Iowa's Health Improvement Plan 2012-2016

2015 Revisions

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Introduction

Why does the plan need to be revised?
Iowa's health improvement plan is intended to be a flexible document that is updated each year to reflect new and altered strategies along with progress in meeting the plan's goals. The 2015 revisions are based on reports from all of the agencies responsible for implementing objectives/strategies. Measures of progress have been updated with the most current data available; new links to related planning efforts also have been added. These changes will maintain the plan's relevance in responding to challenges that have emerged since the plan was published in 2012.

What is Healthy Iowans?
Healthy Iowans: Iowa's Health Improvement Plan 2012-2016 focuses on 39 critical health needs[1] and provides a blueprint for addressing them. Healthy Iowans builds on health planning that is already taking place by numerous private and public sector organizations across the state. Iowa's health improvement plan provides a starting point to identify strategies and initiatives that are addressing critical health needs with the understanding that no one plan could reflect everything that is being done to tackle Iowans' needs. Iowa's health improvement plan is intended to be a flexible document that is updated annually to reflect new and changed strategies and to monitor progress in meeting the plan's goals.

The 39 critical health needs identified through the Healthy Iowans process were selected after careful analysis of locally identified health needs, recommendations from private and public organizations and advisory groups, state data, and national resource information. In addition, overarching themes that affect health status were considered. These overarching themes include social and built environments (e.g., access to affordable and healthy foods), special populations (e.g., race and ethnicity), and the life cycle (e.g., life stages and age). They provide additional context from which to assess progress in addressing the critical health needs.

Iowa has a rich history of civil rights (see *A Timeline of Iowa's Civil Rights History*). Ensuring that everyone who lives in the state has an opportunity for optimum health is part of this tradition. Therefore, health equity clearly undergirds the objectives in the plan.

[1] Appendix A provides the complete list of the 39 critical health needs.

How were Iowa's 39 critical health needs identified?
The Iowa Department of Public Health served as the coordinating body for the Healthy Iowans process. Department staff solicited public input, compiled recommendations, considered data, and performed gap analysis. Thirty-nine critical health needs emerged as the result of the meta-analysis[2].

Local Input: All of Iowa's 99 counties identified health needs and set priorities through the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) process in 2011. The critical health needs identified through CHNA & HIP laid the foundation for Iowa's health improvement plan. The county level health planning groups included local boards of health; local public health agencies; health providers such as hospitals, clinics, and practitioners; other public health system agencies such as substance abuse, problem gambling, and mental health providers; community-based organizations; emergency management; representatives from educational institutions; law enforcement; business and industry; elected officials; human service agencies; the media; emergency management services; and the judicial system.

Contributions from Private and Public Organizations and Advisory Groups: Input was solicited from a wide range of organizations and health-related advisory bodies. More than 70 organizations submitted recommendations. These organizations represented more than 500 members of advisory committees and task forces, state agencies, non-profit associations, universities, and professional associations. In making recommendations, these groups drew on their own plans, grants, and reports related to health issues.

Data Analysis and National Resources: Statewide data included information about births and deaths from Vital Statistics and trends in health behaviors and risk factors from the Behavioral Risk Factor Surveillance System (BRFSS) and other reports. National resources included Healthy People 2020; Healthy People Leading Health Indicators; the National Prevention and Health Promotion Strategy; Centers for Disease Control and Prevention (CDC) Director Thomas Frieden's "Six Winnable Battles;" and America's Health Rankings.

How was the plan developed?
Organizations that submitted recommendations were asked for strategies or objectives that focused on one or more of the state's 39 critical health needs. The organizations could submit up to three objectives. Sixty-eight organizations submitted objectives and strategies that they identified as significant. It is important to note that the submitted objectives and strategies do not reflect everything the organizations are doing to address health needs.

[2] Appendix B describes the methodology used for the meta-analysis.

How is the plan organized?

The 39 critical health needs are grouped into nine topic areas. The topic areas are not mutually exclusive. For example, alcohol and binge drinking are listed under the Addictive Behaviors topic area, while alcohol-related fatalities are covered under Injury and Violence. The topic area list follows:

- Access to Quality Health Services and Support
- Acute Disease
- Addictive Behaviors
- Chronic Disease
- Environmental Health
- Healthy Living
- Injury and Violence
- Mental Health and Mental Disorders
- Preparedness and Response

Each topic area is comprised of two sections:

1) A measure of progress section with objectives to be achieved by a designated year. To track progress, the objectives have a baseline and date, a data source, and a target; and
2) A section on what is being done to achieve the objectives along with the responsible organizations committed to taking action.

In addition, the topic areas include links to related planning efforts.

Acknowledgments

More than 120 staff members from private and public sector groups worked on the plan and submitted progress reports which were the basis for the 2015 revisions. Their efforts are greatly appreciated. The following is a list of contributing organizations and advisory groups:

- 1st Five Healthy Mental Development Initiative
- Advisory Council on Brain Injuries
- Alzheimer's Association
- American Lung Association in Iowa Asthma Coalition
- American Lung Association in Iowa COPD Coalition
- Arthritis Foundation
- Center for Disabilities and Development, U of Iowa Hospitals and Clinics
- Center for Rural Health and Primary Care Advisory Committee
- Child Health Specialty Clinics
- Congenital and Inherited Disorders Advisory Committee
- Delta Dental of Iowa Foundation
- Direct Care Worker Advisory Council
- Early Childhood Iowa
- Early Hearing Detection Advisory Committee
- Easter Seals of Iowa
- Family Planning Council of Iowa
- Farm Safety For Just Kids
- Healthiest State Initiative
- Healthy Homes and Lead Poisoning Prevention Advisory Committee
- Iowa Academy of Ophthalmology
- Iowa Antibiotic Resistance Task Force
- Iowa Army National Guard
- Iowa Breastfeeding Coalition
- Iowa Cancer Consortium
- Iowa Department of Agriculture and Land Stewardship
- Iowa Department of Corrections
- Iowa Department of Education
- Iowa Department of Human Services
- Iowa Department of Natural Resources
- Iowa Department of Public Health
- Iowa Department of Public Safety
- Iowa Department of Transportation
- Iowa Department on Aging
- Iowa Economic Development Authority
- Iowa e-Health Executive Committee and Advisory Council
- Iowa Emergency Medical Services Advisory Council
- Iowa Falls Prevention Workgroup
- Iowa Healthcare Collaborative
- Iowa Immunization Coalition
- Iowa KidSight
- Iowa Medicaid Enterprise
- Iowa Office of the State Medical Examiner, Iowa Department of Public Health
- Iowa Optometric Association
- Iowa's Center for Agricultural Safety and Health
- Iowa Statewide Poison Control Center
- Iowa Tobacco Prevention Alliance

- Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group
- March of Dimes
- Maternal and Child Health Advisory Committee
- Office of Drug Control Policy
- Office of Minority and Multicultural Health Advisory Council
- Patient-Centered Health Advisory Council
- Prevent Blindness Iowa
- Prevention of Disabilities Policy Council
- Project Launch
- Reach Out and Read Iowa
- State Hygienic Laboratory at U of Iowa
- Tobacco Use Prevention and Control Commission
- University of Iowa College of Public Health
- University of Iowa Department of Emergency Medicine

Access to Quality Health Services and Support

What Critical Needs Are Included

Affordability/Insurance
Availability and Quality of the Health Care Workforce
Health Care Quality
Transportation

Measures of Progress

1-1 An increase in the proportion of people with health insurance.
Target: 100%.
Baseline: 88% (2009-2010).
Most recent data: 92% (2013).
Data Source: U.S. Census Bureau. Health Insurance Main, Latest Release, Detailed Tables: Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2013.

1-2 An increase in the number of direct care professionals[3] in the state.
Target: 83,000.
Baseline: 73,214 (2012).
Most recent data: 78,009 (2014 estimate).
Data Source: Direct Care worker (DCW) Advisory Council Report to Legislature - March 2012, p. 8.

1-3 An increase in the proportion of people who have one person as a health provider.
Target: 82.5%.
Baseline: 75% (2011).
Most recent data: 74% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 17.

[3] A direct care professional is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. This definition excludes nurses, case managers, and social workers. Direct care professionals provide hands-on care and support to individuals of all ages in settings ranging from services in-home and community-based settings to acute care in hospitals.

1-4 An increase in the proportion of children whose parents report adequate[4] health insurance.
Target: 86%.
Baseline: 78% (2007).
Most Recent Data: 80% (2011-2012).
Data Source: Indicator 3.4, National Survey of Children's Health.

1-5 An increase in the number of counties that assess implementation of the Emergency Medical (EMS) System Standards.
Target: 99 counties.
Baseline: 70 counties (2013).
Data Source: EMS System Standards Progress Report, July 2013.

1-6 A continuation of the same level of non-medical transportation services to medical appointments for the anticipated increase in Medicaid members.
Target: 1.14%.
Baseline: 1.14% (2011).
Most Recent Data: 1.2% (2014)
Data Source: Iowa Medicaid, Non-Emergency Medical Transportation (NEMT) Statistics, *Stats: January 1 - December 31, 2014*.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Affordability / Insurance		Lead Organizations
1-1.1	Provide local boards of health and local public health agencies in Iowa with information and tools necessary to prepare for changes in the health care delivery system and to implement the changes in response to the Affordable Care Act[5] and the new health care environment.	Iowa Department of Public Health

[4] Adequacy criteria include: the child's health needs are met; the child is allowed to see needed providers; and out-of-pocket expenses are reasonable.
[5] The Affordable Care Act requires states to have a health benefit exchange (HBE) certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans.

Availability and Quality of the Health Care Workforce		Lead Organizations
1-1.2	Increase training for students in direct care programs to work with persons with disabilities.	Prevention of Disabilities Policy Council
Health Care Quality		**Lead Organizations**
1-1.3	Develop a statewide, coordinated long-term care information and service system.	Iowa Department on Aging
1-1.4	Increase the number of safety net and rural providers connected to the Iowa Health Information Network[6] from 0 to 50[7] so that service providers can communicate with each other in exchanging health records electronically.	Iowa e-Health Executive Committee and Advisory Council
1-1.5	Increase the spread of the community-wide application of the Iowa Physician Orders for Treatment (IPOST). *(Revised from the 2013 objective 1-1.7)*	Iowa Healthcare Collaborative; Iowa Department of Public Health
1-1.6	Produce policy recommendations and strategies to reform the health care payment system. Rather than be reimbursed by the volume of services they provide, providers will be reimbursed for providing care coordination and delivering quality services that are proven to keep people healthy, reduce errors, and help avoid unnecessary care.	Patient-Centered Health Advisory Council
1-1.7	Evaluate approaches used to implement the TeamSTEPPS[8] quality improvement program in Iowa community hospitals. *(Revised from the 2013 objective 1-1.9)*	U of Iowa College of Public Health
1-1.8	Continue to advance patient-centered medical homes[9] in Iowa. *(Revised from the 2014 objective 1-1.9)*	Patient-Centered Health Advisory Council

[6] The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.
[7] The initial focus will be on large health systems and primary care providers along with federally qualified health centers.
[8] Team STEPPS is a teamwork system jointly developed by the Department of Defense and the Agency for Healthcare Research and Quality to improve patient safety, communication, and teamwork skills among health care professionals.
[9] A medical home is comprised of a primary care team of health professionals working to coordinate and provide enhanced patient-centered care.

1-1.9	Assist counties in reducing the burden on the administrative volunteer EMS community and providing a quality, efficient, and effective EMS that is responsive to the organizational needs noted in their EMS System Standard Self-Assessment. *(Revised from original 1-1.13)*	Emergency Medical Services Advisory Council

Transportation		**Lead Organizations**
1-1.10	Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.	Iowa Department of Transportation
1-1.11	Promote the non-emergency medical transportation services that are available for Medicaid members through training, presentations, and other channels.	Iowa Medicaid Enterprise

Other Plans Relating to Access to Quality Health Services and Support:

Iowa Cancer Plan

Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Iowa State Plan on Aging 2014-2015

State Health Care Innovation Plan

Acute Disease

What Critical Needs Are Included

Immunization and Infectious Disease
Outbreak Management and Surge Capacity

Measures of Progress

2-1 An increase in the annual influenza coverage levels for all Iowa hospital employees.
Target: 95%.
Baseline: 92% (2010-2011).
Most Recent Data: 90% (2013-2014).
Data Source: Iowa Healthcare Collaborative Report.

2-2 An increase in the immunization coverage for all universally recommended vaccines for the following populations:

Children 19-35 months of age.
Target: 90%.
Baseline: 77% coverage of 4:3:1:3:3:1:4[10] series (2009).
Most Recent Data: 82% (2013).
Data Source: CDC National Immunization Survey.

[10] For children aged 19-35 months and referring to the recommended doses of: diphtheria/tetanus/pertussis-containing vaccine (4), polio (3); measles/mumps/rubella-containing vaccine (1); plus ≥2 or ≥3 doses of haemophilus influenza type b (Hib) vaccine depending on brand type (primary series only)(3), 3+ doses of hepatitis B vaccine (3), 1+ doses of varicella vaccine (1), and 4+ doses of pneumococcal conjugate vaccine (4).

Adolescents.
Target: 90%.
Baseline: 71% coverage for 1 dose of Tdap; 46% coverage for MCV; 42% female coverage for HPV; no baseline for male coverage for HPV (2009)[11].
Most Recent Data: 80% coverage for 1 dose of Tdap; 64% coverage for MCV; 42% female coverage for HPV; 14% male coverage for HPV (2013).
Data Source: CDC National Immunization Survey.

All adults.
Target: 90%.
Baseline: 47% received an influenza immunization in the last 12 months; 31% had ever received a pneumonia vaccination (2011).
Most Recent Data: 46% received an influenza immunization in the last 12 months; 34% had ever received a pneumonia vaccination (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 69.

Adults age 65 and over.
Target: 90%.
Baseline: 70% received an influenza immunization in the last 12 months; 71% had ever received a pneumonia vaccination (2011).
Most Recent Data: 67% received an influenza immunization in the last 12 months; 73% had ever received a pneumonia vaccination (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 69.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Immunization and Infectious Disease		Lead Organizations
2-1.1	Work with health care providers to reduce by 50% indigenous[12] cases of vaccine-preventable diseases.	Iowa Department of Public Health; Iowa Immunization Coalition

[11] Tdap = tetanus/ diphtheria/pertussis-containing vaccine; MCV = meningococcal conjugate vaccine; HPV = human papillomavirus vaccine.
[12] Indigenous diseases are diseases that occur in the United States and are not brought in from other countries.

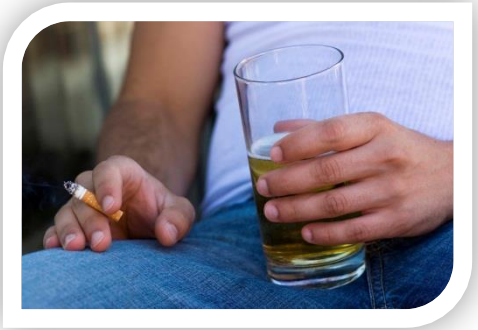
2-1.2	Increase the use of the Iowa Health Information Network[13] to report disease records. *(Revised from original 2-1.2)*	Iowa e-Health Executive Committee and Advisory Council
2-1.3	Continue to annually measure the influenza vaccination coverage of hospital employees.	Iowa Healthcare Collaborative
2-1.4	Align efforts to promote antibiotic stewardship in the hospital setting as well as in long-term care facilities. *(Revised from original 2-1.5)*	Iowa Antibiotic Resistance Task Force Iowa Department of Public Health
2-1.5	Develop the capacity to detect and confirm novel anti-microbial resistance[14] mechanisms to prevent transmission of difficult-to-treat pathogens.	State Hygienic Laboratory at U of Iowa
Outbreak Management and Surge Capacity		**Lead Organizations**
2-1.6	Improve the food-borne outbreak reporting system.	Iowa Department of Public Health
2-1.7	By 2015, provide training on food-borne outbreak responses that reach all city and county health departments.	Iowa Department of Public Health
2-1.8	By 2015, increase the use of an after-action review process to evaluate 100% of foodborne outbreak investigations. *(Revised from 2014 objective 2-1.8)*	Iowa Department of Public Health

Other Plans Relating to Acute Disease

Iowa Cancer Plan

[13] The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.
[14] Anti-microbial resistance results from the misuse of antibiotics and occurs when microbes develop ways to survive the use of medicines meant to kill or weaken them.

Addictive Behaviors



What Critical Needs Are Included

Alcohol and Binge Drinking
Drugs
Tobacco

Measures of Progress

3-1 A reduction in current youth alcohol use (grades 6, 8, and 11)
Target: 16%.
Baseline: 17% (2010).
Most Recent Data: 10% (2014).
Data Source: Iowa Youth Survey, State of Iowa Report, p. 100.

3-2 A reduction in adult binge drinking.
Target: 21%.
Baseline: 23% (2011).
Most Recent Data: 22% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 58.

3-3 A reduction in over-the-counter drug abuse among 11th grade students.
Target: 4%
Baseline: 5% (2010).
Most Recent Data: 5% (2014).
Data Source: Iowa Youth Survey, State of Iowa Report, p. 101.

3-4 A reduction in prescription drug abuse among 11th grade students.
Target: 6%.
Baseline: 7% (2010).
Most Recent Data: 5% (2014).
Data Source: Iowa Youth Survey, State of Iowa Report, p. 101.

3-5 A reduction in current marijuana use among 11th grade students.
Target: 12%.
Baseline: 13% (2010).
Most Recent Data: 11% (2014).
Data Source: Iowa Youth Survey, State of Iowa Report, p. 101.

3-6 A reduction in current cigarette smoking among 11th grade students.
Target: 15.5%.
Baseline: 17% (2010).
Most Recent Data: 10% (2014).
Data Source: Iowa Youth Survey, State of Iowa Report, p. 100.

3-7 A reduction in current smoking among adults.
Target: 17%.
Baseline: 20% (2011).
Most Recent Data: 19.5% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 53.

3-8 An increase in the proportion of homes that have rules against smoking.
Target: 87%.
Baseline: 83% (2011).
Most Recent Data: 82% (2012).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 40.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Alcohol and Binge Drinking		Lead Organizations
3-1.1	Fund 12 counties with the highest need for improvement, based on indicators for underage drinking, adult binge drinking, and a combined legal consequences rate. *(Revised from original 3-1.1)*	Iowa Department of Public Health
3-1.2	Complete a strategic plan for substance abuse prevention in rural areas. *(Revised from original 3-1.2)*	Iowa Department of Public Health
3-1.3	Create a community-based services network and support for all aspects of addictions continuum with clear linkages to services for other complex issues.	Iowa Department of Public Health
Drugs		**Lead Organizations**
3-1.4	Each year, disrupt and dismantle 80 drug trafficking organizations. *(Revised from original 3-1.5)*	Iowa Department of Public Safety
3-1.5	Provide four Drug-Endangered Children trainings per year to foster a collaborative response to children endangered by parental/caregiver drug abuse, distribution, manufacture, or cultivation. *(Revised from original 3-1.6)*	Office of Drug Control Policy
3-1.6	Initiate and support statewide efforts to reduce methamphetamine manufacturing.	Office of Drug Control Policy
3-1.7	Strengthen controls and increase education on synthetic drugs to reduce accessibility and use by youth. *(Revised from the 2013 objective 3-1.8)*	Office of Drug Control Policy

Tobacco		Lead Organizations
3-1.8	Increase the number of Quitline participants from 10,516 in 2014 to 11,000 in 2015. *(Revised from 2014 objective 3-1.9)*	Iowa Department of Public Health
3-1.9	Increase from 400 to 500 the number of multi-unit housing complexes that have at least one building with a voluntary 100% smoke-free policy. *(Revised from 2014 objective 3-1.10)*	Iowa Department of Public Health
3-1.10	Develop a comprehensive strategy for youth tobacco prevention in Iowa. *(Revised from original 3-1.11)*	Tobacco Use Prevention and Control Commission
3-1.11	Support expansion of Iowa's Smokefree Air Act of 2008 to include casinos. *(Revised from original 3-1.12)*	Iowa Tobacco Prevention Alliance

Other Plans Relating to Addictive Behaviors:

Iowa Cancer Plan

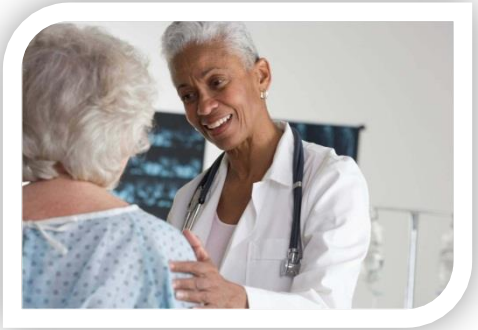
Iowa Drug Control Policy Strategy 2014

Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Iowa Strategic Plan: Strategic Prevention Framework State Incentive Grant

Chronic Disease

What Critical Needs Are Included



Arthritis, Osteoporosis, and Chronic Back Conditions
Cancer
Chronic Infectious Diseases: HIV and Viral Hepatitis
Diabetes
Heart Disease and Stroke
Neurological Disorders
Respiratory Conditions

Measures of Progress

4-1 A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.
Target: 39%.
Baseline: 44% (2011).
Most Recent Data: 43% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 63.

4-2 A decrease in the age-adjusted rate[15] of all cancer deaths.
Target: 160.4/100,000 (2017).
Baseline: 177/100,000 (2007).
Most Recent Data: 168/100,000 (2013).
Data Source: CDC Wonder, Compressed Mortality file.

[15] An age-adjusted rate is a way of making fairer comparisons between groups with different age distributions.

4-3 A decrease in the age-adjusted incidence of all cancers.
Target: 465.6/100,000.
Baseline: 489/100,000 (2007).
Most Recent Data: 475/100,000 (2011).
Data Source: Iowa Cancer Registry, Invasive Cancer Incidence Rates.

4-4 An increase in cancer screenings for breast, colorectal, and cervical cancer in the following populations:

Women aged 50 and older having a mammogram in the past two years.
Target: 88%.
Baseline: 77.3% (2010).
Most Recent Data: 78% (2012).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 47.

Colorectal cancer screenings for men and women aged 50 and older.
Target: 70%.
Baseline: 64.1% (2010).
Most Recent Data: 67% (2012).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 79.

Women aged 21 and older having a Pap test within the past three years.
Target: 92%.
Baseline: 83.9% (2010).
Most Recent Data: 78% (2012).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 79.

4-5 A decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis.
Target: 35%.
Baseline: 44% (2009).
Most Recent Data: 48% (2013).
Data Source: Iowa Department of Public Health HIV/AIDS Slide Sets, 2014 End-of-Year Slide Set, p.3.

4-6 An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.
Target: 85%.
Baseline: 77%
Most recent data: 72% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p.35.

4-7 An increase in the proportion of persons with high blood pressure who are taking their medication.
Target: 75%.
Baseline: 66% (2009).
Most Recent Data: 78% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 22-23.

4-8 A decrease in coronary heart disease deaths.
Target: 111/100,000 (age-adjusted rate).
Baseline: 126/100,000 (2010 age-adjusted rate).
Most Recent Data: 116/100,000 (2013 age-adjusted rate).
Data Source: Iowa Department of Public Health, Heart Disease & Stroke Prevention program profile, p. 2.

4-9 A decrease in deaths attributed to stroke.
Target: 35/100,000 population (age-adjusted rate).
Baseline: 38/100,000 population (2010 age-adjusted rate).
Most Recent Data: 33/100,000 population (2013 age-adjusted rate).
Data Source: Iowa Department of Public Health, Heart Disease & Stroke Prevention program profile, p. 2.

4-10 An increase in the number of Medicare beneficiaries who use their annual wellness visit, which includes an assessment of cognitive function.
Target: 37,950.
Baseline: 24,272 (2011).
Most Recent Data: 48,406 (preliminary 2014 data).
Data Source: Unpublished data from the CMS Chronic Conditions Data Warehouse

4-11 A reduction in the rate of emergency department visits for children with asthma, ages 0 to 14.
Target: 56/10,000.
Baseline: 62/10,000 (average annual rate, 2003-2008).
Most Recent Data: 58/10,000 (2013).
Data Source: Iowa Department of Public Health, Public Health Tracking portal.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Arthritis, Osteoporosis, and Chronic Back Conditions		Lead Organizations
4-1.1	Positively impact more families affected by juvenile arthritis by offering networking opportunities and resources. *(Revised from 2014 objective 4-1.1)*	Arthritis Foundation
4-1.2	Collaborate with other groups to address the importance of physical activity, self-management, and proper nutrition to reduce limitations in activity related to arthritis and other chronic diseases.	Arthritis Foundation
Cancer		**Lead Organizations**
4-1.3	Maintain a partnership with the Iowa Cancer Consortium to enhance cancer prevention activities including educating policy makers and key stakeholders on the chronic disease burden and evidence-based interventions for effective primary prevention health policies. *(Revised from original 4-1.3)*	Iowa Department of Public Health
4-1.4	Increase from 2 to 30 the number of clinics using an evidence-based cancer screening toolkit that is implemented in an office-based system. *(Revised from original 4-1.4)*	Iowa Department of Public Health

4-1.5	Increase from 10 to 20 the number of activities focused on health care provider awareness and knowledge of quality-of-life issues for cancer survivors by collaborating with professional organizations, health professional training programs, and health care providers on improved training and education. *(Revised from original 4-1.5)*	Iowa Cancer Consortium; Iowa Department of Public Health
4-1.6	Collaborate with the Iowa Cancer Consortium and other groups to address health disparities in African-American, Native American, and Latino populations.	Office of Minority and Multicultural Health Advisory Council
Chronic Infectious Diseases: HIV and Viral Hepatitis		**Lead Organizations**
4-1.7	Reduce the percentage of persons with HIV infection classified as stage 3 (AIDS) within 3 months of diagnosis to 19%. *(Revised from 2014 objective 4-1.7)*	Iowa Department of Public Health
4-1.8	Increase from 66% to 80% HIV-infected individuals who receive regular HIV medical care. *(Revised from 2013 objective 4-1.8)*	Iowa Department of Public Health
4-1.9	Increase from 600 to 800 high-risk individuals who are aware of his or her hepatitis C virus status.	Iowa Department of Public Health
Diabetes		**Lead Organizations**
4-1.10	Distribute Diabetic Communication reports to optometrists, primary care providers, and diabetes educators to enhance communication between primary care physicians and eye-care providers. *(Revised from 2014 objective 4-1.10)*	Iowa Optometric Association
4-1.11	Improve health outcomes for diabetic Medicaid members in Care Management programs by increasing A1C compliance[16] by 1% each year. *(Revised from original 4-1.12)*	Iowa Medicaid Enterprise

[16] The A1C test measures the average blood glucose control for the past two months.

4-1.12	Improve outcomes for diabetic Medicaid members in Care Management programs by increasing low-density lipoprotein compliance by 1% each year. *(Revised from original 4-1.13)*	Iowa Medicaid Enterprise
4-1.13	Increase by 10% the self-reported use of health literacy-based tools or health literacy-inclusive interventions among outpatient diabetes self-management education programs. *(Revised from 2013 objective 4-1.13)*	Iowa Healthcare Collaborative
Heart Disease and Stroke		**Lead Organizations**
4-1.14	Inform the public through social marketing about the importance of blood pressure screening and medication adherence and the national Million Hearts Initiative.	Iowa Cardiovascular and Stroke Task Force
4-1.15	Institute a program for obese women at the Iowa Correctional Institution for Women to reduce the risk of cardiovascular disease. *(Revised from original 4-1.16)*	Iowa Department of Corrections
Neurological Disorders		**Lead Organizations**
4-1.16	Encourage Medicare beneficiaries to use their annual wellness visits to assess their cognitive function. *(Revised from 2013 objective 4-1.16)*	Alzheimer's Association
4-1.17	Increase awareness about Alzheimer's disease and the importance of early detection through promoting the "Know the Ten Signs: Early Detection Matters" program.	Alzheimer's Association
4-1.18	Improve the appropriateness of prescribing anti-psychotic medications in dementia and monitoring their helpful and adverse effects.	U of Iowa College of Public Health
4-1.19	By 2015, offer a program for 700 people with disabilities who, with increased knowledge and resources, can live a healthier lifestyle.	Easter Seals of Iowa

Respiratory Conditions		Lead Organizations
4-1.20	Improve outcomes of asthmatic Medicaid members in Care Management programs by increasing controller medication compliance by 2% each year. *(Revised from original 4-1.21)*	Iowa Medicaid Enterprise
4-1.21	Educate health care professionals on state of the art asthma treatment and management and educate individuals on asthma and self-management. *(Revised from 2013 objective 4-1.21)*	American Lung Association in Iowa Asthma Coalition
4-1.22	In an eight-county area, increase the number of health care professionals who refer patients to tobacco cessation services from 27 to 35. *(Revised from 2014 objective 4-1.22)*	American Lung Association in Iowa COPD Coalition
4-1.23	Educate individuals about COPD management and health care professionals about COPD treatment and guidelines. *(Revised from 2013 objective 4-1.23)*	American Lung Association in Iowa COPD Coalition

Other Plans Relating to Chronic Disease:

2015 Iowa Million Hearts Action Plan

American Lung Association in Iowa COPD Coalition 2010 – 2012 Strategic Plan

Asthma in Iowa

Iowa Cancer Plan

Iowa Comprehensive Heart Disease and Stroke Plan 2010-2014

Environmental Health

What Critical Needs Are Included

Air Quality
Healthy Homes
Lead Poisoning and Screening
Water Quality

Measures of Progress

5-1 An increase in the number of lives saved from fires by smoke detectors.
Target: 204 Lives Saved.
Revised Baseline: 186 Lives Saved (2011).
Most Recent Data: 217 Lives Saved (2012).
Data Source: Reports to the State Fire Marshal.

5-2 A decrease in the number of children who have had at least one confirmed elevated blood-lead test before age 6.
Revised Target: 421.
Revised Baseline: 468 (2004 Birth Cohort).
Most Recent Data: 252 (2008 Birth Cohort).
Data Source: Iowa Department of Public Health, Public Health Tracking portal.

5-3 An increase in the number of private drinking water wells tested for arsenic.
Target: 150 wells tested per year.
Baseline: 473 wells tested from 2006 to 2008.
Most recent data: 568 wells tested in 2014.
Baseline Data Source: Arsenic in Iowa's Water Sources: Surveillance, Research, Education, and Policy.
Recent Data Source: State Hygienic Laboratory, OpenELIS database (unpublished data).

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Air Quality		Lead Organizations
5-1.1	Assure that the National Ambient Air Quality Standards for PM2.5[17] are met statewide. *(Revised from original 5-1.1)*	Iowa Department of Natural Resources
Healthy Homes		**Lead Organizations**
5-1.2	Continue developing viable Iowa communities with decent housing and suitable living environment and expanding economic opportunities primarily for persons of low and moderate incomes.	Iowa Economic Development Authority
5-1.3	Maintain the current number of homes with a lead-poisoned child where remediation is completed to the current number of 118 each year. *(Revised from original 5-1.5)*	Healthy Homes and Lead Poisoning Prevention Advisory Committee
5-1.4	Engage the scientific community in developing a comprehensive understanding of the quality of radon data and develop a plan to communicate and address radon health risks.	Iowa Department of Public Health
Lead Poisoning and Screening		**Lead Organizations**
5-1.5	Continue the blood lead-testing rate of 98% for the 2004 birth cohort[18] through the 2009 birth cohort.	Iowa Department of Public Health

[17] PM2.5 refers to fine particles in the air. At 11 of the 17 fine particle air-monitoring sites in Iowa, air pollution levels are at or exceed 80% of the federal public health air pollution standards for fine particles.

[18] A birth cohort is a group of children born during a given period of time; e.g., children born in 2004 are part of the 2004 birth cohort.

5-1.6	Investigate and establish a database to assess potential environmental exposure to other metals, such as arsenic, cadmium, chromium and mercury beyond lead by analyzing all venous blood lead specimens submitted between 2012 and 2016 for these additional metals; compare the Iowa database with baseline data from CDC.	State Hygienic Laboratory at U of Iowa
Water Quality		**Lead Organizations**
5-1.7	Reduce exposure to elevated nitrate levels in drinking water among an estimated 25,000 to 68,000 persons relying on private wells and for 1,387 persons who rely on public water systems through education and information dissemination.	Iowa Department of Natural Resources; Iowa Department of Public Health
5-1.8	Continue funding sanitary sewer system improvements, water system improvements, water and wastewater treatment facilities, storm water projects related to sanitary system improvements, and rural water connections.	Iowa Economic Development Authority
5-1.9	Assess exposure to emerging contaminants such as new classes of herbicides and insecticides, pesticide degradates, perfluorinated compounds (e.g., fabric protectors), polychlorinated diphenyl ethers (PBDEs or flame-retardants) in surface and ground water by establishing a sustainable monitoring/surveillance program and subsequent related educational information for dissemination to mitigate and minimize exposure. *(Revised from 2014 objective 5-1.10)*	State Hygienic Laboratory at U of Iowa
5-1.10	Reduce exposure to arsenic to persons who rely on drinking water from private wells by establishing a monitoring program and subsequent education and information dissemination to mitigate and minimize exposure.	State Hygienic Laboratory at U of Iowa

Other Plans Relating to Environmental Health:

Consolidated Plan for Housing and Community Development

Iowa Cancer Plan

Healthy Living

What Critical Needs Are Included

Healthy Growth and Development
Nutrition and Food
Oral Health
Physical Activity
Reproductive and Sexual Health
Vision and Hearing

Measures of Progress

6-1 An increase in the proportion of public high school students who graduate in 4 years or less.
Target: 90%.
Baseline: 89% (2010).
Most Recent Data: 90.5% (2013-2014).
Data Source: Iowa Department of Education, Student Performance Reports, Cohort Graduation Rates.

6-2 A reduction in the African-American infant mortality rate.
Target: 9 per 1,000 live births.
Baseline: 12 per 1,000 live births (2010).
Most Recent Data: 12 per 1,000 live births (2013).
Data Source: Iowa Department of Public Health, Health Statistics, Vital Statistics of Iowa, Table 4B.

6-3 An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day.
Target: 20%.
Baseline: 13.5% (2011).
Most Recent Data: 13% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 51.

6-4 An increase in the proportion of Iowa infants who are breastfed at birth.
Target: 80%.
Baseline: 74.5% (2011).
Most Recent Data: 78% (2013)
Data Source: Iowa Breastfeeding Incidence, p.3.

6-5 An increase in the proportion of adults who get the recommended levels of aerobic physical activity.
Target: 53%.
Baseline: 48% (2011).
Most Recent Data: 46.9% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 47.

6-6 An increase in the proportion of low-income children, adolescents, and young adults aged 1 to 20 on Medicaid who receive any preventive dental service.
Target: 45%.
Baseline: 40% (2010).
Most Recent Data: 49% (2014).
Data Source: EPSDT Preventive Dental Services Report.

6-7 An increase in the number of pre-kindergarten children who receive a comprehensive eye vision screening.
Target: 48,172.
Baseline: 32,272 (2010-2011).
Most Recent Data: 40,459 (2013-2014).
Data Source: Iowa KidSight. A Statewide Vision Screening Program for Infants and Children, Screening Results by Program Year.

6-8 An increase in the proportion of births that are intended.
Target: 75%.
Baseline: 66% (2010).
Most Recent Data: 69% (2013).
Data Source: Iowa's Barriers to Prenatal Care Project, p. 15.

6-9 A reduction in the proportion of adults who are obese.
Target: 27%.
Baseline: 29% (2011).
Most Recent Data: 31.3% (2013).
Data Source: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, p. 30.

6-10 Reduce overweight/obesity in children ages 2 to 5 who are enrolled in the WIC program.
Target: 17%.
Baseline: 22.2% (2010).
Most Recent Data: 19.3% (2013).
Data Source: Iowa Department of Public Health, IWIN, Iowa WIC Data System (unpublished analysis).

6-11 A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.[19]
Target: 39%.
Baseline: 41% (2011).
Data Source: Iowa WIC Food Security Survey, p. 4.

6-12 A reduction in the rate of reported cases of chlamydial infection.
Target: 300 cases/100,000 population.
Baseline: 350 cases/100,000 population (2010).
Most Recent Data: 361 cases/100,000 population (2013).
Data Source: Iowa STD Statistics, Iowa Reportable Sexually Transmitted Disease Data, p. 1.

[19] Food security is defined as access by all people at all times to enough food for an active, healthy life. Low food security means that individuals may go hungry. Very low food security means that hunger is an even greater problem.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Healthy Growth and Development		Lead Organizations
6-1.1	Where possible, align the resources for smoking cessation, healthy eating, and exercise to reach the goal of Iowa as the healthiest state in the nation.	Healthiest State Initiative; Iowa Department of Public Health
6-1.2	Reduce the percent of students who have 10 or more absences by 10%. *(New objective)*	Iowa Department of Education
6-1.3	Continue funding for the green infrastructure and sustainable development in communities that are an integral part to the communities' overall environmental, physical, and social health.	Iowa Economic Development Authority
6-1.4	Decrease the preterm birth rate in the African-American population by 2%.	Iowa Department of Public Health; Iowa Medicaid Enterprise; March of Dimes
6-1.5	Provide Iowa-specific resource toolkits on genomics[20] to at least 50 primary care providers. *(Revised from original 6-1.5)*	Congenital and Inherited Disorders Advisory Committee
6-1.6	Distribute 1,000 copies of a health literacy series of books, "What to Do," along with training to targeted pediatric populations.	Iowa Healthcare Collaborative; Child Health Specialty Clinics
6-1.7	Increase the number of children served by Reach Out and Read Iowa from 55,000 to 60,500, with a focus on children and families at highest risk for low literacy and low health literacy. *(Revised from original 6-1.7)*	Iowa Healthcare Collaborative; Reach Out and Read Iowa
6-1.8	Develop policy recommendations based on the steps outlined in the Maternal and Child Health Advisory Council plan. *(Revised from original 6-1.8)*	Maternal and Child Health Advisory Committee

[20] Genomics is the study of all the genes of a cell or tissue at the DNA (genotype), mRNA (transcriptone) or protein (proteome) levels.

6-1.9	By 2015, increase the number of Iowans Walking Assessment Logistics Kits (I-WALK) communities that encourage children to walk to school from 32 to 44. *(New objective)*	Iowa Department of Public Health
6-1.10	By 2015, increase the number of Stanford Chronic Disease Self-Management Program workshop participants by 5% from the 2013 baseline of 285 participants. *(New objective)*	Iowa Department of Public Health
6-1.11	By 2015, increase the number of child care centers that improve the nutrition and physical environment through implementing Nutrition and Physical Activity Self-Assessment for Childcare nutrition and physical activity goals from 0 to 9. *(New objective)*	Iowa Department of Public Health
6-1.12	Increase the breastfeeding knowledge of health care professionals by conducting breastfeeding training in at least three communities. *(Revised from original 6-1.13).*	Iowa Breastfeeding Coalition
Nutrition and Food		**Lead Organizations**
6-1.13	By 2014, increase student participation in the School Breakfast Program by 20% from 13.7 million to 17 million meals.	Iowa Department of Education
6-1.14	By 2015, increase the number of Hispanic retailers who are recognized for dedicating shelf space to healthier items from 0 to 4. *(New objective)*	Iowa Department of Public Health
6-1.15	Improve access to locally grown fresh fruits and vegetables by increasing the redemption rate of WIC farmer's market checks from 52% to 55% for Women, Infants, and Children (WIC) participants. *(Revised from original 6-1.15)*	Iowa Department of Agriculture and Land Stewardship; Iowa Department of Public Health
6-1.16	Maintain the redemption rate of checks used for buying food at farmers markets at 82% for eligible seniors. *(Revised from 2014 objective 6-1.16)*	Iowa Department of Agriculture and Land Stewardship; Iowa Department of Public Health

6-1.17	Improve access to locally grown fresh fruits and vegetables by increasing Food Assistance EBT[21] purchases for food at farmers' markets (baseline $85,282 in 2011). *(Revised from 2014 objective 6-1.17)*	Iowa Department of Human Services; Iowa Department of Public Health
6-1.18	Continue providing fresh and minimally processed Iowa-grown food in school meals and snacks.	Iowa Department of Agriculture and Land Stewardship
6-1.19	Improve provision of and access to nutritious meals for older Iowans through the congregate and home-delivered meal program with an increase of 2% of the high nutrition-risk participants who will maintain or improve their nutrition-risk score.	Iowa Department on Aging
6-1.20	Maintain congregate and home-delivered meal participation rate. *(Revised from original 6-1.20)*	Iowa Department on Aging
Oral Health		**Lead Organizations**
6-1.21	By 2020, launch a major fluoridation 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.	Delta Dental of Iowa Foundation
6-1.22	Increase the proportion of Iowans who receive fluoridated water from water systems that meet the proposed national standard of 0.7 parts per million of water fluoridation from 91% to 94%.	Center for Rural Health and Primary Care Advisory Committee
6-1.23	Increase the number of counties with school-based oral health preventive services.	Center for Rural Health and Primary Care Advisory Committee
6-1.24	Provide leadership and support for state and local oral health coalition development to strengthen existing coalitions and to develop new coalitions and/or workgroups that will pool expertise and resources to improve oral health. (*Revised from 2014 objective 6-1.24)*	Iowa Department of Public Health

[21] Food Assistance EBT purchases are purchases made through Food Assistance debit cards.

6-1.25	By 2020, increase from 16% to 20% the percent of non-waiver Medicaid-eligible, over age 65 Iowans who receive dental services. *(New 2015 objective)*	Delta Dental of Iowa Foundation

Physical Activity		**Lead Organizations**
6-1.26	Increase by 2% Iowans' overall participation rate in more physically active, natural-resources-based outdoor recreation activities as listed in Iowa's Statewide Comprehensive Outdoor Recreation Plan.	Iowa Department of Natural Resources
6-1.27	Reduce by 5% the disparity in physical activity and obesity between persons with disabilities and those without disabilities.	Prevention of Disabilities Policy Council
6-1.28	Increase awareness of at least 5% to 10% among Iowans about the link between outdoor recreation and healthy lifestyles, based on benchmarks established in the 2011 Statewide Comprehensive Outdoor Recreation Plan (SCORP) survey.	Iowa Department of Natural Resources

Reproductive and Sexual Health		**Lead Organizations**
6-1.29	By 2015, implement at least one school-based pilot screening project for adolescents in the highest gonorrhea morbidity areas of the state.	Iowa Department of Public Health
6-1.30	Reduce the rate of reported cases of gonorrhea from 60 cases per 100,000 to fewer than 45 cases per 100,000.	Iowa Department of Public Health
6-1.31	Reduce the number of births that occur within 18 months of a previous birth from 33.6% to 31%. *(Revised from 2013 objective 6-1.31)*	Family Planning Council of Iowa; Iowa Department of Public Health
6-1.32	Reduce pregnancy rates among adolescent females ages 15 to 17 from 14.4 per 1,000 pregnancies to 12.5 per 1,000 pregnancies. *(Revised from 2014 objective 6-1.32)*	Family Planning Council of Iowa; Iowa Department of Public Health

Vision and Hearing		Lead Organizations
6-1.33	Promote and provide vision screening or assessments to children under 18 years old.	Iowa Optometric Association; Prevent Blindness Iowa; and Iowa KidSight
6-1.34	Reduce visual impairments and preventable blindness in school-aged and preschool children by 5%.	Iowa Academy of Ophthalmology; Prevent Blindness Iowa; Iowa Optometric Association
6-1.35	Raise awareness of strategies to reduce visual impairments and preventable blindness in adults by 5%. *(Revised from original 6-1.35)*	Iowa Academy of Ophthalmology; Prevent Blindness Iowa
6-1.36	Increase by 25% the number of infants who are screened for hearing loss a) no later than one month of age; b) diagnosed no later than 3 months of age; and c) enrolled in early intervention services no later than 6 months of age.	Early Hearing Detection Advisory Committee

Other Plans Relating to Healthy Living:

Iowa Cancer Plan

Iowa State Plan on Aging 2014-2015

Iowa Economic Development Authority Strategic Plan

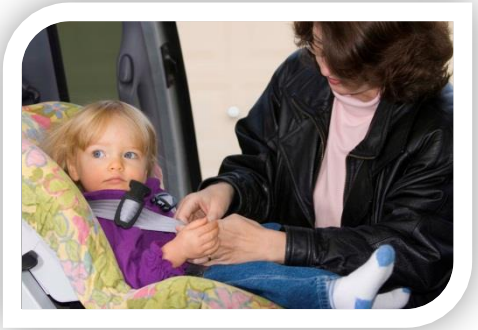
Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Iowa's Maternal, Child Health and Family Planning Business Plan

Outdoor Recreation in Iowa: A Statewide Comprehensive Outdoor Recreation Plan

Injury and Violence

What Critical Needs Are Included



Falls
Interpersonal Violence
Motor Vehicle Injuries and Death
Occupational Health and Safety
Poisoning

Measures of Progress

7-1 A decrease in the hospitalization rate related to falls for those who are ages 65 and over.
Target: 1,013/100,000 population.
Baseline: 1,125/100,000 population (Average annual rate, 2006-2010).
Most Recent Data: 1,738 /100,000 population (Average annual rate 2009-2013)
Data Source: Falls in Iowa by County, p. 2

7-2 A reduction in deaths from work-related injuries.
Target: 5.4/100,000 FTE workers.
Baseline: 6.0/100,000 FTE workers (Annual Crude Fatality Rate, 2008).
Most Recent Data: 4.7/100,000 FTE workers (2013).
Data Source: U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

7-3 An increase in seatbelt use to reduce injuries and deaths from motor vehicle crashes.
Target: 96%.
Baseline: 93% (2011).
Most Recent Data: 93% (2014).
Data Source: Iowa Department of Public Safety, Governor's Traffic Safety Bureau, Iowa Seat Belt Use Survey, p. 7.

7-4 A 5% reduction in the rate of all intentional and unintentional fatal injuries.
Target: 49.5/100,000 population (age-adjusted rate).
Baseline: 52/100,000 population (age-adjusted rate, 2010).
Most Recent Data: 57/100,000 population (age-adjusted rate, 2013).
Data Source: National Center for Injury Prevention and Control, CDC. WISQARS Online Database.

7-5 A 5% reduction in the percent of Iowa high school student youth who report forced sexual experience.
Target: 6%.
Baseline: 6.3% (2007).
Most Recent Data: 6.9% (2011).
Data Source: CDC Youth Risk Behavior Surveillance System.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Falls		Lead Organizations
7-1.1	Decrease by 10% the death rate related to falls for those aged 55 and over.	Advisory Council on Brain Injuries
7-1.2	Promote the use of evidence-based fall promotion strategies to community health professionals and monitor data on fall injuries and death. *(Revised from original 7-1.2)*	Iowa Falls Prevention Coalition
Interpersonal Violence		**Lead Organizations**
7-1.3	Promote research on effective interventions to prevent interpersonal violence.	U of Iowa College of Public Health
7-1.4	Increase the number of funded programs using prevention strategies to reduce sexual violence related to the community and policy changes. *(Revised from 2014 objective 7-1.4)*	Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group
7-1.5	Reduce the percent of Iowa youth who report being bullied in the past 30 days to 45%.	Iowa Department of Education

7-1.6	Advance policy and organizational change to reduce the consequences of interpersonal violence as measured by the number of state and local policy change proposals and issue briefs developed and the number of organizational change strategies adopted. *(Revised from original 7-1.6)*	Iowa Department of Public Health
Motor Vehicle Injuries and Death		**Lead Organizations**
7-1.7	Decrease the number of motor vehicle crashes causing injury and death.	Iowa Department of Public Safety
7-1.8	Increase public awareness of high-risk driving behavior and the consequences of those choices.	Iowa Department of Transportation
7-1.9	Improve the statewide ATV-related crash and injury surveillance system for recreational and work-related crashes, injuries, and fatalities to meet the Centers for Disease Control and Prevention minimum surveillance system guidelines for injury prevention and occupational safety.	U of Iowa Department of Emergency Medicine; Iowa Department of Public Health
7-1.10	Reduce alcohol-related fatalities through continued, strong enforcement and legislative initiatives that may include passage of stronger interlock[22] system usage.	Iowa Department of Public Safety
7-1.11	Provide endpoint data[23] on annual deaths resulting from motor vehicle crashes.	Office of the State Medical Examiner (Iowa Department of Public Health)
7-1.12	Maintain involvement in multiple statewide task forces established to address specific injury and violence prevention areas. *(Revised from 2014 objective 7-1.12)*	U of Iowa College of Public Health

[22] An interlock device measures the driver's blood alcohol content and disables the vehicle's ignition if the driver's breath contains alcohol.
[23] Data details about the causes and manners of fatal motor vehicle collisions.

Occupational Health and Safety		Lead Organizations
7-1.13	Reduce the proportion of adults tested who have elevated blood lead levels from work or other exposures by 5%. *(Revised from 2014 objective 7-1.13)*	Iowa Department of Public Health
7-1.14	Develop a comprehensive injury surveillance system targeting the agricultural industry.	Iowa Department of Public Health; U of Iowa College of Public Health
7-1.15	Pursue inclusion of behavioral health conditions that have been diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders' Criteria as part of a comprehensive injury surveillance system targeting the agricultural industry.	Iowa Department of Public Health
7-1.16	Decrease by 25% overall fatal and nonfatal injuries in the farm population.	Center for Agricultural Safety and Health; Iowa Department of Public Health
7-1.17	Decrease by 50% occupational-related fatal injuries in farm youth.	Center for Agricultural Safety and Health; Iowa Department of Public Health
7-1.18	Increase awareness about farm safety and health among children and youth through presentations and media contacts.	Farm Safety For Just Kids
7-1.19	Reduce deaths from work-related injuries in Iowa by 10%.	Iowa Department of Public Health
7-1.20	Increase prevention of injuries, illnesses, and fatalities including behavioral health compromises among the agricultural and rural population.	Center for Rural Health and Primary Care Advisory Committee

Poisoning		Lead Organizations
7-1.21	Increase the infrastructure for poisoning surveillance in Iowa.	U of Iowa College of Public Health
7-1.22	Develop a data system that adequately identifies the causes for the annual increase in unintentional poisoning deaths.	Iowa Statewide Poison Control Center

Other Plans Relating to Injury and Violence:

2013-2017 Iowa State Plan for Brain Injuries

Iowa Comprehensive Highway Safety Plan

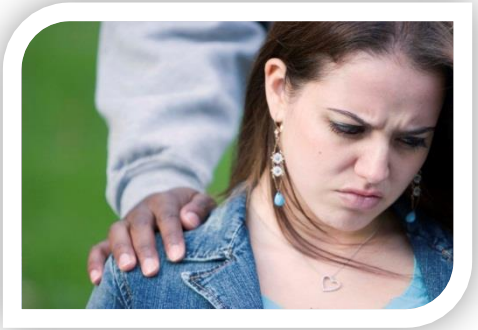
Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Iowa Plan for Sexual Violence Prevention 2009-2017

Section V of the Iowa Rural and Agricultural Safety Resource Plan

Mental Health and Mental Disorders

What Critical Needs Are Included



Co-occurring Disorders
Mental and Emotional Well-being
Mental Illnesses
Suicide

Measures of Progress

8-1 A reduction in the percent of 11th graders who seriously consider attempting suicide.
Target: 13%.
Baseline: 14% (2010).
Most Recent Data: 16% (2014).
Data Source: Iowa Youth Survey, State of Iowa Report, p. 39.

8-2 An increase in the proportion of children screened for being at risk for developmental, behavioral, and social delays using a parent-reported, standardized screening tool.
Target: 23%.
Baseline: 19% (2007).
Most Recent Data: 34% (2011-2012).
Data Source: Indicator 4.16, National Survey on Children's Health.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Co-occurring Disorders		Lead Organizations
8-1.1	Align the Iowa Department of Public Health's addictions service system transition with the Iowa Department of Human Services' Mental Health and Disability Services System Redesign.[24]	Iowa Department of Public Health and Iowa Department of Human Services

Mental and Emotional Well-being		Lead Organizations
8-1.2	Develop an infrastructure that includes the following: a) establishment of a state professional association; b) a public awareness campaign; and c) implementation of evidence-based programs and practices to improve the social, emotional, and behavioral health of young children and their families in Iowa.	Early Childhood Iowa; Project Launch; 1st Five Healthy Mental Development Initiative
8-1.3	Use lessons learned from the 1st Five Healthy Mental Development Initiative to make recommendations to Early Childhood Iowa, Project Launch, and the Medical Home/Prevention and Chronic Care Management Advisory Council, for supporting a statewide partnership system of care between medical providers and community-based agencies around mental and behavioral services for children ages birth to 5. *(Revised from original 8-1.3)*	Iowa Department of Public Health; Iowa Department of Human Services; Child Health Specialty Clinics; Early Childhood Iowa

Mental Illnesses		Lead Organizations
8-1.4	Increase access to services and supports for individuals experiencing a mental health crisis. *(Revised from 2014 objective 8-1.4)*	Iowa Department of Human Services

[24] In 2011, the Iowa State Legislature passed legislation requiring a regional administrative system to deliver a set of services to replace the current DHS mental health and disabilities service system by the summer of 2013.

8-1.5	Reduce jail bed usage by those who suffer from mental illness by 25%.	Iowa Department of Corrections
8-1.6	Decrease by 30% the number of problem gamblers committing illegal acts to finance their gambling during the past 30 days of admission to discharge. *(Revised from original 8-1.6)*	Iowa Department of Public Health

Suicide		**Lead Organizations**
8-1.7	Reduce the number of suicides in the Iowa Army National Guard from the 4-year total number of 9 suicides by implementing a comprehensive resilience, risk reduction, and suicide prevention plan.	Iowa Army National Guard

Other Plans Relating to Mental Health and Mental Disorders:

Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Iowa Strategic Plan: Strategic Prevention Framework State Incentive Grant

Preparedness and Response

What Critical Needs Are Included

Human Resource Capacity
Planning
Technical and Communication Capacity

Measures of Progress

9-1 An increase in the number of public health emergency volunteers.
Target: 1,515 volunteers.
Baseline: 1,210 volunteers (2011).
Most Recent Data: 1,840 volunteers (2015).
Data Source: Iowa Statewide Emergency Registry of Volunteers.

9-2 At least one general shelter that is fully accessible to persons with disabilities in 25% of the counties.
Target: 25 counties.
Baseline: 0 (2011).
Most Recent Data: 17 (2014).
Data Source: Iowa Department of Public Health Disability and Health Program Assessment Data (unpublished).

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Human Resource Capacity		Lead Organizations
9-1.1	Increase by 25% membership (from 40 to 50 members) in the Iowa Mortuary Operations Response Team for sustaining mass fatality operations.	Office of the State Medical Examiner (Iowa Department of Public Health)

9-1.2	Increase by 25% the number of volunteers registered on the Iowa Statewide Emergency Registry for Volunteers for supporting a response to a public health emergency.	Iowa Department of Public Health
Planning		**Lead Organizations**
9-1.3	By 2014, assist county preparedness committees in identifying the tools, individuals, and resources needed to assess and develop a plan to make at least one general shelter in 25 counties fully accessible to persons with disabilities.	Center for Disabilities and Development, U of Iowa Hospitals and Clinics; Iowa Department of Public Health.
9-1.4	Provide evidence that all 99 county public health agencies have joined or formed health care coalitions with appropriate local partners to provide a comprehensive, sustained response to public health emergencies. *(Revised from original 9-1.5)*	Iowa Department of Public Health
Technical and Communication Capacity		**Lead Organizations**
9-1.5	Demonstrate the ability of county public health agencies to rapidly communicate public health emergency notifications to the public, stakeholders, and emergency responders.	Iowa Department of Public Health

Other Plans Relating to Preparedness and Response:

Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Iowa Strategy for Homeland Security and Emergency Management 2009-2014

Appendix A. Thirty-nine Critical Health Needs

Access to Quality Health Services and Support
- Affordability
- Insurance
- Availability and Quality of the Health Care Workforce
- Health Care Quality
- Transportation

Acute Disease
- Immunization and Infectious Disease
- Outbreak Management and Surge Capacity

Addictive Behaviors
- Alcohol and Binge Drinking
- Drugs
- Tobacco

Chronic Disease
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Infectious Diseases: HIV and Viral Hepatitis
- Diabetes
- Heart Disease and Stroke
- Neurological Disorders
- Respiratory Conditions

Environmental Health
- Air Quality
- Healthy Homes
- Lead Poisoning and Screening
- Water Quality

Healthy Living
- Healthy Growth and Development
- Nutrition and Food
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Vision and Hearing

Injury and Violence
- Falls
- Interpersonal Violence
- Motor Vehicle Injuries and Death
- Occupational Health and Safety
- Poisoning

Mental Health and Mental Disorders
- Co-occurring Disorders
- Mental and Emotional Well-being
- Mental Illnesses
- Suicide

Preparedness and Response
- Human Resource Capacity
- Planning
- Technical and Communication Capacity

Appendix B. Methodology for Identifying Iowa's 39 Critical Health Needs

Healthy Iowans is Iowa's statewide health assessment and health improvement planning process. Every five years the Iowa Department of Public Health convenes stakeholders, health partners, and the residents of Iowa to assess the status of the state's health and develop strategies to improve health for all Iowans.

The assessment portion of Healthy Iowans used a different approach from prior years. Rather than using the national objectives in *Healthy People 2020* as a framework, this version of Healthy Iowans is based primarily on local planning efforts. *Healthy People 2020* was a consideration in the process, but the goal was to produce a plan that represented Iowa's unique needs and used a community-up approach. The process for identifying Iowa's 39 critical needs and organizing them into a manageable framework involved a comprehensive analysis of stakeholder input at the local and state level, data resources, and feedback from Iowans. More than 20,000 Iowans participated in this installment of Healthy Iowans. Figure 1 summarizes the methodology used in identifying the 39 critical health needs facing Iowa.

CHNA & HIP

In February 2011, Iowa's 99 local boards of health submitted a Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) for their counties. More than 18,000 Iowans were involved as every county took stock of its most critical needs, prioritized those needs, and developed a plan to improve their community's health. The assessments were analyzed and the information was compiled in a report, *Understanding Community Health Needs in Iowa*, which became the building block for Healthy Iowans.

Taken together, 1,240 needs were identified in the process. Many were duplicative from county to county; for example, obesity was identified by 75 counties. The needs were ranked by the number of counties that identified the need in their individual assessments.

As part of the process, the county needs were organized by the Iowa Department of Public Health (IDPH) focus areas. The focus areas are:

- Promote Healthy Behaviors;
- Strengthen the Public Health Infrastructure;
- Protect against Environmental Hazards;
- Prevent Epidemics and the Spread of Disease;
- Prepare for, Respond to, and Recover from Public Health Emergencies; and
- Prevent Injuries.

If a need was identified by at least 20 counties in the 2011 CHNA & HIP process, the need was defined as a critical health need and became a part of Healthy Iowans. If fewer than 20 counties identified the need, additional criteria were required to define it as a critical health need. Twenty-two needs were identified by at least 21 counties.

HEALTHY IOWANS RECOMMENDATIONS

In the process of assessing Iowa's most critical health needs, more than 70 different organizations including state agencies, health-related advisory committees, and the private sector contributed 130 evidenced-based health needs for consideration. These organizations have vast and diverse membership allowing for hundreds of additional Iowans to have a voice in identifying critical needs.

A meta-analysis of the recommendations resulted in a list of approximately 80 unique needs. Many of the most frequently identified needs in the recommendation process mirrored the critical needs of CHNA & HIP and were already included in the critical health need list. If the need was not a critical health need in CHNA & HIP, then it had to meet the additional criteria of being a disproportionate burden on Iowans to receive designation as a critical health need.

BURDEN ON IOWANS

The next consideration in the assessment was whether the health need had a disproportionate impact on Iowans. For the needs that didn't meet the CHNA & HIP threshold but were identified in the recommendation process, the burden on Iowans determined whether it received designation as a critical health need. Burden on Iowans was defined as Iowa ranking in the bottom 20 of all states for the associated indicator. For example, vision, not a critical need in CHNA & HIP but identified in the recommendations, was designated a critical health need due to the burden on Iowans. Data demonstrated that Iowa ranked in the bottom 20 states for estimated prevalence of vision impairment and blindness in persons aged 40 and older.

If the need wasn't a burden on Iowans, then it had to demonstrate that there was a health disparity to receive consideration as a critical health need.

HEALTH DISPARITY[25]

When a need didn't meet the preceding criteria, disparity between different groups was considered in the assessment. Disparity refers to different groups of Iowans being affected by a health need because of their socioeconomic status, race/ethnicity, or designation as a special population. For example, respiratory diseases and air quality were identified in recommendations but were not critical needs in CHNA & HIP. Data didn't suggest that Iowa was disproportionately burdened by these health needs (i.e., Iowa didn't rank in the bottom 20 of states in measures related to these issues). However, air quality demonstrated spatial health disparity; eastern Iowa has poorer air quality according to the Environmental Protection Agency. Respiratory diseases demonstrated socioeconomic disparity with lower income Iowans

[25] Health disparities and health inequities are terms often used interchangeably because they relate to such differences as lack of education, income and access to health care. Health inequities more precisely connote unfair and avoidable or remedial differences among groups.

reporting respiratory conditions more frequently than higher income brackets. Due to these additional factors, both air quality and respiratory conditions received designation as critical health needs.

GAP ANALYSIS

Gap analysis augmented the assessment by providing a means of projecting the future burden on Iowans or considering other evidence in the critical need, health determination process. Only one critical health need received designation because of the gap analysis; arthritis was not identified by many Iowa counties and wasn't a recommendation. Iowa didn't exhibit a disproportionate burden; however, there was health disparity. Arthritis prevalence, as estimated by reporting in the Behavioral Risk Factor Surveillance System (BRFSS), demonstrated that lower income groups reported the chronic disease at higher rates than higher income groups. The gap analysis suggested that arthritis would be an increasing health need in Iowa due to Iowa's aging population. The gap analysis combined with health disparity resulted in arthritis making the critical needs list.

TOPIC AREAS

After identifying the 39 most critical health needs in Iowa, the process transitioned to defining the topic areas. The topic areas differed from the IDPH focus areas, *Healthy People 2020* topic areas, and the CHNA & HIP focus areas; however, the nine final topic areas were defined using all three frameworks to some degree. Needs were grouped together using logical linkages. These groups of needs helped define appropriate topic areas.

OVERARCHING THEMES

During the assessment process, particularly as needs and topic areas were defined, overarching themes were identified that crossed over many topic areas. These overarching themes serve as a lens through which to view the critical health needs and their associated topic areas.

The three overarching themes that emerged were social and built environments, special populations, and life cycle considerations. Social and built environments include socioeconomic considerations and all aspects of a community in which an individual lives. Special populations refer to the consideration of differing health needs for minorities, people living with disabilities, or any condition or demographic status that can lead to health disparity. The life cycle considers how the factors that influence health differ throughout one's life.

Figure 1. Summary of Methodology for Identifying Iowa's Critical Health Needs