's Responsible

Iowa Department of Public Health, American Cancer Society

Target Date

Jun 29, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>
March 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Screening guidelines and provider education continue to occur in the federally qualified health centers focused on colorectal cancer. For example, the Department educated ten Federally Qualified Health Centers (FQHCs) on colorectal cancer screening guidelines and best practices through a partnership with the Iowa Primary Care Association (IPCA).



Cancer

**Strategy 1-1.6** Provide colorectal cancer screenings for uninsured and underinsured Iowans ages 50 to 75.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

Iowa Code section 135.11 Chapter 10 "Iowa Get Screened Cancer Program"

<https://www.legis.iowa.gov/docs/aco/arc/2562c.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jul 1, 2020

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Department partners with Black Hawk County Health Department and Polk County Health Department to provide colorectal cancer screenings to eligible Iowans. Since June 2010, the Department's screening program detected 129 individuals with precancerous polyps and prevented cancer.

Cancer

**Objective 1-2**

The 11 federally qualified health centers (FQHCs) in IowaHealth+ will either increase their colorectal cancer screening rate (based on their 2015 UDS rate) by 10%, in 2016, or achieve the 80% target set by the National Colorectal Cancer Roundtable.

Baseline Year	Baseline Value	Target Year	Target Value
2015	39.2%	2018	80%

Data Source & Location

Uniform Data System, HRSA (baseline value is an average across the 11 FQHCs with varying individual FQHC performance. The 10% goal is an improvement for each FQHC individually in 2016 from their 2015 baseline.)

Report Date

May 22, 2018

Year

2017

Value

46.2%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: One FQHC has met the 80% set by the National Colorectal Cancer Roundtable, and five additional FQHCs improved their screening rates by more than 10% between 2015 and 2017. For the remaining five FQHCs, two achieved improvements in their screening rates, and three were status quo or experienced decreases in their rates.

Report Date

March 7, 2019

Year

2018

Value

50.8%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: One FQHC has exceeded the 80% goal set by the National Colorectal Cancer Roundtable; nine additional FQHCs improved their screening rates from 2017-2018. One FQHC had a 1.3% decline in their screening rate between 2017 and 2018. Overall, from 2015 to 2018, the FQHCs have improved their CRC screening rates by 11.6%.

Report Date

Mar 23, 2021

Year

2019

Value

54.4%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The 11 FQHCs participating in the Iowa PCA's Transformation Collaborative continued to make progress on their colorectal cancer screening rates in 2019 increasing their screening rates from 2018 to 2019 by nearly 4% and increasing screening rates by 15% since 2015. Nine of the



11 health centers have seen steady improvements in screening rates when looking at trend data from 2016 - 2019.

Cancer

**Strategy 1-2.1** Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Primary Care Association

Who's Responsible

Iowa Primary Care Association Performance Improvement Team

Target Date

Jan 1, 2021

Report Date

Mar 23, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: All 11 FQHCs continued to participate in the Transformation Collaborative and focus on educating clinic staff about colorectal cancer screening guidelines, best practices, and implementation of CDC-recommended evidence-based interventions. Topics of focus for training and technical assistance in SFY21 have included: patient navigation work flows, increasing overall awareness of CRCS among care teams and patients, and referral relationships with GI specialists.

Cancer

**Goal #2** Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.

Alignment with National Plans

Healthy People 2020, Cancer <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

<b>Objective 2-1</b>	Reduce cancer mortality from 167.3 per 100,000 Iowans to 153.9 per 100,000 and incidence from 459.5 to 402.0 by 2022.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2012-2014	mortality 167.3 incidence 459.5	2022	mortality 153.9 incidence 402.0

Data Source & Location: Surveillance, Epidemiology and End Results Program (SEER) data, State Health Registry of Iowa. <https://www.public-health.uiowa.edu/shri/>

Report Date

Mar 21, 2019

Year

2016

Value

mortality:  
158.3\*  
incidence:  
472.0\*  
(provisional data)

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The most recent 2018 SEER data indicates that the mortality rate is 160.2 and the morbidity rate is 465.9.

Cancer

**Strategy 2-1.1** Convene at least 10 educational and collaborative opportunities to increase the expertise of partners and stakeholders in prevention, early detection, treatment, quality of life and health equity.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 1

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

Complete    On track    Off track    No progress

Progress notes: In FY19-21 the Iowa Cancer Consortium met this target each year with virtual and in-person events, trainings, and workgroup and committee meetings.

In FY18, the Iowa Cancer Consortium provided 9 virtual learning/capacity-building opportunities to Iowa's cancer control professionals and advocates.

In FY18, the Iowa Cancer Consortium hosted 30 topic-specific workgroup and committee meetings for Iowa's cancer control professionals and advocates.

Regional Iowa Cancer Consortium Spring meetings were held in April of 2018, and included networking, learning, and community-specific information for Iowa's cancer control professionals and advocates. Meetings were held April 6 in Council Bluffs, April 20 in Ames, and April 24 in Dubuque.

The annual Iowa Cancer Summit was held September 23-24, 2018, and featured networking and learning opportunities across the cancer control spectrum. 118 professionals and advocates attended.

To date in FY19, the Iowa Cancer Consortium has hosted 12 topic-specific workgroup and committee meetings for Iowa's cancer control professionals and advocates.

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Cancer

**Goal #3** Decrease incidence of lung cancer.

Alignment with National Plans

Healthy People 2020, Cancer, <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Healthy People 2020, Tobacco Use, <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Best Practices for Comprehensive Tobacco Control Programs - 2014

[http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/comprehensive.pdf](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf)

President's Cancer Panel. 2008-2009 - Reducing Environmental Cancer Risk: What We Can Do Now

[https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP\\_Report\\_08-09\\_508.pdf](https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP_Report_08-09_508.pdf)

Environmental Protection Agency. 2016 - National Radon Action Plan

[https://www.epa.gov/sites/production/files/2015-11/documents/nrap\\_guide\\_2015\\_final.pdf](https://www.epa.gov/sites/production/files/2015-11/documents/nrap_guide_2015_final.pdf)

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/lowa-Cancer-Plan.aspx>

Cancer

Objective 3-1	Increase adult cessation attempts* from 52.5% (2016) to 57.8% by 2022.	Baseline Year	Baseline Value	Target Year	Target Value
	*Percent of current smokers trying to quit for a day or more, all races, both sexes, ages 18+.	2016	52.5%	2022	57.8%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date	Year	Value	Progress on Objective
Feb 23, 2018	2016	52.5%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: The decrease in percentage of lowans quitting for a day is a barometer of the difficulty they face in quitting permanently.

Report Date	Year	Value	Progress on Objective
March 7, 2019	2017	52.7%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The slight increase again demonstrates the difficulty lowans face in quitting permanently.

Report Date	Year	Value	Progress on Objective
Jul 13, 2021	2018	51.8%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes:

Report Date

Jul 13, 2021

Year

2019

Value

51.6%

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes:

Cancer

**Strategy 3-1.1**

Increase referrals to and participation in evidence-based tobacco cessation services for all tobacco users, including tobacco survivors.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action D

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Cancer Consortium includes information about tobacco cessation services in its electronic newsletter, which reaches approximately 1,500 Iowans. Information is also shared through its social media networks.

Cancer

**Strategy 3-1.2**

Increase the number of insurance plans covering evidence-based cessation services, Nicotine Replacement Therapy (NRT) and counseling.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action M

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Data cannot be accessed because there is so much variation among insurance policies.

Cancer

**Strategy 3-1.3**

Require that nicotine delivery devices, including e-cigarettes, be held to the same advertising, promotion and sponsorship standards as all other tobacco and nicotine products.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action G

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: ACS CAN has led efforts to accomplish this at the state legislative level in recent years.

Cancer

<b>Objective 3-2</b>	Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
	*Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes).	2016	19%	2022	17%

Data Source & Location: Iowa Youth Survey, State of Iowa Report <http://www.iowayouthsurvey.iowa.gov/>

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Feb 23, 2018	2016	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	See Progress Notes				

Progress notes: 2018-2022 Iowa Cancer Plan Target states: Decrease tobacco use among youth: 11th grade overall tobacco use rate including cigarettes, smokeless, cigars, pipes, and water pipes from 10% (2016) to 9% by 2022.

The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including tobacco.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Feb 28, 2019	2018	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	17%				

Progress notes: <https://iowayouthsurvey.idph.state.ia.us/Reports/State-of-Iowa>

Cancer

**Strategy 3-2.1** Increase the number of school districts, colleges/ universities, workplaces, housing units and parks that implement comprehensive tobacco and nicotine-free policies. Strategy Type  
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action K

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

<u>Report Date</u>	<u>Progress on Strategy</u>			
Mar 15, 2021	<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input checked="" type="checkbox"/> No progress

Progress notes: A progress report is not available.

Cancer

**Strategy 3-2.2** Maintain or increase funding to the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control to CDC-recommended levels for Iowa. Strategy Type  
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action I

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: In 2020 and 2021 ACSCAN prioritized level funding for Tobacco and cancer program funding.

Efforts (led by ACSCAN) to increase the tobacco tax in 2018 were not successful. In 2019, ACSCAN again led a coalition of organizations who support legislation to increase the tobacco tax by \$1.50 per pack, with comparable increases on other tobacco products. The coalition is asking lawmakers to designate \$9 million of the revenue generated from the tax for tobacco control and prevention. This would be an increase in funding of nearly \$5 million.

Cancer

**Strategy 3-2.3** Increase the tax on tobacco products.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action H

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Dec 31, 2017

Report Date

Mar 15, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: This is not a legislative priority of ACSCAN this year.

Efforts (led by ACSCAN) to increase the tobacco tax in 2018 were not successful. In 2019, ACSCAN again leads a coalition of organizations who support legislation to increase the tobacco tax by \$1.50 per pack, with comparable increases on other tobacco products. The Iowa Cancer Consortium Board of Directors continues to voice support for this effort.

Cancer

**Objective 3-3** Decrease age-adjusted incidence per 100,000 of lung cancer by reducing exposure to radon.

Baseline Year	Baseline Value	Target Year	Target Value
2012-2014	63.2	2022	49.1

Data Source & Location | Iowa Cancer Registry, Invasive Cancer Incidence Rates <https://www.cancer-rates.info/ia/index.php>

Report Date

Feb 21, 2018

Year

2012-2014

Value

63.2

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon.

Report Date

March 7, 2019

Year

2013-2015

Value

63.6

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: A report on the collaborative effort is not available at this time.

Report Date

Jul 13, 2021

Year

2014-2016

Value

62.8

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes:

Cancer

**Strategy 3-3.1** Educate the public, health care providers, public health officials, schools, property owners, managers and policy makers about radon and other environmental substances linked to cancer.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action B

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2021

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The School Radon Training & Support System also received Iowa Cancer Plan Implementation Grant funding in FY19 and 20. With FY18 funding from the Iowa Cancer Consortium, the School Radon Training & Support System Expansion Project reached 16,589 students, 2,765 teachers and support staff in 19 Iowa Counties. The project resulted in 36 school buildings being tested for radon, with 5 active mitigation systems installed. The work continues into FY2019.

Cancer

**Strategy 3-3.2** Require newly constructed homes and buildings to be built using passive radon control methods according to the 2015 International Residential Building Code.

Strategy Type  
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

March 7, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: A report on the collaborative work is not available at this time.

Cancer

**Strategy 3-3.3** Collaborate with cities and housing departments to develop initiatives that provide financial assistance for radon testing and mitigation.

Strategy Type  
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action C

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon. The Radon Workgroup is currently exploring statewide resources for financial support of radon mitigation.

Cancer

**Goal #4** Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases, Objective 11:  
<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/lowa-Cancer-Plan.aspx>

Cancer

Objective 4-1	Increase the percentage adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	27%	2022	29.7%

Data Source & Location: Iowa Public Health Tracking Portal. <https://tracking.idph.iowa.gov/Health/Immunization/Human-Papillomavirus-Vaccine/Human-Papillomavirus-Vaccine-Data>

Report Date	Year	Value	Progress on Objective
Feb 21, 2018	2016	27%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including HPV. The Consortium and partners at American Cancer Society recently completed a project funded by the American Academy of Pediatrics that provided education to health care providers within the UnityPoint Health System in Iowa. The project also provided incentives and helped clinics institute practice change to increase HPV vaccination provider recommendation and vaccine uptake.

Report Date	Year	Value	Progress on Objective
Feb 28, 2019	2017	38%	<input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The target has been exceeded.

Report Date	Year	Value	Progress on Objective
Jul 13, 2021	2018	43%	<input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

Progress notes:



Report Date

Jul 13, 2021

Year

2019

Value

38%

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes:

Report Date

Jul 13, 2021

Year

2020

Value

48%

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes:

Cancer

**Strategy 4-1.1** See the following strategies in the section, Adolescent Immunizations:  
1-1.3, 1-1.4, 1-1.5, 1-2.3, 1-2.4, 1-2.5

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan

Who's Responsible

Iowa Cancer Consortium and partners

Target Date

Jan. 1, 2022

Report Date

Mar 15, 2021

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: See progress reported in the Adolescent Immunization report.

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Cancer

**Goal #5** Increase protective behaviors from sun/ultraviolet exposure.

Alignment with National Plans

Guide to Community Preventive Services [www.thecommunityguide.org](http://www.thecommunityguide.org)

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

<b>Objective 5-1</b>	Decrease the age-adjusted incidence per 100,000 for skin melanoma* through programs and policies that discourage and prohibit use of tanning beds.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2012-2014	24.9	2022	27.5

\* Note that skin cancer incidence has been on an upward trend. While the 2022 target is higher than the baseline, it is a reduction of the projected 2022 rate.

Data Source & Location | Iowa Cancer Registry, Invasive Cancer Incidence Rates <http://www.cancer-rates.info/ia/index.php>

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
Feb 21, 2018	2012-2014	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		
	24.9				

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including UV and Sun Safety.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
March 7, 2019	2013-2015	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		
	26.2				

Progress notes: A report on the collaborative effort is not available at this time.

<u>Report Date</u>	Year	<b>Progress on Objective</b>			
Jul 13, 2021	2014-2016	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		
	26.8				

Progress notes:

Cancer

**Strategy 5-1.1** Increase public education about the harms of exposure to ultraviolet light from tanning beds. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 6, Action E

Who's Responsible  
Iowa Cancer Consortium members and partners

Target Date  
Jan. 1, 2022

Report Date  
Mar 15, 2021

Progress on Strategy  
 Complete     On track     Off track     No progress

Progress notes: With funding from the Iowa Cancer Consortium, Gilda's Club Quad Cities provided skin cancer prevention & awareness presentations to 490 Iowans at Clinton High School (2/8/18), Muscatine High School (2/15/18), Davenport North High School (2/22/18), Davenport West High School (2/26/18 and 5/7/18), and Davenport Central High School (3/8/18). Within the program, Gilda's also provided skin cancer prevention & awareness presentations with a target audience of parents in Muscatine (4/5/18), Davenport (4/24/18) and Clinton (4/26/18) with a total of 20 Iowans served.

Cancer

**Strategy 5-1.2** Advocate for prohibiting the use of tanning beds for all Iowans under the age of 18.      Strategy Type  
Policy-focused

Strategy Source & Location  
2018-2022 Iowa Cancer Plan: Goal 6, Action G

Who's Responsible  
Iowa Cancer Consortium members and partners

Target Date  
Jan. 1, 2022

Report Date  
Mar 15, 2021

Progress on Strategy  
 Complete     On track     Off track     No progress

Progress notes:

Cancer

**Goal #6** ORIGINAL: Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.  
REVISION: *The Susan B. Koman program is no longer functioning in Iowa so Goal #6 with accompanying objectives and strategies will be deleted.*

Alignment with National Plans

Susan G. Komen Plan Announcement  
<http://komeniowa.org/komen-announces-nearly-33-million-in-research-funding-to-support-bold-goal/>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

<b>Objective 6-1</b>	Decrease the number of counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of linguistic isolation and/or low educational achievement.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2017	18	2020	17

Data Source & Location: Komen Iowa Community Profile Report  
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/> p. 45-46

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Apr 19, 2018	2017	<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
	Value	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		
	17				

Progress notes: Through our partnership with our grantees such as the Iowa Department of Public Health, we have been able to work toward increasing screening rates in counties that demonstrate higher than average percentages of late-stage diagnosis by implementing patient navigation components to the Care for Yourself Program. We also have funded bi-lingual patient navigators in areas with high Hispanic population to best address the linguistic barre to care.

Report Date  
Apr 18, 2019

Year  
2018  
Value  
17

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Through our partnership with our grantees such as the Iowa Department of Public Health, we have been able to work toward increasing screening rates in counties that demonstrate higher than average percentages of late-stage diagnosis by implementing patient navigation components to the Care for Yourself Program. We also have funded bi-lingual patient navigators in areas with high Hispanic population to best address the linguistic barre to care.

Cancer

**Strategy 6-1.1** Fund programs that provide culturally-competent, multi-cultural, evidence-based breast cancer education that results in documented age-appropriate breast cancer action such as talking to one's doctor about personal risk or getting a screening mammogram.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report  
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Report Date  
Apr 18, 2019

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Through our work with the Fight Strong Fight Together campaign, we have helped increased African American screening rates in Polk County by 1,000%. We used representatives from the African American community to carry awareness messaging.

Cancer

**Objective 6-2**

Identify and accept applications for programs per quadrant that aim to decrease the barriers created by geographic access issues in counties that demonstrate higher than average percentages of late-stage diagnosis **and** demonstrate higher than average percentages of residents who live in medically underserved and/or rural areas.

Baseline Year	Baseline Value	Target Year	Target Value
2017	N/A	2020	4 quadrants a year

Data Source & Location: Komen Iowa Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Report Date  
Feb 19, 2018

Year  
2018  
Value  
4

Progress on Objective			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: We identify our priority counties by using the data provided in our Community Profile. From there, we are able to fund transportation assistance programs, such as gas cards and patient navigation positions that help address barriers to care.

Report Date  
Apr 18, 2019

Year  
2019  
  
Value  
4

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: Komen uses its Community Profile to create a request for applications to fund programs that decrease barriers. This year, Komen is also launching its own Treatment Assistance Program that will provide \$300 stipends for women who need financial assistance going through treatment. The most common barrier identified with this program has been transportation.

Cancer

**Strategy 6-2.1** Fund programs that maximize convenience to access along the continuum of care including, but not limited to, transportation assistance, telemedicine, scheduling assistance, and flexible hours of service. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location  
Komen Iowa 2015 Community Profile Report  
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible  
Susan G. Komen Iowa's Mission Initiatives Committee Target Date  
Jan 1, 2020

<u>Report Date</u>	Progress on Strategy			
Apr 18, 2019	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: We fund and continue to fund these programs.

Cancer

<b>Objective 6-3</b>	Accept applications that make breast cancer screenings, diagnosis, and treatment more accessible to all women by providing financial support.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	N/A	2020	TBD

Data Source & Location: Komen Iowa Community Profile Report.  
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Report Date  
Feb 18, 2018

Year  
2017  
  
Value  
TBD

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: Every year, Komen releases a request for applications/proposals throughout our 106 county service area and conducts a grant review process on all applicants. From this process, we are able to identify programs that support our goal to improve access to breast health services. This year we were able to fund close to five programs throughout Iowa at \$350,000.

Report Date  
Apr 18, 2019

Year  
2018  
  
Value  
TBD

Progress on Objective			
<input checked="" type="checkbox"/>	Met, trend in right direction	<input type="checkbox"/>	Not met, trend in right direction
<input type="checkbox"/>	Met, no trend	<input type="checkbox"/>	Not met, no trend
<input type="checkbox"/>	Met, trend in wrong direction	<input type="checkbox"/>	Not met, trend in wrong direction

Progress notes: Every year, Komen releases a request for applications/proposals throughout our 106 county service area and conducts a grant review process on all applicants. From this process, we are able to identify programs that support our goal to improve access to breast health services. This year we were able to fund close to five programs throughout Iowa at \$350,000.

Cancer

**Strategy 6-3.1** Fund programs that provide no-cost or low-cost clinical breast cancer services and/or financial assistance with diagnostic and treatment co-pays/deductibles.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report.

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Report Date

Apr 18, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Addressing financial barriers continues to be a priority for our grant cycle this year.

Cancer

**Goal #7** Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

Alignment with National Plans

Healthy People 2020, Cancer, Objectives 15 & 17 <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/lowa-Cancer-Plan.aspx>

Cancer

<b>Objective 7-1</b>		Baseline Year	Baseline Value	Target Year	Target Value
Increase the percentage of women between 50-74 years of age who have had a mammogram in the past two years from 77.6 % (2016) to 85.4% by 2022.		2016	77.6%	2022	85.4%

Data Source & Location Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System <http://nccd.cdc.gov/BRFSSPrevalence>

Report Date

Jan 1, 2018

Year

2016

Value

77.6%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Inconsistent guidelines as to timing of mammograms and need for mammogram make it hard for women to understand the need for regular mammograms.

Report Date

Feb 8, 2019

Year

2016

Value

77.6%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Behavioral Risk Factor Surveillance System (BRFSS) asks the mammogram questions every two years. The questions were asked in the 2016 survey and in 2018. The 2018 BRFSS report will not be published until late summer or early fall 2019.

Report Date  
April 13, 2021

Year  
2018

Value  
80.8%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: We have been working with Medicaid to increase the rates.

Cancer

**Strategy 7-1.1** Educate the public about the importance of cancer screening guidelines.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible  
Iowa Department of Public Health

Target Date  
Jan 1, 2020

Report Date  
April 13, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: We are using Facebook.

Cancer

<b>Objective 7-2</b>		Baseline Year	Baseline Value	Target Year	Target Value
Increase from 84% to 92% the percent of women ages 21 - 65 years who had a Pap test within the past three years by 2020.		2014	84.5%	2020	92%

Data Source & Location | CDC Behavioral Risk Factor Surveillance System <http://nccd.cdc.gov/BRFSSPrevalence>

Report Date  
Mar 23, 2018

Year  
2016

Value  
81.6%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Screening recommendations are changing. Women 21-30 years are to have Pap tests every three years; Women 30-65 screened with just a Pap test are every three years but if they are tested for HPV at the same time and both tests are negative they only need to be screened every five years. This may be an influence to the downward trend.

Report Date  
Feb 8, 2019

Year  
2016

Value  
81.6%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Behavioral Risk Factor Surveillance System (BRFSS) asks the Pap test questions every two years. The questions were asked in the 2016 survey and in 2018. The 2018 BRFSS report will not be published until late summer or early fall 2019. Another scheme has been added to cervical cancer screening that is primary HPV screening (without Pap test). If the HPV results are negative the testing will be done every five years. This may influence how the question is answered and the values seen with this question.

Report Date  
April 13, 2021

Year  
2018  
Value  
81.1%

Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction            |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Value decreased because of a change in cervical screening criteria.

Cancer

**Strategy 7-2.1**

Maintain collaboration with key cancer partners to focus on public education to raise the cervical cancer screening rates in Iowa.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

April 13, 2021

Progress on Strategy

- |                                   |                                   |                                    |   |
|-----------------------------------|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Complete | <input type="checkbox"/> On track | <input type="checkbox"/> Off track | <input checked="" type="checkbox"/> No progress |
|-----------------------------------|-----------------------------------|------------------------------------|---|

Progress notes: This is a result of the cancer criteria change.

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# FOCUS AREA: Chronic Disease

## Iowa Health Issue: Diabetes

Iowa Counties with Local Strategies

Allamakee, Buchanan, Calhoun, Cedar, Cerro Gordo, Greene, Hardin, Humboldt, Iowa, Johnson, Keokuk, Linn, Louisa, Pocahontas, Pottawattamie, Ringgold, Sioux, Van Buren, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Diabetes

**Goal #1** Prevent diabetes from occurring in Iowans.

#### Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

#### Alignment with State / Other Plans

Diabetes Statewide Strategy <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Iowa Diabetes Prevention Action Plan <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Iowa Department of Public Health work plan for 1305 grant (unpublished)

#### Diabetes

Objective 1-1	Increase the percentage of adults who report being told by a healthcare provider that they have pre-diabetes or borderline diabetes from 6.2% to 10% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2013	6.2%	2020	10%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date	Year	Value
Feb 9, 2018	2016	7.8%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Although trending upwards, Iowa has many initiatives directly geared towards increasing this number. The Diabetes Statewide Strategy and Diabetes Prevention Action Plan both have specific work focusing on increasing awareness for individuals who have prediabetes. One out of three individuals in Iowa have prediabetes and only nine out of ten know they have it; however, in Iowa, only 7.8 percent of the population has spoken with their doctor and knows about their condition.

Report Date	Year	Value
Feb 27, 2019	2017	7.02%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Iowa has many initiatives directly geared towards increasing this number. The Diabetes Statewide Strategy and Diabetes Prevention Action Plan both have specific work focusing on

increasing awareness for individuals who have prediabetes. One out of three individuals in Iowa have prediabetes and only nine out of ten know they have it; however, in Iowa, only 7.02 percent of the population report they have spoken with their doctor and knows about their condition.

Report Date  
Feb 25, 2021

Year  
2018

Value  
8.8%

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Media efforts, Diabetes Statewide Strategy as well as the Diabetes Prevention Action Plan all played a role in more Iowa residents becoming aware that they are high risk of type 2 diabetes /or have prediabetes.

Diabetes

**Strategy 1-1.1** Increase participation in the National Diabetes Prevention Program (NDPP).

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

CDC: 6|18 (<http://www.cdc.gov/sixeighteen/diabetes/index.htm>)

Who's Responsible  
Iowa Department of Public Health

Target Date  
Jan 1, 2021

Report Date  
Feb 25, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: As of January 2021, the National DPP in Iowa has had 3030 participants.

Diabetes

**Strategy 1-1.2** Increase health care providers screening for prediabetes.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

CDC: 6|18 (<http://www.cdc.gov/sixeighteen/diabetes/index.htm>)

Who's Responsible  
Iowa Department of Public Health

Target Date  
Jan 1, 2021

Report Date  
Feb 25, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: This strategy is also Pillar 3 of Iowa's Diabetes Prevention Action Plan. BRFSS (2018) reported 8.8% of people surveyed had been told by their provider that they have prediabetes or are at a high risk for type 2 diabetes

Diabetes

**Goal #2** Reduce the complications of type 2 diabetes.

Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

Alignment with State / Other Plans

Diabetes Statewide Strategy <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Diabetes

Objective 2-1	Increase the age-adjusted percent of adults with diabetes who have had two or more A1C tests in the last year from 76.8% to 80.7% by 2017.	Baseline Year	Baseline Value	Target Year	Target Value
		2013	76.8%	2017	80.7%

Data Source & Location | Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date	Year	Value	Progress on Objective
Feb 9, 2018	2015	78.9%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Data was not collected in 2016. In 2015, the percentage rose to 78.9%.

Report Date	Year	Value	Progress on Objective
Mar 20, 2019	2017	80.6%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Data was not collected in 2016. In 2017, the percentage rose to 80.6%.

Report Date	Year	Value	Progress on Objective
Feb 25, 2021	2018	76.5%	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in right direction <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2018, the percentage fell slightly to 76.5%.

Diabetes

**Strategy 2-1.1** Increase access to and participation in evidence-based diabetes management and chronic disease programs. **Strategy Type** Individual/interpersonal-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date	Progress on Strategy
Feb 25, 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

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Progress notes: From state-certified programs reporting 2018 data, there were 10,253 people enrolled in comprehensive outpatient diabetes self-management education. 11,281 people were enrolled in comprehensive outpatient diabetes self-management education in 2017. In 2016, the number was 8,974.

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# FOCUS AREA: Chronic Disease

## Iowa Health Issue: Heart Disease

Iowa Counties with Local Strategies

Allamakee, Black Hawk, Cedar, Cerro Gordo, Buchanan, Franklin, Greene, Hardin, Keokuk, Linn, Monona, Pocahontas, Ringgold, Shelby, Tama, Taylor, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Heart Disease

**Goal #1** Decrease the rate of coronary heart disease as the primary cause of death.

#### Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

#### Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

#### Heart Disease

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b>	Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.	2014	107.5	2020	103.4

Data Source & Location: CDC Wonder, Compressed Mortality file, ICD-10 codes I20-I25. <http://wonder.cdc.gov/cmfi-icd10.html>

Report Date	Year	Value
Jan 29, 2018	2016	102.8

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2015, Iowa's mortality rate had decreased to 105 per 100,000. In 2016, the mortality rate had decreased to 102.8 per 100,000. The original 2020 target of 103.4 matched that of the national Healthy People 2020 target.

Report Date	Year	Value
Mar 21, 2019	2017	103.0

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2015, Iowa's mortality rate had decreased to 105 per 100,000. In 2016, the mortality rate had decreased to 102.8 per 100,000. In 2017, the mortality rate remained stable. The original 2020 target of 103.4 matches that of the national Healthy People 2020 target.

Report Date

Year

Mar 6, 2021

2018

Value

101.1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In 2015, Iowa's mortality rate had decreased to 105 per 100,000. In 2016, the mortality rate had decreased to 102.8 per 100,000. In 2017, the mortality rate remained stable. In 2018, the mortality rate decreased to 101.1 per 100,000. The original 2020 target of 103.4 matches that of the national Healthy People 2020 target.

Heart Disease

**Strategy 1-1.1**

Hold an annual meeting of Iowa Million Hearts primary partners to discuss progress on the goals and objectives of the Iowa Million Hearts Action Plan and monitor state, national, and Healthy People 2020 data.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Department of Public Health Million Hearts Action Plan: 2015 through 2022 (Million Hearts, Phase 2 will go beyond 2018 and has yet to be released)

Who's Responsible

Iowa Million Hearts Action Plan-Primary Partners (Led by the Iowa Department of Public Health)

Target Date

Jan 1, 2022

Report Date

March 6, 2021

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: The Iowa Million Hearts 2022 Action Plan has been developed and is now in place. Iowa Million Hearts Partners met in May 2019 to go over the plan and discuss strategies to accomplish and set goals. The plan focuses on 4 priority areas. These include:

Priority #1 - Increase Public Awareness of the Million Hearts® Initiative and its Priorities

Priority #2 - Keeping People Healthy

Priority #3 - Optimizing Care

Priority #4 - Improving Outcomes for Priority Populations

The plan has been updated with 2019 outcomes. The 2020 Annual Million Hearts partners meeting will be held on May 20, 2020.

Heart Disease

**Strategy 1-1.2**

Implement cardiovascular screenings and healthy lifestyle programs for uninsured or under-insured, 40-64 year old women.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Code Chapter 8: Iowa Care for Yourself Program

<https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jun 29, 2018

Report Date

Mar 2, 2021

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: During FY20 the Iowa WISEWOMAN (WW) program contracted with eight local boards of health (LBOH) to deliver the WW program services in eight Iowa regional areas covering 47 of the state's 99 counties. Each LBOH contracted with a local agency that was responsible for enrolling participants, providing health risk assessments, risk reduction counseling, health coaching, referral to and follow-up on health behavior support services (HBSS) and community based-services, and collecting and reporting participant-level data.

Additionally, the Iowa WW program contracted with pharmacies in six of the eight service areas to deliver the medication therapy management (MTM) program. MTM services were provided in the following WW regional programs: Black Hawk, Cass, Dubuque, Palo Alto, Polk, and Woodbury. The Iowa WW program also contracted with the Black Hawk YMCA to provide the WW participants of the Black Hawk WW-regional program access to the YMCA blood pressure self-monitoring (BPSM) program and the Diabetes Prevention Program (DPP).

The program's FY20 goal was to screen 430 uninsured or under-insured, 40-64 year old women for cardiovascular disease by September 29, 2020. The program's FY20 start date was September 30, 2019. A total of 343 unique WW participants were screened during FY20. Of these, 336 unique participants (98%) completed Risk Reduction Counseling. Of the 343 participants screened, 343 (100%) completed the first health risk assessment (HRA) while only 63 (18.4%) also completed the follow-up screening visit, including the second HRA. All participants who chose to participate in any of the HBSS offered, other than health coaching, were required to first enroll in health coaching.

Of the 343 unique participants, 300 (87.5%) were referred to at least one or more HBSS. All 300 participants attended at least one session of the HBSS. 269 participants completed health coaching, 4 participants completed SMBP, 4 participants took part in Weight Watchers®, and 2 participants enrolled in a DPP. In addition, 5 participants were referred to Quitline Iowa, 162 participants were referred to a dietician or other community-based nutrition resources, and 264 participants were referred to community-based physical activity resources.

The COVID-19 pandemic had a significant impact on WW-enrolled HCPs because it necessitated their focus shift to the management of the pandemic and away from other activities. Some clinics paused in-person appointments in spring 2020. WISEWOMAN participants did not feel comfortable to go into clinics, even after they re-opened for in-person visits, due to concerns about COVID-19. This resulted in decreased enrollment in certain regional programs during FY20. Additionally, a lack of virtual options for HBSS delivery during the COVID-pandemic was identified as a barrier to HBSS participation. Towards the end of FY20, Iowa WW IDPH staff worked with HBSS providers to provide virtual HBSS options for IA WW program participants. As a result, the majority of HBSS are now available through a virtual setting or via the phone. These include health coaching, MTM, SMBP, Weight Watchers®, and Walk With Ease. The Iowa WW Program is currently working with the Diabetes Prevention Program at IDPH, to explore means for the virtual delivery of the NDPP in Iowa.

During FY 20, the Iowa WW program enrolled two more FQHC linked pharmacies within the Polk local program area (cities of Ames and Marshalltown) to deliver the MTM HBSS to program participants within this local program area. In addition, two more pharmacies were enrolled towards the end of Year 2, to deliver the MTM HBSS in the Scott and Appanoose local program areas. These local programs did not previously offer the MTM HBSS to their participants. Currently all Iowa WW local program areas have at least one enrolled pharmacy to deliver the MTM HBSS in FY21.

During FY20, the series of topic specific information sheets created by the Iowa WW program in collaboration with the Supplemental Nutrition Assistance Program Education (SNAP-Ed) during FY19 were translated into Spanish to enable increased engagement from the program's Spanish speaking participants.

## Heart Disease

**Strategy 1-1.3** Provide and promote hypertension control guidelines to health care providers.

### Strategy Type

Professional/provider-focused

### Strategy Source & Location

Iowa Code Chapter 8: Iowa Care for Yourself Program

<https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf>

Report Date  
Mar 2, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: IDPH contracts with local health care providers (HCPs) to provide screening services to the WW participants. During FY19 all WW local coordinators, contracted HCPs, and contracted pharmacies were sent the Chronic Disease Connections newsletter. This monthly newsletter, produced through a collaboration of the Iowa Heart Disease and Stroke Program and the Iowa WW Program, provides information on: chronic disease prevention community-based programs, worksite health promotion programs, diabetes and pre-diabetes news, tobacco prevention and control news, upcoming chronic disease webinars, trainings, conferences and funding opportunities, as well as updates on Iowa's Million Hearts initiatives. As of FY20 this newsletter is being published by the Iowa Heart Disease and Stroke Program once every quarter.

As part of the new WISEWOMAN funding cycle, the Centers for Disease Control and Prevention is requiring that WISEWOMAN participants receive their screening services at clinics that have a protocol for identifying patients with undiagnosed hypertension, as well as protocols for team based care with a focus on hypertension control and management.

A survey was conducted during FY19 with the 34 individual health care systems contracted with the Iowa WW program to provide WW screening services, to assess barriers to implementing policies to identify patients with undiagnosed HTN. Seventeen of the 32 individual health care systems contracted with the Iowa WW program responded to the survey. Barriers and training needs associated with implementing policies to identify patients with undiagnosed HTN identified by clinic staff included:

- The need for additional clinic staff to implement the policy
- Training and additional information needed on how to implement the policy
- Uncertainty on how to use the undiagnosed hypertension data collected through the implementation of such a policy
- Treatment guidelines need to be employed to ensure patients are receiving the best possible care

The survey also assessed barriers to implementing team-based care policies with a focus on hypertension control and management, in health care systems. Clinic staff identified the extent to which they felt the following *system level* items were barriers to implementing team-based care policies: EHR permissions/access, limitations due to practice insurance, additional liability created by a protocol, lack of support within organization, and HIPAA privacy concerns. Major barriers included EHR permissions/access, while moderate barriers included potential liabilities created by having such a protocol, HIPAA privacy concerns and lack of organizational support to implement such a protocol.

Clinic staff also identified the extent to which they felt the following *team level* items were barriers to implementing team-based care policies: timely communication between team members, patient acceptance of collaborative care, perceived competence of team members, comfort level with shared responsibility, perceived trustworthiness of team members, and little to no experience with using the approach. Results showed that moderate barriers included timely communication between team members, patient acceptance of collaborative care and comfort level with shared responsibility.

During FY20 the Iowa WW Program will provide funding for two WISEWOMAN contracted provider clinics to develop a protocol for the Identification of Undiagnosed Hypertension. Such a protocol will need to have:



- Established clinical criteria for potentially undiagnosed hypertension - such as the number and degree of elevated blood pressure readings that would trigger the identification of a patient with undiagnosed hypertension.
- Include the use of electronic health records to identify patients with undiagnosed hypertension.
- Diagnostic regimens for patients who have been identified with undiagnosed hypertension
- Standardized treatment protocols.

As of FY20 the Iowa WW Program has partnered with the Iowa Primary Care Association (IPCA) to identify WW HCPs to complete training to implement protocols in care coordination with a focus on hypertension control and management. The Iowa WW Program signed training service agreement contracts with two WW contracted FQHCs, to provide the clinics training in implementing policies and systems on multidisciplinary team approaches to blood pressure control. The Iowa WW program will work with the IPCA to select an additional WW contracted provider to receive training in implementing policies and systems on multidisciplinary team approaches to blood pressure control during FY20. Care coordination training provided to WW HCPs includes a 26-hour online training component and a two-day live, intensive training, at the end of which trainees are required to pass a verbal exam. WW HCPs are required to accomplish all three components within the service agreement period.

Heart Disease

**Strategy 1-1.4** Create a Heart and Stroke Consortium that will receive funding to work on heart and stroke prevention work throughout our state including working on implementing the Million Hearts Action Plan. Strategy Type  
Community-focused

Strategy Source & Location

New Strategy

Who's Responsible

American Heart Association, Stroke Task Force, Mission Lifeline Task Force, EMS Association, Iowa Department of Public Health, Million Hearts Initiative partners

Target Date

Jul 1, 2020

Report Date

May 22, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: We lobbied on this issue the past two years and more extensively this year at our Stroke Lobby Day to help create a Heart Disease and Stroke Prevention Program. We plan to introduce legislation next year on this issue.

Heart Disease

**Strategy 1-1.5** Enact statewide standards for the development and utilization of STEMI (a serious type of heart attack) registries. Strategy Type  
Policy-focused

Strategy Source & Location

American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, American College of Cardiology, Million Hearts Initiative partners

Who's Responsible

American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, Million Hearts Initiative partners

Target Date

Jul 1, 2020

Report Date

May 22, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: We have advocated the past two years on STEMI systems of care and continue to work with the STEMI task force and other players to improve the system of care in the state.

Heart Disease

**Goal #2** Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective 2-1	Meet or exceed a 75% blood pressure control rate (based on their 2015 UDS rate) at 11 federally qualified health centers (FQHCs) and develop a plan for addressing undiagnosed hypertension	Baseline Year	Baseline Value	Target Year	Target Value
		2015	64.3%	2017 2021	75%

Data Source & Location: Uniform Data System, HRSA (baseline value an average across the 11 FQHCs with varying individual FQHC performance)

Report Date: April 2018  
Year: 2017  
Value: 74.4%

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The 11 FQHCs participating in the Iowa PCA's Transformation Collaborative and which are also members of IowaHealth+, an FQHC-led ACO, continued to make progress on their hypertension control rates in 2017, nearly hitting their target of 75%. An initiative across the 11 FQHCs focusing on undiagnosed hypertension has also been initiated.

Report Date: Mar 13, 2019  
Year: 2018  
Value: 72.5%

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The 11 FQHCs participating in the Iowa PCA's Transformation Collaborative and which are also members of IowaHealth+, an FQHC-led clinically integrated network, continued to make progress on their hypertension control rates in 2018. Three health centers had a control rate of  $\geq 80\%$  in 2018 and three additional health centers had control rates exceeding the 75% target. Iowa PCA staff members continue to work with health centers not achieving the target value of 75%. Data is used to determine what segment of the health center's patient population to focus on and additional interventions to increase control rates are being implemented across the network.

Report Date: Mar 23, 2021  
Year: 2019  
Value: 74.33%

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The 11 FQHCs participating in the Iowa PCA's Transformation Collaborative nearly met our target of having a 75% hypertension control rate with a control rate of 74.33% in 2019. Seven of the 11 health centers consistently had control rates over 75% when considering trend data from 2016 - 2019. Three FQHCs had control rates over 80% in 2019.

Heart Disease

**Strategy 2-1.1** Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa PCA Performance Improvement Team (unpublished)

Who's Responsible

Iowa PCA Performance Improvement Team

Target Date

Jun 1, 2021

Report Date

Mar 23, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: [Million Hearts initiative](#) began in 2012 as a national effort to prevent one million cardiovascular (CV) events in five years, including the Hypertension Control Challenge. Individual clinicians, practices, and health systems can apply and describe their approach to control hypertension within their entire adult patient population aged 18-85. From 2018-2020, Iowa has had the honor of three community health centers - River Hills Community Health Center, Community Health Centers of Southeastern Iowa, and Siouxland Community Health Center - selected as Champions for their achievements blood pressure control in 80% or more of their patients. The Iowa PCA continues to facilitate best practice and peer learning opportunities among the FQHCs related to heart health.

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# FOCUS AREA: Disaster Preparedness

## Iowa Health Issue: Network infrastructure, planning & notification

Iowa Counties with Local Strategies

Bremer, Calhoun, Cerro Gordo, Greene, Hamilton, Hardin, Humboldt, Ida, Jefferson, Marshall, Mitchell, Palo Alto, Pocahontas, Sioux, Worth

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Network infrastructure, planning & notification

**Goal #1** Statewide goals, objectives, and strategies for these issues have not yet been identified.

#### Alignment with National Plans

Healthy People 2020, Preparedness <https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness>

#### Alignment with State / Other Plans

#### Network infrastructure, planning & notification

<b>Objective 1-1</b>	Statewide goals, objectives, and strategies for these issues have not yet been identified.	Baseline Year	Baseline Value	Target Year	Target Value
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Data Source & Location

#### Network infrastructure, planning & notification

<b>Strategy 1-1.1</b>	Statewide goals, objectives, and strategies for these issues have not yet been identified.	Strategy Type
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Strategy Source & Location

Who's Responsible

Target Date

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# FOCUS AREA: Environmental Health

## Iowa Health Issue: Water Quality

Iowa Counties with Local Strategies

Buchanan, Dubuque, Hardin, Keokuk, Winneshiek

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Water Quality

**Goal #1** Ensure a healthy and safe environment for work and play.

#### Alignment with National Plans

Healthy People 2020, Environmental Health <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>

#### Alignment with State / Other Plans

Iowa Department of Natural Resources (DNR) Strategic Plan 2017-2020  
[https://www.iowadnr.gov/Portals/idnr/uploads/files/strategicplan\\_factsheet.pdf](https://www.iowadnr.gov/Portals/idnr/uploads/files/strategicplan_factsheet.pdf)

#### Water Quality

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b>	Provide consistent and fair regulatory assistance to increase the percentage of regulated public water supplies meeting health-based drinking water standards.	2015	94.5%	2017 2019	97%

Data Source & Location: Iowa Public Drinking Water Program Annual Compliance Report  
[www.iowadnr.gov](http://www.iowadnr.gov)

Report Date  
Apr 20, 2018

Year  
2016

Value  
95.4%

#### Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: The 2016 value is the most recent measure of regulated water supplies meeting all health-based drinking water standards. The 2016 value shows an increase over that recorded in 2015 and positive movement towards the objective.

Report Date  
Feb 21, 2019

Year  
2017

Value  
95.8%

#### Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: The 2017 value is the most recent measure of regulated water supplies meeting all health-based drinking water standards. The 2017 value shows an increase over that recorded in 2016 and continues positive movement towards the objective.

Report Date

Year

Jan 1, 2021

2020

Value

96.9

Progress on Objective

- Met, trend in right direction       Not met, trend in right direction
- Met, no trend       Not met, no trend
- Met, trend in wrong direction       Not met, trend in wrong direction

Progress notes:

Water Quality

**Strategy 1-1.1** Spread awareness of how water quality impacts Iowans' health, the environment, and the economy through all water programs.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible  
DNR Environmental Services

Target Date  
Jul 1, 2021

Report Date

Jan 1, 2020

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: The DNR implements this strategy daily through all interactions.

Water Quality

**Strategy 1-1.2** Build and expand partnerships with environmental groups, public health agencies, communities, and industry organizations to improve understanding and management of animal feeding operations impacting water quality.

Strategy Type  
Community-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible  
DNR Environmental Services

Target Date  
Jul 1, 2021

Report Date

Jan 1, 2020

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: The DNR's Field Services Bureau continues work on the animal feeding operations program, interacting with local and statewide stakeholders on this important issue.

Water Quality

**Strategy 1-1.3** Educate customers to fully use financing opportunities through the State Revolving Fund and other sources for water and wastewater system improvement.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible  
DNR Environmental Services

Target Date  
Jul 1, 2021

Report Date

Jan 1, 2020

Progress on Strategy

- Complete       On track       Off track       No progress

Progress notes: The DNR continues to promote and operate the State Revolving Fund for both waste water and drinking water infrastructure project financing. The Department also works with loan recipients on sponsored projects to implement green infrastructure projects.

Water Quality

**Goal #2** Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.

Alignment with National Plans

National Water Quality Initiative <https://www.epa.gov/nps/nonpoint-source-national-water-quality-initiative>

Alignment with State / Other Plans

Cleanwater Iowa <http://www.cleanwateriowa.org/>

Water Quality

<b>Objective 2-1</b>	On an annual basis, reduce the health risk across the state by assessing and managing heavy metal exposure (arsenic and lead).	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2017	0 - Not assessing/ managing	2021	1 - Assessing/ managing

Data Source & Location: New objective, to be developed.

Report Date: Mar 21, 2018  
 Year: 2017  
 Value: 1

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Grants-to-county funds are available to test private wells for arsenic contamination. To support the State Grants-to-Counties program, SHL worked with IDPH, IDNR, counties and reported the arsenic concentration in the tested well samples. If the well samples contained arsenic higher than 10 ug/L, SHL performed a speciation study upon county's request.

Report Date: May 8, 2019  
 Year: 2017  
 Value: 1

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Grants-to-county funds are available to test private wells for arsenic contamination. To support the State Grants-to-Counties program, SHL worked with IDPH, IDNR, counties and reported the arsenic concentration in the tested well samples. If the well samples contained arsenic higher than 10 ug/L, SHL performed a speciation study upon county's request.

Report Date: Mar 13, 2021  
 Year: 2019  
 Value: 1

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The State Hygienic Laboratory's work with assessment of heavy metal exposure is multi-faceted. We serve as the principal laboratory for the state's childhood blood lead program. Point of care testing for childhood blood lead levels is becoming more common, but In 2019, SHL transitioned to analysis by ICPMS, allowing for reliable assessment of low level exposures. Second, SHL supports the State Grants-to-Counties program, in partnership with IDPH, IDNR, and county health departments, to test and report arsenic and manganese concentrations in private well samples. If the well samples contained arsenic higher than 10 ug/L, SHL performed a speciation study upon the county's request.

Water Quality

**Strategy 2-1.1** Engage partners to identify heavy metal exposure in water resources.

Strategy Type

Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory, Center for Health Effects of Environmental Contamination

Target Date

Jul 1, 2021

Report Date

Mar 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The State Hygienic Laboratory, under the umbrella of the Grants to Counties Private Water Well Program, provides and coordinates a bi-annual project called the Iowa Well Survey. In 2019, we worked with 43 counties to proactively collect over 1000 private well samples. Analysis for all wells included arsenic and manganese. Additionally, nearly 700 wells in 34 of the counties were tested for lead and copper. Findings allowed counties to engage homeowners with elevated levels of heavy metals to identify remediation strategies. Results were provided to key public health partners, with one academic partner considering a targeted lead and copper study.

Water Quality

**Strategy 2-1.2** Provide outreach and educate communities for a monitoring program and best practices.

Strategy Type

Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

July 1, 2018

Report Date

Mar 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: SHL conducts extensive outreach via the Iowa Well Survey. This program is a collaboration directly with the county environmental health departments and results in an increased engagement with community members using private wells. We have also developed an educational program about arsenic in well water for ISU 4-H programs that is being implemented this year.

Water Quality

**Strategy 2-1.3** Develop a mitigation plan and remediation practices.

Strategy Type

Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory and Iowa Department of Public Health, Bureau of Environmental Health Services

Target Date

Sep 1, 2020

Report Date

Mar 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The SHL provides substantial educational materials to educate citizens on the public health aspects of water quality. These materials are available via the SHL website ([www.shl.uiowa.edu](http://www.shl.uiowa.edu)) as well as hard copy upon request from the laboratory. The SHL does not make policy nor write regulations that would go



towards mitigation or remediation. SHL mission is to perform surveillance monitoring and testing that helps to inform the mitigation planning and remediation processes.

Water Quality

<b>Objective 2-2</b>	Mitigate health risk across the state by monitoring pesticide and pharmaceutical residue in drinking water and human bodies.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2017	0 - No monitoring	2020	1 - Monitoring

Data Source & Location | New objective, to be developed.

<u>Report Date</u>	Year	<b>Progress on Objective</b> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 21, 2018	2017	
	Value	
	0	

Progress notes: SHL has worked hard to leverage resources to establish a bio-monitoring program. SHL has done collaborations with University of Iowa professors to initiate research projects for pesticide monitoring and bio-monitoring.

<u>Report Date</u>	Year	<b>Progress on Objective</b> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 13, 2021	2019	
	Value	
	1	

Progress notes: The surveillance work and coalition of partnerships developed through the Grants to Counties program and Iowa Well Survey laid the foundation for a proposal to the CDC National Biomonitoring Program which was funded to analyze the presence of environmental hazards, such as metals, neonicotinoid insecticides, and environmental phenols, in well water and households across the state beginning in fiscal year 2020.

Water Quality

**Strategy 2-2.1** Develop analytical methodologies for a bio-monitoring program in pesticides and pharmaceuticals. Strategy Type Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan 1, 2019

<u>Report Date</u>	<b>Progress on Strategy</b>			
Mar 13, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The State Hygienic Laboratory was one of six state laboratories nationally to be awarded funding by the Centers for Disease Control and Prevention to support development of a biomonitoring program. The laboratory is developing methodology to test for neonicotinoid insecticides in both humans and water, among other analytes, under the scope of this project.

Water Quality

**Strategy 2-2.2** Establish a bio-monitoring program for pesticide and pharmaceutical residues. Strategy Type Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan. 1, 2019

Report Date

Mar 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The State Hygienic Laboratory was one of six state laboratories nationally to be awarded funding by the Center for Disease Control and Prevention to support development of a biomonitoring program. The laboratory is developing methodology to test for neonicotinoid insecticides in both humans and water, among other analytes, under the scope of this project

Water Quality

**Strategy 2-2.3** Engage partners to conduct risk assessments.

Strategy Type

Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory, Center for Health Effects of Environmental Contamination

Target Date

Jan 1, 2021

Report Date

Mar 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The State Hygienic Laboratory continues to work closely with partners such as the Iowa Department of Public Health, the Iowa Department of Natural Resources, the UI Center for Health Effects of Environmental Contamination, and the US Geological Survey in Iowa to assess risk factors for private well users and other populations in Iowa. For instance, in 2019, through the Iowa Well Survey, 10 counties participated in a limited and targeted sampling project to study the presence of radium in private well water due to pre-determined risk factors.

Water Quality

**Goal #3** Increase efforts to clean up Iowa's surface and ground waters and prevent pollution, with a focus on protecting drinking water and popular recreation waters.

Alignment with National Plans

Clean Water Act (1972) with amendments <https://www.epa.gov/laws-regulations/summary-clean-water-act>

Alignment with State / Other Plans

River Restoration Strategy (2015) <http://www.iowadnr.gov/Environmental-Protection/Water-Quality/River-Restoration>

Iowa Nutrient Reduction Strategy (2013) <http://www.nutrientstrategy.iastate.edu/>

Iowa's Nonpoint Source Management Plan (2012)

<http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Watershed-Improvement/Nonpoint-Source-Plan>

Water Quality

<b>Objective 3-1</b>	Secure passage of a long-term, sustainable and accountable source of funding to address Iowa's water quality and quantity challenges.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2018	1

Data Source & Location | Legislative tracking, <http://www.iowaswaterandlandlegacy.org/>

Report Date  
April 27, 2018

Year  
2018

Value  
0

Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input checked="" type="checkbox"/> Not met, no trend      |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Although the state passed some additional funding to help implement the Iowa Nutrient Reduction Strategy, SF 512, a bill to provide about \$282 million over 12 years (2019 through 2029), more resources are needed.

Report Date  
May 17, 2019

Year  
2019

Value  
0

Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input checked="" type="checkbox"/> Not met, no trend      |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: There was no additional funding passed this legislative session. WQI projects continue to be funded through SF512 of the 2018 session.

Report Date  
May 4, 2021

Year  
2020

Value  
0

Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: Gov. Reynolds introduced the Invest in Iowa Act in 2020, which would have raised the state sales tax a full cent and funded the Natural Resources and Outdoor Recreation Trust Fund. The 2020 session was cut short due to Covid-19, and the Invest in Iowa Act did not pass in 2020. Gov. Reynolds declined to re-introduce the Invest in Iowa Act in 2021. IEC has started a new coalition to renew public awareness and support for funding the Trust. There are 14 organizations signed on so far and an educational video - see [fundthetrust.org](http://fundthetrust.org) for more information.

Water Quality

**Strategy 3-1.1**

Advocate for passage of a 3/8ths cent sales tax to fund Iowa Natural Resources and Outdoor Recreation Trust Fund or other source of new, dedicated, sustainable funding.

Strategy Type

Policy-focused

Strategy Source & Location

Natural Resources and Outdoor Recreation Trust Fund passed by Iowans in 2010, but never funded. [https://ballotpedia.org/Iowa\\_Natural\\_Resources\\_and\\_Outdoor\\_Recreation\\_Trust\\_Fund\\_Amendment\\_1\\_\(2010\)](https://ballotpedia.org/Iowa_Natural_Resources_and_Outdoor_Recreation_Trust_Fund_Amendment_1_(2010))

Who's Responsible

Iowa's Water and Land Legacy Coalition, Iowa Environmental Council

Target Date

May 1, 2017

Report Date  
May 4, 2021

Progress on Strategy

- |                                   |                                   |                                    |   |
|-----------------------------------|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Complete | <input type="checkbox"/> On track | <input type="checkbox"/> Off track | <input checked="" type="checkbox"/> No progress |
|-----------------------------------|-----------------------------------|------------------------------------|---|

Progress notes: See Objective 3-1 Progress notes.

Water Quality

**Strategy 3-1.2**

Support the creation of an Iowa Watershed Investment Board to provide management and oversight for investment of Iowa's water resources in a coordinated, statewide approach focused on achieving multiple benefits and leveraging funding from other state, federal, local and private sources.

Strategy Type

Policy-focused

Strategy Source & Location

Healthy Lands, Healthy Waters January 2016

<http://www.iaenvironment.org/news-resources/publications/water-and-land-publications>

Who's Responsible

Iowa Environmental Council

Target Date

Jul 1, 2017

Report Date

May 17, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: As of January 2019, Watershed Management Authorities of Iowa has filed Articles of Incorporation with the State of Iowa and is working toward filing for nonprofit status with the IRS with the assistance of the Drake Legal Clinic. WMAs of Iowa sends out a monthly e-newsletter to their membership. (source: <https://www.water.iastate.edu/WMAiowa>).

Water Quality

**Objective 3-2**

Advocate for the strengthening of rules for concentrated livestock feeding operations (CAFOs), especially in sensitive areas such as karst (underground limestone region with sinks and underground streams) and wellhead protection zones and watershed areas above public lakes where lax siting and manure management rules are most likely to threaten drinking and recreation waters.

Baseline Year	Baseline Value	Target Year	Target Value
2017	0	2018	1

Data Source & Location

New objective, to be developed.

Report Date

April 27, 2018

Year

2018

Value

0

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Iowa Environmental Council advocated for strengthening of concentrated livestock feeding operations, but also saw the elimination of the Department of Natural Resources coordinator for CAFOs and legislation to weaken nuisance suits law related to CAFOs.

Report Date

May 3, 2019

Year

2019

Value

1

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Iowa Environmental Council continues to advocate for strengthening oversight on concentrated livestock feeding operations, but efforts continue to be unsuccessful.

Report Date

May 4, 2021

Year

2020, 2021

Value

1

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Iowa Environmental Council is working toward common sense policy changes to state regulations to restore proper balance between public and private interests. IEC worked with local and state partners to comment against the Supreme Beef NMP and continues to evaluate legal and policy options to better protect the environment and public health.

Water Quality

**Strategy 3-2.1** Support a 5-year temporary suspension of approval for new CAFOs or expansion of existing CAFOs in known karst areas while state rules governing siting and manure management in areas such as karst, identified as posing special threats to drinking water or public health, undergo review by a blue-ribbon stakeholder panel that includes representatives of counties, cities, environmental and public health organizations, and agricultural groups.

Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Environmental Council and partners

Target Date

Jan 1, 2017

Report Date

May 19, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: There has been no progress on supporting a 5-year temporary suspension of approval for new CAFOs.

Water Quality

**Objective 3-3** Support expansion of water quality monitoring for drinking and recreational waters with monitoring results available to the public.

Baseline Year	Baseline Value	Target Year	Target Value
2017	0	2018	1

Data Source & Location: Iowa's Ambient Water Quality Monitoring and Assessment Program

<http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring>

Report Date

April 27, 2018

Year

2018

Value

0

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: This objective calls for a statewide plan. Federal funds of \$96 million will permit the Iowa Flood Center at the University of Iowa to implement a Water State Program. The following can provide more detail: Iowa DNR: Iowa Ambient Stream Water Quality Monitoring Program, <http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring/Stream> Iowa DNR: Stream Water Quality Monitoring Conducted in Support of Iowa Nutrient Reduction Strategy, [http://www.nutrientstrategy.iastate.edu/sites/default/files/documents/Water%20Monitoring%20and%20the%20NRS%20\\_%20Final%2008-24-16.pdf](http://www.nutrientstrategy.iastate.edu/sites/default/files/documents/Water%20Monitoring%20and%20the%20NRS%20_%20Final%2008-24-16.pdf)

Report Date

May 17, 2019

Year

2019

Value

1

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Information about Iowa DNR's water quality monitoring and assessment can be found here: <https://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring>. Additional water quality monitoring info can be found here: <https://www.cleanwateriowa.org/progress>.

Water Quality

**Strategy 3-3.1** Assure that watershed management authorities and other watershed efforts incorporate the widely accepted watershed approach that includes assessment, monitoring, and public education.

Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Environmental Council and council partners

Target Date

Jan 1, 2019

Report Date

May 4, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Iowa Environmental Council continues to support increasing resources for WMA coordinators. IEC is not aware of specific requirements that WMAs follow the watershed approach. <https://iowawatershedapproach.org/about/>

Water Quality

**Goal #4** Ensure that Iowans using private wells for water supply have a safe water supply.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Water Quality

<b>Objective 4-1</b>	Each year, complete testing of private wells for bacteria (coliform), nitrate, and arsenic.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	Bacteria 8,800	2021	Bacteria 10,000
			Nitrate 6,700		Nitrate 6,500
			Arsenic 1,040		Arsenic 1,150

Data Source & Location: Iowa Public Health Tracking Portal, Private Well Water Data <https://tracking.idph.iowa.gov/Environment/Private-Well-Water>

Report Date

Feb 19, 2018

Year

2017

Value

Bacteria 8,060  
Nitrate 5,854  
Arsenic 2,767

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Private Well Water testing through the Grants to Counties Program led to an overall increase in arsenic testing in 2017 due to being the first full year that funds could be used to support arsenic testing.

Report Date

Mar 28, 2019

Year

2018

Value

Bacteria 8,071  
Nitrate 6,478  
Arsenic 3,629

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Private Well Water testing through the Grants to Counties Program led to maintaining the level of bacteria tests and an increase in nitrate and arsenic testing in 2018.

Report Date  
March 5, 2020

Year  
2019

Value  
Bacteria 9,836  
Nitrate 9,376  
Arsenic 4,675

Progress on Objective			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Private Well Water testing through the Grants to Counties Program led to an increase in testing in 2019.

Report Date  
Apr 13, 2021

Year  
2020

Value  
Bacteria 6,637  
Nitrate 6,247  
Arsenic 2,792

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Private Well Water testing through the Grants to Counties Program in 2020 was ~33% lower than in 2019. The reduced service usage is likely attributable to the COVID-19 Pandemic.

Water Quality

**Strategy 4-1.1**

Promote the use of Grants to Counties money for private well testing.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Grants to Counties Water Well Program

<http://idph.iowa.gov/ehs/grants-to-counties>

Who's Responsible

Iowa Department of Public Health, Environmental Health Services Bureau

Target Date

Jun 1, 2021

Report Date

Apr 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: No additional funds were directed, but the level of use of Grants to Counties monies remained the same.

Water Quality

**Strategy 4-1.2**

Track the progress of private well testing from the Iowa Public Health Tracking Portal.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Environmental Health Services Bureau strategy

Who's Responsible

Iowa Department of Public Health, Environmental Health Services Bureau

Target Date

Jun 1, 2021

Report Date

Apr 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Private well testing measures are published on the Iowa Public Health Tracking Portal.

# FOCUS AREA: Environmental Health

## Iowa Health Issue: Radon

Iowa Counties with Local Strategies

Buchanan, Chickasaw, Greene, Mitchell, Plymouth, Pocahontas, Pottawattamie, Sioux, Winnebago, Winneshiek

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Radon

**Goal #1** See Chronic Disease: Cancer, Goal 3, Objective 3-3, Strategies 3-3.1, 3-3.2, and 3-3.3

#### Alignment with National Plans

#### Alignment with State / Other Plans

#### Radon

<b>Objective 1-1</b>	See Chronic Disease: Cancer, Goal 3, Objective 3-3.	Baseline Year	Baseline Value	Target Year	Target Value
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Data Source & Location

#### Radon

<b>Strategy 1-1.1</b>	See Chronic Disease: Cancer, Goal 3, Objective 3-3, Strategies 3-3.1, 3-3.2, and 3-3.3.	Strategy Type
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Strategy Source & Location

Who's Responsible

Target Date

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# FOCUS AREA: Healthy Living

## Iowa Health Issue: Obesity, Nutrition & Physical Activity

### Iowa Counties with Local Strategies

Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Buchanan, Calhoun, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Dubuque, Emmet, Fayette, Franklin, Fremont, Greene, Grundy, Henry, Humboldt, Iowa, Jackson, Jones, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Mahaska, Mills, Mitchell, Monona, Monroe, Montgomery, Page, Palo Alto, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Obesity, Nutrition & Physical Activity

**Goal #1** Increase the number of Iowans who engage in the recommended amounts of physical activity.

#### Alignment with National Plans

Healthy People 2020, Leading Health Indicators Topics, Nutrition, Physical Activity, & Obesity

<https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Physical Activity <http://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

FM 7-22 CH 1 (Army Physical Readiness Training), 3 May 2013; AR 600-9 (The Army Body Composition Program), 28 June 2013

#### Alignment with State / Other Plans

State Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

2022 Iowa Million Heart State Action Plan <https://idph.iowa.gov/hdsp/state-plan>

#### Obesity, Nutrition & Physical Activity

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> Increase the percentage of adults meeting aerobic physical activity guidelines.	2015	49%	2021	52%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <https://idph.iowa.gov/brfss>

Report Date: Aug 27, 2019

Year: 2017

Value: 50%

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: Slow progress toward target. Increase overall is partially driven by larger increases by income level below \$50,000, Hispanic origin, and adults with a disability.

Report Date: Jul 13, 2021

Year: 2019

Value: 48%

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction            |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Decrease from 2017 and below 2015 baseline.

Obesity, Nutrition & Physical Activity

**Strategy 1-1.1** Increase the number of 5-2-1-0 registered sites Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Healthiest State Initiative

Target Date

Dec 31, 2019

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: In 2020, 169 schools, 176 workplaces, 221 early care sites, 450 health care clinics and 55 out of school programs were identified as 5-2-1-0 Healthy Choices Count! Registered Sites. Registered sites are those that make the commitment to work towards healthier environments where children live, learn and play.

Obesity, Nutrition & Physical Activity

**Strategy 1-1.2** Increase the number of complete street policies in Iowa. Strategy Type  
Policy-focused

Strategy Source & Location

Smart Growth America  
<https://www.smartgrowthamerica.org>

Who's Responsible

Iowa Department of Public Health, American Heart Association

Target Date

Jul 1, 2020

Report Date

Jul 13, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 29 Iowa cities, 3 regions [Bi-State Regional Commission, IA; Corridor MPO (Cedar Rapids, IA area); Johnson County, IA MPO (MPOJC)], and the Iowa DOT have complete street policies as of July 2021.

Obesity, Nutrition & Physical Activity

**Strategy 1-1.3** Increase the percent of Expanded Food and Nutrition Program and Supplemental Nutrition Assistance Program (EFNEP and SNAP-Ed) adults reporting increasing minutes of physical activity. Strategy Type  
Demographic/socioeconomic-focused

Strategy Source & Location

Iowa State University Extension and Outreach 2014-2018 Work Plan

Who's Responsible

Iowa State University Extension and Outreach Human Sciences Professionals

Target Date

Sep 30, 2021

Report Date

Mar 4, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 49% increase in physical activity.

Obesity, Nutrition & Physical Activity

**Strategy 1-1.4** Improve Iowa child-care environments by encouraging providers to participate in NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care). Strategy Type  
Professional/provider-focused

Strategy Source & Location

<https://gonapsacc.org>

Who's Responsible

American Heart Association, Iowa Department of Public Health, United Way of Central Iowa, Well Kids Coalition, YMCA

Target Date

Jul 1, 2020

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: In 2020, 164 childcare programs registered and completed Go NAP SACC self assessments serving 5,643 children.

Obesity, Nutrition & Physical Activity

**Strategy 1-1.5** Support the Iowa Department of Education in the implementation of the Physical Education and Health Standards.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Education <https://educateiowa.gov/pk-12/instruction/physical-education>

Who's Responsible

Iowa Department of Public Health, American Heart Association, Iowa Association for Health, Physical Education, Recreation and Dance (IAHPERD)

Target Date

Dec 31, 2019

Report Date

Mar 9, 2020

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The State Board of Education adopted new physical education and health standards for students in kindergarten through high school on March 28, 2019. One Physical Education and Health Standards Committee meeting has taken place.

Obesity, Nutrition & Physical Activity

<b>Objective 1-2</b>	Reduce the annual number of soldiers who are flagged in the Iowa Army National Guard (IA ARNG) for not passing the Army's physical fitness standards by 20% from 886 (2018) to 709 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	886	2020	709

Data Source & Location: Unit Personnel System/Command Management System, JFHQ.

Report Date

May 11, 2019

Year

2018

Value

886

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Numbers bumped up in 2018, we are again trending down.

Obesity, Nutrition & Physical Activity

**Strategy 1-2.1** Assign one health promotion non-commissioned officer/officer to be trained by special staff on healthy eating/nutrition, physical fitness, leadership, and additional resources.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Lean in '19: (published) Lean in '20 campaign under review, awaiting approval

Who's Responsible

Unit commanders identify individuals, IA ARNG Physical Resilience Working Group provides training

Target Date

Oct 1, 2019

Report Date Progress on Strategy  
 Mar 5, 2021  Complete  On track  Off track  No progress

Progress notes: All units have Health Promotion Non-Commissioned Officers

Obesity, Nutrition & Physical Activity

**Strategy 1-2.2** Assist soldiers in creating diet and physical fitness logs/ plans, following up on progress and adjusting plans as needed. Strategy Type  
 Individual/interpersonal-focused

Strategy Source & Location

Lean in '19: (published) Lean in '20 campaign under review, awaiting approval

Who's Responsible

Commanders supported by Health Promotion Officers/Physical Resilience Working Group Target Date  
 Oct 1, 2019

Report Date Progress on Strategy  
 Mar 5, 2021  Complete  On track  Off track  No progress

Progress notes: All units tracking requirements of Lean in '19, Lean in '20 is completed and will be published in August 2019.

Obesity, Nutrition & Physical Activity

**Strategy 1-2.3** Hold quarterly meetings for the Adjutant General's Health Promotion Council and brief senior leaders on direction and guidance to the Physical Resilience Working Group. Strategy Type  
 Professional/provider-focused

Strategy Source & Location

Army Regulation 600-63 Army Health Promotion, JFHQ (unpublished)

Who's Responsible

State Health Promotion Officer/ Physical Resilience Working Group Target Date  
 Oct 1, 2019

Report Date Progress on Strategy  
 Mar 5, 2021  Complete  On track  Off track  No progress

Progress notes: No progress has been made on Army Regulation 600-63 Army Health Promotion.

Obesity, Nutrition & Physical Activity

**Goal #2** Increase the number of Iowans eating a healthy diet.

Alignment with National Plans

Healthy People 2020, Nutrition & Weight Status

<https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>

Healthy People 2020, Maternal Infant & Child Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

Alignment with State / Other Plans

State Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

Iowa State Plan on Aging <https://www.iowaaging.gov/about-iowa-department-aging>

Obesity, Nutrition & Physical Activity

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 2-1</b>	Increase the number of Iowa adults who consume fruits (F) and vegetables (V) at least once per day.	2015	F: 58% V: 73%	2021	F: 62% V: 77%

<u>Report Date</u>	Year	<b>Progress on Objective</b> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Aug 27, 2019	2017	
	Value	
	F: 64%	
	V: 81%	

Progress notes: Both objectives were met in 2017. Every population that had rates lower than the overall rates in 2015 increased (males, low-income, black non-Hispanics, ages 18-54).

<u>Report Date</u>	Year	<b>Progress on Objective</b> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Jul 13, 2021	2019	
	Value	
	F: 60%	
	V: 77%	

Progress notes: In 2019, the objective was met for vegetables, but not for fruits.

Obesity, Nutrition & Physical Activity

**Strategy 2-1.1** Increase the number of 5-2-1-0 registered sites. Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Iowa Healthiest State Initiative

Target Date

Dec 31, 2019

<u>Report Date</u>	<b>Progress on Strategy</b>
Mar 12, 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: In 2019, 133 schools, 130 workplaces, 109 early care sites, 49 health care clinics and 33 out of school programs were identified as 5-2-1-0 Healthy Choices Count! Registered Sites. Registered sites are those that make the commitment to work towards healthier environments where children live, learn and play.

Obesity, Nutrition & Physical Activity

**Strategy 2-1.2** Increase availability of the Double Up Food Bucks (DUFb) at farmers' markets. Strategy Type  
Community-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Iowa Healthiest State Initiative and Community Farmers Markets

Target Date

Dec 31, 2019

<u>Report Date</u>	<b>Progress on Strategy</b>
Mar 12, 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Continue to work with farmers markets to provide DUFb at their markets. Limited by whether the market is a centralized farmers markets accepting SNAP.

Obesity, Nutrition & Physical Activity

**Strategy 2-1.3** Improve Iowa child-care environments by encouraging providers to participate in NAP-SACC.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

<https://gonapsacc.org>

Who's Responsible

American Heart Association, Iowa Department of Public Health, United Way of Central Iowa, Well Kids Coalition, YMCA

Target Date

Jul 1, 2020

Report Date

March 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: In 2020, 164 childcare programs registered and completed Go NAP SACC self assessments serving 5,643 children.

Obesity, Nutrition & Physical Activity

**Strategy 2-1.4** Increase the number of children that participate in the Supplemental Nutrition Assistance Program Education (SNAP-Ed).

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

SNAP-Ed Education and Administrative Reporting System (EARS) Form (unpublished data)

Who's Responsible

Iowa Department of Public Health, Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

Target Date

Dec 31, 2021

Report Date

Apr 19, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: In FFY 2020, 24,124 children participated in direct nutrition education in SNAP-Ed.

Obesity, Nutrition & Physical Activity

**Strategy 2-1.5** Provide the Pick a better snack social marketing campaign using multiple channels to the Iowa Nutrition Network School Grant Program communities.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Nutrition Network - SNAP-Ed funded initiative <https://idph.iowa.gov/inn/school-grants>

Who's Responsible

Iowa Department of Public Health, Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

Target Date

Dec 31, 2021

Report Date

April 23, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: In FFY 2020, two social marketing campaigns were used in INNSGP Communities. A variety of channels were used, including web banner and video ads, YouTube, Facebook and IPTV. Unique reach for the Pick a better snack campaign was 329,216 people and 392,934 for the Play Your Way campaign.

Obesity, Nutrition & Physical Activity

**Strategy 2-1.6** Increase the consumption of fruits and vegetables in high nutrition-risk congregate meal participants.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department on Aging Social Assistance Management Software (SAMS) database

<u>Report Date</u> March 1, 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Percentage of congregate meal participants at high nutrition risk who responded "no" to eat few fruits (38%) or few vegetables (36%).

Obesity, Nutrition & Physical Activity

<b>Objective 2-2</b>	By 2021 achieve a redemption rate of 75% of fruit and vegetable dollars (Cash Value Benefits - CVBs).	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2015	68%	2021	75%

Data Source & Location | WIC MIS System reports (unpublished)

<u>Report Date</u> Feb 28, 2019	Year 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 74.51%	

Progress notes: The redemption rate for the fruit and vegetable dollars (Cash Value Benefits - CVBs) has increased from the baseline year and is almost the same value as 2017. Many activities continue to move forward that are listed in Strategy 2-2.1

<u>Report Date</u> Apr 13, 2020	Year 2019	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 74.11%	

Progress notes: The average redemption rate for the fruit and vegetable dollars (Cash Value Benefits- CVBs) has state increased from the baseline year and is almost the same value as in 2018.

<u>Report Date</u> Mar 4, 2021	Year 2020	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
	Value 69.4%	

Progress notes: The average redemption rate for the fruit and vegetable dollars (Cash Value Benefits - CVBs) decreased between 2019 and 2020. The average redemption rate for January - March 2020 was 74%. After the pandemic started, redemption of WIC foods in general decreased and was a trend seen across the nation. One possible reason could include participants not feeling comfortable going out to shop due to the pandemic.

Obesity, Nutrition & Physical Activity

**Strategy 2-2.1** Promote and educate WIC participants on how to choose, store, and cook fruits and vegetables purchased with the CVB by participating in media campaigns, partnering with ISU Extension, and promoting the completion of appropriate lessons and eKitchen videos in WICHealth.org.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, WIC Program



Who's Responsible

WIC Director and Nutrition Consultants, Iowa Department of Public Health

Target Date

Dec 31, 2021

Report Date

Mar 4, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Iowa WIC agencies continue to promote and educate WIC participants on how to choose, store, and cook fruits and vegetables purchased with CVBs by partnering with ISU Extension when possible and promoting the completion of appropriate lessons and eKitchen videos through wichealth.org. The Iowa WIC Program also collaborates with the Iowa Department of Agriculture and Land Stewardship (IDALS) to provide Farmers Market checks to eligible participants that can be used to buy locally grown fruits and vegetables. Iowa WIC did not participate in any media campaigns specific to fruits and vegetables in 2020.

Obesity, Nutrition & Physical Activity

<b>Objective 2-3</b>	Increase the percent of participants in Iowa State University Extension and Outreach training who apply what they have learned about healthy behaviors.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2015	60%	2021	65%

Data Source & Location: Iowa State University Extension and Outreach

Report Date

Mar 13, 2019

Year

2018

Value

82%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The training continues to be more successful than anticipated, increasing participant preparedness beyond the 2021 target.

Report Date

Mar 4, 2021

Year

2020

Value

216

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The training continues to be more successful than anticipated, increasing participant preparedness beyond the 2021 target.

Obesity, Nutrition & Physical Activity

<b>Strategy 2-3.1</b>	Increase the percent of childcare training participants reporting preparedness to apply or teach health promoting dietary behaviors.	<u>Strategy Type</u>
		Professional/provider-focused

Strategy Source & Location

Iowa State University Extension and Outreach 2014-2018 Work Plan

Who's Responsible

Iowa State University Extension and Outreach Human Sciences Professionals

Target Date

Sep 30, 2021

Report Date

Mar 4, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 87% of childcare participants reported preparedness to apply or teach health promoting dietary behaviors.



Obesity, Nutrition & Physical Activity

**Strategy 2-3.2** Increase the percent of Expanded Food and Nutrition Program and Supplemental Nutrition Assistance Program (EFNEP and SNAP-Ed) adults reporting increasing fruit and vegetable intake.

Strategy Type  
Demographic/socioeconomic-focused

Strategy Source & Location

Iowa State University Extension and Outreach 2014-2018 Work Plan

Who's Responsible

Iowa State University Extension and Outreach Human Sciences Professionals

Target Date

Sep 30, 2021

Report Date

Mar 4, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 64% of EFNEP and SNAP-Ed graduates increased their consumption of fruits & vegetables. On average, program graduates consumed 0.4 additional cups of fruits and vegetable at program exit, compared to program entry.

Obesity, Nutrition & Physical Activity

<b>Objective 2-4</b>	Increase the number of summer meal sites by 12% from 504 (2016) to 565 by 2021.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	504	2021	565

Data Source & Location Iowa Department of Education, Bureau of Nutrition & Health Services Summer Food Service Program (SFSP) Sponsor Application  
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Report Date

Mar 4, 2019

Year

2018

Value

542

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Summer Meals Program saw a continued increase in the net number of meal sites in 2018 with 542 service sites. This demonstrates an increase of 7.5% from the base year.

Report Date

Apr 9, 2021

Year

2020

Value

2,003

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Summer Food Service Program was put into action during the emergency school closures as related to COVID-19 to ensure children continued to receive the meals regularly served when school is in session. A large number of sponsoring organizations then continued to operate into the regular summer season. The number of approved sites in 2020 demonstrated a significant increase from the base year.

Obesity, Nutrition & Physical Activity

**Strategy 2-4.1** Identify areas of unserved need and organizations serving the area including schools and non-profit organizations and facilitate collaboration.

Strategy Type  
Community-focused

Strategy Source & Location

SFSP Participation and Application, Iowa Department of Education, Bureau of Nutrition and Health Services  
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Who's Responsible

Iowa Department of Education, SFSP Education Program Consultant

Target Date

Sep 1, 2021

Report Date

Apr 9, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: With the waiver flexibilities issued by USDA, the number of sponsoring organizations across the state more than doubled, thereby providing meals in previously unserved regions. Many partnerships were forged between schools and non-profit organizations to ensure full access to summer meals for families.

Obesity, Nutrition & Physical Activity

**Strategy 2-4.2** Support currently participating organizations via education, technical assistance, sharing best practices, and identifying new resources to retain organization sponsorship of SFSP sites.

Strategy Type

Professional/provider-focused

Strategy Source & Location

SFSP Participation and Application, Iowa Department of Education, Bureau of Nutrition and Health Services  
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Who's Responsible

Iowa Department of Education, SFSP Education Program Consultant

Target Date

Sep 1, 2021

Report Date

Apr 9, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Several training and technical assistance strategies were put into place to support sponsoring organizations, including monthly webinars, regional meetings, one-on-one technical assistance calls and the formation of the School Nutrition Advisory Council.

Obesity, Nutrition & Physical Activity

**Objective 2-5**

Increase breastfeeding rates including initiation, exclusivity and duration among Iowa women. (Ever breastfed, Breastfed at 6 months (6M), Breastfed at 12 months (12M), exclusive breastfeeding through 3 months (3Mx), exclusive breastfeeding through 6 months (6Mx)

Baseline Year	Baseline Value	Target Year	Target Value
2014	Ever: 83%	2021	Ever: 87%
	6M: 53%		6M: 56%
	12 M: 29%		12M: 31%
	3Mx: 43%		3Mx: 46%
	6Mx: 26%		6Mx: 28%

Data Source & Location: Breastfeeding Among U.S. Children Born 2009–2017 by State, National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services.  
[https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html)

Report Date

Aug 27, 2019

Year

2016

Value

Ever: 84.5%  
6M: 62%  
12M: 42.6%  
3Mx: 58.5%  
6Mx: 30.5%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Only the "Ever" percentage is not met, but is trending toward the target.

Report Date

Year

Jul 13, 2021

2017

Value

Ever: 80.2%

6M: 54.1%

12M: 32.5%

3Mx: 41.8%

6Mx: 24.8%

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: Only the breastfed at 12 months target was met for children born in 2017.

Obesity, Nutrition & Physical Activity

**Strategy 2-5.1** Develop or enhance partnerships between the local WIC programs/WIC Breastfeeding Peer Counseling Programs and local hospitals.

Strategy Type

Professional/provider-focused

Strategy Source & Location

WIC Nutrition Services Standards <https://wicworks.fns.usda.gov/wicworks/Topics/WICnutStand.pdf>

Who's Responsible

Iowa Department of Public Health Breastfeeding Program

Target Date

Dec 31, 2019

Report Date

March 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: WIC Breastfeeding Peer Counseling Programs continue to enhance their partnerships with local birthing hospitals, having joint classes/groups, developing and implementing a referral process, and a process by which the Peer Counselors may visit WIC clients while hospitalized to provide breastfeeding support, etc. IDPH has increased the number of BFPC programs from 7 to 12 in the past four years and plans to increase the number of programs to include all WIC agencies, serving all areas in the state in FY23. New BFPC programs continue to be in early phases of developing partnerships with the hospitals. IDPH no longer receives federal funding to promote evidence-based breastfeeding practices in birthing hospitals and currently Iowa has only two Baby-Friendly designated hospitals.

Obesity, Nutrition & Physical Activity

**Strategy 2-5.2** Provide education and training to early care and education providers in best practices for supporting breastfeeding.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Nutrition and Physical Activity

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 2019

Report Date

March 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: All CCNC's are trained and provide ongoing training to childcare providers on Breastfeeding Basics. These trainings are approved for continuing education credit and available to childcare providers through Child Care Resource and referral.

# FOCUS AREA: Healthy Living

## Iowa Health Issue: Lack of Oral Health/Dental Services

Iowa Counties with Local Strategies

Clarke, Greene, Henry, Lee, Montgomery, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Lack of Oral Health/Dental Services

**Goal #1** All Iowans will have access to optimally fluoridated water.

#### Alignment with National Plans

Healthy People 2020, Oral Health, Objective 13 <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

#### Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <http://idph.iowa.gov/ohds/oral-health-center/reports>

#### Lack of Oral Health/Dental Services

Objective 1-1	Increase the percent of Iowans served by community water systems that have access to optimally fluoridated water (based on 0.7ppm proposed national standard) from 91% to 94%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	91%	2021	94%

Data Source & Location: Water Fluoridation Reporting System (WFRS) [https://nccd.cdc.gov/DOH\\_MWF/Default/Default.aspx](https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx)

Report Date  
Mar 8, 2018

Year  
2017

Value  
63.6%

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction            |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: When this 2020 goal was set, there was no dedicated staff member to monitor water fluoridation or obtain the necessary data from the water operator. Every month the water operator must submit, by law, their monthly operating report (MOR) to the Iowa Department of Natural Resources. Since the water fluoridation coordinator has been hired, she has collected these reports from the water operators and DNR and input the data into the national Water Fluoridation Reporting System from the CDC. The most up-to-date 2017 numbers IDPH shows 90.2% of Iowans have access to fluoridated water, but only 63.6% of Iowans have access to optimally fluoridated water at the 0.7 mg/L national standard level to prevent tooth decay. Reporting that only 63.6% of Iowans have optimally fluoridated water is due in part to IDPH not having access to all available data and/or the systems that do adjust and report, did not consistently report within the optimal range (0.6-1.2 mg/L) every month of the year.

Report Date  
Mar 11, 2019

Year  
2018

Value  
69.9%

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input checked="" type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction            |

Progress notes: When this 2020 goal was set, there was no dedicated staff member to monitor water fluoridation or obtain the necessary data from the water operator. Every month the water operator must submit, by law, their monthly operating report (MOR) to the Iowa Department of Natural Resources. Since the water fluoridation coordinator has been hired, she has collected these reports from the water operators and DNR and input the data into the national Water Fluoridation Reporting System from the CDC. The most up-to-date 2018 numbers IDPH shows the percent of Iowans with access to fluoridated water remained constant at 90.2%, but 69.9% of Iowans now have access to optimally fluoridated water at the 0.7 mg/L national standard level to prevent tooth decay.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 12, 2020	2019	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	61.1%	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: When this 2020 goal was set, there was no dedicated staff member to monitor water fluoridation or obtain the necessary data from the water operator, and as of February 2020 this position is vacant again. Every month the water operator must submit, by law, their monthly operating report (MOR) to the Iowa Department of Natural Resources. Since the water fluoridation coordinator has been hired, she has collected these reports from the water operators and DNR and input the data into the national Water Fluoridation Reporting System from the CDC. The most up-to-date 2019 numbers IDPH shows the percent of Iowans with access to fluoridated water remained constant at 90.2%, but 61.1% of Iowans have access to optimally fluoridated water at the 0.7 mg/L national standard level to prevent tooth decay.

Lack of Oral Health/Dental Services

**Strategy 1-1.1** Launch a fluoridation education and outreach effort so that every child in Iowa through age 12 who lives in households with incomes below 300% of poverty level will be cavity-free. Strategy Type Individual/interpersonal-focused

Strategy Source & Location  
Delta Dental of Iowa Strategic Plan  
<https://www.deltadentalia.com/foundation/strategic-goals>

Who's Responsible Delta Dental of Iowa Foundation Target Date Jan 1, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>			
Feb 12, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Foundation continues advocacy roles during threats of defluoridation and providing funds to support equipment upgrades. In addition, the Foundation continues to collaborate with IDPH and DNR regarding communication with water operators and community members on water fluoridation.

Rethink Your Drink campaign is in year 5 and continues to provide access to fluoridated water for school children. To date, 285 schools have received a water bottle filling station and water bottles for all students and staff. Three communities received outdoor filling stations in their community parks and/or trailhead in 2020. This campaign continues to bring awareness to optimally fluoridated water and choosing water over sugar-sweetened beverages. In turn, drinking fluoridated water throughout the day helps reduce cries and promotes a healthy lifestyle.

Lack of Oral Health/Dental Services

**Strategy 1-1.2** Provide information and educational materials to health care providers, the general public, water professionals, and Iowans for Oral Health Coalition related to the safety, effectiveness, and cost effectiveness of water fluoridation. Strategy Type Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Feb 18, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: During FY20, IDPH staff continued to provide ongoing information and educational materials according to the state CWF Plan.

Lack of Oral Health/Dental Services

**Strategy 1-1.3** Assess and monitor the fluoridation status of Iowa community water systems.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Feb 18, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: IDPH staff provided ongoing assessment and monitoring of CWF status in Iowa. Additionally, staff completed a CWF program evaluation in 2020.

Lack of Oral Health/Dental Services

**Goal #2** By 2020, assure optimal oral health for aging Iowans.

Alignment with National Plans

Healthy People 2020, Oral Health, Objectives 3-2 & 3-3 <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <https://idph.iowa.gov/ohds/oral-health-center/reports>

Lack of Oral Health/Dental Services

<b>Objective 2-1</b>	Increase access to oral health education and services for aging Iowans by a trained and qualified workforce.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	TBD	2020	TBD

Data Source & Location | To be developed.

Report Date

Feb 20, 2018

Year

2018

Value

TBD

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Work on measuring impact continues with greater recognition of outputs and outcomes and both direct and indirect (spread).

Report Date  
Mar 20, 2019

Year  
2019  
Value  
TBD

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Staff and consultants have compiled data that documents the number of participants in Mouth Care Matters (MCM) trainings and an estimated number of facility residents/HCBS patients and consumers as well as family/friends who have benefited by the direct care workers taking the MCM training. Iowa Caregivers (IC) has included this data in progress reports and presentations. This has included summaries of focus group discussions, survey results, and evaluation comments. IC will continue to work on measuring the impact of MCM with greater recognition of outputs and outcomes, both direct and indirect (spread or reach).

Lack of Oral Health/Dental Services

**Strategy 2-1.1** Support licensed dental hygienists performing educational and oral screening services and provide increased opportunities for them to teach direct care workers and other health providers. Strategy Type  
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible  
Iowa Caregivers

Target Date  
Dec 31, 2019

<u>Report Date</u>	Progress on Strategy			
Mar 20, 2019	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Iowa CareGivers continues to support the Iowa Dental Hygienists Association and their members as they educate dentists, public health professionals, and other stakeholders on the rule revision. Dental Hygienists are a critical partner in the success of Mouth Care Matters - Oral Health Education for Direct Care Workers.

Lack of Oral Health/Dental Services

**Strategy 2-1.2** Continue the grant of Oral Health Education for Direct Caregivers (OHEDC). Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible  
Iowa CareGivers

Target Date  
Dec 31, 2019

<u>Report Date</u>	Progress on Strategy			
Mar 2, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Target date has been adjusted in recognition of the impact of decreased funding and the impact of COVID-19. Progress in continuing access to Mouth Care Matters had been challenging due to limited resources to support the program but was increasingly so with the impact of COVID-19 and adherence to mediation efforts. Evaluation of the MCM training validated the importance of oral health education for all DCW in improving the general health and quality of life for lowans receiving LTSS services, care and support. Recognizing the importance of MCM, IC secured funding to initiate Phase 2 of MCM - Path to Implementation. Phase 2 provided an opportunity to advance the important work of MCM through additional training opportunities for home and community settings and create the systemic infrastructure needed to sustain the MCM program and the positive outcomes it promises. IC began work on an employer toolkit. Pandemic mediation efforts included physical distancing and elimination of face-to-face training; thus the need



for IC to pivot to the development and testing of a live virtual MCM in-service, a taped one-hour MCM in-service, and modification and conversion of the 8-hour in person MCM training to a 6.5 hour live virtual program. Progress also includes MCM recognized as a best oral health practice by the National Rural Health Association. See page 8-9 of the HUB regarding MCM.

<https://www.iowacaregivers.org/hub-newsletter/2020/pdf/HUB-July-14-printed.pdf>

Lack of Oral Health/Dental Services

**Strategy 2-1.3** Increase awareness of Prepare to Care training including specialty endorsements such as Oral Health/Mouth Care Matters.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa CareGivers

Target Date

Dec 31, 2019

Report Date

Mar 2, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Target date has been adjusted in recognition of the impact of decreased funding. Iowa CareGivers (IC) continues to collaborate with the University of Iowa College of Nursing regarding their efforts to develop, assure quality improvement and promote DCW training initiatives including Prepare to Care. IC recognizes the need for access to competency-based trainings including Prepare to Care and Mouth Care Matters and continues to advocate for funding to support these programs. Access and portability of DCW education and training has become ever more critical during the pandemic and as Iowans "age in place" and receive direct care, support and services in their homes and community settings. An enhanced DCW Registry will eventually provide a permanent record of DCW training or certifications which would follow DCW wherever they might work whether it be in a long term care facility, hospital, home and community settings or any other setting. See 2.1.2 for progress relative to Mouth Care Matters.

Lack of Oral Health/Dental Services

**Goal #3** Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

Alignment with National Plans

Healthy People 2020, Oral Health <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <http://idph.iowa.gov/ohds/oral-health-center/reports>

Lack of Oral Health/Dental Services

<b>Objective 3-1</b>	Increase the percent of 3rd grade children who have at least one sealant on a permanent first molar from 59.4% to 70%.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	59.4%	2021	70%

Data Source & Location | 2016 Iowa Third Grade Oral Health Survey Report  
<http://idph.iowa.gov/ohds/oral-health-center/reports>

Report Date

Mar 12, 2020

Year

2016

Value

59.4%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction



Progress notes: There is no new data available, as a new third grade survey will not be completed until 2021; however, an annual percent increase is anticipated based on expansion of the school-based sealant program.

Report Date  
Feb 12, 2021

Year  
2016  
  
Value  
59.4%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: There is no new data available, as third grade surveys are completed ~5 years. However, the 2021 survey has been postponed to 2022 due to the attendance and permitting of outside services in schools during the COVID-19 pandemic.

Lack of Oral Health/Dental Services

**Strategy 3-1.1** Provide technical assistance and training to local I-Smile™ school contractors. Strategy Type  
Professional/provider-focused

Strategy Source & Location  
Iowa Oral Health Plan 2016-2020

Who's Responsible Iowa Department of Public Health Target Date  
Jan 1, 2020

Report Date	Progress on Strategy			
Feb 12, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: During FY20, IDPH staff provided ongoing technical assistance, including contractor site visits and contractor trainings.

Lack of Oral Health/Dental Services

**Strategy 3-1.2** Work with partners to promote the I-Smile™ @ School Program and dental sealants for children. Strategy Type  
Community-focused

Strategy Source & Location  
Iowa Oral Health Plan 2016-2020

Who's Responsible Iowa Department of Public Health Target Date  
Jan 1, 2020

Report Date	Progress on Strategy			
Feb 12, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Despite the COVID-19 pandemic, IDPH continued to collaborate with Delta Dental of Iowa Foundation, Department of Education staff, school nurses, and local I-Smile program staff to promote and provide services where allowed.

Lack of Oral Health/Dental Services

Objective 3-2	Increase the percent of Medicaid-enrolled children ages 0-2 who receive a dental service from 35.3% to 45.3%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	35.3%	2021	45.3%

Data Source & Location | CMS 416 report <http://idph.iowa.gov/ohds/oral-health-center/reports>

Report Date  
March 2018

Year  
2016  
  
Value  
34.3%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to process changes at Iowa Medicaid Enterprise, the validity of the 2016 data may not reflect an actual change in services.

Report Date  
Mar 11, 2019

Year  
2017  
  
Value  
34.94%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to process changes at Iowa Medicaid Enterprise, the validity of the 2017 data may not reflect an actual change in services.

Report Date  
Mar 12, 2020

Year  
2018  
  
Value  
35.8%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: I-Smile provides preventive oral health services in public health settings, care coordination services to help children and mothers get into care, and strongly emphasizes encouraging dental visits by age 1 to parents and dentists.

Report Date  
Feb 12, 2021

Year  
2019  
  
Value  
36.3%

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: I-Smile continued to provide preventive oral health services in public health settings, care coordination services to help children and mothers get into care, and strongly emphasized dental visits by age 1 to parents and dentists.

Lack of Oral Health/Dental Services

**Strategy 3-2.1** Provide technical assistance and training to local I-Smile™ contractors.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

I-Smile program plan, Iowa Department of Public Health

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date  
Feb 12, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: During FY20, IDPH staff provided ongoing technical assistance, including virtual contractor sites visits and quarterly trainings.

Lack of Oral Health/Dental Services

**Strategy 3-2.2** Work with partners to promote the I-Smile Program and early and regular care for children.

Strategy Type  
Community-focused

Strategy Source & Location

I-Smile program plan, Iowa Department of Public Health

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Feb 12, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: During FY20, IDPH staff continue collaboration on Cavity Free Iowa, encouraging physicians to provide fluoride varnish for children up to age 3 during well-child exams. I-Smile also continues to promote early and regular dental care through partnerships with WIC, Head Start, Early Childhood Iowa, and other community-based organizations.

Lack of Oral Health/Dental Services

**Objective 3-3**

Increase the percent of older Iowans who visited a dentist in the past year from 72% to 75% for ages 65-74 and from 68% to 70% for ages 75 and over.

Baseline Year	Baseline Value	Target Year	Target Value
2014	72% (65-74) 68% (75+)	2021	75% (65-74) 70% (75+)

Data Source & Location Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Report Date

March 2018

Year

2016

Value

73% (65-74)  
67% (75+)

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Adults ages 65-74 saw an increase of 1%; however, there was a 1% decrease in adults 75+.

Report Date

Mar 11, 2019

Year

2016

Value

73% (65-74)  
67% (75+)

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: This measure is not updated, as oral health BRFSS data is only collected in even years.

Report Date

Mar 12, 2020

Year

2018

Value

72% (65-74)  
67% (75+)

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Adults ages 65-74 saw a decrease of 1 percentage point, however adults 75+ remained constant.

Report Date  
Feb 12, 2021

Year  
2018

Value  
72% (65-74)  
67% (75+)

Progress on Objective

- |  |  |
|--|--|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                 |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes: This measure is not updated, as oral health BRFSS data is only collected in even years.

Lack of Oral Health/Dental Services

**Strategy 3-3.1** Provide technical assistance and training to local I-Smile™ Silver contractors.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Feb 12, 2021

Progress on Strategy

- |                                   |  |                                    |                                      |
|-----------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Complete | <input checked="" type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|-----------------------------------|--|------------------------------------|--------------------------------------|

Progress notes: During FY20, IDPH staff provided ongoing technical assistance and training to local I-Silver contractors, including site visits and regular trainings.

Lack of Oral Health/Dental Services

**Strategy 3-3.2** Work with Lifelong Smiles Coalition and other partners to promote and expand the I-Smile™ Silver Program.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health, Delta Dental of Iowa Foundation

Target Date

Jan 1, 2020

Report Date

Feb 12, 2021

Progress on Strategy

- |                                   |  |                                    |                                      |
|-----------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Complete | <input checked="" type="checkbox"/> On track | <input type="checkbox"/> Off track | <input type="checkbox"/> No progress |
|-----------------------------------|--|------------------------------------|--------------------------------------|

Progress notes: During FY20, IDPH staff provided ongoing technical assistance and training to local I-Smile Silver contractors, including site visits and regular trainings.

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# FOCUS AREA: Healthy Living

## Iowa Health Issue: Sexually Transmitted Diseases (STD)

Iowa Counties with Local Strategies

Buchanan, Calhoun, Grundy, Iowa, Linn, Louisa, Marshall, Page, Pottawattamie, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Sexually Transmitted Diseases (STD)

**Goal #1** Reduce the burden of sexually transmitted diseases (STD) among disproportionately impacted populations.

#### Alignment with National Plans

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan  
<https://www.cdc.gov/nchhstp/strategicpriorities/>

#### Alignment with State / Other Plans

Iowa's work plan for Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPs) <https://idph.iowa.gov/Portals/1/Files/HIVSTDHEP/Final%20Narrative%203-22.pdf>

#### Sexually Transmitted Diseases (STD)

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> By 2021, increase the percentage of sexually active females ages 16-24 who are screened at least annually for chlamydia to 60% using the HEDIS measure.	2014	37%	2021	60%

Data Source & Location: Centers for Disease Control and Prevention. Chlamydia Screening Percentages Reported by Commercial and Medicaid Plans by State and Year. <https://www.cdc.gov/std/chlamydia/chlamydia-screening-2014.htm>

Report Date: Feb 20, 2018  
 Year: 2015  
 Value: 37%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Progress on this has been stagnant. The Medicaid Managed Care Organizations (MCOs) in Iowa have had many competing priorities. We have not yet been able to establish a dialogue to discuss the chlamydia HEDIS measure. We have not been able to obtain recent data on the chlamydia HEDIS measure to even understand their baselines.

Report Date: Mar 7, 2019  
 Year: 2015  
 Value: 37%

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: We have been unable to obtain statewide data on the chlamydia HEDIS measure. Most recent data is still from 2015. Efforts to raise the visibility of chlamydia screening have not gone well given competing priorities for other organizations in the state.

Report Date

Year

Mar 4, 2021

2015

Value

37%

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Recent statewide data remains unavailable. Efforts to increase screening were greatly hampered in 2020 due to reduced clinic visits and nationwide testing supply shortages, both related to COVID.

Sexually Transmitted Diseases (STD)

Strategy 1-1.1

Work with medical organizations across Iowa to ensure providers are aware of recommended chlamydia screening and the chlamydia HEDIS measure and adhering to them via distribution of materials, holding forums, and other educational opportunities related to testing, treatment, and risk reduction associated chlamydia.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPs) at <http://www.cdc.gov/std/foa/aapps/> and Iowa's STD AAPPs work plan.

Who's Responsible

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date

Dec 31, 2021

Report Date

Mar 4, 2021

Progress on Strategy

<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input checked="" type="checkbox"/> Off track	<input type="checkbox"/> No progress
-----------------------------------	-----------------------------------	---	--------------------------------------

Progress notes: We had made progress working with Regional Health Specialists contracted with our bureau to increase messaging for HIV and other STDs (including chlamydia) with providers. However, their efforts largely halted in 2020. Providers became overwhelmed with COVID. They are gradually finding opportunities to conduct their education via remote options.

Sexually Transmitted Diseases (STD)

Objective 1-2

By 2021, decrease the rate of gonorrhea among black, non-Hispanic persons in Iowa to 300 per 100,000 population.

Baseline

Year

2014

Baseline

Value

586

Target

Year

2021

Target

Value

300

Data Source & Location

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) atlas <http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas>

Iowa Department of Public Health, STD Program disease surveillance data <http://idph.iowa.gov/hivstdhep/std/resources>

Report Date

Feb 20, 2018

Year

2016

Value

726

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Gonorrhea cases have increased substantially throughout the U.S. and among multiple populations in Iowa, including our Black and African American populations. The overall increase in gonorrhea has made it difficult to work toward reduction in any population.

Report Date

Mar 7, 2019

Year

2017

Value

927

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Substantial increases in gonorrhea cases among multiple populations continued throughout Iowa and the U.S. There are likely multiple factors contributing to the increase, including more individuals being tested and greater transmission as more individuals and populations are affected. Increasing caseloads have made it very challenging for public health staff to complete thorough follow up with all persons diagnosed. Resources to address increasing STDs have remained stagnant while morbidity has increased.

Report Date  
Mar 4, 2021

Year  
2019

Value  
1,280

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: Increases in gonorrhea morbidity across the state and country have continued. Public Health resources to address this are becoming increasingly strained as other infections increase. Concurrent increases in syphilis have resulted in greater resources being shifted to follow up with individuals diagnosed with infectious syphilis.

Sexually Transmitted Diseases (STD)

**Strategy 1-2.1** Increase outreach to populations disproportionately impacted by gonorrhea in Iowa, including Black, non-Hispanic populations, to increase awareness and ensure access to testing and treatment services, as well as prevention and risk reduction options.

Strategy Type  
Community-focused

Strategy Source & Location

Community-Based Screening Services (CBSS) program for STD testing and treatment

Who's Responsible

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date

Dec 31, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input checked="" type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Any expansion related to gonorrhea/chlamydia testing was halted in 2020. Providers were less available to see patients for routine visits due to COVID-related restrictions and patients were less likely to go in for routine care. Furthermore, a nationwide shortage of testing supplies for gonorrhea/chlamydia led to a significant decline in testing and long delays for those who were able to get tested.

Sexually Transmitted Diseases (STD)

Objective	By 2021, reduce the rate of infectious syphilis to 2.0 per 100,000 population.	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-3</b>		2014	5.6	2021	2.0

Data Source & Location National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) atlas  
<http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas>

Iowa Department of Public Health, STD Program disease surveillance data  
<http://idph.iowa.gov/hivstdhhep/std/resources>

Report Date  
Feb 20, 2018

Year  
2016

Value  
5

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Though progress has been gradual, we have seen a reduction in the number of infectious syphilis cases in the state. Efforts to increase testing in populations that are most affected (and reduce the time from infection to diagnosis and treatment) have likely contributed to

this. We have also partnered with other programs and agencies to maximize resources (e.g., Ryan White Part C clinics and agencies offering pre-exposure prophylaxis, PrEP for HIV).

Report Date  
Mar 7, 2019

Year  
2017  
  
Value  
6.1

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Though the rate of infectious syphilis increased in 2017, more recent preliminary data suggest rates are decreasing again. So, over a longer period of time, it appears rates for this infection are decreasing. When ramping up efforts in STD prevention, it is expected that diagnoses go up for a time while more asymptomatic individuals are identified and diagnosed. If most affected individuals can be diagnosed and treated, disease burden and transmission will decrease over time. We have partnered with other programs and agencies to maximize resources (e.g., Ryan White Part C clinics and agencies offering pre-exposure prophylaxis, PrEP for HIV). Among other things, this has led to increased testing across the state.

Report Date  
Mar 4, 2021

Year  
2019  
  
Value  
7.4

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Infectious syphilis has increased recently in Iowa and the rest of the U.S. STD programs across the country are having to re-prioritize their syphilis follow up procedures to meet these challenges. In Iowa, we are taking steps to prioritize resources toward individuals who are likely infectious by diverting resources from individuals who are diagnosed with late, non-infectious cases of syphilis.

Sexually Transmitted Diseases (STD)

**Strategy 1-3.1** Increase outreach to populations disproportionately impacted by syphilis in Iowa, including men who have sex with men (MSM) populations, to increase awareness and ensure access to testing and treatment services, as well as prevention and risk reduction options.

Strategy Type  
Community-focused

Strategy Source & Location

Community-Based Screening Services (CBSS) program for STD testing and treatment; HIV prevention and care programs

Who's Responsible

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date

Dec 31, 2021

Report Date  
Mar 4, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Despite setbacks in 2020, this strategy continues its overall progression. The many common goals with HIV prevention have helped usher this strategy forward. More routine and earlier testing of MSM allows for earlier diagnosis and treatment. The bureau continues to identify areas of collaboration around this issue.



# FOCUS AREA: Injury & Violence

## Iowa Health Issue: Falls

Iowa Counties with Local Strategies

Audubon, Buchanan, Calhoun, Cerro Gordo, Emmet, Hardin, Ida, Jackson, Jasper, Keokuk, Louisa, Lyon, Pocahontas, Union, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Falls

**Goal #1** Decrease patient falls in the healthcare setting.

#### Alignment with National Plans

Centers for Medicare & Medicaid Services (CMS), Hospital Improvement Innovation Network (HIIN)  
<https://partnershipforpatients.cms.gov/about-the-partnership/hospital-engagement-networks/thehospitalengagementnetworks.html>

#### Alignment with State / Other Plans

N/A

#### Falls

Objective 1-1	Maintain the continuous goal of a 20% reduction in the number of falls per 1,000 in the healthcare setting.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	3.27	2021	1.01

Data Source & Location: HIIN Data, Iowa Health Care Collaborative

<u>Report Date</u>	Year
Feb 13, 2018	2017
	Value
	1.01

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: This improvement was met by the performance improvement strategies that the Iowa Healthcare Collaborative is using through the HIIN program. IHC improvement advisors work with hospitals to implement best practices and track improvement.

<u>Report Date</u>	Year
Feb 12, 2019	2018
	Value
	0.81

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In spring of 2018, a fall prevention campaign was pushed out to all hospitals.

<u>Report Date</u>	Year
Mar 5, 2020	2019
	Value
	0.77

**Progress on Objective**

<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: IHA continues to be a part of the Iowa Falls Coalition and disseminates information to hospitals in collaboration with the Iowa Healthcare Collaborative.

Falls

**Strategy 1-1.1** Work in collaboration with the Iowa Healthcare Collaborative to educate hospitals in fall prevention strategies.

Strategy Type  
Professional/provider-focused

Strategy Source & Location  
Iowa Healthcare Collaborative

Who's Responsible  
Iowa Hospital Association-Quality Team and Iowa Healthcare Collaborative

Target Date  
Dec 31, 2019

Report Date  
Feb 3, 2021

Progress on Strategy

Complete     On track     Off track     No progress

Progress notes: IHA continues to be a part of the Iowa Fall Coalition and disseminates information to hospitals in collaboration with the Iowa Healthcare Collaborative.

Falls

**Goal #2** Reduce falls in the elderly population.

Alignment with National Plans

National Council on Aging, 2015 Falls Free National Action Plan  
<https://www.ncoa.org/resources/2015-falls-free-national-falls-prevention-action-plan/>

Alignment with State / Other Plans

Iowa Department on Aging <https://www.iowaaging.gov/programs-services/health-prevention-wellness/falls-prevention>

Falls

<b>Objective 2-1</b>		Baseline Year	Baseline Value	Target Year	Target Value
Develop templates for collaborative practice agreements in long-term care facilities related to falls prevention.		2015	0	2019	TBD

Data Source & Location | To be developed.

Report Date  
May 30, 2018

Year  
2017  
Value  
N/A

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: IPA's LTC Advisory Committee recognized collaborative practice agreements as a priority area and IPA will work to develop related templates/resources.

Report Date  
Mar 19, 2019

Year  
2018  
Value  
N/A

Progress on Objective

Met, trend in right direction     Not met, trend in right direction  
 Met, no trend     Not met, no trend  
 Met, trend in wrong direction     Not met, trend in wrong direction

Progress notes: The Iowa Pharmacy Association recognizes the need to develop templates and resources for collaborative practice agreement in long-term care facilities. However, legislation is needed to expand collaborative practice agreement pharmacy practice.

Falls

**Strategy 2-1.1** Work with DIA and the Iowa Pharmacy Association long-term care/senior care committee to create collaborative practice agreements with local providers.

Strategy Type

Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2019

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Due to the COVID-19 pandemic, the 2020 legislative session halted any progress made on IPA bills introduced during the 2020 year. During the 2021 Legislative Session, IPA plans to introduce a bill that expands the authority for pharmacists to have collaborative practice agreements with all providers and populations. This would help to allow for further progression on the establishment of collaborative practice agreements in long-term care facilities to address fall risk.

Falls

**Goal #3** Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

Alignment with National Plans

2015 Falls Free National Action Plan <https://www.ncoa.org/resources/2015-falls-free-national-falls-prevention-action-plan/>

Alignment with State / Other Plans

Iowa Falls Prevention Coalition Plan (to be published)

Falls

<b>Objective 3-1</b>	Increase the percentage of Iowa counties that have evidence-based classes available from 35% to 50%.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2016	35%	2019	50%

Data Source & Location: National Council on Aging Falls Database (baseline data from CY2016) - accessed by Iowa Department of Public Health Office of Disability, Injury & Violence Prevention staff.

Report Date

Feb 28, 2018

Year

2017

Value

37%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: The Office of Disability, Injury, & Violence Prevention has provided leader training for evidence-based programs. Following is the link to counties offering classes: <https://www.lifelonglinks.org>. Counties currently with evidence-based classes are the following: Allamakee, Black Hawk, Buchanan, Buena Vista, Calhoun, Carroll, Cass, Clarke, Clinton, Dallas, Davis, Decatur, Delaware, Des Moines, Dubuque, Greene, Hancock, Harrison, Humboldt, Jackson, Jasper, Johnson, Kossuth, Madison, Mills, Monona, Page, Plymouth,

Report Date  
Mar 27, 2019  
  
Year  
2018  
  
Value  
50.5%

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Office of Disability, Injury, & Violence Prevention has provided leader training for evidence-based programs. In 2018, classes were offered in 12 new counties. Following is the link where classes being offered are posted: <https://www.lifelonglinks.org>. Counties currently with evidence-based classes are the following: Allamakee, Black Hawk, Boone, Buchanan, Buena Vista, Calhoun, Carroll, Cass, Cedar, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dubuque, Fayette, Greene, Hancock, Hardin, Harrison, Humboldt, Ida, Jackson, Jasper, Johnson, Kossuth, Linn, Madison, Marshall, Mills, Monona, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Union, Webster, Winneshiek, Woodbury.

Report Date  
March 2021  
  
Year  
2019  
  
Value  
52.5%

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Office of Disability, Injury, & Violence Prevention has provided leader training for evidence-based programs. In 2019, classes were offered in 1 new county (Bremer). Counties that offered evidence-based classes since 2017 are the following: Allamakee, Black Hawk, Boone, Bremer Buchanan, Buena Vista, Calhoun, Carroll, Cass, Cedar, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dubuque, Fayette, Greene, Hancock, Hardin, Harrison, Humboldt, Ida, Jackson, Jasper, Johnson, Kossuth, Linn, Madison, Marshall, Mills, Monona, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Union, Webster, Winneshiek, Woodbury.

Report Date  
March 2021  
  
Year  
2020  
  
Value  
unknown

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Iowa Department of Public Health no longer has funding to support the training of leaders for falls prevention evidence based classes or the reporting and tracking of data related to implementation of these classes/workshops. However, the Iowa Falls Prevention Coalition is partnering with Community Health Partners to establish a "Falls Prevention Hub" to serve as the central point of coordination for training, marketing, and referrals related to this effort.

Falls

**Strategy 3-1.1** By 2019, increase the number of local health departments participating in county or regional falls prevention coalitions.

Strategy Type  
Community-focused

Strategy Source & Location

Survey of local health departments - conducted annually

Who's Responsible

Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention

Target Date

Jan 1, 2020

Report Date

Mar 1, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: While neither the Iowa Falls Prevention Coalition nor the Iowa Department of Public Health has surveyed local health departments regarding their participation coalitions, the following local health departments participate on the Iowa Falls Prevention Coalition: Dallas County Health Dept. and Guthrie County Public Health, Polk County Department of Community.

Falls

**Strategy 3-1.2** Each year, analyze and provide updated data on trends related to deaths and hospitalizations from falls by county.

Strategy Type  
Policy-focused

Strategy Source & Location

[Falls In Iowa report](#)

Who's Responsible

Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention & Iowa Falls Prevention Coalition

Target Date

Jul 1, 2021

Report Date

Mar 1, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: [Policy Brief: Falls In Iowa, 2019](#) was completed and can be found at <https://idph.iowa.gov/falls-prevention>. This report was disseminated among the members of the Iowa Falls Prevention Coalition.

Falls

<b>Objective 3-2</b>	Increase the number of older Iowans who indicate they have been referred to falls prevention program by their health care provider.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	12%	2020	25%

Data Source & Location Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program reports.

Report Date

Feb 23, 2018

Year

2017

Value

12%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Work will begin on this objective in 2018.

Report Date

Mar 27, 2019

Year

2018

Value

15.7%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: In 2018, 15.7% of participants reported they were referred to a falls prevention program by their health care provider. This is an increase from the previous year.

Report Date

Mar 1, 2021

Year

2019

Value

14.9%

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: In 2019, 14.9% of participants reported they were referred to a falls prevention program by their health care provider. This is a decrease from the previous year.

Report Date  
Mar 1, 2021

Year  
2020  
  
Value  
unknown

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The [Community HUB](#), established by Community Health Partners, structure includes a HUB Navigator to receive referrals from healthcare systems/clinics and matching them up with available programs/classes. The HUB is currently ready to receive referrals from health care systems/clinics.

There are several members of the Iowa Falls Prevention Coalition on the HUB Advisory Group and HUB Referral Network Subcommittee working on strategies to create referral relationships processes with healthcare systems/clinics/providers into falls prevention programs. A Medical Community Partnership Planning Document has been created that will guide the work of building referral networks. Iowa State University U-TuRN program is part of the HUB development efforts and have designed mechanisms for improved detect-screen-refer procedures into HUB partner evidence based programs.

Falls

**Strategy 3-2.1** Collaborate in the statewide falls prevention strategy for clinical settings to increase routine screening for falls, referral to evidence-based programs, and potential reimbursement mechanisms.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Statewide Falls Prevention Strategy <https://idph.iowa.gov/falls-prevention/resources>

Who's Responsible

Iowa Department of Public Health and Iowa Healthcare Collaborative

Target Date

Sept 1, 2019

Report Date  
Mar 1, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: There are several members of the Iowa Falls Prevention Coalition on the HUB Advisory Group and HUB Referral Network Subcommittee working on strategies to create referral relationships processes with healthcare systems/clinics/providers into falls prevention programs. A Medical Community Partnership Planning Document has been created that will guide the work of building referral networks. Iowa State University U-TuRN program is part of the HUB development efforts and have designed mechanisms for improved detect-screen-refer procedures into HUB partner evidence based programs.

Falls

**Strategy 3-2.2** Educate patient care coordinators about the CDC STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Toolkit for clinicians and how to refer patients to evidence-based community programs.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

The Iowa Department of Public Health (IDPH) Administration for Community Living Falls Prevention Grant includes a plan to engage patient care coordinators in hospital and clinic systems in Iowa (located in IDPH program files).

Who's Responsible

Iowa Department of Public Health (Office of Disability, Injury & Violence Prevention) and the Iowa Healthcare Collaborative

Target Date

Dec 31, 2019

Report Date

Mar 1, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Due to the pandemic in 2020, the annual Falls Prevention Symposium did not take place. The Iowa Department of Public Health continues to make information available upon request regarding the STEADI toolkit.

Falls

**Strategy 3-2.3**

Develop a reimbursement mechanism to support the network of evidence-based falls prevention classes across the state.

Strategy Type

Policy-focused

Strategy Source & Location

Based on the business plan developed by the Iowa Falls Prevention Coalition (available from the Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program files)

Who's Responsible

Iowa Department of Public Health, Iowa Department on Aging, Iowa Healthcare Collaborative

Target Date

July 31, 2019

Report Date

Mar 27, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The Iowa Department of Public Health and Iowa Department on Aging met with representation from one of Iowa's Medicaid Managed Care Organizations to discuss this issue; however a mechanism for reimbursement was not developed.

Report Date

April 23, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The two agencies determined that the strategy was not viable.

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# FOCUS AREA: Injury & Violence

## Iowa Health Issue: Motor Vehicle Crashes

Iowa Counties with Local Strategies

Buchanan, Calhoun, Mitchell

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Motor Vehicle Crashes

**Goal #1** Increase traffic safety.

#### Alignment with National Plans

Healthy People 2020, Injury & Violence Prevention, Objective 13

<https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives>

National Highway Traffic Safety Administration Counter Measures That Work

<https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/811736.pdf>

#### Alignment with State / Other Plans

Iowa State Strategic Highway Safety Plan <https://www.iowadot.gov/traffic/shsp/home>

Governor's Traffic Safety Bureau Highway Safety Plan <http://www.dps.state.ia.us/commis/gtsb/publications.shtml>

#### Motor Vehicle Crashes

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b>	Reduce traffic fatalities 15% from the 2007 - 2011 average of 396 to 337 by January 1, 2020.	2007-11	396	2020	337

**Data Source & Location:** Iowa State Strategic Highway Safety Plan Highway Safety Plan, Iowa Department of Public Safety/Governor's Traffic Safety Bureau, FFY 2017, Performance Measure #1.

Report Date	Year	Value	Progress on Objective
Dec 31, 2017	2017	339 (5 yr avg)	<input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** In spite of a significant increase in traffic fatalities in 2016, a linear trend continues downward. The spike in traffic fatalities in 2016 prompted additional analysis of traffic crash data and current trends being seen by traffic safety partners in the state.

Report Date	Year	Value	Progress on Objective
Feb 5, 2019	2018	339 (5 yr avg)	<input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction

**Progress notes:** The high number of fatalities in 2016 adversely affects the 5-year average. However, the state remains in line to meet the collaborative long-term goal.



Report Date  
March 3, 2020

Year  
2019

Value  
342 (5 yr avg)

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The high number of fatalities recorded in 2016 (402) adversely affects the 5-year average. However, when reviewing the 5-year linear trend there remains a minimal decrease. The 2019 annual figure used in the calculation was based on preliminary Iowa Department of Transportation data.

Report Date  
Feb 26, 2021

Year  
2020

Value  
345 (5 yr avg)

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: The high number of fatalities recorded in 2016 (403) continues to affect the 5-year average.

### Motor Vehicle Crashes

**Strategy 1-1.1** Increase the statewide safety belt usage rate 0.213% from the 2016 observational survey rate of 93.8% to 94.0% for the 2018 survey.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Highway Safety Plan. Statewide Observational Seat Belt Usage Survey.

Who's Responsible

The Annual Observational Safety Belt Usage Survey is conducted by Iowa State University, Survey and Behavioral Research Services, under contract with the Governor's Traffic Safety Bureau.

Target Date  
Jun 30, 2021

Report Date

Feb 26, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Based on weighted data, Iowa's overall seat belt use for 2020 was 95.2%. This was up .63% from the 2019 rate of 94.6%.

### Motor Vehicle Crashes

**Strategy 1-1.2** Provide de-identified data from the Iowa Office of the State Medical Examiner Case Management System to the Iowa Department of Transportation (DOT), Iowa Department of Public Safety (DPS), and elected officials to aid in policy development to reduce the number of motor vehicle crash-related fatalities.

Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS

Who's Responsible

Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS

Target Date  
Dec 31, 2020

Report Date

Mar 1, 2021

<u>Progress on Strategy</u>			
<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Iowa Office of the State Medical Examiner (IOSME) continues to enter data in the FAS case management system, and now has the ability to electronically submit de-identified data to requesting agencies when a data sharing agreement is in place.

Motor Vehicle Crashes

**Strategy 1-1.3** Reduce alcohol-impaired driving fatalities 3.33% from the 2011-2015 average of 90 to 87 by December 31, 2018.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Highway Safety Plan

Who's Responsible

Agencies under contract with the Governor's Traffic Safety Bureau and Iowa Impaired Driving Coalition.

Target Date

Dec 31, 2018

Report Date

Feb 26, 2021

Progress on Strategy

Complete    On track    Off track    No progress

Progress notes: The 5-year moving average (2015-2019) for alcohol-impaired driving fatalities was 93, and as such, trend lines are starting to incline. Programming efforts are being reviewed and modified to mitigate the upward trends.

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# FOCUS AREA: Injury & Violence

## Iowa Health Issue: Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Iowa Counties with Local Strategies

Calhoun, Cerro Gordo, Greene, Jasper, Linn, Monona, Muscatine, Sac, Shelby

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

### Goals, Objectives & Strategies

#### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Goal #1** Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences (ACEs).

#### Alignment with National Plans

Healthy People 2020, Injury & Violence Prevention, Objectives 37, 38, & 42 <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>

#### Alignment with State / Other Plans

ACEs 360 Iowa <http://www.iowaaces360.org/>

Iowa Child Abuse Prevention Program <http://www.pcaiowa.org/programs/icapp/>

Iowa's Comprehensive HIV Plan 2017-2021 <https://idph.iowa.gov/hivstdhep/hiv>

The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

University of Iowa Child Protection Program <https://uichildrens.org/medical-services/child-protection-program>

#### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> COMPLETE: Increase the number of policy makers and state department officials who are aware of ACEs.	2016	20 policy makers/ state agency officials	2017	50 policy makers/ state agency officials

Data Source & Location: ACEs Policy Coalition will track this number based on interactions with state policy makers and department officials during the 2017 legislative session.

Report Date  
Feb 19, 2018

Year  
2017

Value  
90 policy makers/state agency officials

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Representatives from such groups as Prevent Child Abuse Iowa, the Child and Family Policy Center, and Central Iowa ACES 360 that are part of the ACES Coalition initiated conversations to inform policy makers and state department officials about the importance of ACEs in improving the effectiveness of prevention and treatment programs. This objective will be revised in the strategic planning process scheduled to take place in the second half of 2018.

<u>Report Date</u>	Year	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Feb 11, 2019	2018	
Value		
50		

Progress notes: Representatives from the ACES Coalition initiated conversations to inform policy makers and state department officials about the importance of ACEs in improving the effectiveness of prevention and treatment programs. In 2018 the Coalition increased their attention on meeting with members of key state agencies, including DHS, DE, and IDPH.

<u>Report Date</u>	Year	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 10, 2020	2019	
Value		
35		

Progress notes: The ACEs Policy Coalition educated legislators on the Coalition's priorities and strategies to prevent and mitigate ACEs.

<u>Report Date</u>	Year	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Feb 10, 2021	2020	
Value		
20		

Progress notes: The Aces Policy Coalition educated legislators and department officials on the Coalition's priorities. The number of meetings and opportunities for engagement in 2020 were limited due to the Covid-19 pandemic and abbreviated legislative session.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 1-1.1** COMPLETE: Host two lobby days during the 2017 legislative session to raise awareness regarding the impact of ACEs. Strategy Type Individual/interpersonal-focused

Strategy Source & Location

Policy Priority of the ACEs Policy Coalition

Who's Responsible

ACES Policy Coalition (Child and Family Policy Center co-chairs this Coalition)

Target Date

Jun 30, 2017

<u>Report Date</u>	<u>Progress on Strategy</u>			
Feb 10, 2021	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The ACEs Policy Coalition continues to use its annual lobby day as an opportunity to raise awareness around ACEs, trauma-informed care, and opportunities to promote resilience.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

<b>Objective 1-2</b>	Adopt strategies focused on preventing and mitigating childhood adversity.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2018-19	1

Data Source & Location Child and Family Policy Center analysis of legislation passed during the 2017 session.

Report Date  
Feb 19, 2018

Year  
2017

Value  
1

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: House File 653, Division XVIII, Section 89 charged the Department of Human Services with creating a children’s mental health and well-being advisory committee to continue efforts relating to improving children’s mental health crisis services and children’s well-being learning labs and supporting the children’s well-being collaboratives. This objective has been revised to reflect ongoing work in 2018-2019.

Report Date  
Feb 11, 2019

Year  
2018

Value  
1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: [SF 2113](#) requires licensed school personnel who have regular contact with students to undergo annual training on suicide prevention and “postvention,” identifying adverse childhood experiences and mitigating toxic stress.

Report Date  
Mar 10, 2020

Year  
2019

Value  
1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: HF 690 outlined the initial structure and governance for a comprehensive Children's Mental Health System. This system will provide a framework for helping prevent and mitigate ACEs.

Report Date  
Feb 10, 2021

Year  
2020

Value  
1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to the abbreviated legislative session in 2020, ACEs Policy Coalition members pursued strategies to prevent and mitigate ACEs through legislative and administrative actions. For example, the ACEs Policy Coalition submitted testimony RE: HF 2630 Classroom Behavior Management bill but also worked with the Department of Education to advocate for the infusion of ACES awareness and trauma informed policies and practices into the Administrative Rules process.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 1-2.1** Enact a state resolution or proclamation regarding the impact of ACEs on the long term health and well-being of Iowans, which encourages state departments and policy makers to develop priorities for action to address ACEs in the areas of prevention, early intervention, and mitigation, which would reduce the prevalence of mental health and physical health problems, and the need for mental health services.

Strategy Type  
Policy-focused

Strategy Source & Location

Policy Priority of the ACEs Policy Coalition

Who's Responsible  
ACEs Policy Coalition (Child and Family Policy Center co-chairs this Coalition)

Target Date  
Jun 30, 2018

Report Date  
Feb 11, 2019

Progress on Strategy  
 Complete   
 On track   
 Off track   
 No progress

Progress notes: Governor Kim Reynolds signed the Resilient Iowa Proclamation on February 15, 2018 alongside community and state leaders in the ACEs and Trauma Informed Movement.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 1-2.2** Develop and expand programs that improve child health and family well-being.      Strategy Type  
Policy-focused

Strategy Source & Location

Child and Family Policy Center legislative priorities

Who's Responsible  
Child and Family Policy Center

Target Date  
Jan 3, 2021

Report Date  
Feb 10, 2021

Progress on Strategy  
 Complete   
 On track   
 Off track   
 No progress

Progress notes: Due to COVID-19 and the uncertainty of the long-term economic impact on state revenue, the Iowa Legislature passed largely status quo omnibus budget bills.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Goal #2** Build capacity at the local and state levels to recognize and respond to trauma\* across the lifespan.  
 \* Trauma is defined as an experience or event that is emotionally painful or distressful that overwhelms a person's ability to cope, including ACEs, interpersonal violence, natural disasters, medical trauma, car accidents, traumatic grief, and/or structural violence.

Alignment with National Plans

- National Strategy to Eliminate Child Abuse & Neglect Fatalities <https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf>
- Preventing Child Abuse and Neglect: A Technical Package for Policy, Norms and Programmatic Activities <http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>
- HHS Strategic Plan: Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People <http://www.hhs.gov/about/strategic-plan/strategic-goal-3/index.html>

Alignment with State / Other Plans

- ACEs 360 Iowa <http://www.iowaaces360.org/>
- Iowa Child Abuse Prevention Program <http://www.pcaiowa.org/programs/icapp/>
- Iowa's Comprehensive HIV Plan 2017-2021 <https://idph.iowa.gov/hivstdhep/hiv>
- The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>
- Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>
- University of Iowa Child Protection Program <https://uichildrens.org/medical-services/child-protection-program>

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

<b>Objective 2-1</b>	COMPLETE: Hire a statewide Trauma Informed Prevention and Care Coordinator.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2017	1

Data Source & Location | To be developed documentation that coordinator position exists and is filled.

Report Date  
Dec 31, 2017

Year  
2017

Value  
1

<u>Progress on Objective</u>	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: A trauma-informed prevention and care coordinator has been hired.

Report Date  
April 10, 2019

Year  
2018

Value  
0

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: There is currently no Trauma Informed Prevention and Care Coordinator and no plans to refill the position. To be able to do this, dedicated general funds would need to be allocated our blended funding from vested partners.

Report Date  
June 2021

Year  
2020

Value  
0

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: There is currently no Trauma Informed Prevention and Care Coordinator and no plans to refill the position. To be able to do this, dedicated general funds would need to be allocated or blended funding from vested partners.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-1.1**

COMPLETE: Recruit applicants with a foundational understanding of impact of trauma on development/health outcomes/post-traumatic growth, and experience in engaging, managing and supporting state and community-level coalitions.

Strategy Type

Community-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Mar 1, 2017

Report Date  
June 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Though there is not a state-wide trauma-informed prevention and care coordinator, efforts have been made in many programs and agencies to screen for trauma-informed principles knowledge as well as revise processes to be a more trauma-informed approach. An effort to align trauma informed prevention and care efforts with healthy equity efforts is occurring. A formal inventory of efforts is being worked on by the Trauma Informed Principles Workgroup within IDPH.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Objective 2-2**

Develop a strategic plan for a Trauma Informed Work Group at the Iowa Department of Public Health that recognizes the impact of trauma across the public health continuum.

Baseline Year  
2016

Baseline Value  
0

Target Year  
2018-19

Target Value  
1

Data Source & Location  
Work Group records.

Report Date  
May 29, 2018

Year  
2017

Value  
0

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The groundwork has been laid for a strategic plan that will include all five divisions in the department. The target has been revised to reflect ongoing work in 2018-2019.

Report Date  
April 10, 2019

Year  
2018

Value  
0

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: A consultant has been hired to assist with the development of a strategic plan. A draft plan is near completion and is expected to be finalized in 2019

Report Date  
June 2021

Year  
2020

Value  
0

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: A Strategic Plan that was adjusted to reflect work through 2021 was nearly completed. Due to COVID, the group working on the plan halted activities in 2020. In addition, devoted resources need to be made a priority to further this work

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-2.1** Develop mission and vision statements for the work group. Strategy Type  
Professional/provider-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Who's Responsible

Iowa Department of Public Health Trauma Informed Work Group

Target Date

Dec 31, 2021

<u>Report Date</u>	<u>Progress on Strategy</u>			
April 10, 2019	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The vision and mission of the IDPH workgroup was finalized and is as follows: The vision of the IDPH Trauma Leadership Workgroup is Healthy Iowans living in resilient and thriving communities. The mission is for IDPH to be a leader in creating resilient and thriving communities promoting action, based on evidence connecting trauma with health and well-being, utilizing the organizational trauma continuum.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-2.2** Develop operating and membership procedures to ensure effective communication on the impact of trauma to key stakeholders at the Iowa Department of Public Health. Strategy Type  
Policy-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>



Who's Responsible  
Iowa Department of Public Health Trauma Informed Work Group

Target Date  
Dec 31, 2021

<u>Report Date</u> June 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Operating and membership procedures of an IDPH workgroup need to be re-evaluated post-COVID.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-2.3** Develop a communication plan for the Trauma Informed Work Group to formalize distribution of information to Iowa Department of Public Health programs. Strategy Type  
Professional/provider-focused

Strategy Source & Location  
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Who's Responsible  
Iowa Department of Public Health Trauma Informed Work Group

Target Date  
Dec 31, 2021

<u>Report Date</u> June 2021	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
---------------------------------	---

Progress notes: A "shared messaging" team was created to align groups working on Social Determinants of Health issues at IDPH. The goal of this group is to ensure all groups are coordinating their efforts and messaging. The group will assess how to move forward in 2021 - provided COVID 2019 activities and concerns wane. The group will take into consideration new guidance for accreditation.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

<b>Objective 2-3</b>	Increase the number of Divisions within the Iowa Department of Public Health that universally integrate principles of trauma-informed care across programs.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	5 divisions

Data Source & Location | To be developed.

<u>Report Date</u> Dec 31, 2017	Year 2017	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Value 0		

Progress notes: The groundwork to integrate principles of trauma-informed care across the department has been laid and will be part of the new traumatic-informed strategy.

<u>Report Date</u> Mar 29, 2019	Year 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Value 0		

Progress notes: Though the strategic plan and corresponding work-plan is not complete at this time, it is likely that the first step to integrate trauma informed principles into programs at IDPH will be to create a resource inventory.

Report Date  
June 2021

Year  
2020

Value  
0

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: An inventory was done with most bureaus though the results were incomplete. Work has begun to follow up with bureaus through a presentation and one-on-one interviews.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-3.1** Conduct an assessment to determine which programs at the Iowa Department of Public Health are utilizing principles of trauma-informed care in their funding and technical assistance decisions.

Strategy Type  
Professional/provider-focused

Strategy Source & Location  
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Who's Responsible  
Iowa Department of Public Health

Target Date  
Dec 31, 2021

Report Date	Progress on Strategy
June 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: An electronic detailing sheet has been developed to assess IDPH programs utilizing trauma-informed care principles. The sheet was done with most bureaus though the results were incomplete. Work has begun to follow up with bureaus through a presentation and one-on-one interviews.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-3.2** Develop a database to track number of Iowa Department of Public Health programs that are informed about the life-long impact of trauma on physical and behavioral health.

Strategy Type  
Professional/provider-focused

Strategy Source & Location  
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Who's Responsible  
Iowa Department of Public Health

Target Date  
Dec 31, 2021

Report Date	Progress on Strategy
June 2021	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Though no specific trauma informed care trainings were offered in 2020 due to COVID-19, there was an emphasis on workplace wellness through weekly sessions called "Wellness Wednesdays". IDPH staff were exposed to many trauma informed practices surrounding taking physical, mental, and emotional care of themselves.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 2-4</b>	Develop an inventory of trauma-informed resources available on risk and protective factors for adverse experiences.	2016	0	2019	1

Data Source & Location | To be developed.

Report Date  
May 29, 2018

Year  
2017

Value  
0

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: An inventory of trauma-informed resources will be part of the new strategic plan. The target year has been revised to 2018-2019.

Report Date  
Apr 10, 2019

Year  
2018

Value  
0

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Developing a resource inventory has been prioritized for 2019.

Report Date  
June 2021

Year  
2020

Value  
0

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Other parts of the plan need to be met before work can begin on this objective.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-4.1**

Gather resources on trauma-informed principles, procedures, interventions and available data, and compile into an inventory available for public consumption.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input checked="" type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Trauma Informed Leadership Team (TILT) did meet in early 2020 and began work to create a statewide website aimed at collating all available materials. However, subsequent meetings were postponed due to COVID. The website has been prioritized for 2021.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Objective 2-5**

Develop a statewide trauma-informed care planning group to formalize cross-sector collaboration to address the impact of trauma on Iowans and promote social well-being.

Baseline Year  
2016

Baseline Value  
0

Target Year  
2018

Target Value

Data Source & Location  
To be developed.

Report Date  
May 21, 2018

Year  
2018

Value  
1

<u>Progress on Objective</u>			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The state wide Trauma Informed Leadership Team (TILT) held its first strategic planning session (May 2018) under the leadership of an outside facilitator. The state-wide team consists of approximately 25 persons representing various groups, agencies, and diverse sectors from across the state. Continued monthly meetings are scheduled through October 2018 with the outcome of a trauma informed state-wide strategic plan and implementation suggestions. The IDPH TIC workgroup continues to meet to update the trauma informed care strategic plan for IDPH.

Report Date  
Apr 10, 2019

Year  
2018-19  
  
Value  
1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Trauma Informed Leadership Team (TILT) continues to meet with the outside facilitator approximately every 3-4 months, and has begun to develop a blueprint/charter to finalize the group's existence and to clarify roles and responsibilities. The blueprint, or charter, is in draft form.

#### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-5.1** Identify external agencies, including those addressing the issue of human trafficking, that are involved in trauma-informed care and establish relationships in order to increase cross-sector collaboration efforts to address trauma across the lifespan of Iowans.

Strategy Type  
Community-focused

##### Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>

##### Who's Responsible

Iowa Department of Public Health, Prevent Child Abuse Iowa

##### Target Date

Dec 31, 2021

Report Date  
June 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Network Against Human Trafficking is a state-wide association of volunteers, community leaders, and agency directors working to address human trafficking in Iowa. Their leadership continues to meet regularly and create legislation and training to eliminate human trafficking in Iowa.

#### Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 2-5.2** Establish a procedure for collaboration and coordination between the Iowa Department of Public Health and other agencies developing and utilizing trauma-informed care practices.

Strategy Type  
Community-focused

##### Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>

##### Who's Responsible

Iowa Department of Public Health

##### Target Date

Dec 31, 2021

Report Date  
June 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input checked="" type="checkbox"/> No progress

Progress notes:

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Goal #3** Assure children and their caretakers that are affected by adverse childhood experiences receive relevant services.

Alignment with National Plans

Healthy People 2020, Injury and Violence Prevention (IVP) IVP-38 & 42  
<https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>

Alignment with State / Other Plans

N/A

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective	Identify children and their caretakers affected by adverse childhood experiences (ACEs).	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 3-1</b>		2016	0	2021	TBD

Data Source & Location: University of Iowa Children's Hospital Child Protection Clinic clientele, University of Iowa Children's Hospital Child Protection Clinic records

Report Date: Mar 19, 2018  
 Year: 2017  
 Value: N/A

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to legislative budget cuts for the UIHC, Child Protection clinic was closed. The program currently is focusing on implementing this objective in the inpatient pediatric population and their family members that are being evaluated for child abuse. Data from the University of Iowa and Blank Children's Hospital are being combined for a data summary.

Report Date: Mar 29, 2019  
 Year: 2018  
 Value: N/A

**Progress on Objective**

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The primary change has been additional training provided to staff and completion of a research project at the University of Iowa in order to understand staff's knowledge base on both ACEs and TIC. This research created awareness of what resources towards trauma sensitive communications exist. The existence of the Children's Mental Health subcommittees and the Child Wellbeing groups is very beneficial for more improvement to be made in the future. Trainings in hospitals and clinics have been improved. The Iowa ACEs 360 Pediatric Project and Trauma-Informed Care Guide are examples of this work. Most mental health centers are screening for trauma/aces as well as advocacy centers.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 3-1.1** Conduct trauma, resiliency, and needs surveys on every child and their immediate caregivers assessed in a child protection clinic. The same should be conducted in select children (i.e. with developmental, behavioral, and mental health problems) and their caretakers in primary care clinics, hospital inpatient units, pediatric specialty clinics.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

University of Iowa Children's Hospital Child Protection Clinic patients and family members  
 University of Iowa Children's Hospital Child Protection Inpatient Unit

Who's Responsible  
University of Iowa Children's Hospital Child Protection Inpatient Unit

Target Date  
Dec 31, 2021

Report Date  
Mar 29, 2019

Progress on Strategy  
 Complete  On track  Off track  No progress

Progress notes: Unity Point/Blank STAR continue to use a general behavioral assessment that includes ACEs questions, however no specific needs surveys are reported being completed at this point in time.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

<b>Objective 3-2</b>	Refer families to relevant needed services.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	TBD

Data Source & Location University of Iowa Children's Hospital Child Protection Program Inpatient and Outpatient clientele.

Report Date  
Mar 19, 2018

Year  
2017

Value  
TBD

Progress on Objective  
 Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Inpatient families being evaluated for child abuse and neglect at the University of Iowa Hospital and Clinics are being referred to services. Blank STAR Center in addition to adults being provided "education" in these areas are being referred to relevant services. Needed: follow up on the services being delivered. Referrals continue to take place at other advocacy centers in the state and within different mental health and social service agencies in the central Iowa area. More agencies and organizations have yet to be identified.

Report Date  
Mar 29, 2019

Year  
2018

Value  
TBD

Progress on Objective  
 Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Blank Hospital's general pediatric, developmental, and hematology clinics have established a connection with Every Step Care and Support Services. Every Step is on-site at each clinic full-time. Orchard Place reported that National Alliance on Mental Illness (NAMI) have done some work around crisis planning as well as the Coalition to Advance Mental Health in Iowa for Kids (CAMHI4KIDS). United Way, Orchard Place, and Unity Point remain involved with CAMHI4KIDS.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

**Strategy 3-2.1** Conduct face-to-face interviews with family members following the trauma, resiliency, and needs surveys. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

University of Iowa Children's Hospital Child Protection Inpatient Unit

Who's Responsible  
University of Iowa Children's Hospital Child Protection Inpatient Unit

Target Date  
Dec 31, 2021

Report Date  
Mar 8, 2019

Progress on Strategy  
 Complete  On track  Off track  No progress

Progress notes: Research has been completed on staff's knowledge base of ACEs and TIC that has increased awareness of resources toward trauma-sensitive communications. Also,

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two leaders from Montefiore Hospital were part of staff training. Unity Point/Blank STAR report conducting a behavioral health assessment they utilize with families that assess most ACEs areas, however no specific interviews are being conducted based on a specific needs survey or screen. In the last year, Lana Herteen was hired as a Behavioral Health Consultant at Blank General Pediatrics primary care clinic.

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# FOCUS AREA: Injury & Violence

## Iowa Health Issue: Occupational & Farm Safety

Iowa Counties with Local Strategies

N/A

### Goals, Objectives & Strategies

#### Occupational & Farm Safety

**Goal #1** By 2020, reduce deaths from work-related injuries.

#### Alignment with National Plans

Healthy People 2020, Occupational Safety & Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/occupational-safety-and-health/objectives>

#### Alignment with State / Other Plans

Iowa Department of Public Health, Occupational Health and Safety Surveillance Program (OHSSP) July 2015-June 2020 work plan (unpublished)

#### Occupational & Farm Safety

Objective	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b> Reduce the 5-year rolling average rate of fatal occupational injuries in Iowa from 5.8 per 100,000 full-time workers to no more than the national rate of 3.4 by 2020.	2010-14	5.8	2020	3.4

Data Source & Location | Iowa Burden of Occupational Injury  
<https://idph.iowa.gov/lpp/occupational-health>

Report Date  
Feb 19, 2018

Year  
2012-2016

Value  
5.2

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The five-year rolling average rate in Iowa decreased from 5.8/100,000 FTE to 5.5 (2011-2015 data) and 5.2 for 2012-2016 data. The U.S. five year rate has remained unchanged at 3.4/100,000 FTE. The IA annual rate decreased from a high of 6.6/100,000 in 2012, to a rate of 3.9/100,000 in 2015. The IA annual rate in 2016 increased to 4.8/100,000 full-time workers.

Report Date  
Feb 19, 2019

Year  
2013-2017

Value  
4.8

#### Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The five-year rolling average rate in Iowa decreased from 5.2/100,000 FTE to 4.8 for 2013-2017 data. The U.S. five year rate remained unchanged at 3.4/100,000 FTE. The 2017 IA CFOI rate of 4.7/100,000 is the lowest annual rate since 2006 (4.6).



Report Date

Feb 3, 2021

Year

2019

Value

4.6

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: The 2015-2019 five-year rolling average rate for Iowa fatal occupational injuries was 4.6/100,000 FTE (full-time equivalent workers), a downward change from the previous five-year average of 4.9/100,000 FTE. The U.S. five year rate remained at 3.5/100,000 FTE. This is a significant improvement from the 2008-2012 five-year moving average rate difference of 6.0 in Iowa and 3.6 for all US workers.

Occupational & Farm Safety

**Strategy 1-1.1** Conduct data collection and analysis annually to track and trend occupational health indicators, including those for fatalities in high-risk industries and occupations, older worker fatalities, and self-employed or small business worker fatalities.

Strategy Type

Policy-focused

Strategy Source & Location

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who's Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

Report Date

Feb 9, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Iowa's Occupational Health Indicators (OHI) are calculated annually, with a 3-year lag due to data availability. The 2017 data was reported by June 30, 2020 and 2018 OHI data is scheduled for completion by June 30, 2021. A summary document of Iowa OHI data compiled from 2000-2017 ([Iowa OHI Summary chart](#)) is posted on the OHSSP web page <https://idph.iowa.gov/Environmental-Health-Services/Occupational-Health-and-Safety-Surveillance>.

Occupational & Farm Safety

**Strategy 1-1.2** Disseminate findings to workers, employers, safety and health professionals, policy makers, and the public.

Strategy Type

Community-focused

Strategy Source & Location

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who's Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

Report Date

Feb 9, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The OHSSP annual report and additional data reports are posted on the program web page. Partner resources are linked. Due to the COVID-19 pandemic, plans for exhibits opportunities at state conferences were canceled since March 2020.

Occupational & Farm Safety

**Strategy 1-1.3** Maintain and coordinate a network of stakeholders that can develop data-driven recommendations, materials, and resources for dissemination to key contacts.

Strategy Type

Community-focused

Strategy Source & Location

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who's Responsible  
Iowa Department of Public Health, OHSSP

Target Date  
Jul 28, 2019

Report Date  
Feb 9, 2021

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: IDPH OHSSP works with a variety of agencies and programs to meet this objective as described in program annual reports posted on the web page.

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# FOCUS AREA: Mental Health, Illness, & Suicide

## Iowa Health Issue: Mental Health, Illness & Suicide

### Iowa Counties with Local Strategies

Adair, Adams, Allamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Calhoun, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Davis, Decatur, Des Moines, Dubuque, Greene, Henry, Howard, Iowa, Jasper, Jones, Keokuk, Lee, Linn, Lucas, Madison, Marshall, Mills, Monroe, Muscatine, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Union, Van Buren, Warren, Washington, Webster, Winneshiek

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

## Goals, Objectives & Strategies

### Mental Health, Illness & Suicide

**Goal #1** Prevent suicide deaths.

#### Alignment with National Plans

2012 National Strategy for Suicide Prevention

<http://www.surgeongeneral.gov/library/reports/nationalstrategy-suicide-prevention/fullreport.pdf>

#### Alignment with State / Other Plans

Overall Goal, Iowa Suicide Prevention Plan 2015-2018 <https://idph.iowa.gov/substance-abuse/youth-suicide-prevention>

### Mental Health, Illness & Suicide

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
<b>Objective 1-1</b>	Reduce the annual number of deaths by suicide by 10% from an average of 406 each year (2012-14) to 365 by 2018.	2012-14	406	2018	365

Data Source: Iowa Department of Public Health, Bureau of Health Statistics. Vital Statistics of Iowa. Table 24: Suicide Deaths by & Location: Race and Age, Resident Data. <http://idph.iowa.gov/health-statistics/data>

Report Date  
Feb 5, 2018

Year  
2016

Value  
449

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction            |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: The increase in the suicide rate for Iowa mirrors what is seen nationally, with suicide rates increasing over the past decade.

Report Date  
Mar 1, 2019

Year  
2017

Value  
476

#### Progress on Objective

- |  |   |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction            |
| <input type="checkbox"/> Met, no trend                 | <input type="checkbox"/> Not met, no trend                            |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Suicide rates continue to rise nationally. In addition, the suicide prevention grant Iowa had expired with no new grants available until one was received that began September 2018.

Report Date

Year

Feb 5, 2021

2019

Value

522

Progress on Objective

- Met, trend in right direction
- Not met, trend in right direction
- Met, no trend
- Not met, no trend
- Met, trend in wrong direction
- Not met, trend in wrong direction

Progress notes: The number of suicides nationally declined slightly from 2018 to 2019 but Iowa suicide numbers continue to rise. The Zero Suicide Iowa grant is underway focusing on substance use disorder treatment providers. Since most of the grant activities began in late 2019 or 2020, it would not have had an effect on the number of suicide deaths in 2019.

Mental Health, Illness & Suicide

**Strategy 1-1.1** Identify, coordinate, and establish suicide prevention activities across multiple sectors and settings by 2021.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Suicide Prevention Plan 2015-2018, Goal #1.

Who's Responsible

Iowa Suicide Prevention Planning Group

Target Date

Dec 31, 2021

Report Date

May 21, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Suicide Prevention Planning Group continues to meet to share events that are happening across the state. A committee is currently working to update the Iowa Suicide Prevention Plan to identify goals and objectives for the next 3 years and bring more coordination on suicide prevention activities across the state. Local coalitions are in contact with the Suicide Prevention Director at IDPH to get support and share progress.

Mental Health, Illness & Suicide

**Strategy 1-1.2** Provide care and support to individuals affected by suicide attempts and deaths to promote healing, and implement community strategies to help prevent further suicides.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Suicide Prevention Plan 2015-2018, Goal #5.

Who's Responsible

Iowa Suicide Prevention Planning Group

Target Date

Dec 31, 2021

Report Date

Feb 5, 2021

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Iowa has 17 suicide bereavement support groups across the state. IDPH updated the suicide bereavement support group lists and shared the lists with all local coalitions and posted on the website. AFSP-Iowa Chapter hosts an annual Survivors of Suicide Loss Day in locations across the state and virtually for those who could not travel to the event.

Mental Health, Illness & Suicide

**Strategy 1-1.3** Provide de-identified data from the Iowa Office of the State Medical Examiner's Case Management System to policy makers in an effort to support suicide prevention efforts, initiatives, and policy change.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Plan for Suicide Prevention 2015-2018

Who's Responsible

Iowa Office of the State Medical Examiner and the Iowa Department of Public Health,  
Bureau of Behavioral Health

Target Date

Dec 31, 2020

Report Date

Mar 1, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The IOSME continues to enter data into the FAS case management system and now has the ability to electronically submit de-identified data regarding suicide numbers to policy makers and other requesting agencies when a data sharing agreement is in place.

Mental Health, Illness & Suicide

**Goal #2** Reduce the bi-annual numbers of suicidal ideation (thoughts of engaging in suicide behavior) and the number of deaths by suicide in the Iowa Army National Guard.

Alignment with National Plans

Army Regulation 600-63, Army Health Promotion, 14 April 2015; Army Regulation 350-53, Comprehensive Soldier and Family Fitness (unpublished)

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

<b>Objective 2-1</b>	Reduce the number of suicidal ideations by 25% over the next two years, from 46 (2018) to 35 by the end of 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	46	2020	35

Data Source & Location: Commanders Critical Information Requirement (CCIR) tracker (unpublished)

Report Date

May 11, 2018

Year

TYTD 2018

Value

73

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Previous target goal for TY 2018 is 50. We are at 73 at 7 months in to Training Year 2018. We believe upward trend is due to better reporting of soldiers, not necessarily more suicidal ideations, because more units are getting the word out about available resources to the soldiers.

Report Date

Apr 18, 2019

Year

CY 2019

Value

18

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: Previous target goal for Training Year (CY) 2018 is 50, end the CY with 46 CCIRs for suicidal ideations. We are at 18 as of April 18, 2019. The upward trend is due to better reporting of soldiers, not necessarily more suicidal ideations, because more units are getting the word out about available resources to the soldiers.

Mental Health, Illness & Suicide

**Strategy 2-1.1** Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard. The Adjutant Generals policy orders all units to have one MRT trained by the end of October 2017. As of 24 October 2016, 39 are trained out of 53 required.

Strategy Type  
Policy-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Unit commanders supported by Iowa Army National Guard Resilience team

Target Date

Oct 1, 2019

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 48 out of 50 units have trained MRT.

Mental Health, Illness & Suicide

**Strategy 2-1.2** Provide Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Commanders identify individuals and Suicide Prevention Office provides training.

Target Date

Oct 1, 2019

Report Date

Apr 18, 2019

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 712 Soldiers currently hold certification (+10%)

Mental Health, Illness & Suicide

**Strategy 2-1.3** Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (Unpublished)

Who's Responsible

Commanders identify individuals, and Suicide Prevention Office provides training.

Target Date

Oct 1, 2019

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes:

Mental Health, Illness & Suicide

<b>Objective 2-2</b>	Reduce the total number of deaths by suicide in the Iowa Army National Guard by 50% from 8 (2014-16) to 4 (2017-2019).	Baseline Year	Baseline Value	Target Year	Target Value
		2014-16	8	2017-19	4

Data Source & Location: Commanders Critical Information Requirement (CCIR) tracker (unpublished)

Report Date  
May 11, 2018

Year  
2017-2018

Value  
7

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: The data calls for greater attention to this health problem and new strategies.

Report Date  
Apr 18, 2019

Year  
1Jan2017-  
18Apr2019

Value  
8

<u>Progress on Objective</u>	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction

Progress notes: The data calls for greater attention to this health problem and new strategies. Total number of suicides in CYs 2017-2018 is seven (7) and in CY 2019, we are currently at one (1) suicide.

Report Date  
Mar 5, 2021

Year  
19Apr2019-  
30 Dec 2020

Value  
1

<u>Progress on Objective</u>	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: In date range one (1) suicide was reported in the Iowa Army National Guard. Suicide prevention is a main priority and each unit is required one (1) Suicide Intervention Officer (SIO).

### Mental Health, Illness & Suicide

**Strategy 2-2.1** Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard. The Adjutant General's policy orders all units to have one MRT trained by the end of October 2017. As of 24 October 2016, 39 are trained out of 53 required.

Strategy Type  
Policy-focused

#### Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

#### Who's Responsible

Unit commanders supported by Iowa Army National Guard Resilience Team

#### Target Date

Oct 1, 2019

Report Date  
Mar 5, 2021

<u>Progress on Strategy</u>			
<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: 48 out of 50 units have a trained MRT.

### Mental Health, Illness & Suicide

**Strategy 2-2.2** Provide/train Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually.

Strategy Type  
Individual/interpersonal-focused

#### Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

#### Who's Responsible

Commanders identify individuals and Suicide Prevention Office provides training.

#### Target Date

Oct 1, 2019

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: 1OCT20-2Feb21 the Suicide Prevention Team has trained 135 individuals in ASIST. 1OCT20-30Sep20 only 108 individuals were trained.

Mental Health, Illness & Suicide

**Strategy 2-2.3** Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ. (Unpublished)

Who's Responsible

Commanders identify individuals, Suicide Prevention Office provides training

Target Date

Oct 1, 2019

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: No way of tracking this program at this time. This is less than 10%. We believe more may be trained and reporting of training is not completed. Updated version is being launched through the National Guard and training has started to be rolled out.

Mental Health, Illness & Suicide

**Goal #3** Increase access to behavioral health services across the continuum.

Alignment with National Plans

Healthy People 2020, Mental Health & Mental Disorders

<https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

**Objective 3-1** Build a care continuum that includes sub-acute services, crisis intervention, crisis homes, nursing facility care community-based services, and more hospital inpatient beds for acutely-ill behavioral health patients.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2021	1 continuum of care

Data Source & Location: Iowa Hospital Association 2017 Position Paper & Location <https://www.ihaonline.org/Advocacy/Legislative-Agenda>

Report Date

Mar 19, 2018

Year

2018

Value

Partially met

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: IHA has worked hard legislatively to improve the care continuum for mental health services and was successful in supporting the passage of legislation to establish a mental health system.



Report Date  
Apr 15, 2019

Year  
2018

Value  
Partially met

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: IHA has been a strong supporter of establishing a children's mental health system.

Report Date  
Mar 5, 2020

Year  
2020

Value  
Partially Met

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: IHA has worked hard support legislative policy that supports improving access and funding for the mental health system in the state.

Report Date  
Feb 3, 2021

Year  
2021

Value  
Partially Met

<u>Progress on Objective</u>			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: IHA has worked hard support legislative policy that supports improving access and funding for the mental health system in the state.

Mental Health, Illness & Suicide

**Strategy 3-1.1** Advocate for the following: increase crisis stabilization services in local communities, increase utilization of "transitional level of care units," increase sub-acute services, decrease days waiting placement.

Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Hospital Association 2017 Position Paper

Who's Responsible

Iowa Hospital Association

Target Date

Dec 31, 2021

Report Date  
Feb 3, 2021

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Here is IHA position statement...The Legislature should identify and appropriate sustainable funding for behavioral health services for adults and children in Iowa. The Legislature has passed legislation to increase access to behavioral health supports and services for all Iowans but, unfortunately, funding has not been allocated to support these important policies. Sustainable funding and support of these programs and services is vital to the creation of a mental health system in Iowa.

Mental Health, Illness & Suicide

**Goal #4** Educate Pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

<b>Objective 4-1</b>	Pharmacists are educated to provide and utilize the PHQ-9 and assessing the appropriateness of anti-depressant treatment.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0 training session	2019	74 pharmacies offering depression screenings

Data Source & Location: New objective, to be developed.

Report Date: Mar 14, 2020  
 Year: 2019  
 Value: 74

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: A major payer in Iowa completed research on a three-year value based pharmacy program pilot. Pharmacists demonstrated great health outcomes value through reduction in total healthcare costs by focusing on key education and counseling areas with their patients. One of the measures of the project was with utilizing PHQ-9 depression assessments. The payer plans to continue offering top performing pharmacies value based contracts to continue offering enhanced clinical services to their patients.

Report Date: Mar 5, 2021  
 Year: 2020  
 Value: 74

Progress on Objective

<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Due to more focus being placed on COVID-19, it is unclear on the status of progress made regarding the value based pharmacy program during the 2020 year. IPA will continue to monitor the program and provide support to other similar initiatives, including the work of the Community Pharmacy Enhanced Services Network (CPESN), which continues to implement medication screenings and adherence assessments for patients with mental health conditions, like depression and anxiety.

Mental Health, Illness & Suicide

**Strategy 4-1.1** Hold education and training meetings with pharmacists involved in treatment of patients with mental health care needs.

Strategy Type  
 Professional/provider-focused

Strategy Source & Location  
 Iowa Pharmacy Association

<u>Report Date</u> Mar 5, 2021	<b>Progress on Strategy</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: No additional education was provided in 2020 due to the COVID-19 pandemic, however IPA plans to support a researcher at the University of Iowa that is studying the experiences and perspectives of Iowa Pharmacists related to expansion of roles with mental health intervention and referral in Iowa. Long-term plans with this research include efforts to train more pharmacists in Mental Health First Aid (MHFA) and examine ways to support pharmacists and pharmacy workplaces with this expanding role.

Mental Health, Illness & Suicide

<b>Objective 4-2</b>	Train pharmacists, pharmacy technicians, and student pharmacists with the skills to recognize mental health condition exacerbations or crises developing and refer to appropriate professional help.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2017	0	2020	100

Data Source & Location | Iowa Pharmacy Association

<u>Report Date</u> Mar 19, 2019	Year 2018	<b>Progress on Objective</b> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Value 70		

Progress notes: In conjunction with the Iowa Behavioral Health Association, the Iowa Pharmacy Association brought Mental Health First Aid training to 8 different communities across Iowa. So far, 70 different pharmacy professionals have been trained with plans for more. Research is being conducted to study the impact of the training.

<u>Report Date</u> Mar 14, 2020	Year 2019	<b>Progress on Objective</b> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Value 152		

Progress notes: In conjunction with IDPH and the Nebraska Pharmacists Association, the Iowa Pharmacy Association brought Mental Health First Aid trainings to more communities in Iowa and Nebraska in 2019. 82 more pharmacy professionals have been trained with plans for more. Research was conducted to study the impact of the training. The study showed that following the Mental Health First Aid trainings, participants were more engaged in asking patients about their mental health. [https://communitypharmacyfoundation.org/resources/grant\\_docs/CPFGGrantDoc\\_8681.pdf](https://communitypharmacyfoundation.org/resources/grant_docs/CPFGGrantDoc_8681.pdf)

<u>Report Date</u> Mar 5, 2021	Year 2020	<b>Progress on Objective</b> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input checked="" type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Value 152		

Progress notes: No additional education and trainings were provided in 2020 due to the COVID-19 pandemic, however IPA plans to support a researcher at the University of Iowa that is studying the experiences and perspectives of Iowa Pharmacists related to expansion of roles with mental health intervention and referral in Iowa. Long-term plans with this research include efforts to train more pharmacists in Mental Health First Aid (MHFA) and examine ways to support pharmacists and pharmacy workplaces with this expanding role. Additionally, IPA continues to

work with rural communities in three high-risk counties in Iowa to address high rates of substance abuse and opioid overdoses through our work with the Iowa Healthcare Collaborative. Through this partnership, we aim to further promote and provide Mental Health First Aid Trainings within these counties due to high correlations between mental health conditions and substance abuse.

Mental Health, Illness & Suicide

**Strategy 4-2.1** At least 100 pharmacists, pharmacy technicians, and student pharmacists across Iowa are trained in Mental Health First Aid.

Strategy Type  
Professional/provider-focused

Strategy Source & Location

Iowa Pharmacy Association

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2020

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: No additional education and trainings were provided in 2020 due to the COVID-19 pandemic, however IPA plans to support a researcher at the University of Iowa that is studying the experiences and perspectives of Iowa Pharmacists related to expansion of roles with mental health intervention and referral in Iowa. Long-term plans with this research include efforts to train more pharmacists in Mental Health First Aid (MHFA) and examine ways to support pharmacists and pharmacy workplaces with this expanding role. Additionally, IPA continues to work with rural communities in three high-risk counties in Iowa to address high rates of substance abuse and opioid overdoses through our work with the Iowa Healthcare Collaborative. Through this partnership, we aim to further promote and provide Mental Health First Aid Trainings within these counties due to high correlations between mental health conditions and substance abuse.

Mental Health, Illness & Suicide

**Goal #5** Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.

Alignment with National Plans

N/A

Alignment with State / Other Plans

Iowa Department of Corrections Strategic Plan <http://publications.iowa.gov/21093/>

Mental Health, Illness & Suicide

<b>Objective 5-1</b>	Reduce the number of individuals in prison who have chronic and serious mental health issues by 25%.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2018	8,371	2021	6,278

Data Source & Location Iowa Corrections Offender Network and ICON-Medical module.

Report Date

June 30, 2017

Year

2017

Value

6,425

Progress on Objective

Met, trend in right direction  Not met, trend in right direction  
 Met, no trend  Not met, no trend  
 Met, trend in wrong direction  Not met, trend in wrong direction

Progress notes: We changed our Mental Health Issues in 2017. We now measure mental health issues for an entire fiscal year vs. a point in time.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 20, 2019	2018	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
	8,371	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The 2018 figure reflects a revision in the objective because it includes individuals in prison with chronic as well as serious mental health disease.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 6, 2020	2019	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
	9,459	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The 2019 figure reflects a revision in the objective because it includes individuals in prison with chronic as well as serious mental health disease. Data referenced include those within FY2019.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
March 3, 2021	2020	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
	8,803	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: The 2020 figure reflects individuals in prison with chronic, serious, and other mental health disease. Data referenced includes those served within the FY20 time parameter.

Mental Health, Illness & Suicide

**Strategy 5-1.1** Educate service providers in the community on addressing the needs of persons reentering the community from prison. Strategy Type Professional/provider-focused

Strategy Source & Location

Department of Corrections series of scheduled meetings in each of the eight judicial districts (unpublished)

Who's Responsible

Department of Corrections Statewide Reentry Coordinator

Target Date

Mar 31, 2017

<u>Report Date</u>	<u>Progress on Strategy</u>			
March 3, 2021	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The DOC continued to actively work to engage community stakeholders to improve reentry efforts for returning citizens. Programs reported during previous reporting periods are no longer available due to grant fund expirations. The DOC participates in several reentry task forces including, but not limited to:

- \* Central Iowa Works - United Way OpportUNITY Reentry Task Force
- \* Olmstead Consumer Taskforce
- \* Iowa Homelessness Council

Mental Health, Illness & Suicide

**Strategy 5-1.2** Under the direction of the National Alliance on Mental Illness (NAMI), educate individuals with mental health issues so they may manage their mental health issues on a daily basis. This includes an apprenticeship program for peer to peer.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Ongoing programs/trainings in each Iowa Department of Corrections institution (unpublished)

Who's Responsible

Department of Corrections executive officer for mental health

Target Date

Dec 31, 2018

Report Date

March 2, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Currently we have 5 apprentices who have completed their peer specialist apprenticeship. We currently also have 5 apprentices registered in the program in three separate institutions. Overall there have been ten individuals who have participated in the peer to peer apprenticeship. To date, there have also been 629 incarcerated individuals who have participated in the NAMI peer to peer program with 477 program completers.

Mental Health, Illness & Suicide

**Strategy 5-1.3** Begin Medicaid sign-up while individuals are still in prison, as part of the reentry process.

Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Each Iowa Department of Corrections institution (unpublished)

Who's Responsible

Department of Corrections Statewide Reentry Coordinator

Target Date

Ongoing

Report Date

March 3, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Before release, clients leaving parole or those who are discharging are given the option to sign up for Medicaid, however, it is important to note that some refuse.

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Mental Health, Illness & Suicide

**Goal #6** By 2020, increase the number of Iowans who receive problem gambling treatment.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

<b>Objective 6-1</b>	Increase admissions by Iowa Gambling Treatment Program-funded providers by 10% each year.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2015	268	2020	390

Data Source & Location: I-SMART - Problem Gambling Domain, Office of Problem Gambling Treatment and Prevention  
<http://www.idph.iowa.gov/igtp/reports>

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Feb 19, 2018	2016	<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	298	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Saw 11% increase over SFY 2015.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Feb 28, 2019	2018	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	228	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Transition Year to new RFP Procurement, high staff turnover at multiple funded agencies.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 5, 2021	2019	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	179	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Integrated Provider Network launched in January 2019, expanding the number of problem gambling treatment providers from 11 to 20. New services areas were established and the impact of the transition to the IPN was underestimated with numerous workforce and provider readiness issues.

<u>Report Date</u>	Year	<u>Progress on Objective</u>			
Mar 5, 2021	2020	<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	Value	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	77	<input type="checkbox"/> Met, trend in wrong direction	<input checked="" type="checkbox"/> Not met, trend in wrong direction		

Progress notes: COVID-19 closed casinos from April-June 2020. Admissions dropped despite the offering of tele-health services. Technical assistance began in July 2020 to address workplace and provider readiness, as well as redeveloping community referral pathways for problem gambling treatment.

Mental Health, Illness & Suicide

**Strategy 6-1.1** Develop Annual Targeted Health Promotion Plan/Strategy to drive call to action by lowans who are struggling with gambling related behaviors or their loved ones. Strategy Type  
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)

Who's Responsible

Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)

Target Date

Jun 30, 2020

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: Targeted Health Promotion plan created for SFY2021. Media buys include \$300,000 for the new Be #1 at Getting Help campaign that was developed using qualitative research (Focus Groups) during SFY2020, and included our first BETS OFF TV Spots in 10 years. It is hoped that these spots will reduce the stigma associated with reaching out for help, and increase the number of lowans enrolling in problem gambling treatment. SFY2020 contacts for gambling dropped to 1,511. Part of the reduction is attributed to removing "Junk" calls from the count to more accurately reflect contacts related to problem gambling. SFY2020 gambling page visits almost doubled from SFY2019, to just under 60,000 visits to [yourlifeiowa.org/gambling](http://yourlifeiowa.org/gambling).

Mental Health, Illness & Suicide

**Strategy 6-1.2** COMPLETE: Release an RFP for an integrated call center. Strategy Type  
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention. RFP will focus on Suicide Prevention, assistance for substance and gambling related issues, including value added services until decision to engage or not engage in services.

Who's Responsible

Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention

Target Date

Feb 1, 2017

Report Date

Feb 19, 2018

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: BETS OFF helpline and website merged with Your Life Iowa (YLI) as of 7/1/17, with YLI website going live on 10/23/17. <https://yourlifeiowa.org/>

Mental Health, Illness & Suicide

**Strategy 6-1.3** Annually, allocate a minimum 10% of the General Appropriation for Health Promotion activities. Strategy Type

Strategy Source & Location

Iowa Department of Public Health, Office of Problem Gambling and Prevention

Who's Responsible

Iowa Department of Public Health, Office of Problem Gambling and Prevention

Target Date

June 30, 2020

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: For SFY2021, \$275,000 is budgeted for media buys for the Be #1 at Getting Help Campaign. These are the funds allocated from the Sports Wagering Tax Receipt Fund. This is just under the 10% stated goal, but it is expected by year end that total spend will be over \$300,000 which will meet the targeted goal.



Mental Health, Illness & Suicide

**Strategy 6-1.4** Ensure that each month a minimum of 85% of the "warm-hand-offs" attempted for problem gambling by the Your Life Iowa Call Center are successful.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Office of Problem Gambling and Prevention; Foundation 2 (Your Life Iowa contractor); IDPH funded problem gambling providers

Who's Responsible

Iowa Department of Public Health, Office of Problem Gambling and Prevention; Foundation 2 (Your Life Iowa contractor); IDPH funded problem gambling providers

Target Date

Jun 30, 2020

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: For SFY2019, 77.6% of attempted warm hand offs were successful.

Report Date

Mar 5, 2021

Progress on Strategy

Complete  On track  Off track  No progress

Progress notes: The decision was made to discontinue warm hand-offs as part of the transition to the Integrated Provider Network.

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