



# Iowa's Injury and Violence Prevention State Strategic Plan 2021-2024

# Acknowledgements

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## Report Contact Information:

Maggie Ferguson, Brain Injury and Disability Program Manager  
brain.injury@idph.iowa.gov  
515-281-8465

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- Advisory Council on Brain Injuries
- Brain Injury Alliance of Iowa
- Governor's Traffic Safety Bureau – IA Dept. of Public Safety
- Great Plains Center for Agricultural Safety & Health
- Iowa ACEs 360
- Iowa Association of Areas Agencies on Aging
- Iowa Chapter of Children's Advocacy Centers
- Iowa Coalition Against Domestic Violence
- Iowa Coalition Against Sexual Assault
- Iowa Coalition for Collective Change
- Iowa Department on Aging
- Iowa Department of Education
- Iowa Department of Human Rights
- Iowa Department of Human Services
- Iowa Department of Public Health
  - Bureau of Emergency & Trauma Services
  - Maternal, Infant and Early Childhood Home Visitation
  - Occupational Health & Safety Surveillance
  - Office of Disability, Injury & Violence Prevention
  - Office of the State Medical Examiner
  - Title V – Infant/Early Childhood
  - Substance Abuse
  - Suicide Prevention
- Iowa Department of Transportation
- Iowa Falls Prevention Coalition
- Iowa Girls High School Athletic Union
- Iowa High School Athletic Association
- Iowa/Illinois Safety Council
- Iowa Injury Free Coalition for Kids
- Iowa Poison Control Center
- Iowa Public Health Association
- Iowa State Council of the Emergency Nurses Association
- Iowa State University – Survey and Behavioral Research Services
- One Iowa
- Prevent Child Abuse Iowa
- Safe Kids Greater Des Moines
- Safe States Alliance
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  - Injury Prevention Research Center
  - Stead Family Children's Hospital
- University of Northern Iowa – Center for Violence Prevention

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# *Letter from State Health Director*

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With pride, I introduce our state's first ever, comprehensive strategic plan for injuries and violence: *Iowa's Injury and Violence Prevention State Strategic Plan 2021 – 2024*.

This document reflects the result of more than 30 public and private organizations across the state working together to identify strategic priorities to prevent injuries and violence in Iowa. Members of the Iowa Injury & Violence Prevention (IVP) Advisory Committee collaborate to share research, best evidence and strategies to help us reduce deaths and hospitalizations in the state. Their vision is to create safe, supportive and equitable communities in Iowa. This plan reflects their commitment to helping us achieve that.

While injuries are the leading cause of death among Iowans ages 1 to 44 years old, injury or violence contributes to the top leading causes of death in every age group. Over a quarter million of annual emergency department visits result from injury or violence. The leading causes of injury-related-deaths are falls, motor vehicle crashes, and unintentional poisonings. Loss of life or disabilities resulting from injuries and violence are tragedies that affect many Iowans. This public health issue is one of the six focus areas that guide the work of the Iowa Department of Public Health (IDPH).

We'd like to express our gratitude for support from the Safe States Alliance to help Iowa build its capacity in this area and to recognize the Iowa Injury & Violence Prevention Advisory Committee's leadership to use evidence-based practice and data to identify, develop, implement, monitor and evaluate our progress.

We encourage you to use this plan as a roadmap for further collaboration to strengthen the state's capacity to implement effective interventions.

Thank you for joining us in this important work!



Kelly Garcia

Director

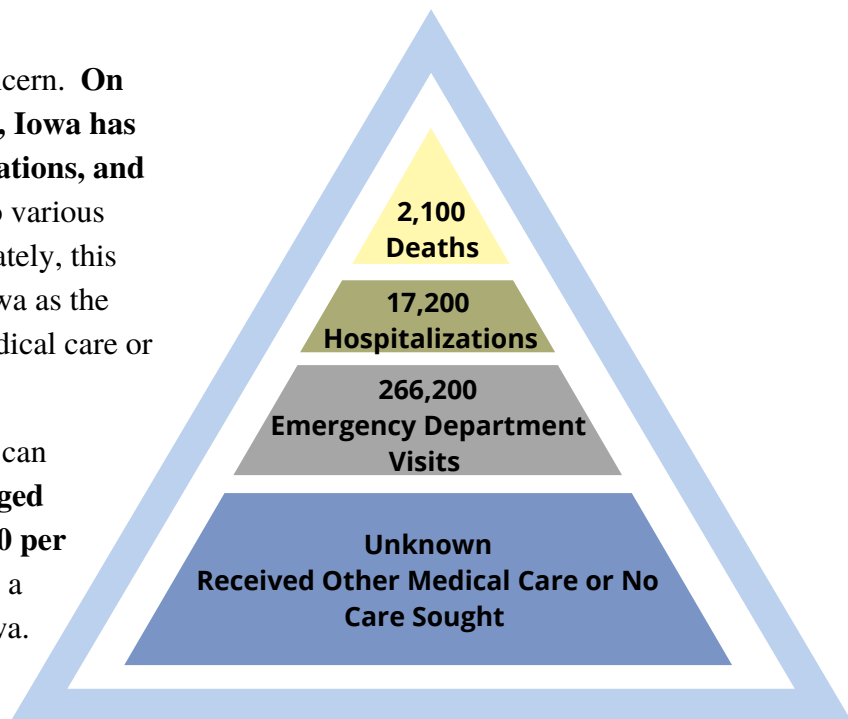
Iowa Department of Public Health

# Impact of Injury

## Overview

In Iowa, injuries are a major public health concern. **On average, annually in the years 2016 to 2019, Iowa has experienced 2,100 deaths, 17,200 hospitalizations, and 266,200 emergency department visits** due to various mechanisms of injury and violence. Unfortunately, this underestimates the true impact of injury in Iowa as the number of individuals who received other medical care or no care at all remains unknown.

Additionally, the economic impact of injuries can be substantial. **On average, Iowans are charged up to \$43,200 per hospitalization and \$2,600 per emergency department visit.** This highlights a need for injury and violence prevention in Iowa.



Average Annual Injury-Related Deaths, Hospitalizations, and Emergency Department Visits, 2016-2019 (IDPH, 2016-2019)

## Leading Causes

The table below ranks the five leading causes of all deaths in Iowa from 2016 to 2019. It is important to note that **unintentional injury is the leading cause of death for Iowans ages 1-44 years old.** Additionally, either an unintentional or violence-related injury is found among the leading causes of death for almost every age group.

Five Leading Causes of All Deaths, 2016-2019

| Rank | Age Groups                     |                            |                             |                             |                             |                             |                             |                              |  |  |  |
|------|--------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|--|--|--|
|      | <1                             | 1-4                        | 5-9                         | 10-14                       | 15-24                       | 25-34                       | 35-44                       | 45-54                        | 55-64                                  | 65+                                      | All Ages                                 |
| 1    | Congenital Anomalies<br>209    | Unintentional Injury<br>41 | Unintentional Injury<br>34  | Unintentional Injury<br>60  | Unintentional Injury<br>428 | Unintentional Injury<br>570 | Unintentional Injury<br>555 | Malignant Neoplasms<br>1,386 | Malignant Neoplasms<br>4,584           | Heart Disease<br>24,034                  | Heart Disease<br>28,807                  |
| 2    | Short Gestation<br>102         | Malignant Neoplasms<br>15  | Malignant Neoplasms<br>16   | Suicide<br>23               | Suicide<br>277              | Suicide<br>358              | Malignant Neoplasms<br>390  | Heart Disease<br>1,173       | Heart Disease<br>3,130                 | Malignant Neoplasms<br>19,051            | Malignant Neoplasms<br>---               |
| 3    | SIDS<br>83                     | Congenital Anomalies<br>13 | Congenital Anomalies<br>--- | Malignant Neoplasms<br>11   | Homicide<br>84              | Malignant Neoplasms<br>137  | Heart Disease<br>318        | Unintentional Injury<br>687  | Chronic Low Respiratory Disease<br>833 | Chronic Low Respiratory Disease<br>6,640 | Chronic Low Respiratory Disease<br>7,686 |
| 4    | Unintentional Injury<br>41     | Heart Disease<br>---       | Homicide<br>---             | Congenital Anomalies<br>--- | Malignant Neoplasms<br>51   | Heart Disease<br>87         | Suicide<br>316              | Suicide<br>347               | Unintentional Injury<br>780            | Alzheimer's Disease<br>5,750             | Unintentional Injury<br>6,162            |
| 5    | Maternal Pregnancy Comp.<br>40 | Homicide<br>---            | Heart Disease<br>---        | Homicide<br>---             | Heart Disease<br>35         | Homicide<br>75              | Liver Disease<br>118        | Liver Disease<br>275         | Diabetes Mellitus<br>552               | Cerebrovascular<br>5,036                 | Alzheimer's Disease<br>5,795             |

(CDC's WISQARS, 2019)

The two tables below rank the five leading causes of unintentional and violence-related injury deaths in Iowa in 2019. For unintentional injury, motor vehicle crashes, poisoning, and falls are frequently seen as leading causes for almost all age groups. **Falls make up the highest number of unintentional deaths in all age groups** with 519 deaths in Iowa in 2019.

### Five Leading Causes of Unintentional Injury Deaths, 2019

| Rank | Age Groups                      |  |   |                                  |                                |  |  |                                  |                                 |                                 |                                 |
|------|---------------------------------|--|---|----------------------------------|--------------------------------|--|--|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
|      | <1                              | 1-4                                      | 5-9                                       | 10-14                            | 15-24                          | 25-34                                  | 35-44  | 45-54                            | 55-64                           | 65+                             | All Ages                        |
| 1    | Unintentional Suffocation<br>11 | Unintentional MV Traffic<br>---          | Unintentional MV Traffic<br>---           | Unintentional MV Traffic<br>---  | Unintentional MV Traffic<br>52 | Unintentional Poisoning<br>68          | Unintentional Poisoning<br>72                  | Unintentional Poisoning<br>72    | Unintentional MV Traffic<br>68  | Unintentional Fall<br>457       | Unintentional Fall<br>519       |
| 2    | Unintentional Drowning<br>---   | Unintentional Suffocation<br>---         | Unintentional Fire/Burn<br>---            | Unintentional Drowning<br>---    | Unintentional Poisoning<br>17  | Unintentional MV Traffic<br>50         | Unintentional MV Traffic<br>44                 | Unintentional MV Traffic<br>43   | Unintentional Poisoning<br>66   | Unintentional MV Traffic<br>83  | Unintentional MV Traffic<br>351 |
| 3    | Unintentional Poisoning<br>---  | Unintentional Natural/Environment<br>--- | Unintentional Drowning<br>---             | Unintentional Suffocation<br>--- | Unintentional Drowning<br>---  | Unintentional Pedestrian, Other<br>--- | Unintentional Other Spec., classifiable<br>--- | Unintentional Fall<br>10         | Unintentional Fall<br>44        | Unintentional Unspecified<br>66 | Unintentional Poisoning<br>320  |
| 4    | ---                             | Unintentional Poisoning<br>---           | Unintentional Struck by or Against<br>--- | Four Tied<br>---                 | Unintentional Fire/Burn<br>--- | Unintentional Fall<br>---              | Unintentional Drowning<br>---                  | Unintentional Suffocation<br>--- | Unintentional Suffocation<br>11 | Unintentional Suffocation<br>51 | Unintentional Suffocation<br>93 |
| 5    | ---                             | ---                                      | Unintentional Suffocation<br>---          | Four Tied<br>---                 | Eight Tied<br>---              | Unintentional Suffocation<br>---       | Unintentional Fire/Burn<br>---                 | Three Tied<br>---                | Two Tied<br>---                 | Unintentional Poisoning<br>23   | Unintentional Unspecified<br>71 |

(CDC's WISQARS, 2019)

For violence-related injury, homicide by firearm and suicide by suffocation, firearm, and poisoning are frequently seen as leading causes for almost all age groups. **Suicide by firearm makes up the highest number of violence-related deaths in all age groups** with 233 deaths in Iowa in 2019.

### Five Leading Causes of Violence-Related Injury Deaths, 2019

| Rank | Age Groups                  |   |                         |                            |                           |                           |                             |                           |                             |                            |                            |
|------|-----------------------------|---|-------------------------|----------------------------|---------------------------|---------------------------|-----------------------------|---------------------------|-----------------------------|----------------------------|----------------------------|
|      | <1                          | 1-4                                       | 5-9                     | 10-14                      | 15-24                     | 25-34                     | 35-44                       | 45-54                     | 55-64                       | 65+                        | All Ages                   |
| 1    | Homicide Unspecified<br>--- | Homicide Other Spec., classifiable<br>--- | Homicide Firearm<br>--- | Suicide Suffocation<br>--- | Suicide Firearm<br>38     | Suicide Suffocation<br>52 | Suicide Suffocation<br>43   | Suicide Firearm<br>33     | Suicide Firearm<br>43       | Suicide Firearm<br>57      | Suicide Firearm<br>233     |
| 2    | ---                         | ---                                       | ---                     | Homicide Firearm<br>---    | Suicide Suffocation<br>30 | Suicide Firearm<br>34     | Suicide Firearm<br>27       | Suicide Suffocation<br>22 | Suicide Suffocation<br>24   | Suicide Poisoning<br>14    | Suicide Suffocation<br>182 |
| 3    | ---                         | ---                                       | ---                     | Suicide Firearm<br>---     | Homicide Firearm<br>15    | Homicide Firearm<br>14    | Suicide Poisoning<br>12     | Suicide Poisoning<br>18   | Suicide Poisoning<br>19     | Suicide Suffocation<br>--- | Suicide Poisoning<br>79    |
| 4    | ---                         | ---                                       | ---                     | ---                        | Suicide Poisoning<br>---  | Suicide Poisoning<br>13   | Homicide Firearm<br>10      | Homicide Firearm<br>---   | Homicide Unspecified<br>--- | Homicide Fire/Burn<br>---  | Homicide Firearm<br>49     |
| 5    | ---                         | ---                                       | ---                     | ---                        | Suicide Fire/Burn<br>---  | Two Tied<br>---           | Homicide Unspecified<br>--- | Three Tied<br>---         | Seven Tied<br>---           | Two Tied<br>---            | Homicide Unspecified<br>14 |

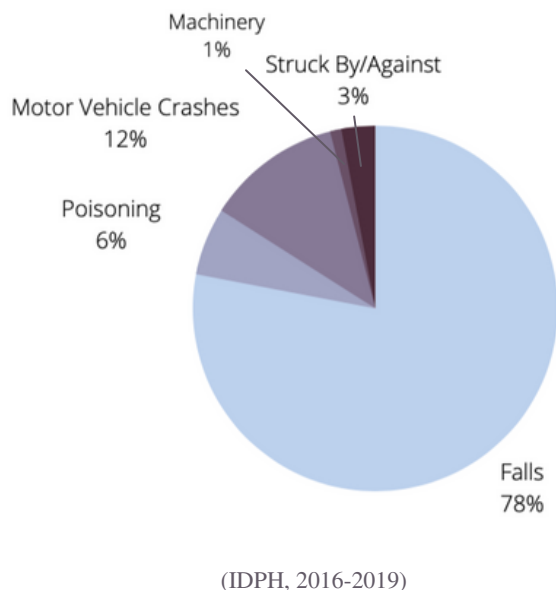
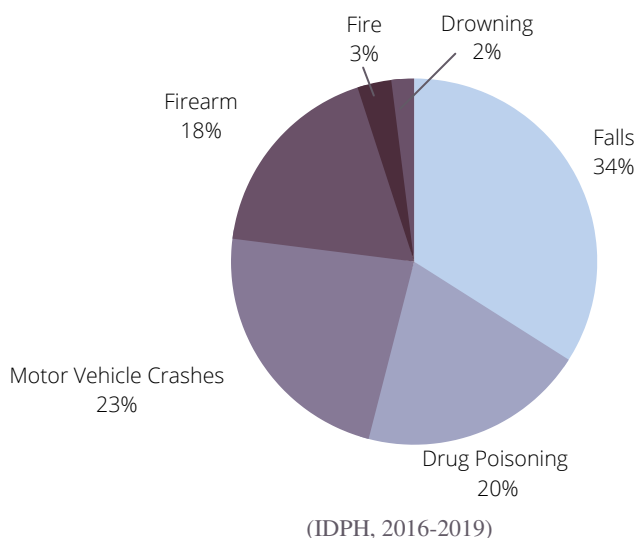
(CDC's WISQARS, 2019)

Despite the statistics presented, it is important to remember that **injuries and violence are preventable**. The Iowa Department of Public Health (IDPH), the University of Iowa Injury Prevention Research Center (UI - IPRC), and stakeholders across the state have collaborated to create an Injury and Violence Prevention (IVP) Strategic Plan. It is through this plan that a healthier, safer, and injury-free Iowa can be created.

# Mechanisms of Injury

## Deaths

The pie chart (right) shows the percentage of injury-related deaths by selected mechanism in Iowa from 2016 to 2019. **The majority of deaths were due to falls (34%)**, followed by motor vehicle crashes (23%), drug poisoning (20%), and firearm (18%). Fire and drowning contribute to a smaller percentage of deaths, 3% and 2% respectively.

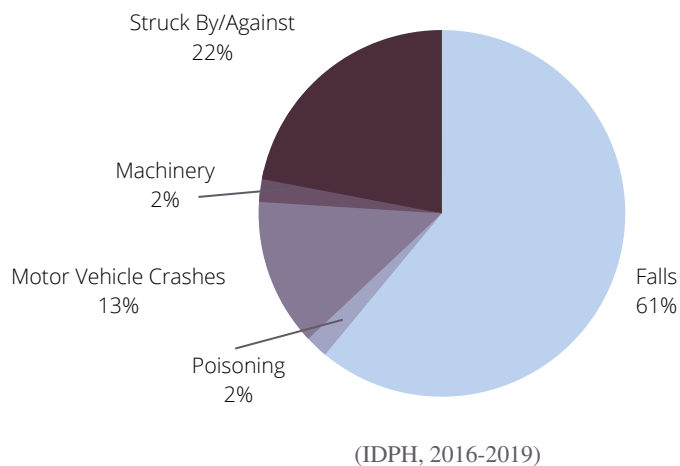


## Hospitalizations

The pie chart (left) shows the percentage of injury-related hospitalizations by selected mechanism in Iowa from 2016 to 2019. **As seen above, falls also make up the majority of injury-related hospitalizations (78%)**. The other mechanisms of injury make up smaller percentages of hospitalizations with 12% from motor vehicle crashes, 6% from poisoning, 3% from being unintentionally struck by or against an object or another person, and 1% from machinery.

## Emergency Department Visits

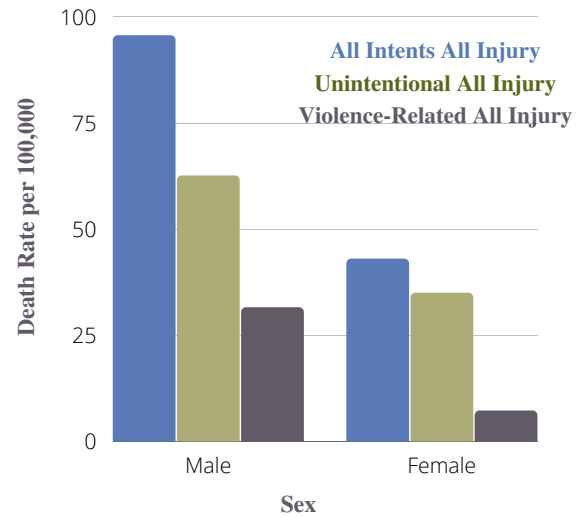
The pie chart (right) shows the percentage of injury-related emergency department visits by selected mechanism in Iowa from 2016 to 2019. Again, as seen above, **the majority of emergency department visits are due to falls (61%)**. Visits resulting from being unintentionally struck by or against an object or another person contribute to 22% of these emergency department visits followed by motor vehicle crashes (13%), poisoning (2%), and machinery (2%).



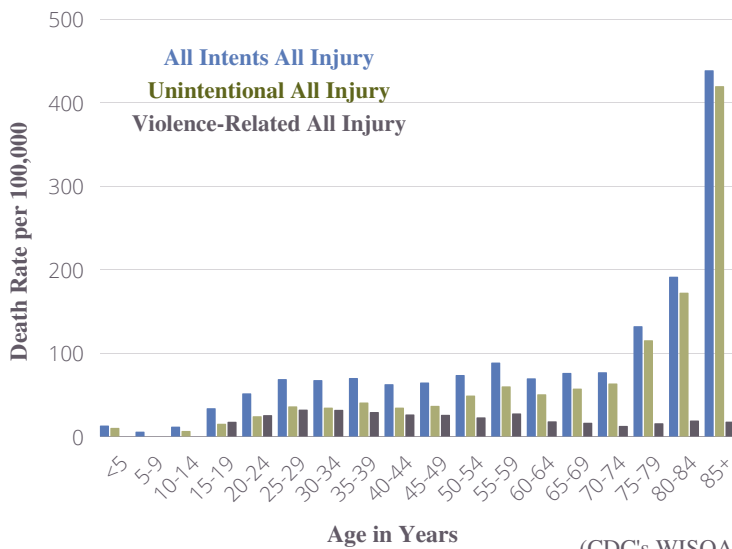
# Injury-Related Deaths by Demographics

## Sex

The graph (right) shows the rates of injury-related deaths by sex in Iowa in 2019. Overall, **males have higher death rates than females** in all three categories (All Intents All Injury, Unintentional All Injury, and Violence-Related All Injury). Unintentional injury death rates are higher than violence-related injury death rates for both males and females.



(CDC's WISQARS, 2019)



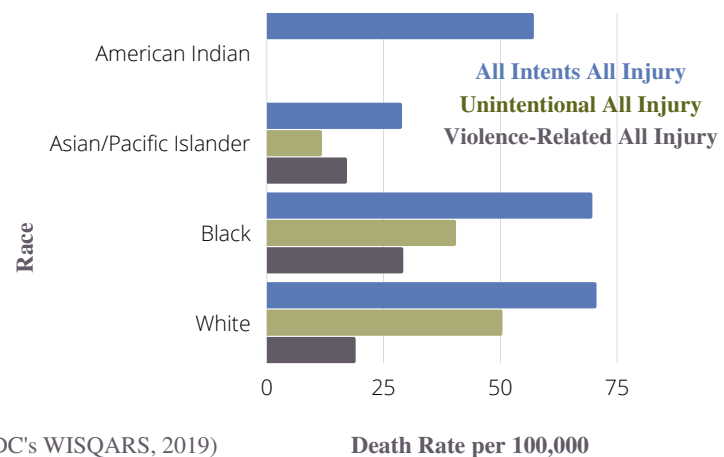
(CDC's WISQARS, 2019)

## Age

The graph (left) shows the rates of injury-related deaths by age in Iowa in 2019. **As age increases, deaths rates from injury also increase.** Unintentional death rates tend to be higher than violence-related death rates. Iowans who are 85 years old or older experience the highest rates of all intents and unintentional death.

## Race

The graph (right) shows the rates of injury-related deaths by race in Iowa in 2019. **Death rates are highest among Whites, but are closely followed by death rates among Blacks and American Indians.** A similar trend is seen for unintentional injury death rates. **However, violence-related death rates are highest among Blacks.**



(CDC's WISQARS, 2019)



# SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis was completed in March 2021 by the IVP Advisory Committee. Members participated through an electronic format to share their thoughts on the status of IVP in Iowa. The major themes from this discussion are summarized in the quadrants below.

## Strengths

- Strong IVP organizations in the state of Iowa
- History of active and engaged partnerships at the state and local level
- Services available across the lifespan
- Expertise in the areas of IVP at individual and organizational levels
- Use of data records and registries for decision making
- Use of best practices across the state
- Able to meet the needs of many despite diverse geographic areas

## Weaknesses

- Absence of funding to meet and maintain identified priorities
- Need continuous partnership expansion to address IVP in Iowa
- Complicated work due to rural nature of Iowa
- Limited workforce to address IVP
- Need improvements to data collection timelines and accuracy
- Need additional data on underrepresented communities
- Complexity of IVP system navigation
- Need to be more culturally responsive and inclusive, and address cultural norms/stigmas related to IVP
- Belief by some that injuries and violence are not preventable

## Opportunities

- Partner with community organizations through collaboration and resource alignment
- Utilize Covid-19 pandemic resources and support, especially virtual communication
- Expand cross-analysis and sharing of data across IVP fields
- Improve inclusiveness of underrepresented communities through data analysis, new partnerships, shared language, and information dissemination
- Engage in conversations about equity to identify and close gaps
- Connect state and local stakeholders to support community-based work

## Threats

- Lack of stable funding
- Lack of broadly recognized community-based interventions
- Divisions based in culture, politics, and geography
- Limited reach and participation due to social norms and stigma
- Limited workforce to address IVP
- Misplaced attentions due to competing priorities

# Priority Area Goals and Strategies

In spring 2021, IVP Advisory Committee members reviewed current injury data to identify seven priority areas for specific goals and strategies for this strategic plan. Additionally, the IVP Advisory committee chose to develop goals for expanding injury and violence prevention capacity in Iowa. This was based on recommendations made to IDPH from the Safe States Alliance following its review of IDPH's IVP Program and its capacity to meet national program standards for injury and violence prevention programs.

Between May and August 2021, subcommittees were established for each priority area and convened to review data, identify existing strategic plans from other organizations in Iowa around the priority areas, and develop goals and strategies. Each subcommittee met at least twice to complete its work by the end of August 2021. This work reflects the efforts of staff representing 32 organizations and state agencies. The proposed goals and strategies were reviewed and adopted by the IVP Advisory Committee in October 2021.

The following priority areas are included in this three-year plan:

- Injury and Violence Prevention Capacity
- Child Maltreatment
- Falls
- Homicide
- Intimate Partner Violence/Sexual Violence
- Motor Vehicle Crashes
- Suicide
- Traumatic Brain Injury

Each priority area includes a brief description, background information, and resources used to develop the goals and strategies. The strategies also designate the organization(s) responsible for implementation and a broad timeline for accomplishment. The IVP Advisory Committee will review progress on plan implementation annually.

# Priority Area: Injury & Violence Prevention Capacity

Iowa’s capacity to conduct effective injury & violence prevention initiatives is limited due to reliance on categorical funding streams, limited epidemiological staff and workforce capacity, isolated partnership engagement, and lack of data-driven planning. While unintentional injury is the fourth leading cause of death for all Iowans, and the leading cause of death for those ages one – 44, the state appropriates minimal funds to support IVP efforts. Of the almost \$3 million appropriated in SFY21, only 8% of the funds support prevention efforts, including only one full time equivalent (FTE) position. The public health response to IVP in Iowa relies on restricted federal grants to conduct its activities.

In an effort to strengthen Iowa’s response to this public health problem, IDPH requested a technical assistance visit from the Safe States Alliance in 2020 to assess its program and recommend improvements. The program was assessed against recommended competencies for the IVP profession. One of the areas covered the basic infrastructure required to conduct minimum programming. The goals in this section were developed by the Iowa IVP Advisory Committee members and staff, based on the results from the technical assistance visit and a review of the SWOT analysis. Strategic plans for injury and violence prevention developed by various organizations have only addressed specific injury issues and have not included public health capacity. Without a baseline for program capacity, there will be minimal impact on reducing these contributors to death and disability in Iowa.

There were three strategies identified to strengthen Iowa’s IVP capacity: Improve the use of Iowa’s data to inform IVP activities; strengthen communications with state and local communities regarding the challenges and solutions; and increase the capacity for IVP professionals and partners to collaborate for success.

| <b>Goal: Strengthen Iowa’s capacity to reduce injury and violence by increasing its use of data, communications and collaborative partnerships.</b>                                     |   |                              |
|---|---|------------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>                             | <b>Timeframe</b>             |
| Increase the use of data to inform Iowa’s Injury & Violence Prevention programming by routine analysis and dissemination of state and local injury data and evidence-informed practice. | IA Dept. of Public Health, IVP Advisory Committee | September 2021 – August 2024 |
| Develop a strategic communication plan to support state and local communities’ capacity to understand and influence IVP challenges and solutions.                                       | IA Dept. of Public Health, IVP Advisory Committee | September 2021 – August 2024 |
| Increase the capacity of Iowa’s IVP professionals and partners to collaborate for successful policy and practice strategies.  | IA Dept. of Public Health, IVP Advisory Committee | September 2021 – August 2024 |

# Priority Area: Child Maltreatment

Child maltreatment includes physical and sexual abuse, neglect, and exposure to dangerous substances. In Iowa, more than 10,500 children had confirmed or founded abuse cases by the Iowa Department of Human Services (DHS) in 2020. The majority of these (47%) were aged five or under. Children under the age of one have the highest rate of assault-related hospitalizations than any other age group (45.3 per 100,000). There are a number of risk factors associated with child maltreatment, including:

- Children who have young or single parents
- Poverty
- Children living with domestic violence, in households where rent cost is greater than 35% of family income, and in families with mental illness
- Children between birth and age five
- Children with disabilities
- Children living with parents who have four or more adverse childhood experiences

*Healthy Iowans 2017-2021* had goals to decrease the rate of children who experience maltreatment, reduce the number of Iowa children reporting risk factors associated with Adverse Childhood Experiences (ACEs) and assure that children and their caregivers affected by ACEs receive relevant services. Efforts to address this have involved increased collaboration among service providers to better integrate the various community services that exist to support parents.

The goals related to child maltreatment prevention are organized by levels of the social-ecological model. There are important concepts that should guide work done in this area. They include:

- Promote equity and focus on children most at risk (especially children with disabilities)
- Emphasize a two-generational approach (i.e., work with both the child and the caregivers)
- Use current research to better target public “messaging” about child abuse
- Reduce suicide and substance use, improve mental health, and assure the presence of one supportive adult in children’s lives are priority goals that will have strongest impact

The vision for this priority area is one of WHOLE community engagement with families – not just with services, but in their neighborhoods, with recreation and daily activities, etc.

# Priority Area: Child Maltreatment

| <b>Goal 1: Prevent the occurrence of first-time child abuse in Iowa.</b>                                  |  |                              |
|---|--|------------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>  | <b>Timeframe</b>             |
| Increase the presence of individual protective factors that reduce child maltreatment.                    | Prevent Child Abuse Iowa, Local Child Abuse Prevention Councils                                    | September 2021 – August 2024 |
| Improve linkages between child services providers and substance abuse prevention and treatment providers. | IA Dept. of Human Services, IA Dept. of Public Health, Local service providers                     | September 2021 – August 2023 |
| Increase access to assessments and support for children with disabilities.                                | Early Childhood Iowa, IA Dept. of Education, IA Dept. of Human Services, IA Dept. of Public Health | September 2021 – August 2024 |

| <b>Goal 2: Promote healthy communities that support a nurturing child environment in Iowa.</b> |   |                              |
|--|---|------------------------------|
| <b>Strategy</b>  | <b>Responsibility</b>   | <b>Timeframe</b>             |
| Improve coordination of community resources.   | Local service providers, Local child abuse prevention councils  | September 2021 – August 2024 |
| Increase support services for families in communities.   | IA Dept. of Human Services – Family Development and Self Sufficiency (FaDSS) & Mental Health, IA Dept. of Public Health, Prevent Child Abuse Iowa, Child and family advocates | September 2021 – August 2024 |
| Increase availability of safe, affordable, high quality and accessible childcare.              | Legislators, IA Dept. of Human Services, Child and family advocates   | January 2022 – May 2024      |

| <b>Goal 3: Strengthen collaboration between systems that work together to promote safe and healthy children in Iowa.</b> |  |                              |
|--|--|------------------------------|
| <b>Strategy</b>  | <b>Responsibility</b>  | <b>Timeframe</b>             |
| Increase community-level protective factors.   | Prevent Child Abuse Iowa, Iowa ACEs 360, IA Dept. of Public Health   | September 2021 – August 2024 |
| Adopt and support evidence-based practices in the field (e.g., Family First).  | Local child abuse prevention councils, Local service providers, Iowa ACEs 360  | September 2021 – August 2024 |
| Promote workforce development among children and family service providers.   | IA Dept. of Human Services, IA Dept. of Public Health, IA Workforce Development, Child Care Resource and Referral providers, Early Childhood Iowa, Prevent Child Abuse Iowa, Iowa ACEs 360 | September 2021 – August 2024 |

# Priority Area: Falls

Falls are the leading cause of injury in Iowa. The Iowa Falls Prevention Coalition has recommended statewide strategies and established associated workgroups to address falls prevention. Additionally, there are numerous evidence-based falls prevention strategies recommended by the National Council on Aging and the Centers for Disease Control and Prevention (CDC) for implementation with older adults. While much work has been done to address the high risk group of older adults, there is a need for increased falls prevention awareness and strategies among other high risk populations and to addressing falls as an occupational health problem.

| <b>Goal 1: Increase awareness and knowledge of fall risk and prevention measures.</b>   |                                 |  |
|---|---------------------------------|--|
| <b>Strategy</b>   | <b>Responsibility</b>           | <b>Timeframe</b>                       |
| Use data to drive population based falls prevention and management strategies recommendations.  | IVP Advisory Committee          | September 2021 - August 2022           |
| Develop awareness messaging and resources based on target populations (e.g. older adults, parents of young children, workers and human resource professionals). | Iowa Falls Prevention Coalition | By August 2022 and annually thereafter |

| <b>Goal 2: Increase use of best practices and timely referral for falls prevention.</b>  |                                 |                                |
|--|---------------------------------|--------------------------------|
| <b>Strategy</b>  | <b>Responsibility</b>           | <b>Timeframe</b>               |
| Promote resources to assure provider and patient/caregiver access to falls prevention and management education, programs, tools and resources. | Iowa Falls Prevention Coalition | September 2021 – December 2022 |
| Ensure identification of falls risks at all stages and settings.   | Iowa Falls Prevention Coalition | September 2021 – December 2022 |

# Priority Area: Homicide

Iowa's homicide rate is relatively low - 2.6 per 100,000 population. Males die by homicide at a higher rate than females (3.8/1.3), and males between the ages of 20 and 34 are at greatest risk. Females are at greater risk for homicide between the ages of 25 and 44. Based on data from the Iowa Violent Death Reporting System (IAVDRS), Iowa had 487 homicides from 2016-2020. Of those, 32 occurred as part of a legal intervention (i.e., law enforcement involvement). Almost three-fourths of homicides are committed with a firearm. There were specific circumstances that contributed to the homicides, though differing by sex:

- Males
  - 34% – Precipitated by other crime
  - 31% – Argument led to death
  - 17% – Drug involvement
  - 5% – Intimate partner violence (IPV)
- Females
  - 31% – Intimate partner violence (IPV)
  - 23% – Argument led to death
  - 16% – Precipitated by other crime
  - 8% – Drug involvement

Iowa averages approximately 17 deaths per year resulting from IPV according to IAVDRS data. Seventy-eight percent are homicides, and almost 20% of the deaths result from the homicide-suspect dying by suicide. Individuals between the ages of 25-44 are most at risk for domestic abuse homicide or suicide. Iowans identifying as Black and of Asian descent die from IPV at higher rates than they are represented in Iowa's population (2020 Census estimates):

- 10.5% of the IPV deaths were Black (Black or African American represent 5.4% of Iowa's population)
- 6% of the IPV deaths were Asian (Asians represent 3.0% of Iowa's population)

| Goal 1: Strengthen community support for populations affected by homicide.   |  |                            |
|--|--|----------------------------|
| Strategy   | Responsibility   | Timeframe                  |
| Assure services for homicide survivors are culturally-specific and available statewide by expanding the number of programs or staff serving this population. | IA Dept. of Justice – Crime Victim Assistance Division | September 2021 – June 2024 |

# Priority Area: Homicide

| <b>Goal 2: Reduce firearm-related deaths in Iowa.</b>                                       |  |                                   |
|---|--|-----------------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>                                | <b>Timeframe</b>                  |
| Publish data annually on firearm-related deaths in Iowa.                                    | IA Dept. of Public Health – IAVDRS                   | June 2022 and annually thereafter |
| Engage gun owners and gun advocacy groups in a public campaign for firearm safety.          | IVP Advisory Committee, Iowans for Gun Safety        | December 2021 – December 2023     |
| Promote the use of safety locks and proper storage as firearm-injury prevention strategies. | Iowans for Gun Safety, Hunting and gun-owning groups | September 2021 – August 2024      |

| <b>Goal 3: Identify the impact of homicide deaths on affected populations/communities.</b>               |  |                                       |
|--|--|---------------------------------------|
| <b>Strategy</b>  | <b>Responsibility</b>  | <b>Timeframe</b>                      |
| Use data from the IAVDRS to report on circumstances that contribute to disparately-affected populations. | IA Dept. of Public Health - IAVDRS                           | November 2021 and annually thereafter |
| Engage affected communities in conversation about ways to reduce homicides in the affected populations.  | IA Dept. of Human Rights, IA Coalition for Collective Change | September 2021 – August 2023          |
| Disseminate information to relevant community groups and organizations.                                  | IAVDRS Advisory Committee                                    | September 2021 – August 2024          |
| Develop strategies for homicide prevention that target disparately-affected populations.                 | IAVDRS Advisory Committee                                    | June 2021 – August 2023               |

| <b>Goal 4: Monitor and more clearly define how human trafficking impacts homicides in Iowa.</b> |  |                                   |
|---|--|-----------------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>  | <b>Timeframe</b>                  |
| Assess and monitor data available on human trafficking.   | IA Dept. of Justice – Crime Victim Assistance Division, IA Dept. of Public Safety, FBI | July 2022 and annually thereafter |
| With resulting data, identify strategies to reduce homicides resulting from human trafficking.  | IVP Advisory Committee   | December 2022 – December 2023     |



# Priority Area: Intimate Partner Violence/Sexual Violence

Violence is a pervasive public health crisis. The CDC defines IPV as physical violence, sexual violence, stalking, and psychological aggression. Sexual violence (SV) is any sexual activity when consent is not obtained or given freely. Contact sexual violence includes rape, sexual coercion, and/or unwanted sexual contact. This can include, but is not limited to, sexual misconduct, sexual harassment, and sexual assault.

These goals and strategies were developed by layering Iowa specific data, national data, and technical assistance packages from national technical assistance providers. These included [the CDC](#); [VetoViolence](#); the [National Sexual Violence Resource Center \(NSVRC\)](#); [Rape, Abuse & Incest National Network \(RAINN\)](#); the [Resource Sharing Project](#) of the National Alliance to End Sexual Violence (NAESV) and the National Network to End Domestic Violence (NNEDV).

The data available within this public health topic is limited to estimates from national surveys and what is reported to formal law enforcement and medical settings. Qualitative data conducted through survivor surveys, focus groups, program evaluation, and other form of participatory action research help capture impact and indicators of exposure to IPV and SV. Examples of these data are included at the end of this section.

Additionally, violence prevention work incorporates community of practice application of lessons learned as an evidence base, which guides practice-informed movement building and informs decision-making. Some examples of this include:

- [\*Move to End Violence Core Practices\*](#)
- [\*NNEDV - Economic Support Policy\*](#)
- [\*NCDVTMH - Promising Practices and Model Programs: Trauma-informed Approaches\*](#)

## **Data sources used to inform about IVP/SV:**

- [\*Iowa Crime Victim Assistance Division Annual Report - 2020\*](#)
- [\*National Network to End Domestic Violence 15th Annual DV Counts Iowa Report - 2020\*](#)
- [\*Iowa Cost of Sexual Violence Report - 2009\*](#)
- [\*Iowa Gender Wage Equity Report - 2010\*](#)
- [\*Iowa YRBS 10 - Year Trend Report - 2009 - 2019\*](#)
- [\*Community Listening on Sexual Violence in API Communities in Iowa Report - March 2021\*](#)
- [\*NAPIESV: National Community Listening Sessions Report - 2018 \(Includes Iowa Monsoon sites\)\*](#)
- [\*Creative Interventions Storytelling Project\*](#)
- [\*National Center on DV, Trauma, and Mental Health - Research Update on DV and Mental Health\*](#)
- [\*Economic Stress and DV - 2009\*](#)
- [\*Black Women's Maternal Health and Intimate Partner Violence\*](#)
- [\*Des Moines Research Report - Iowa Coalition for Collective Change\*](#)

# Priority Area: Intimate Partner Violence/Sexual Violence

| <b>Goal 1: Increase community-level economic supports to families.</b>   |   |                              |
|--|---|------------------------------|
| <b>Strategy</b>  | <b>Responsibility</b>   | <b>Timeframe</b>             |
| Complete a concept map with violence prevention stakeholders to identify decision-makers who can strengthen the Family Investment Program.                                     | IA Dept. of Public Health – Violence Prevention; IowaCASA; IA Dept. of Human Services | September 2021 – August 2023 |
| Educate on increasing minimum wage by using data from the 2020 Iowa Gender Wage Equity Study to leverage stakeholders who will focus on sectors with lowest wages across Iowa. | IPV Stakeholders  | January 2022 – May 2023      |
| Provide training and technical assistance that guides organizations and businesses to develop proactive family friendly work policies as outlined by NNEDV.                    | IA Dept. of Public Health – Violence Prevention; ICADV; IowaCASA                      | September 2021 – August 2024 |
| Collaborate with community organizations and foundations, such as the United Way, to increase community-level supports that reduce the cost burden of childcare.               | IA Dept. of Human Services; community non-profit organizations                        | September 2021 – August 2024 |

| <b>Goal 2: Increase housing stability in communities as a fundamental strategy for violence prevention.</b>   |  |                            |
|---|--|----------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>  | <b>Timeframe</b>           |
| Partner with community organizations to increase community mobilization skills that will produce action for affordable housing (not to exceed 30% of income). | Community action agencies; violence prevention organizations | January 2022 – August 2024 |

| <b>Goal 3: Strengthen mental health resources for families, with a focus on wellness.</b>   |   |                              |
|---|---|------------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>   | <b>Timeframe</b>             |
| Increase the availability of and access to culturally informed and language-accessible mental health services.  | IA Dept. of Human Rights; IA Dept. of Human Services                                | January 2022 – August 2024   |
| Implement effective strategies for prevention that use a shared risk and protective factor approach.  | IDPH and community prevention partners  | September 2021 – August 2024 |
| Strengthen culturally relevant mental health crisis response protocols, resource mapping, and healing-centered policies/practices within communities that experience health inequities. | IA Dept. of Human Services; IDPH Violence Prevention; community prevention partners | September 2021 – August 2023 |
| Support positive mental/emotional health development in children.   | IA Dept. of Human Services; local mental health providers                           | September 2021 – August 2024 |

# Priority Area: Motor Vehicle Crashes

Traffic-related fatalities remain one of the leading causes of death by unintentional injury in the United States, according to the CDC. In Iowa over the last 10 years, 3,587 people have lost their lives and 15,755 people have been seriously injured in vehicle related crashes. Significantly more Iowans have been impacted by minor injury and property damage crashes, which have both societal and economic impacts that extend beyond those involved in the crash. The challenge of reducing crashes on Iowa’s roadways demonstrates the need to develop a strategic effort to save lives and prevent injuries.

The goals and strategies for this priority are consistent with those found in *Iowa’s Strategic Highway Safety Plan (SHSP) 2019-2023*. To learn more visit: <https://zerofatalitiesiowa.com/safetyplan.aspx>. They are intended to complement and be incorporated into programming efforts being carried out by other state agencies as well as other organizations and local governments.

A critical component to ensuring success of these strategies is the comprehensive and data driven approach that involves the Four Es - Education, Emergency Medical Services, Enforcement, and Engineering. Each discipline has a unique perspective on how to improve traffic safety while also remaining connected to the other disciplines. Iowa’s SHSP also considers a fifth "E" of Everyone because ultimately it is the responsibility of every driver on Iowa’s roadways to make safe choices and drive responsibly. The IVP Advisory Committee will primarily focus on educational strategies.

| <b>Goal: Reduce highway fatalities and serious injuries on all public roads towards Zero Fatalities.</b>  |   |                              |
|---|---|------------------------------|
| <b>Strategy</b>   | <b>Responsibility</b>   | <b>Timeframe</b>             |
| Actively participate in the Statewide Traffic Records Coordinating Committee (STRCC) to continue providing timely, accurate and accessible data that can be used to inform motor vehicle crash prevention initiatives across the state. | IA Dept. of Public Health - IVP Program   | September 2021 – August 2024 |
| Conduct public awareness campaigns focused on generating awareness of the risks associated with being an unprotected person.  | IA Dept. of Public Health - IVP Program, UI - IPRC, IA Dept. of Transportation; IA Dept. of Public Safety; local health departments | September 2021 – August 2022 |
| Support a broad-based coalition to plan for addressing age-based transportation needs.  | IA Dept. of Public Health - IVP Program; IA Dept. of Transportation; IA Dept. of Public Safety; UI – IPRC; Iowa trauma centers      | September 2023 – August 2024 |

# Priority Area: Suicide

In 2020, suicide was the 10th leading cause of death in Iowa and the second leading cause of death among ages 14 to 44. Suicide is a complex issue that often involves multiple factors including mental illness, substance use, financial difficulties, physical illness, employment issues, family or intimate partner conflict, social isolation and ease of access to lethal means of suicide.

The goals and strategies for this priority were developed after reviewing reports from the Iowa Violent Death Reporting System (IAVDRS) and the Iowa Youth Survey, self-harm hospitalization data, data pertaining to firearm hospitalization and deaths, IDPH In-patient/Out-patient (IPOP) data, and CDC's Web-based Injury Statistics Query and Reporting System (WISQARS). The committee also consulted the *Healthy Iowans* and *Healthy People* Plans and the *Iowa Plan for Suicide Prevention*.

A flexible, data-driven and culturally sensitive approach is needed to guide prevention efforts to reduce suicide in Iowa. Local coalitions, communities and state organizations need timely access to comprehensive data that is easy to use and readily available to the public in order to plan targeted prevention programs and interventions.

**Goal: Reduce suicide attempts and deaths in Iowa by developing a coordinated data driven approach to guide prevention strategies and treatment interventions across the state.**

| Strategy   | Responsibility  | Timeframe                    |
|--|---|------------------------------|
| Increase availability of timely and comprehensive suicide data that can be used to inform suicide prevention initiatives across the state. | IA Dept. of Public Health – IAVDRS, IVP Program, Suicide Prevention   | September 2021 – August 2023 |
| Evaluate current suicide prevention initiatives to assess whether interventions are aligned with data.                                     | IA Dept. of Public Health – IVP Program, Suicide Prevention   | September 2021 – August 2022 |
| Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.                                | IA Dept. of Public Health – IVP Program, Veterans Administration, county/regional suicide prevention coalitions | September 2023 – August 2024 |

# Priority Area: Traumatic Brain Injury

Traumatic brain injury (TBI) is a serious public health issue in Iowa. Each year, an estimated 27,500 Iowans will sustain a TBI. This number does not include individuals who received care outside of a hospital or emergency or did not seek care. TBIs contribute to a substantial number of deaths and cases of long-term disability. A TBI can be caused by a bump, blow, jolt or penetration to the head that disrupts the normal function of the brain. Leading causes of TBI in Iowa include falls, motor vehicle crashes, assault and being unintentionally struck by or against an object or another persons (e.g. sport-related injury).

The Advisory Council on Brain Injuries produced a new state plan for brain injury in spring 2021. Using this resource, the TBI priority group developed the following goals and strategies.

To learn more about brain injury surveillance in Iowa and read *Iowa's State Plan on Brain Injury*, please visit <https://idph.iowa.gov/brain-injuries>.

| <b>Goal 1: Increase awareness of TBI in Iowa.</b>   |   |   |
|---|---|---|
| <b>Strategy</b>   | <b>Responsibility</b>                   | <b>Timeframe</b>                                |
| Make TBI data available on the IDPH data portal.  | IA Dept. of Public Health               | September 2021 - June 2022                      |
| Produce consistent reports on TBI in Iowa (e.g. mechanism of injury briefs, infographics, brain injury disparities report). | IA Dept. of Public Health               | By June 2022, and annually thereafter           |
| Conduct brain injury and concussion awareness month activities.   | IA Dept. of Public Health, TBI partners | March and August 2022; then annually thereafter |
| <b>Goal 2: Reduce the incidence of TBI in Iowa.</b>   |   |   |
| <b>Strategy</b>   | <b>Responsibility</b>                   | <b>Timeframe</b>                                |
| Identify TBI prevention interventions utilizing a shared risk and protective factor framework.                              | IVP Advisory Committee                  | September 2021 - June 2022                      |
| Develop and disseminate TBI prevention recommendations, including information on shared risk and protective factors.        | IVP Advisory Committee                  | January 2022 - December 2023                    |

# Priority Area: Traumatic Brain Injury

| <b>Goal 3: Reduce long-term impact of TBI on individuals in Iowa.</b>                                  |  |   |
|--|--|---|
| <b>Strategy</b>  | <b>Responsibility</b>                            | <b>Timeframe</b>                            |
| Increase the number of Iowa schools with concussion management policies.                               | IA Dept. of Education, IA Dept. of Public Health | September 2021 - August 2022                |
| Increase the number of Iowa schools using the Teacher Acute Concussion Tool (TACT).                    | IA Dept. of Education, IA Dept. of Public Health | By August 2022, then annually thereafter    |
| Increase the number of individuals with TBI and their caregivers who receive training on brain injury. | Brain Injury Alliance of Iowa                    | By June 2022, then semi-annually thereafter |
| Increase the number of Iowa providers of brain injury services who receive training on brain injury.   | Brain Injury Alliance of Iowa                    | By June 2022, then semi-annually thereafter |

# IVP Stakeholders



# List of Acronyms

- ACEs: Adverse Childhood Experiences
- API: Asian and Pacific Islander
- CDC: Centers for Disease Control and Prevention
- Dept.: Department
- DHS: Department of Human Services
- DOT: Department of Transportation
- DV: Domestic Violence
- ENA: Emergency Nurses Association
- FaDSS: Family Development and Self Sufficiency
- FTE: Full time equivalent
- GTSB: Iowa Governor's Traffic Safety Bureau
- i4a: Iowa Area Agencies on Aging
- IA: Iowa
- IAVDRS: Iowa Violent Death Reporting System
- ICADV: Iowa Coalition Against Domestic Violence
- IDPH: Iowa Department of Public Health
- IHSAA: Iowa High School Athletic Association
- IowaCASA: Iowa Coalition Against Sexual Assault
- Iowa YRBS: Iowa Youth Risk Behavior Survey
- IPOP: In-patient/Out-patient
- IPV: Intimate Partner Violence
- IVP: Injury and Violence Prevention
- NAESV: National Alliance to End Sexual Violence
- NAPIESV: National Organization of Asians and Pacific Islanders Ending Sexual Violence
- NCDVTMH: National Center on Domestic Violence, Trauma, & Mental Health
- NNEDV: National Network to End Domestic Violence
- NSVRC: National Sexual Violence Resource Center
- RAINN: Rape, Abuse, & Incest National Network
- SHSP: Strategic Highway Safety Plan
- STRCC: Statewide Traffic Records Coordinating Committee
- SV: Sexual violence
- SWOT: Strength, Weaknesses, Opportunities, and Threats
- TACT: Teacher Acute Concussion Tool
- TBI: Traumatic brain injury
- UI - IPRC: University of Iowa Injury Prevention Research Center
- WISQARS: Web-based Injury Statistics Query and Reporting System





**Presented by:**

Iowa Department of Public Health

University of Iowa Injury Prevention Research Center

