

Healthy Iowans 2017-2021

Iowa's Health Improvement Plan



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Coordinated by the
Bureau of Public Health Performance
Iowa Department of Public Health



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Improving the health of Iowans does not stop at the door of governmental health agencies; it requires partners committed to making a real difference in the lives of everyone in the state and to garnering support from other like-minded groups. This plan is a testimonial to that commitment. Healthy Iowans would not be possible without the contribution of Iowa's local public health agencies through local community health needs assessments and health improvement plans (CHNA & HIP). Summaries of these assessments and plans are available on the [CHNA & HIP website](#). In addition, each action plan lists the counties with goals, objectives and strategies in their local HIPs for each health issue addressed in Healthy Iowans. We encourage contacting these local public health agencies to learn more about their CHNA & HIP processes and the good work they and their partners are doing in their communities.

Along with these local contributions, the following is a list of organizations, programs, and advisory groups, along with their partners, that have committed to goals, objectives and strategies they will undertake through 2021.

Organization/Group Name

- 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

Organization/Group Name

- 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
- 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

Organization/Group Name

- 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
 - 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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Table of Contents

Executive Summary.....	6
What is Healthy Iowans?.....	6
Iowa’s Top Health Issues.....	6
How were Iowa’s top health issues identified?	6
How was the Healthy Iowans 2017-2021 plan developed?.....	8
How is the plan organized?.....	8
Next Steps	9
Healthy Iowans Focus Areas & Measures of Health Improvement	10
FOCUS AREA: Health Equity/Social Determinants of Health	10
FOCUS AREA: Life Course	13
FOCUS AREA: Health System Improvement.....	16
FOCUS AREA: Acute Disease	19
FOCUS AREA: Addictive Behaviors.....	21
FOCUS AREA: Chronic Disease	23
FOCUS AREA: Disaster Preparedness.....	26
FOCUS AREA: Environmental Health.....	27
FOCUS AREA: Healthy Living	28
FOCUS AREA: Injury & Violence	33
FOCUS AREA: Mental Health, Illness, & Suicide.....	35
Appendix A. Detailed Goals, Objectives & Strategies by Focus Area.....	37

List of Figures

Figure 1. Iowa's Top Health Issues.....	6
---	---

List of Tables

Table 1. Detailed description of Iowa's Top Health Issues, 2016.	7
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Executive Summary

What is Healthy Iowans?

Healthy Iowans, Iowa's health improvement plan, sets the public health agenda for 2017-2021. Many organizations, advisory groups, and programs have contributed to the plan by participating in a statewide health assessment and by agreeing to take action to address Iowa's top health issues. This action can lead to an Iowa where everyone has an opportunity for a longer, healthier and more productive life and where all can enjoy Iowa's rich quality of life. Iowa's top health issues were selected using input from local community planning groups in every county; recommendations made by individuals and private and public groups from across Iowa; analysis of health and demographic data; and national information that provided comparisons of Iowa's health status with health status in other states. These issues have an impact on every person who lives in our state.

Iowa's Top Health Issues



Figure 1. Iowa's Top Health Issues. August 2016. Based on Iowa's State Health Assessment coordinated by the Iowa Department of Public Health, Bureau of Planning Services. The size of text represents the number of counties that mentioned the issue in their Community Health Needs Assessment (CHNA) and the number of times the issue was identified as a priority by statewide committees, organizations, or state agencies, and other stakeholders.

How were Iowa's top health issues identified?

This improvement plan continues the work undertaken by private and public sector organizations in [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#) and builds on the results of the [Healthy Iowans: 2016 State Health Assessment](#). Throughout 2016, the Iowa Department of Public Health (IDPH) Bureau of Planning Services solicited public input, compiling recommendations for which health-related issues should be priorities for Iowa, analyzed data, and performed gap analyses to identify the issues demanding attention over the next five years. Iowa's top health issues that emerged from this assessment include the following 3 overarching themes, as well as 23 other specific topics:



Health Equity is the principle that all people deserve the opportunity to achieve their optimal health. It involves the reduction of health disparities within population groups such as people with disabilities, minorities, or rural/urban populations. Achieving health equity also requires addressing the various **Social Determinants of Health**, including 💰 economic stability, 🎓 education, 🏥 health services access, 🏘️ neighborhood & the built environment, and the 👥 social & community context (e.g., community awareness of health issues/health literacy).



Life Course approaches address health throughout the various stages of life including maternal, infant, & child health; early & middle childhood; adolescence; early & middle adulthood; and older adulthood.



Health System Improvement & Evidence-Based Decision Making as described by Iowans during the assessment process include care coordination, partnerships, patient engagement, accreditation, care transitions, workforce development (recruitment, training, retention, succession), and the use of data, information technology, and best practices.

Table 1. Detailed description of Iowa's Top Health Issues, 2016.

Issue Rank.	Issue Category: specific sub-issues identified in the state health assessment.
1.	Obesity, Nutrition & Physical Activity: weight status, healthy eating, access to healthy food, food security, levels of physical activity, & access to outlets for physical activity
2.	Mental Health, Illness & Suicide: general mental health, illnesses such as depression & Alzheimer's disease, access to mental health services (providers/facilities), & suicide
3.	Substance Abuse: alcohol & binge drinking, prescription, illegal, & other drugs
4.	Tobacco/Nicotine Use: smoking & other tobacco use
5.	Transportation: transportation to health services & to other daily activities
6.	Water Quality: surface & ground water/storm & waste water
7.	Cancer: all types, breast, & colorectal
8.	Diabetes: prevention, education, & living with it
9.	Lack of Oral Health/Dental Services: providers/facilities
10.	Falls: prevention & older adults
11.	Adolescent Immunizations: recommended vaccines (human papillomavirus [HPV] & others)
12.	Motor Vehicle Crashes: all , alcohol-related, & rural
13.	Disaster Preparedness: network infrastructure, planning, & notification
14.	Income/Poverty: all ages
15.	Sexually Transmitted Diseases: chlamydia, gonorrhea, & syphilis
16.	Radon: awareness & mitigation, rural
17.	Adverse Childhood Experiences: foster care, juvenile detention rates, child abuse, domestic violence, & trauma-informed care
18.	Heart Disease: prevention & living with it
19.	Safe, Affordable Housing: dilapidated/nuisance properties & affordability
20.	Insurance Affordability & Coverage: uninsured & underinsured
21.	Lack of Primary Care Services: providers/facilities
22.	Flu Immunizations: all ages
23.	Occupational & Farm Safety: work-related injuries/deaths & safety in agricultural settings

How was the Healthy Iowans 2017-2021 plan developed?

Organizations, programs, and advisory groups that submitted recommendations as part of the state health assessment process as well as additional stakeholders from across the state were asked to submit goals, objectives and strategies focusing on one or more of Iowa's 26 top health issues. In addition, an invitation to participate and a plan template that anyone could use were placed on the Healthy Iowans website. As a continuation of the state health assessment's prioritization process, groups submitted up to three priority goals with associated objectives and strategies, which they consider most significant within the context of their current work. The submissions do not reflect everything the groups are doing but rather, a selection of the most salient statewide action to address Iowa's top health issues. Through their submissions, groups committed to following up with action, evaluating results, and making revisions when necessary. To build consensus and encourage cooperative action, IDPH staff facilitated conversations among stakeholders to assure that submitted goals, objectives, or strategies aligned.

How is the plan organized?

The 26 top health issues are grouped into 11 focus areas. They are not mutually exclusive. For example, motor vehicle crashes strongly relate to substance abuse. Obesity (Healthy Living focus area) affects diabetes, heart disease and cancer (Chronic Disease focus area).

The focus areas follow:

- Health Equity/Social Determinants of Health
- Life Course
- Health System Improvement
- Acute Disease
- Addictive Behaviors
- Chronic Disease
- Disaster Preparedness
- Environmental Health
- Healthy Living
- Injury & Violence
- Mental Health, Illness, & Suicide

Each focus area includes a list of its top health issues, measures documenting health improvement (*Measures of Health Improvement*) and action Iowa is taking to address each issue (goals). Measures of Health Improvement are the health-related outcomes we expect to achieve by 2021. They are measures of progress for each focus area and are influenced by the achievement of the goals, objectives, and strategies documented in action plans for each issue. Because health equity, life course, and health system improvement are overarching issues, measures of health improvement in each focus area include identified disparities where the data sources include comparisons, such as those by race/ethnicity, gender, income, age, and location (e.g., rural or urban).

The action plans for each focus area ([Appendix A](#)) describe the action that Healthy Iowans partners have accepted responsibility for implementing and for reporting on progress. Each action plan includes

- a list of counties with strategies in their local community health improvement plans,
- alignment with national, state, or other plans,
- goal statements, and
- detailed objectives and strategies.

Objectives include a baseline, target, and data source. Strategies include where the strategy is located, strategy type, who is responsible, and target dates.

Next Steps

Healthy Iowans 2017-2021, Iowa's health improvement plan, is designed to be flexible and reflect changes in Iowa's health issues and in health improvement efforts. This means that each year, progress is tracked and reported, and revisions made as needed. Goals, objectives and strategies are updated annually to reflect the most current efforts to improve the health of Iowans. The annual progress report process will culminate in a five-year progress report that will lay the groundwork for a continuous, focused effort to address new and continuing health issues from 2021 through 2025. Moreover, as coordinator of Healthy Iowans, the IDPH Bureau of Planning Services recommends constant and consistent effort in developing and supporting the collaborative coalitions and planning groups that are vital to Healthy Iowans. These groups ensure that efforts to protect and improve the health of Iowans will continue to analyze data on health-related issues, explore emerging issues, build on current efforts by setting new goals and objectives, and by implementing multiple strategies.

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FOCUS AREA: Health Equity/Social Determinants of Health¹

What Health Issues Are Included

Health Equity & the Social Determinants of Health
 Safe, Affordable Housing
 Income/Poverty

Health Equity/Social Determinants (ESD) of Health Measures of Health Improvement

Additional measures of health equity and social determinants of health are included throughout other focus areas

ESD-1 Economic stability, income and poverty: Decrease ↓ the percentage of people below 100% of the federal poverty level.

<u>Overall</u> 😊	<u>Black or African American</u> 😊	<u>Native American/Alaska Native</u> 😊
Target: 11%	Target: 33%	Target: 24%
Baseline: 12% [2016]	Baseline: 36% [2016]	Baseline: 26% [2016]
Newest: 11% [2017]≈9%↓ decrease	Newest: 32% [2017]≈10%↓ decrease	Newest: 24% [2017]≈7%↓ decrease
<u>Hispanic/Latino</u> 😊	<u>With any disability</u> 😊	
Target: 21%	Target: 17%	
Baseline: 23% [2016]	Baseline: 18% [2016]	
Newest: 18% [2017]≈22%↓ decrease	Newest: 19% [2017]≈6%↑ increase	

Data Source: U.S. Census Bureau, American Community Survey 1-Year Estimates. Poverty Status in the Past 12 Months. American FactFinder, Table S1703. <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

ESD-2 Economic stability, income and poverty: Decrease ↓ the percentage of children (0-17) below 100% of the federal poverty level.

<u>Overall</u> 😊	<u>Black or African American</u> 😊
Target: 14%	Target: 42%
Baseline: 15.3% [2012-2016]	Baseline: 45% [2012-2016]
Newest: 14.8% [2013-2017]≈3%↓ decrease	Newest: 45% [2013-2017]≈0%↔ no change
<u>Hispanic/Latino</u> 😊	<u>Native American/Alaska Native</u> 😊
Target: 28%	Target: 34%
Baseline: 29% [2012-2016]	Baseline: 36% [2012-2016]
Newest: 28% [2013-2017]≈4%↓ decrease	Newest: 32% [2013-2017]≈12%↓ decrease

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. American FactFinder, Tables S1703, B17020B, B17020C, B17020I. <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

¹  See the description on page 7.

ESD-3 Education: Increase ↑ the percentage of public high school students who graduate in 4 years or less.

<u>Overall ☹</u> Target: 96% Baseline: 91% [2016] Newest: 91% [2018]≈0%↔ no change	<u>English language learners ☹</u> Target: 85% Baseline: 81% [2016] Newest: 79% [2018]≈2%↓ decrease	<u>American Indian ☹</u> Target: 85% Baseline: 81% [2016] Newest: 76% [2018]≈6%↓ decrease
<u>Low socioeconomic status ☹</u> Target: 89% Baseline: 84% [2016] Newest: 84% [2018]≈0%↔ no change	<u>African Americans ☹</u> Target: 84% Baseline: 80% [2016] Newest: 81% [2018]≈2%↑ increase	<u>Hispanic ☹</u> Target: 89% Baseline: 85% [2016] Newest: 84% [2018]≈0%↔ no change
<u>Students with an Individualized Education Program ☹</u> Target: 73% Baseline: 69.5% [2016] Newest: 77% [2018]≈10%↑ increase		

Data Source: Iowa Department of Education. <https://www.educateiowa.gov/graduation-rates-and-dropout-rates>

ESD-4 Health services access: Increase ↑ the percentage of people with health insurance.

<u>Adults, ages 18-64 ☹</u> Target: 99% Baseline: 94% [2016] Newest: 94% [2017]≈0%↔ no change	<u>Non-Hispanic Black adults ☹</u> Target: 96% Baseline: 91% [2016] Newest: 91% [2017]≈0%↔ no change	<u>Hispanic/Latino adults ☹</u> Target: 84% Baseline: 79% [2016] Newest: 80% [2017]≈1%↑ increase	<u>Children under age 19 ☹</u> Target: 100% Baseline: 97% [2016] Newest: 97% [2017]≈0%↔ no change
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Data Source: US Census Bureau, Small Area Health Insurance Estimates. <https://www.census.gov/data/data-tools/sahie-interactive.html>

ESD-5 Neighborhood, the built environment, and safe, affordable housing: Decrease ↓ the percentage of substandard housing units.*

<u>Overall ☹</u> Target: 22% Baseline: 24.1% [2012-2016] Newest: 23.8% [2013-2017]≈1%↓ decrease
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Data Source: US Census Bureau, American Community Survey 5-year estimates. Courtesy: University of Missouri Extension, Center for Applied Research and Engagement Systems (CARES) Engagement Network, Build a Report, Physical Environment data category. <https://engagementnetwork.org/>

*Includes households with one or more of four housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden (mortgage or rent) greater than 30% of monthly income.

ESD-6 Neighborhood, the built environment, and safe, affordable housing: Increase ↑ the percentage of children living in neighborhoods with no poorly kept or rundown housing.

<u>Overall ☹</u> Target: 93% Baseline: 88% [2016] Newest: 86% [2017]≈2%↓ decrease
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Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 7.5. <https://www.childhealthdata.org/browse/survey>

ESD-7 Social and community context: Increase ↑ the percentage of children who live in neighborhoods that are supportive.*

<u>Overall ☹</u> Target: 68% Baseline: 64% [2016] Newest: 62% [2017]≈3%↓ decrease	<u>Hispanic ☹</u> Target: 47% Baseline: 44% [2016] Newest: 55% [2017]≈25%↑ increase	<u>Income less than 200% of poverty ☹</u> Target: 55% Baseline: 52% [2016] Newest: 46% [2017]≈11%↓ decrease
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Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 7.1. <https://www.childhealthdata.org/browse/survey>

*Respondents were asked their level of agreement with 3 statements: (1) People in my neighborhood help each other out; (2) We watch out for each other's children in this neighborhood; and (3) When we encounter difficulties, we know where to go for help in our community. Children are considered to live in supportive neighborhoods if their parents reported "definitely agree" to at least one of the items and "somewhat agree" or "definitely agree" to the other two items.

ESD-8 Social and community context: Increase ↑ the percentage of children who live in neighborhoods with a park/playground, sidewalks/walking paths, a library/bookmobile, and a community/recreation center/boys' and girls' club.

Overall ☹

Target: 39%

Baseline: 36% [2016]

Newest: 36% [2017]≈0%↔ no change

Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 7.4. <https://www.childhealthdata.org/browse/survey>

Action Iowa is taking to address Health Equity and the Social Determinants of Health

Health Equity & the Social Determinants of Health

- Address health access and barriers in rural and agricultural communities.
- Continue to promote and support efforts to address social determinants of health.
- Ensure that Federally Qualified Health Center patients receive an assessment that includes socioeconomic factors affecting their health.
- Assure access to high quality family planning services for low-income Iowans.
- Increase health equity and quality of life for people with disabilities.
- Improve health equity among Iowans in low and moderate-income communities by increasing access to healthy foods.
- Reduce arthritis-related disparities in health and health care.
- Reduce HIV-related disparities and health inequities.
- Increase access to care and improve health outcomes for persons living with HIV.
- Increase health literacy among Iowans.
- Reduce the African-American infant mortality rate.
- Continue to provide specialty care to Iowans 200% below poverty level through the Polk County Medical Society Volunteer Physician Network Program.

Safe, Affordable Housing

- Improve housing and infrastructure for low and moderate-income Iowans.

Income/Poverty

- Statewide goals, objectives, and strategies for these issues have not yet been identified.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

FOCUS AREA: Life Course²

What Health Issues Are Included

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

Life Course Measures of Health Improvement

Additional life course measures are included in other focus areas with measures for specific age groups

LC-1 Decrease ↓ the teen birth rate.*

<u>Overall</u> 😊 Target: 17 Baseline: 18.5 [2014-2016] Newest: 17 [2015-2017]≈7%↓ decrease	<u>American Indian / Alaska Native</u> 😊 Target: 29 Baseline: 31 [2014-2016] Newest: 29 [2015-2017]≈5%↓ decrease
<u>Hispanic / Latino</u> 😊 Target: 39 Baseline: 42 [2014-2016] Newest: 39 [2015-2017]≈7%↓ decrease	<u>Non-Hispanic Black</u> 😊 Target: 39 Baseline: 42 [2014-2016] Newest: 40 [2015-2017]≈4%↓ decrease

Data Source: 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), Natality public-use data on CDC WONDER Online Database. <https://wonder.cdc.gov/natality.html>

* Rate of total number of births to women ages 15-19 per 1,000 female population ages 15-19.

LC-2 Decrease ↓ the percentage of children born with low birthweight (less than 2,500 grams).

<u>Overall</u> 😊 Target: 6% Baseline: 6.75% [2016] Newest: 6.6% [2017]≈3%↓ decrease	<u>Non-Hispanic Black</u> 😊 Target: 11% Baseline: 12% [2016] Newest: 11% [2017]≈2%↓ decrease
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Data Source: US DHHS, CDC, NCHS, DVS, Natality public-use data on CDC WONDER Online Database. <https://wonder.cdc.gov/natality.html>

LC-3 Decrease ↓ the infant mortality rate (number of infant deaths before age one per 1,000 live births).

<u>Overall</u> 😊 Target: 4 Baseline: 4.4 [2013-2015] Newest: 5.0 [2014-16]≈13%↑ increase	<u>Mother ages 15-19</u> 😊 Target: 7 Baseline: 8.3 [2013-2015] Newest: 7.8 [2014-16]≈6%↓ decrease	<u>Non-Hispanic Black</u> 😊 Target: 8 Baseline: 8.5 [2013-2015] Newest: 9.7 [2014-16]≈14%↑ increase
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Data Source: US DHHS, CDC, NCHS, 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. <https://wonder.cdc.gov/lbd.html>

²  See the description on page 7.

LC-4 Decrease ↓ the child and teen death rates (number of deaths per 100,000 youth ages 1-19).

Overall, ages 1-19 ☹

Target: 23
Baseline: 24.5 (192 deaths) [2016]
Newest: 27 (212 deaths) [2017]≈10%↑ increase

Male, ages 1-19 ☹

Target: 31
Baseline: 33 (131 deaths) [2016]
Newest: 36 (146 deaths) [2017]≈11%↑ increase

Black or African American, non-Hispanic, ages 1-19 ☹

Target: 46
Baseline: 49 (25 deaths) [2016]
Newest: 51 (27 deaths) [2017]≈4%↑ increase

Ages 1-4 ☺

Target: 27
Baseline: 29 (47 deaths) [2016]
Newest: 23 (37 deaths) [2017]≈21%↓ decrease

Ages 5-9 ☹

Target: 7
Baseline: 8 (17 deaths) [2016]
Newest: 12 (24 deaths) [2017]≈42%↑ increase

Ages 10-14 ☺

Target: 18
Baseline: 20 (40 deaths) [2016]
Newest: 17 (36 deaths) [2017]≈11%↓ decrease

Ages 15-19 ☹

Target: 38
Baseline: 41 (88 deaths) [2016]
Newest: 54 (115 deaths)[2017]≈31%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

<https://wonder.cdc.gov/mcd.html>

LC-5 Decrease ↓ premature death (Years of Potential Life Lost (YPLL) Before Age 75) per 100,000 people (age-adjusted rate).

Overall ☺

Target: 5,881
Baseline: 6,191 [2016]
Newest: 6,065 [2017]≈2%↓ decrease

Black, non-Hispanic ☹

Target: 10,717
Baseline: 11,282 [2016]
Newest: 11,047 [2017]≈2%↓ decrease

Male ☺

Target: 7,307
Baseline: 7,692 [2016]
Newest: 7,601 [2017]≈1%↓ decrease

American Indian/Alaskan Native, non-Hispanic ☹

Target: 9,140
Baseline: 9,622 [2016]
Newest: 14,795 [2017]≈54%↑ increase

Data Source: CDC. National Center for Injury Prevention and Control. WISQARS (Web-based Injury Statistics Query and Reporting System).

<https://www.cdc.gov/injury/wisqars/fatal.html>

LC-6 Increase ↑ the percentage of children in excellent or very good health.

Overall (ages 0-17) ☹

Target: 97%
Baseline: 92% [2016]
Newest: 91% [2017]≈1%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. National Outcome Measure #19. <https://www.childhealthdata.org/browse/survey>

LC-7 Increase ↑ the percentage of adults in excellent or very good health.

<u>Overall</u> ☹️ Target: 59% Baseline: 55% [2016] Newest: 51% [2017]≈7%↓ decrease	<u>Hispanic</u> ☹️ Target: 39% Baseline: 37% [2016] Newest: 37% [2017]≈0%↔ no change	<u>Black, non-Hispanic</u> ☹️ Target: 51% Baseline: 48% [2016] Newest: 43% [2017]≈11%↓ decrease
<u>High School Graduate</u> ☹️ Target: 53% Baseline: 50% [2016] Newest: 45% [2017]≈11%↓ decrease	<u>Adults with Disability*</u> ☹️ Target: 32% Baseline: 30% [2016] Newest: 24% [2017]≈20%↓ decrease	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data.

<u>Income less than \$25,000</u> ☹️ Target: 32% Baseline: 30% [2016] Newest: 27% [2017]≈11%↓ decrease	<u>Income from \$25,000 to less than \$50,000</u> ☹️ Target: 50% Baseline: 47% [2016] Newest: 45% [2017]≈6%↓ decrease
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Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings. <https://www.americashealthrankings.org/explore/annual/state/IA>

Action Iowa is taking to address the Life Course

- Assure that children have a healthy start.
- Reduce the African-American infant mortality rate (see Health Equity & the Social Determinants of Health Focus Area).
- Protect child health and water quality through pesticide reduction.
- Address all aspects of transition to adulthood for youth with special health care needs through transition planning.
- Increase awareness about Alzheimer's disease and the importance of early detection to increase early detection.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

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FOCUS AREA: Health System Improvement³

What Health Issues Are Included

Health System Improvement & Evidence-Based Decision Making
Transportation
Insurance Affordability & Coverage
Lack of Primary Care Services

Health System Improvement Measures of Health Improvement

HSI-1 Increase ↑ the percentage of patients who report a positive overall rating of hospital communication.*

Overall ☹️

Target: 85%

Baseline: 80.5% [2016]

Newest: 80% [2017]≈0%↔ no change

Data Source: U.S. Centers for Medicare & Medicaid Services. Data.Medicare.gov. Hospital Compare data archive.

HOSArchive_Revised_FlatFiles, HCAHPS – State measures. <https://data.medicare.gov/data/archives/hospital-compare> *This measure is an unweighted average of patient reports of how often doctors and nurses "Always Communicated Well," hospital staff "Always Explained" their medicines, and hospital staff "Provided Information About Their Recovery Plan".

HSI-2 Decrease ↓ the rate of preventable hospitalizations (discharges per 1,000 Medicare enrollees).

Overall ☹️

Target: 45

Baseline: 48 [2014]

Newest: 49 [2015]≈1%↑ increase

Black ☹️

Target: 61

Baseline: 64 [2014]

Newest: 59 [2015]≈9%↓ decrease

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. Discharges for Ambulatory Care-Sensitive Conditions per 1,000 Medicare Enrollees, by Race. <http://archive.dartmouthatlas.org/>

HSI-3 Decrease ↓ the percentage of adults who cannot afford to see a doctor because of the cost.

Overall ☹️

Target: 7%

Baseline: 7.7% [2016]

Newest: 7.9% [2017]≈2%↑ increase

Adults with Disability* ☹️

Target: 13%

Baseline: 14% [2016]

Newest: 13% [2017]≈13%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data.

HSI-4 Increase ↑ the number of primary care physicians per 100,000 population.

Overall ☹️

Target: 78

Baseline: 73 [2015]

Newest: 72 [2016]≈2%↓ decrease

Data Source: US DHHS, Health Resources and Services Administration, Area Health Resource File. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation.

<https://www.countyhealthrankings.org/>



HSI-5 Increase ↑ the percentage of adults who have one person who they think of as their personal health care provider.

<u>Overall</u> ☹️ Target: 82% Baseline: 77% [2016] Newest: 73% [2017]≈5%↓ decrease	<u>Black, non-Hispanic</u> ☹️ Target: 71% Baseline: 67% [2016] Newest: 70% [2017]≈5%↑ increase	<u>Male</u> ☹️ Target: 75% Baseline: 71% [2016] Newest: 68% [2017]≈4%↓ decrease
<u>Asian, non-Hispanic</u> ☹️ Target: 60% Baseline: 56% [2016] Newest: 61% [2017]≈8%↑ increase	<u>Hispanic</u> ☹️ Target: 65% Baseline: 61% [2016] Newest: 59% [2017]≈4%↓ decrease	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

HSI-6 Increase ↑ the percentage of adults who have had a routine check-up in the last year.

<u>Overall</u> ☹️ Target: 76% Baseline: 72% [2016] Newest: 70% [2017]≈2%↓ decrease	<u>Male</u> ☹️ Target: 70% Baseline: 66% [2016] Newest: 64% [2017]≈4%↓ decrease	
<u>Ages 18-24</u> ☹️ Target: 65% Baseline: 62% [2016] Newest: 60% [2017]≈3%↓ decrease	<u>Ages 25-34</u> ☹️ Target: 62% Baseline: 59% [2016] Newest: 56% [2017]≈4%↓ decrease	<u>Ages 35-44</u> ☹️ Target: 65% Baseline: 62% [2016] Newest: 62% [2017]≈0%↔ no change

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

HSI-7 Increase ↑ the percentage of adolescents who have had one or more preventive medical visits in the last year.

<u>Ages 12-17</u> ☹️ Target: 83% Baseline: 79% [2016] Newest: 82% [2017]≈4%↑ increase
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Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. National Performance Measure #10. <https://www.childhealthdata.org/browse/survey>

Action Iowa is taking to address Health System Improvement

Health System Improvement & Evidence-Based Decision Making

- Increase person and family engagement in decision-making.
- Improve care provided by critical access hospitals and emergency medical service providers to patients presenting with sudden cardiac arrest.
- Increase the use of standardized methods to assess the development of young children.
- Increase the percentage of Iowa school districts and accredited non-public schools with concussion management protocols supporting students returning to the classroom following concussion.
- Improve the quality of cause of death data collected on mortality records.
- Assure equitable public health services across the state.
- Use data governance to ensure consistent practices at the Iowa Department of Public Health related to data.
- Increase the number of Data Sharing Agreements to ensure that data are being provided to internal and external Iowa Department of Public Health stakeholders to promote evidence-based decisions.
- Integrate services for Children and Youth with Special Health Care Needs.
- Expand the impact of the Iowa Public Health Tracking Portal in evidence-based decision-making.
- Increase participation in all services of the Iowa Health Information Network to create a complete network for health information exchange.
- Develop, sustain, and enhance laboratory-testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.
- Increase the laboratory workforce in Iowa to meet future demands.

Transportation

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

Insurance Affordability & Coverage

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

Lack of Primary Care Services

- Coordinate care for children and youth with special health care needs through a medical home.
- Increase the number of young children who receive a vision screening.
- Improve access to preventive care and chronic care management services through pharmacists in Iowa communities.
- Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

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FOCUS AREA: Acute Disease

What Health Issues Are Included

Adolescent Immunizations

Flu Immunizations

Acute Disease Measures of Health Improvement

AD-1 Increase ↑ the percentage of adolescents ages 13 to 17 Up-To-Date on HPV vaccinations.*

<u>Overall ☺</u>	<u>Female ☺</u>	<u>Male ☹</u>
Target: 48%	Target: 50%	Target: 46%
Baseline: 46% [2016]	Baseline: 47% [2016]	Baseline: 44% [2016]
Newest: 54% [2017]≈18%↑ increase	Newest: 66% [2017]≈38%↑ increase	Newest: 43% [2017]≈3%↓ decrease

Data Source: Centers for Disease Control and Prevention (CDC), National Immunization Survey-Teen (NIS-Teen) via TeenVaxView Interactive. <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/index.html>

*Completion of the HPV vaccine series (2-doses separated by 5 months (minus 4 days) for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday and 3 doses for all others).

AD-2 Increase ↑ the percentage of adolescents ages 13 to 17 getting meningitis (meningococcal) vaccinations.*

<u>Overall ☺</u>	<u>Living in a Non MSA (rural) ☺</u>
Target: 79%	Target: 65%
Baseline: 75% [2016]	Baseline: 61% [2016]
Newest: 84% [2017]≈12%↑ increase	Newest: 75% [2017]≈22%↑ increase

Data Source: CDC, NIS-Teen via TeenVaxView Interactive.

<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/menacwy/index.html>

*≥1 dose of Meningococcal conjugate vaccine (MenACWY).

AD-3 Increase ↑ the percentage of adults getting flu vaccinations.

<u>Ages 18-64 ☹</u>	<u>Male ages 18-64 ☹</u>
Target: 44%	Target: 36%
Baseline: 41% [2016]	Baseline: 34% [2016]
Newest: 40% [2017]≈3%↓ decrease	Newest: 35% [2017]≈4%↑ increase
<u>Hispanic ages 18-64 ☺</u>	<u>Non-Hispanic Black ages 18-64 ☺</u>
Target: 38%	Target: 31%
Baseline: 36% [2016]	Baseline: 29% [2016]
Newest: 45% [2017]≈25%↑ increase	Newest: 39% [2017]≈33%↑ increase

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). Additional IDPH analysis of national BRFSS data.

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

<u>Ages 65+ ☹</u>
Target: 71%
Baseline: 67% [2016]
Newest: 66% [2017]≈1%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

Action Iowa is taking to address Acute Disease

Adolescent Immunizations

- Increase the number of adolescents 13 to 17 years of age who have received human papillomaviruses (HPV) vaccine.
- Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.
- Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

Flu Immunizations

- Increase the number of health care workers who receive the influenza vaccine annually.
- Increase influenza vaccinations in adults 65 years of age and older.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

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FOCUS AREA: Addictive Behaviors

What Health Issues Are Included

Substance Abuse
Tobacco/Nicotine Use

Addictive Behaviors Measures of Health Improvement

AB-1 Decrease ↓ the rate of opioid-related deaths (per 100,000 population - age-adjusted).

Overall ☹️

Target: 5 (142 deaths)
Baseline: 6 (183 deaths) [2016]
Newest: 7 (206 deaths) [2017]≈11%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
<https://wonder.cdc.gov/mcd-icd10.html>

AB-2 Decrease ↓ youth substance use (ages 12-17, use in the month before the survey).

Alcohol ☹️

Target: 8%
Baseline: 9% [2015-2016]
Newest: 10% [2016-17]≈3%↑ increase

Illicit drugs ☹️

Target: 6%
Baseline: 7% [2015-2016]
Newest: 6% [2016-17]≈7%↓ decrease

Cigarettes ☺️

Target: 4%
Baseline: 5% [2015-2016]
Newest: 4% [2016-17]≈20%↓ decrease

Data Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016-2017 State Prevalence Estimates. Table 1 (Illicit drugs), Table 13 (Alcohol), Table 18 (Cigarettes).
<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

AB-3 Decrease ↓ the percentage of adults reporting excessive drinking.*

Overall ☹️

Target: 20%
Baseline: 22% [2016]
Newest: 22% [2017]≈0%↔ no change

Male ☹️

Target: 26%
Baseline: 27.6% [2016]
Newest: 28.3% [2017]≈3%↑ increase

Ages 18-44 ☹️

Target: 29%
Baseline: 31% [2016]
Newest: 31% [2017]≈0%↔ no change

Income \$75,000+ ☺️

Target: 27%
Baseline: 29% [2016]
Newest: 27% [2017]≈7%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings.
<https://www.americashealthrankings.org/explore/annual/state/IA>

*Percent of adults who report either binge drinking, defined as having more than 4 (women) or 5 (men) alcoholic drinks on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

AB-4 Increase ↑ the percentage of adults who have never smoked.

<u>Overall</u> ☺	<u>Male</u> ☹	<u>Ages 18-24</u> ☺
Target: 61%	Target: 56%	Target: 84%
Baseline: 58% [2016]	Baseline: 53% [2016]	Baseline: 80% [2016]
Newest: 58% [2017]≈0%↔ no change	Newest: 53% [2017]≈0%↔ no change	Newest: 81% [2017]≈2%↑ increase
<u>Income less than \$15,000</u> ☺	<u>Income \$15,000-\$24,999</u> ☹	
Target: 49%	Target: 51%	
Baseline: 46% [2016]	Baseline: 48.5% [2016]	
Newest: 51% [2017]≈10%↑ increase	Newest: 48.8% [2017]≈0%↔ no change	
<u>Income \$25,000-\$34,999</u> ☺	<u>Income \$35,000-\$49,999</u> ☺	
Target: 50%	Target: 55%	
Baseline: 47% [2016]	Baseline: 52% [2016]	
Newest: 55% [2017]≈17%↑ increase	Newest: 56% [2017]≈7%↑ increase	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

AB-5 Decrease ↓ the percentage of adults who are current smokers (cigarettes).

<u>Overall</u> ☹	<u>Black, non-Hispanic</u> ☹	<u>Adults with Disability*</u> ☺
Target: 15%	Target: 27%	Target: 24%
Baseline: 16.7% [2016]	Baseline: 28% [2016]	Baseline: 26% [2016]
Newest: 17.1% [2017]≈2%↑ increase	Newest: 36% [2017]≈27%↑ increase	Newest: 25% [2017]≈3%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data.

<u>Income Less Than \$25,000</u> ☹	<u>Income \$25,000-\$49,999</u> ☺
Target: 27%	Target: 21%
Baseline: 29% [2016]	Baseline: 23% [2016]
Newest: 32% [2017]≈11%↑ increase	Newest: 21% [2017]≈8%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings. <https://www.americashealthrankings.org/explore/annual/state/IA>

Action Iowa is taking to address Addictive Behaviors**Substance Abuse**

- Decrease opioid-related overdoses/deaths.
- Increase the availability of opioid reversal agents for patients at pharmacies across the state.
- At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.
- Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.
- 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 through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

Tobacco/Nicotine Use

- 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.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

FOCUS AREA: Chronic Disease

What Health Issues Are Included

Cancer
Diabetes
Heart Disease

Chronic Disease Measures of Health Improvement

CD-1 Decrease ↓ the rate of deaths caused by cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 151	Target: 186	Target: 176
Baseline: 160 [2016]	Baseline: 196 [2014-2016]	Baseline: 186 [2014-2016]
Newest: 158 [2017]≈1%↓ decrease	Newest: 193 [2015-17]≈2%↓ decrease	Newest: 177 [2015-17]≈5%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C00-C97 (Malignant Neoplasms) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-2 Decrease ↓ the rate of deaths caused by lung cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 39	Target: 50	Target: 52
Baseline: 41 [2016]	Baseline: 53 [2014-2016]	Baseline: 55 [2012-2016]
Newest: 40 [2017]≈4%↓ decrease	Newest: 52 [2015-17]≈3%↓ decrease	Newest: 57 [2013-17]≈3%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C33-C34 (Malignant Neoplasms of trachea, bronchus and lung) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-3 Decrease ↓ the rate of deaths caused by colorectal cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 13	Target: 16	Target: 16
Baseline: 14.4 [2016]	Baseline: 16.7 [2014-2016]	Baseline: 17.8 [2012-2016]
Newest: 13.7 [2017]≈5%↓ decrease	Newest: 16.3 [2015-17]≈2%↓ decrease	Newest: 16.4 [2013-17]≈8%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C18-C21 (Malignant Neoplasms of colon, rectum and anus) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-4 Decrease ↓ the rate of female deaths caused by breast cancer (per 100,000 females - age-adjusted).

<u>Overall ☺</u>
Target: 18
Baseline: 19 [2016]
Newest: 18 [2017]≈6%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C50 (Malignant Neoplasms of breast) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-5 Decrease ↓ the incidence of cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic Male ☺</u>
Target: 455	Target: 496	Target: 552
Baseline: 479 [2014]	Baseline: 522 [2014]	Baseline: 582 [2014]
Newest: 470 [2015]≈2%↓ decrease	Newest: 512 [2015]≈2%↓ decrease	Newest: 549 [2015]≈6%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-6 Decrease ↓ the incidence of lung cancer (per 100,000 population - age-adjusted).

<u>Overall ☹</u>	<u>Male ☹</u>	
Target: 61	Target: 71	
Baseline: 65 [2014]	Baseline: 76 [2014]	
Newest: 63 [2015]≈3%↓ decrease	Newest: 75 [2015]≈1%↓ decrease	
<u>Black, non-Hispanic ☹</u>	<u>Black, non-Hispanic Male ☹</u>	<u>Black, non-Hispanic Female ☹</u>
Target: 85	Target: 107	Target: 73
Baseline: 90 [2014]	Baseline: 113 [2014]	Baseline: 77 [2014]
Newest: 65 [2015]≈27%↓ decrease	Newest: 80 [2015]≈29%↓ decrease	Newest: 53 [2015]≈31%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-7 Decrease ↓ the incidence of colorectal cancer (per 100,000 population - age-adjusted).

<u>Overall ☹</u>	<u>Male ☹</u>
Target: 44	Target: 49
Baseline: 47 [2014]	Baseline: 52 [2014]
Newest: 44 [2015]≈7%↓ decrease	Newest: 50.5 [2015]≈2%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-8 Decrease ↓ the incidence of female breast cancer (per 100,000 population - age-adjusted).

<u>Overall ☹</u>
Target: 120
Baseline: 127 [2014]
Newest: 129 [2015]≈2%↑ increase

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-9 Decrease ↓ the incidence of skin melanomas (per 100,000 population - age-adjusted).

<u>Overall ☹</u>	<u>Male ☹</u>
Target: 23	Target: 28
Baseline: 25 [2014]	Baseline: 30 [2014]
Newest: 27 [2015]≈5%↑ increase	Newest: 30 [2015]≈0%↔ no change

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-10 Decrease ↓ the percentage of adults who have been told they have diabetes.

<u>Overall ☹</u>	<u>Adults with Disability* ☹</u>
Target: 8%	Target: 18%
Baseline: 9% [2016]	Baseline: 19% [2016]
Newest: 10% [2017]≈3%↑ increase	Newest: 19% [2017]≈0%↔ no change
<u>Income Less Than \$15,000 ☹</u>	<u>Income \$15,000 - \$24,999 ☹</u>
Target: 13%	Target: 13%
Baseline: 14.5% [2016]	Baseline: 14% [2016]
Newest: 16% [2017]≈10%↑ increase	Newest: 15% [2017]≈4%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data.

CD-11 Decrease ↓ the percentage of adults with diabetes who have not seen a health professional in the last year.

<u>Overall ☹</u>
Target: 8%
Baseline: 9% [2015]
Newest: 6% [2017]≈29%↓ decrease

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). <https://idph.iowa.gov/brfss>

CD-12 Decrease ↓ the rate of coronary heart disease deaths (per 100,000 population - age-adjusted).

Overall ☺

Target: 97

Baseline: 103 [2016]

Newest: 103 [2017]≈0%↔ no change

Black, non-Hispanic ☺

Target: 125

Baseline: 132 [2014-2016]

Newest: 125 [2015-2017]≈6%↓ decrease

Male ☺

Target: 139

Baseline: 147 [2014-2016]

Newest: 145 [2015-2017]≈1%↓ decrease

Black, non-Hispanic Male ☺

Target: 174

Baseline: 184 [2014-2016]

Newest: 180 [2015-2017]≈2%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes I20-I25 listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

Action Iowa is taking to address Chronic Disease

Cancer

- Increase colorectal cancer screening rates in Iowa.
- Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.
- Decrease incidence of lung cancer.
- Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.
- Increase protective behaviors from sun/ultraviolet exposure.
- Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.
- Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

Diabetes

- Prevent diabetes from occurring in Iowans.
- Reduce the complications of type 2 diabetes.

Heart Disease

- Decrease the rate of coronary heart disease as the primary cause of death.
- Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

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FOCUS AREA: Disaster Preparedness

What Health Issues Are Included

Network infrastructure, planning, & notification

Disaster Preparedness Measures of Health Improvement

DP-1 Increase ↑ Iowa's National Health Security Preparedness Index score.

Overall ☹

Target: 7.2

Baseline: 6.8 [2016]

Newest: 6.8 [2018]≈0%↔ no change

Community Planning & Engagement Coordination Domain ☹

Target: 5.0

Baseline: 4.7 [2016]

Newest: 4.3 [2018]≈9%↓ decrease

Data Source: Robert Wood Johnson Foundation. National Health Security Preparedness Index. <https://nhspi.org>

Action Iowa is taking to address Disaster Preparedness

Statewide goals, objectives, and strategies for these issues have not yet been identified.

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FOCUS AREA: Environmental Health

What Health Issues Are Included

Water Quality
Radon

Environmental Health Measures of Health Improvement

EH-1 Increase the percentage of drinking and recreational waters monitored for quality.

<u>Rivers and Streams</u>	<u>Lakes and Reservoirs</u>	<u>Wetlands</u>
Target: 56%	Target: 65%	Target: 88%
Baseline: 52% [2016]	Baseline: 61% [2016]	Baseline: 83% [2016]

Data Source: Iowa Department of Natural Resources. Iowa Water Quality Assessments: ADBNet. 2016 Assessment Summary.
<https://programs.iowadnr.gov/adbnet/>

EH-2 Increase the percentage of assessed drinking and recreational waters that fully meet water quality standards.

<u>Rivers and Streams</u>	<u>Lakes and Reservoirs</u>	<u>Wetlands</u>
Target: 21%	Target: 31%	Target: 55%
Baseline: 19% [2016]	Baseline: 29% [2016]	Baseline: 52% [2016]

Data Source: Iowa Department of Natural Resources. Iowa Water Quality Assessments: ADBNet. 2016 Assessment Summary.
<https://programs.iowadnr.gov/adbnet/>

See also Chronic Disease Measures of Health Improvement for measures related to radon: reducing lung cancer incidence (**CD-6**) and the lung cancer death rate (**CD-2**).

Action Iowa is taking to address Environmental Health

Water Quality

- Ensure a healthy and safe environment for work and play.
- Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.
- 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.
- Ensure that Iowans using private wells for water supply have a safe water supply.

Radon

See Chronic Disease: Cancer, Goal 2: Decrease the incidence of lung cancer.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

FOCUS AREA: Healthy Living

What Health Issues Are Included

Obesity, Nutrition, & Physical Activity
Lack of Oral Health/Dental Services
Sexually Transmitted Diseases

Healthy Living Measures of Health Improvement

HL-1 Decrease ↓ the percentage of people who are overweight.

<u>WIC children ages 2 to 4</u> Target: 16% Baseline: 17% [2014]	<u>WIC children, Hispanic</u> Target: 17% Baseline: 19% [2014]	
<u>Adults 18+ (BMI 25.0 to 29.9) ☹</u> Target: 34% Baseline: 37% [2016] Newest: 34% [2017]≈8%↓ decrease	<u>Adults 18-24 ☹</u> Target: 25% Baseline: 26.4% [2016] Newest: 25.7% [2017]≈2%↓ decrease	<u>Adults Male 18+ ☹</u> Target: 40% Baseline: 42% [2016] Newest: 38% [2017]≈10%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

<u>Children & Adolescents (ages 10-17) ☹</u> Target: 11% Baseline: 12% [2016] Newest: 14% [2017]≈10%↑ increase

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #20. <https://www.childhealthdata.org/browse/survey>

HL-2 Decrease ↓ the percentage of people who are obese.

<u>WIC children ages 2 to 4</u> Target: 13% Baseline: 15% [2014]	<u>WIC children, Hispanic</u> Target: 19% Baseline: 20% [2014]	<u>WIC children, Am. Indian/Alaska Native</u> Target: 17% Baseline: 19% [2014]
<u>Adults 18+ (BMI > 30) ☹</u> Target: 30% Baseline: 32% [2016] Newest: 36% [2017]≈14%↑ increase	<u>Adults with Disability* ☹</u> Target: 38% Baseline: 41% [2016] Newest: 45% [2017]≈10%↑ increase	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html> *Additional IDPH analysis of national BRFSS data.

<u>Children & Adolescents (ages 10-17) ☹</u> Target: 16% Baseline: 17.5% [2016] Newest: 17.7% [2017]≈1%↑ increase
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Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #20. <https://www.childhealthdata.org/browse/survey>

HL-3 Increase ↑ the percentage of infants who are breastfed.

<u>Infants, ever breastfed ☹</u> Target: 87% Baseline: 83% [2014] Newest: 82% [2015]≈1%↓ decrease	<u>Infants, breastfed at 6 months ☹</u> Target: 56% Baseline: 53% [2014] Newest: 51% [2015]≈4%↓ decrease	<u>Infants, breastfed at 12 months ☹</u> Target: 31% Baseline: 29% [2014] Newest: 30% [2015]≈4%↑ increase
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Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

HL-4 Decrease ↓ the percentage of Iowans who are food insecure.

<u>Overall ☺</u>	<u>Children ☺</u>
Target: 11%	Target: 15%
Baseline: 12% [2015]	Baseline: 17% [2015]
Newest: 11.5% [2016]≈4%↓ decrease	Newest: 16% [2016]≈5%↓ decrease

Data Source: Feeding America. Map the Meal Gap. <https://map.feedingamerica.org/>

<u>Adults ages 60+ ☺</u>
Target: 10%
Baseline: 11% [2014-2015]
Newest: 10% [2015-2016]≈7%↓ decrease

Data Source: Feeding America. The State of Senior Hunger in America. <https://www.feedingamerica.org/research/senior-hunger-research/senior>

HL-5 Increase ↑ the percentage of adults who eat fruits and/or vegetables five or more times per day.

<u>Overall ☺</u>	<u>Male ☺</u>
Target: 15%	Target: 10%
Baseline: 13.5% [2015]	Baseline: 9% [2015]
Newest: 16% [2017]≈21%↑ increase	Newest: 13% [2017]≈47%↑ increase

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). <https://idph.iowa.gov/brfss>

HL-6 Increase ↑ the percentage of adults who eat fruit at least one time per day.

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 62%	Target: 55%	Target: 51%
Baseline: 58% [2015]	Baseline: 52% [2015]	Baseline: 48% [2015]
Newest: 64% [2017]≈11%↑ increase	Newest: 60% [2017]≈15%↑ increase	Newest: 63% [2017]≈32%↑ increase
<u>Ages 18-24 ☺</u>	<u>Ages 25-34 ☺</u>	<u>Ages 35-44 ☺</u>
Target: 58%	Target: 60%	Target: 54%
Baseline: 55% [2015]	Baseline: 57% [2015]	Baseline: 51% [2015]
Newest: 62% [2017]≈11%↑ increase	Newest: 65% [2017]≈14%↑ increase	Newest: 62% [2017]≈21%↑ increase
<u>Ages 45-54 ☺</u>	<u>Income less than \$15,000 ☺</u>	<u>Income \$15,000-\$24,999 ☺</u>
Target: 57%	Target: 52%	Target: 57%
Baseline: 54% [2015]	Baseline: 49% [2015]	Baseline: 54% [2015]
Newest: 60% [2017]≈12%↑ increase	Newest: 57% [2017]≈15%↑ increase	Newest: 60% [2017]≈12%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

HL-7 Increase ↑ the percentage of adults who eat vegetables at least one time per day.

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Ages 18-24 ☺</u>
Target: 77%	Target: 72%	Target: 69%
Baseline: 73% [2015]	Baseline: 69% [2015]	Baseline: 65% [2015]
Newest: 81% [2017]≈10%↑ increase	Newest: 78% [2017]≈13%↑ increase	Newest: 74% [2017]≈14%↑ increase
<u>Income less than \$15,000 ☺</u>	<u>Income \$15,000-\$24,999 ☺</u>	
Target: 72%	Target: 71%	
Baseline: 68% [2015]	Baseline: 67% [2015]	
Newest: 73% [2017]≈7%↑ increase	Newest: 78% [2017]≈16%↑ increase	

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

HL-8 Increase ↑ the percentage of children and adolescents who were physically active at least 60 minutes per day every day in the last week.

<u>Children, ages 6-11 ☺</u> Target: 28% Baseline: 26% [2016] Newest: 30% [2017]≈17%↑ increase	<u>Female children ☺</u> Target: 22% Baseline: 20.5% [2016] Newest: 26% [2017]≈28%↑ increase	<u>Adolescents, ages 12-17 ☺</u> Target: 27% Baseline: 25% [2016] Newest: 19% [2017]≈24%↓ decrease
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Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Performance Measure #8. <https://www.childhealthdata.org/browse/survey>

HL-9 Increase ↑ the percentage of adults engaged in any physical activity for exercise during the past month.

<u>Overall ☺</u> Target: 82% Baseline: 77% [2016] Newest: 75% [2017]≈3%↓ decrease	<u>Income less than \$15,000 ☺</u> Target: 68% Baseline: 64% [2016] Newest: 67% [2017]≈5%↑ increase	<u>Income \$15,000 to \$24,999 ☺</u> Target: 71% Baseline: 67% [2016] Newest: 70% [2017]≈5%↑ increase
<u>Income \$25,000 to \$34,999 ☺</u> Target: 75% Baseline: 70.5% [2016] Newest: 69% [2017]≈2%↓ decrease	<u>Income \$35,000 to \$49,999 ☺</u> Target: 79% Baseline: 75% [2016] Newest: 72% [2017]≈4%↓ decrease	<u>Adults with Disability* ☺</u> Target: 66% Baseline: 62% [2016] Newest: 63% [2017]≈2%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data.

HL-10 Increase ↑ the percentage of adults meeting aerobic physical activity guidelines.*

<u>Overall ☺</u> Target: 52% Baseline: 49% [2015] Newest: 50% [2017]≈3%↑ increase	<u>Income less than \$15,000 ☺</u> Target: 40% Baseline: 37% [2015] Newest: 41% [2017]≈10%↑ increase	<u>Income \$15,000 to \$24,999 ☺</u> Target: 46% Baseline: 43% [2015] Newest: 46% [2017]≈6%↑ increase
<u>Income \$25,000 to \$34,999 ☺</u> Target: 47% Baseline: 45% [2015] Newest: 47% [2017]≈4%↑ increase	<u>Income \$35,000 to \$49,999 ☺</u> Target: 45% Baseline: 43% [2015] Newest: 45% [2017]≈5%↑ increase	<u>Hispanic ☺</u> Target: 38% Baseline: 35% [2015] Newest: 43% [2017]≈22%↑ increase
<u>Adults with Disability** ☺</u> Target: 39% Baseline: 37% [2015] Newest: 40% [2017]≈10%↑ increase		

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>

*Percent of adults who achieve at least 150 minutes a week of moderate-intensity aerobic physical activity or 75 minutes a week of vigorous-intensity aerobic physical activity. **Additional IDPH analysis of national BRFSS data.

HL-11 Increase ↑ the percentage of adults meeting muscle strengthening physical activity guidelines.*

<u>Overall ☺</u> Target: 32% Baseline: 30% [2015] Newest: 29% [2017]≈3%↓ decrease	<u>Income less than \$15,000 ☺</u> Target: 27% Baseline: 26% [2015] Newest: 23% [2017]≈9%↓ decrease	<u>Income \$15,000 to \$24,999 ☺</u> Target: 27% Baseline: 25% [2015] Newest: 22% [2017]≈10%↓ decrease
<u>Income \$25,000 to \$34,999 ☺</u> Target: 24% Baseline: 22% [2015] Newest: 27% [2017]≈24%↑ increase	<u>Ages 55-64 ☺</u> Target: 26% Baseline: 24% [2015] Newest: 21% [2017]≈11%↓ decrease	<u>Ages 65+ ☺</u> Target: 22% Baseline: 21% [2015] Newest: 22% [2017]≈5%↑ increase
<u>Adults with Disability** ☺</u> Target: 24% Baseline: 22% [2015] Newest: 22% [2017]≈0%↔ no change		

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html> *Percent of adults who engage in muscle-strengthening activities on two or more days a week. **Additional IDPH analysis of national BRFSS data.

HL-12 Increase ↑ the percentage of the population with adequate access to locations for physical activity.*

Target: 88%
 Baseline: 83% [2016]

Data Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. Courtesy: University of Wisconsin Population Health Institute, *County Health Rankings* online. Health Factors, Health Behaviors measures: Access to Exercise Opportunities. <https://www.countyhealthrankings.org/> *Percent of the population who live reasonably close to a location for physical activity, i.e., parks or recreational facilities.

HL-13 Increase ↑ the percentage of children whose teeth are in excellent or very good condition.

<u>Overall (ages 1-17) ☹️</u>	<u>Income less than 200% of poverty ☹️</u>
Target: 88%	Target: 80%
Baseline: 84% [2016]	Baseline: 75% [2016]
Newest: 81% [2017]≈3%↓ decrease	Newest: 71% [2017]≈6%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health. Indicator 1.2. <https://www.childhealthdata.org/browse/survey>

HL-14 Increase ↑ the number of dentists per 100,000 population.

Target: 68
 Baseline: 64 [2016]

Data Source: US DHHS, Health Resources and Services Administration, Area Health Resource File. Courtesy: University of Wisconsin Population Health Institute, *County Health Rankings*. Rankings Data & Documentation, National Data & Documentation. <https://www.countyhealthrankings.org/>

HL-15 Increase ↑ the percentage of children and adolescents who had a preventive dental visit in the past year.

<u>Overall, ages 1-17 ☺️</u>	<u>Ages 1-5 ☺️</u>	<u>Income less than 200% of poverty ☺️</u>
Target: 86%	Target: 63%	Target: 79%
Baseline: 82% [2016]	Baseline: 59% [2016]	Baseline: 75% [2016]
Newest: 85% [2017]≈4%↑ increase	Newest: 65% [2017]≈10%↑ increase	Newest: 81% [2017]≈8%↑ increase

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health (NSCH). National Performance Measure #13B. <https://www.childhealthdata.org/browse/survey>

HL-16 Increase ↑ the percentage of women who receive a dental cleaning during their pregnancy.

<u>Overall ☹️</u>	<u>Income less than 185% of poverty ☹️</u>
Target: 64%	Target: 53%
Baseline: 60% [2015]	Baseline: 50% [2015]
Newest: 56% [2016]≈8%↓ decrease	Newest: 45% [2016]≈9%↓ decrease

Data Source: Iowa Department of Public Health. Pregnancy Risk Assessment Monitoring System (PRAMS). *2016 Data Frequencies Report* (overall) and unpublished data (income). <https://idph.iowa.gov/prams/publications>

HL-17 Increase ↑ the percentage of adults who have had a dental visit in the last year.

<u>Overall</u>	<u>Male</u>	<u>Black, non-Hispanic</u>
Target: 75%	Target: 72%	Target: 65%
Baseline: 71% [2016]	Baseline: 68% [2016]	Baseline: 62% [2016]
<u>Asian, non-Hispanic</u>	<u>Income less than \$15,000</u>	<u>Income \$15,000-\$24,999</u>
Target: 57%	Target: 50%	Target: 59%
Baseline: 54% [2016]	Baseline: 48% [2016]	Baseline: 55% [2016]
<u>Income \$25,000-\$34,999</u>	<u>Income \$35,000-\$49,999</u>	<u>Adults with Disability*</u>
Target: 66%	Target: 74%	Target: 65%
Baseline: 62% [2016]	Baseline: 70% [2016]	Baseline: 62% [2016]

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data. Data is available in even numbered years.

HL-18 Decrease ↓ the rate of sexually transmitted diseases (per 100,000 population).

Chlamydia Overall ☹️

Target: 394

Baseline: 416 [2016]

Newest: 467 [2018]≈12%↑ increase

American Indian/Alaska Native females ages 15-24 ☹️

Target: 4,743

Baseline: 4,994 [2016]

Newest: 3,801 [2018]≈24%↓ decrease

Females, ages 15-24 ☹️

Target: 2,680

Baseline: 2,822 [2016]

Newest: 3,112 [2018]≈10%↑ increase

Black/African American females ages 15-24 ☹️

Target: 10,123

Baseline: 10,647 [2016]

Newest: 11,462 [2018]≈8%↑ increase

Gonorrhea Overall ☹️

Target: 79

Baseline: 83 [2016]

Newest: 154 [2018]≈85%↑ increase

American Indian/Alaska Native ☹️

Target: 432

Baseline: 455 [2016]

Newest: 716 [2018]≈57%↑ increase

Black/African American ☹️

Target: 690

Baseline: 726 [2016]

Newest: 1,202 [2018]≈65%↑ increase

Primary, Secondary & Early Latent Syphilis Overall ☹️

Target: 4

Baseline: 4.7 [2016]

Newest: 5.4 [2018]≈14%↑ increase

Male ☹️

Target: 8

Baseline: 8.7 [2016]

Newest: 9.3 [2018]≈7%↑ increase

Data Source: Iowa Department of Public Health, STD Program. <https://idph.iowa.gov/hivstdhep/std/resources>

Action Iowa is taking to address Healthy Living

Obesity, Nutrition & Physical Activity

- Increase the number of Iowans who engage in the recommended amounts of physical activity.
- Increase the number of Iowans eating a healthy diet.

Lack of Oral Health/Dental Services

- All Iowans will have access to optimally fluoridated water.
- Assure optimal oral health for aging Iowans.
- Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

Sexually Transmitted Diseases

- Reduce the burden of sexually transmitted diseases (STD) among disproportionately impacted populations.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

FOCUS AREA: Injury & Violence

What Health Issues Are Included

Falls
Motor Vehicle Crashes
Adverse Childhood Experiences (ACES)/Trauma Informed Care
Occupational & Farm Safety

Injury & Violence Measures of Health Improvement

IV-1 Decrease ↓ the death rate related to falls for those who are ages 65 and over (per 100,000 population ages 65+ age-adjusted rate).

Ages 65+ ☺

Target: 87

Baseline: 92 [2016]

Newest: 82 [2017]≈10%↓ decrease

Data Source: CDC, National Center for Injury Prevention and Control. WISQARS (Web-based Injury Statistics Query and Reporting System) <https://www.cdc.gov/injury/wisqars/fatal.html>

IV-2 Decrease ↓ the hospitalization rate related to falls for those who are ages 65 and over (per 100,000 population ages 65+).

Ages 65+ ☹

Target: 1,159

Baseline: 1,220 [2016]

Newest: 1,258 [2017]≈3%↑ increase

Data Source: Iowa Department of Public Health, Behavioral Health Division, unpublished data. <https://idph.iowa.gov/falls-prevention>

IV-3 Decrease ↓ the percentage of adults ages 65 and over reporting having one or more falls in the last year.

Overall

Target: 30

Baseline: 32 [2016]

Non-White or Hispanic

Target: 39

Baseline: 41 [2016]

Adults 65+ with Disability*

Target: 40

Baseline: 43 [2016]

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). <https://idph.iowa.gov/brfss> *Additional IDPH analysis of national BRFSS data. Data is available in even-numbered years.

IV-4 Decrease ↓ the death rate related to motor vehicle crashes (per 100,000 population age-adjusted).

Overall ☺

Target: 12

Baseline: 13.5 [2016]

Newest: 12 [2017]≈11%↓ decrease

Male ☺

Target: 18

Baseline: 20 [2016]

Newest: 17 [2017]≈13%↓ decrease

NonCore (non-metro/rural) ☺

Target: 15

Baseline: 16.5 [2012-2016]

Newest: 16 [2013-2017]≈2%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Underlying Cause of Death: Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) <https://wonder.cdc.gov/mcd-icd10.html>

IV-5 Decrease ↓ the rate of children who are victims of maltreatment (per 1,000 children under age 18).

Overall ☹

Target: 10

Baseline: 12 [2016]

Newest: 15 [2017]≈25%↑ increase

Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. National Child Abuse and Neglect Data System (NCANDS) Child File. Courtesy: Kids Count. <https://datacenter.kidscount.org/>

IV-6 Decrease ↓ the rate of youth residing in juvenile detention, correctional, and/or residential facilities (per 100,000 youth ages 10-17).

Overall	Male	Black
Target: 196	Target: 332	Target: 978
Baseline: 207 [2015]	Baseline: 350 [2015]	Baseline: 1,030 [2015]

Data Source: Sickmund, M., Sladky, T.J., Kang, W., and Puzanchera, C. (2017) "Easy Access to the Census of Juveniles in Residential Placement." Online. <https://www.ojdp.gov/ojstatbb/ezacjrp/>

IV-7 Increase ↑ the percentage of children ages 0-17 with 2 or more adverse childhood experiences (ACEs) who are in excellent or very good health.

Overall ☺
Target: 90%
Baseline: 86% [2016]
Newest: 87% [2017]≈2%↑ increase

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health (NSCH). National Outcome Measure #19. <https://www.childhealthdata.org/browse/survey>

IV-8 Decrease ↓ the rate of deaths from work-related injuries (per 100,000 full time workers).

Overall ☺	Agriculture, forestry, fishing and hunting ☹
Target: 4	Target: 15
Baseline: 5 [2016]	Baseline: 17 [2016]
Newest: 4.7 [2017]≈2%↓ decrease	Newest: 25.9 [2017]≈55%↑ increase

Data Source: U.S. Bureau of Labor Statistics, Current Population Survey, Census of Fatal Occupational Injuries. <https://www.bls.gov/iif/oshstate.htm#IA>

IV-9 Decrease ↓ the rate of non-fatal work-related injuries and illnesses (per 100 full time workers).

Overall ☺	Agriculture, forestry, fishing and hunting* ☺
Target: 3	Target: 7
Baseline: 4 [2016]	Baseline: 7.5 [2016]
Newest: 3.6 [2017]≈5%↓ decrease	Newest: 4.1 [2017]≈45%↓ decrease

Data Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, Nonfatal occupational injuries and illnesses data by industry. *Excludes farms with fewer than 11 employees. <https://www.bls.gov/iif/oshstate.htm#IA>

Action Iowa is taking to address Injury & Violence

- Falls**
- Decrease patient falls in the healthcare setting.
 - Reduce falls in the elderly population.
 - Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

Motor Vehicle Crashes

- Increase traffic safety.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

- Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences.
- Build capacity at the local and state levels to recognize and respond to trauma⁴ across the lifespan.
- Assure children and their caretakers that are affected by adverse childhood experiences receive relevant services.

Occupational & Farm Safety

- Reduce deaths from work-related injuries.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

⁴ 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.

FOCUS AREA: Mental Health, Illness, & Suicide

What Health Issues Are Included

Mental Health, Illness, & Suicide

Mental Health, Illness, & Suicide Measures of Health Improvement

MH-1 Decrease the percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.

<u>Overall</u> ☹️	<u>Female</u> ☹️	<u>Ages 18-44</u> ☹️
Target: 9%	Target: 11%	Target: 11%
Baseline: 10% [2016]	Baseline: 12% [2016]	Baseline: 12.5% [2016]
Newest: 11% [2017]≈8%↑ increase	Newest: 13% [2017]≈8%↑ increase	Newest: 13% [2017]≈5%↑ increase
<u>Income less than \$25,000</u> ☹️	<u>Adults with Disability*</u> ☹️	
Target: 17%	Target: 23%	
Baseline: 19% [2016]	Baseline: 25% [2016]	
Newest: 22% [2017]≈16%↑ increase	Newest: 26% [2017]≈3%↑ increase	

Data Source: UnitedHealth Foundation. America's Health Rankings analysis of BRFSS.

<https://www.americashealthrankings.org/explore/2017-annual-report/state/IA> *Additional IDPH analysis of national BRFSS data.

MH-2 Increase the number of mental health providers (per 100,000 population).

<u>Overall</u> ☹️
Target: 129
Baseline: 122 [2016]
Newest: 132 [2017]≈8%↑ increase

Data Source: Centers for Medicare and Medicaid Services, National Provider Identification Registry. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation.

<https://www.countyhealthrankings.org/>

MH-3 Increase the percentage of children ages 3-17 with a mental/behavioral condition who have received treatment or counseling.

<u>Overall</u> ☹️
Target: 66%
Baseline: 63% [2016]
Newest: 61% [2017]≈3%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Outcome Measure #18.

<https://www.childhealthdata.org/browse/survey>

MH-4 Decrease the rate of suicides (per 100,000 population).

<u>Overall, age-adjusted</u> ☹️	<u>Male, age-adjusted</u> ☹️	
Target: 13	Target: 22	
Baseline: 14.6 [2016]	Baseline: 24 [2016]	
Newest: 15.1 [2017]≈4%↑ increase	Newest: 24.4 [2017]≈1%↑ increase	
<u>Ages 15-19</u> ☹️	<u>Ages 20-29</u> ☹️	<u>Ages 30-39</u> ☹️
Target: 9	Target: 17	Target: 20
Baseline: 10.3 [2016]	Baseline: 18.8 [2016]	Baseline: 21.6 [2016]
Newest: 15.4 [2017]≈50%↑ increase	Newest: 17.7 [2017]≈6%↓ decrease	Newest: 22.1 [2017]≈2%↑ increase
<u>Ages 40-49</u> ☹️	<u>Ages 50-59</u> ☹️	
Target: 20	Target: 20	
Baseline: 22 [2016]	Baseline: 21.9 [2016]	
Newest: 21.7 [2017]≈1%↓ decrease	Newest: 18.5 [2017]≈16%↓ decrease	

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

<https://wonder.cdc.gov/mcd-icd10.html>

Action Iowa is taking to address Mental Health, Illness, & Suicide

- Prevent suicide deaths.
- 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.
- Increase access to behavioral health services across the continuum.
- Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.
- Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.
- By 2020, increase the number of Iowans who receive problem gambling treatment.

Action Plan with Goals, Objectives & Strategies

See [Appendix A](#).

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Appendix A. Detailed Goals, Objectives & Strategies by Focus Area

Contents

Health Equity/Social Determinants of Health.....	38
Safe, Affordable Housing	51
Income/Poverty	52
Life Course.....	53
Health System Improvement	58
Health System Improvement & Evidence-Based Decision Making.....	58
Transportation	75
Insurance Affordability & Coverage.....	76
Lack of Primary Care Services	78
Acute Disease.....	83
Adolescent Immunizations.....	83
Flu Immunizations.....	86
Addictive Behaviors.....	88
Substance Abuse	88
Tobacco/Nicotine Use.....	96
Chronic Disease.....	100
Cancer	100
Diabetes	110
Heart Disease	112
Disaster Preparedness	115
Environmental Health	116
Water Quality.....	116
Radon	122
Healthy Living.....	123
Obesity, Nutrition & Physical Activity	123
Lack of Oral Health/Dental Services.....	129
Sexually Transmitted Diseases.....	133
Injury & Violence.....	135
Falls	135
Motor Vehicle Crashes.....	139
Adverse Childhood Experiences (ACEs)/Trauma Informed Care	141
Occupational & Farm Safety	148
Mental Health, Illness, & Suicide	150

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>

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Goals, Objectives & Strategies

Health Equity & the Social Determinants of Health

Goal #1 Address health access and barriers in rural and agricultural communities.

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

N/A

Health Equity & the Social Determinants of Health

Objective 1-1	Each year, submit a white paper to the Iowa Department of Public Health on access and barriers to health care in rural health and agricultural communities.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	5

Data Source & Location | To be developed

Health Equity & the Social Determinants of Health

Strategy 1-1.1 Discuss topics related to health access and barriers to rural and agricultural communities at quarterly advisory committee meetings. **Strategy Type** Community-focused

Strategy Source & Location

Center for Rural Health and Primary Care Advisory Committee. Minutes for the advisory committee located on the Iowa Department of Public Health website:

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

Who's Responsible

Center for Rural Health and Primary Care Advisory Committee

Target Date

Quarterly

Health Equity & the Social Determinants of Health

Goal #2 Continue to promote and support efforts to address social determinants of health in Iowa.

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

Health Equity & the Social Determinants of Health

Objective 2-1	Increase the number of recommendations produced by the Patient-Centered Health Advisory Council focused on social determinants of health from 0 to 10 by 2021.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	10

Data Source & Location | Minutes/issue briefs to be posted on the Iowa Department of Public Health website.

Health Equity & the Social Determinants of Health

Strategy 2-1.1 Educate members of the Patient-Centered Health Advisory Council on social determinants of health and strategies to address them. Strategy Type
Community-focused

Strategy Source & Location

Patient-Centered Health Advisory Council Standing Agenda Item

Who's Responsible

Patient-Centered Health Advisory Council

Target Date

Dec 30, 2018

Health Equity & the Social Determinants of Health

Goal #3 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 3-1 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).

Baseline Year	Baseline Value	Target Year	Target Value
2016	2	2018	4

Data Source & Location | Iowa Primary Care Association.

Health Equity & the Social Determinants of Health

Strategy 3-1.1 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

Health Equity & the Social Determinants of Health

Goal #4 Assure access to high quality family planning services for low-income lowans.

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 4-1	Increase or maintain the unduplicated count of low-income lowans [defined as living below 150 percent of the poverty level (FPL)] served by Title X family planning providers.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	31,000	2021	32,553

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

Health Equity & the Social Determinants of Health

Strategy 4-1.1 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

Health Equity & the Social Determinants of Health

Goal #5 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

Objective 5-1	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.

Health Equity & the Social Determinants of Health

Strategy 5-1.1 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.

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Dec 31, 2018

Health Equity & the Social Determinants of Health

Strategy 5-1.2 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

Health Equity & the Social Determinants of Health

Objective 5-2 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/>

Health Equity & the Social Determinants of Health

Strategy 5-2.1 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

Health Equity & the Social Determinants of Health

Strategy 5-2.2 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

Health Equity & the Social Determinants of Health

Strategy 5-2.3 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

Health Equity & the Social Determinants of Health

Objective 5-3	Increase the percentage of Easter Seals Iowa clients measuring in the healthy body mass index (BMI) range.	Baseline Year	Baseline Value	Target Year	Target Value
		2012-15	20%	2018	30%

Data Source & Location | Easter Seals Iowa database (unpublished)

Health Equity & the Social Determinants of Health

Strategy 5-3.1 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

Health Equity & the Social Determinants of Health

Objective 5-4	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)

Health Equity & the Social Determinants of Health

Strategy 5-4.1 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

<u>Report Date</u> April 25, 2018	<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: Our wellness trainings consist of various topics. We offer a freedom from smoking course as we have two trained facilitators within our agency. We also offer an evidence based training called WRAP (Wellness Recovery Action Plan). In addition, we have a basic nutrition course offered and a Hy-Vee dietitian that comes regularly to meet with clients and team members. We also provide mediation and yoga classes as well as cooking classes and financial classes.

<u>Report Date</u> Feb 8, 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: In addition, to all trainings mentioned above, we also now offer c3 de-escalation training to team members. Our vision is to equip team members with more tools so that they can access to assist with burn out and compassion fatigue and also assist clients so they stay safe. In addition, we have offered resources on self care.

Health Equity & the Social Determinants of Health

Strategy 5-4.2 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 #6 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

Objective 6-1 Secure public funding to create or expand healthy food financing initiatives to increase the number of healthy food retail outlets in under-served communities.

Baseline Year

2016

Baseline Value

0 (No funding)

Target Year

2019

Target Value

1 (Public funding)

Data Source & Location: To be developed.

Health Equity & the Social Determinants of Health

Strategy 6-1.1 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

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

Health Equity & the Social Determinants of Health

Goal #7 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

Objective 7-1	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	Baseline Value	Target Year	Target Value
		2016	15,976	2021	32,136

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.

Health Equity & the Social Determinants of Health

Strategy 7-1.1 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

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Health Equity & the Social Determinants of Health

Goal #8 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

Objective 8-1	Reduce the diagnosis disparity rates of African Americans/Blacks (AA/B) and men who have sex with men (MSM) by 15%.	Baseline Year	Baseline Value	Target Year	Target 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.

Health Equity & the Social Determinants of Health

Strategy 8-1.1 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

Health Equity & the Social Determinants of Health

Objective 8-2	Reduce the percentage of people with HIV disease classified as stage 3 (AIDS) within 3 months of HIV diagnosis to 30%.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	38%	2021	30%

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

Health Equity & the Social Determinants of Health

Strategy 8-2.1 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

Health Equity & the Social Determinants of Health

Goal #9 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

Objective 9-1	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).

Health Equity & the Social Determinants of Health

Strategy 9-1.1 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

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Health Equity & the Social Determinants of Health

Goal #10 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 10-1	By 2019, increase the number of healthcare providers and community-based service providers who use Teach Back with patients and clients by 15%.	Baseline Year	Baseline Value	Target Year	Target Value
		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

Health Equity & the Social Determinants of Health

Strategy 10-1.1 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

Health Equity & the Social Determinants of Health

Strategy 10-1.2 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

Health Equity & the Social Determinants of Health

Objective 10-2	Increase the number of Iowans who report they are able to understand health information provided to them by their healthcare provider by 5%.	Baseline Year	Baseline Value	Target Year	Target 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.

Health Equity & the Social Determinants of Health

Strategy 10-2.1 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

Health Equity & the Social Determinants of Health

Strategy 10-2.2 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

Health Equity & the Social Determinants of Health

Goal #11 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 11-1	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>

Health Equity & the Social Determinants of Health

Strategy 11-1.1 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

Health Equity & the Social Determinants of Health

Strategy 11-1.2 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

Health Equity & the Social Determinants of Health

Strategy 11-1.3 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

Health Equity & the Social Determinants of Health

Goal #12 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 12-1	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.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		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

Health Equity & the Social Determinants of Health

Strategy 12-1.1 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

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>

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

Safe, Affordable Housing

Objective 1-2	Improve water and wastewater systems serving low and moderate income individuals.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	21,541	2019	25,000

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

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

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

Data Source & Location

Income/Poverty

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

Strategy Source & Location

Who's Responsible

Target Date

Iowa Health Issue: LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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>

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LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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.

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

Report Date

Mar 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Title X training and education provided was on immediate postpartum long-acting reversible contraceptives (LARC) insertion as part of the ASTHO learning collaborative project that is now completed. Both Title X grantees contract with Federally Qualified Health Centers (FQHCs) for reproductive health services.

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

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

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

Objective 2-1	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	Baseline Value	Target Year	Target Value
		2016	10	2021	500

Data Source & Location: Preliminary information gathered by the University of Northern Iowa, Center for Energy & Environmental Education

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

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

Objective 3-1	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.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0	2020	60%

Data Source & Location: Chart reviews (unpublished)

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

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

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

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

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

Strategy 3-2.1 Conduct an assessment of current efforts regarding transition to adulthood planning in Iowa for YSHCN.

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

Target Date

Jan. 1, 2020

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

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

Objective 4-1	Increase the Medicare Annual Wellness visits which include an assessment of cognitive function.	Baseline Year	Baseline Value	Target Year	Target 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. [Beneficiaries Utilizing Free Preventive Services by State, 2016](#)

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

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

Objective 4-2	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 & Location | Alzheimer's Disease Facts and Figures report.
https://www.alz.org/documents_custom/2016-facts-and-figures.pdf

LIFE COURSE - Maternal, Infant, and Early & Middle Childhood; Adolescence; Early, Middle, and 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

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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 1-1	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.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	41.5	2018	50

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

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

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

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date

Apr 26, 2019

Year

2018

Value

485

Progress on Objective

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

Report Date

Apr 26, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

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

Objective 2-2	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	Baseline Value	Target Year	Target Value
		2016	220	2019	870 REVISED: 778

Data Source & Location: Bureau of Emergency and Trauma Services spreadsheet

Report Date
Apr 26, 2019

Year
2018

Value
778

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

Progress notes: 778 providers received training.

Health System Improvement & Evidence-Based Decision Making

Objective 2-3 Improve data systems to track the Lucas equipment.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0 No system	2019	1 system

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

Report Date
Apr 26, 2019

Year
2018

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: 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			
<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> 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

Objective 3-1	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	40.3%

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

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

Who's Responsible

Iowa Department of Public Health, Bureau of Family Health

Target Date

July 1, 2019

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

Objective 4-1	By 2019, 50% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	6.27%	2019	50%

Data Source & Location: To be developed.

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

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 19, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: An updated version of the [Concussion Guidelines for Iowa Schools](#) is currently being drafted with plans for dissemination in Spring 2019.

Health System Improvement & Evidence-Based Decision Making

Strategy 4-1.3 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>	<u>Progress on Strategy</u>
March 19, 2019	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

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

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

Objective 5-1	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.

Report Date: April 18, 2019

Year: 2018

Value: 0.6%

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: 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

Complete On track Off track No progress

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

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

Health System Improvement & Evidence-Based Decision Making

Objective 5-3 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.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0.91%	2018	0.3%

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

Report Date
Feb 22, 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: 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 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

Progress notes: Module is completed and in full use.

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

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

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

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

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

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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

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

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

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 26, 2019	<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.

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

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

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

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

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

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

Objective 9-1	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>

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

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

Target Date

Jan 1, 2020

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Protocols for the utilization of Shared Plans of Care have been developed and implemented.

Health System Improvement & Evidence-Based Decision Making

Objective 9-2	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>

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

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://ephtracking.cdc.gov>

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

Objective 10-1	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

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, Data Management Program/Environmental Public Health Tracking Team
Target Date | Dec 31, 2020

Health System Improvement & Evidence-Based Decision Making

Objective 10-2	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

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

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

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 9, 2018	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Requirements for dataset development for the portal were developed in partnership with key program staff.

Health System Improvement & Evidence-Based Decision Making

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

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

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

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

Report Date

Feb 9, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Requirements were developed for data visualizations and content in collaboration with program staff.

Health System Improvement & Evidence-Based Decision Making

Goal #11 Increase participation in all services of the Iowa Health Information Network (IHIN) to create a complete network for health information exchange.

Alignment with National Plans

Office of the National Coordinator for Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*

<https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf>

Alignment with State / Other Plans

Iowa Health Information Network Strategic and Operational Plan

http://iowahealth.org/documents/cms/docs/Plans_and_Reports/2015/eHealth_Strategic_Plan_2015.pdf

Health System Improvement & Evidence-Based Decision Making

Objective 11-1 Increase the number of IHIN participants to meet ongoing sustainability needs by increasing the number of clinics and ambulatory physician practices, care facilities groups, and health/therapies groups.	Baseline Year	Baseline Value	Target Year	Target Value
	2016	178	2018	225

Data Source: IHIN Executive Summary

& Location: http://iowahealth.org/documents/cms/docs/Plans_and_Reports/Executive_Summary/2016.08_IHIN_Executive_Summary.pdf

Health System Improvement & Evidence-Based Decision Making

Strategy 11-1.1 Connect all hospitals for submission of ADTs to the alert engine for ER/Admit/Discharge/Transfer. Strategy Type
Professional/provider-focused

Strategy Source & Location

Event notification (alerting) is part of the Statewide Innovation Model grant program plan.

<https://dhs.iowa.gov/ime/about/initiatives/newSIMhome>

Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Feb 1, 2019

Health System Improvement & Evidence-Based Decision Making

Strategy 11-1.2 Increase providers connected to query function of the IHIN by leveraging EHR vendors. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Health Information Network Strategic and Operational Plan

Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Dec 28, 2018

Health System Improvement & Evidence-Based Decision Making

Goal #12 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

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/nceid/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

Objective 12-1

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 Year	Baseline Value	Target Year	Target Value
2016	0	2020	1

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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-1.1

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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-1.2

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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-1.3 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

Who's Responsible

State Hygienic Laboratory Microbiology staff

Target Date

Jan. 1, 2019

Health System Improvement & Evidence-Based Decision Making

Objective 12-2 Improve laboratory coordination and outreach/information flow for antimicrobial resistance monitoring throughout Iowa.

Baseline Year	Baseline Value	Target Year	Target Value
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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-2.1 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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-2.2 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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-2.3 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

Health System Improvement & Evidence-Based Decision Making

Goal #13 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

Objective 13-1	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

Feb 21, 2019

Year

2018

Value

10

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 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.

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.1 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

Report Date

Feb 21, 2019

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Two SHL staff taught the Biosafety course which interested others to volunteer for teaching other courses. One staff member assists with clinical chemistry training and others plan to provide microbiology instruction as well.

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.2 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

Report Date

Feb 21, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The program was approved by the state and SHL worked with the Kirkwood Community College program director to develop curricula that will lead to full accreditation.

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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	Description	Baseline Year	Baseline Value	Target Year	Target Value
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.	2016	TBD	2021	5

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

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

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

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>

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

Insurance Affordability & Coverage

Objective 1-2	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>

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 program

Target Date

Jan 1, 2020

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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 1-1	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.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0%	2020	80%

Data Source & Location | DCCH Chart Reviews

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

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Feedback was given and the template adjusted to fit the needs of families and providers. Due to rule changes within the managed care organizations (MCOs) a new template is being used for all Shared Plans of Care. These templates were developed by the MCOs.

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
Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: School, primary care providers, and waiver service providers are all involved in the implementation of a Shared Plan of Care. Print and electronic materials are used to educate partners on the definition and importance of a Shared Plan of Care for CYSHCN.

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

Lack of Primary Care Services

Objective 1-2 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

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

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

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

Objective 2-1	Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.	Baseline Year	Baseline Value	Target Year	Target Value
		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/

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

Lack of Primary Care Services

Goal #3 Improve access to preventive care and chronic care management services through pharmacists in Iowa 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

Objective 3-1	Expand preventive care and chronic care management services that are provided at local pharmacies and covered by patients' health plans.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	At least 2 payers	2021	4

Data Source & Location | Internal data from CPESN and Iowa Pharmacy Association

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
Apr 12, 2019

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

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

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

Lack of Primary Care Services

Objective 4-1

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

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

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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/iowa-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
		2016	45.5%	2020	80%

* Completion rate = appropriate HPV vaccination and may include 2 or 3 doses of vaccine.

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>

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

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

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/immtb/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/immtb/immunization/audits>

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

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

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 23, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

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.

<u>Report Date</u>	<u>Progress on Strategy</u>
March 26, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

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.

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 3-1	Secure legislation to expand access to adolescent immunizations administered by pharmacists.	Baseline Year	Baseline Value	Target Year	Target Value
		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>

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

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

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 1-1	Each flu season (October-March), achieve a 90% influenza vaccination rate among health care workers at hospitals.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		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>

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

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

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>

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

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

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 ¹ overdose deaths in Iowa by 20%, from 163 (2015) to 130 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
	¹ The term "opioid" is used to describe a prescription pain reliever and/or illicit forms such as heroin and fentanyl.	2015	163	2020	130

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

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

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

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

Substance Abuse

Strategy 1-1.4 Enhance opioid abuse prevention, intervention, treatment, recovery and enforcement activities utilizing new and existing delivery systems in communities statewide. Strategy Type
Policy-focused

Strategy Source & Location

2017 Iowa Drug Control Strategy, 2012 Iowa Prescription Abuse Reduction Strategy, & Iowa Department of Public Health, Bureau of Substance Abuse

Who's Responsible

Iowa Office of Drug Control Policy

Target Date

Jan 1, 2020

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

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

Who's Responsible

Polk County Medical Society

Target Date

Jan 1, 2017

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

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

Objective 2-1	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>

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

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>
<https://www.iarx.org/naloxone>

Who's Responsible
Iowa Pharmacy Association

Target Date
Dec 31, 2019

<u>Report Date</u> Mar 20, 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: A full list of pharmacies participating in the Iowa Standing Order for Naloxone is available on the [Iowa Board of Pharmacy website](#) including all CVS, Hy-Vee, Walgreens, NuCara, Medicap GRX Holdings, University of Iowa, Hartig Drug, Bennett Pharmacy, CarePro, Covenant Family Pharmacy, Greenwood Pharmacy, Jesup Pharmacy, La Porte City Pharmacy, Osterhaus Pharmacy, and K-mart in Council Bluffs). These pharmacies have varying ways of educating their patients on availability of naloxone. The Iowa Pharmacy Association has developed more resources aimed towards patients and the public to increase awareness and understanding of the naloxone standing order. A naloxone access day on June 29, 2018 was well publicized in the media regarding the various locations.

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

Objective 3-1	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

Objective 4-1	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/>

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

Substance Abuse

Objective 4-2	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>

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

Substance Abuse

Objective 4-3	Reduce prescription drug abuse among 11th grade students with SAMHSA funding.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	5%	2018	4%

Data Source & Location | Iowa Youth Survey: <http://www.iowayouthsurvey.iowa.gov/>

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

Substance Abuse

Objective 4-4 Reduce the number of opioid prescriptions dispensed per 100 Iowans.

Baseline Year	Baseline Value	Target Year	Target Value
2014	72.3	2021	Below National Average

Data Source & Location <https://www.cdc.gov/drugoverdose/data/prescribing.html>

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

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

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

Objective 5-1 Reduce illicit drug positives by 10%, from 99 positives in training year 2016 to 79 positives in training year 2018.

Baseline Year	Baseline Value	Target Year	Target Value
2016	99	2018	79

Data Source & Location IA ARNG Substance Abuse Drug Testing Database, JFHQ

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

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

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

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.

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

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

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Iowa Health Issue: Tobacco

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

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

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

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

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/>

Tobacco

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

Tobacco

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 Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Iowa Tobacco Control Commission Target Date
May 1, 2019

Tobacco

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 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 Target Date
Jul 1, 2020

Tobacco

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 Iowa Nurses Association (INA) Public Policy Committee Target Date
Jan 1, 2019

Tobacco

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 Iowa Nurses Association (INA) Public Policy Committee Target Date
Jan 1, 2019

Tobacco

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

Tobacco

Objective 1-2	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>

Tobacco

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 29, 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: May 2018, the Iowa State Legislature passed a bill and signed into law by the Governor that allows pharmacists participate in statewide protocols. Under a statewide protocol a pharmacist can order a prescription for and dispense nicotine replacement therapy products for tobacco cessation for eligible patients subsequent to appropriate screening and education. Patients can be referred for ongoing tobacco cessation counseling as well.

Tobacco

Objective 1-3	Maintain the number of Quitline Iowa users from 9,661 in September 2016 to 9,661 in 2018.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	9,661	2018	9,661

Data Source & Location | Quitline Iowa contractor's monthly data, Iowa Department of Public Health

Tobacco

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

Tobacco

Objective 1-4	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.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	1,064	2019	1,200

Data Source & Location | Smoke Free Homes Registry: <https://smokefreehomes.iowa.gov/properties>

Tobacco

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

Tobacco

Objective 1-5

Increase the adoption of 100% tobacco-free and nicotine-free campus policies from 317 to 482 school districts, private school systems by March 30, 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2018	317	2020	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>

Tobacco

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

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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 1-1 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.

Baseline Year	Baseline Value	Target Year	Target Value
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>

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

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

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

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

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

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

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.)

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

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/lowa-Cancer-Plan.aspx>

Cancer

Objective 2-1	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 Year	Baseline Value	Target Year	Target 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/>

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

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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

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

Environmental Protection Agency. 2016 - National Radon Action Plan

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/iowa-Cancer-Plan.aspx>

Cancer

Objective 3-1

Increase adult cessation attempts* from 52.5% (2016) to 57.8% by 2022.

*Percent of current smokers trying to quit for a day or more, all races, both sexes, ages 18+.

Baseline Year	Baseline Value	Target Year	Target Value
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>

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

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

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

Cancer

Objective 3-2	Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	19%	2022	17%

*Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes).

Data Source & Location | Iowa Youth Survey, State of Iowa Report <http://www.iowayouthsurvey.iowa.gov/>

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

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

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

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>

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

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

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

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 Immunization Program Annual Report
<http://idph.iowa.gov/immmtb/immunization>

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

Cancer

Goal #5 Increase protective behaviors from sun/ultraviolet exposure.

Alignment with National Plans

Guide to Community Preventive Services www.thecommunityguide.org

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 5-1 Decrease the age-adjusted incidence per 100,000 for skin melanoma* through programs and policies that discourage and prohibit use of tanning beds.

* 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.

Baseline Year	Baseline Value	Target Year	Target Value
2012-2014	24.9	2022	27.5

Data Source & Location Iowa Cancer Registry, Invasive Cancer Incidence Rates <http://www.cancer-rates.info/ia/index.php>

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

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

Cancer

Goal #6 Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.

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

Objective 6-1	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 Year	Baseline Value	Target Year	Target 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

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

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/>

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

Cancer

Objective 6-3 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/>

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

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/iowa-Cancer-Plan.aspx>

Cancer

Objective 7-1 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.

Baseline Year	Baseline Value	Target Year	Target Value
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>

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

Cancer

Objective 7-2 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.

Baseline Year	Baseline Value	Target Year	Target Value
2014	84.5%	2020	92%

Data Source & Location | CDC Behavioral Risk Factor Surveillance System <http://nccd.cdc.gov/BRFSSPrevalence>

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

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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>

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

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

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	Baseline	Target	Target
		Year	Value	Year	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>

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

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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 1-1	Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		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>

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

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

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>

Who's Responsible

Iowa Department of Public Health

Target Date

Jun 29, 2018

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

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

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)

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

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Iowa Health Issue: Disaster Preparedness

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

Disaster Preparedness

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

Disaster Preparedness

Objective 1-1 Statewide goals, objectives, and strategies for these issues have not yet been identified.

Baseline Year	Baseline Value	Target Year	Target Value

Data Source & Location

Disaster Preparedness

Strategy 1-1.1 Statewide goals, objectives, and strategies for these issues have not yet been identified.

Strategy Type

Strategy Source & Location

Who's Responsible

Target Date

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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

Water Quality

Objective	Baseline Year	Baseline Value	Target Year	Target Value
Objective 1-1 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

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

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

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

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

Objective 2-1 On an annual basis, reduce the health risk across the state by assessing and managing heavy metal exposure (arsenic and lead).

Baseline Year

2017

Baseline Value

0 - Not assessing/
managing

Target Year

2021

Target Value

1 - Assessing/
managing

Data Source & Location | New objective, to be developed.

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

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

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

Water Quality

Objective 2-2 Mitigate health risk across the state by monitoring pesticide and pharmaceutical residue in drinking water and human bodies.

Baseline Year	Baseline Value	Target Year	Target Value
2017	0 - No monitoring	2020	1 - Monitoring

Data Source & Location | New objective, to be developed.

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

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

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

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

Objective 3-1	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/>

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

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

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.

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

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>

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

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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

Objective 4-1 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 Nitrate 6,700 Arsenic 1,040	2021	Bacteria 10,000 Nitrate 6,500 Arsenic- 1,150

Data Source & Location | Iowa Public Health Tracking Portal, Private Well Water Data <https://pht.idph.state.ia.us/Pages/default.aspx>

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

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

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

Objective 1-1 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

Strategy 1-1.1 See Chronic Disease: Cancer, Goal 3, Objective 3-3, Strategies 3-3.1, 3-3.2, and 3-3.3.

Strategy Type

Strategy Source & Location

Who's Responsible

Target Date

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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 1-1	Increase the percentage of adults meeting aerobic physical activity guidelines.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	49%	2021	52%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <https://idph.iowa.gov/brfss>

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

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/app/legacy/documents/cs/policy/cs-policyelements.pdf>

Who's Responsible
Iowa Department of Public Health, American Heart Association

Target Date
Jul 1, 2020

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

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

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

Obesity, Nutrition & Physical Activity

Objective 1-2 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.

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

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

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

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 2-1 Increase the number of Iowa adults who consume fruits (F) and vegetables (V) at least once per day.

Baseline Year	Baseline Value	Target Year	Target Value
2015	F: 58% V: 73%	2021	F: 62% V: 77%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <https://idph.iowa.gov/brfss>

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

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

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

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

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

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

Who's Responsible
Iowa Department on Aging and Iowa Department of Public Health

Target Date
Dec 31, 2021

Obesity, Nutrition & Physical Activity

Objective 2-2	By 2021 achieve a redemption rate of 75% of fruit and vegetable dollars (Cash Value Benefits - CVBs).	Baseline Year	Baseline Value	Target Year	Target Value
		2015	68%	2021	75%

Data Source & Location | WIC MIS System reports (unpublished)

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

Obesity, Nutrition & Physical Activity

Objective 2-3	Increase the percent of participants in Iowa State University Extension and Outreach training who apply what they have learned about healthy behaviors.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	60%	2021	65%

Data Source & Location | Iowa State University Extension and Outreach

Obesity, Nutrition & Physical Activity

Strategy 2-3.1 Increase the percent of childcare training participants reporting preparedness to apply or teach health promoting dietary behaviors.

Strategy Type
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

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

Obesity, Nutrition & Physical Activity

Objective 2-4	Increase the number of summer meal sites by 12% from 504 (2016) to 565 by 2021.	Baseline Year	Baseline Value	Target Year	Target 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>

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

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

Obesity, Nutrition & Physical Activity

Objective 2-5 Increase breastfeeding rate 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% 6M: 53% 12 M: 29% 3Mx: 43% 6Mx: 26%	2021	Ever: 87% 6M: 56% 12M: 31% 3Mx: 46% 6Mx: 28%

Data Source & Location Breastfeeding Among U.S. Children Born 2009–2016 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

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

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

Iowa Health Issue: Oral Health

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

Oral Health

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>

Oral Health

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

Oral Health

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

Oral Health

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

Oral Health

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

Oral Health

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>

Oral Health

Objective 2-1 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.

Oral Health

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

Oral Health

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

Oral Health

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

Oral Health

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>

Oral Health

Objective 3-1	Increase the percent of 3rd grade children who have at least one sealant on a permanent first molar from 59.4% to 70%.	Baseline Year	Baseline Value	Target Year	Target 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>

Oral Health

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

Oral Health

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

Oral Health

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>

Oral Health

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

Oral Health

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

Oral Health

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

2014

Baseline
Value

72%
(65-74)
68% (75+)

Target
Year

2021

Target
Value

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>

Oral Health

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

Oral Health

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

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 1-1	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.	Baseline Year	Baseline Value	Target Year	Target Value
		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>

Sexually Transmitted Diseases (STD)

Strategy 1-1.1	Work with medical organizations across the state to ensure providers are aware of chlamydia screening recommendations 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
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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

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	Baseline Value	Target Year	Target Value
		2014	586	2021	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>

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

Sexually Transmitted Diseases (STD)

Objective 1-3 By 2021, reduce the rate of infectious syphilis to 2.0 per 100,000 population.

Baseline Year	Baseline Value	Target Year	Target Value
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/hivstdhep/std/resources>

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

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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

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 12, 2019

Progress on Strategy
 Complete
 On track
 Off track
 No progress

Progress notes: In spring of 2018, a fall prevention campaign was pushed out to all hospitals.

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

Objective 2-1	Develop templates for collaborative practice agreements in long-term care facilities related to falls prevention.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0	2019	TBD

Data Source & Location | To be developed.

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

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

Objective 3-1	Increase the percentage of Iowa counties that have evidence-based classes available from 35% to 50%.	Baseline Year	Baseline Value	Target Year	Target 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.

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

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

Falls

Objective 3-2

Increase the number of older Iowans who indicate they have been referred to falls prevention program by their health care provider.

Baseline Year

2017

Baseline Value

12%

Target Year

2020

Target Value

25%

Data Source & Location

Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program reports.

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

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

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

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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 1-1	Reduce traffic fatalities 15% from the 2007 - 2011 average of 396 to 337 by January 1, 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2007-11	396	2020	337

Data Source | Iowa State Strategic Highway Safety Plan

& Location | Highway Safety Plan, Iowa Department of Public Safety/Governor's Traffic Safety Bureau, FFY 2017, Performance Measure #1.

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

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

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

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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 1-1 COMPLETE: Increase the number of policy makers and state department officials who are aware of ACEs.

Baseline Year	Baseline Value	Target Year	Target Value
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 11, 2019

Year

2018

Value

50

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 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.

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 11, 2019	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Building off the success of 2017, multiple presentations, educational efforts, and advocacy events occurred during 2018, including presentations to the Health and Human Services Appropriations subcommittee, the ACEs Policy Coalition Lobby Day, and a legislative panel at the Resilient Iowa Workshop.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 1-2	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.

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.	<u>Strategy Type</u> Policy-focused
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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

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 1-2.2	Develop and expand programs that improve child health and family well-being.	<u>Strategy Type</u> Policy-focused
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Strategy Source & Location

Child and Family Policy Center legislative priorities

Who's Responsible

Child and Family Policy Center

Target Date

Jan 3, 2021

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

Objective 2-1	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: April 10, 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: 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.

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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible: Iowa Department of Public Health

Target Date: Mar 1, 2017

Report Date: April 10, 2019

Progress on Strategy

Complete On track Off track 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. However, this is mostly anecdotal evidence and is not currently being tracked.

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	Baseline Value	Target Year	Target Value
		2016	0	2018-19	1

Data Source & Location | Work Group records.

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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health Trauma Informed Work Group

Target Date

Dec 31, 2021

Report Date

April 10, 2019

Progress on Strategy

Complete On track Off track 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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health Trauma Informed Work Group

Target Date

Dec 31, 2021

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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health Trauma Informed Work Group

Target Date

Dec 31, 2021

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-3	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 | To be developed.
& Location |

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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 2021

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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 2021

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-4	Develop an inventory of trauma-informed resources available on risk and protective factors for adverse experiences.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2019	1

Data Source | To be developed.
& Location |

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
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 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	Baseline Value	Target Year	Target Value
		2016	0	2018	1

Data Source | To be developed.
& Location |

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
<http://store.samhsa.gov/shin/content/SMA14-4884/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

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
<http://store.samhsa.gov/shin/content/SMA14-4884/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

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 3-1 Identify children and their caretakers affected by adverse childhood experiences (ACEs).

Baseline Year	Baseline Value	Target Year	Target Value
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

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

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 3-2 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.

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

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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
Objective 1-1 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>

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

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

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

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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 1-1	Reduce the annual number of deaths by suicide by 10% from an average of 406 each year (2012-14) to 365 by 2018.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		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>

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

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

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

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

Objective 2-1	Reduce the number of suicidal ideations by 25% over the next two years, from 46 (2018) to 35 by the end of 2020.	<u>Baseline Year</u>	<u>Baseline Value</u>	<u>Target Year</u>	<u>Target Value</u>
		2018	46	2020	35

Data Source & Location Commanders Critical Information Requirement (CCIR) tracker (unpublished)

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

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

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

Mental Health, Illness & Suicide

Objective 2-2	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)

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

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

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

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
<https://www.ihaonline.org/Advocacy/Legislative-Agenda>

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

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

Objective 4-1 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.

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

Who's Responsible Target Date
Iowa Pharmacy Association Jan 1, 2021

Mental Health, Illness & Suicide

Objective 4-2 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 Year	Baseline Value	Target Year	Target Value
2017	0	2020	100

Data Source & Location
Iowa Pharmacy Association

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 Target Date
Iowa Pharmacy Association Jan 1, 2020

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

Objective 5-1 Reduce the number of individuals in prison who have chronic and serious mental health issues by 25%.

Baseline Year	Baseline Value	Target Year	Target Value
2018	8,371	2021	6,278

Data Source & Location
Iowa Corrections Offender Network and ICON-Medical module.

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

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

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

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

Objective 6-1 Increase admissions by Iowa Gambling Treatment Program-funded providers by 10% each year.

Baseline Year	Baseline Value	Target Year	Target 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>

Mental Health, Illness & Suicide

Strategy 6-1.1 Develop Annual Targeted Health Promotion Plan/Strategy to drive call to action by Iowans 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

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

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

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