



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

2020 Progress Report

Bureau of Public Health Performance
June 2020

Protecting and Improving the Health of Iowans



Acknowledgements

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Organizations/Groups Implementing Healthy Iowans

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

Organizations/Groups Implementing Healthy Iowans

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

Organizations/Groups Implementing Healthy Iowans

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

This report documents progress Iowa has made during the third year (2019) of implementing *Healthy Iowans 2017-2021*, Iowa's state health improvement plan. It is based on reports from partners that have contributed goals, measurable objectives, and strategies for protecting and improving the health of Iowans. Not all strategies have been started and data showing measurable improvement in 2019 is often not yet available, but this report shows the extent to which objectives and strategies are on track, and how many may be falling behind. In addition, tracking progress on measures of health improvement shows improvement in Iowa's health, and shows areas where there is a need for continued concern. Finally, a list is provided of promising trends that are moving in the right direction, along with some negative trends defining areas where continued vigilance or enhanced efforts are needed.

Progress on Measures of Health Improvement

While it is still too early to assess the full impact that the actions contained in the objectives and strategies for 2017-2021 have had on measures of health improvement, it is encouraging to note that 51% of measures of health improvement have already met their 2021 targets or have moved toward achieving their target. Of these 131 measures showing progress since their baseline year, 31% (40 measures) improved more than 15% compared to their baseline. Another 47% (61 measures) have improved 5-15% from their baseline value. Approximately 13% of all measures (34) have not moved significantly from their baseline values. On the other hand, current data for 92 measures (36%) shows movement away from the target, including 43 (17%) that are 5%-15% worse than their baseline value and 16 (6%) that are more than 15% worse. The Full Progress Report for Measures of Health Improvement includes the newest data available for all 257 measures of health improvement included in *Healthy Iowans*. Figure 1 specifies the 16 measures that are substantially worse than their baseline.

Figure 1. **16 Health Improvement Measures Needing Action**
(More than 15% worse than their baseline value)

Sexually transmitted diseases: Gonorrhea (measure number HL-18)

- overall – 85% ↑ increase
- Black/African American – 65% ↑ increase
- American Indian/Alaskan Native – 57% ↑ increase

Youth deaths (LC-4)

- ages 5-9 – 68% ↑ increase
- ages 15-19 – 18% ↑ increase

Work-related deaths: agriculture, forestry, fishing & hunting industry (IV-8) – 65% ↑ increase

Physical activity: adolescents ages 12-17 (HL-8)

- females – 58% ↓ decrease
- overall – 32% ↓ decrease

Overweight: ages 10-17 (HL-1) – 47% ↑ increase

Child maltreatment: ages 0-17 (IV-5) – 33% ↑ increase

Infant Mortality (LC-3)

- Black/African American – 24% ↑ increase
- overall – 17% ↑ increase

Premature death (before age 75): American Indian/Alaskan Native (LC-5) – 21% ↑ increase

Personal healthcare provider: Hispanic (HSI-5) – 19% ↓ decrease

Suicides: ages 15-19 (MH-4) – 18% ↑ increase

Dental visit during pregnancy: income less than 185% of poverty (HL-16) – 15% ↓ decrease

Progress on Action to Improve Iowa's Health

Many of our Healthy Iowans partners focused their full attention on responding to the COVID-19 pandemic during the time slated for reporting progress they made in 2019 toward achieving the objectives and strategies in Healthy Iowans: Iowa's Health Improvement Plan 2017-2021. In light of this, follow-up will be requested in 2021. The department would like to express its appreciation to the 32 partners that were able to submit progress reports prior to the response to COVID-19. Based on these reports as well as the reports from other partners submitted in 2019, 46 (34%) of the 135 objectives in the plan currently are met and an additional 39 (29%) are not met, but are moving in the right direction. The trend is going in the wrong direction (away from the target) for only 24 (18%) objectives. Over 86% of the 251 strategies in the plan are on track or already complete. The Full Progress Reports for Objectives & Strategies include a complete progress report for each objective and strategy, including notes describing accomplishments or barriers to progress.

In the following sections, positive and negative trends highlight the health issues that are improving, as well as those that need continued vigilance or enhanced efforts.

Improving Iowa's Health: Promising Trends

Health Equity and the Social Determinants of Health

- Overall, the poverty rate for American Indian/Alaska Natives living in Iowa has decreased from 26% in 2016 to 14% in 2018 (Health Improvement Measure ESD-1).
- For American Indian/Alaska Native children living in Iowa, the poverty rate has decreased from 36% (2012-2016) to 30% (2014-2018) (Health Improvement Measure ESD-2).
- The percentage of Iowa's Hispanic children living in supportive neighborhoods has increased from 44% in 2016 to 61% in 2018 (Health Improvement Measure ESD-7).
- In an effort to reduce the mortality rate for non-Hispanic African-American/Black infants, IDPH partnered with knitting shops and clubs to make and distribute purple caps with a tagged message to never shake your baby (Objective 11-1, Strategy 11-1.3).

Life Course

- The number of child deaths (ages 1-4) has dropped from 47 in 2016 to 33 in 2018 and ages 10-14 has dropped from 40 in 2016 to 32 in 2018 (Health Improvement Measure LC-4).
- The Good Neighbor Campaign to protect child health and water quality through pesticide reduction has resulted in protection of an additional 20,218 children who are no longer exposed to pesticides (Objective 2-1).
- Through extensive educational efforts to increase cognitive screening and mitigate dementia risk, the Alzheimer's Association has reached 11,317 Iowans, an increase from 8,141 in 2018 (Objective 4-1, Strategy 4-1.1).

Health System Improvement

- The percentage of young adults (18-44) who had a routine medical check-up in 2018 was about 13% higher than in 2016 (Health Improvement Measure HSI-6).
- Based on a survey of families using the services of the Children and Youth with Special Health Care Needs Program, telehealth, consultative models and other electronic communication have enhanced services, particularly for children living in rural Iowa (Objective 9-2, Strategy 9-2.1).
- The first group of students completed their coursework at the new Medical Laboratory Technician Program, established with the joint efforts of Kirkwood Community College and the State Hygienic Laboratory (Objective 13-1, Strategy 13-1.2).
- With the support of 226 Lions Club volunteers, the Iowa Kidsight program conducted vision screening for 51,530 children in 2019 (Lack of Primary Care Services, Objective 2-1).

Acute Disease: Adolescent Immunizations

- More Iowa adolescents ages 13-17 are getting their recommended vaccinations, especially females getting the human papillomavirus (HPV) vaccine and rural adolescents getting the meningococcal (meningitis) vaccine (Health Improvement Measures AD-1 & 2).

Addictive Behaviors: Substance Abuse

- The opioid-related death rate decreased 23% from 2016 to 2018 (Health Improvement Measure AB-1).

Addictive Behaviors: Tobacco

- About 10% more Iowans with incomes below \$50,000 reported never having smoked cigarettes in 2018 versus 2016 (Health Improvement Measure AB-4).
- Under finalized rules, pharmacists may provide tobacco cessation education, order and dispense a prescription for nicotine replacement therapies, and submit claims for therapy products (Objective 1-2, Strategy 1-2.1).

Chronic Disease: Cancer

- Lung cancer death rates for Black/African American, non-Hispanics and men have fallen 10% since 2016 (Health Improvement Measure CD-2).
- Since 2014, cancer incidence rates have decreased for lung and colorectal cancer, including for men and Blacks/African American, non-Hispanics (Health Improvement Measures CD-5 to CD-7).

Chronic Disease: Heart Disease

- The age-adjusted death rate from heart disease has decreased nearly 10% from 2016 to 2018 for Black/African American, non-Hispanics overall and more than 11% for Black/African American, non-Hispanic men (Health Improvement Measure CD-12).
- In an effort to support women who were ages 40-64, uninsured, or underinsured and qualified under income guidelines, the WISEWOMAN program reached 366 participants with screening and other lifestyle services designed to address heart disease (Objective 1-1, Strategy 1-1.2).

Environmental Health: Water Quality

- The percentage of assessed lakes and reservoirs that fully met water quality standards increased nearly 21% from 2016 to 2018 (Health Improvement Measure EH-2).
- Arsenic and nitrate testing of private wells funded by the Grants to Counties program achieved more than the goal set for 2021. Bacteria (coliform) testing dropped slightly (Objective 4-1).

Healthy Living: Obesity, Nutrition & Physical Activity

- Breastfeeding has increased for Iowa's children (Health Improvement Measure HL-3).
- More children ages 6-11 are engaging in one hour of physical activity every day (Health Improvement Measure HL-8). Physical activity for female children has increased the most.
- Registered sites for 5-2-1-0 Healthy Choices Count, a program working towards healthier environments where children live, learn and play, include 133 schools, 109 early care sites, 49 health care clinics and 33 out-of-school programs (Objective 1-1, Strategy 1-1.1).
- WIC agencies are required to develop and enhance partnerships with birthing hospitals for such initiatives as breastfeeding support, classes, referrals and peer counseling (Objective 2-5, Strategy 2-5.1).

Healthy Living: Lack of Oral Health/Dental Services

- Dental visits have increased 18% for children ages 1-5 (Health Improvement Measure HL-15) and almost 12% for Asian adults since 2016 (Health Improvement Measure HL-17).
- As part of their fluoridation education and outreach, the Delta Dental Foundation has provided water filling stations for 258 schools and outdoor filling stations in five communities (Objective 1-1, Strategy 1-1.1).

Healthy Living: Sexually Transmitted Diseases

- Chlamydia cases among American Indian/Alaska Native females ages 15-24 have decreased substantially from 2016 to 2018 (Measure of Health Improvement HL-18).

Injury & Violence: Adverse Childhood Experiences (ACEs)/Trauma Informed Care

- Juvenile detention overall has decreased since 2015, especially for male youth ages 10-17 (Health Improvement Measure IV-6).

Injury & Violence: Falls

- The percentage of adults ages 65 and over reporting having one or more falls in the last year decreased from 32% in 2016 to 26% in 2018 (Health Improvement Measure IV-3).
- Recent data shows that fall prevention strategies in hospitals have resulted in reduction of falls from 3.27 per 1,000 patients to less than 1 (0.77) per 1,000 patients (Objective 1-1).

Injury & Violence: Motor Vehicle Crashes

- Overall, death rates from motor vehicle crashes have decreased almost 20% from 2016 to 2018; Male death rates have decreased 22.5% (Health Improvement Measure IV-4).
- Alcohol related driving fatalities have declined 10%, and seat belt use has increased by nearly 1% (Objective 1-1, Strategies 1-1.2 & 1-1.3).

Injury & Violence: Occupational & Farm Safety

- Iowa's rate of non-fatal work-related injuries and illnesses is down 8% since 2016 (Health Improvement Measure IV-9).

Mental Health, Illness & Suicide

- The number of mental health providers (per 100,000 population) has increased from 122 in 2016 to 143 in 2018 (Measure of Health Improvement MH-2).
- As of June 2019, 596 incarcerated individuals had been trained using the National Alliance on Mental Illness's Peer to Peer curriculum, a program to help individuals with mental health conditions better understand themselves and their recovery. The Department of Corrections' program is now an apprenticeship program, training incarcerated individuals to teach the curriculum. Thus far, five apprentices have completed the training and another nine are enrolled at two institutions (Objective 5-1, Strategy 5-1.2).

Negative Trends Affecting Iowa's Health

Health Equity and the Social Determinants of Health

- Poverty (0 objectives) and safe, affordable, healthy homes (two objectives)—two top health issues and powerful determinants of health—continue to be addressed very minimally in Iowa's health improvement plan.
- The percentage of low-income children living in supportive neighborhoods continues to be much lower than for all Iowa children (45% versus 62% in 2018) (Health Improvement Measure ESD-7).

Life Course

- Infant mortality continues its upward trend, especially for Black/African American, non-Hispanic infants (Health Improvement Measure LC-3).
- Iowa's rate of deaths for ages 5-9 has nearly doubled since 2016 (Health Improvement Measure LC-4).
- The 2018 rate of youth deaths (ages 15-19) was more than 17% higher than 2016's rate (Health Improvement Measure LC-4). Most of these deaths were from unintentional injuries (45%) or suicide (25%).
- Premature deaths (before age 75) are increasing for American Indian/Alaskan Native, non-Hispanic Iowa residents (Health Improvement Measure LC-5).

Health System Improvement

- The percentage of Hispanic adults who reported having a regular healthcare provider in 2018 was 19% lower than in 2016 (Health Improvement Measure HSI-5).

Acute Disease: Flu Immunizations

- The percentage of adults ages 18-64 getting their flu vaccination in 2018 was nearly 15% lower than in 2016 (Health Improvement Measure AD-3).
- The percentage of older adults (ages 65+) decreased by more than 10%, from 67% getting their flu vaccination in 2016 to only 60% in 2018 (Health Improvement Measure AD-3).

Addictive Behaviors: Substance Abuse

- According to preliminary 2019 data, the number of deaths involving opioids increased from 136 in 2018 to 152 deaths in 2019 (Objective 1-1).

Healthy Living: Obesity, Nutrition & Physical Activity

- The percentage of youth ages 10 to 17 who are overweight continued to increase from 12% in 2016 to 18% in 2018 (Measure of Health Improvement HL-1).
- The percentage of youth ages 12-17 who were physically active at least 60 minutes per day every day in the last week has decreased substantially from 25% in 2016 to 17% in 2018. Female adolescents were much less likely to be physically active (9% in 2018) (Measure of Health Improvement HL-8).

Healthy Living: Lack of Oral Health/Dental Services

- The percentage of low-income pregnant women who had a dental visit during their pregnancy was only 42% in 2018 compared to 50% in 2016 (Health Improvement Measure HL-16).

Healthy Living: Sexually Transmitted Diseases

- Chlamydia cases overall, among females ages 15-24 overall, and among Black/African American, non-Hispanic females ages 15-24 all increased from 2016 to 2018 (Measure of Health Improvement HL-18).
- Gonorrhea cases among multiple populations have increased substantially from 2016 to 2018 (Measure of Health Improvement HL-18).

Injury & Violence: Adverse Childhood Experiences (ACEs)/Trauma Informed Care

- The rate of children who were confirmed by child protective services as victims of maltreatment has increased 33% since 2016 (Measure of Health Improvement IV-5).

Injury & Violence: Occupational & Farm Safety

- Iowa's rate of deaths from work-related injuries in agriculture, forestry, fishing and hunting was 65% higher in 2018 than in 2016 (Health Improvement Measure IV-8).

Mental Health, Illness & Suicide

- The number of deaths from suicide for all ages increased to 490 in 2018. The rate of deaths from suicide (Measure of Health Improvement MH-4) in 2018 (15.5 per 100,000 people) was 6% higher than 2016 (14.6) and 13% higher than the average rate from 2012-2016 (13.7).
- Suicide deaths for teens ages 15-19 can fluctuate quite a bit from year to year, but the rate of suicide deaths for this age group in 2018 (12.1 per 100,000 teens 15-19) was 18% higher than the rate in 2016 (10.3), and 6% higher than the average rate from 2012-2016 (11.4) (Measure of Health Improvement MH-4).

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Full Progress Report for Measures of Health Improvement

FOCUS AREA: Health Equity/Social Determinants of Health

What Health Issues Are Included

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

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

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

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

<u>Overall</u> ☺	<u>Black or African American</u> ☺ ✓	<u>Native American/Alaska Native</u> ☺ ✓
Target: 11%	Target: 33%	Target: 24%
Baseline: 11.8% [2016]	Baseline: 36% [2016]	Baseline: 26% [2016]
Newest: 11.2% [2018]≈5%↓ decrease	Newest: 31% [2018]≈14%↓ decrease	Newest: 14% [2017]≈45%↓ decrease
<u>Hispanic/Latino</u> ☺ ✓	<u>With any disability</u> ☹	
Target: 21%	Target: 17%	
Baseline: 23% [2016]	Baseline: 18% [2016]	
Newest: 20% [2018]≈13%↓ decrease	Newest: 18% [2018]≈0%↔ no change	

Data Source: U.S. Census Bureau, American Community Survey 1-Year Estimates. Poverty Status in the Past 12 Months. Table S1703.
<https://data.census.gov/cedsci/>

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

<u>Overall</u> ☺	<u>Black or African American</u> ☹	
Target: 14%	Target: 42%	
Baseline: 15% [2012-2016]	Baseline: 44.6% [2012-2016]	
Newest: 14.2% [2014-2018]≈7%↓ decrease	Newest: 44.4% [2014-2018]≈0%↔ no change	
<u>Hispanic/Latino</u> ☺ ✓	<u>Native American/Alaska Native</u> ☺ ✓	
Target: 28%	Target: 34%	
Baseline: 29.5% [2012-2016]	Baseline: 36% [2012-2016]	
Newest: 27.5% [2014-2018]≈7%↓ decrease	Newest: 30% [2014-2018]≈16%↓ decrease	

Data Source: U.S. Census Bureau, American Community Survey 5-Year Estimates. Tables S1703, B17020B, B17020C, B17020I.
<https://data.census.gov/cedsci/>

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

<u>Overall</u> ☹	<u>English language learners</u> ☹	<u>American Indian</u> ☹
Target: 96%	Target: 85%	Target: 85%
Baseline: 91.3% [2016]	Baseline: 81% [2016]	Baseline: 81% [2016]
Newest: 91.6% [2019]≈0%↔ no change	Newest: 79% [2019]≈2%↓ decrease	Newest: 77% [2019]≈4%↓ decrease
<u>Low socioeconomic status</u> ☹	<u>African Americans</u> ☹	<u>Hispanic</u> ☹
Target: 89%	Target: 84%	Target: 89%
Baseline: 84% [2016]	Baseline: 80% [2016]	Baseline: 85% [2016]
Newest: 85% [2019]≈2%↑ increase	Newest: 82% [2019]≈2%↑ increase	Newest: 85% [2019]≈0%↔ no change
<u>Students with an Individualized Education Program</u> ☺ ✓		
Target: 73%		
Baseline: 69.5% [2016]		
Newest: 76% [2018]≈9%↑ increase		

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

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

<u>Adults, ages 18-64</u> 😞	<u>Non-Hispanic Black adults</u> 😞	<u>Hispanic/Latino adults</u> 😊	<u>Children under age 19</u> 😊
Target: 100%	Target: 96%	Target: 84%	Target: 100%
Baseline: 94% [2016]	Baseline: 91% [2016]	Baseline: 79% [2016]	Baseline: 97% [2016]
Newest: 93% [2018]≈1%↓ decrease	Newest: 87.5% [2018]≈4%↓ decrease	Newest: 80% [2018]≈ 1%↑ increase	Newest: 97% [2018]≈0%↔ no change

Data Source: US Census Bureau, Small Area Health Insurance Estimates. <https://www.census.gov/data/data-tools/sahie-interactive.html>

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

Overall 😊
 Target: 22%
 Baseline: 24.1% [2012-2016]
 Newest: 23.5% [2014-2018]≈2%↓ decrease

Data Source: US Census Bureau, American Community Survey 5-year estimates. Courtesy: University of Missouri Extension, Center for Applied Research and Engagement Systems (CARES) Engagement Network, Build a Report, Physical Environment data category.

<https://engagementnetwork.org/>

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

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

Overall 😞
 Target: 93%
 Baseline: 88% [2016]
 Newest: 86% [2018]≈2%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health. Indicator 7.5. <https://www.childhealthdata.org/browse/survey>

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

<u>Overall</u> 😞	<u>Hispanic</u> 😊 <input checked="" type="checkbox"/>	<u>Income less than 200% of poverty</u> 😞
Target: 68%	Target: 47%	Target: 55%
Baseline: 64% [2016]	Baseline: 44% [2016]	Baseline: 52% [2016]
Newest: 62% [2018]≈3%↓ decrease	Newest: 61% [2018]≈36%↑ increase	Newest: 45% [2018]≈14%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative. www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health. Indicator 7.1. <https://www.childhealthdata.org/browse/survey>

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

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

Overall 😞
 Target: 39%
 Baseline: 36% [2016]
 Newest: 37% [2018]≈2%↑ increase

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

FOCUS AREA: Life Course

What Health Issues Are Included

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

Life Course Measures of Health Improvement

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

LC-1 Decrease ↓ the teen birth rate.*

Overall ☺ ✓

Target: 17

Baseline: 18.5 [2014-2016]

Newest: 16 [2016-2018]≈12%↓ decrease

American Indian / Alaska Native ☺ ✓

Target: 29

Baseline: 31 [2014-2016]

Newest: 28 [2016-2018]≈10%↓ decrease

Hispanic / Latino ☺ ✓

Target: 39

Baseline: 42 [2014-2016]

Newest: 38 [2016-2018]≈9%↓ decrease

Non-Hispanic Black ☺ ✓

Target: 39

Baseline: 42 [2014-2016]

Newest: 38 [2016-2018]≈9%↓ decrease

Data Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality public-use data on CDC WONDER Online Database. <https://wonder.cdc.gov/natality.html>

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

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

Overall ☹

Target: 6%

Baseline: 6.75% [2016]

Newest: 6.9% [2018]≈2%↑ increase

Non-Hispanic Black ☹

Target: 11%

Baseline: 12% [2016]

Newest: 11% [2018]≈6%↓ decrease

Data Source: US DHHS, CDC, NCHS, DVS, Natality public-use data on CDC WONDER Online Database.

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

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

Overall ☹

Target: 4

Baseline: 4.4 [2013-2015]

Newest: 5.2 [2015-2017]≈17%↑ increase

Mother ages 15-19 ☹

Target: 7

Baseline: 8.3 [2013-2015]

Newest: 8.9 [2015-2017]≈7%↑ increase

Non-Hispanic Black ☹

Target: 8

Baseline: 8.5 [2013-2015]

Newest: 10.5 [2015-2017]≈24%↑ increase

Data Source: US DHHS, CDC, NCHS, DVS. Linked Birth / Infant Death Records as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER Online Database. <https://wonder.cdc.gov/lbd.html>

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

Overall, ages 1-19 ☹️

Target: 23
Baseline: 24.5 (192 deaths) [2016]
Newest: 25 (196 deaths) [2018]≈2%↑ increase

Male, ages 1-19 ☹️

Target: 31
Baseline: 32.7 (131 deaths) [2016]
Newest: 32.4 (130 deaths) [2018]≈0%↔ no change

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

Target: 46
Baseline: 49 (25 deaths) [2016]
Newest: 38 (21 deaths) [2018]≈ 21%↓ decrease

Ages 1-4 ☹️ ✓

Target: 27
Baseline: 29 (47 deaths) [2016]
Newest: 21 (33 deaths) [2018]≈30%↓ decrease

Ages 5-9 ☹️

Target: 7
Baseline: 8 (17 deaths) [2016]
Newest: 14 (28 deaths) [2018]≈68%↑ increase

Ages 10-14 ☹️ ✓

Target: 18
Baseline: 20 (40 deaths) [2016]
Newest: 15 (32 deaths) [2018]≈22%↓ decrease

Ages 15-19 ☹️

Target: 38
Baseline: 41 (88 deaths) [2016]
Newest: 48 (103 deaths)[2018]≈18%↑ increase

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

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

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

Overall ☹️

Target: 5,881
Baseline: 6,191 [2016]
Newest: 5,944 [2018]≈4%↓ decrease

Black, non-Hispanic ☹️ ✓

Target: 10,717
Baseline: 11,282 [2016]
Newest: 9,832 [2018]≈13%↓ decrease

Male ☹️

Target: 7,307
Baseline: 7,692 [2016]
Newest: 7,429 [2018]≈3%↓ decrease

American Indian/Alaskan Native, non-Hispanic ☹️

Target: 9,140
Baseline: 9,622 [2016]
Newest: 11,599 [2018]≈21%↑ increase

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

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

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

Overall (ages 0-17) ☹️

Target: 97%
Baseline: 92% [2016]
Newest: 89% [2017-2018]≈4%↓ decrease

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

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

<u>Overall</u> ☹️ Target: 59% Baseline: 55% [2016] Newest: 53% [2018]≈4%↓ decrease	<u>Hispanic</u> ☹️ Target: 39% Baseline: 37% [2016] Newest: 38% [2018]≈3%↑ increase	<u>Black, non-Hispanic</u> ☹️ Target: 51% Baseline: 48% [2016] Newest: 46% [2018]≈3%↓ decrease
<u>High School Graduate</u> ☹️ Target: 53% Baseline: 50% [2016] Newest: 47% [2018]≈5%↓ decrease	<u>Adults with Disability*</u> ☹️ Target: 32% Baseline: 30% [2016] Newest: 27% [2018]≈10%↓ decrease	

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

<u>Income less than \$25,000</u> ☹️ Target: 32% Baseline: 30% [2016] Newest: 30% [2017]≈0%↔ no change	<u>Income from \$25,000 to less than \$50,000</u> ☹️ Target: 50% Baseline: 47% [2016] Newest: 47% [2017]≈0%↔ no change
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Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings. <https://www.americashealthrankings.org/explore/annual/state/IA>

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FOCUS AREA: Health System Improvement

What Health Issues Are Included

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

Health System Improvement Measures of Health Improvement

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

Overall ☹️

Target: 85%

Baseline: 80.5% [2016]

Newest: 81% [2018]≈0%↔ no change

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

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

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

Overall ☹️

Target: 45

Baseline: 48 [2014]

Newest: 49 [2015]≈1%↑ increase

Black ☹️ ✓

Target: 61

Baseline: 64 [2014]

Newest: 59 [2015]≈9%↓ decrease

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

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

Overall ☹️

Target: 7%

Baseline: 8% [2016]

Newest: 8% [2018]≈0%↔ no change

Adults with Disability* ☹️

Target: 13%

Baseline: 14.4% [2016]

Newest: 13.3% [2018]≈8%↓ decrease

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

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

Overall ☹️

Target: 78

Baseline: 73 [2015]

Newest: 73 [2017]≈0%↔ no change

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

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

<u>Overall</u> ☹️ Target: 82% Baseline: 77% [2016] Newest: 76% [2018]≈2%↓ decrease	<u>Black, non-Hispanic</u> ☹️ Target: 71% Baseline: 67% [2016] Newest: 64% [2018]≈4%↓ decrease	<u>Male</u> ☹️ Target: 75% Baseline: 71% [2016] Newest: 69% [2018]≈2%↓ decrease
<u>Asian, non-Hispanic</u> 😊 ✅ Target: 60% Baseline: 56% [2016] Newest: 61% [2018]≈9%↑ increase	<u>Hispanic</u> ☹️ Target: 65% Baseline: 61% [2016] Newest: 50% [2018]≈19%↓ decrease	

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

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

<u>Overall</u> 😊 ✅ Target: 76% Baseline: 72% [2016] Newest: 77% [2018]≈8%↑ increase	<u>Male</u> 😊 ✅ Target: 70% Baseline: 66% [2016] Newest: 71% [2018]≈7%↑ increase	
<u>Ages 18-24</u> 😊 ✅ Target: 65% Baseline: 62% [2016] Newest: 68% [2018]≈10%↑ increase	<u>Ages 25-34</u> 😊 ✅ Target: 62% Baseline: 59% [2016] Newest: 66% [2018]≈13%↑ increase	<u>Ages 35-44</u> 😊 ✅ Target: 65% Baseline: 62% [2016] Newest: 71% [2018]≈15%↑ increase

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

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

<u>Ages 12-17</u> ☹️ Target: 83% Baseline: 79% [2016] Newest: 71% [2018]≈10%↓ decrease*
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Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. National Performance Measure #10. <https://www.childhealthdata.org/browse/survey>
*Note: The set of questions used to calculate this measure changed slightly in 2018. The results may not be directly comparable to 2016/2017.

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FOCUS AREA: Acute Disease

What Health Issues Are Included

Adolescent Immunizations
Flu Immunizations

Acute Disease Measures of Health Improvement

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

<u>Overall</u> 😊 ✓ Target: 48% Baseline: 46% [2016] Newest: 55% [2018]≈21%↑ increase	<u>Female</u> 😊 ✓ Target: 50% Baseline: 47% [2016] Newest: 62% [2018]≈31%↑ increase	<u>Male</u> 😊 ✓ Target: 46% Baseline: 44% [2016] Newest: 49% [2018]≈11%↑ increase
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Data Source: Centers for Disease Control and Prevention (CDC), National Immunization Survey-Teen (NIS-Teen) via TeenVaxView Interactive. <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/index.html>

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

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

<u>Overall</u> 😊 ✓ Target: 79% Baseline: 75% [2016] Newest: 89% [2018]≈19%↑ increase	<u>Living in a Non MSA (rural)</u> 😊 ✓ Target: 65% Baseline: 61% [2016] Newest: 83% [2018]≈36%↑ increase
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Data Source: CDC, NIS-Teen via TeenVaxView Interactive.

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

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

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

<u>Ages 18-64</u> 😊 Target: 44% Baseline: 41% [2016] Newest: 35% [2018]≈15%↓ decrease	<u>Male ages 18-64</u> 😊 Target: 36% Baseline: 34% [2016] Newest: 29% [2018]≈13%↓ decrease
<u>Hispanic ages 18-64</u> 😊 Target: 38% Baseline: 36% [2016] Newest: 34% [2018]≈6%↓ decrease	<u>Non-Hispanic Black ages 18-64</u> 😊 Target: 31% Baseline: 29% [2016] Newest: 29% [2018]≈0%↔ no change

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

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

<u>Ages 65+</u> 😊 Target: 71% Baseline: 67% [2016] Newest: 60% [2018]≈11%↓ decrease
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Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence>

FOCUS AREA: Addictive Behaviors

What Health Issues Are Included

Substance Abuse
Tobacco/Nicotine Use

Addictive Behaviors Measures of Health Improvement

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

Overall ☺

Target: 5 (142 deaths)

Baseline: 6 (183 deaths) [2016]

Newest: 5 (143 deaths) [2018]≈23%↓ decrease

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

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

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

Alcohol ☹

Target: 8%

Baseline: 9% [2015-2016]

Newest: 11% [2017-18]≈13%↑ increase

Illicit drugs ☹

Target: 6%

Baseline: 6.75% [2015-2016]

Newest: 7.3% [2017-18]≈8%↑ increase

Cigarettes ☺

Target: 4%

Baseline: 5% [2015-2016]

Newest: 3% [2017-18]≈26%↓ decrease

Data Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, State Prevalence Estimates. Table 1 (Illicit drugs), Table 13 (Alcohol), Table 18 (Cigarettes).

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

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

Overall ☹

Target: 20%

Baseline: 22% [2016]

Newest: 24% [2018]≈7%↑ increase

Male ☹

Target: 26%

Baseline: 28% [2016]

Newest: 31% [2018]≈12%↑ increase

Ages 18-44 ☹

Target: 29%

Baseline: 31% [2016]

Newest: 34% [2018]≈9%↑ increase

Income \$75,000+ ☹

Target: 27%

Baseline: 29% [2016]

Newest: 30% [2018]≈2%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings.

<https://www.americashealthrankings.org/explore/annual/state/IA>

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

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

Overall ☺

Target: 61%

Baseline: 58% [2016]

Newest: 59% [2018]≈2%↑ increase

Male ☹

Target: 56%

Baseline: 53% [2016]

Newest: 52% [2018]≈1%↓ decrease

Ages 18-24 ☹

Target: 84%

Baseline: 80% [2016]

Newest: 79% [2018]≈1%↓ decrease

Income less than \$15,000 ☺

Target: 49%

Baseline: 46% [2016]

Newest: 50% [2018]≈7%↑ increase

Income \$15,000-\$24,999 ☺

Target: 51%

Baseline: 48.5% [2016]

Newest: 52% [2018]≈6%↑ increase

Income \$25,000-\$34,999 ☺

Target: 50%

Baseline: 47% [2016]

Newest: 56% [2018]≈18%↑ increase

Income \$35,000-\$49,999 ☺

Target: 55%

Baseline: 52% [2016]

Newest: 56% [2018]≈8%↑ increase

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

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

Overall ☹️

Target: 15%

Baseline: 16.7% [2016]

Newest: 16.6% [2018]≈0%↔ no change

Black, non-Hispanic ☹️ ✓

Target: 27%

Baseline: 28% [2016]

Newest: 23% [2018]≈20%↓ decrease

Adults with Disability* ☹️ ✓

Target: 24%

Baseline: 26% [2016]

Newest: 24% [2018]≈7%↓ decrease

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

Income Less Than \$25,000 ☹️

Target: 27%

Baseline: 29% [2016]

Newest: 31% [2018]≈7%↑ increase

Income \$25,000-\$49,999 ☹️ ✓

Target: 21%

Baseline: 23% [2016]

Newest: 19% [2018]≈15%↓ decrease

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. Courtesy: UnitedHealth Foundation, America's Health Rankings.

<https://www.americashealthrankings.org/explore/annual/state/IA>

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FOCUS AREA: Chronic Disease

What Health Issues Are Included

Cancer
Diabetes
Heart Disease

Chronic Disease Measures of Health Improvement

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

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☹</u>
Target: 151	Target: 186	Target: 176
Baseline: 160 [2016]	Baseline: 196 [2014-2016]	Baseline: 186 [2014-2016]
Newest: 155 [2018]≈3%↓ decrease	Newest: 189 [2016-18]≈4%↓ decrease	Newest: 202 [2016-18]≈8%↑ increase

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

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

<u>Overall ☺ ✓</u>	<u>Male ☺ ✓</u>	<u>Black, non-Hispanic ☺ ✓</u>
Target: 39	Target: 50	Target: 52
Baseline: 41 [2016]	Baseline: 53 [2014-2016]	Baseline: 55 [2012-2016]
Newest: 38 [2018]≈8%↓ decrease	Newest: 48 [2016-18]≈10%↓ decrease	Newest: 50 [2014-18]≈10%↓ decrease

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

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

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

<u>Overall ☹</u>	<u>Male ☹</u>	<u>Black, non-Hispanic ☹</u>
Target: 13	Target: 16	Target: 16
Baseline: 14.4 [2016]	Baseline: 17 [2014-2016]	Baseline: 18 [2012-2016]
Newest: 14.7 [2018]≈2%↑ increase	Newest: 17 [2016-18]≈0%↔ no change	Newest: 19 [2014-18]≈9%↑ increase

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

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

<u>Overall ☺</u>
Target: 18
Baseline: 19 [2016]
Newest: 18.3 [2018]≈5%↓ decrease

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

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

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic Male ☺</u>
Target: 455	Target: 496	Target: 552
Baseline: 483 [2014]	Baseline: 527 [2014]	Baseline: 595 [2014]
Newest: 474 [2016]≈2%↓ decrease	Newest: 509 [2016]≈3%↓ decrease	Newest: 573 [2016]≈4%↓ decrease

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

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

<u>Overall</u> 😊 ✓ Target: 61 Baseline: 65 [2014] Newest: 59 [2016]≈10%↓ decrease	<u>Male</u> 😊 ✓ Target: 71 Baseline: 76 [2014] Newest: 67 [2016]≈12%↓ decrease	<u>Black, non-Hispanic</u> 😊 ✓ Target: 85 Baseline: 93 [2014] Newest: 60 [2016]≈36%↓ decrease	<u>Black, non-Hispanic Male</u> 😊 ✓ Target: 107 Baseline: 114 [2014] Newest: 65 [2016]≈43%↓ decrease	<u>Black, non-Hispanic Female</u> 😊 ✓ Target: 73 Baseline: 83 [2014] Newest: 56 [2016]≈33%↓ decrease
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Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

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

<u>Overall</u> 😊 ✓ Target: 44 Baseline: 47 [2014] Newest: 43 [2016]≈9%↓ decrease	<u>Male</u> 😊 ✓ Target: 49 Baseline: 52 [2014] Newest: 48 [2016]≈8%↓ decrease
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Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

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

<u>Overall</u> 😞 Target: 120 Baseline: 127 [2014] Newest: 129 [2016]≈2%↑ increase
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Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

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

<u>Overall</u> 😞 Target: 23 Baseline: 25 [2014] Newest: 28 [2016]≈11%↑ increase	<u>Male</u> 😞 Target: 28 Baseline: 30 [2014] Newest: 32 [2016]≈6%↑ increase
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Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

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

<u>Overall</u> 😞 Target: 8% Baseline: 9% [2016] Newest: 10% [2018]≈7%↑ increase	<u>Adults with Disability*</u> 😞 Target: 18% Baseline: 19% [2016] Newest: 20% [2018]≈4%↑ increase
<u>Income Less Than \$15,000</u> 😞 Target: 13% Baseline: 14.5% [2016] Newest: 14.4% [2018]≈0%↔ no change	<u>Income \$15,000 - \$24,999</u> 😞 Target: 13% Baseline: 14% [2016] Newest: 15% [2018]≈8%↑ increase

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

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

<u>Overall</u> 😞 Target: 8% Baseline: 9% [2015] Newest: 9.5% [2018]≈4%↑ increase

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

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

Overall ☺

Target: 97

Baseline: 103 [2016]

Newest: 101 [2018]≈2%↓ decrease

Black, non-Hispanic ☺ ✓

Target: 125

Baseline: 132 [2014-2016]

Newest: 119 [2016-2018]≈10%↓ decrease

Male ☺

Target: 139

Baseline: 147 [2014-2016]

Newest: 145 [2016-2018]≈1%↓ decrease

Black, non-Hispanic Male ☺ ✓

Target: 174

Baseline: 184 [2014-2016]

Newest: 163 [2016-2018]≈11%↓ decrease

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

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FOCUS AREA: Disaster Preparedness

What Health Issues Are Included

Network infrastructure, planning & notification

Disaster Preparedness Measures of Health Improvement

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

<u>Overall</u> 😊	<u>Community Planning & Engagement Coordination Domain</u> 😊
Target: 7.1	Target: 4.0
Baseline: 6.7 [2016]	Baseline: 3.8 [2016]
Newest: 6.8 [2018]≈1% [↑] increase	Newest: 3.9 [2018]≈3% [↑] increase

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

FOCUS AREA: Environmental Health

What Health Issues Are Included

Water Quality
Radon

Environmental Health Measures of Health Improvement

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

<u>Rivers and Streams</u> 😊	<u>Lakes and Reservoirs</u> 😊	<u>Wetlands</u> 😊
Target: 56%	Target: 65%	Target: 88%
Baseline: 52% [2016]	Baseline: 61% [2016]	Baseline: 83% [2016]
Newest: 52% [2018]≈0%↔ no change	Newest: 61% [2018]≈0%↔ no change	Newest: 83% [2018]≈0%↔ no change

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

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

<u>Rivers and Streams</u> 😊	<u>Lakes and Reservoirs</u> 😊 <input checked="" type="checkbox"/>	<u>Wetlands</u> 😊
Target: 21%	Target: 31%	Target: 55%
Baseline: 19% [2016]	Baseline: 29% [2016]	Baseline: 51.5% [2016]
Newest: 20.5% [2018]≈6% [↑] increase	Newest: 35% [2018]≈21% [↑] increase	Newest: 53% [2018]≈2% [↑] increase

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

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

FOCUS AREA: Healthy Living

What Health Issues Are Included

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

Healthy Living Measures of Health Improvement

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

WIC children ages 2 to 4 ☺

Target: 16%

Baseline: 17% [2014]

Newest: 17% [2016]≈0%↔ no change

WIC children, Hispanic ☹

Target: 17%

Baseline: 19% [2014]

Newest: 19% [2016]≈0%↔ no change

Adults 18+ (BMI 25.0 to 29.9) ☺

Target: 34%

Baseline: 37% [2016]

Newest: 34.1% [2018]≈7%↓ decrease

Adults 18-24 ☹

Target: 25%

Baseline: 26% [2016]

Newest: 27% [2018]≈3%↑ increase

Adults Male 18+ ☺ ✓

Target: 40%

Baseline: 42% [2016]

Newest: 39% [2018]≈9%↓ decrease

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

Children & Adolescents (ages 10-17) ☹

Target: 11%

Baseline: 12% [2016]

Newest: 18% [2017]≈47%↑ increase

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

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

WIC children ages 2 to 4 ☺

Target: 13%

Baseline: 15% [2014]

Newest: 15% [2016]≈0%↔ no change

WIC children, Hispanic ☹

Target: 19%

Baseline: 20% [2014]

Newest: 21% [2016]≈5%↑ increase

WIC children, Am. Indian/Alaska Native ☹

Target: 17%

Baseline: 19% [2014]

Newest: 17.3% [2016]≈7%↓ decrease

Adults 18+ (BMI > 30) ☹

Target: 30%

Baseline: 32% [2016]

Newest: 35% [2018]≈10%↑ increase

Adults with Disability* ☹

Target: 38%

Baseline: 41% [2016]

Newest: 46% [2018]≈12%↑ increase

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

Children & Adolescents (ages 10-17) ☺

Target: 16%

Baseline: 17.5% [2016]

Newest: 16.4% [2018]≈6%↓ decrease

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

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

Infants, ever breastfed ☺

Target: 87%

Baseline: 83% [2014]

Newest: 85% [2016]≈2%↑ increase

Infants, breastfed at 6 months ☺ ✓

Target: 56%

Baseline: 53% [2014]

Newest: 62% [2016]≈16%↑ increase

Infants, breastfed at 12 months ☺ ✓

Target: 31%

Baseline: 29% [2014]

Newest: 43% [2015]≈47%↑ increase

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

HL-4 Decrease ↓ the percentage of lowans who are food insecure.Overall ☺ ✓

Target: 11%

Baseline: 12% [2015]

Newest: 11% [2017]≈9%↓ decrease

Children ☹

Target: 15%

Baseline: 17% [2015]

Newest: 15.3% [2017]≈8%↓ decrease

Data Source: Feeding America. Map the Meal Gap. <https://map.feedingamerica.org/>Adults ages 60+ ☹

Target: 10%

Baseline: 11% [2014-2015]

Newest: 12% [2016-2017]≈11%↑ increase

Data Source: Feeding America. The State of Senior Hunger in America.

<https://www.feedingamerica.org/research/senior-hunger-research/senior>**HL-5 Increase ↑ the percentage of adults who eat fruits and/or vegetables five or more times per day.**Overall ☺ ✓

Target: 15%

Baseline: 13.5% [2015]

Newest: 16% [2017]≈21%↑ increase

Male ☺ ✓

Target: 10%

Baseline: 9% [2015]

Newest: 13% [2017]≈47%↑ increase

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). <https://idph.iowa.gov/brfss>**HL-6 Increase ↑ the percentage of adults who eat fruit at least one time per day.**Overall ☺ ✓

Target: 62%

Baseline: 58% [2015]

Newest: 64% [2017]≈11%↑ increase

Male ☺ ✓

Target: 55%

Baseline: 52% [2015]

Newest: 60% [2017]≈15%↑ increase

Black, non-Hispanic ☺ ✓

Target: 51%

Baseline: 48% [2015]

Newest: 63% [2017]≈32%↑ increase

Ages 18-24 ☺ ✓

Target: 58%

Baseline: 55% [2015]

Newest: 62% [2017]≈11%↑ increase

Ages 25-34 ☺ ✓

Target: 60%

Baseline: 57% [2015]

Newest: 65% [2017]≈14%↑ increase

Ages 35-44 ☺ ✓

Target: 54%

Baseline: 51% [2015]

Newest: 62% [2017]≈21%↑ increase

Ages 45-54 ☺ ✓

Target: 57%

Baseline: 54% [2015]

Newest: 60% [2017]≈12%↑ increase

Income less than \$15,000 ☺ ✓

Target: 52%

Baseline: 49% [2015]

Newest: 57% [2017]≈15%↑ increase

Income \$15,000-\$24,999 ☺ ✓

Target: 57%

Baseline: 54% [2015]

Newest: 60% [2017]≈12%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>**HL-7 Increase ↑ the percentage of adults who eat vegetables at least one time per day.**Overall ☺ ✓

Target: 77%

Baseline: 73% [2015]

Newest: 81% [2017]≈10%↑ increase

Male ☺ ✓

Target: 72%

Baseline: 69% [2015]

Newest: 78% [2017]≈13%↑ increase

Ages 18-24 ☺ ✓

Target: 69%

Baseline: 65% [2015]

Newest: 74% [2017]≈14%↑ increase

Income less than \$15,000 ☺ ✓

Target: 72%

Baseline: 68% [2015]

Newest: 73% [2017]≈7%↑ increase

Income \$15,000-\$24,999 ☺ ✓

Target: 71%

Baseline: 67% [2015]

Newest: 78% [2017]≈16%↑ increase

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

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

<u>Children, ages 6-11 ☺</u> <input checked="" type="checkbox"/>	<u>Female children ☺</u> <input checked="" type="checkbox"/>
Target: 28%	Target: 22%
Baseline: 26% [2016]	Baseline: 20.5% [2016]
Newest: 33% [2018]≈26%↑ increase	Newest: 31% [2018]≈52%↑ increase
<u>Adolescents, ages 12-17 ☹</u>	<u>Female adolescents ☹</u>
Target: 27%	Target: 24%
Baseline: 25% [2016]	Baseline: 22% [2016]
Newest: 17% [2018]≈32%↓ decrease	Newest: 9% [2018]≈58%↓ decrease

Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health (NSCH). National Performance Measure #8. <https://www.childhealthdata.org/browse/survey>

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

<u>Overall ☹</u>	<u>Income less than \$15,000 ☹</u>	<u>Income \$15,000 to \$24,999 ☹</u>
Target: 82%	Target: 68%	Target: 71%
Baseline: 77% [2016]	Baseline: 64% [2016]	Baseline: 67% [2016]
Newest: 77% [2018]≈0%↔ no change	Newest: 63% [2018]≈2%↓ decrease	Newest: 66% [2018]≈2%↓ decrease
<u>Income \$25,000 to \$34,999 ☹</u>	<u>Income \$35,000 to \$49,999 ☹</u>	<u>Adults with Disability* ☹</u>
Target: 75%	Target: 79%	Target: 66%
Baseline: 70.5% [2016]	Baseline: 75% [2016]	Baseline: 62% [2016]
Newest: 69% [2018]≈2%↓ decrease	Newest: 74% [2018]≈2%↓ decrease	Newest: 62% [2018]≈0%↔ no change

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

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

<u>Overall ☺</u>	<u>Income less than \$15,000 ☺</u> <input checked="" type="checkbox"/>	<u>Income \$15,000 to \$24,999 ☹</u>
Target: 52%	Target: 40%	Target: 46%
Baseline: 49% [2015]	Baseline: 37% [2015]	Baseline: 43% [2015]
Newest: 50% [2017]≈3%↑ increase	Newest: 41% [2017]≈10%↑ increase	Newest: 45.5% [2017]≈6%↑ increase
<u>Income \$25,000 to \$34,999 ☹</u>	<u>Income \$35,000 to \$49,999 ☹</u>	<u>Hispanic ☺</u> <input checked="" type="checkbox"/>
Target: 47%	Target: 45%	Target: 38%
Baseline: 45% [2015]	Baseline: 43% [2015]	Baseline: 35% [2015]
Newest: 46.5% [2017]≈4%↑ increase	Newest: 44.7% [2017]≈5%↑ increase	Newest: 43% [2017]≈22%↑ increase
<u>Adults with Disability** ☺</u> <input checked="" type="checkbox"/>		
Target: 39%		
Baseline: 37% [2015]		
Newest: 40% [2017]≈10%↑ increase		

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

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

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

<u>Overall</u> ☹️ Target: 32% Baseline: 30% [2015] Newest: 29% [2017]≈3%↓ decrease	<u>Income less than \$15,000</u> ☹️ Target: 27% Baseline: 26% [2015] Newest: 23% [2017]≈9%↓ decrease	<u>Income \$15,000 to \$24,999</u> ☹️ Target: 27% Baseline: 25% [2015] Newest: 22% [2017]≈10%↓ decrease
<u>Income \$25,000 to \$34,999</u> ☺️ ✓ Target: 24% Baseline: 22% [2015] Newest: 27% [2017]≈24%↑ increase	<u>Ages 55-64</u> ☹️ Target: 26% Baseline: 24% [2015] Newest: 21% [2017]≈11%↓ decrease	<u>Ages 65+</u> ☺️ Target: 22% Baseline: 21% [2015] Newest: 21.6% [2017]≈5%↑ increase
<u>Adults with Disability**</u> ☹️ Target: 24% Baseline: 22% [2015] Newest: 22% [2017]≈0%↔ no change		

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

*Percent of adults who engage in muscle-strengthening activities on two or more days a week.

**Additional IDPH analysis of national BRFSS data.

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

<u>Overall</u> ☹️ Target: 88% Baseline: 83% [2016] Newest: 83% [2019]≈0%↔ no change
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Data Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files. Courtesy: University of Wisconsin Population Health Institute, *County Health Rankings* online. Health Factors, Health Behaviors measures: Access to Exercise Opportunities.

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

*Percent of the population who live reasonably close to a location for physical activity, i.e., parks or recreational facilities.

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

<u>Overall (ages 1-17)</u> ☹️ Target: 88% Baseline: 84% [2016] Newest: 78% [2018]≈6%↓ decrease	<u>Income less than 200% of poverty</u> ☹️ Target: 80% Baseline: 75% [2016] Newest: 68% [2018]≈10%↓ decrease
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Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health. Indicator 1.2. <https://www.childhealthdata.org/browse/survey>

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

<u>Overall</u> ☺️ Target: 68 Baseline: 64 [2016] Newest: 67 [2018]≈4%↑ increase
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Data Source: US DHHS, Health Resources and Services Administration, Area Health Resource File. Courtesy: University of Wisconsin Population Health Institute, County Health Rankings. Rankings Data & Documentation, National Data & Documentation.

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

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

<u>Overall, ages 1-17</u> ☺️ ✓ Target: 86% Baseline: 82% [2016] Newest: 87% [2018]≈6%↑ increase	<u>Ages 1-5</u> ☺️ ✓ Target: 63% Baseline: 59% [2016] Newest: 70% [2018]≈18%↑ increase	<u>Income less than 200% of poverty</u> ☺️ ✓ Target: 79% Baseline: 75% [2016] Newest: 83% [2018]≈11%↑ increase
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Data Source: Child and Adolescent Health Measurement Initiative www.cahmi.org. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH). National Performance Measure #13B.

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

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

<u>Overall</u> ☹️	<u>Income less than 185% of poverty</u> ☹️
Target: 64%	Target: 53%
Baseline: 60% [2015]	Baseline: 50% [2015]
Newest: 55% [2017]≈8%↓ decrease	Newest: 42% [2017]≈15%↓ decrease

Data Source: Iowa Department of Public Health. Pregnancy Risk Assessment Monitoring System (PRAMS). 2017 Iowa PRAMS Survey Frequencies Databook (overall) and unpublished data (income). <https://idph.iowa.gov/prams/publications>

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

<u>Overall</u> ☹️	<u>Male</u> ☹️	<u>Black, non-Hispanic</u> ☹️
Target: 75%	Target: 72%	Target: 65%
Baseline: 71% [2016]	Baseline: 68% [2016]	Baseline: 62% [2016]
Newest: 71% [2018]≈0%↔ no change	Newest: 67% [2018]≈1%↓ decrease	Newest: 62% [2018]≈0%↔ no change
<u>Asian, non-Hispanic</u> ☺️ ✓	<u>Income less than \$15,000</u> ☺️ ✓	<u>Income \$15,000-\$24,999</u> ☹️
Target: 57%	Target: 50%	Target: 59%
Baseline: 55% [2016]	Baseline: 48% [2016]	Baseline: 55% [2016]
Newest: 62% [2018]≈12%↑ increase	Newest: 55% [2018]≈16%↑ increase	Newest: 55% [2018]≈0%↔ no change
<u>Income \$25,000-\$34,999</u> ☹️	<u>Income \$35,000-\$49,999</u> ☹️	<u>Adults with Disability</u> ☹️*
Target: 66%	Target: 74%	Target: 65%
Baseline: 62% [2016]	Baseline: 70% [2016]	Baseline: 62% [2016]
Newest: 61% [2018]≈1%↓ decrease	Newest: 67% [2018]≈5%↓ decrease	Newest: 58% [2018]≈5%↓ decrease

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

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

<u>Chlamydia Overall</u> ☹️	<u>American Indian/Alaska Native females ages 15-24</u> ☺️ ✓	
Target: 393	Target: 5,445	
Baseline: 415 [2016]	Baseline: 5,733 [2016]	
Newest: 467 [2018]≈13%↑ increase	Newest: 4,325 [2018]≈25%↓ decrease	
<u>Females, ages 15-24</u> ☹️	<u>Black/African American females ages 15-24</u> ☹️	
Target: 2,767	Target: 10,123	
Baseline: 2,913 [2016]	Baseline: 10,680 [2016]	
Newest: 3,190 [2018]≈10%↑ increase	Newest: 11,563 [2018]≈8%↑ increase	
<u>Gonorrhea Overall</u> ☹️	<u>American Indian/Alaska Native</u> ☹️	<u>Black/African American</u> ☹️
Target: 78	Target: 429	Target: 649
Baseline: 83 [2016]	Baseline: 452 [2016]	Baseline: 684 [2016]
Newest: 154 [2018]≈85%↑ increase	Newest: 716 [2018]≈58%↑ increase	Newest: 1,199 [2018]≈75%↑ increase
<u>Primary, Secondary & Early Latent Syphilis Overall</u> ☹️	<u>Male</u> ☹️	
Target: 4	Target: 8	
Baseline: 4.7 [2016]	Baseline: 8.6 [2016]	
Newest: 5.4 [2018]≈14%↑ increase	Newest: 9.3 [2018]≈8%↑ increase	

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

FOCUS AREA: Injury & Violence

What Health Issues Are Included

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

Injury & Violence Measures of Health Improvement

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

Ages 65+ ☺ ✓

Target: 87

Baseline: 91 [2016]

Newest: 85 [2018]≈7%↓ decrease

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

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

Ages 65+ ☹

Target: 1,159

Baseline: 1,220 [2016]

Newest: 1,289 [201]≈6%↑ increase

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

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

Overall ☺ ✓

Target: 30

Baseline: 32 [2016]

Newest: 26 [2018]≈18%↓ decrease

Non-White or Hispanic ☹

Target: 39

Baseline: 41 [2016]

Newest: 40 [2018]≈4%↓ decrease

Adults 65+ with Disability ☺* ✓

Target: 40

Baseline: 43 [2016]

Newest: 37 [2018]≈14%↓ decrease

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

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

Overall ☺ ✓

Target: 12

Baseline: 13.5 [2016]

Newest: 11 [2018]≈19%↓ decrease

Male ☺ ✓

Target: 18

Baseline: 20 [2016]

Newest: 15 [2018]≈23%↓ decrease

NonCore (non-metro/rural) ☹

Target: 15

Baseline: 16.5 [2012-2016]

Newest: 16 [2014-2018]≈3%↓ decrease

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

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

Overall ☹

Target: 10

Baseline: 12 [2016]

Newest: 16 [2018]≈33%↑ increase

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

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

<u>Overall</u> ☺ <input checked="" type="checkbox"/>	<u>Male</u> ☺ <input checked="" type="checkbox"/>	<u>Black</u> ☺
Target: 196	Target: 332	Target: 978
Baseline: 207 [2015]	Baseline: 351 [2015]	Baseline: 1,026 [2015]
Newest: 177 [2017]≈19%↓ decrease	Newest: 293 [2017]≈17%↓ decrease	Newest: 996 [2017]≈3%↓ decrease

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

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

<u>Overall</u> ☹
Target: 90%
Baseline: 86% [2016]
Newest: 82% [2018]≈5%↓ decrease

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

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

<u>Overall</u> ☹	<u>Agriculture, forestry, fishing and hunting</u> ☹
Target: 4	Target: 15
Baseline: 4.8 [2016]	Baseline: 17 [2016]
Newest: 4.9 [2018]≈2%↑ increase	Newest: 27.5 [2018]≈65%↑ increase

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

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

<u>Overall</u> ☺	<u>Agriculture, forestry, fishing and hunting*</u> ☺ <input checked="" type="checkbox"/>
Target: 3	Target: 7
Baseline: 4 [2016]	Baseline: 7.5 [2016]
Newest: 3.5 [2018]≈8%↓ decrease	Newest: 5.8 [2018]≈23%↓ decrease

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

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FOCUS AREA: Mental Health, Illness, & Suicide

What Health Issues Are Included

Mental Health, Illness & Suicide

Mental Health, Illness, & Suicide Measures of Health Improvement

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

<u>Overall</u> ☹️	<u>Female</u> ☹️	<u>Ages 18-44</u> ☹️
Target: 9%	Target: 11%	Target: 11%
Baseline: 10% [2016]	Baseline: 12% [2016]	Baseline: 12.5% [2016]
Newest: 10% [2018]≈0%↔ no change	Newest: 12% [2018]≈0%↔ no change	Newest: 13% [2018]≈6%↑ increase
<u>Income less than \$25,000</u> ☹️	<u>Adults with Disability*</u> ☹️	
Target: 17%	Target: 23%	
Baseline: 19% [2016]	Baseline: 25% [2016]	
Newest: 19% [2018]≈0%↔ no change	Newest: 24% [2018]≈2%↓ decrease	

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

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

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

<u>Overall</u> ☺️ <input checked="" type="checkbox"/>
Target: 129
Baseline: 122 [2016]
Newest: 143 [2018]≈17%↑ increase

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

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

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

<u>Overall</u> ☹️
Target: 66%
Baseline: 63% [2016]
Newest: 62% [2018]≈2%↓ decrease

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

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

<u>Overall, age-adjusted</u> ☹️	<u>Male, age-adjusted</u> ☹️	
Target: 13	Target: 22	
Baseline: 15 [2016]	Baseline: 24 [2016]	
Newest: 15.5 [2018]≈6%↑ increase	Newest: 25 [2018]≈6%↑ increase	
<u>Ages 15-19</u> ☹️	<u>Ages 20-29</u> ☹️	<u>Ages 30-39</u> ☹️
Target: 9	Target: 17	Target: 20
Baseline: 10 [2016]	Baseline: 19 [2016]	Baseline: 22 [2016]
Newest: 12 [2018]≈18%↑ increase	Newest: 20 [2018]≈8%↑ increase	Newest: 20.5 [2018]≈6%↓ decrease
<u>Ages 40-49</u> ☹️	<u>Ages 50-59</u> ☹️	
Target: 20	Target: 20	
Baseline: 22 [2016]	Baseline: 22 [2016]	
Newest: 24 [2018]≈8%↑ increase	Newest: 21 [2018]≈2%↓ decrease	

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

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

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FOCUS AREA: Health Equity & the Social Determinants of Health

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

Iowa Counties with Local Strategies

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

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

Health Equity & the Social Determinants of Health

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

Alignment with National Plans

Healthy People 2020 Social Determinants of Health

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

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

Data Source & Location | To be developed

Report Date	Year
Mar 23, 2018	2017
	Value
	1

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

Progress notes: The Center for Rural Health and Primary Care (RHPC) Advisory Committee authored recommendations for Telehealth Services in Iowa. The final document was adopted at the November 2017 RHPC Advisory Committee meeting. At the February 2018 meeting a list of agencies to share the recommendations was finalized. This list includes IDPH. The letter and recommendations were sent to IDPH E-team for approval. The recommendations document and cover letter will be shared with identified stakeholders by June 30, 2018.

Report Date	Year
Feb 26, 2019	2018
	Value
	1

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

Progress notes: The Center for Rural Health and Primary Care (RHPC) Advisory Committee authored recommendations for Telehealth services in Iowa. The final document was shared with IDPH leadership and with other identified stakeholders including the Iowa Rural Health Association, the Health Resources Services Administration Federal Office of Rural Health Policy and the Great Plains Telehealth Resource Center. In the next year, the document will be posted on the IDPH rural health program web page. The RHPC Advisory Committee began having discussions in late 2018 on aging in rural communities and will be developing a recommendations document in 2019.

Report Date	Year
Feb 27, 2020	2019
	Value
	N/A

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

Progress notes: The Rural Health and Primary Care Advisory Committee was rescinded by the Iowa Legislature effective July 1, 2019. This objective will be removed from the Healthy Iowans plan.

Health Equity & the Social Determinants of Health

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

Strategy Source & Location

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

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

Who's Responsible

Center for Rural Health and Primary Care Advisory Committee

Target Date

Quarterly

Report Date

Mar 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Rural Health and Primary Care Advisory committee held four meetings in 2017. Meetings were held quarterly on the following dates: February 1, May 3, August 2, and November 1. The committee discussed issues related to rural health access and barriers to rural and agricultural communities. The main meeting topic for the year was rural telehealth services. Member updates were provided in each meeting to discuss access issues in their home communities.

Report Date

Feb 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Rural Health and Primary Care Advisory committee held four meetings in 2018. Meetings were held quarterly on the following dates: February 7, May 2, August 1, and November 7. The committee discussed issues related to rural health access and barriers to rural and agricultural communities. The main meeting topics for the year were telehealth and rural aging services. The report on telehealth is posted on the IDPH website: http://idph.iowa.gov/Portals/1/userfiles/34/rhpc_advisory/RHPCAC%20Telehealth%20Recommendations.pdf. Member updates were provided in each meeting to discuss access issues in their home communities. At the November meeting there was not a quorum present and the meeting was abbreviated. The administrative rules for this committee have been updated and the committee is only required to meet twice annually now.

Report Date

Feb 27, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Rural Health and Primary Care Advisory Committee was rescinded by the Iowa Legislature effective July 1, 2019. This strategy will be removed from the Healthy Iowans plan.

Health Equity & the Social Determinants of Health

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health Equity & the Social Determinants of Health

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

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

Report Date
Feb 21, 2018

Year
2017

Value
1

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The Patient-Centered Health Advisory Council developed a Social Determinants of Health Issue Brief which included one overarching recommendation related to Social Determinants of Health. Additionally, some members of the Patient-Centered Health Advisory Council are engaged in the Social Determinants of Health Statewide Strategies workgroup. This workgroup is developing a SDH Statewide Strategy Plan. Statewide Strategy Plans are consensus and guidance documents outlining goals and actions to address an identified priority health issue, promote alignment of resources and efforts, and advance the health and wellness of Iowans. They are designed to establish a statewide standard of care and are working documents that will be reviewed on a continuous basis and modified as needed.

Report Date
Apr 8, 2019

Year
2018

Value
9

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The Patient-Centered Health Advisory Council developed nine recommendations located in their 2018 Final Report which can be accessed here: <http://idph.iowa.gov/Portals/1/userfiles/71/2018%20Final%20Report%20-%20Patient-Centered%20Health%20Advisory%20Council.pdf>

The recommendations correlate with the meeting topics covered in 2018 which are: Brain Health, Childhood Obesity, and Rural Health.

Report Date
Feb 27, 2020

Year
2019

Value
N/A

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The Patient-Centered Health Advisory Council was rescinded by the Iowa Legislature effective July 1, 2019. This objective will be removed from the Healthy Iowans plan.

Health Equity & the Social Determinants of Health

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

Strategy Type
Community-focused

Strategy Source & Location

Patient-Centered Health Advisory Council Standing Agenda Item

Who's Responsible

Patient-Centered Health Advisory Council

Target Date

Dec 30, 2018

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Patient-Centered Health Advisory Council focuses on social determinants of health on an ongoing basis and they developed a Social Determinants of Health Issue Brief.

Report Date

Apr 8, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Patient-Centered Health Advisory Council continues to focus on social determinants of health on an ongoing basis. The Council meets quarterly on emerging health topics at each meeting with social determinants of health as the underlying focus.

Report Date

Feb 27, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Patient-Centered Health Advisory Council was rescinded by the Iowa Legislature effective July 1, 2019. This strategy will be removed from the Healthy Iowans plan.

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Health Equity & the Social Determinants of Health

Goal #3 Ensure that Federally Qualified Health Center (FQHC) patients receive an assessment that includes socioeconomic factors affecting their health.

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health Equity & the Social Determinants of Health

Objective 3-1	Increase from two to four the number of Federally Qualified Health Centers (FQHCs) using Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE).	Baseline Year	Baseline Value	Target Year	Target Value
		2016	2	2018	4

Data Source & Location: Iowa Primary Care Association.

Report Date: April 17, 2018

Year: 2017

Value: 2

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date: Mar 27, 2019

Year: 2018

Value: 5

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health Equity & the Social Determinants of Health

Strategy 3-1.1 Provide project management support, training, and technical assistance to the FQHC clinic sites to implement the PRAPARE tool. Strategy Type: Professional/provider-focused

Strategy Source & Location: Iowa Primary Care Association

Who's Responsible: Iowa Primary Care Association Performance Improvement and Health Information Technology Team Target Date: Jun 30, 2018

Report Date: Mar 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: To-date, six FQHCs are using the PRAPARE tool with targeted patient populations. The Iowa PCA continues to be successful in securing funding to expand the use of the tool among additional FQHCs, which will occur throughout 2019. An implementation toolkit and data model have been developed through funding from the State Innovation Model (partnership with Iowa Healthcare Collaborative) and

continued development into the Iowa PCA's data environment will be completed during 2019. As of February 2019, over 33,000 PRAPARE assessments had been completed on over 23,000 unique patients within the Iowa FQHCs.

Health Equity & the Social Determinants of Health

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

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

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

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

Report Date
Feb 15, 2018

Year: 2016
Value: 28,106

Progress on Objective

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

Progress notes: Over 74% of Title X clients were under 150% of the FPL. Since the total number of Title X clients has declined in the last several years it is difficult to use an actual number as a marker for change.

Report Date
Mar 27, 2019

Year: 2018
Value: 23,796

Progress on Objective

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

Progress notes: There are two funded Title X grantees in Iowa. IDPH and the Family Planning Council of Iowa provided services to 75% of Title X clients who are below 150% of the FPL. Since the total number of Title X clients has declined in the last several years it is difficult to use an actual number as a marker for change.

Health Equity & the Social Determinants of Health

Strategy 4-1.1 As required by the Federal Title X, provide culturally sensitive and age-appropriate outreach to make individuals aware of where, when, and how they can access family planning services in their community. Strategy Type
Individual/interpersonal-focused

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

Who's Responsible
Iowa Department of Health and the Family Planning Council of Iowa

Target Date
Jan 1, 2021

Report Date

Mar 16, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: Title X providers continue to provide culturally sensitive and age-appropriate outreach. Title X agencies are active in providing outreach to minority populations including Hispanic, African American, rural communities, refugees and migrant workers. Title X grantees are also required to have an Information and Education Committee that meets at least annually. This allows an opportunity for community participation and review of educational materials.

Health Equity & the Social Determinants of Health

Goal #5 Increase health equity and quality of life for people with disabilities.

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective 5-1	Increase the percentage of public health staff exhibiting cultural competency for disability.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	Unknown	2021	85%

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

Report Date

Mar 29, 2019

Year

2018

Value

72.9%

Progress on Objective

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

Progress notes: The IDPH workforce skill assessment survey was conducted in 2018. Two questions were added, one regarding staff comfort with integrating individuals with disabilities into projects and one regarding staff knowledge for developing materials in accessible format. A total of 261 responses was received, with nearly 73% responding "Strongly Agree" or "Agree" with the statement "I feel comfortable integrating individuals who have disabilities into the projects I work on (e.g. physical, intellectual, development, mental health, etc.)"

Health Equity & the Social Determinants of Health

Strategy 5-1.1 Provide public health professionals training on public health workforce competencies for disability inclusion.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Improving the Health of People with Disabilities grant work plan. Association of University Centers on Disabilities (2016): *Including People with Disabilities: Public Health Workforce Competencies*.

http://www.aucd.org/docs/Competencies%20Draft_VERSION%201.8_updated%203.16.pdf

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Dec 31, 2018

Report Date

Mar 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: A presentation on disability inclusion was given at the 2018 Governor's conference on public health. Plans are underway to host disability competency presentations at the Iowa Dept of Public Health in 2019-2020.

Health Equity & the Social Determinants of Health

Strategy 5-1.2 Provide public health professionals training on Americans with Disabilities Act (ADA) accessibility guidelines. Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Sep 30, 2020

<u>Report Date</u> Feb 28, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
------------------------------------	---

Progress notes: The IDPH community health consultant continued as chair of the Des Moines Access Advisory Board until her term ended in July 2018. Other responsibilities included a review of city building plans, technical assistance (TA) and guidance for ADA compliance. The consultant participated in monthly meetings of the Red Cross Disability Inclusion Group and the Iowa Disaster Human Resource Council and its Access and Functional Needs Committee to ensure persons with disabilities (PWD) are included in disaster planning and response. Other initiatives included the providing TA and guidance regarding PWD and ADA compliance at the Service Dog Program, a class on PWD and ADA compliance, and work with the area manager/apartment complex owner to admit service puppies in training into the complex with raiser/handlers. Black Hawk County Public Health offices and satellite offices were reviewed for ADA compliance and for PHAB accreditation. The coordinator also provided written documentation for ADA compliance. As chair of the Iowa Council on Homelessness the coordinator provided TA and guidance for accessible sheltering and housing for Iowans experiencing homelessness.

Health Equity & the Social Determinants of Health

Objective 5-2	Increase the proportion of people with disabilities who report doing physical activity or exercise during the past 30 days other than their regular job.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2014	63.8%	2018	70%

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

<u>Report Date</u> Apr 10, 2018	Year 2016	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
	Value 62.0%	

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

<u>Report Date</u> Mar 19, 2019	Year 2017	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 63.1%	

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

Health Equity & the Social Determinants of Health

Strategy 5-2.1 Identify and distribute health risk factor knowledge awareness training materials.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Dec 31, 2019

Report Date

Mar 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The website LivingWellIowa.org was created to disseminate disability related content for individuals with disabilities, caregivers, and healthcare providers. This site also contains healthcare provider educational videos for improving interactions with patients with disabilities.

Health Equity & the Social Determinants of Health

Strategy 5-2.2 Develop Iowa disability service organization capacity using the Easter Seals Iowa WE wellness empowerment strategies.

Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

University of Iowa Center for Disabilities and Development and Easter Seals Iowa

Target Date

Dec 31, 2019

Report Date

Apr 15, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Easter Seals has worked with the Warren County Wellness Coalition to establish inclusive exercise classes through the Indianola Parks and Recreation; considered reviewing the Fitness Improvement Training Coaches Guidebook for the Special Olympics; planned and implemented programs for Kendalyn Huff/Innovative Industries, an agency covering 17 counties in southern Iowa. Other activities included trainings for the Veterans Administration and presentations at three health and wellness regional or statewide conferences on the inclusion of people with disabilities in health and wellness strategies.

Health Equity & the Social Determinants of Health

Strategy 5-2.3 Partner with local public health agencies with identified willingness and implement policy, systems and environmental activities for people with disabilities in their community.

Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

University of Iowa Center for Disabilities and Development

Target Date

Aug 1, 2018

Report Date

Apr 15, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Easter Seals staff has met with the executive directors of Warren County Health Services and Mills County Public Health.

Health Equity & the Social Determinants of Health

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

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

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

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

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

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

Health Equity & the Social Determinants of Health

Strategy 5-3.1 Identify, coordinate, and establish health and wellness activities across multiple sectors and settings by 2018. Strategy Type Community-focused

Strategy Source & Location
Easter Seals Iowa (unpublished)

Who's Responsible Easter Seals Iowa health and wellness committee Target Date Jan 1, 2018

Report Date	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
Feb 8, 2019	

Progress notes: The internal health and wellness team sponsored 55 health and wellness events for clients and team members and 35/55 (64%) were inclusive.

Health Equity & the Social Determinants of Health

Objective 5-4 Increase the number of Easter Seals Iowa clients who have a formal health and wellness goal.

Baseline Year	Baseline Value	Target Year	Target Value
2012-15	527	2018	700

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

Report Date: April 25, 2018

Year: 2017
Value: 619

Progress on Objective

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

Progress notes: 619 clients out of 1167 have a formal health and wellness goal (53%). We were able to increase the number of clients working on wellness goals by creating an environment where team members were consistently hearing about opportunities and encouraged to do them with clients. This led to more people talking about it, which in turn inspires clients to want to pursue healthy lifestyles even more when they see the role modeling from their support staff on a daily basis.

Report Date: Feb 8, 2019

Year: 2018
Value: 123

Progress on Objective

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

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

Health Equity & the Social Determinants of Health

Strategy 5-4.1 Present health and wellness tools/data/information to all 14 departments within Easter Seals Iowa to increase awareness.

Strategy Type: Individual/interpersonal-focused

Strategy Source & Location

Easter Seals Iowa (unpublished)

Who's Responsible

Wellness Coordinator, Easter Seals Iowa

Target Date

Jan 1, 2018

Report Date: April 25, 2018

Progress on Strategy

Complete On track Off track No progress

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

Report Date: Feb 8, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: In addition, to all trainings mentioned above, we also now offer c3 de-escalation training to team members. Our vision is to equip team members with more tools so

that they can access to assist with burn out and compassion fatigue and also assist clients so they stay safe. In addition, we have offered resources on self care.

Health Equity & the Social Determinants of Health

Strategy 5-4.2 Develop and/or strengthen community partnerships to increase awareness.

Strategy Type
Community-focused

Strategy Source & Location

Easter Seals Iowa (unpublished)

Who's Responsible

Easter Seals Iowa health and wellness committee

Target Date

Jan 1, 2018

Report Date

Feb 8, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health Equity & the Social Determinants of Health

Goal #6 Improve health equity among lowans in low and moderate-income communities by increasing access to healthy foods.

Alignment with National Plans

Healthy People 2020, Social Determinants of Health

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

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

Baseline Year
2016

Baseline Value
0 (No funding)

Target Year
2019

Target Value
1 (Public funding)

Data Source & Location | To be developed.

Report Date

Mar 21, 2018

Year

2018

Value

0

Progress on Objective

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

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

Report Date

Mar 29, 2019

Year

2018

Value

0

Progress on Objective

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

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

Health Equity & the Social Determinants of Health

Strategy 6-1.1 Through public funding, create or expand a healthy corner store initiative that increases the amount of healthy food offered in existing corner stores in low and moderate income communities.

Strategy Type
Policy-focused

Strategy Source & Location

ChangeLab Solutions. Health on the Shelf

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

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

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

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

http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf

The Food Trust. The national Healthy Corner Stores Network

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

The Food Trust. *Moving From Policy to Implementation*

http://thefoodtrust.org/uploads/media_items/moving-from-policy-to-implementation-a-99845.original.pdf

Who's Responsible

Healthier Iowa Coalition, American Heart Association, Healthiest State Initiative

Target Date

Jul 1, 2020

Report Date

Mar 29, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health Equity & the Social Determinants of Health

Goal #7 Reduce arthritis-related disparities in health and health care.

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective 7-1 Ensure that all individuals with arthritis can access the knowledge, skills and resources they need to be proactive in improving their health and quality of life.

Baseline Year	Baseline Value	Target Year	Target Value
2016	15,976	2021	32,136

Data Source & Location Data collected internally to track the total number of individuals in Iowa that utilize our resources. (Does not include website visits.) The objective is a 15% increase year-over-year.

Report Date

Feb 21, 2018

Year

2017

Value

19,491

Progress on Objective

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

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

Report Date

Apr 1, 2019

Year

2018

Value

22,422

Progress on Objective

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

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

Health Equity & the Social Determinants of Health

Strategy 7-1.1 The Arthritis Foundation will provide a centrally-managed source of information and support tools to ensure quality, consistency, depth and responsiveness to identified needs. The Iowa office will serve as a hub for guidance and information to assist all individuals in Iowa with arthritis to find resources and appropriate care.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

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

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

Arthritis Foundation Strategic Plan:

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

Who's Responsible

Arthritis Foundation

Target Date

Dec 31, 2021

Report Date

Apr 1, 2019

Progress on Strategy

- Complete On track Off track No progress

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

Health Equity & the Social Determinants of Health

Goal #8 Reduce HIV-related disparities and health inequities.

Alignment with National Plans

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

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

Alignment with State / Other Plans

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

Health Equity & the Social Determinants of Health

Objective 8-1	Reduce the diagnosis disparity rates of African Americans/Blacks (AA/B) and men who have sex with men (MSM) by 15%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	AA/B: 20 MSM: 362	2021	15% reduction

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

Report Date: Mar 13, 2018

Year: 2016

Value: AA/B: 42, MSM: 371

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: We have hired a Health Equity Coordinator, established a Disrupting Racism Committee, and are addressing better quality measures. Also, throughout 2016 and 2017, we placed select print ads from the CDC's Act Against AIDS *Start Talking. Stop HIV, Let's Stop HIV Together*, and *#DoingIt* campaigns in the 13 largest metro papers and 211 additional publications across the state of Iowa to reach the general public. Additionally, we placed select ads from the CDC's Act Against AIDS *One Conversation* campaign in nine Hispanic publications in Iowa to reach Hispanic people. We also placed select digital ads from the CDC's Act Against AIDS *Start Talking. Stop HIV, Let's Stop HIV Together*, and *#DoingIt* campaigns on webpages, Facebook, Twitter, and Pandora. We prioritized three audiences: MSM, Minorities, and Minority MSM.

Report Date: Mar 11, 2019

Year: 2017

Value: AA/B: 35, MSM: 337

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

- The Bureau hired a Health Equity Coordinator in 2017, who is charged with leading efforts to address HIV-related health disparities.
- The HIV and Hepatitis CPG established a Disrupting Racism group to address racism as a root cause of health disparities.
- The Ryan White Part B Clinical Quality Management program chose to focus on viral suppression of black and African American Iowans as a priority focus area. Increasing the percentage of Iowans who are virally suppressed will decrease transmission.

- IDPH-funded HIV testing sites continue their work to engage lowans who are black or African American, or who are men who have sex with men, into testing services through increased outreach and marketing strategies.

Health Equity & the Social Determinants of Health

Strategy 8-1.1 Implement a coordinated statewide marketing initiative.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Comprehensive HIV Plan 2017-2021

Who's Responsible

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

Target Date

Dec 31, 2021

Report Date

Mar 11, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Throughout 2018, we placed select print and radio ads, covering all 99 counties. While we covered all Iowa counties, we focused on specific populations through ad placement and message. This allowed us to better connect the message of getting tested, staying in care, or reducing HIV-related stigma to the correct audience. For print ads, we placed from the CDC's *Act Against AIDS* campaign in the 13 largest metro papers and 211 additional publications across the State of Iowa to reach the general public. Additionally, we placed select ads from the CDC's *Act Against AIDS 'End Stigma'* campaign in urban, Hispanic, and rural publications to reach people who are disproportionately impacted by HIV.

We started placing radio ads in the Spring of 2018 in rural and metro markets. We did this through the peer-to-peer storytelling method. The message was someone living with HIV and how they accessed and had success with the HIV care they received from a Ryan White agency. Even with a young campaign, we have seen a direct connection with people living with HIV who were out of care hear the ad on the radio and seek out care services.

Through our contracts we grant money to our sub-recipients to perform their own marketing and outreach activities. This allows them the freedom to place in the correct medium and tailor the message to their community.

Finally, we also do unpaid media outreach through press releases of new testing locations opening (pharmacies in 2018), national health observances (e.g., World AIDS Day), and newsworthy updates (congenital syphilis cases rising in Iowa). This approach has proven to be successful and we will continue to do unpaid outreach.

Health Equity & the Social Determinants of Health

Objective 8-2 Reduce the percentage of people with HIV disease classified as stage 3 (AIDS) within 3 months of HIV diagnosis to 30%.

Baseline Year	Baseline Value	Target Year	Target Value
2014	38%	2021	30%

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

Report Date

Mar 13, 2018

Year

2016

Value

24%

Progress on Objective

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

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

Report Date
Mar 11, 2019

Year
2017

Value
28%

Progress on Objective

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

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

Health Equity & the Social Determinants of Health

Strategy 8-2.1 Increase the percentage of people who have ever been tested for HIV.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Comprehensive HIV Plan 2017-2021

Who's Responsible

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

Target Date
Dec 31, 2021

Report Date
Mar 11, 2019

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: Testing at IDPH-funded test sites increased from 5,808 in 2016 to 8,860 in 2017. Through a routine opt-out testing initiative at select Federally Qualified Health Centers there was an increase in HIV testing from 5,102 in 2016 to 7,389 in 2017. In 2017, 27.8% of all Iowans reported ever being tested for HIV, according to BRFSS data. Some of the marketing campaigns administered by IDPH focused on reducing stigma around HIV testing and providing information on where to get tested.

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Health Equity & the Social Determinants of Health

Goal #9 Increase access to care and improve health outcomes for persons living with HIV (PLWH).

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health Equity & the Social Determinants of Health

Objective 9-1	By December 31, 2021, increase the proportion of people diagnosed with HIV and living in Iowa who have achieved viral suppression to 90%.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	76%	2021	90%

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

Report Date
Mar 13, 2018

Year
2016

Value
78%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Viral suppression is the goal of HIV treatment, and Iowans who are virally suppressed have better outcomes. In addition, it is the goal of the Ryan White Program and the Iowa HIV Comprehensive Plan. While the target has not yet been achieved, viral suppression has increased from the baseline and is trending in the right direction.

Report Date
Mar 11, 2019

Year
2017

Value
78%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health Equity & the Social Determinants of Health

Strategy 9-1.1 Partner with mental health stakeholders, substance use stakeholders, correctional facilities, and refugee services to better serve persons at increase risk and PLWH with co-occurring health issues. **Strategy Type** Professional/provider-focused

Strategy Source & Location
Iowa Comprehensive HIV Plan 2017-2021

Who's Responsible

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

Target Date

Dec 31, 2021

Report Date

Mar 11, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health Equity & the Social Determinants of Health

Goal #10 Increase health literacy among Iowans.

Alignment with National Plans

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

CMS Person and Family Engagement Strategy

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

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

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

Alignment with State / Other Plans

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

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

Health Equity & the Social Determinants of Health

Objective 10-1 By 2019, increase the number of healthcare providers and community-based service providers who use Teach Back with patients and clients by 15%.

Baseline Year	Baseline Value	Target Year	Target Value
2016	TBD	2019	15% increase

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

Report Date

Feb 21, 2018

Year

2017

Value

TBD

Progress on Objective

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

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

Report Date

March 8, 2019

Year

2018

Value

TBD

Progress on Objective

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

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

Health Equity & the Social Determinants of Health

Strategy 10-1.1 Increase provider and allied professional education and training focused on patient engagement and activation, including motivational interviewing, Teach Back, and health literacy best practices.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Care Coordination Statewide Strategy

Who's Responsible

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

Target Date
Dec 31, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>
March 8, 2019	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Education and training were offered to providers and stakeholders throughout 2017. The content featured was part of numerous large scale conference events, virtual webinar series events, and on-site training and technical assistance visits. Topics and education were embedded in programmatic offerings across diverse stakeholder network as well as available as part of on-demand requests. The efforts in 2017 continued in 2018.

Health Equity & the Social Determinants of Health

Strategy 10-1.2 Deliver and promote trainings that educate health-care professionals on person-centered communication techniques and shared-decision making strategies, including active listening, Teach Back, and motivational interviewing.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Person and Family Engagement Statewide Strategy

Who's Responsible

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

Target Date
Dec 31, 2020

<u>Report Date</u>	<u>Progress on Strategy</u>
March 8, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Education and training were offered to providers and stakeholders throughout 2017. The content featured was part of numerous large scale conference events, virtual webinar series events, and on-site training and technical assistance visits. Topics and education were embedded in programmatic offerings across diverse stakeholder network as well as available as part of on-demand requests. The efforts in 2017 continued in 2018.

Health Equity & the Social Determinants of Health

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

Baseline Year	Baseline Value	Target Year	Target Value
2016	84%	2021	89%

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

<u>Report Date</u>	<u>Year</u>
March 8, 2019	2018
	<u>Value</u>
	84%

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

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

Health Equity & the Social Determinants of Health

Strategy 10-2.1 Increase awareness and address health literacy, including the use of patient conversation resources such as Teach Back and Ask Me 3. Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Dec 31, 2021

Report Date

March 8, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Health literacy outreach and education were conducted throughout 2017 across diverse stakeholder audiences, focusing on patient-centered conversations and tools, such as Teach Back and Ask Me 2. Education was incorporated as part of major initiatives programming, including TCPI, HIIN, and SIM within IDPH. We see forward progress reporting from stakeholders as part of the statewide strategies progress reporting. The 2017 health literacy outreach and education continued in 2018.

Health Equity & the Social Determinants of Health

Strategy 10-2.2 As part of best practices, create and maintain policies for patient-centered care practices across team settings, emphasizing inclusive team-based care, shared-decision making, and patient activation strategies. Strategy Type
Policy-focused

Strategy Source & Location

Iowa Care Coordination Statewide Strategy

Who's Responsible

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

Target Date

Dec 31, 2021

Report Date

March 8, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: There has been active development, dissemination, and honing of policies and protocols for patient-centered care, team-based care, shared decision making and patient activation. Strategies are integrated into major IHC initiatives, including HIIN, TCPI, SIM, affecting healthcare providers and patients statewide. We see forward progress reporting from stakeholders as part of the statewide strategies progress reporting. Progress in 2017 continued in 2018.

Health Equity & the Social Determinants of Health

Goal #11 Reduce the African-American infant mortality rate.

Alignment with National Plans

Healthy People 2020, Maternal Infant and Child Health

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective 11-1	Reduce the mortality rate for non-Hispanic African-American infants from 8.4 infant deaths per 1,000 live births to 6.0 by 2021.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	8.4	2021	6

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

Report Date

Mar 15, 2018

Year

2015

Value

8.4

Progress on Objective

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

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

Report Date

Mar 19, 2019

Year

2017

Value

9.6

Progress on Objective

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

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

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

Health Equity & the Social Determinants of Health

Strategy 11-1.1 Increase safe sleep education of new parents through education of child care providers on safe sleep.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Mar 15, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Iowa SIDS Foundation provided training to 87 Child Care Nurse Consultants and Childcare Resource and Referral Providers. Safe Sleep distribution of all 77 birthing hospitals of safe sleep brochures, safe sleep crib cards, safe sleep posters for waiting rooms and airway posters for providers.

Health Equity & the Social Determinants of Health

Strategy 11-1.2 Prevent unintended pregnancies.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

April 16, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: According to the Barriers to Prenatal Care Survey, 2017 data shows 29% of pregnancies were unintended. The data appears to be stable. We continue to focus on teaching reproductive life planning in the Title X Family Planning Clinics and Title V Maternal Health Programs. We have provided education on a wide range of birth control methods in our Family Planning programs.

Health Equity & the Social Determinants of Health

Strategy 11-1.3 Provide education at birthing hospitals on shaken baby syndrome.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Mar 17, 2020

Progress on Strategy

Complete On track Off track No progress

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

Health Equity & the Social Determinants of Health

Goal #12 Continue to provide specialty care to lowans 200% below poverty level through the Polk County Medical Society (PCMS) Volunteer Physician Network Program.

Alignment with National Plans

Healthy People 2020, Access to Health Services

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

Objective 12-1	Through the Volunteer Physician Network of the Polk County Medical Society provide lowans in need of specialty care referred from the 56 free clinics in Iowa through the funding received from the State of Iowa.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	2,400	2021	3,000 per year

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

Report Date

April 19, 2018

Year

2017

Value

3,685

Progress on Objective

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

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

Report Date

April 2, 2019

Year

2018

Value

3,570

Progress on Objective

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

Progress notes: Services continue to be offered.

Health Equity & the Social Determinants of Health

Strategy 12-1.1 Navigate patients in need for specialty care through the PCMS Volunteer Physician Network Program.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Polk County Medical Society

Who's Responsible

Polk County Medical Society

Target Date

Jan 1, 2021

Report Date

April 2, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: This program continues to be needed as evidenced by the number of lowans receiving services. The program continues to recruit new specialties and services to aid additional lowans with future needs in specialty health care who do not qualify for any other program. The VPN continues to be THE ONLY ACCESS TO FREE SPECIALTY HEALTHCARE from over 500 Polk County Medical Society Physician Volunteers. Continuation depends on funding.

FOCUS AREA: Health Equity & the Social Determinants of Health

Iowa Health Issue: Safe, Affordable Housing

Iowa Counties with Local Strategies

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

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

Goals, Objectives & Strategies

Safe, Affordable Housing

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Safe, Affordable Housing

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

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

Report Date
Mar 9, 2018

Year
2018

Value
426

Progress on Objective

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

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

Report Date
Mar 26, 2019

Year
2019

Value
530

Progress on Objective

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

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

Safe, Affordable Housing

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

Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location

State of Iowa Consolidated Plan for Housing and Community Development

Who's Responsible

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

Target Date

Jan 1, 2019

Report Date

April 15, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2018, \$5.2 million was allocated for owner occupied housing rehabilitation.

Safe, Affordable Housing

Objective 1-2

Improve water and wastewater systems serving low and moderate income individuals.

Baseline Year

2015

Baseline Value

21,541

Target Year

2019

Target Value

25,000

Data Source & Location

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

Report Date

Mar 26, 2019

Year

2019

Value

78,271

Progress on Objective

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

Progress notes: \$13.7 million was awarded to improve water and wastewater systems in 2018.

Safe, Affordable Housing

Strategy 1-2.1

Invest a portion (33%) of CDBG funds into owner occupied rehabilitation activities for low and moderate income individuals.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

State of Iowa Consolidated Plan for Housing and Community Development

Who's Responsible

Iowa Economic Development Authority and communities receiving funding

Target Date

Jan 1, 2019

Report Date

Mar 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes:

FOCUS AREA: Health Equity & the Social Determinants of Health

Iowa Health Issue: Income/Poverty

Iowa Counties with Local Strategies

Monona

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

Goals, Objectives & Strategies

Income/Poverty

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

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Income/Poverty

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

Data Source & Location

Income/Poverty

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

Strategy Source & Location

Who's Responsible

Target Date

FOCUS AREA: Life Course

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

Iowa Counties with Local Strategies

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

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

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

Goal #1 Assure that children have a healthy start.

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

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

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

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

Report Date
Feb 20, 2018

Year
2016

Value
35.7%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Mar 27, 2019

Year
2017

Value
36%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Mar 16, 2020

Year
2018

Value
35.4%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

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

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

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

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Mar 16, 2020

Progress on Strategy

Complete On track Off track No progress

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

Through the Personal Responsibility Education Program (PREP), Cerro Gordo Public Health implemented a Life Plan activity that included discussion on pregnancy spacing. This lesson was implemented with 3 separate groups, serving a total of 30 teens.

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

Alignment with National Plans

Healthy People 2020, Environmental Health, Objective 16

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

Alignment with State / Other Plans

N/A

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

Objective 2-1	Increase the number of institutional/public land owners (parks, child care centers, schools, churches, businesses, colleges, health care facilities) committed to pesticide-free lawn management.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	10	2021	500

Data Source & Location | University of Northern Iowa, Center for Energy & Environmental Education

Report Date

Feb 8, 2018

Year

2017

Value

245

Progress on Objective

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

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

Report Date

Feb 12, 2019

Year

2018

Value

325

Progress on Objective

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

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

Report Date

Mar 13, 2020

Year

2019

Value

380

Progress on Objective

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

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

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

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

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

TBD

Who's Responsible

University of Northern Iowa, Center for Energy & Environmental Education

Target Date

Jan 1, 2020

Report Date

Mar 13, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2019, Direct outreach activities reached 270 community members (again, not including those reached via social media or through the Good Neighbor Iowa website--which is significant). We held 14 outreach events, were endorsed by two additional partners, and partnered with 6 AmeriCorps service members and 15 undergraduate students. Program maintenance is of high priority; funding for an additional three years has been secured.

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

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

Alignment with National Plans

Title V National Priority Measure

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

Alignment with State / Other Plans

Iowa Title V CYSHCN Program Goal https://www.idph.iowa.gov/Portals/1/Files/FamilyHealth/2015_state_narrative.pdf

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

Objective 3-1 By 2020, develop a transition plan for 60% of youth (aged 12-21) with special health care needs seen by a Child Health Specialty Clinics' nurse practitioner or physician.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0	2020	60%

Data Source & Location | Chart reviews (unpublished)

Report Date

Feb 19, 2018

Year

2017

Value

0

Progress on Objective

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

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

Report Date

Mar 1, 2019

Year

2018

Value

44%

Progress on Objective

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

Progress notes: CHSC continues to implement a transition checklist with all youth 12 and older. This objective has been revised. After piloting the original transition planning protocol staff discovered a

more simplified process was necessary to enable transition to adulthood discussions to take place with youth.

<u>Report Date</u>	<u>Year</u>	Progress on Objective <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 11, 2020	2019	
	<u>Value</u>	
	92%	

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

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

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

Strategy Source & Location

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

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

Who's Responsible

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

Target Date

Jan 1, 2020

<u>Report Date</u>	Progress on Strategy
Mar 11, 2020	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Culturally appropriate transition tools are continuing to be implemented and shared with youth and families.

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

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

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

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

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

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

Progress notes: An environmental scan looking at current services for youth transitioning to adulthood along with barriers to transition and recommendations to improve transition services was

completed. The scan was then presented to the Iowa Coalition on Integrated Employment. Ongoing collaboration toward a overall state plan is still being pursued.

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

Progress notes: This strategy is on hold.

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

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

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

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

<u>Report Date</u>	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
Mar 11, 2020	

Progress notes: This work is on hold.

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

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

Alignment with National Plans

National Plan to Address Alzheimer's
<https://www.nia.nih.gov/alzheimers/publication/2012-2013-alzheimers-disease-progress-report/national-plan-address-alzheimers>

Alignment with State / Other Plans

Alzheimer's Disease Iowa Taskforce http://www.alz.org/national/documents/iowa_State_Plan.pdf

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

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

Data Source & Location CMS tracks the number of Medicare eligible Iowans who have use the Annual Wellness Visit and received a cognitive screen. [Beneficiaries Utilizing Free Preventive Services by State, 2016](#)

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 9, 2020	2016	
	<u>Value</u>	
	70,538*	

Progress notes: The Alzheimer's Association has conducted numerous training sessions with the healthcare community to improve early diagnosis and detection. As a result of work with Broadlawns Medical Center to implement the new billing code by CMS to diagnose dementia and create care plan for those affected. From 2015-2018, we increased physician referrals to the

Association by 400%. *Beginning in Summer 2019, we have noticed a decline in the amount of referrals coming into our offices from all healthcare providers. We have a robust plan in place to rebuild relationships and connect with new providers to increase this number again. We still do not have current data from our home office for CMS report as of March 2020.

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

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

Strategy Source & Location

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

Who's Responsible

Alzheimer's Association

Target Date

Dec 31, 2018

Report Date

Mar 9, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: Alzheimer's Association continues to increase the number of constituents it reaches through education, support groups and community events. 2019 numbers show that we have supported 11,317 total contacts that year. That number is up from 8,141 in 2018. Total service contacts with 2019 numbers sit at 107,827.

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

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

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

& Location | https://www.alz.org/documents_custom/2016-facts-and-figures.pdf

Report Date

May 16, 2018

Year

2017

Value

1,034

Progress on Objective

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

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

Report Date

Mar 9, 2020

Year

2019

Value

57

Progress on Objective

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

Progress notes: These meetings provide education on the basic facts about dementia and Alzheimer's disease, warning signs of dementia, how to mitigate dementia risk, legal and financial planning, how to live well with dementia, how to be an effective caregiver, how to communicate with persons with dementia, how to effectively manage dementia related behavior, safety management, local resources available for support, and the latest on dementia research. In 2019, the

Association delivered 1,611 programs in total, 57 were knowing the 10 signs specifically. This places us at 255 total Know the 10 Signs delivery since 2015.

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

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

Strategy Source & Location

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

Who's Responsible

Alzheimer's Association

Target Date

Dec 31, 2018

Report Date

Mar 9, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: Service contacts continue to increase, with 11,317 total in 2019.

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FOCUS AREA: Health System Improvement

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

Iowa Counties with Local Strategies

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

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

Goals, Objectives & Strategies

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date
Feb 21, 2018

Year
2017

Value
52%

Progress on Objective

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

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

Report Date
March 8, 2019

Year
2018

Value
60%

Progress on Objective

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

Progress notes: Goal exceeded in 2018.

Health System Improvement & Evidence-Based Decision Making

Strategy 1-1.1 Disseminate person and family engagement best practice resources to hospitals through learning communities, web-based events, and communities of practice.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Healthcare Collaborative HIIN program strategy

Who's Responsible

Iowa Healthcare Collaborative

Target Date

Sep 29, 2018

Report Date

March 8, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Person and Family Engagement best practices and resources continued in 2018.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date

Mar 28, 2018

Year

2017

Value

265

Progress on Objective

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

Progress notes: Continued to provide Lucas devices

Report Date

Apr 26, 2019

Year

2018

Value

485

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

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

Who's Responsible
Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date
Dec 31, 2019

Report Date
Apr 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Lucas device systems were distributed to 65 critical access hospitals, and 420 Lucas device systems were distributed to EMS services in the state of Iowa.

Health System Improvement & Evidence-Based Decision Making

Objective 2-2

COMPLETE: Increase the number of emergency medical providers and hospital personnel who have received train the trainer education on how to efficiently and safely use the Lucas device system.

Baseline Year	Baseline Value	Target Year	Target Value
2016	220	2019	870
			REVISED: 778

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

Report Date
Mar 28, 2018

Year
2017

Value
492

Progress on Objective

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

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

Report Date
Apr 26, 2019

Year
2018

Value
778

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

Strategy 2-2.1 Contract with Physio Control to provide train the trainer education to hospital and EMS staff.

Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible
Iowa Department of Public Health, Bureau of Emergency and Trauma Services

Target Date
Dec 31, 2019

Report Date
Apr 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: 778 providers received training.

Health System Improvement & Evidence-Based Decision Making

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

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

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

Report Date

Mar 28, 2018

Year

2017

Value

1

Progress on Objective

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

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

Report Date

Apr 26, 2019

Year

2018

Value

1

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

Strategy 2-3.1 Continue to improve on process to track Lucas device usage.

Strategy Type
Policy-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Dec 31, 2019

Report Date

Apr 26, 2019

Progress on Strategy

- Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date
Feb 21, 2018

Year
2016

Value
34.0%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Little change since last reported data.

Report Date
Mar 15, 2019

Year
2016

Value
34.8%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Little change since last reported data.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Iowa Department of Public Health, Bureau of Family Health

Who's Responsible

Iowa Department of Public Health, Bureau of Family Health

Target Date

July 1, 2019

Report Date
Mar 15, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: IDPH has continued working with contracted Title V agencies to promote screening through primary care.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

N/A

Alignment with State / Other Plans

Traumatic Brain Injury State Implementation Partnership Grant

Health System Improvement & Evidence-Based Decision Making

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

Data Source & Location | To be developed.

Report Date
January 2018

Year
2018

Value
6.27%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Mar 19, 2019

Year
2019

Value
N/A

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Iowa Department of Public Health, Brain Injury Program

Who's Responsible

Iowa Department of Public Health, Brain Injury Program

Target Date

Jan 1, 2021

Report Date
Mar 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Due to the passage of a revised concussion bill and administrative rules, this survey was updated; however, distribution of the survey has been delayed until Spring 2019.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

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

Who's Responsible

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

Target Date

Aug 1, 2017

Report Date

March 19, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Implementation of House File 2442

Who's Responsible

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

Target Date

Jul 1, 2019

Report Date

March 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Administrative rules (641.54) were developed and adopted in January 2019.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2021

Report Date

March 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Train-the-trainer materials have been developed for training and technical assistance, beginning in 2018. The Brain Injury Alliance of Iowa is recruiting members for a concussion management speakers' bureau and connecting those individuals to requests for training using the train-the-trainer materials.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

CDC Technical Grant

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date

Feb 19, 2018

Year

2017

Value

TBD

Progress on Objective

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

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

Report Date

April 18, 2019

Year

2018

Value

0.6%

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type

Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 22, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Training has been completed and implemented.

Health System Improvement & Evidence-Based Decision Making

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

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

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

Report Date
Feb 19, 2018

Year
2017

Value
TBD

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Feb. 22, 2019

Year
2018

Value
1.4%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: This objective has been achieved.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Professional/provider-focused

Strategy Source & Location
CDC Technical Proposal 2016-Q-00953

Who's Responsible
Iowa Department of Public Health, Bureau of Health Statistics

Target Date
Apr 1, 2018

Report Date
Feb 22, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

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

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

Report Date
May 7, 2018

Year
2017

Value
TBD

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Feb 22, 2019

Year
2018

Value
TBD

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Ill-defined cause reporting is decreasing

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date
Feb 22, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Module is completed and in full use.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health System Improvement & Evidence-Based Decision Making

Objective 6-1 Increase the percentage of Iowa's population provided with the foundational public health services by the governmental public system.

Baseline Year	Baseline Value	Target Year	Target Value
2017	Unknown	2021	TBD

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

Report Date
March 2018

Year
2018

Value
Unknown

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date

March 2019

Year

2019

Value

Unknown

Progress on Objective

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

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

Report Date

March 2020

Year

2020

Value

Unknown

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Policy-focused

Strategy Source & Location

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

Who's Responsible

Public Health Advisory Council

Target Date

Mar 1, 2019

Report Date

March 2020

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Public Health Advisory Council crosswalked the Foundational Public Health Services and the Public Health Accreditation Board standards and measures to develop a baseline of core services that should be present.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Policy-focused

Strategy Source & Location

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

Who's Responsible

Public Health Advisory Council

Target Date

Mar 1, 2019

Report Date

March 2020

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Results of the survey that will be fielded by the Bureau of Public Health Performance in 2020 will be used to meet this strategy.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date: Feb 9, 2018

Year: 2017
Value: 58.25 days

Progress on Objective

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

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

Report Date: Mar 26, 2019

Year: 2018
Value: 74

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2017

Report Date

March 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Quality improvement activities have been completed.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

Objective 8-1 Increase the number of new DSAs by 10 per year.

Baseline Year	Baseline Value	Target Year	Target Value
2016	76	2020	116

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

Report Date
Feb 9, 2018

Year
2017

Value
93

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Mar 26, 2019

Year
2018

Value
118

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date
Dec 31, 2020

Report Date
Mar 26, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

Report Date

March 26, 2019

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

Title V State Priority Measure

Alignment with State / Other Plans

Iowa Title V CYSHCN Program Goal

Health System Improvement & Evidence-Based Decision Making

Objective 9-1 By 2020, increase the percent of families of CYSHCN who report being very satisfied with communication with and between their health providers and other programs.

Baseline Year	Baseline Value	Target Year	Target Value
2015	44%	2020	49%

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

Report Date

Apr 17, 2018

Year

2016

Value

67.8%

Progress on Objective

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

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

Report Date

Mar 1, 2019

Year

2016

Value

67.8%

Progress on Objective

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

Progress notes: Based on findings from the Data Resource Center for Child & Adolescent Health, 67.8% of families of CYSHCN were very satisfied and 29.5% were somewhat satisfied with

communication among the child's doctors and other health care providers in 2016. 2018 data is not yet available.

Report Date
Mar 11, 2020

Year
2018

Value
94.8%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Mar 11, 2020

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

Objective 9-2 By 2020, increase the percentage of CYSHCN who report receiving services in a well-functioning system.

Baseline Year	Baseline Value	Target Year	Target Value
2016	23.5%	2020	33%

Data Source & Location: National Survey of Children's Health

<https://www.childhealthdata.org/browse/survey/results?q=4563&r=17>

Report Date
Mar 1, 2019

Year
2018

Value
Not available

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date
Mar 11, 2020

Year
2019

Value
24.1%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health System Improvement & Evidence-Based Decision Making

Strategy 9-2.1 Collaborate with Division of Child and Community Health to support increased use of telemedicine, consultative models, and other electronic communications to enhance access to pediatric specialty care and ancillary services for CYSHCN particularly for children living in rural Iowa.

Strategy Type
Policy-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Mar 11, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2019, the Division facilitated 3,286 telehealth visits, an increase of 35% of 2018. 100% of families said they would be willing to participate in another telehealth appointment and 87% said they would recommend telehealth to friends or family.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

Centers for Disease Control and Prevention (CDC), National Environmental Public Health Tracking Network <https://ephtracking.cdc.gov>

Alignment with State / Other Plans

Iowa Department of Public Health, Unpublished Data Management Work Plan

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date

Feb 9, 2018

Year

2017

Value

24,465

Progress on Objective

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

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

Report Date

Mar 15, 2019

Year

2018

Value

NA

Progress on Objective

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

Progress notes: Data are not available for this year because of the move to the new Tableau platform. User engagement and use have improved, however.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health, Data Management Program/Environmental Public Health Tracking Team

Target Date

Dec 31, 2020

Report Date

Mar 15, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Outreach was conducted with various stakeholders.

Health System Improvement & Evidence-Based Decision Making

Objective 10-2 Increase the number of data sets on the Iowa Public Health Tracking Portal by one data set per year.

Baseline Year	Baseline Value	Target Year	Target Value
2016	14	2020	18

Data Source & Location

Iowa Department of Public Health, Data Management Program

Report Date

Feb 9, 2018

Year

2017

Value

15

Progress on Objective

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

Progress notes: BRFSS data were added to the portal.

Report Date

Mar 15, 2019

Year

2018

Value

20

Progress on Objective

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

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

Health System Improvement & Evidence-Based Decision Making

Strategy 10-2.1 Use the Data Needs Assessment conducted by the University of Iowa in 2016-17 to determine key data sets to include on the Iowa Public Health Tracking Portal.

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Oct 31, 2017

Report Date

Mar 15, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Based on the needs assessment, BRFSS data were identified as the most wanted data for the portal. BRFSS sections added to the portal include prediabetes and diabetes as well as substance abuse.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

<u>Report Date</u> Feb 9, 2018	<u>Progress on Strategy</u> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Requirements for dataset development for the portal were developed in partnership with key program staff.

Health System Improvement & Evidence-Based Decision Making

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

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

<u>Report Date</u> Feb 9, 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
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Progress notes: The BRFSS program and Vital Records have new data on the portal.

<u>Report Date</u> Mar 15, 2019	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
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Progress notes: New program data include substance abuse, diabetes, STDs, and injuries.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2018

<u>Report Date</u> March 15, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: A new technology platform, Tableau, was identified and implemented to meet program needs and to manipulate data, provide public context, and improve understandability of the portal. This platform is being used for the portal and other program-level purposes in the department.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2020

Report Date

Feb 9, 2018

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

Office of the National Coordinator for Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*
<https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf>

Alignment with State / Other Plans

Iowa Health Information Network Strategic and Operational Plan
http://iowaehealth.org/documents/cms/docs/Plans_and_Reports/2015/eHealth_Strategic_Plan_2015.pdf

Health System Improvement & Evidence-Based Decision Making

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

Data Source & Location IHIN Executive Summary
http://iowaehealth.org/documents/cms/docs/Plans_and_Reports/Executive_Summary/2016.08_IHIN_Executive_Summary.pdf

Report Date

Feb 21, 2018

Year

2017

Value

178

Progress on Objective

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

Progress notes: We are on trend, with the new IHIN platform completion the end of March 2018, our marketing and sales will be working to increase IHIN Participation.

Report Date

Feb 7, 2019

Year

2018

Value

139

Progress on Objective

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

Progress notes: While it doesn't look like we are on trend we are. IHIN has converted all existing participants from the previous platform ICA to Orion. We cleaned up and removed participants who were in arrears and were not using any of available services with IHIN. We have hired a marketing Participant Outreach person who will be connecting with old and new participants for the next year, to increase participation for the state of Iowa.

Health System Improvement & Evidence-Based Decision Making

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

Strategy Type

Professional/provider-focused

Strategy Source & Location

Event notification (alerting) is part of the Statewide Innovation Model grant program plan. <https://dhs.iowa.gov/ime/about/initiatives/newSIMhome>

Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Feb 1, 2019

Report Date

Feb 7, 2019

Progress on Strategy

- Complete On track Off track No progress

Progress notes: We have most of the hospitals in Iowa signed up with IHIN and out of those we have 56 sites providing ADT's for the Statewide Alerting Network. We are on track to garner several more over the next year.

Health System Improvement & Evidence-Based Decision Making

Strategy 11-1.2 Increase providers connected to query function of the IHIN by leveraging EHR vendors.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Health Information Network Strategic and Operational Plan

Who's Responsible

Iowa Department of Public Health, Iowa Health Information Network Team

Target Date

Dec 28, 2018

Report Date

Mar 5, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Joint webinars with IDPH were held to train both laboratorians and infection prevention practitioners throughout the state. In 2019, PACE continuing education credits for laboratorians were offered. SHL continues to advise submitting facilities regarding isolate identification and submission of suspected antimicrobial resistant organisms.

Goal #12 Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

Alignment with National Plans

National Strategy for Combating Antibiotic Resistant Bacteria

https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf

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

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

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

Alignment with State / Other Plans

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

Health System Improvement & Evidence-Based Decision Making

Objective 12-1	Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2020	1

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

Report Date: April 18, 2018

Year: 2017

Value: 1*

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date: Feb 21, 2019

Year: 2018

Value: 1

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Report Date: Mar 5, 2020

Year: 2019

Value: 1

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

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

Health System Improvement & Evidence-Based Decision Making

Strategy 12-1.1 Train and educate State Hygienic Laboratory (SHL) and in-state laboratorians to identify and submit those organisms that the CDC designated as urgent and serious threats (e.g., multi drug resistant organisms). Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2019

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL increased the number of staff able to perform ARLN-related testing. The number of specimens tested in 2019 increased approximately 50%. Since beginning, SHL has received specimens from 81 different counties within the state, with the number of detected CREs increasing annually. SHL continues to advise submitting facilities regarding isolate identification and submission of suspected antimicrobial resistant organisms.

Health System Improvement & Evidence-Based Decision Making

Strategy 12-1.2 Increase SHL laboratory capacity to perform routine confirmatory CLIA-compliant antibiotic susceptibility testing. Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

State Hygienic Laboratory Microbiology staff

Target Date

Jan. 1, 2019

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL increased the number of staff able to perform ARLN-related testing. The number of specimens tested in 2019 increased approximately 50%. Since beginning, SHL has received specimens from 81 different counties within the state, with the number of detected CREs increasing annually. SHL continues to advise submitting facilities regarding isolate identification and submission of suspected antimicrobial resistant organisms.

Health System Improvement & Evidence-Based Decision Making

Strategy 12-1.3 Increase laboratory capacity to perform carbapenem-resistance mechanism testing for the most common and important resistance mechanisms as recommended and updated annually by CDC. Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

State Hygienic Laboratory Microbiology staff

Target Date

Jan. 1, 2019

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL received funding to support an ARLN fellow in 2019. This individual is working with SHL staff on several projects to improve SHL's testing capabilities including verifying a new test method which will detect more of the markers that are currently missed by our existing panel as well as surveillance of submitted stool specimens to detect CREs in the environment.

Health System Improvement & Evidence-Based Decision Making

Objective 12-2

Improve laboratory coordination and outreach/information flow for antimicrobial resistance monitoring throughout Iowa.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2020	1 Improved outreach/information flow

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

Report Date

April 20, 2018

Year

2017

Value

1*

Progress on Objective

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

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

Report Date

Feb 21, 2019

Year

2018

Value

1

Progress on Objective

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

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

Report Date

Mar 5, 2020

Year

2019

Value

1

Progress on Objective

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

Progress notes: SHL worked with IDPH as a member of the Healthcare Associated Infection & Antibiotic Resistance Advisory Group to provide information and training on detection and testing methods. Information was regularly distributed amongst the laboratory community through our benchmarking list server as well as through infection prevention and control channels.

Health System Improvement & Evidence-Based Decision Making

Strategy 12-2.1 Coordinate connections between epidemiology and laboratory functions at state, city, county, and local levels. Develop testing and communication protocols, reporting process, and IT infrastructure to ensure timely testing and reporting of results to submitting facilities, state prevention epidemiologists, jurisdictional public health laboratories, and regional prevention partners.

Strategy Type
Community-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan. 1, 2020

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL and IDPH presented webinars and developed information for clinical labs throughout the state, providing updates on organism identification and submission for carbapenemase resistant organisms and for *Candida auris*, an emerging fungal pathogen. SHL updated and revised the antimicrobial resistance test request form menu to allow facilities to submit suspected isolates at no charge. SHL performs full susceptibility test results from the submitting facilities and tracks these profiles to share with IDPH.

Health System Improvement & Evidence-Based Decision Making

Strategy 12-2.2 Utilize connections with the state HAI/AR prevention programs to improve outbreak response capacity for carbapenemase-producing *Enterobacteriaceae*.

Strategy Type
Community-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan. 1, 2020

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL worked closely with IDPH healthcare acquired infections (HAI) staff to follow up on potential outbreaks or identification of new or novel resistant mechanisms. Point prevalence studies were performed as needed in conjunction with our regional antimicrobial resistant laboratory network (ARLN) lab in Minnesota to screen patients and identify infected individuals.

Health System Improvement & Evidence-Based Decision Making

Strategy 12-2.3 Coordinate connections with hospitals in the state to receive isolates in a timely manner.

Strategy Type
Community-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan. 1, 2020

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL works closely with IDPH healthcare acquired infections (HAI) staff to follow up on potential outbreaks or identification of new or novel resistant mechanisms. When necessary, point prevalence studies have been performed. SHL continues to provide facilities with culture materials and consultation when suspected isolates are identified.

Health System Improvement & Evidence-Based Decision Making

Goal #13 Increase the laboratory workforce in Iowa to meet future demands.

Alignment with National Plans

Healthy People 2020, Access to Quality Health Services and Support

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

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

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

Alignment with State / Other Plans

Kirkwood Community College Plan

Health System Improvement & Evidence-Based Decision Making

Objective 13-1 Increase the total number of available training programs in Iowa.

Baseline Year	Baseline Value	Target Year	Target Value
2017	9	2020	10

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

Report Date

Apr 16, 2018

Year

2017

Value

9

Progress on Objective

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

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

Report Date

Feb 21, 2019

Year

2018

Value

10

Progress on Objective

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

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

Report Date
Mar 5, 2020

Year
2019

Value
10

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

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

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.1 Utilize educational and technical expertise from SHL staff to develop adjunct instructors and increase professional development. Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible
State Hygienic Laboratory

Target Date
Jan. 1, 2019

Report Date	Progress on Strategy
Mar 5, 2020	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: SHL staff taught the Biosafety course again and presented a poster to the Association of Public Health Laboratories (APHL) annual meeting regarding the establishment of a biosafety course. Two other staff provided instruction in clinical chemistry and clinical microbiology.

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.2 Establish a new medical laboratory technician (MLT) program at Kirkwood Community College. Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible
State Hygienic Laboratory

Target Date
Jan 1, 2019

Report Date	Progress on Strategy
Mar 5, 2020	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The first group of students completed their formal coursework and are going through clinical rotations in preparation to take their board certification exams. Some students have already gotten job offers.

FOCUS AREA: Health System Improvement

Iowa Health Issue: Transportation

Iowa Counties with Local Strategies

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

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

Goals, Objectives & Strategies

Transportation

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

Alignment with National Plans

National Prevention Council Action Plan

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

Alignment with State / Other Plans

Transportation Coordination in Iowa

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

Transportation

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

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

Report Date

Mar 12, 2018

Year

2017

Value

0

Progress on Objective

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

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

Report Date

Mar 21, 2019

Year

2018

Value

0

Progress on Objective

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

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

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

Transportation

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

Strategy Type
Community-focused

Strategy Source & Location

Iowa Department of Transportation

Who's Responsible

Iowa Transportation Coordination Council and the Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Mar 21, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Iowa DOT staff has met with IDPH staff to discuss ways to work together on promoting cooperation between public transit agencies and public health agencies. Also, the Iowa's DOT's statewide mobility manager is scheduled to speak at the Governor's Conference on Public Health in April 2019.

Transportation

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Transportation

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Mar 21, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: This publication is on the Iowa DOT Office of Public Transit website at <https://iowadot.gov/transit/publications/HealthCareandPublicTransit.pdf>. The majority of the information remains current.

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FOCUS AREA: Health System Improvement

Iowa Health Issue: Insurance Affordability & Coverage

Iowa Counties with Local Strategies

Calhoun, Louisa, Poweshiek, Ringgold, Scott, Sioux

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

Goals, Objectives & Strategies

Insurance Affordability & Coverage

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

Alignment with National Plans

Healthy People 2020, Access to Health Services

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

Alignment with State / Other Plans

N/A

Insurance Affordability & Coverage

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

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

Report Date
Mar 27, 2018

Year
2017

Value
62,420

Progress on Objective

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

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

Report Date
Mar 27, 2019

Year
2018

Value
72,900

Progress on Objective

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

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

Insurance Affordability & Coverage

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

Strategy Type
Community-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Sep 30, 2020

Report Date

Mar 27, 2019

Progress on Strategy

Complete On track Off track No progress

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

Insurance Affordability & Coverage

Objective 1-2

Increase the number of children approved for presumptive eligibility by 10% by 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2015	5,753	2020	6,868

Data Source & Location

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

Report Date

Mar 27, 2019

Year

2018

Value

7,261

Progress on Objective

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

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

Insurance Affordability & Coverage

Strategy 1-2.1

Iowa Department of Human Services will enroll additional qualified entities who are eligible to submit presumptive eligibility applications.

Strategy Type

Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

Iowa Department of Human Services - Hawki program

Target Date

Jan 1, 2020

Report Date

March 27, 2019

Progress on Strategy

Complete On track Off track No progress

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

FOCUS AREA: Health System Improvement

Iowa Health Issue: Lack of Primary Care Services

Iowa Counties with Local Strategies

Davis, Keokuk, Linn, Muscatine, Scott

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

Goals, Objectives & Strategies

Lack of Primary Care Services

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Iowa Title V CYSHCN Program Goal

Lack of Primary Care Services

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

Baseline Year	Baseline Value	Target Year	Target Value
2015	0%	2020	80%

Data Source & Location: DCCH Chart Reviews

Report Date: Mar 8, 2018

Year: 2017

Value: 120

Progress on Objective

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

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

Report Date: Mar 1, 2019

Year: 2018

Value: 100%

Progress on Objective

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

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

Report Date
Mar 11, 2020

Year
2020

Value
100%

Progress on Objective

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

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

Lack of Primary Care Services

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

Strategy Type
Policy-focused

Strategy Source & Location

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

Who's Responsible
DCCH Medical Home Workgroup

Target Date
Jan 1, 2021

Report Date
Mar 11, 2020

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: This protocol has been changed. Instead of completing formal Shared Plans of Care, goal setting activities are completed with all children, youth, and families served by Child Health Specialty Clinics.

Lack of Primary Care Services

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

Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible
DCCH Medical Home Workgroup

Target Date
Jan 1, 2021

Report Date
Mar 11, 2020

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: This protocol has been changed. Instead of completing formal Shared Plans of Care, goal setting activities are completed with all children, youth, and families served by Child Health Specialty Clinics.

Lack of Primary Care Services

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

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible
DCCH Medical Home Workgroup

Target Date
Jan 1, 2021

Report Date
Mar 11, 2020

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: This protocol has been changed. Instead of completing formal Shared Plans of Care, goal setting activities are completed with all children, youth, and families served by Child Health Specialty Clinics.

Lack of Primary Care Services

Objective 1-2	By 2020, 80% of primary care providers who serve children seen by Child Health Specialty Clinics' Pediatric Integrated Health Home Program and on the Children's Mental Health Waiver are educated about the use of the Shared Plan of Care to share information and coordinate care with specialists and the care team.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0%	2020	80%

Data Source & Location | DCCH program records

<u>Report Date</u>	Year	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input checked="" type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 8, 2018	2017	
	Value	
	1200	

Progress notes: We are still identifying additional strategies to engage Primary Care Providers in the Shared Plan of care.

<u>Report Date</u>	Year	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Mar 1, 2019	2018	
	Value	
	100%	

Progress notes: This objective has been revised. To more specifically address the practices who participate in the implementation of Shared Plans of Care, CHSC has identified the program where Shared Plans of Care are being implemented in the new objective. In addition, with changing enrollment numbers and therefore changing participating practices, CHSC has changed the value to a percentage.

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

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

Lack of Primary Care Services

Strategy 1-2.1	Develop tools and trainings that will inform providers, staff, and families of CYSHCN on the importance of the Shared Plan of Care and how to use it, assuring that families receive coordinated, family-centered care that is documented. This would include providing information on how to refer CYSHCN to relevant care coordinators and other resources in their communities.	<u>Strategy Type</u> Professional/provider-focused
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Strategy Source & Location

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

Who's Responsible
DCCH Medical Home Workgroup

Target Date
Jan 1, 2021

Report Date
Mar 11, 2020

Progress on Strategy

Complete On track Off track No progress

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

Lack of Primary Care Services

Strategy 1-2.2 Provide trainings to families on coordinated, family-centered care.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible
DCCH Medical Home Workgroup

Target Date
Jan 1, 2021

Report Date
Mar 11, 2020

Progress on Strategy

Complete On track Off track No progress

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

Lack of Primary Care Services

Goal #2 Increase in the number of young children who receive a vision screening.

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Lack of Primary Care Services

Objective 2-1		Baseline Year	Baseline Value	Target Year	Target Value
Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.		2015	46,025	2021	51,750

Data Source & Location: Iowa KidSight Screening Stats. Iowa Children Screened by Year/Month. http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/

Report Date
Feb 2, 2018

Year
2017

Value
50,290

Progress on Objective

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

Progress notes: The program has achieved the original 2018 target in 2017. This achievement calls for increasing the number of children reached for vision screening.

Report Date

Mar 15, 2019

Year

2018

Value

50,856

Progress on Objective

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

Progress notes: The Program increased the number of children reached for vision screening this past year and the trend continues in the right direction toward meeting the new 2021 goal.

Report Date

Feb 26, 2020

Year

2019

Value

51,530

Progress on Objective

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

Progress notes: The Program increased the number of children reached for vision screening this past year and the trend continues in the right direction toward meeting the new 2021 goal.

Lack of Primary Care Services

Strategy 2-1.1 Train volunteers to conduct vision screenings for young children in their local communities.

Strategy Type

Community-focused

Strategy Source & Location

Department of Ophthalmology & Visual Sciences, University of Iowa

Who's Responsible

Lions Clubs of Iowa and the University of Iowa Stead Family Children's Hospital, Department of Ophthalmology & Visual Sciences

Target Date

Dec 31, 2018

Report Date

Feb 26, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: In 2019, a total of 151 volunteers were trained throughout Iowa to conduct vision screenings through the Iowa KidSight program--64 utilizing the on-line training mechanism and 87 attending classroom-style training. The volunteers who received training in 2019 represent 50 different communities/Iowa Lions Clubs.

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Lack of Primary Care Services

Goal #3 Improve access to preventive care and chronic care management services through pharmacists in lowa communities.

Alignment with National Plans

Community pharmacy enhanced services network

<https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

Alignment with State / Other Plans

Aligns with the state innovation model <http://www.ihconline.org/asp/sim/sim.aspx>

Iowa Healthcare Collaborative has a Statewide Strategy designated to increasing vaccination rates.

<http://www.ihconline.org/asp/toolkits.aspx>

Lack of Primary Care Services

Objective 3-1 Expand preventive care and chronic care management services that are provided at local pharmacies and covered by patients' health plans.

Baseline Year	Baseline Value	Target Year	Target Value
2017	At least 2 payers	2021	4

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

Report Date: April 23, 2018

Year: 2017

Value: 84

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The CPESN® Iowa network provides opportunities for pharmacies to be involved in value-based healthcare models. Pharmacies that are involved in this network have committed to offering patient care services that transcend traditional medication dispensing, coordinating care with other healthcare team members, improving patient outcomes in their communities, and decreasing overall healthcare expenditures.

Report Date: Apr 12, 2019

Year: 2018

Value: 99

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The CPESN® Iowa network provides opportunities for pharmacies to be involved in value-based healthcare models. The number of pharmacies has grown that a currently involved in the clinical integrated network. Currently a majority, not all, pharmacies are being reimbursed for some type of preventive service, chronic care management, or a value-based payment from one or more payers.

Lack of Primary Care Services

Strategy 3-1.1 Iowa Pharmacy Association will administratively support the CPESN leaders to foster growth of pharmacist services including immunizations, chronic disease management, medication reconciliation, and other services that will help meet community needs with the lack of primary care services in Iowa.

Strategy Type: Professional/provider-focused

Strategy Source & Location

There are 5 pharmacists leading this initiative (called luminaries) and committees formed to include leaders in the CPESN. Iowa following a similar model which began in North Carolina to form the Iowa CPESN:

<https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

Who's Responsible
Iowa Pharmacy Association

Target Date
Jan 1, 2021

Report Date
Apr 12, 2019

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

Progress notes: IPA has continued to support CPESN® Iowa by offering education, tools, and resources to transform their practice sites and succeed in value-based healthcare models. Recently CPESN® Iowa hired an executive director for day-to-day management which will greatly increase the capacity of the network. IPA will continue to provide regular support.

Lack of Primary Care Services

Strategy 3-1.2 Iowa Pharmacy Association will continue to encourage our members to advocate to pass federal provider status legislation for pharmacists.

Strategy Type
Policy-focused

Strategy Source & Location

Patient Access to Pharmacists' Care Coalition <http://pharmacistscare.org/>

Who's Responsible
Iowa Pharmacy Association

Target Date
Jan 1, 2021

Report Date
Apr 12, 2019

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

Progress notes: The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 109) was reintroduced in January 2018. This bill would allow pharmacists to be recognized as providers within Medicare in underserved regions as one strategy to help address the primary care shortage and support pharmacists' roles in chronic disease state management and health screenings. Additionally, IPA is pursuing provider status for pharmacists at the state level.

Lack of Primary Care Services

Strategy 3-1.3 Share successful models from other states with the Medicaid Managed Care Organizations and commercial payers to expand coverage to pharmacist services.

Strategy Type
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible
Iowa Pharmacy Association

Target Date
Jan 1, 2021

Report Date
Apr 12, 2019

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

Progress notes: IPA is having discussions with the Iowa Medicaid Enterprise to allow pharmacists to be recognized as providers and practice under the new legislation allowing pharmacists to prescribe naloxone, immunizations, and nicotine replacement therapy under a statewide protocol. Additionally, IPA is having discussions with the managed care organizations to view pharmacists as valuable members of the healthcare team and reimburse for enhanced services, medication therapy, management, and value-based agreements for other services.

Lack of Primary Care Services

Goal #4 Ensure a stable health and long-term care direct care workforce prepared to provide quality care and support to Iowans.

Alignment with National Plans

Healthy People 2020, Access to Health Services

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

Alignment with State / Other Plans

Iowa Workforce Survey 2016: Direct Care, Supports, and Service Workers

http://www.iowacaregivers.org/uploads/pdf/workforce_report.pdf

Lack of Primary Care Services

Objective 4-1	Collaborate and work in partnership on a common agenda of taking ACTION and implementing SOLUTIONS to build the health and long-term care workforce of the future, inclusive of the direct care workforce, and be prepared for the changes in the health care delivery system.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	No common agenda	2019	1 common agenda

Data Source & Location: Iowa Caregivers

Report Date: Feb 20, 2018

Year: 2018

Value: No common agenda

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Continue work effort to address barriers to CNA continuing in ACTIVE STATUS on the Nurse Aide Registry while working in settings outside of Nursing Facilities. Involved CMS in accomplishing revision to Conditions of Participation (CoP). Continue to be challenges in Iowa DIA implementing CoP revisions. Continue collaborative efforts in expansion of DCW Central Data Base/Expansion of Nurse Aide Registry.

Report Date: Mar 20, 2019

Year: 2019

Value: No common agenda

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Iowa CareGivers (IC), with consultation from DIA, published article in HUB to increase understanding of CMS regulations and Iowa DIA interpretation: <http://www.iowacaregivers.org/hub-newsletter/2018/2018-02.php>. IC continues to provide guidance and support to home and community-based employers and CNAs providing direct care, supports, and services seeking to remain ACTIVE on the DCW Registry. Exploring avenues to broaden DIA interpretation of CMS sub-regulations related to work requirements including appealing the interpretation. Continue to document and communicate need for expansion of DCW Registry to policy-makers.

Lack of Primary Care Services

Strategy 4-1.1 Take advantage of opportunities to collaborate with partners/stakeholders; e.g., Elevate Aging, Skills to Compete, Future Ready Iowa, on a common agenda and inform public policy about the current and future health and long-term care delivery system in Iowa, workforce barriers and challenges, and models of policies or initiatives that are working in Iowa and other states.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Caregivers

Who's Responsible

Iowa Caregivers

Target Date

Jun 30, 2019

Report Date

Mar 20, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Target Date revised subsequent to continued reduction in funding to implement all strategies aimed at recruitment and retention of DCW. Expanded efforts in educating direct care workers regarding their role in "telling their stories" and advocacy. Goal is to empower DCW to inform legislators and others about DCW issues and challenges based on 2017 SOLUTIONS. Supported by several stakeholder sponsors concerned about the growing direct care workforce crisis, IC is completing a 2019 DCW Wage and Benefit Survey in collaboration with IWD. What IC/others will learn from the DCW responses will help IC and sponsors to educate the public, elected officials, and others who make decisions that affect the wages and benefits of those who work in direct care. Continue active partnership with stakeholders to create a "groundswell" to address issues and challenges impacting the direct care workforce and the ability of Iowans to access health and long-term support and services where and when they need them. Infographics reflect IMPACT of Direct Care Workforce:

<http://www.iowacaregivers.org/uploads/pdf/DCWF%20Impact%20Final.pdf>

and Iowa CareGivers:

<http://www.iowacaregivers.org/uploads/pdf/IC%20Impact%20Final.pdf>.

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FOCUS AREA: Acute Disease

Iowa Health Issue: Adolescent Immunizations

Iowa Counties with Local Strategies

Buchanan, Calhoun, Delaware, Dickinson, Greene, Henry, Humboldt, Iowa, Osceola, Pottawattamie, Poweshiek, Webster

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

Goals, Objectives & Strategies

Adolescent Immunizations

Goal #1 Increase the number of adolescents 13 to 17 years of age who have received human papillomaviruses (HPV) vaccine.

Alignment with National Plans

President's Cancer Panel <https://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/index.htm>

U.S. National Vaccine Plan <http://www.hhs.gov/nvpo/national-vaccine-plan/index.html>

Healthy People 2020, Immunization and Infectious Diseases, Objective 11

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

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

Adolescent Immunizations

Objective 1-1	By December 31, 2020, increase HPV vaccine completion rates* among Iowa adolescents 13-17 years of age to 80%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	45.5%	2020	80%

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

Data Source & Location: National Immunization Survey-Teen (NIS-Teen) via TeenVaxView Interactive available at <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/index.html>

Report Date

Year

Jun 9, 2020

2017

Value

53.7%

Progress on Objective

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

Progress notes:

Report Date

Year

Jun 9, 2020

2018

Value

55.1%

Progress on Objective

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

Progress notes:

Adolescent Immunizations

Strategy 1-1.1 Encourage providers to strongly recommend the HPV vaccine as a cancer prevention vaccine and add the HPV vaccine to physician recommended vaccines at wellness checkups for recommended populations.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 5, Actions G & I

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium's HPV Workgroup continues to convene stakeholders from across the state to develop collaborative work to increase HPV vaccination rates in Iowa, including through provider education and recommendation.

In Fall 2018, select HPV Workgroup members attended a CDC-sponsored workshop intended to help states develop action plans for their HPV coalitions. From this workshop, three statewide action plans were developed to guide the workgroup moving forward. The action plans address: 1. Understanding and using HPV vaccination data; 2. provider education and engagement; and 3. working with health systems.

From July 1, 2017, through June 1, 2018, two Consortium-funded projects titled *Enhancing Clinical Communication Skills and Physician Recommendation Program* provided education to 100 providers in the Siouxland area and 275 in the Des Moines area through in-person and virtual opportunities. Nationally recognized HPV experts delivered the education on how to use evidence-based interventions to increase HPV vaccination uptake. The Siouxland project was led by June E. Nysten Cancer Center; the Des Moines project was led by Mercy Cancer Center in Des Moines. Both projects included strong partnerships with American Cancer Society, Iowa Department of Public Health, and Merck.

With funding from the Iowa Cancer Consortium, Gilda's Club Quad Cities hosted an HPV Prevention & Awareness presentation with CEU eligibility to healthcare professionals in Muscatine (3/8/18) and Davenport (3/26/18) with a total of 22 Iowans served.

Adolescent Immunizations

Strategy 1-1.2 Implement health care system strategies and office-based reminder systems to increase the number of patients who initiate and complete the HPV vaccination series.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022: Goal 5, Action D

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium's HPV Workgroup continues to convene stakeholders from across the state to develop collaborative work to increase HPV vaccination rates in Iowa, including through provider education and recommendation.

In Fall 2018, select HPV Workgroup members attended a CDC-sponsored workshop intended to help states develop action plans for their HPV coalitions. From this workshop, three statewide action plans were developed to guide the workgroup moving forward. The action plans address: 1. Understanding and using HPV

vaccination data; 2. provider education and engagement; and 3. working with health systems.

From July 1, 2017, through June 1, 2018, two Consortium-funded projects titled *Enhancing Clinical Communication Skills and Physician Recommendation Program* provided education to 100 providers in the Siouxland area and 275 in the Des Moines area through in-person and virtual opportunities. Nationally recognized HPV experts delivered the education on how to use evidence-based interventions to increase HPV vaccination uptake. The Siouxland project was led by June E. Nysten Cancer Center; the Des Moines project was led by Mercy Cancer Center in Des Moines. Both projects included strong partnerships with American Cancer Society, Iowa Department of Public Health, and Merck.

Adolescent Immunizations

Goal #2 Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases, Objectives 3 & 11

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

Iowa Administrative Code, Chapter 7 <http://idph.iowa.gov/immmtb/immunization/laws>

Adolescent Immunizations

Objective 2-1	Increase the percent of adolescents who receive meningococcal vaccine upon entry into 7th and 12th grades to 95%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016-17	0%	2019-20	95%

Data Source & Location: School and Childcare Audits, Iowa Department of Public Health
<http://idph.iowa.gov/immmtb/immunization/audits>

Report Date
Feb 23, 2018

Year
2017-2018

Value
94.3% (7th)
92.8% (12th)
93.6% (overall)

Progress on Objective

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

Progress notes: During the 2017-18 school year 94.3% (37,743/40,025) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2017-18 school year 92.8% (36,066/38,860) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Report Date
Jul 22, 2019

Year
2018-2019

Value
94.5% (7th)
91.7% (12th)
93.1% (overall)

Progress on Objective

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

Progress notes: During the 2018-19 school year 94.5% (39,262/41,550) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2018-19 school year 91.7% (35,540/38,779) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Adolescent Immunizations

Strategy 2-1.1 Distribute educational materials to health care providers regarding school immunization requirements and the benefit of meningococcal vaccine. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health, Immunization Program & Iowa Immunization Coalition

Target Date

Feb 15, 2020

<u>Report Date</u> Mar 26, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: During calendar year 2018, the Iowa Department of Public Health, Immunization Program distributed the following information regarding meningococcal disease, meningococcal vaccine and the meningococcal vaccine school requirement:

- Immunization Law and You Brochure - This brochure includes information regarding all school required vaccines including meningococcal vaccine. The program distributed 9,600 English and 1,875 Spanish brochures during 2018.

The Immunization Program created or updated the educational materials which were posted to the Immunization Program webpage. Information regarding the materials was sent to health care providers using the Immunization Program's listservs. The program has three listservs which include: general immunization, Vaccines for Children Program and Immunization Registry Information System (IRIS). The Iowa Department of Education also distributed information regarding the materials to all school nurses via the Iowa School Nurse listserv. The educational materials included the following:

- Meningococcal Vaccine Requirement Partner letter
- Meningococcal School Requirement Q & A
- Immunization Requirements Chart-Updated
- Iowa Immunization Law and You Brochure
- Certificate of Immunization Exemption-Medical
- Provisional Certificate
- Iowa Immunization Administrative Code

Adolescent Immunizations

Strategy 2-1.2 Assess school meningococcal immunization coverage levels for 7th and 12th grade students annually. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Local Public Health Agencies and Iowa Department of Public Health, Immunization Program

Target Date

Mar 1, 2020

<u>Report Date</u> March 26, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: During the 2018-19 school year 94.5% (39,262/41,550) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2018-19 school year 91.7% (35,540/38,779) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Adolescent Immunizations

Goal #3 Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

N/A

Adolescent Immunizations

Objective	Baseline Year	Baseline Value	Target Year	Target Value
Objective 3-1 Secure legislation to expand access to adolescent immunizations administered by pharmacists.	2016	No legislation	2019	Legislation passed

Data Source & Location: Iowa Code: <https://www.legis.iowa.gov/law/iowaCode>
 Currently, pharmacists can administer any vaccine per protocol to patients >18 years of age and influenza and other emergency vaccinations to patients >6 years of age.
<https://www.legis.iowa.gov/docs/iac/rule/02-17-2016.657.8.33.pdf>

Report Date
Mar 13, 2018

Year	2017
Value	Proposed Legislation

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

Progress notes: As of December 31, 2017, Iowa Pharmacy Association staff had met with multiple Iowa legislators to discuss draft language for proposed legislation. The draft language included a framework for establishing pharmacist statewide protocols. If passed, this legislation would allow pharmacists to administer any ACIP-recommended immunization for individuals 11 years of age and older and influenza vaccines for those 6 months and older.

Report Date
Mar 15, 2019

Year	2018
Value	Legislation Passed; Rules being written

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

Progress notes: As of December 31, 2018, legislation was passed and signed to allow pharmacists to order and administer vaccines via a statewide protocol including influenza vaccines for those 6 months and older and the final two doses of the HPV vaccine series for those 11 years of age and

older. The rules regulating the practice of statewide protocols is being written by the Board of Pharmacy and should become effective April 2019.

Report Date
Mar 14, 2020

Year

2019

Value

Legislation Passed; Rules Written; Pending legislation to expand immunization SWP

Progress on Objective

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

Progress notes: As of December 31, 2019, the Iowa Board of Pharmacy wrote and finalized rules to implement the Pharmacist Statewide Protocol (SWP) for ordering and administering immunizations including influenza vaccines for those 6 months and older and the final two doses of the HPV vaccine series for those 11 years of age and older. The BOP rules became effective on April 5, 2019. In 2019, the Iowa Pharmacy Association met with multiple Iowa legislators to discuss draft language to expand upon the immunization SWP for pharmacist. IPA has introduced a bill for consideration during the 2020 legislative session that would allow pharmacists to prescribe and administer all vaccines and immunizations to children ages 6 and older. If passed, this would significantly improve access to immunizations for adolescents across Iowa.

Adolescent Immunizations

Strategy 3-1.1 Partner with key stakeholders to determine best strategies for expanding access to adolescent immunizations. Strategy Type
Community-focused

Strategy Source & Location

IPA's 2017/2018 legislative priorities

Who's Responsible

Iowa Pharmacy Association

Target Date

Jun 1, 2019

Report Date

Mar 14, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The Iowa Pharmacy Association and the Iowa Public Health Association continue to meet with a group of stakeholders to discuss strategies to improve life-course immunization rates in Iowa. The stakeholder group consists of representatives of various health care-related associations, health-systems, pharmacies, industry, quality improvement organizations, public health schools, pharmacy schools, and government representatives. The group developed a joint policy statement and is working on promoting education on the public health need for vaccines as well as advocacy efforts. With Board of Pharmacy representation in IPA's House of Delegates (HOD), the 2019 HOD adopted policy in support of pharmacy technicians administering immunizations with proper education, training, and safety procedures in place. Although there is no legislation or regulatory rules allowing technician-administered immunizations, the Board of Pharmacy approved a pilot project for a major pharmacy chain to perform technician-administered immunizations. The research outcomes of this pilot project will potentially influence pharmacy legislative priorities in future years.

Adolescent Immunizations

Strategy 3-1.2 Develop and disseminate educational resources to the public regarding pharmacist administered vaccinations. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

New proposed strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Dec 31, 2018

Report Date

Mar 14, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The immunization stakeholder group identified in 3-1.1 developed a draft policy statement, and developed a public education campaign on the importance of immunizations to be launched in early 2020. Sixteen community pharmacies are participating in Phase 2 of a research project investigating the use of bidirectional interface with the state immunization registry to assist with prospectively identifying immunization needs. Phase 1 of the project was successful. Results of the research project are anticipated to be released in 2020.

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FOCUS AREA: Acute Disease

Iowa Health Issue: Flu Immunizations

Iowa Counties with Local Strategies

Buchanan, Calhoun, Greene, Iowa, Louisa, Madison, Mitchell, Sioux, Van Buren, Worth

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

Goals, Objectives & Strategies

Flu Immunizations

Goal #1 Increase the number of health care workers who receive the influenza vaccine annually.

Alignment with National Plans

National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination

<https://health.gov/hcq/pdfs/hai-action-plan-hcp-flu.PDF>

Healthy People 2020, Immunization and Infectious Disease Objective 12.9, available at

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

N/A

Flu Immunizations

Objective 1-1	Each flu season (October-March), achieve a 90% influenza vaccination rate among health care workers at hospitals.	Baseline Year	Baseline Value	Target Year	Target Value
		2009-10	79%	2020-21	90%

Data Source & Location Centers for Medicare & Medicaid Services Hospital Compare database, Timely and Effective Care – State flat file: Preventive Care measure: Healthcare workers given influenza vaccination. Available at <https://data.medicare.gov/data/archives/hospital-compare>

Report Date
Feb 21, 2018

Year
2016-2017

Value
94%

Progress on Objective

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

Progress notes: The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

Report Date
Apr 25, 2019

Year
2017-2018

Value
94%

Progress on Objective

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

Progress notes: The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

Report Date

Jun 9, 2020

Year

2018-2019

Value

95%

Progress on Objective

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

Progress notes: The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

Flu Immunizations

Strategy 1-1.1 Distribute educational materials to Iowa health care workers regarding the importance of receiving annual influenza vaccine.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health, Immunization Program

Target Date

Sep 30, 2020

Report Date

Mar 28, 2019

Progress on Strategy

- Complete On track Off track No progress

Progress notes: During the 2018-19 influenza season, the Iowa Department of Public Health Immunization Program developed and distributed influenza vaccine posters. The poster was available in two sizes, 8.5 X 11" and 11 X 17". The poster included four different images and promoted receiving the flu vaccine with the slogan of "Get a Flu Shot Before the Flu Gets You." The Immunization Program distributed 1,375 posters during 2018-19 influenza season.

Flu Immunizations

Strategy 1-1.2 Annually assess influenza vaccination rates of health care providers in long-term care and ambulatory care settings.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Healthcare Collaborative Strategy

Who's Responsible

Iowa Healthcare Collaborative

Target Date

Jul 31, 2021

Report Date

March 8, 2019

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Assessment of influenza vaccination rates among healthcare providers in long-term care and ambulatory care settings continued through the target date with maintenance of a self-reporting database and encouragement of reporting through the National Healthcare Safety Network for appropriate settings. (IHC's specific programming supporting LTC & ASC IMM services ended in 2016/17. IHC continues to promote, but no longer has intentioned programming.)

Flu Immunizations

Goal #2 Increase influenza vaccinations in adults 65 years of age and older.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases:

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

American Nurses Association Position Statement 7/21/15:

<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Immunizations.html>

Alignment with State / Other Plans

N/A

Flu Immunizations

Objective 2-1	Annually, achieve a influenza vaccination rate of 80% among lowans 65 years of age and older.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	66.8%	2021	80%

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

Report Date

Feb 23, 2018

Year

2016

Value

67%

Progress on Objective

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

Progress notes: In 2016, 67% of lowans age 65 and over reported having a flu shot in the past 12 months. This is lower than the 70.3% reported in 2015, but is comparable to the 2014 rate of 66.8%.

Among all adults, 46.6% had a flu immunization in the past 12 months. Females, older people, people with more education, people with higher household incomes and non-Hispanic Whites were more likely to have a flu immunization. The lowest percentage was found among Non-Hispanic Blacks (31.2%), while the highest was for those age 75 and older (68.7%).

Report Date

Apr 17, 2019

Year

2017

Value

66%

Progress on Objective

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

Progress notes: In 2017, 66% of lowans age 65 and over reported having a flu shot in the past 12 months. This is lower than the 70% reported in 2015, but is comparable to the 2014 & 2016 rates.

Among adults ages 18-64, 40% had a flu immunization in the past 12 months. Females, older people, people with more education, people with higher household incomes and non-Hispanic Whites were more likely to have a flu immunization. The lowest percentage was found among males ages 18-64 (35%), while the highest was for those ages 75 and older (72%).

Report Date

Jun 9, 2020

Year

2018

Value

60%

Progress on Objective

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

Progress notes: In 2018, 60% of lowans age 65 and over reported having a flu shot in the past 12 months. This is lower than the 66% reported in 2017. Among adults ages 18-64, 35% had a flu immunization in the past 12 months.

Flu Immunizations

Strategy 2-1.1 Implement a public influenza vaccination campaign regarding the importance of receiving the vaccine annually. Strategy Type
Community-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health Immunization Program

Target Date

Oct 1, 2021

Report Date

May 28, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: During the 2018-19 influenza season, the Iowa Department of Public Health Immunization Program developed and distributed influenza vaccine posters. The poster was available in two sizes, 8.5 X 11" and 11 X 17". The poster included four different images and promoted receiving the flu vaccine with the slogan of "Get a Flu Shot Before the Flu Gets You." The Immunization Program distributed 1,375 posters during 2018-19 influenza season.

Flu Immunizations

Strategy 2-1.2 Support public health efforts to improve vaccination rates for children and adults. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Updated Iowa Nurses Association Resolutions to show support:

<http://www.iowanurses.org/PublicPolicy/Resolutions.aspx>

Who's Responsible

Public Policy Committee of the Iowa Nurses Association

Target Date

Jan 1, 2021

Report Date

May 4, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Nurses Association has shared flu immunizations in the association's weekly newsletter and the quarterly print publication that goes to all licensed LPN, RN, APRN in Iowa.

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FOCUS AREA: Addictive Behaviors

Iowa Health Issue: Substance Abuse

Iowa Counties with Local Strategies

Audubon, Benton, Buchanan, Calhoun, Cerro Gordo, Chickasaw, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Emmet, Franklin, Greene, Henry, Howard, Humboldt, Jackson, Jones, Linn, Madison, O'Brien, Shelby, Van Buren

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

Goals, Objectives & Strategies

Substance Abuse

Goal #1 Decrease opioid-related overdoses/deaths.

Alignment with National Plans

Healthy People 2020, Substance Abuse, Objective 12
<https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives>

Alignment with State / Other Plans

2018 Iowa Drug Control Strategy <https://odcp.iowa.gov/strategy>
 2012 Iowa Prescription Abuse Reduction Strategy <https://odcp.iowa.gov/rxstrategy>

Substance Abuse

Objective 1-1	Reduce the annual number of opioid-related ¹ overdose deaths in Iowa by 20%, from 163 (2015) to 130 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	163	2020	130

¹ The term "opioid" is used to describe a prescription pain reliever and/or illicit forms such as heroin and fentanyl.

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

Report Date
Mar 23, 2018

Year
2016

Value
180

Progress on Objective

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

Progress notes: The original objective and baseline were based on estimated numbers. The objective and baseline have been revised to reflect final numbers.

Report Date
Feb 19, 2019

Year
2017

Value
206

Progress on Objective

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

Progress notes: Iowa opioid-related overdose deaths, primarily from prescription opioids/narcotics and heroin, increased nearly 250%, from 59 deaths in 2005 to 206 deaths in 2017.

Report Date
Feb 19, 2019

Year
2018

Value
136

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

Progress notes: According to preliminary 2018 data from the Iowa Department of Public Health, the number of deaths involving opioids fell 34% to 136 opioid-related deaths, compared to 206 in 2017.

Report Date
Feb 27, 2020

Year
2019

Value
152

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

Progress notes: According to preliminary 2019 data from the Iowa Department of Public Health, the number of deaths involving opioids increased by 11% to 152 opioid related deaths.

Substance Abuse

Strategy 1-1.1 Using hospital discharge data, determine the locations (via ZIP code) in Iowa of highest overdose admissions and highest opioid admissions.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible
Iowa Poison Control Center

Target Date
Jul 1, 2021

Report Date
Mar 30, 2019

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

Progress notes: Better progress getting the hospital discharge data, but still progressing slowly. Discharge data also lags behind current year.

Substance Abuse

Strategy 1-1.2 Use focused education and outreach in high drug overdose admission areas to improve awareness of the problem and actions to take in case of an overdose.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

New strategy

Who's Responsible
Iowa Poison Control Center

Target Date
Jul 1, 2021

Report Date
Mar 30, 2019

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

Progress notes: Education being provided in areas of high population and high incidence of opioid overdose based on IPCC data and limited hospital data.

Substance Abuse

Strategy 1-1.3 Partner with bureaus in the Iowa Department of Public Health and Iowa Board of Pharmacy that are overseeing civilian and non-medical first responder use of naloxone.

Strategy Type
Community-focused

Strategy Source & Location

New Strategy

Who's Responsible
Iowa Poison Control Center

Target Date
Jul 1, 2021

Report Date
Mar 30, 2019

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

Progress notes: IDPH and IBP have implemented programs for tracking use (IDPH) and distribution (IBP) of naloxone by/to civilians and non-medical first responders. Poison center data currently is capturing mainly medical first responders and hospital health care providers.

Substance Abuse

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

Strategy Source & Location

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

Who's Responsible
Iowa Office of Drug Control Policy

Target Date
Jan 1, 2020

Report Date
March 1, 2019

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

Progress notes: Good work is being done statewide on the opioid epidemic. The following report highlights collaborative activities:

<https://odcp.iowa.gov/sites/default/files/documents/2018/11/2019strategyfinal.pdf>

Substance Abuse

Strategy 1-1.5 Work with the Iowa Legislature for funding for treatment programs, facilities, and training of qualified Iowans to be able to provide the treatment and education needed to deal with this deadly epidemic in Iowa especially for youth and meet regularly with the Iowa Congressional Delegation to appropriate the funding in the federal bill that was passed last year for care and treatment of mental health and opioid addictions. Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible
Polk County Medical Society

Target Date
Jan 16-Jan 17

Report Date
April 2, 2019

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

Progress notes: Polk County Medical Society is advocating and lobbying for the following legislation in Iowa: Legislation (Introduced) HF 623 A bill for an act relating to prior authorization for medication-assisted treatment under the Medicaid program.

Legislation (Introduced) SF 479 A bill for an act relating to mental health and disability services, including the establishment of a children's behavioral health system and a children's behavioral health system state board, and requiring certain children's behavioral health core services. (Formerly SSB 1197.)

Legislation (Introduced) HF 690 A bill for an act relating to mental health and disability services, including the establishment of a children's behavioral health system and a children's behavioral health system state board, and requiring certain children's behavioral health core services. Was HSB 206

Legislation (Introduced) HF 624 A bill for an act establishing a psychiatric patient placement clearinghouse and inpatient psychiatric bed tracking system work group. (Formerly HF 451.)

Polk County Medical Society successfully advocated and lobbied for the bill, known as the Substance Use Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. H.R. 6 was signed into law it promotes Opioid Recovery and Treatment for Patients and Communities. This bipartisan law was agreed to by the House and Senate to respond to the opioid crisis.

A critical provision contained in this law has made permanent a previously created program allowing physician assistants (PAs) and nurse practitioners (NPs) to obtain federal waivers to prescribe buprenorphine—a leading Medication-Assisted Treatment (MAT)—for the treatment of opioid use disorder (OUD). This provision also further expands the list of providers eligible to obtain such waivers by creating a five-year authorization for certified nurse-midwives, clinical nurse specialists, and nurse anaesthetists, tackles prevention, treatment, and recovery as well as enforcement. The issues addressed include the following:

It provides funding for research on nonaddictive painkillers.

The U.S. Department of Health and Human Services will be required to set rules that allow doctors to prescribe medication to treat addiction via telemedicine. That would expand help, especially to rural areas where it can be hard to access treatment for opioid use disorder.

It will fund early intervention for children who have been exposed to trauma. These children have been found to be at risk for opioid use disorder.

Substance Abuse

Strategy 1-1.6 Work with hospitals on legislation that would help to initiate the programs, education, and housing needed for substance abuse and mental health. **Strategy Type**
Policy-focused

Strategy Source & Location

Polk County Medical Society Legislative Priorities for the 2017 Iowa Legislature
https://www.iowamedical.org/iowa/News/2016/2017_IMS_Legislative_Agenda.aspx

Who's Responsible

Polk County Medical Society

Target Date

Jan 1, 2017

Report Date

April 2, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Work related to legislative activities in achieving substance abuse and mental health legislation has continued throughout the legislative session.

Substance Abuse

Strategy 1-1.7 NEW - Introduce Physician Lead Metro Opioid Task Force through the Polk County Medical Society - implemented November 2018 **Strategy Type**
Professional/provider-focused

Strategy Source & Location

See sources listed under the goal.

Who's Responsible

Polk County Medical Society

Target Date

TBD

Report Date

April 2, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Polk County Medical Society (PCMS) in collaboration with pain and emergency medicine physicians, allied health professionals, pharmacy and representatives from the Governor's office of Drug Control Policy met on November 14, 2018 to

launch a physician lead metro task force to address opioid administration in the Emergency Department (ED) setting.

In response to the opioid epidemic, the task force is working to create a multifaceted approach to support health care providers in reducing opioid administration in the ED setting. There will also be a component to provide patients with necessary addiction treatment education, resources, and information.

The Metro Opioid Task Force will create a standardized protocol to be piloted across all metro EDs. It will emphasize prescribing opioid alternatives combined with behavioral therapies to create a holistic approach to patient care.

PCMS will help coordinate the standardization process with physician input from all the Des Moines area hospital EDs. The goal of the Metro Task Force is to reduce overall administration of opioids in the emergency department setting and provide patient education.

Substance Abuse

Goal #2 Increase the availability of opioid reversal agents for patients at pharmacies across the state.

Alignment with National Plans

N/A

Alignment with State / Other Plans

2017 Iowa Code Chapter 135.190. Possession and administration of opioid antagonists immunity.
<https://www.legis.iowa.gov/law/statutory>

Substance Abuse

Objective 2-1	All 99 of Iowa's counties have at least one pharmacy participating in the opioid antagonist statewide standing order.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2019	99

Data Source & Location | Iowa Board of Pharmacy. <https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution>
 Based on Opioid antagonist standing order: <https://pharmacy.iowa.gov/document/naloxone-standing-order>

Report Date	Year
Mar 13, 2018	2017
	Value
	76

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

Progress notes: Overall, approximately 35% of Iowa community-based pharmacies are known to be participating in the naloxone statewide standing order. However, it appears that these pharmacies are only in 76 counties, leaving 23 of Iowa's counties without adequate access to naloxone. The Iowa Pharmacy Association continues to provide outreach to Iowa pharmacies to engage in the naloxone standing order.

Report Date	Year
Mar 29, 2019	2018
	Value
	85

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

Progress notes: In total, there are 361 pharmacies in Iowa participating in the naloxone statewide standing order. Currently 85 of Iowa's 99 counties have a pharmacy participating in the statewide standing order. Of note, 98 counties in Iowa have a pharmacy in the county.

Report Date
Mar 14, 2020

Year
2019

Value
82

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: In total, there are 362 pharmacies in Iowa participating in the naloxone statewide standing order and/or the naloxone statewide protocol for pharmacists. Currently, at least 82 counties in Iowa are participating in the statewide standing order and/or the naloxone statewide protocol. The number of counties has decreased from last year due to participating pharmacy closures in some counties. Of note, 98 counties in Iowa have a pharmacy in the county.

Substance Abuse

Strategy 2-1.1 Collaborate with the Iowa Department of Public Health, Board of Pharmacy and other key stakeholders to educate local Iowa pharmacies and patients on the statewide opioid antagonist standing order. Strategy Type
Professional/provider-focused

Strategy Source & Location
<https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution>
<https://www.iarx.org/naloxone>

Who's Responsible Iowa Pharmacy Association, Iowa Board of Pharmacy, Iowa Department of Public Health Target Date
Dec 31, 2019

Report Date
Mar 20, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: IPA has developed a toolkit of resources for pharmacies to use related to the naloxone statewide standing order available on IPA's website. The toolkit includes information about the standing order, Board of Pharmacy rules, FAQs, template policies and procedures, several training webinars from various groups throughout 2018, and community/patient education materials. A webinar specific to the naloxone statewide standing order and promoting the Narcan Access Day was held in June 2018.

Substance Abuse

Strategy 2-1.2 Increase public knowledge of which pharmacies are participating in the standing order for the opioid antagonist. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location
<https://pharmacy.iowa.gov/naloxone-standing-order>
<https://www.iarx.org/naloxone>

Who's Responsible Iowa Pharmacy Association Target Date
Dec 31, 2019

Report Date
Mar 20, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: A full list of pharmacies participating in the Iowa Standing Order for Naloxone is available on the [Iowa Board of Pharmacy website](#) including all CVS, Hy-Vee, Walgreens, NuCara, Medicap GRX Holdings, University of Iowa, Hartig Drug, Bennett Pharmacy, CarePro, Covenant Family Pharmacy, Greenwood Pharmacy, Jesup Pharmacy, La Porte City Pharmacy, Osterhaus Pharmacy, and K-mart in Council Bluffs). These pharmacies have varying ways of educating their patients on

availability of naloxone. The Iowa Pharmacy Association has developed more resources aimed towards patients and the public to increase awareness and understanding of the naloxone standing order. A naloxone access day on June 29, 2018 was well publicized in the media regarding the various locations.

Substance Abuse

Goal #3 At the local level, share resources and education with multiple stakeholders addressing their issues of substance abuse.

Alignment with National Plans

N/A

Alignment with State / Other Plans

Strategic Prevention Framework for Prescription Drugs <http://idph.iowa.gov/substance-abuse/programs/spfrx>

Substance Abuse

Objective 3-1	COMPLETE: Partner with other statewide organizations to host 8 local meetings to address the substance abuse issues and strategies to overcome these issues.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2017	8

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

Report Date

Mar 13, 2018

Year

2017

Value

8

Progress on Objective

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

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10.

Substance Abuse

Strategy 3-1.1 COMPLETE: Develop an agenda to facilitate 8 local events bringing key community members together to identify strengths and areas for improvement in regard to addiction, treatment, and access.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Pharmacy Association

Who's Responsible

Iowa Pharmacy Association

Target Date

Dec 31, 2017

Report Date

Dec 31, 2017

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10. These events have been successful at attracting a wide range of healthcare providers and facilitating local discussions. We had 290 participants in total, and received positive feedback regarding the content of the educational program. Key

trends identified include: community collaboration/education, patient education, provider education, provider strategies, alternative pain management, PMP utilization, appropriate treatment, and medication disposal.

Substance Abuse

Goal #4 Reduce excessive and disordered use of alcohol and other drugs, through prevention, treatment, and recovery supports.

Alignment with National Plans

Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/priorities>

Alignment with State / Other Plans

Federal Block Grant State Plan <http://www.idph.iowa.gov/block-grant>

Substance Abuse

Objective 4-1	Increase the percentage of Iowa 11th grade students who have never used alcohol.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	48%	2018	54%

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

Report Date
Feb 5, 2018

Year
2016

Value
50%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Several federal grants provide funding to focus on underage drinking. Efforts point to positive outcomes using evidence-based practices, programs, and policies. The strategies include a media campaign, law enforcement approaches, compliance and safety checks, education in the schools, and changes in school policies.

Report Date
Feb 8, 2019

Year
2018

Value
53%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Several federal grants provide funding to focus on underage drinking. Efforts point to positive outcomes using evidence-based practices, programs, and policies. The strategies include a media campaign, law enforcement approaches, compliance and safety checks, educational programs, and changes in school and community policies.

Substance Abuse

Strategy 4-1.1 Provide substance abuse prevention in all 99 counties through funding of and coordination with prevention providers. Strategy Type
Community-focused

Strategy Source & Location
Iowa Department of Public Health Program Profile for Substance Use Disorders
<http://idph.iowa.gov/About/Program-Profiles>

Who's Responsible
Iowa Department of Public Health, Bureau of Substance Abuse

Target Date
Dec 1, 2018

Report Date
Feb 28, 2020

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

Progress notes: IDPH administers funding to 18 contractors to provide substance abuse prevention services to all 99 counties. This funding focused on services across the lifespan with a priority on alcohol. All contractors are providing services focused on underage/ binge drinking prevention. This grant will be reproposed and will become a part of the Integrated Provider Network (IPN) Grant. This grant ends December 31, 2019. Underage drinking and youth binge drinking rates continue to trend downwards.

Substance Abuse

Objective 4-2	Increase the number of Iowans who are abstinent at the six-month follow-up compared to their admission into substance use disorder treatment.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	45%	2020	50%

Data Source & Location: Outcomes Monitoring System: <http://iconsortium.subst-abuse.uiowa.edu/Projects/OMS.html>

Report Date
Feb 5, 2018

Year
2015
Value
38%

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

Progress notes: Reported abstinence from all substances at follow-up has ranged from 38% to 59% over the last ten years (2007-2016). There has been a downward trend from 2012 to 2015 where reported abstinence decreased by 19 percentage points (from 57% to 38%). The increase of 3.8% percentage points from 2015 (38%) to 2016 (41.8%) indicates at least a one-year reversal of the trend.

Report Date
Feb 5, 2019

Year
2016
Value
42%

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

Progress notes: Reported abstinence from all substances at follow-up has ranged from 38% to 59% over the last ten years (2007-2016). There has been a downward trend from 2012 to 2015 where reported abstinence decreased by 19 percentage points (from 57% to 38%). The increase of 3.8% percentage points from 2015 (38%) to 2016 (41.8%) indicates at least a one-year reversal of the trend.

Substance Abuse

Strategy 4-2.1 Ensure access to substance abuse treatment and recovery supports through funding and coordination of treatment and recovery providers across the state.	<u>Strategy Type</u> Professional/provider-focused
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Strategy Source & Location
Iowa Department of Public Health Program Profile for Substance Use Disorders
<http://idph.iowa.gov/About/Program-Profiles>

Who's Responsible
Iowa Department of Public Health, Bureau of Substance Abuse

Target Date
Dec 1, 2019

Report Date
Mar 7, 2019

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

Progress notes: IDPH continues to expand availability of MAT, both through MAT-waivered prescribers (increasing from 31 in 2015 to 115 in 2018), as well as opioid treatment programs (increasing from 8 locations in 2015 to a total of 20 locations planned by mid-2019).

Substance Abuse

Objective 4-3 Reduce prescription drug abuse among 11th grade students with SAMHSA funding.

Baseline Year	Baseline Value	Target Year	Target Value
2014	5%	2018	4%

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

Report Date

Feb 5, 2018

Year

2016

Value

5%

Progress on Objective

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

Progress notes: Grant funding is available for only three counties. IDPH is working on coordination and developing effective strategies.

Report Date

Feb 8, 2019

Year

2016

Value

5%

Progress on Objective

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

Progress notes: ORIGINAL: Three counties represented by two prevention agencies were awarded the SPF Rx grant to reduce prescription drug misuse for youth ages 12-18 and young adults 18-25. These counties are currently on schedule completing the required Strategic Prevention Framework steps and are expected to begin implementation of four required strategies within the next seven months.

This objective has been revised: The three counties are now in the implementation step of the Strategic Prevention Framework.

Report Date

Feb 26, 2020

Year

2018

Value

4%

Progress on Objective

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

Progress notes: The state Iowa Youth Survey numbers in the 2018 results for "In the past 30 days, on how many days have you: Used prescription medications that were not prescribed for you by your doctor?" were at 4 percent. For each of the three counties: two were at 4% and one was at 3%.

Substance Abuse

Strategy 4-3.1 Implement the Strategic Prevention Framework (SPF) in three counties.

Strategy Type

Community-focused

Strategy Source & Location

SPF - Rx Grant: <http://idph.iowa.gov/substance-abuse/prevention>

Who's Responsible

Iowa Department of Public Health, Bureau of Substance Abuse

Target Date

Sep 30, 2021

Report Date

Feb 26, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The three counties continue the implementation step in the Strategic Prevention Framework process with four prevention strategies each. Two of the counties have

recently adopted a new strategy to focus on information dissemination of YourLifelowa resources. New radio commercials for the Prescription Drugs are Still Drugs media campaign have been developed to increase variety and audience reach.

Substance Abuse

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

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

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

Report Date: Mar 26, 2019

Year: 2017

Value: 56.4

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The number of opioid prescriptions per 100 lowans has decreased substantially from 2014 to 2017. The rates of opioid prescriptions per 100 lowans were 72.3 - 2014, 68.6 - 2015, 64 - 2016, and 56.4 - 2017. The rate in 2017 is below the US national average of 58.7.

Report Date: Jun 9, 2020

Year: 2018

Value: 49.3

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The rates of opioid prescriptions per 100 lowans were 72.3 - 2014, 68.6 - 2015, 64 - 2016, 56.4 - 2017, and 49.3 - 2018. The rate in 2018 is below the US national average of 51.7.

Substance Abuse

Strategy 4-4.1 Educate pharmacies and patients on partially filling CII medications when appropriate (such as opioids for acute pain) to prevent overuse, misuse, addiction, and diversion.

Strategy Type: Professional/provider-focused

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

Who's Responsible: Iowa Pharmacy Association

Target Date: Jan 1, 2021

Report Date: Mar 20, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Pharmacy Association helped with small pockets of education regarding partial filling of CII in 2018. IPA will be more strategic in the coming year for specific education regarding this practice. IPA is currently with IDPH regarding pain management education for all healthcare providers. Technical assistance was identified with a UIHC pharmacist to facilitate the educational offerings starting in 2019.

Substance Abuse

Goal #5 Reduce the overall number of substance abuse illicit urinalysis and increase the number of self-referrals for substance abuse (alcohol and drug) in the Iowa Army National Guard (IA ARNG) through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

Alignment with National Plans

Army Regulation 600-85 The Army Substance Abuse Program http://www.monterey.army.mil/Substance_Abuse/inc/R600_85.pdf

Alignment with State / Other Plans

Screening, Brief Intervention, and Referral to Treatment, Iowa Department of Public Health <http://www.idph.iowa.gov/sbirt>

Substance Abuse

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

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

Report Date
Dec 6, 2017

Year
2017

Value
138

Progress on Objective

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

Progress notes: Training year 2017 showed a significant increase with 138 Illicit positives (39% higher than 2016).

Report Date
Apr 19, 2019

Year
2018

Value
80

Progress on Objective

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

Progress notes: Training year 2018 showed a significant decrease with 80 illicit positives (42% lower than 2017).

Substance Abuse

Strategy 5-1.1 All commanders in IA ARNG will drug test a minimum of 10% of their unit monthly and each soldier a minimum of once annually. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

Who's Responsible

Unit Commanders supported by IA ARNG Substance Abuse Drug Testing Coordinator

Target Date

Oct 1, 2018

Report Date
Apr 19, 2019

Progress on Strategy

<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input checked="" type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: Units are not meeting this goal at this time. Unit training tempo has put negative pressure on accomplishing this goal in TY19. Units attempt to "catch up", conducting multiple months tests at one time, this fails to meet month testing requirements. Annual testing in TY18 was hindered by a laboratory policy that caused 40% of samples sent between June and July to be FATAL. This caused the IANGR to hold samples for shipment until there was a resolution. Strategies have

been employed to increase participation to include publication of INGR 600-85 on 22FEB19.

Substance Abuse

Strategy 5-1.2 Every unit location in the IA ARNG will identify and train two substance abuse Unit Prevention Leaders (UPL) for a minimum of two hours of substance abuse prevention education training to all M-Day Soldiers and a minimum of four hours for AGR Soldiers annually. Strategy Type
Professional/provider-focused

Strategy Source & Location

Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

Who's Responsible Commanders identify individuals, IA ARNG Substance Abuse Office provides training Target Date
Oct 1, 2018

Report Date Apr 22, 2019

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

Progress notes: 31% of units have completed minimum 2 hrs of prevention training in TY19 (4 hrs of training for AGR is no longer a requirement).

Substance Abuse

Strategy 5-1.3 All IA ARNG Soldiers will be screened for substance abuse using the Screening, Brief Intervention, and Referral (SBIRT) model by a licensed provider during their annual medical screening and SBIRT providers will encourage soldiers to self-identify to their chain of command if issues arise. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Substance Abuse

Who's Responsible Commanders supported by SBIRT provider/ Army Medical Detachment Target Date
Oct 1, 2018

Report Date Apr 22, 2019

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

Progress notes: BT Weekends being conducted to support units with addressing positive UA's, over 60 troops currently served. On average, 7000 troops are screened during PHA's annually.

Substance Abuse

Objective 5-2 Increase soldiers' self referrals (to their commanders) for substance abuse (alcohol and drug) from 15 in 2017 to 30 in 2018 in the IA ARNG.	Baseline Year	Baseline Value	Target Year	Target Value
	2017	15	2018	30

Data Source & Location IA ARNG SharePoint: Only accessible from IA ARNG computer platforms.

Report Date Apr 22, 2019

Year	2019
Value	8

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

Progress notes: Self-Referrals are not trending in desired direction, difficult to track.

Substance Abuse

Strategy 5-2.1 Commanders will become educated on the Army's Limited Use Policy and speak to their soldiers about the importance of self identification vs. getting caught

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2018 Substance Abuse Program Letter of Instruction, JFHQ

Who's Responsible

Commanders supported by IA ARNG Substance Abuse Office/Prevention Working Group

Target Date

Oct 1, 2018

Report Date

April 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Commanders are following protocol.

Substance Abuse

Strategy 5-2.2 All commanders in IA ARNG will drug test a minimum of 10% of their unit monthly and each soldier by name a minimum of once annually. Consistent testing will promote self identify before the announcement of a test, as soldiers are always subject to testing.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2017 Substance Abuse Program Letter of Instruction, JFHQ (Not available online)

Who's Responsible

Unit Commanders supported by IA ARNG Substance Abuse Drug Testing Coordinator

Target Date

Oct 1, 2018

Report Date

Apr 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Units are not meeting this goal at this time. Unit training tempo has put negative pressure on accomplishing this goal in TY19. Units attempt to "catch up", conducting multiple months tests at one time, this fails to meet monthly testing requirements. Annual testing in TY18 was hindered by a laboratory policy that caused 40% of samples sent between June and July to be FATAL. This caused the IANGR to hold samples for shipment until there was a resolution. Strategies have been employed to increase participation to include publication of INGR 600-85 on 22FEB19.

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FOCUS AREA: Addictive Behaviors

Iowa Health Issue: Tobacco

Iowa Counties with Local Strategies

Buchanan, Calhoun, Cedar, Cerro Gordo, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Franklin, Greene, Hamilton, Hancock, Humboldt, Iowa, Jones, Linn, Louisa, Madison, Muscatine, Sioux, Tama, Van Buren, Winnebago, Woodbury, Worth

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

Goals, Objectives & Strategies

Tobacco

Goal #1 Reduce tobacco use and the toll of tobacco-caused disease and death by preventing youth from starting, helping Iowans to quit, and preventing exposure to secondhand smoke.

Alignment with National Plans

Healthy People 2020, Tobacco Use <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Encourage the use of CDC funds allocated to Iowa for Tobacco Control Programs. www.cdc.gov/tobacco/index.htm

American Association of Colleges of Nursing resolution to strongly encourage schools of nursing to promote 100% smoke and tobacco free policies on their campuses to support a healthy working and living environment.

<http://www.aacn.nche.edu/media-relations/resolutions>

American Nurses Association position statement: *Reducing Tobacco Use in Pharmacies*

<http://www.nursingworld.org/positionstatements>

Pharmacists and Action on Tobacco

<https://www.fip.org/files/fip/tobacco/publications/Pharmacists%20and%20Action%20on%20Tobacco.pdf>

Promoting Quitting Among Adults and Young People: Outcome Indicators for Comprehensive Tobacco Control Programs-2015

https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/key-outcome-2015/index.htm

Alignment with State / Other Plans

Tobacco Use, Prevention, & Control 2014-2018 Strategic Plan

<http://idph.iowa.gov/Portals/1/Files/TUPAC/2014%20-%202018%20Strategic%20Plan.pdf>

State Innovation Model (SIM) Statewide Strategy Plans, Tobacco <http://idph.iowa.gov/SIM>

Tobacco

Objective 1-1	Decrease current tobacco use among youth under 18 from 6% to 5%. (This figure excludes e-cigarettes.)	Baseline Year	Baseline Value	Target Year	Target Value
		2014	6%	2020	5%

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

Report Date

Year

Feb 19, 2018

2016

Value

4%

Progress on Objective

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

Progress notes: Seven Community Partnerships serving 12 counties are working locally to assist school districts update their tobacco/nicotine-free policies. IDPH Division of Tobacco Use Prevention and Control also provides assistance to any school wishing to update its policy. There are 71 Iowa Students for Tobacco Education and Prevention (ISTEP) Chapters and 1,878 ISTEP members serving 39 counties in Iowa. ISTEP provides leadership opportunities and program

activities for youth in 7th - 12th grade. Community Partnerships also regularly educate about the impact tobacco retailers have in their communities.

Report Date
Feb 20, 2019

Year
2018

Value
4%

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

Progress notes: Three Community Partnerships serving five counties are working locally to assist school districts update their tobacco/nicotine-free policies. IDPH Division of Tobacco Use Prevention and Control also provides assistance to any school wishing to update its policy. As of February, 2019 there are 77 Iowa Students for Tobacco Education and Prevention (ISTEP) Chapters serving 39 counties in Iowa. ISTEP provides leadership opportunities and program activities for youth in 7th - 12th grade.

Tobacco

Strategy 1-1.1 Increase the tobacco tax to \$2.36 and revise how we tax all tobacco products in the state to make it more balanced. Strategy Type
Policy-focused

Strategy Source & Location

Campaign for Tobacco Free Kids, CDC recommended strategy to decrease smoking rates especially among youth

Who's Responsible

Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Iowa Tobacco Control Commission

Target Date

May 1, 2019

Report Date

Mar 20, 2019

Progress on Strategy

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

Progress notes: Bills have been introduced in the House and Senate to increase the tax on cigarettes by \$1.50 per pack and bills have also been introduced in both chambers to tax e-cigarettes at the same rate as other tobacco products.

Tobacco

Strategy 1-1.2 Increase the amount of funding for the tobacco control and prevention program at the Iowa Department of Public Health to CDC-recommended levels. Strategy Type
Policy-focused

Strategy Source & Location

Campaign for Tobacco Free Kids, CDC recommended strategy to decrease smoking rates especially among youth

Who's Responsible

Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, America Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Iowa Tobacco Control Commission

Target Date

May 1, 2019

Report Date

Mar 20, 2019

Progress on Strategy

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

Progress notes: Increases in funding have not materialized. Education of legislators on the issue will continue.

Tobacco

Strategy 1-1.3 Improve the Smoke-Free Air Act by including casinos as a public place that should prohibit smoking and also include e-cigarettes as products that are prohibited from usage in public places. Strategy Type
Policy-focused

Strategy Source & Location

CDC recommendation for effective tobacco control
Campaign for Tobacco Free Kids, American Cancer Society, American Heart Association research

Who's Responsible

Iowa Tobacco Control Advocates and Iowa Tobacco Prevention Alliance, American Heart Association, American Cancer Society, CAFE (Clean Air for Everyone) Iowa CAN, Tobacco Use, Prevention, and Control Commission

Target Date

Jul 1, 2020

Report Date

Mar 20, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Efforts to improve the Smoke-Free Air Act have not been successful. Education of legislators on expanding the Smoke-Free Air Act will continue.

Tobacco

Strategy 1-1.4 Encourage nurse-parents and all other nurses to be role models for all children.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Nurses Association
<http://www.tobaccofreenurses.org/>

Who's Responsible

Iowa Nurses Association (INA) Public Policy Committee

Target Date

Jan 1, 2019

Report Date

Mar 16, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: An effort has been launched to reduce smoking among nurses so that these caregivers can model good health behavior for children.

Tobacco

Strategy 1-1.5 Continue to follow and support legislation at the state and federal level that will control tobacco and nicotine use, especially monitoring vapor product use.

Strategy Type

Policy-focused

Strategy Source & Location

2016 Iowa Nurses Association Resolutions.
<http://www.iowanurses.org/Portals/11/2016%20INA%20Resolutions.pdf?ver=2016-07-25-125447-050>

Who's Responsible

Iowa Nurses Association (INA) Public Policy Committee

Target Date

Jan 1, 2019

Report Date

Mar 16, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: At the national and state levels, the Public Policy Committee has paid considerable attention to legislation that results in freeing more children and adults from nicotine and tobacco addiction.

Tobacco

Strategy 1-1.6 Publish an article in the IOWA NURSE REPORTER to update nurses on the impact of new forms of tobacco and smoking products.

Strategy Type

Professional/provider-focused

Strategy Source & Location

2016 Iowa Nurses Association Resolutions.
<http://www.iowanurses.org/Portals/11/2016%20INA%20Resolutions.pdf?ver=2016-07-25-125447-050>

Who's Responsible

Iowa Nurses Association (INA) Public Policy Committee

Target Date

Jan 1, 2019

Report Date

Mar 16, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Nurses Association has updated its membership about new forms of tobacco and smoking products on a regular basis in its newsletter as well as in weekly communications.

Tobacco

Objective 1-2 Decrease adult smoking prevalence from 18.1% to 17.5%.

Baseline Year	Baseline Value	Target Year	Target Value
2015	18.1%	2020	17.5%

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

Report Date

Feb 19, 2018

Year

2016

Value

16.7%

Progress on Objective

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

Progress notes: All Community Partnerships promote Quitline Iowa as well as educate health professionals about Ask, Advise and Refer system in the entire state

Report Date

Feb 13, 2019

Year

2017

Value

17.1%

Progress on Objective

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

Progress notes: Promotion of Quitline Iowa is carried out through local activities by Division contractors, Community Partnerships; through collaboration with IDPH programs; advocates and other collaborative groups such as the Healthiest State Initiative.

Report Date

Jun 9, 2020

Year

2018

Value

16.6

Progress on Objective

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

Progress notes:

Tobacco

Strategy 1-2.1 Pursue legislation to allow pharmacists to prescribe smoking cessation medication under a statewide protocol.

Strategy Type Policy-focused

Strategy Source & Location

2017 IPA legislative priority (unpublished)

Who's Responsible

Iowa Pharmacy Association

Target Date

Dec 31, 2020

Report Date

Mar 14, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Board of Pharmacy finalized rules to allow pharmacists to order and dispense a prescription for nicotine replacement therapies for tobacco cessation eligible patients. The rules became effective on April 5, 2019. The Board requires

that pharmacists maintain continuing pharmacy education on tobacco cessation in order to participate in the statewide protocol. CEImpact, a national continuing pharmacy education accreditation group created a comprehensive education program for pharmacists on patient education, motivational interviewing, and tobacco cessation therapies. IPA also hosted an educational webinar in April 2019 to educate pharmacists on navigating the statewide protocols. IPA has also continued to collaborate with the Iowa Medicaid Enterprise to include pharmacists as recognized providers pursuant to the established statewide protocols. Pharmacists are currently enrolling as providers through IME and will be able to submit claims for nicotine replacement therapy products beginning July 1, 2020.

Tobacco

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

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

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
Feb 19, 2018	2017	
	<u>Value</u>	
	5,978	

Progress notes: In April 2016, Managed Care Organizations (MCOs) assumed responsibility for Medicaid. Because over 70% of our users for Quitline Iowa in the past were on Medicaid we saw a significant decrease in users to Quitline Iowa as the MCOs have their own cessation protocols. This change may account for a decrease in Quitline users. 2016 BRFSS data shows that 49.3% of adult Iowans know about Quitline Iowa.

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
Feb 20, 2019	2018	
	<u>Value</u>	
	4,570	

Progress notes: In April 2016, Managed Care Organizations (MCOs) assumed responsibility for Medicaid. Because over 70% of our users for Quitline Iowa in the past were on Medicaid we saw a significant decrease in users to Quitline Iowa as the MCOs have their own cessation protocols. This change may account for a decrease in Quitline users. 2016 BRFSS data shows that 49.3% of adult Iowans know about Quitline Iowa. At the end of Division federal reporting year, there were 4,570 Quitline Iowa users.

Tobacco

Strategy 1-3.1 Promote health systems changes to support tobacco cessation. Strategy Type Professional/provider-focused

Strategy Source & Location

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

Who's Responsible

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

Target Date

Dec 31, 2018

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 20, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: IDPH Division of Tobacco Use Prevention and Control contractors, Community Partnerships, promote the Ask, Advise and Refer system in their service areas

across the state. The Division also collaborates with IDPH programs to promote Quitline Iowa and the referral process with their contractors and partners.

Tobacco

Objective 1-4	By March 31, 2019, increase the number of properties (low-income, affordable, Public Housing Authority, and market rate) that adopt a smoke-free policy from 1,064 to 1,200.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	1,064	2019	1,200

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

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Feb 19, 2018	2018	
	<u>Value</u>	
	1,064	

Progress notes: IDPH Division of Tobacco Use Prevention and Control staff continue to provide technical assistance to the Iowa Finance Authority, National Association of Housing and Redevelopment Officials (HUD related housing), and other property managers to adopt a smoke-free policy for their properties.

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u> <input checked="" type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Feb 20, 2019	2019	
	<u>Value</u>	
	1,241	

Progress notes: IDPH Division of Tobacco Use Prevention and Control staff continue to provide technical assistance to the Iowa Finance Authority, National Association of Housing and Redevelopment Officials (HUD related housing), and other property managers to adopt a smoke-free policy for their properties. Five Community Partnerships representing five counties are working locally with properties to go smoke-free.

Tobacco

Strategy 1-4.1 Increase policies for smoke-free multi-unit housing. Strategy Type
Policy-focused

Strategy Source & Location

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

Who's Responsible

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

Target Date

Dec 31, 2018

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 20, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The Division continues to do outreach to statewide housing organizations; promotes the program through media and its website. There are five Community Partnerships serving five counties providing local support in their service area.

Tobacco

Objective 1-5	Increase the adoption of 100% tobacco-free and nicotine-free campus policies from 317 to 482 school districts, private school systems by March 30, 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	317	2020	482

Data Source & Location | Division of Tobacco Use Prevention and Control database of K-12 public and accredited private schools <https://idph.iowa.gov/tupac/control>

Report Date
Feb 19, 2018

Year
2018

Value
317

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

Progress notes: Local contractors and Division staff continue to provide technical assistance to public and private school districts adopt a tobacco and nicotine free policy.

Report Date
Feb 20, 2019

Year
2019

Value
366

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

Progress notes: 366 out of 497 (current 2018-2019 school year) school districts with tobacco- and nicotine-free policy. The Division and its contractors, Community Partnerships continue state-wide and local outreach to public and non-public accredited school districts.

Tobacco

Strategy 1-5.1 Establish and strengthen tobacco-free policies in schools and on college/university campuses.

Strategy Type
Policy-focused

Strategy Source & Location

Division of Tobacco Use Prevention FY 18 CDC Action Plan (to be updated and approved by the Tobacco Use, Prevention and Control Commission)

Who's Responsible

Iowa Department of Public Health, Division of Tobacco Use Prevention and Control

Target Date

Mar 30, 2020

Report Date
Feb 20, 2019

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

Progress notes: There are 24 colleges/universities/community colleges/trade schools that have tobacco free campus policies. Nine have tobacco- and nicotine-free policies.

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FOCUS AREA: Chronic Disease

Iowa Health Issue: Cancer

Iowa Counties with Local Strategies

Adams, Allamakee, Calhoun, Clay, Davis, Delaware, Humboldt, Iowa, Madison, Muscatine, Sioux, Van Buren, Woodbury, Wright

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

Goals, Objectives & Strategies

Cancer

Goal #1 Increase colorectal cancer screening rates in Iowa.

Alignment with National Plans

National Colorectal Cancer Roundtable <http://nccrt.org/tools/80-percent-by-2018/>

Alignment with State / Other Plans

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

Cancer

Objective 1-1 Increase the percentage of people age 50-75 years of age who had a colorectal screening test* from 68.6% (2016) to 80% by 2022.

Baseline Year	Baseline Value	Target Year	Target Value
2016	68.6%	2022	80%

* Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past 5 years.

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

Report Date

Mar 23, 2018

Year

2016

Value

68.6%

Progress on Objective

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

Progress notes: Progress towards achieving this goal continues to be a priority for the Department, Iowa Cancer Consortium, American Cancer Society and a number of state and federal agencies, and local organizations. Involvement across various sectors, including health systems, workplaces, and insurers are just a few the areas of focus. In fact, the Department became an official member of the National Colorectal Cancer Roundtable joining the national effort to reach a 80% screening rate by 2018.

Report Date

Mar 7, 2019

Year

2016

Value

68.6%

Progress on Objective

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

Progress notes: Question is only asked every other year. New data is not available at this time. Progress towards achieving this goal continues to be a priority for the Department, Iowa Cancer Consortium, American Cancer Society and a number of state and federal agencies, and local organizations. Involvement across various sectors, including health systems, workplaces, and insurers are just a few the areas of focus. In fact, the Department became an official member

of the National Colorectal Cancer Roundtable joining the national effort to reach a 80% screening rate by 2018.

Cancer

Strategy 1-1.1 Educate the public about the importance of cancer screening guidelines. **Strategy Type**
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium Colorectal and Breast Screening workgroups continue to meet as needed to discuss collaborative efforts.

With funding from the Iowa Cancer Consortium, Gilda's Club of the Quad Cities hosted Colorectal Cancer Prevention & Screening presentations with CEU eligibility to healthcare professionals in Muscatine (9/27/17) and Davenport (1/18/18) with a total of 26 Iowans served.

With funding from the Iowa Cancer Consortium from July 1, 2017-June 1, 2018, Girls Inc. in Sioux City educated approx. 88 Iowa moms and daughters about breast, skin, and cervical cancer, screening, and prevention strategies using native-specific materials.

Cancer

Strategy 1-1.2 Promote and support programs that provide free or low-cost recommended screenings to people who are uninsured or underinsured. **Strategy Type**
Community-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action E

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Feb 28, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium includes information about free or low-cost screenings in its electronic newsletter, which reaches approximately 1,500 Iowans. Information is also shared through its social media networks.

Cancer

Strategy 1-1.3 Encourage providers, clinics and systems to use evidence-based strategies, such as system-based patient reminder tools, to increase cancer screenings. **Strategy Type**
Professional/provider-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

March 7, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: A report is not available at this time.

Cancer

Strategy 1-1.4 Implement evidence-based interventions, recommended by the Community Guide, in clinics to increase colorectal cancer screening rates. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Get Screened Program

Who's Responsible

Iowa Department of Public Health, American Cancer Society

Target Date

Jun 29, 2020

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Department and American Cancer Society continue to partner with federally qualified health centers to implement evidence-based interventions. The overall impact of this collaboration reaches 18,445 Iowans age 50-75, including a total of 7 health systems, 12 clinics, and 130 health care providers. The clinics are using Fecal Immunochemical Test (FITs) as the primary screening test. A majority of the clinics do not have access to free colorectal cancer screening tests for their patients.

Cancer

Strategy 1-1.5 Plan and/or promote colorectal cancer screening guidelines to health care professionals. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Get Screened Program

Who's Responsible

Iowa Department of Public Health, American Cancer Society

Target Date

Jun 29, 2020

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Screening guidelines and provider education continue to occur in the federally qualified health centers focused on colorectal cancer. For example, the Department educated eleven Federally Qualified Health Centers (FQHCs) on colorectal cancer screening guidelines and best practices through a partnership with the Primary Care Association (PCA).

Cancer

Strategy 1-1.6 Provide colorectal cancer screenings for uninsured and underinsured Iowans ages 50 to 75. Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location

Iowa Code section 135.11 Chapter 10 "Iowa Get Screened Cancer Program"
<https://www.legis.iowa.gov/docs/aco/arc/2562c.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jul 1, 2020

Report Date

Mar 1, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Department partners with Black Hawk County Health Department and Polk County Health Department to provide colorectal cancer screenings to eligible Iowans. Since June 2010, the Department's screening program detected 116 individuals with precancerous polyps and prevented cancer.

Cancer

Objective 1-2 The 11 federally qualified health centers (FQHCs) in IowaHealth+ will either increase their colorectal cancer screening rate (based on their 2015 UDS rate) by 10%, in 2016, or achieve the 80% target set by the National Colorectal Cancer Roundtable.

Baseline Year	Baseline Value	Target Year	Target Value
2015	39.2%	2018	80%

Data Source & Location Uniform Data System, HRSA (baseline value is an average across the 11 FQHCs with varying individual FQHC performance. The 10% goal is an improvement for each FQHC individually in 2016 from their 2015 baseline.)

Report Date

May 22, 2018

Year

2017

Value

46.2%

Progress on Objective

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

Progress notes: One FQHC has met the 80% set by the National Colorectal Cancer Roundtable, and five additional FQHCs improved their screening rates by more than 10% between 2015 and 2017. For the remaining five FQHCs, two achieved improvements in their screening rates, and three were status quo or experienced decreases in their rates.

Report Date

March 7, 2019

Year

2018

Value

50.8%

Progress on Objective

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

Progress notes: One FQHC has exceeded the 80% goal set by the National Colorectal Cancer Roundtable; nine additional FQHCs improved their screening rates from 2017-2018. One FQHC had a 1.3% decline in their screening rate between 2017 and 2018. Overall, from 2015 to 2018, the FQHCs have improved their CRC screening rates by 11.6%.

Cancer

Strategy 1-2.1 Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Primary Care Association

Who's Responsible

Iowa Primary Care Association Performance Improvement Team

Target Date

Jan 1, 2021

Report Date

Mar 1, 2019

Progress on Strategy

- Complete On track Off track No progress

Progress notes: All 11 FQHCs continued to participate in the Transformation Collaborative and focus on educating clinic staff about colorectal cancer screening guidelines, best practices and provider reminders. Colorectal cancer (CRC) technical support was provided to the clinics in the following ways: 1) Providing onsite assistance in CRC process development, process improvement and use of data in daily pre-visit planning; 2.) Discussing CRC best practices sharing (new and existing learnings from other health centers); 3.) Raising staff awareness and education to CRC during site visits; 4.) Providing face-to-face support during in-person collaborative session, which covered a wide range of topics that impact staff's ability to perform CRC screening and patient engagement; 5.) Developing staff CRC referral materials and patient CRC education materials; and 6.) Collecting CRC data to measure results.

PCA focused on creating a resource on how to improve Federally Qualified Health Centers' (FQHC) huddle and rooming process and to determine how they impact colorectal cancer screening rates. They conducted a literature and research review

for best practices related to huddles and selected the “American Medical Association’s Steps Forward Guidelines for Huddles”. The goal is to establish a standard across the FQHCs around foundational processes such as huddle routines, checklists, team composition, role expectations and responsibilities to lead to better screening rates for colorectal cancer. A total of twelve huddle processes were observed and analyzed at Iowa FQHCs.

Cancer

Goal #2 Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.

Alignment with National Plans

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

Alignment with State / Other Plans

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

Cancer

Objective 2-1

Reduce cancer mortality from 167.3 per 100,000 Iowans to 153.9 per 100,000 and incidence from 459.5 to 402.0 by 2022.

Baseline Year	Baseline Value	Target Year	Target Value
2012-2014	mortality 167.3 incidence 459.5	2022	mortality 153.9 incidence 402.0

Data Source & Location | Surveillance, Epidemiology and End Results Program (SEER) data, State Health Registry of Iowa. <https://www.public-health.uiowa.edu/shri/>

Report Date

Mar 21, 2019

Year

2016

Value

mortality:
158.3*
incidence:
472.0*
(provisional data)

Progress on Objective

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

Progress notes: The most recent 2018 SEER data indicates that the mortality rate is 160.2 and the morbidity rate is 465.9.

Cancer

Strategy 2-1.1

Convene at least 10 educational and collaborative opportunities to increase the expertise of partners and stakeholders in prevention, early detection, treatment, quality of life and health equity.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 1

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Mar 1, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: In FY18, the Iowa Cancer Consortium provided 9 virtual learning/capacity-building opportunities to Iowa's cancer control professionals and advocates.

In FY18, the Iowa Cancer Consortium hosted 30 topic-specific workgroup and committee meetings for Iowa's cancer control professionals and advocates.

Regional Iowa Cancer Consortium Spring meetings were held in April of 2018, and included networking, learning, and community-specific information for Iowa's cancer control professionals and advocates. Meetings were held April 6 in Council Bluffs, April 20 in Ames, and April 24 in Dubuque.

The annual Iowa Cancer Summit was held September 23-24, 2018, and featured networking and learning opportunities across the cancer control spectrum. 118 professionals and advocates attended.

To date in FY19, the Iowa Cancer Consortium has hosted 12 topic-specific workgroup and committee meetings for Iowa's cancer control professionals and advocates.

Cancer

Goal #3 Decrease incidence of lung cancer.

Alignment with National Plans

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

Healthy People 2020, Tobacco Use, <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Best Practices for Comprehensive Tobacco Control Programs - 2014
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

President's Cancer Panel. 2008-2009 - Reducing Environmental Cancer Risk: What We Can Do Now
https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP_Report_08-09_508.pdf

Environmental Protection Agency. 2016 - National Radon Action Plan
https://www.epa.gov/sites/production/files/2015-11/documents/nrap_guide_2015_final.pdf

Alignment with State / Other Plans

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

Cancer

Objective 3-1	Increase adult cessation attempts* from 52.5% (2016) to 57.8% by 2022.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	52.5%	2022	57.8%

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

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

Report Date	Year
Feb 23, 2018	2016
	Value
	52.5%

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

Progress notes: The decrease in percentage of Iowans quitting for a day is a barometer of the difficulty they face in quitting permanently.

Report Date
March 7, 2019

Year
2017

Value
52.7%

Progress on Objective

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

Progress notes: The slight increase again demonstrates the difficulty lowans face in quitting permanently.

Cancer

Strategy 3-1.1

Increase referrals to and participation in evidence-based tobacco cessation services for all tobacco users, including tobacco survivors.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action D

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

March 7, 2019

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: The Iowa Cancer Consortium includes information about tobacco cessation services in its electronic newsletter, which reaches approximately 1,500 lowans. Information is also shared through its social media networks.

Cancer

Strategy 3-1.2

Increase the number of insurance plans covering evidence-based cessation services, Nicotine Replacement Therapy (NRT) and counseling.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action M

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

March 7, 2019

Progress on Strategy

<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input checked="" type="checkbox"/> No progress
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Progress notes: Data cannot be accessed because there is so much variation among insurance policies.

Cancer

Strategy 3-1.3

Require that nicotine delivery devices, including e-cigarettes, be held to the same advertising, promotion and sponsorship standards as all other tobacco and nicotine products.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action G

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

March 7, 2019

Progress on Strategy

<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input checked="" type="checkbox"/> No progress
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Progress notes: There is no progress to report.

Cancer

Objective 3-2

Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.

Baseline Year	Baseline Value	Target Year	Target Value
2016	19%	2022	17%

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

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

Report Date
Feb 23, 2018

Year
2016

Value
See Progress Notes

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: 2018-2022 Iowa Cancer Plan Target states: Decrease tobacco use among youth: 11th grade overall tobacco use rate including cigarettes, smokeless,cigars, pipes, and water pipes from 10% (2016) to 9% by 2022.

The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including tobacco.

Report Date
Feb 28, 2019

Year
2018

Value
17%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: http://www.iowayouthsurvey.iowa.gov/images/2018_State/IYS%202018%20State%20Report.pdf

Cancer

Strategy 3-2.1

Increase the number of school districts, colleges/ universities, workplaces, housing units and parks that implement comprehensive tobacco and nicotine-free policies.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action K

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date
March 7, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: A progress report is not available.

Cancer

Strategy 3-2.2

Maintain or increase funding to the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control to CDC-recommended levels for Iowa.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action I

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Feb 28, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Efforts (led by ACSCAN) to increase the tobacco tax in 2018 were not successful. In 2019, ACSCAN again leads a coalition of organizations who support legislation to increase the tobacco tax by \$1.50 per pack, with comparable increases on other tobacco products. The coalition is asking lawmakers to designate \$9 million of the revenue generated from the tax for tobacco control and prevention. This would be an increase in funding of nearly \$5 million.

Cancer

Strategy 3-2.3 Increase the tax on tobacco products.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action H

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Dec 31, 2017

Report Date

Feb 28, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Efforts (led by ACSCAN) to increase the tobacco tax in 2018 were not successful. In 2019, ACSCAN again leads a coalition of organizations who support legislation to increase the tobacco tax by \$1.50 per pack, with comparable increases on other tobacco products. The Iowa Cancer Consortium Board of Directors continues to voice support for this effort.

Cancer

Objective 3-3 Decrease age-adjusted incidence per 100,000 of lung cancer by reducing exposure to radon.

Baseline Year

2012-2014

Baseline Value

63.2

Target Year

2022

Target Value

49.1

Data Source & Location

Iowa Cancer Registry, Invasive Cancer Incidence Rates <https://www.cancer-rates.info/ia/index.php>

Report Date

Feb 21, 2018

Year

2012-2014

Value

63.2

Progress on Objective

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

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon.

Report Date

March 7, 2019

Year

2013-2015

Value

63.6

Progress on Objective

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

Progress notes: A report on the collaborative effort is not available at this time.

Cancer

Strategy 3-3.1 Educate the public, health care providers, public health officials, schools, property owners, managers and policy makers about radon and other environmental substances linked to cancer.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action B

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2021

<u>Report Date</u> Feb 28, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: With FY18 funding from the Iowa Cancer Consortium, the School Radon Training & Support System Expansion Project reached 16,589 students, 2,765 teachers and support staff in 19 Iowa Counties. The project resulted in 36 school buildings being tested for radon, with 5 active mitigation systems installed. The work continues into FY2019.

Cancer

Strategy 3-3.2 Require newly constructed homes and buildings to be built using passive radon control methods according to the 2015 International Residential Building Code.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

<u>Report Date</u> March 7, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: A report on the collaborative work is not available at this time.

Cancer

Strategy 3-3.3 Collaborate with cities and housing departments to develop initiatives that provide financial assistance for radon testing and mitigation.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action C

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

<u>Report Date</u> Feb 21, 2018	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon. The Radon Workgroup is currently exploring statewide resources for financial support of radon mitigation.

Cancer

Goal #4 Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases, Objective 11:
<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

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

Cancer

Objective 4-1	Increase the percentage adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	27%	2022	29.7%

Data Source & Location: Iowa Immunization Program Annual Report
<http://idph.iowa.gov/immmtb/immunization>

Report Date
Feb 21, 2018

Year
2016

Value
27%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including HPV. The Consortium and partners at American Cancer Society recently completed a project funded by the American Academy of Pediatrics that provided education to health care providers within the UnityPoint Health System in Iowa. The project also provided incentives and helped clinics institute practice change to increase HPV vaccination provider recommendation and vaccine uptake.

Report Date
Feb 28, 2019

Year
2017

Value
38%

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The target has been exceeded.

Cancer

Strategy 4-1.1 See the following strategies in the section, Adolescent Immunizations: 1-1.3, 1-1.4, 1-1.5, 1-2.3, 1-2.4, 1-2.5

Strategy Type: Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan

Who's Responsible

Iowa Cancer Consortium and partners

Target Date

Jan. 1, 2022

Report Date: Feb 28, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: See progress reported in the Adolescent Immunization report.

Cancer

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

Alignment with National Plans

Guide to Community Preventive Services www.thecommunityguide.org

Alignment with State / Other Plans

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

Cancer

Objective 5-1

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

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

* Note that skin cancer incidence has been on an upward trend. While the 2022 target is higher than the baseline, it is a reduction of the projected 2022 rate.

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

Report Date

Feb 21, 2018

Year

2012-2014

Value

24.9

Progress on Objective

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

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including UV and Sun Safety.

Report Date

March 7, 2019

Year

2013-2015

Value

26.2

Progress on Objective

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

Progress notes: A report on the collaborative effort is not available at this time.

Cancer

Strategy 5-1.1

Increase public education about the harms of exposure to ultraviolet light from tanning beds.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 6, Action E

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Feb 28, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: With funding from the Iowa Cancer Consortium, Gilda's Club Quad Cities provided skin cancer prevention & awareness presentations to 490 Iowans at Clinton High School (2/8/18), Muscatine High School (2/15/18), Davenport North High School (2/22/18), Davenport West High School (2/26/18 and 5/7/18), and Davenport Central High School (3/8/18). Within the program, Gilda's also provided skin cancer

prevention & awareness presentations with a target audience of parents in Muscatine (4/5/18), Davenport (4/24/18) and Clinton (4/26/18) with a total of 20 Iowans served.

Cancer

Strategy 5-1.2 Advocate for prohibiting the use of tanning beds for all Iowans under the age of 18.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 6, Action G

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

March 7, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Consortium members are collaborating to achieve the objective.

Cancer

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

Alignment with National Plans

Susan G. Komen Plan Announcement

<http://komeniowa.org/komen-announces-nearly-33-million-in-research-funding-to-support-bold-goal/>

Alignment with State / Other Plans

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

Cancer

Objective 6-1 Decrease the number of counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of linguistic isolation and/or low educational achievement.

Baseline Year	Baseline Value	Target Year	Target Value
2017	18	2020	17

Data Source & Location Komen Iowa Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/> p. 45-46

Report Date

Apr 19, 2018

Year

2017

Value

17

Progress on Objective

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

Progress notes: Through our partnership with our grantees such as the Iowa Department of Public Health, we have been able to work toward increasing screening rates in counties that demonstrate higher than average percentages of late-stage diagnosis by implementing patient navigation components to the Care for Yourself Program. We also have funded bi-lingual patient navigators in areas with high Hispanic population to best address the linguistic barrier to care.

Report Date

Apr 18, 2019

Year

2018

Value

17

Progress on Objective

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

Progress notes: Through our partnership with our grantees such as the Iowa Department of Public Health, we have been able to work toward increasing screening rates in counties that demonstrate higher than average percentages of late-stage diagnosis by implementing patient navigation components to the Care for Yourself Program. We also have funded bi-lingual patient navigators in areas with high Hispanic population to best address the linguistic barre to care.

Cancer

Strategy 6-1.1 Fund programs that provide culturally-competent, multi-cultural, evidence-based breast cancer education that results in documented age-appropriate breast cancer action such as talking to one's doctor about personal risk or getting a screening mammogram.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Report Date

Apr 18, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Through our work with the Fight Strong Fight Together campaign, we have helped increased African American screening rates in Polk County by 1,000%. We used representatives from the African American community to carry awareness messaging.

Cancer

Objective 6-2 Identify and accept applications for programs per quadrant that aim to decrease the barriers created by geographic access issues in counties that demonstrate higher than average percentages of late-stage diagnosis **and** demonstrate higher than average percentages of residents who live in medically underserved and/or rural areas.

Baseline Year	Baseline Value	Target Year	Target Value
2017	N/A	2020	4 quadrants a year

Data Source & Location Komen Iowa Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Report Date

Feb 19, 2018

Year

2018

Value

4

Progress on Objective

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

Progress notes: We identify our priority counties by using the data provided in our Community Profile. From there, we are able to fund transportation assistance programs, such as gas cards and patient navigation positions that help address barriers to care.

Report Date

Apr 18, 2019

Year

2019

Value

4

Progress on Objective

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

Progress notes: Komen uses its Community Profile to create a request for applications to fund programs that decrease barriers. This year, Komen is also launching its own Treatment Assistance Program that will provide \$300 stipends for women who need financial assistance going through treatment. The most common barrier identified with this program has been transportation.

Cancer

Strategy 6-2.1 Fund programs that maximize convenience to access along the continuum of care including, but not limited to, transportation assistance, telemedicine, scheduling assistance, and flexible hours of service.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Report Date

Apr 18, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: We fund and continue to fund these programs.

Cancer

Objective 6-3 Accept applications that make breast cancer screenings, diagnosis, and treatment more accessible to all women by providing financial support.

Baseline Year	Baseline Value	Target Year	Target Value
2017	N/A	2020	TBD

Data Source & Location Komen Iowa Community Profile Report.

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Report Date

Feb 18, 2018

Year

2017

Value

TBD

Progress on Objective

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

Progress notes: Every year, Komen releases a request for applications/proposals throughout our 106 county service area and conducts a grant review process on all applicants. From this process, we are able to identify programs that support our goal to improve access to breast health services. This year we were able to fund close to five programs throughout Iowa at \$350,000.

Report Date

Apr 18, 2019

Year

2018

Value

TBD

Progress on Objective

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

Progress notes: Every year, Komen releases a request for applications/proposals throughout our 106 county service area and conducts a grant review process on all applicants. From this process, we are able to identify programs that support our goal to improve access to breast health services. This year we were able to fund close to five programs throughout Iowa at \$350,000.

Cancer

Strategy 6-3.1 Fund programs that provide no-cost or low-cost clinical breast cancer services and/or financial assistance with diagnostic and treatment co-pays/deductibles.

Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report.
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Report Date

Apr 18, 2019

Progress on Strategy

Complete

On track

Off track

No progress

Progress notes: Addressing financial barriers continues to be a priority for our grant cycle this year.

Cancer

Goal #7 Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

Alignment with National Plans

Healthy People 2020, Cancer, Objectives 15 & 17 <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Alignment with State / Other Plans

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

Cancer

Objective 7-1

Increase the percentage of women between 50-74 years of age who have had a mammogram in the past two years from 77.6 % (2016) to 85.4% by 2022.

Baseline Year

2016

Baseline Value

77.6%

Target Year

2022

Target Value

85.4%

Data Source & Location: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System <http://nccd.cdc.gov/BRFSSPrevalence>

Report Date

Jan 1, 2018

Year

2016

Value

77.6%

Progress on Objective

Met, trend in right direction

Not met, trend in right direction

Met, no trend

Not met, no trend

Met, trend in wrong direction

Not met, trend in wrong direction

Progress notes: Inconsistent guidelines as to timing of mammograms and need for mammogram make it hard for women to understand the need for regular mammograms.

Report Date

Feb 8, 2019

Year

2016

Value

77.6%

Progress on Objective

Met, trend in right direction

Not met, trend in right direction

Met, no trend

Not met, no trend

Met, trend in wrong direction

Not met, trend in wrong direction

Progress notes: Behavioral Risk Factor Surveillance System (BRFSS) asks the mammogram questions every two years. The questions were asked in the 2016 survey and in 2018. The 2018 BRFSS report will not be published until late summer or early fall 2019.

Cancer

Strategy 7-1.1 Educate the public about the importance of cancer screening guidelines.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Feb 8, 2019

Progress on Strategy

Complete

On track

Off track

No progress

Progress notes: Collaboration with key cancer partners focuses on public education to inform women of the need for routine breast cancer screening.

Cancer

Objective 7-2	Increase from 84% to 92% the percent of women ages 21 - 65 years who had a Pap test within the past three years by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	84.5%	2020	92%

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

Report Date	Year	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
Mar 23, 2018	2016	
	Value	
	81.6%	

Progress notes: Screening recommendations are changing. Women 21-30 years are to have Pap tests every three years; Women 30-65 screened with just a Pap test are every three years but if they are tested for HPV at the same time and both tests are negative they only need to be screened every five years. This may be an influence to the downward trend.

Report Date	Year	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
Feb 8, 2019	2016	
	Value	
	81.6%	

Progress notes: Behavioral Risk Factor Surveillance System (BRFSS) asks the Pap test questions every two years. The questions were asked in the 2016 survey and in 2018. The 2018 BRFSS report will not be published until late summer or early fall 2019. Another scheme has been added to cervical cancer screening that is primary HPV screening (without Pap test). If the HPV results are negative the testing will be done every five years. This may influence how the question is answered and the values seen with this question.

Cancer

Strategy 7-2.1 Maintain collaboration with key cancer partners to focus on public education to raise the cervical cancer screening rates in Iowa. Strategy Type Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date	<u>Progress on Strategy</u>
Mar 23, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Collaboration with key cancer partners continues to focus on public education to inform women of the need for regular cervical cancer screening.

FOCUS AREA: Chronic Disease

Iowa Health Issue: Diabetes

Iowa Counties with Local Strategies

Allamakee, Buchanan, Calhoun, Cedar, Cerro Gordo, Greene, Hardin, Humboldt, Iowa, Johnson, Keokuk, Linn, Louisa, Pocahontas, Pottawattamie, Ringgold, Sioux, Van Buren, Webster

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

Goals, Objectives & Strategies

Diabetes

Goal #1 Prevent diabetes from occurring in Iowans.

Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

Alignment with State / Other Plans

Diabetes Statewide Strategy <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Iowa Diabetes Prevention Action Plan <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Iowa Department of Public Health work plan for 1305 grant (unpublished)

Diabetes

Objective 1-1	Baseline Year	Baseline Value	Target Year	Target Value
Increase the percentage of adults who report being told by a healthcare provider that they have pre-diabetes or borderline diabetes from 6.2% to 10% by 2020.	2013	6.2%	2020	10%

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

Report Date

Feb 9, 2018

Year

2016

Value

7.8%

Progress on Objective

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

Progress notes: Although trending upwards, Iowa has many initiatives directly geared towards increasing this number. The Diabetes Statewide Strategy and Diabetes Prevention Action Plan both have specific work focusing on increasing awareness for individuals who have prediabetes. One out of three individuals in Iowa have prediabetes and only nine out of ten know they have it; however, in Iowa, only 7.8 percent of the population has spoken with their doctor and knows about their condition.

Report Date

Feb 27, 2019

Year

2017

Value

7.02%

Progress on Objective

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

Progress notes: Iowa has many initiatives directly geared towards increasing this number. The Diabetes Statewide Strategy and Diabetes Prevention Action Plan both have specific work focusing on

increasing awareness for individuals who have prediabetes. One out of three individuals in Iowa have prediabetes and only nine out of ten know they have it; however, in Iowa, only 7.02 percent of the population report they have spoken with their doctor and knows about their condition.

Diabetes

Strategy 1-1.1 Increase participation in the National Diabetes Prevention Program (NDPP). **Strategy Type**
Individual/interpersonal-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

CDC: 6|18 (<http://www.cdc.gov/sixeighteen/diabetes/index.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Feb 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: As of January 2018, the National DPP in Iowa has had 1056 participants. The following data is month/year - cumulative participation: 07/15 - 69; 10/15 - 96; 12/15 - 96; 4/16 - 110; 7/16 - 401; 10/15 - 460; 1/17 - 498; 4/17 - 536; 7/17 - 602; 10/17 - 971

Diabetes

Strategy 1-1.2 Increase health care providers screening for prediabetes. **Strategy Type**
Professional/provider-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

CDC: 6|18 (<http://www.cdc.gov/sixeighteen/diabetes/index.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Feb 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: This objective is also Pillar 3 of Iowa's Diabetes Prevention Action Plan. BRFSS data is as follows: 2011, 5.4%; 2013, 6.2%; 2014, 7.8%; 2016, 7.8%; 2017, 7.02%.

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Diabetes

Goal #2 Reduce the complications of type 2 diabetes.

Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

Alignment with State / Other Plans

Diabetes Statewide Strategy <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Diabetes

Objective 2-1	Increase the age-adjusted percent of adults with diabetes who have had two or more A1C tests in the last year from 76.8% to 80.7% by 2017.	Baseline Year	Baseline Value	Target Year	Target Value
		2013	76.8%	2017	80.7%

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

Report Date

Feb 9, 2018

Year

2015

Value

78.9%

Progress on Objective

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

Progress notes: Data was not collected in 2016. In 2015, the percentage rose to 78.9%.

Report Date

Mar 20, 2019

Year

2017

Value

80.6%

Progress on Objective

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

Progress notes: Data was not collected in 2016. In 2017, the percentage rose to 80.6%.

Diabetes

Strategy 2-1.1 Increase access to and participation in evidence-based diabetes management and chronic disease programs.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Feb 27, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: 11,281 people were enrolled in comprehensive outpatient diabetes self-management education in 2017. In 2016, the number was 8,974.

FOCUS AREA: Chronic Disease

Iowa Health Issue: Heart Disease

Iowa Counties with Local Strategies

Allamakee, Black Hawk, Cedar, Cerro Gordo, Buchanan, Franklin, Greene, Hardin, Keokuk, Linn, Monona, Pocahontas, Ringgold, Shelby, Tama, Taylor, Van Buren

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

Goals, Objectives & Strategies

Heart Disease

Goal #1 Decrease the rate of coronary heart disease as the primary cause of death.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective	Baseline Year	Baseline Value	Target Year	Target Value
Objective 1-1 Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.	2014	107.5	2020	103.4

Data Source & Location: CDC Wonder, Compressed Mortality file, ICD-10 codes I20-I25. <http://wonder.cdc.gov/cmfi-icd10.html>

Report Date

Jan 29, 2018

Year

2016

Value

102.8

Progress on Objective

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

Progress notes: In 2015, Iowa's mortality rate had decreased to 105 per 100,000. In 2016, the mortality rate had decreased to 102.8 per 100,000. The original 2020 target of 103.4 matched that of the national Healthy People 2020 target.

Report Date

Mar 21, 2019

Year

2017

Value

103.0

Progress on Objective

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

Progress notes: In 2015, Iowa's mortality rate had decreased to 105 per 100,000. In 2016, the mortality rate had decreased to 102.8 per 100,000. In 2017, the mortality rate remained stable. The original 2020 target of 103.4 matches that of the national Healthy People 2020 target.

Report Date

Mar 6, 2020

Year

2018

Value

101.1

Progress on Objective

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

Progress notes: In 2015, Iowa's mortality rate had decreased to 105 per 100,000. In 2016, the mortality rate had decreased to 102.8 per 100,000. In 2017, the mortality rate remained stable. In 2018, the mortality rate decreased to 101.1 per 100,000. The original 2020 target of 103.4 matches that of the national Healthy People 2020 target.

Heart Disease

Strategy 1-1.1

Hold an annual meeting of Iowa Million Hearts primary partners to discuss progress on the goals and objectives of the Iowa Million Hearts Action Plan and monitor state, national, and Healthy People 2020 data.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Department of Public Health Million Hearts Action Plan: 2015 through 2022 (Million Hearts, Phase 2 will go beyond 2018 and has yet to be released)

Who's Responsible

Iowa Million Hearts Action Plan-Primary Partners (Led by the Iowa Department of Public Health)

Target Date

Jan 1, 2022

Report Date

March 6, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The Iowa Million Hearts 2022 Action Plan has been developed and is now in place. Iowa Million Hearts Partners met in May 2019 to go over the plan and discuss strategies to accomplish and set goals. The plan focuses on 4 priority areas. These include:

- Priority #1 - Increase Public Awareness of the Million Hearts® Initiative and its Priorities
- Priority #2 - Keeping People Healthy
- Priority #3 - Optimizing Care
- Priority #4 - Improving Outcomes for Priority Populations

The plan has been updated with 2019 outcomes. The 2020 Annual Million Hearts partners meeting will be held on May 20, 2020.

Heart Disease

Strategy 1-1.2

Implement cardiovascular screenings and healthy lifestyle programs for uninsured or under-insured, 40-64 year old women.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Code Chapter 8: Iowa Care for Yourself Program
<https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jun 29, 2018

Report Date

Mar 2, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The Iowa Care for Yourself WISEWOMAN (WW) program is operated through the Centers for Disease Control and Prevention grant NU58DP006606. The program's FY 19 goal was to screen 430 uninsured or under-insured, 40-64 year old women for cardiovascular disease by September 29, 2019. The program's start date was September 30, 2018. Screening included blood pressure, height and weight measurements, as well as testing for diabetes (glucose testing) and hypercholesterolemia. Participants were also provided with access to healthy

behavior support services (HBSS), at no cost to them. These HBSS included health coaching (HC) (3 sessions per participant), Weight Watchers (vouchers for up to 13 session per participant), access to self-monitoring blood pressure (SMBP) equipment (provided at no cost to the participant), access to medication therapy management (MTM) services (4 sessions per participant), Diabetes Prevention Programs (DPP) and Blood-Pressure Self-Monitoring programs (YMCA BPSM) offered by Iowa YMCAs. The WW program was offered in nine regions in Iowa, covering 49 counties. The Iowa Department of Public Health contracted with local boards of health to implement the WW program at the local level, in these nine regions.

The Iowa WW program also contracted with 34 individual health care systems, with a total of 60 health care facility provider (HCP) sites that provided WW screening services for WW participants. The WW program also contracted with 9 pharmacies to deliver the medication therapy (MTM) program and with one YMCA to deliver the DPP and YMCA BPSM programs.

The WW program also contracted with the University of Iowa to update and maintain the Iowa Care for Yourself WISEWOMAN database as needed and produce data reports. The database was used to collect data on, and track and monitor participant screenings, as well as participant participation in the WW healthy behavior support services.

A total of 366 unique WW participants were screened during FY19. Of these participants 83.9% were uninsured and 13.1% were underinsured. Approximately 64% had a monthly household income of less than \$1999.00. Sixty-four percent were Hispanic, 32% were non-Hispanic white and 2% were non-Hispanic Black. Fifty-one participants had uncontrolled HTN at screening, with all 51 participants having abnormal HTN values (140 mmHg - \geq 160 mmHg systolic or 90 - \geq 100 Diastolic) and no participants having alert HTN values ($>$ 180 mmHg Systolic or $>$ 110 mmHg Diastolic). Fifteen percent of participants had high cholesterol at initial screening while 27% participants had borderline high cholesterol at screening. Five percent of participants were newly diagnosed with diabetes at initial screening. Thirty-two percent of the participants were overweight while 54% were obese.

Of the 366 participants screened, 362 (98.9%) completed the first health risk assessment (HRA) while 258 (70.5%) also completed the second HRA. All participants that chose to participate in any of the HBSS offered, other than health coaching, were required to first enroll in health coaching. All the Iowa WW health coaches are trained and certified health coaches through the ICCC. In addition to motivational interviewing, the health coaching sessions provided a means for the health coach to follow the participants' progress in any of the other HBSS that they also chose to take part in.

During FY19, 258 participants completed health coaching, 150 participants were referred to a Dietician or other community-based nutrition resources, while 15 participants were referred to community-based physical activity resources. Additionally, transportation vouchers (\$25 gas cards) were provided to WW participants that expressed barriers to accessing WW screening services, follow-up appointments and HBSS sessions. Transportation vouchers were limited to one per participant. In total 20 transportation vouchers were distributed to participants during FY19.

Iowa WW collaborated with the Iowa Chronic Care Consortium to provide health coaching training to all local coordinators (LC) and other regional staff who delivered health coaching sessions to WW participants. The LC and regional staff were trained and certified as health coaches through the Iowa Chronic Care Consortium's Clinical Health Coach program. This provided for quality health coaching sessions to be delivered to our WW participants.

Iowa WW engaged with the office of Sustainability, Evidence-based Health Interventions of the YMCA of the USA, to explore opportunities of offering DPP and YMCA BPSM provided by the YMCA, to WW participants. The Iowa WW program

proceeded to contracted with the Black Hawk YMCA to provide the WW participants of the Black Hawk WW regional program with access to the YMCA Blood Pressure Self-Monitoring (BPSM) program and the CDC National Diabetes Prevention Program (NDPP).

A local program-based Community Resources Referral Guide (CRRG) was developed by the Intervention Coordinator, specific for each of the Iowa WISEWOMAN nine regional programs. The CRRG included information on a) Health Related Services, and b) Other Services. The Health Related Services category include information on the following community based resources: chronic disease management programs, community health clinics, community gardens, farmers' markets, free blood pressure screenings, fitness/recreation resources, mental health resources, nutrition services, prescription assistance, tobacco cessation programs, transportation services, walking programs, and weight loss programs.

The second category of community based services included information on the following: African American community leaders and churches; computer access; disability services; domestic abuse services; financial assistance; food assistance; housing assistance; immigrant/refugee services; Latino community leaders and churches; legal assistance; minority health agencies; utility assistance; general resources. This comprehensive community guide was shared with all the WISEWOMAN local coordinators who were instructed on how to use the guide and refer WISEWOMAN participants to the resources listed within the guide, as needed.

For FY20 grant cycle Iowa WW has a goal to screen 430 uninsured or under-insured, 40-64 year old women for cardiovascular disease. The program will again offer participants access to a number of healthy behavior support services aimed to reduce the risks for cardiovascular disease. These include health coaching, Weight Watchers, SMBP, MTM, Diabetes Prevention Programs, and Blood- Pressure Self-Monitoring programs offered by Iowa YMCAs.

During FY20, Iowa WW staff will work with community-based organizations and community colleges to identify additional HBSS options and community-based resources available in languages other than English, particularly Spanish, as well as programs offered over varying schedules to facilitate attendance and participation.

One statewide bilingual (English and Spanish) community-based program, Walk With Ease (WWE), has already been identified and a partnership has been established with Community Health Partners, the organization that runs the statewide WWE program through a grant from the National Association of Chronic Disease Directors (NACDD). Iowa WW and Community Health Partners have set up a partnership as well as a WWE referral protocol, to facilitate the referral of and participation of WW participants in WWE. Referrals to and participation in the program are recorded in the University of Iowa WW database by WW health coaches under the health coaching form. The NACDD has selected the Iowa WW WWE referral protocol as an example to the nation and to encourage WW programs in other states to refer their participants to WWE programs within their state. More information on this is available at this link: <https://chronicdisease.host/WWCDPC/display.php?id=745>

During FY19 the Iowa WW program worked with the Supplemental Nutrition Assistance Program Education (SNAP-Ed) program at IDPH to create a series of topic specific information sheets that are now being used during health coaching with WW participants. The topic sheets include articles from Fresh Conversations newsletters and information from the Myplate.gov website. Topics covered include: diabetes, prediabetes, nutrition (separate topic sheets for dairy, fruit, grains, protein, and vegetables), salt, sugars, and physical activity. These information sheets will be translated into Spanish during FY20.

Heart Disease

Strategy 1-1.3 Provide and promote hypertension control guidelines to health care providers.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Code Chapter 8: Iowa Care for Yourself Program

<https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jun 29, 2018

Report Date

Mar 2, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: IDPH contracts with local health care providers (HCPs) to provide screening services to the WW participants. During FY19 all WW local coordinators, contracted HCPs, and contracted pharmacies were sent the Chronic Disease Connections newsletter. This monthly newsletter, produced through a collaboration of the Iowa Heart Disease and Stroke Program and the Iowa WW Program, provides information on: chronic disease prevention community-based programs, worksite health promotion programs, diabetes and pre-diabetes news, tobacco prevention and control news, upcoming chronic disease webinars, trainings, conferences and funding opportunities, as well as updates on Iowa's Million Hearts initiatives. As of FY20 this newsletter is being published by the Iowa Heart Disease and Stroke Program once every quarter.

As part of the new WISEWOMAN funding cycle, the Centers for Disease Control and Prevention is requiring that WISEWOMAN participants receive their screening services at clinics that have a protocol for identifying patients with undiagnosed hypertension, as well as protocols for team based care with a focus on hypertension control and management.

A survey was conducted during FY19 with the 34 individual health care systems contracted with the Iowa WW program to provide WW screening services, to assess barriers to implementing policies to identify patients with undiagnosed HTN. Seventeen of the 32 individual health care systems contracted with the Iowa WW program responded to the survey. Barriers and training needs associated with implementing policies to identify patients with undiagnosed HTN identified by clinic staff included:

- The need for additional clinic staff to implement the policy
- Training and additional information needed on how to implement the policy
- Uncertainty on how to use the undiagnosed hypertension data collected through the implementation of such a policy
- Treatment guidelines need to be employed to ensure patients are receiving the best possible care

The survey also assessed barriers to implementing team-based care policies with a focus on hypertension control and management, in health care systems. Clinic staff identified the extent to which they felt the following *system level* items were barriers to implementing team-based care policies: EHR permissions/access, limitations due to practice insurance, additional liability created by a protocol, lack of support within organization, and HIPAA privacy concerns. Major barriers included EHR permissions/access, while moderate barriers included potential liabilities created by having such a protocol, HIPAA privacy concerns and lack of organizational support to implement such a protocol.

Clinic staff also identified the extent to which they felt the following *team level* items were barriers to implementing team-based care policies: timely communication between team members, patient acceptance of collaborative care, perceived competence of team members, comfort level with shared responsibility, perceived trustworthiness of team members, and little to no experience with using the approach. Results showed that moderate barriers included timely communication between team members, patient acceptance of collaborative care and comfort level with shared responsibility.

During FY20 the Iowa WW Program will provide funding for two WISEWOMAN contracted provider clinics to develop a protocol for the Identification of Undiagnosed Hypertension. Such a protocol will need to have:

- Established clinical criteria for potentially undiagnosed hypertension - such as the number and degree of elevated blood pressure readings that would trigger the identification of a patient with undiagnosed hypertension.
- Include the use of electronic health records to identify patients with undiagnosed hypertension.
- Diagnostic regimens for patients who have been identified with undiagnosed hypertension
- Standardized treatment protocols.

As of FY20 the Iowa WW Program has partnered with the Iowa Primary Care Association (IPCA) to identify WW HCPs to complete training to implement protocols in care coordination with a focus on hypertension control and management. The Iowa WW Program signed training service agreement contracts with two WW contracted FQHCs, to provide the clinics training in implementing policies and systems on multidisciplinary team approaches to blood pressure control. The Iowa WW program will work with the IPCA to select an additional WW contracted provider to receive training in implementing policies and systems on multidisciplinary team approaches to blood pressure control during FY20. Care coordination training provided to WW HCPs includes a 26-hour online training component and a two-day live, intensive training, at the end of which trainees are required to pass a verbal exam. WW HCPs are required to accomplish all three components within the service agreement period.

Heart Disease

Strategy 1-1.4 Create a Heart and Stroke Consortium that will receive funding to work on heart and stroke prevention work throughout our state including working on implementing the Million Hearts Action Plan.

Strategy Type
Community-focused

Strategy Source & Location

New Strategy

Who's Responsible

American Heart Association, Stroke Task Force, Mission Lifeline Task Force, EMS Association, Iowa Department of Public Health, Million Hearts Initiative partners

Target Date

Jul 1, 2020

Report Date

May 22, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: We lobbied on this issue the past two years and more extensively this year at our Stroke Lobby Day to help create a Heart Disease and Stroke Prevention Program. We plan to introduce legislation next year on this issue.

Heart Disease

Strategy 1-1.5 Enact statewide standards for the development and utilization of STEMI (a serious type of heart attack) registries.

Strategy Type
Policy-focused

Strategy Source & Location

American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, American College of Cardiology, Million Hearts Initiative partners

Who's Responsible

American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, Million Hearts Initiative partners

Target Date

Jul 1, 2020

Report Date

May 22, 2019

Progress on Strategy

Complete

On track

Off track

No progress

Progress notes: We have advocated the past two years on STEMI systems of care and continue to work with the STEMI task force and other players to improve the system of care in the state.

Heart Disease

Goal #2 Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective 2-1

Meet or exceed a 75% blood pressure control rate (based on their 2015 UDS rate) at 11 federally qualified health centers (FQHCs) and develop a plan for addressing undiagnosed hypertension

Baseline Year

2015

Baseline Value

64.3%

Target Year

2017
2021

Target Value

75%

Data Source & Location: Uniform Data System, HRSA (baseline value an average across the 11 FQHCs with varying individual FQHC performance)

Report Date

April 2018

Year

2017

Value

74.4%

Progress on Objective

Met, trend in right direction

Not met, trend in right direction

Met, no trend

Not met, no trend

Met, trend in wrong direction

Not met, trend in wrong direction

Progress notes: The 11 FQHCs participating in the Iowa PCA's Transformation Collaborative and which are also members of IowaHealth+, an FQHC-led ACO, continued to make progress on their hypertension control rates in 2017, nearly hitting their target of 75%. An initiative across the 11 FQHCs focusing on undiagnosed hypertension has also been initiated.

Report Date

Mar 13, 2019

Year

2018

Value

72.5%

Progress on Objective

Met, trend in right direction

Not met, trend in right direction

Met, no trend

Not met, no trend

Met, trend in wrong direction

Not met, trend in wrong direction

Progress notes: The 11 FQHCs participating in the Iowa PCA's Transformation Collaborative and which are also members of IowaHealth+, an FQHC-led clinically integrated network, continued to make progress on their hypertension control rates in 2018. Three health centers had a control rate of ≥ 80% in 2018 and three additional health centers had control rates exceeding the 75% target. Iowa PCA staff members continue to work with health centers not achieving the target value of 75%. Data is used to determine what segment of the health center's patient population to focus on and additional interventions to increase control rates are being implemented across the network.

Heart Disease

Strategy 2-1.1 Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa PCA Performance Improvement Team (unpublished)

Who's Responsible

Iowa PCA Performance Improvement Team

Target Date

Jun 1, 2021

Report Date

Mar 13, 2019

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

Progress notes: IDPH continues to contract with the Iowa Primary Care Association (Iowa PCA) to assist with blood pressure competency training, performance improvement support, and other clinical innovations and interventions designed to improve hypertension control rates. Based on 2018 UDS hypertension control rates, five of the health centers in Iowa will be considering applications to the Million Hearts Champions recognition process. Additionally, the Iowa PCA is facilitating conversations among the health centers related to self-monitored blood pressure programming and will be working with the health centers to assess cholesterol clinical practices as well as referrals to cardiac rehabilitation programming.

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FOCUS AREA: Disaster Preparedness

Iowa Health Issue: Network infrastructure, planning & notification

Iowa Counties with Local Strategies

Bremer, Calhoun, Cerro Gordo, Greene, Hamilton, Hardin, Humboldt, Ida, Jefferson, Marshall, Mitchell, Palo Alto, Pocahontas, Sioux, Worth

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

Goals, Objectives & Strategies

Network infrastructure, planning & notification

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

Alignment with National Plans

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

Alignment with State / Other Plans

Network infrastructure, planning & notification

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

Baseline Year	Baseline Value	Target Year	Target Value

Data Source & Location

Network infrastructure, planning & notification

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

Strategy Type

Strategy Source & Location

Who's Responsible

Target Date

FOCUS AREA: Environmental Health

Iowa Health Issue: Water Quality

Iowa Counties with Local Strategies

Buchanan, Dubuque, Hardin, Keokuk, Winneshiek

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

Goals, Objectives & Strategies

Water Quality

Goal #1 Ensure a healthy and safe environment for work and play.

Alignment with National Plans

Healthy People 2020, Environmental Health <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>

Alignment with State / Other Plans

Iowa Department of Natural Resources (DNR) Strategic Plan 2017-2020
https://www.iowadnr.gov/Portals/idnr/uploads/files/strategicplan_factsheet.pdf

Water Quality

Objective 1-1 Provide consistent and fair regulatory assistance to increase the percentage of regulated public water supplies meeting health-based drinking water standards.

Baseline Year	Baseline Value	Target Year	Target Value
2015	94.5%	2017 2019	97%

Data Source & Location: Iowa Public Drinking Water Program Annual Compliance Report
www.iowadnr.gov

Report Date

Apr 20, 2018

Year

2016

Value

95.4%

Progress on Objective

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

Progress notes: The 2016 value is the most recent measure of regulated water supplies meeting all health-based drinking water standards. The 2016 value shows an increase over that recorded in 2015 and positive movement towards the objective.

Report Date

Feb 21, 2019

Year

2017

Value

95.8%

Progress on Objective

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

Progress notes: The 2017 value is the most recent measure of regulated water supplies meeting all health-based drinking water standards. The 2017 value shows an increase over that recorded in 2016 and continues positive movement towards the objective.

Water Quality

Strategy 1-1.1 Spread awareness of how water quality impacts lowans' health, the environment, and the economy through all water programs.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible
DNR Environmental Services

Target Date
Jul 1, 2021

Report Date
Feb 13, 2019

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

Progress notes: The DNR implements this strategy daily through all interactions.

Water Quality

Strategy 1-1.2 Build and expand partnerships with environmental groups, public health agencies, communities, and industry organizations to improve understanding and management of animal feeding operations impacting water quality.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible
DNR Environmental Services

Target Date
Jul 1, 2021

Report Date
Feb 13, 2019

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

Progress notes: The DNR's Field Services Bureau continues work on the animal feeding operations program, interacting with local and statewide stakeholders on this important issue.

Water Quality

Strategy 1-1.3 Educate customers to fully use financing opportunities through the State Revolving Fund and other sources for water and wastewater system improvement.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible
DNR Environmental Services

Target Date
Jul 1, 2021

Report Date
Feb 13, 2019

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

Progress notes: The DNR continues to promote and operate the State Revolving Fund for both waste water and drinking water infrastructure project financing. The Department also works with loan recipients on sponsored projects to implement green infrastructure projects.

Water Quality

Goal #2 Provide clean water to Iowa citizens and reduce health risks by eliminating contaminants.

Alignment with National Plans

National Water Quality Initiative <https://www.epa.gov/nps/nonpoint-source-national-water-quality-initiative>

Alignment with State / Other Plans

Cleanwater Iowa <http://www.cleanwateriowa.org/>

Water Quality

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

Baseline Year	Baseline Value	Target Year	Target Value
2017	0 - Not assessing/ managing	2021	1 - Assessing/ managing

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

Report Date
May 8, 2019

Year
2017

Value
1

Progress on Objective

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

Progress notes: Grants-to-county funds are available to test private wells for arsenic contamination. To support the State Grants-to-Counties program, SHL worked with IDPH, IDNR, counties and reported the arsenic concentration in the tested well samples. If the well samples contained arsenic higher than 10 ug/L, SHL performed a speciation study upon county's request.

Water Quality

Strategy 2-1.1 Engage partners to identify heavy metal exposure in water resources.

Strategy Type
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory, Center for Health Effects of Environmental Contamination

Target Date

Jul 1, 2021

Report Date
Mar 21, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: SHL is providing lead/copper/manganeses testing in private well in the Iowa Well Survey program. This testing can provide counties and local residents of metal concentration in their well water.

Water Quality

Strategy 2-1.2 Provide outreach and educate communities for a monitoring program and best practices.

Strategy Type
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

July 1, 2018

Report Date

Mar 21, 2019

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

Progress notes: Funds are being solicited to collaborate with the ISU 4-H program and teach the next generation of the importance of monitoring arsenic in drinking water in the rural community.

Water Quality

Strategy 2-1.3 Develop a mitigation plan and remediation practices.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory and Iowa Department of Public Health, Bureau of Environmental Health Services

Target Date

Sep 1, 2020

Report Date

May 8, 2019

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

Progress notes: Although steps have not been taken to develop a mitigation plan and remediation practices at this time, a plan and remediation practices will be developed by the 2020 deadline.

Water Quality

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

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

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

Report Date

Mar 21, 2018

Year
2017
Value
0

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

Progress notes: SHL has worked hard to leverage resources to establish a bio-monitoring program. SHL has done collaborations with University of Iowa professors to initiate research projects for pesticide monitoring and bio-monitoring.

Water Quality

Strategy 2-2.1 Develop analytical methodologies for a bio-monitoring program in pesticides and pharmaceuticals.

Strategy Type
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan 1, 2019

Report Date

Apr 10, 2019

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

Progress notes: Currently, SHL is seeking a CDC biomonitoring funding to establish the program.

Water Quality

Strategy 2-2.2 Establish a bio-monitoring program for pesticide and pharmaceutical residues.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan. 1, 2019

Report Date

Apr 10, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: A team is working on possible funding opportunities to fund the human biomonitoring study.

Water Quality

Strategy 2-2.3 Engage partners to conduct risk assessments.

Strategy Type
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory, Center for Health Effects of Environmental Contamination

Target Date

Jan 1, 2021

Report Date

May 8, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2017, a water quality workshop was organized with partners including Iowa Department of Public Health, Iowa Environmental Health Association, Iowa Department of Natural Resources, State Hygienic Laboratory, Center for Health Effects for Environmental Contamination. The conference was well received and a survey was performed to evaluate the workshop outcome.

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Water Quality

Goal #3 Increase efforts to clean up Iowa's surface and ground waters and prevent pollution, with a focus on protecting drinking water and popular recreation waters.

Alignment with National Plans

Clean Water Act (1972) with amendments <https://www.epa.gov/laws-regulations/summary-clean-water-act>

Alignment with State / Other Plans

River Restoration Strategy (2015) <http://www.iowadnr.gov/Environmental-Protection/Water-Quality/River-Restoration>

Iowa Nutrient Reduction Strategy (2013) <http://www.nutrientstrategy.iastate.edu/>

Iowa's Nonpoint Source Management Plan (2012)

<http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Watershed-Improvement/Nonpoint-Source-Plan>

Water Quality

Objective 3-1	Secure passage of a long-term, sustainable and accountable source of funding to address Iowa's water quality and quantity challenges.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2018	1

Data Source & Location: Legislative tracking, <http://www.iowaswaterandlandlegacy.org/>

Report Date: April 27, 2018

Year: 2018

Value: 0

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Although the state passed some additional funding to help implement the Iowa Nutrient Reduction Strategy, SF 512, a bill to provide about \$282 million over 12 years (2019 through 2029), more resources are needed.

Report Date: May 17, 2019

Year: 2019

Value: 0

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: There was no additional funding passed this legislative session. WQI projects continue to be funded through SF512 of the 2018 session.

Water Quality

Strategy 3-1.1 Advocate for passage of a 3/8ths cent sales tax to fund Iowa Natural Resources and Outdoor Recreation Trust Fund or other source of new, dedicated, sustainable funding. Strategy Type Policy-focused

Strategy Source & Location

Natural Resources and Outdoor Recreation Trust Fund passed by Iowans in 2010, but never funded. [https://ballotpedia.org/Iowa_Natural_Resources_and_Outdoor_Recreation_Trust_Fund_Amendment_1_\(2010\)](https://ballotpedia.org/Iowa_Natural_Resources_and_Outdoor_Recreation_Trust_Fund_Amendment_1_(2010))

Who's Responsible

Iowa's Water and Land Legacy Coalition, Iowa Environmental Council

Target Date

May 1, 2017

Report Date: May 17, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: There was no movement on funding this session.

Water Quality

Strategy 3-1.2 Support the creation of an Iowa Watershed Investment Board to provide management and oversight for investment of Iowa's water resources in a coordinated, statewide approach focused on achieving multiple benefits and leveraging funding from other state, federal, local and private sources.

Strategy Type
Policy-focused

Strategy Source & Location

Healthy Lands, Healthy Waters January 2016

<http://www.iaenvironment.org/news-resources/publications/water-and-land-publications>

Who's Responsible

Iowa Environmental Council

Target Date

Jul 1, 2017

Report Date

May 17, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: As of January 2019, Watershed Management Authorities of Iowa has filed Articles of Incorporation with the State of Iowa and is working toward filing for nonprofit status with the IRS with the assistance of the Drake Legal Clinic. WMAs of Iowa sends out a monthly e-newsletter to their membership. (source: <https://www.water.iastate.edu/WMAiowa>).

Water Quality

Objective 3-2

Advocate for the strengthening of rules for concentrated livestock feeding operations (CAFOs), especially in sensitive areas such as karst (underground limestone region with sinks and underground streams) and wellhead protection zones and watershed areas above public lakes where lax siting and manure management rules are most likely to threaten drinking and recreation waters.

Baseline Year	Baseline Value	Target Year	Target Value
2017	0	2018	1

Data Source & Location

New objective, to be developed.

Report Date

April 27, 2018

Year

2018

Value

0

Progress on Objective

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

Progress notes: The Iowa Environmental Council advocated for strengthening of concentrated livestock feeding operations, but also saw the elimination of the Department of Natural Resources coordinator for CAFOs and legislation to weaken nuisance suits law related to CAFOs.

Report Date

May 3, 2019

Year

2019

Value

1

Progress on Objective

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

Progress notes: The Iowa Environmental Council continues to advocate for strengthening oversight on concentrated livestock feeding operations, but efforts continue to be unsuccessful.

Water Quality

Strategy 3-2.1 Support a 5-year temporary suspension of approval for new CAFOs or expansion of existing CAFOs in known karst areas while state rules governing siting and manure management in areas such as karst, identified as posing special threats to drinking water or public health, undergo review by a blue-ribbon stakeholder panel that includes representatives of counties, cities, environmental and public health organizations, and agricultural groups.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Environmental Council and partners

Target Date

Jan 1, 2017

Report Date

May 19, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: There has been no progress on supporting a 5-year temporary suspension of approval for new CAFOs.

Water Quality

Objective 3-3 Support expansion of water quality monitoring for drinking and recreational waters with monitoring results available to the public.

Baseline Year	Baseline Value	Target Year	Target Value
2017	0	2018	1

Data Source & Location: Iowa's Ambient Water Quality Monitoring and Assessment Program

<http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring>

Report Date

April 27, 2018

Year

2018

Value

0

Progress on Objective

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

Progress notes: This objective calls for a statewide plan. Federal funds of \$96 million will permit the Iowa Flood Center at the University of Iowa to implement a Water State Program. The following can provide more detail: Iowa DNR: Iowa Ambient Stream Water Quality Monitoring Program, <http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring/Stream> Iowa DNR: Stream Water Quality Monitoring Conducted in Support of Iowa Nutrient Reduction Strategy, http://www.nutrientstrategy.iastate.edu/sites/default/files/documents/Water%20Monitoring%20and%20the%20NRS%20_%20Final%2008-24-16.pdf

Report Date

May 17, 2019

Year

2019

Value

1

Progress on Objective

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

Progress notes: Information about Iowa DNR's water quality monitoring and assessment can be found here: <https://www.iowadnr.gov/Environmental-Protection/Water-Quality/Water-Monitoring>. Additional water quality monitoring info can be found here: <https://www.cleanwateriowa.org/progress>.

Water Quality

Strategy 3-3.1 Assure that watershed management authorities and other watershed efforts incorporate the widely accepted watershed approach that includes assessment, monitoring, and public education.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Environmental Council and council partners

Target Date

Jan 1, 2019

Report Date

May 17, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Environmental Council is not aware of specific requirements that WMAs follow the watershed approach, although there are nine district watersheds that serve as project sites for the Iowa Watershed Approach (IWA).

<https://iowawatershedapproach.org/about/>

Water Quality

Goal #4 Ensure that Iowans using private wells for water supply have a safe water supply.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Water Quality

Objective 4-1 Each year, complete testing of private wells for bacteria (coliform), nitrate, and arsenic.

Baseline Year	Baseline Value	Target Year	Target Value
2016	Bacteria 8,800	2021	Bacteria 10,000
	Nitrate 6,700		Nitrate 6,500
	Arsenic 1,040		Arsenic- 1,150

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

Report Date

Feb 19, 2018

Year

2017

Value

Bacteria 8,060
Nitrate 5,854
Arsenic 2,767

Progress on Objective

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

Progress notes: Private Well Water testing through the Grants to Counties Program led to an overall increase in arsenic testing in 2017 due to being the first full year that funds could be used to support arsenic testing.

Report Date

Mar 28, 2019

Year

2018

Value

Bacteria 7,899
Nitrate 5,909
Arsenic 3,285

Progress on Objective

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

Progress notes: Private Well Water testing through the Grants to Counties Program led to an overall increase in arsenic testing in 2018 due to being the second full year that funds could be used to support arsenic testing. The number of bacterial testing dropped slightly.

Report Date

March 5, 2020

Year

2018

Value

Bacteria 8,071
Nitrate 6,478
Arsenic 3,629

Progress on Objective

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

Progress notes: Private Well Water testing through the Grants to Counties Program led to maintaining the level of bacteria tests and an increase in nitrate and arsenic testing in 2018.

Water Quality

Strategy 4-1.1

Promote the use of Grants to Counties money for private well testing.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Grants to Counties Water Well Program

<http://idph.iowa.gov/ehs/grants-to-counties>

Who's Responsible

Iowa Department of Public Health, Environmental Health Services Bureau

Target Date

Jun 1, 2021

Report Date

March 5, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: No additional funds were directed, but the level of use of Grants to Counties monies remained the same.

Water Quality

Strategy 4-1.2

Track the progress of private well testing from the Iowa Public Health Tracking Portal.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Environmental Health Services Bureau strategy

Who's Responsible

Iowa Department of Public Health, Environmental Health Services Bureau

Target Date

Jun 1, 2021

Report Date

March 5, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Private well testing measures are published on the Iowa Public Health Tracking Portal.

FOCUS AREA: Environmental Health

Iowa Health Issue: Radon

Iowa Counties with Local Strategies

Buchanan, Chickasaw, Greene, Mitchell, Plymouth, Pocahontas, Pottawattamie, Sioux, Winnebago, Winneshiek

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

Goals, Objectives & Strategies

Radon

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

Alignment with National Plans

Alignment with State / Other Plans

Radon

Objective 1-1 See Chronic Disease: Cancer, Goal 3, Objective 3-3.

Baseline
Year

Baseline
Value

Target
Year

Target
Value

Data Source
& Location

Radon

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

Strategy Type

Strategy Source & Location

Who's Responsible

Target Date

FOCUS AREA: Healthy Living

Iowa Health Issue: Obesity, Nutrition & Physical Activity

Iowa Counties with Local Strategies

Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Buchanan, Calhoun, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Dubuque, Emmet, Fayette, Franklin, Fremont, Greene, Grundy, Henry, Humboldt, Iowa, Jackson, Jones, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Mahaska, Mills, Mitchell, Monona, Monroe, Montgomery, Page, Palo Alto, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth

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

Goals, Objectives & Strategies

Obesity, Nutrition & Physical Activity

Goal #1 Increase the number of Iowans who engage in the recommended amounts of physical activity.

Alignment with National Plans

Healthy People 2020, Leading Health Indicators Topics, Nutrition, Physical Activity, & Obesity

<https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Physical Activity <http://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

FM 7-22 CH 1 (Army Physical Readiness Training), 3 May 2013; AR 600-9 (The Army Body Composition Program), 28 June 2013

Alignment with State / Other Plans

State Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

2022 Iowa Million Heart State Action Plan <https://idph.iowa.gov/hdsp/state-plan>

Obesity, Nutrition & Physical Activity

Objective 1-1 Increase the percentage of adults meeting aerobic physical activity guidelines.

Baseline Year	Baseline Value	Target Year	Target Value
2015	49%	2021	52%

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

Report Date
Aug 27, 2019

Year

2017

Value

50%

Progress on Objective

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

Progress notes: Slow progress toward target. Increase overall is partially driven by larger increases by income level below \$50,000, Hispanic origin, and adults with a disability.

Obesity, Nutrition & Physical Activity

Strategy 1-1.1 Increase the number of 5-2-1-0 registered sites

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Healthiest State Initiative

Target Date

Dec 31, 2019

Report Date

March 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2019, 133 schools, 130 workplaces, 109 early care sites, 49 health care clinics and 33 out of school programs were identified as 5-2-1-0 Healthy Choices Count! Registered Sites. Registered sites are those that make the commitment to work towards healthier environments where children live, learn and play.

Obesity, Nutrition & Physical Activity

Strategy 1-1.2 Increase the number of complete street policies in Iowa.

Strategy Type

Policy-focused

Strategy Source & Location

Smart Growth America

<https://www.smartgrowthamerica.org/app/legacy/documents/cs/policy/cs-policyelements.pdf>

Who's Responsible

Iowa Department of Public Health, American Heart Association

Target Date

Jul 1, 2020

Report Date

March 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: There are 31 cities in Iowa with a complete streets policy. 21 of the largest 58 cities currently have a policy in place.

Obesity, Nutrition & Physical Activity

Strategy 1-1.3 Increase the percent of Expanded Food and Nutrition Program and Supplemental Nutrition Assistance Program (EFNEP and SNAP-Ed) adults reporting increasing minutes of physical activity.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

Iowa State University Extension and Outreach 2014-2018 Work Plan

Who's Responsible

Iowa State University Extension and Outreach Human Sciences Professionals

Target Date

Sep 30, 2021

Report Date

Mar 13, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: 45% increase in physical activity, N=556

Obesity, Nutrition & Physical Activity

Strategy 1-1.4 Improve Iowa child-care environments by encouraging providers to participate in NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care).

Strategy Type

Professional/provider-focused

Strategy Source & Location

<https://gonapsacc.org>

Who's Responsible

American Heart Association, Iowa Department of Public Health, United Way of Central Iowa, Well Kids Coalition, YMCA

Target Date

Jul 1, 2020

Report Date

March 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2019, 193 childcare programs registered and completed Go NAP SACC self assessments serving 8,000 children.

Obesity, Nutrition & Physical Activity

Strategy 1-1.5 Support the Iowa Department of Education in the implementation of the Physical Education and Health Standards.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Education <https://educateiowa.gov/pk-12/instruction/physical-education>

Who's Responsible

Iowa Department of Public Health, American Heart Association, Iowa Association for Health, Physical Education, Recreation and Dance (IAHPERD)

Target Date
Dec 31, 2019

Report Date
Mar 9, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The State Board of Education adopted new physical education and health standards for students in kindergarten through high school on March 28, 2019. One Physical Education and Health Standards Committee meeting has taken place.

Obesity, Nutrition & Physical Activity

Objective 1-2 Reduce the annual number of soldiers who are flagged in the Iowa Army National Guard (IA ARNG) for not passing the Army's physical fitness standards by 20% from 886 (2018) to 709 by 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2018	886	2020	709

Data Source & Location Unit Personnel System/Command Management System, JFHQ.

Report Date
May 11, 2019

Year
2018

Value
886

Progress on Objective

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

Progress notes: Numbers bumped up in 2018, we are again trending down.

Obesity, Nutrition & Physical Activity

Strategy 1-2.1 Assign one health promotion non-commissioned officer/officer to be trained by special staff on healthy eating/nutrition, physical fitness, leadership, and additional resources.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Lean in '19: (published) Lean in '20 campaign under review, awaiting approval

Who's Responsible

Unit commanders identify individuals, IA ARNG Physical Resilience Working Group provides training

Target Date
Oct 1, 2019

Report Date
May 11, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: All units have Health Promotion NCO's

Obesity, Nutrition & Physical Activity

Strategy 1-2.2 Assist soldiers in creating diet and physical fitness logs/plans, following up on progress and adjusting plans as needed.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Lean in '19: (published) Lean in '20 campaign under review, awaiting approval

Who's Responsible

Commanders supported by Health Promotion Officers/Physical Resilience Working Group

Target Date

Oct 1, 2019

Report Date

May 11, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: All units tracking requirements of Lean in '19, Lean in '20 is completed and will be published in August 2019.

Obesity, Nutrition & Physical Activity

Strategy 1-2.3 Hold quarterly meetings for the Adjutant General's Health Promotion Council and brief senior leaders on direction and guidance to the Physical Resilience Working Group.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Army Regulation 600-63 Army Health Promotion, JFHQ (unpublished)

Who's Responsible

State Health Promotion Officer/ Physical Resilience Working Group

Target Date

Oct 1, 2019

Report Date

May 11, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes:

Obesity, Nutrition & Physical Activity

Goal #2 Increase the number of Iowans eating a healthy diet.

Alignment with National Plans

Healthy People 2020, Nutrition & Weight Status

<https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>

Healthy People 2020, Maternal Infant & Child Health

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

Alignment with State / Other Plans

State Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

Iowa State Plan on Aging <https://www.iowaaging.gov/about-iowa-department-aging>

Obesity, Nutrition & Physical Activity

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

Baseline Year

2015

Baseline Value

F: 58%
V: 73%

Target Year

2021

Target Value

F: 62%
V: 77%

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

Report Date

Aug 27, 2019

Year

2017

Value

F: 64%
V: 81%

Progress on Objective

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

Progress notes: Both objectives were met in 2017. Every population that had rates lower than the overall rates in 2015 increased (males, low-income, black non-Hispanics, ages 18-54).

Obesity, Nutrition & Physical Activity

Strategy 2-1.1 Increase the number of 5-2-1-0 registered sites.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Iowa Healthiest State Initiative

Target Date

Dec 31, 2019

Report Date

March 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2019, 133 schools, 130 workplaces, 109 early care sites, 49 health care clinics and 33 out of school programs were identified as 5-2-1-0 Healthy Choices Count! Registered Sites. Registered sites are those that make the commitment to work towards healthier environments where children live, learn and play.

Obesity, Nutrition & Physical Activity

Strategy 2-1.2 Increase availability of the Double Up Food Bucks (DUFb) at farmers' markets.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Iowa Healthiest State Initiative and Community Farmers Markets

Target Date

Dec 31, 2019

Report Date

Mar 26, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Increased opportunities with farmers' markets and retail locations.

Obesity, Nutrition & Physical Activity

Strategy 2-1.3 Improve Iowa child-care environments by encouraging providers to participate in NAP-SACC.

Strategy Type

Professional/provider-focused

Strategy Source & Location

<https://gonapsacc.org>

Who's Responsible

American Heart Association, Iowa Department of Public Health, United Way of Central Iowa, Well Kids Coalition, YMCA

Target Date

Jul 1, 2020

Report Date

Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The 5210 initiative has helped with education and awareness that has led to progress to the overall strategy here. Strong partners have helped this move along, but a few not listed above that have been integral to progress are United Way of Central Iowa, Well Kids and IDPH itself. The Governor has also been supportive of 5210 and again this will be extremely helpful as we progress to this goal.

Obesity, Nutrition & Physical Activity

Strategy 2-1.4 Increase the number of children that participate in the Supplemental Nutrition Assistance Program Education (SNAP-Ed).

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

SNAP-Ed Education and Administrative Reporting System (EARS) Form (unpublished data)

Who's Responsible

Iowa Department of Public Health, Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

Target Date

Dec 31, 2021

Report Date

Feb 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The number of children who participated in direct nutrition education in IDPH's SNAP-Ed program (Iowa Nutrition Network School Grant Program) decreased 5% between FFY 2017 (25,515) and FFY 2018 (24,220). It's anticipated that reach will increase next year as more sites were added to the program. SNAP-Ed reached additional children through other strategies, like farm to school.

Obesity, Nutrition & Physical Activity

Strategy 2-1.5 Provide the Pick a better snack social marketing campaign using multiple channels to the Iowa Nutrition Network School Grant Program communities.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Nutrition Network - SNAP-Ed funded initiative <https://idph.iowa.gov/inn/school-grants>

Who's Responsible

Iowa Department of Public Health, Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

Target Date

Dec 31, 2021

Report Date

Feb 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2018, two social marketing campaigns targeted individuals in all Iowa Nutrition Network School Grant Program (INNSGP) communities. The Fuel Your Fun (Pick a better snack) campaign reached 788,724 unique individuals. The Play Your Way campaign reached 628,805 unique individuals. The campaigns targeted elementary-age children who participate in the INNSGP and their parents/ caregivers. Multiple tactics were used to market the campaigns, including web banner ads, outdoor, Iowa Public Television and Facebook.

Obesity, Nutrition & Physical Activity

Strategy 2-1.6 Increase the consumption of fruits and vegetables in high nutrition-risk congregate meal participants.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department on Aging Social Assistance Management Software (SAMS) database

Who's Responsible

Iowa Department on Aging and Iowa Department of Public Health

Target Date

Dec 31, 2021

Report Date

Mar 1, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: Percentage of congregate meal participants at high nutrition risk who responded "no" to I eat few fruits (37%) or few vegetables (36%). The Fresh Produce Box Project reached 14 counties for 6 projects.

Obesity, Nutrition & Physical Activity

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

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

Report Date	Year	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Feb 28, 2019	2018	
	Value	
	74.51%	

Progress notes: The redemption rate for the fruit and vegetable dollars (Cash Value Benefits - CVBs) has increased from the baseline year and is almost the same value as 2017. Many activities continue to move forward that are listed in Strategy 2-2.1

Report Date	Year	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
Apr 13, 2020	2019	
	Value	
	74.11%	

Progress notes: The average redemption rate for the fruit and vegetable dollars (Cash Value Benefits- CVBs) has state increased from the baseline year and is almost the same value as in 2018.

Obesity, Nutrition & Physical Activity

Strategy 2-2.1 Promote and educate WIC participants on how to choose, store, and cook fruits and vegetables purchased with the CVB by participating in media campaigns, partnering with ISU Extension, and promoting the completion of appropriate lessons and eKitchen videos in WICHealth.org. Strategy Type: Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, WIC Program

Who's Responsible

WIC Director and Nutrition Consultants, Iowa Department of Public Health

Target Date

Dec 31, 2021

Report Date	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
Mar 13, 2020	

Progress notes: Iowa WIC agencies continue to promote and educate WIC participants on how to choose, store, and cook fruits and vegetables purchased with CVBs by partnering with ISU Extension and promoting the completion of appropriate lessons and eKitchen videos through wichealth.org. The Iowa WIC Program also collaborates with the Iowa Department of Agriculture and Land Stewardship (IDALS) to provide Farmers Market checks to eligible participants can use to by locally grown fruits and vegetables. Iowa WIC did not participate in any media campaigns in 2019.

Obesity, Nutrition & Physical Activity

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

Data Source & Location: Iowa State University Extension and Outreach

Report Date
Mar 13, 2019

Year	2018
Value	82%

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

Progress notes: The training continues to be more successful than anticipated, increasing participant preparedness beyond the 2021 target.

Obesity, Nutrition & Physical Activity

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

Strategy Source & Location

Iowa State University Extension and Outreach 2014-2018 Work Plan

Who's Responsible

Iowa State University Extension and Outreach Human Sciences Professionals

Target Date

Sep 30, 2021

Report Date
Mar 13, 2019

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

Progress notes: 82% of 889 childcare participants reported preparedness to apply or teach health promoting dietary behaviors.

Obesity, Nutrition & Physical Activity

Strategy 2-3.2 Increase the percent of Expanded Food and Nutrition Program and Supplemental Nutrition Assistance Program (EFNEP and SNAP-Ed) adults reporting increasing fruit and vegetable intake. Strategy Type Demographic/socioeconomic-focused

Strategy Source & Location

Iowa State University Extension and Outreach 2014-2018 Work Plan

Who's Responsible

Iowa State University Extension and Outreach Human Sciences Professionals

Target Date

Sep 30, 2021

Report Date
Mar 13, 2019

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

Progress notes: 47% Vegetable increase, N= 556; 48% Fruit increase, N=556

Obesity, Nutrition & Physical Activity

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

Data Source & Location: Iowa Department of Education, Bureau of Nutrition & Health Services Summer Food Service Program (SFSP) Sponsor Application
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Report Date
Mar 4, 2019

Year	2018
Value	542

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

Progress notes: The Summer Meals Program saw a continued increase in the net number of meal sites in 2018 with 542 service sites. This demonstrates an increase of 7.5% from the base year.

Obesity, Nutrition & Physical Activity

Strategy 2-4.1 Identify areas of unserved need and organizations serving the area including schools and non-profit organizations and facilitate collaboration. **Strategy Type** Community-focused

Strategy Source & Location

SFSP Participation and Application, Iowa Department of Education, Bureau of Nutrition and Health Services
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Who's Responsible

Iowa Department of Education, SFSP Education Program Consultant

Target Date

Sep 1, 2021

Report Date

Mar 4, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: New partnerships include WIC Contractors, Mercy Health System, and Unity Point Health. Distribution of "prescription" notes and posting of posters identified how to find location of summer meals as a part of outreach at clinics.

Obesity, Nutrition & Physical Activity

Strategy 2-4.2 Support currently participating organizations via education, technical assistance, sharing best practices, and identifying new resources to retain organization sponsorship of SFSP sites. **Strategy Type** Professional/provider-focused

Strategy Source & Location

SFSP Participation and Application, Iowa Department of Education, Bureau of Nutrition and Health Services
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Who's Responsible

Iowa Department of Education, SFSP Education Program Consultant

Target Date

Sep 1, 2021

Report Date

Mar 4, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: New SFSP Campaign by the United Way Opportunity Group "See You at Summer Meals" utilizing Summer Meal Meet Ups logo materials in Central Iowa but shared statewide.

Obesity, Nutrition & Physical Activity

Objective 2-5 Increase breastfeeding rate including initiation, exclusivity and duration among Iowa women. (Ever breastfed, Breastfed at 6 months (6M), Breastfed at 12 months (12M), exclusive breastfeeding through 3 months (3Mx), exclusive breastfeeding through 6 months (6Mx))

Baseline Year	Baseline Value	Target Year	Target Value
2014	Ever: 83% 6M: 53% 12 M: 29% 3Mx: 43% 6Mx: 26%	2021	Ever: 87% 6M: 56% 12M: 31% 3Mx: 46% 6Mx: 28%

Data Source & Location: Breastfeeding Among U.S. Children Born 2009–2016 by State, National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services.
https://www.cdc.gov/breastfeeding/data/nis_data/results.html

Report Date

Aug 27, 2019

Year

2016

Value

Ever: 84.5%
6M: 62%
12M: 42.6%
3Mx: 58.5%
6Mx: 30.5%

Progress on Objective

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

Progress notes: Only the "Ever" percentage is not met, but is trending toward the target.

Obesity, Nutrition & Physical Activity

Strategy 2-5.1 Develop or enhance partnerships between the local WIC programs/WIC Breastfeeding Peer Counseling Programs and local hospitals. Strategy Type
Professional/provider-focused

Strategy Source & Location

WIC Nutrition Services Standards <https://wicworks.fns.usda.gov/wicworks/Topics/WICnutStand.pdf>

Who's Responsible

Iowa Department of Public Health Breastfeeding Program

Target Date

Dec 31, 2019

Report Date

March 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: WIC Breastfeeding Peer Counseling Programs continue to enhance their partnerships with their local hospitals, having joint classes/groups, implementing a referral process, implementing a process by which the Peer Counselors may visit WIC clients for breastfeeding support, etc. As of this FY, all WIC agencies are required to develop and enhance their partnerships with birthing hospitals. IDPH has increased the number of BFPC programs from 7 to 12 in the past three years and plan to increase that more in the future. New programs are in the early phases of developing those partnerships with the hospitals. IDPH no longer receives federal funding to promote evidence-based breastfeeding practices in birthing hospitals and currently Iowa has only two Baby-Friendly designated hospitals.

Obesity, Nutrition & Physical Activity

Strategy 2-5.2 Provide education and training to early care and education providers in best practices for supporting breastfeeding. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Nutrition and Physical Activity

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 2019

Report Date

March 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In December 2018, 26 CCNCs attended the 4 hour training Breastfeeding Education for Iowa Communities and 2 hour train-the-trainer Breastfeeding Basics for the Childcare Provider. From January 1, 2019-June 30, 2019: 5 Breastfeeding Basics trainings were provided by Child Care Nurse Consultants (CCNCs), and 61 child care providers (home and center staff) were trained, receiving 2-hours of DHS approved credit. CCNCs continue to train childcare providers on Breastfeeding Basics.

FOCUS AREA: Healthy Living

Iowa Health Issue: Lack of Oral Health/Dental Services

Iowa Counties with Local Strategies

Clarke, Greene, Henry, Lee, Montgomery, Webster

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

Goals, Objectives & Strategies

Lack of Oral Health/Dental Services

Goal #1 All Iowans will have access to optimally fluoridated water.

Alignment with National Plans

Healthy People 2020, Oral Health, Objective 13 <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <http://idph.iowa.gov/ohds/oral-health-center/reports>

Lack of Oral Health/Dental Services

Objective 1-1	Increase the percent of Iowans served by community water systems that have access to optimally fluoridated water (based on 0.7ppm proposed national standard) from 91% to 94%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	91%	2021	94%

Data Source & Location: Water Fluoridation Reporting System (WFRS) https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx

Report Date

Mar 8, 2018

Year

2017

Value

63.6%

Progress on Objective

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

Progress notes: When this 2020 goal was set, there was no dedicated staff member to monitor water fluoridation or obtain the necessary data from the water operator. Every month the water operator must submit, by law, their monthly operating report (MOR) to the Iowa Department of Natural Resources. Since the water fluoridation coordinator has been hired, she has collected these reports from the water operators and DNR and input the data into the national Water Fluoridation Reporting System from the CDC. The most up-to-date 2017 numbers IDPH shows 90.2% of Iowans have access to fluoridated water, but only 63.6% of Iowans have access to optimally fluoridated water at the 0.7 mg/L national standard level to prevent tooth decay. Reporting that only 63.6% of Iowans have optimally fluoridated water is due in part to IDPH not having access to all available data and/or the systems that do adjust and report, did not consistently report within the optimal range (0.6-1.2 mg/L) every month of the year.

Report Date

Mar 11, 2019

Year

2018

Value

69.9%

Progress on Objective

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

Progress notes: When this 2020 goal was set, there was no dedicated staff member to monitor water fluoridation or obtain the necessary data from the water operator. Every month the water operator must submit, by law, their monthly operating report (MOR) to the Iowa Department of Natural Resources. Since the water fluoridation coordinator has been hired, she has collected these reports from the water operators and DNR and input the data into the national Water Fluoridation Reporting System from the CDC. The most up-to-date 2018 numbers IDPH shows the percent of Iowans with access to fluoridated water remained constant at 90.2%, but 69.9% of Iowans now have access to optimally fluoridated water at the 0.7 mg/L national standard level to prevent tooth decay.

Report Date
Mar 12, 2020

Year
2019

Value
61.1%

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

Progress notes: When this 2020 goal was set, there was no dedicated staff member to monitor water fluoridation or obtain the necessary data from the water operator, and as of February 2020 this position is vacant again. Every month the water operator must submit, by law, their monthly operating report (MOR) to the Iowa Department of Natural Resources. Since the water fluoridation coordinator has been hired, she has collected these reports from the water operators and DNR and input the data into the national Water Fluoridation Reporting System from the CDC. The most up-to-date 2019 numbers IDPH shows the percent of Iowans with access to fluoridated water remained constant at 90.2%, but 61.1% of Iowans have access to optimally fluoridated water at the 0.7 mg/L national standard level to prevent tooth decay.

Lack of Oral Health/Dental Services

Strategy 1-1.1 Launch a fluoridation education and outreach effort so that every child in Iowa through age 12 who lives in households with incomes below 300% of poverty level will be cavity-free. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location
Delta Dental of Iowa Strategic Plan
<https://www.deltadentalia.com/foundation/strategic-goals>

Who's Responsible
Delta Dental of Iowa Foundation

Target Date
Jan 1, 2020

Report Date	Progress on Strategy
Mar 12, 2020	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The Foundation continues advocacy roles during threats of defluoridation and providing funds to support equipment upgrades. In addition, the Foundation continues to collaborate with IDPH and DNR regarding communication with water operators and community members on water fluoridation.

Rethink Your Drink campaign is in year 4 and continues to provide access to fluoridated water for school children. To date, 258 schools have received a water bottle filling station and water bottles for all students and staff. Five communities received outdoor filling stations in their community parks and/or trailhead. This campaign brings awareness to optimally fluoridated water and choosing water over sugar-sweetened beverages. In turn, drinking fluoridated water throughout the day helps reduce cries and promotes a healthy lifestyle.

Lack of Oral Health/Dental Services

Strategy 1-1.2 Provide information and educational materials to health care providers, the general public, water professionals, and Iowans for Oral Health Coalition related to the safety, effectiveness, and cost effectiveness of water fluoridation. Strategy Type
Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Mar 12, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY19, IDPH staff provided ongoing information and educational materials according to the state CWF Plan.

Lack of Oral Health/Dental Services

Strategy 1-1.3 Assess and monitor the fluoridation status of Iowa community water systems.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Mar 12, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: IDPH staff provided ongoing assessment and monitoring of CWF status in Iowa.

Lack of Oral Health/Dental Services

Goal #2 By 2020, assure optimal oral health for aging Iowans.

Alignment with National Plans

Healthy People 2020, Oral Health, Objectives 3-2 & 3-3 <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <https://idph.iowa.gov/ohds/oral-health-center/reports>

Lack of Oral Health/Dental Services

Objective 2-1 Increase access to oral health education and services for aging Iowans by a trained and qualified workforce.

Baseline Year	Baseline Value	Target Year	Target Value
2016	TBD	2020	TBD

Data Source & Location: To be developed.

Report Date

Feb 20, 2018

Year

2018

Value

TBD

Progress on Objective

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

Progress notes: Work on measuring impact continues with greater recognition of outputs and outcomes and both direct and indirect (spread).

Report Date
Mar 20, 2019

Year
2019

Value
TBD

Progress on Objective

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

Progress notes: Staff and consultants have compiled data that documents the number of participants in Mouth Care Matters (MCM) trainings and an estimated number of facility residents/HCBS patients and consumers as well as family/friends who have benefited by the direct care workers taking the MCM training. Iowa Caregivers (IC) has included this data in progress reports and presentations. This has included summaries of focus group discussions, survey results, and evaluation comments. IC will continue to work on measuring the impact of MCM with greater recognition of outputs and outcomes, both direct and indirect (spread or reach).

Lack of Oral Health/Dental Services

Strategy 2-1.1 Support licensed dental hygienists performing educational and oral screening services and provide increased opportunities for them to teach direct care workers and other health providers.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible
Iowa Caregivers

Target Date
Dec 31, 2019

Report Date
Mar 20, 2019

Progress on Strategy

<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: Iowa CareGivers continues to support the Iowa Dental Hygienists Association and their members as they educate dentists, public health professionals, and other stakeholders on the rule revision. Dental Hygienists are a critical partner in the success of Mouth Care Matters - Oral Health Education for Direct Care Workers.

Lack of Oral Health/Dental Services

Strategy 2-1.2 Continue the grant of Oral Health Education for Direct Caregivers (OHEDC).

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible
Iowa CareGivers

Target Date
Dec 31, 2019

Report Date
Mar 20, 2019

Progress on Strategy

<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress
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Progress notes: Iowa CareGivers published a special edition of HUB (http://www.iowacaregivers.org/uploads/pdf/ICA_HUB_MCM_2018_final-.pdf) to inform readers about Mouth Care Matters, Oral Health Education for Direct Care Workers highlighting the Stories of Impact, how the educational program has been modified based on participant evaluation and concerns about sustainability and accessibility. The HUB publication clearly documents the value DCW, along with other health care professions, place on increasing their knowledge and understanding of the importance of oral care for older Iowans and persons with disabilities. While "on track" as of December 2018, continuation of the educational program is dependent on generating contributions/fees to support the program. In order to effect change there are at least four primary high level areas of focus: 1) increased awareness among all stakeholders and the general public; 2) greater emphasis on recruitment and retention of a stable, well-educated and skilled direct

care workforce, critical to accessing services; 3) prevention through more attention on home and community-based services and family caregivers; and 4) public policies that support access to good oral care for older Iowans and individuals with disabilities.

Lack of Oral Health/Dental Services

Strategy 2-1.3 Increase awareness of Prepare to Care training including specialty endorsements such as Oral Health/Mouth Care Matters.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa CareGivers

Target Date

Dec 31, 2019

Report Date

Mar 20, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Without funding to support Prepare to Care, Iowa CareGivers has been limited in our ability to promote Prepare to Care. At the same time, IC recognizes the need for access to competency-based trainings including Prepare to Care and Mouth Care Matters and continues to advocate for funding to support these programs. Portability of DCW education and training will become ever more critical as Iowans "age in place" and receive direct care, support and services in their homes and community settings. See 2.1.2 for progress relative to Mouth Care Matters.

Lack of Oral Health/Dental Services

Goal #3 Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

Alignment with National Plans

Healthy People 2020, Oral Health <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <http://idph.iowa.gov/ohds/oral-health-center/reports>

Lack of Oral Health/Dental Services

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

Baseline Year	Baseline Value	Target Year	Target Value
2016	59.4%	2021	70%

Data Source & Location: 2016 Iowa Third Grade Oral Health Survey Report
<http://idph.iowa.gov/ohds/oral-health-center/reports>

Report Date

Mar 12, 2020

Year

2016

Value

59.4%

Progress on Objective

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

Progress notes: There is no new data available, as a new third grade survey will not be completed until 2021; however, an annual percent increase is anticipated based on expansion of the school-based sealant program.

Lack of Oral Health/Dental Services

Strategy 3-1.1 Provide technical assistance and training to local I-Smile™ school contractors.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Mar 12, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY19, IDPH staff provided ongoing technical assistance, including contractor site visits and a contractor training.

Lack of Oral Health/Dental Services

Strategy 3-1.2 Work with partners to promote the I-Smile™ @ School Program and dental sealants for children.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

Mar 12, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY19, IDPH collaborated with Delta Dental of Iowa Foundation, Department of Education staff, school nurses, and local I-Smile program staff to promote and expand the program.

Lack of Oral Health/Dental Services

Objective 3-2 Increase the percent of Medicaid-enrolled children ages 0-2 who receive a dental service from 35.3% to 45.3%.

Baseline Year	Baseline Value	Target Year	Target Value
2015	35.3%	2021	45.3%

Data Source & Location CMS 416 report <http://idph.iowa.gov/ohds/oral-health-center/reports>

Report Date

March 2018

Year

2016

Value

34.3%

Progress on Objective

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

Progress notes: Due to process changes at Iowa Medicaid Enterprise, the validity of the 2016 data may not reflect an actual change in services.

Report Date

Mar 11, 2019

Year

2017

Value

34.94%

Progress on Objective

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

Progress notes: Due to process changes at Iowa Medicaid Enterprise, the validity of the 2017 data may not reflect an actual change in services.

Report Date
Mar 12, 2020

Year
2018

Value
35.8%

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

Progress notes: I-Smile provides preventive oral health services in public health settings, care coordination services to help children and mothers get into care, and strongly emphasizes encouraging dental visits by age 1 to parents and dentists.

Lack of Oral Health/Dental Services

Strategy 3-2.1 Provide technical assistance and training to local I-Smile™ contractors. Strategy Type
Professional/provider-focused

Strategy Source & Location

I-Smile program plan, Iowa Department of Public Health

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2020

Report Date	Progress on Strategy
Mar 12, 2020	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: During FY19, IDPH staff provided ongoing technical assistance, including contractor sites visits and quarterly trainings.

Lack of Oral Health/Dental Services

Strategy 3-2.2 Work with partners to promote the I-Smile Program and early and regular care for children. Strategy Type
Community-focused

Strategy Source & Location

I-Smile program plan, Iowa Department of Public Health

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2020

Report Date	Progress on Strategy
Mar 12, 2020	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: During FY19, IDPH staff continue collaboration on Cavity Free Iowa, encouraging physicians to provide fluoride varnish for children up to age 3 during well-child exams. I-Smile also continues to promote early and regular dental care through partnerships with WIC, Head Start, Early Childhood Iowa, and other community-based organizations.

Lack of Oral Health/Dental Services

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
Objective 3-3	Increase the percent of older Iowans who visited a dentist in the past year from 72% to 75% for ages 65-74 and from 68% to 70% for ages 75 and over.	2014	72% (65-74) 68% (75+)	2021	75% (65-74) 70% (75+)

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

Report Date

March 2018

Year

2016

Value

73% (65-74)
67% (75+)

Progress on Objective

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

Progress notes: Adults ages 65-74 saw an increase of 1%; however, there was a 1% decrease in adults 75+.

Report Date

Mar 11, 2019

Year

2016

Value

73% (65-74)
67% (75+)

Progress on Objective

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

Progress notes: This measure is not updated, as oral health BRFSS data is only collected in even years.

Report Date

Mar 12, 2020

Year

2018

Value

72% (65-74)
67% (75+)

Progress on Objective

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

Progress notes: Adults ages 65-74 saw a decrease of 1 percentage point, however adults 75+ remained constant.

Lack of Oral Health/Dental Services

Strategy 3-3.1 Provide technical assistance and training to local I-Smile™ Silver contractors.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

Mar 12, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: During FY19, IDPH staff provided ongoing technical assistance and training to local I-Silver contractors, including site visits and regular trainings.

Lack of Oral Health/Dental Services

Strategy 3-3.2 Work with Lifelong Smiles Coalition and other partners to promote and expand the I-Smile™ Silver Program.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health, Delta Dental of Iowa Foundation

Target Date

Jan 1, 2020

Report Date

Mar 12, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: During FY19, IDPH staff provided ongoing technical assistance and training to local I-Silver contractors, including site visits and regular trainings.

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FOCUS AREA: Healthy Living

Iowa Health Issue: Sexually Transmitted Diseases (STD)

Iowa Counties with Local Strategies

Buchanan, Calhoun, Grundy, Iowa, Linn, Louisa, Marshall, Page, Pottawattamie, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Sexually Transmitted Diseases (STD)

Goal #1 Reduce the burden of sexually transmitted diseases (STD) among disproportionately impacted populations.

Alignment with National Plans

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan
<https://www.cdc.gov/nchhstp/strategicpriorities/>

Alignment with State / Other Plans

Iowa's work plan for Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPs) <https://idph.iowa.gov/Portals/1/Files/HIVSTDHEP/Final%20Narrative%203-22.pdf>

Sexually Transmitted Diseases (STD)

Objective	Baseline Year	Baseline Value	Target Year	Target Value
Objective 1-1 By 2021, increase the percentage of sexually active females ages 16-24 who are screened at least annually for chlamydia to 60% using the HEDIS measure.	2014	37%	2021	60%

Data Source & Location: Centers for Disease Control and Prevention. Chlamydia Screening Percentages Reported by Commercial and Medicaid Plans by State and Year. <https://www.cdc.gov/std/chlamydia/chlamydia-screening-2014.htm>

Report Date
Feb 20, 2018

Year
2015

Value
37%

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Progress on this has been stagnant. The Medicaid Managed Care Organizations (MCOs) in Iowa have had many competing priorities. We have not yet been able to establish a dialogue to discuss the chlamydia HEDIS measure. We have not been able to obtain recent data on the chlamydia HEDIS measure to even understand their baselines.

Report Date
Mar 7, 2019

Year
2015

Value
37%

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: We have been unable to obtain statewide data on the chlamydia HEDIS measure. Most recent data is still from 2015. Efforts to raise the visibility of chlamydia screening have not gone well given competing priorities for other organizations in the state.

Sexually Transmitted Diseases (STD)

Strategy 1-1.1 Work with medical organizations across the state to ensure providers are aware of chlamydia screening recommendations and the chlamydia HEDIS measure and adhering to them via distribution of materials, holding forums, and other educational opportunities related to testing, treatment, and risk reduction associated chlamydia.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPs) at <http://www.cdc.gov/std/foa/aapps/> and Iowa's STD AAPPs work plan.

Who's Responsible

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date

Dec 31, 2021

<u>Report Date</u> Mar 7, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: Little progress has been made since last year. We are still trying to identify key contacts and champions to help us gather recent data. This is needed prior to creating any kind of improvement strategy.

Sexually Transmitted Diseases (STD)

Objective 1-2	By 2021, decrease the rate of gonorrhea among black, non-Hispanic persons in Iowa to 300 per 100,000 population.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	586	2021	300

Data Source & Location National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) atlas <http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas>

Iowa Department of Public Health, STD Program disease surveillance data <http://idph.iowa.gov/hivstdhep/std/resources>

<u>Report Date</u> Feb 20, 2018	<u>Year</u> 2016 <u>Value</u> 726	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
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Progress notes: Gonorrhea cases have increased substantially throughout the U.S. and among multiple populations in Iowa, including our Black and African American populations. The overall increase in gonorrhea has made it difficult to work toward reduction in any population.

<u>Report Date</u> Mar 7, 2019	<u>Year</u> 2017 <u>Value</u> 927	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
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Progress notes: Substantial increases in gonorrhea cases among multiple populations continued throughout Iowa and the U.S. There are likely multiple factors contributing to the increase, including more individuals being tested and greater transmission as more individuals and populations are affected. Increasing caseloads have made it very challenging for public health staff to complete thorough follow up with all persons diagnosed. Resources to address increasing STDs have remained stagnant while morbidity has increased.

Sexually Transmitted Diseases (STD)

Strategy 1-2.1 Increase outreach to populations disproportionately impacted by gonorrhea in Iowa, including Black, non-Hispanic populations, to increase awareness and ensure access to testing and treatment services, as well as prevention and risk reduction options.

Strategy Type
Community-focused

Strategy Source & Location

Community-Based Screening Services (CBSS) program for STD testing and treatment

Who's Responsible

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date

Dec 31, 2021

Report Date
Mar 7, 2019

Progress on Strategy

Complete
 On track
 Off track
 No progress

Progress notes: Very similar challenges indicated in the last report continued in the most recent year. Some local health departments, like the Polk County Health Department, have identified local resources and are ramping up their efforts. Other STD clinics at local health departments and CBSS sites have increased outreach in their local communities but due to limited resources, we have yet to see a statewide impact.

Sexually Transmitted Diseases (STD)

Objective 1-3

By 2021, reduce the rate of infectious syphilis to 2.0 per 100,000 population.

Baseline Year	Baseline Value	Target Year	Target Value
2014	5.6	2021	2.0

Data Source & Location

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) atlas
<http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas>

Iowa Department of Public Health, STD Program disease surveillance data
<http://idph.iowa.gov/hivstdhep/std/resources>

Report Date
Feb 20, 2018

Year
2016

Value
5

Progress on Objective

Met, trend in right direction
 Not met, trend in right direction
 Met, no trend
 Not met, no trend
 Met, trend in wrong direction
 Not met, trend in wrong direction

Progress notes: Though progress has been gradual, we have seen a reduction in the number of infectious syphilis cases in the state. Efforts to increase testing in populations that are most affected (and reduce the time between from infection to diagnosis and treatment) have likely contributed to this. We have also partnered with other programs and agencies to maximize resources (e.g., Ryan White Part C clinics and agencies offering pre-exposure prophylaxis, PrEP for HIV).

Report Date
Mar 7, 2019

Year
2017

Value
6.1

Progress on Objective

Met, trend in right direction
 Not met, trend in right direction
 Met, no trend
 Not met, no trend
 Met, trend in wrong direction
 Not met, trend in wrong direction

Progress notes: Although the rate of infectious syphilis increased in 2017, more recent preliminary data suggest rates are decreasing again. So, over a longer period of time, it appears rates for this infection are decreasing. When ramping up efforts in STD prevention, it is expected that diagnoses go up for a time while more asymptomatic individuals are identified and diagnosed. If most affected individuals can be diagnosed and treated, disease burden and transmission will decrease over time. We have partnered with other programs and agencies to maximize resources (e.g., Ryan White Part C clinics and agencies offering pre-exposure prophylaxis, PrEP for HIV). Among other things, this has led to increased testing across the state.

Sexually Transmitted Diseases (STD)

Strategy 1-3.1 Increase outreach to populations disproportionately impacted by syphilis in Iowa, including men who have sex with men (MSM) populations, to increase awareness and ensure access to testing and treatment services, as well as prevention and risk reduction options.

Strategy Type
Community-focused

Strategy Source & Location

Community-Based Screening Services (CBSS) program for STD testing and treatment; HIV prevention and care programs

Who's Responsible

Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis

Target Date

Dec 31, 2021

Report Date

Mar 7, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Partnerships across program areas have contributed greatly to success in this area. CDC has increasingly encouraged sharing of resources among program areas. This has enabled us to pool resources and work cooperatively to achieve common goals. PrEP for HIV promotes routine STD testing, which in turn leads to earlier diagnoses and treatment, thus reducing the period of infectiousness. Preliminary 2018 data suggest decreases in infectious syphilis among MSM. Although there are other populations affected by syphilis that need to be addressed, we have seen success in key disproportionately impacted populations.

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FOCUS AREA: Injury & Violence

Iowa Health Issue: Falls

Iowa Counties with Local Strategies

Audubon, Buchanan, Calhoun, Cerro Gordo, Emmet, Hardin, Ida, Jackson, Jasper, Keokuk, Louisa, Lyon, Pocahontas, Union, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Falls

Goal #1 Decrease patient falls in the healthcare setting.

Alignment with National Plans

Centers for Medicare & Medicaid Services (CMS), Hospital Improvement Innovation Network (HIIN)
<https://partnershipforpatients.cms.gov/about-the-partnership/hospital-engagement-networks/thehospitalengagementnetworks.html>

Alignment with State / Other Plans

N/A

Falls

Objective 1-1	Maintain the continuous goal of a 20% reduction in the number of falls per 1,000 in the healthcare setting.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	3.27	2021	1.01

Data Source & Location: HIIN Data, Iowa Health Care Collaborative

Report Date

Feb 13, 2018

Year

2017

Value

1.01

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: This improvement was met by the performance improvement strategies that the Iowa Healthcare Collaborative is using through the HIIN program. IHC improvement advisors work with hospitals to implement best practices and track improvement.

Report Date

Feb 12, 2019

Year

2018

Value

0.81

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: In spring of 2018, a fall prevention campaign was pushed out to all hospitals.

Report Date

Mar 5, 2020

Year

2019

Value

0.77

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: IHA continues to be a part of the Iowa Falls Coalition and disseminates information to hospitals in collaboration with the Iowa Healthcare Collaborative.

Falls

Strategy 1-1.1 Work in collaboration with the Iowa Healthcare Collaborative to educate hospitals in fall prevention strategies.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Healthcare Collaborative

Who's Responsible

Iowa Hospital Association-Quality Team and Iowa Healthcare Collaborative

Target Date

Dec 31, 2019

Report Date

Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: IHA continues to be a part of the Iowa Fall Coalition and disseminates information to hospitals in collaboration with the Iowa Healthcare Collaborative.

Falls

Goal #2 Reduce falls in the elderly population.

Alignment with National Plans

National Council on Aging, 2015 Falls Free National Action Plan

<https://www.ncoa.org/resources/2015-falls-free-national-falls-prevention-action-plan/>

Alignment with State / Other Plans

Iowa Department on Aging <https://www.iowaaging.gov/programs-services/health-prevention-wellness/falls-prevention>

Falls

Objective 2-1 Develop templates for collaborative practice agreements in long-term care facilities related to falls prevention.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0	2019	TBD

Data Source & Location To be developed.

Report Date

May 30, 2018

Year

2017

Value

N/A

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: IPA's LTC Advisory Committee recognized collaborative practice agreements as a priority area and IPA will work to develop related templates/resources.

Report Date

Mar 19, 2019

Year

2018

Value

N/A

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The Iowa Pharmacy Association recognizes the need to develop templates and resources for collaborative practice agreement in long-term care facilities. However, legislation is needed to expand collaborative practice agreement pharmacy practice.

Falls

Strategy 2-1.1 Work with DIA and the Iowa Pharmacy Association long-term care/senior care committee to create collaborative practice agreements with local providers.

Strategy Type
Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2019

Report Date

Mar 24, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Pharmacy Association has been having conversations with DIA to improve the utilization of collaborative practice agreements in long-term care facilities. In order to expand collaborative practice agreement rules to allow pharmacists to enter into the agreements with non-physician prescribers, legislation is needed to be passed. This is a focus of IPA's 2020 legislative agenda. IPA is also working closely with its partners at University of Iowa Health Care to develop deprescribing protocols in accordance with a CDC grant initiative.

Falls

Goal #3 Reduce injuries and deaths from falls by expanding the availability of evidence-based programs.

Alignment with National Plans

2015 Falls Free National Action Plan <https://www.ncoa.org/resources/2015-falls-free-national-falls-prevention-action-plan/>

Alignment with State / Other Plans

Iowa Falls Prevention Coalition Plan (to be published)

Falls

Objective 3-1 Increase the percentage of Iowa counties that have evidence-based classes available from 35% to 50%.

Baseline Year	Baseline Value	Target Year	Target Value
2016	35%	2019	50%

Data Source & Location: National Council on Aging Falls Database (baseline data from CY2016) - accessed by Iowa Department of Public Health Office of Disability, Injury & Violence Prevention staff.

Report Date

Feb 28, 2018

Year

2017

Value

37%

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The Office of Disability, Injury, & Violence Prevention has provided leader training for evidence-based programs. Following is the link to counties offering classes: <https://www.lifelonglinks.org>. Counties currently with evidence-based classes are the following: Allamakee, Black Hawk, Buchanan, Buena Vista, Calhoun, Carroll, Cass, Clarke, Clinton, Dallas, Davis, Decatur, Delaware, Des Moines, Dubuque, Greene, Hancock, Harrison, Humboldt, Jackson, Jasper, Johnson, Kossuth, Madison, Mills, Monona, Page, Plymouth,

Report Date
Mar 27, 2019

Year
2018

Value
50.5%

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Office of Disability, Injury, & Violence Prevention has provided leader training for evidence-based programs. In 2018, classes were offered in 12 new counties. Following is the link where classes being offered are posted: <https://www.lifelonglinks.org>. Counties currently with evidence-based classes are the following: Allamakee, Black Hawk, Boone, Buchanan, Buena Vista, Calhoun, Carroll, Cass, Cedar, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dubuque, Fayette, Greene, Hancock, Hardin, Harrison, Humboldt, Ida, Jackson, Jasper, Johnson, Kossuth, Linn, Madison, Marshall, Mills, Monona, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Union, Webster, Winneshiek, Woodbury.

Falls

Strategy 3-1.1 By 2019, increase the number of local health departments participating in county or regional falls prevention coalitions. Strategy Type
Community-focused

Strategy Source & Location

Survey of local health departments - conducted annually

Who's Responsible Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention Target Date
Jan 1, 2020

Report Date	Progress on Strategy
Mar 27, 2019	<input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress

Progress notes: No progress has been made; no survey was sent out in 2018.

Falls

Strategy 3-1.2 Each year, analyze and provide updated data on trends related to deaths and hospitalizations from falls by county. Strategy Type
Policy-focused

Strategy Source & Location

[Falls In Iowa report](#)

Who's Responsible Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention & Iowa Falls Prevention Coalition Target Date
Jul 1, 2021

Report Date	Progress on Strategy
Mar 27, 2019	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: [Policy Brief: Falls in Iowa, 2018](#) was completed and can be found at <https://idph.iowa.gov/falls-prevention> and was disseminated among the members of the Iowa Falls Prevention Coalition.

Falls

Objective 3-2	Increase the number of older Iowans who indicate they have been referred to falls prevention program by their health care provider.	Baseline Year	Baseline Value	Target Year	Target Value
		2017	12%	2020	25%

Data Source & Location: Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program reports.

Report Date
Feb 23, 2018

Year
2017

Value
12%

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: Work will begin on this objective in 2018.

Report Date
Mar 27, 2019

Year
2018

Value
15.7%

Progress on Objective			
<input type="checkbox"/> Met, trend in right direction	<input checked="" type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: In 2018, 15.7% of participants reported they were referred to a falls prevention program by their health care provider. This is an increase from the previous year.

Falls

Strategy 3-2.1 Collaborate in the statewide falls prevention strategy for clinical settings to increase routine screening for falls, referral to evidence-based programs, and potential reimbursement mechanisms.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Statewide Falls Prevention Strategy <https://idph.iowa.gov/falls-prevention/resources>

Who's Responsible

Iowa Department of Public Health and Iowa Healthcare Collaborative

Target Date

Sept 1, 2019

Report Date
Mar 27, 2019

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Iowa Falls Prevention Coalition has formed committees to work on the statewide strategies. These committees formed in late 2018 and work is being started in 2019.

Falls

Strategy 3-2.2 Educate patient care coordinators about the CDC STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Toolkit for clinicians and how to refer patients to evidence-based community programs.

Strategy Type
Professional/provider-focused

Strategy Source & Location

The Iowa Department of Public Health (IDPH) Administration for Community Living Falls Prevention Grant includes a plan to engage patient care coordinators in hospital and clinic systems in Iowa (located in IDPH program files).

Who's Responsible

Iowa Department of Public Health (Office of Disability, Injury & Violence Prevention) and the Iowa Healthcare Collaborative

Target Date

Dec 31, 2019

Report Date
Mar 27, 2019

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Falls Prevention Coalition hosted the annual Falls Prevention Symposium in July 2018. Information about the STEADI toolkit was disseminated and shared at that event, as well as through exhibiting at the Iowa Governor's Conference on Public Health.

Falls

Strategy 3-2.3 Develop a reimbursement mechanism to support the network of evidence-based falls prevention classes across the state.

Strategy Type
Policy-focused

Strategy Source & Location

Based on the business plan developed by the Iowa Falls Prevention Coalition (available from the Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention program files)

Who's Responsible

Iowa Department of Public Health, Iowa Department on Aging, Iowa Healthcare Collaborative

Target Date

July 31, 2019

Report Date

Mar 27, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Department of Public Health and Iowa Department on Aging met with representation from one of Iowa's Medicaid Managed Care Organizations to discuss this issue; however a mechanism for reimbursement was not developed.

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FOCUS AREA: Injury & Violence

Iowa Health Issue: Motor Vehicle Crashes

Iowa Counties with Local Strategies

Buchanan, Calhoun, Mitchell

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Motor Vehicle Crashes

Goal #1 Increase traffic safety.

Alignment with National Plans

Healthy People 2020, Injury & Violence Prevention, Objective 13
<https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives>

National Highway Traffic Safety Administration Counter Measures That Work
<https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/811736.pdf>

Alignment with State / Other Plans

Iowa State Strategic Highway Safety Plan <https://www.iowadot.gov/traffic/shsp/home>

Governor's Traffic Safety Bureau Highway Safety Plan <http://www.dps.state.ia.us/commis/gtsb/publications.shtml>

Motor Vehicle Crashes

Objective 1-1	Reduce traffic fatalities 15% from the 2007 - 2011 average of 396 to 337 by January 1, 2020.	Baseline	Baseline	Target	Target
		Year	Value	Year	Value
		2007-11	396	2020	337

Data Source & Location: Iowa State Strategic Highway Safety Plan
 Highway Safety Plan, Iowa Department of Public Safety/Governor's Traffic Safety Bureau, FFY 2017, Performance Measure #1.

Report Date
Dec 31, 2017

Year
2017

Value
339 (5 yr avg)

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: In spite of a significant increase in traffic fatalities in 2016, a linear trend continues downward. The spike in traffic fatalities in 2016 prompted additional analysis of traffic crash data and current trends being seen by traffic safety partners in the state.

Report Date
Feb 5, 2019

Year
2018

Value
339 (5 yr avg)

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The high number of fatalities in 2016 adversely affects the 5-year average. However, the state remains in line to meet the collaborative long-term goal.

Report Date

March 3, 2020

Year

2019

Value

342 (5 yr avg)

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
- Met, no trend Not met, no trend
- Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The high number of fatalities recorded in 2016 (402) adversely affects the 5-year average. However, when reviewing the 5-year linear trend there remains a minimal decrease. The 2019 annual figure used in the calculation was based on preliminary Iowa Department of Transportation data.

Motor Vehicle Crashes

Strategy 1-1.1 Increase the statewide safety belt usage rate 0.213% from the 2016 observational survey rate of 93.8% to 94.0% for the 2018 survey.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Highway Safety Plan. Statewide Observational Seat Belt Usage Survey.

Who's Responsible

The Annual Observational Safety Belt Usage Survey is conducted by Iowa State University, Survey and Behavioral Research Services, under contract with the Governor's Traffic Safety Bureau.

Target Date

Jun 30, 2021

Report Date

Mar 3, 2020

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Based on weighted data, Iowa's overall seat belt use for 2019 was 94.6%. This is up .745% from the 2018 rate of 93.9%.

Motor Vehicle Crashes

Strategy 1-1.2 Provide de-identified data from the Iowa Office of the State Medical Examiner Case Management System to the Iowa Department of Transportation (DOT), Iowa Department of Public Safety (DPS), and elected officials to aid in policy development to reduce the number of motor vehicle crash-related fatalities.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS

Who's Responsible

Iowa Office of the State Medical Examiner, Iowa DOT, and Iowa DPS

Target Date

Dec 31, 2020

Report Date

Mar 23, 2018

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The Iowa Office of the State Medical Examiner (IOSME) has developed and begun entering data into the IOSME FAS case management system. De-identified toxicology results have been shared with the Iowa DOT. There were 330 MVA-related fatalities in 2017. In 2016, there were 399. A decrease was shown in the number of fatalities, per DOT data as of 3/23/2018. https://iowadot.gov/mvd/stats/previous_daily.pdf

Report Date

Feb 5, 2019

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The Iowa Office of the State Medical Examiner (IOSME) continues to enter data in the FAS case management system. By the end of 2019, FAS should be able to electronically submit de-identified data to requesting agencies. In the mean time, de-identified data is being manually produced and submitted to the requesting agencies.

Motor Vehicle Crashes

Strategy 1-1.3 Reduce alcohol-impaired driving fatalities 3.33% from the 2011-2015 average of 90 to 87 by December 31, 2018.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Highway Safety Plan

Who's Responsible

Agencies under contract with the Governor's Traffic Safety Bureau and Iowa Impaired Driving Coalition.

Target Date

Dec 31, 2018

Report Date

March 3, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: Alcohol-impaired driving fatalities decreased 9.57% from the 2012-2016 average of 94 to 85.

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FOCUS AREA: Injury & Violence

Iowa Health Issue: Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Iowa Counties with Local Strategies

Calhoun, Cerro Gordo, Greene, Jasper, Linn, Monona, Muscatine, Sac, Shelby

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Goal #1 Reduce the number of Iowa children reporting risk factors associated with adverse childhood experiences (ACEs).

Alignment with National Plans

Healthy People 2020, Injury & Violence Prevention, Objectives 37, 38, & 42 <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>

Alignment with State / Other Plans

ACEs 360 Iowa <http://www.iowaaces360.org/>

Iowa Child Abuse Prevention Program <http://www.pcaiowa.org/programs/icapp/>

Iowa's Comprehensive HIV Plan 2017-2021 <https://idph.iowa.gov/hivstdhep/hiv>

The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

University of Iowa Child Protection Program <https://uichildrens.org/medical-services/child-protection-program>

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 1-1 COMPLETE: Increase the number of policy makers and state department officials who are aware of ACEs.

Baseline Year	Baseline Value	Target Year	Target Value
2016	20 policy makers/ state agency officials	2017	50 policy makers/ state agency officials

Data Source & Location: ACEs Policy Coalition will track this number based on interactions with state policy makers and department officials during the 2017 legislative session.

Report Date

Feb 19, 2018

Year

2017

Value

90 policy makers/state agency officials

Progress on Objective

- | | |
|---|--|
| <input checked="" type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend | <input type="checkbox"/> Not met, no trend |
| <input type="checkbox"/> Met, trend in wrong direction | <input type="checkbox"/> Not met, trend in wrong direction |

Progress notes:

Representatives from such groups as Prevent Child Abuse Iowa, the Child and Family Policy Center, and Central Iowa ACES 360 that are part of the ACES Coalition initiated conversations to inform policy makers and state department officials about the importance of ACEs in improving the effectiveness of prevention and treatment programs. This objective will be revised in the strategic planning process scheduled to take place in the second half of 2018.

Report Date
Feb 11, 2019

Year
2018

Value
50

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Representatives from the ACES Coalition initiated conversations to inform policy makers and state department officials about the importance of ACEs in improving the effectiveness of prevention and treatment programs. In 2018 the Coalition increased their attention on meeting with members of key state agencies, including DHS, DE, and IDPH.

Report Date
Mar 10, 2020

Year
2019

Value
35

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The ACEs Policy Coalition educated legislators on the Coalition's priorities and strategies to prevent and mitigate ACEs.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 1-1.1 COMPLETE: Host two lobby days during the 2017 legislative session to raise awareness regarding the impact of ACEs. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Policy Priority of the ACEs Policy Coalition

Who's Responsible

ACEs Policy Coalition (Child and Family Policy Center co-chairs this Coalition)

Target Date

Jun 30, 2017

Report Date	Progress on Strategy			
Mar 10, 2020	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The ACEs Policy Coalition continues to use its annual lobby day as an opportunity to raise awareness around ACEs, trauma-informed care, and opportunities to promote resilience.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective	Description	Baseline Year	Baseline Value	Target Year	Target Value
Objective 1-2	Adopt strategies focused on preventing and mitigating childhood adversity.	2016	0	2018-19	1

Data Source & Location: Child and Family Policy Center analysis of legislation passed during the 2017 session.

Report Date
Feb 19, 2018

Year
2017

Value
1

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input checked="" type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: House File 653, Division XVIII, Section 89 charged the Department of Human Services with creating a children's mental health and well-being advisory committee to continue efforts relating to improving children's mental health crisis services and children's well-being learning labs and supporting the children's well-being collaboratives. This objective has been revised to reflect ongoing work in 2018-2019.

Report Date
Feb 11, 2019

Year	2018
Value	1

<u>Progress on Objective</u>			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: [SF 2113](#) requires licensed school personnel who have regular contact with students to undergo annual training on suicide prevention and “postvention,” identifying adverse childhood experiences and mitigating toxic stress.

Report Date
Mar 10, 2020

Year	2020
Value	1

<u>Progress on Objective</u>			
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction		

Progress notes: HF 690 outlined the initial structure and governance for a comprehensive Children's Mental Health System. This system will provide a framework for helping prevent and mitigate ACEs.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 1-2.1 Enact a state resolution or proclamation regarding the impact of ACEs on the long term health and well-being of Iowans, which encourages state departments and policy makers to develop priorities for action to address ACEs in the areas of prevention, early intervention, and mitigation, which would reduce the prevalence of mental health and physical health problems, and the need for mental health services.

Strategy Type
Policy-focused

Strategy Source & Location

Policy Priority of the ACEs Policy Coalition

Who's Responsible

ACEs Policy Coalition (Child and Family Policy Center co-chairs this Coalition)

Target Date

Jun 30, 2018

<u>Report Date</u>	<u>Progress on Strategy</u>			
Feb 11, 2019	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Governor Kim Reynolds signed the Resilient Iowa Proclamation on February 15, 2018 alongside community and state leaders in the ACEs and Trauma Informed Movement.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 1-2.2 Develop and expand programs that improve child health and family well-being.

Strategy Type
Policy-focused

Strategy Source & Location

Child and Family Policy Center legislative priorities

Who's Responsible

Child and Family Policy Center

Target Date

Jan 3, 2021

<u>Report Date</u>	<u>Progress on Strategy</u>			
March 10, 2020	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: 1st Five received status quo funding but language in the HHS budget does provide an additional 1.0 FTE position to support program administration at the state level. HF 690 codifies the Children’s Behavioral Health System, outlines the regional

governance structure of the children's system, and begins to spell out services and eligibility. The HHS budget included increased funding for caseload relief by providing the funds to hire 29 FTEs (primarily social worker II and IIIs). The Technology and Reinvestment Fund budget includes \$5.5 million in FY 2020 for the development of a child welfare information system.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Goal #2 Build capacity at the local and state levels to recognize and respond to trauma* across the lifespan.
 * Trauma is defined as an experience or event that is emotionally painful or distressful that overwhelms a person's ability to cope, including ACEs, interpersonal violence, natural disasters, medical trauma, car accidents, traumatic grief, and/or structural violence.

Alignment with National Plans

- National Strategy to Eliminate Child Abuse & Neglect Fatalities
<https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf>
- Preventing Child Abuse and Neglect: A Technical Package for Policy, Norms and Programmatic Activities
<http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>
- HHS Strategic Plan: Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People
<http://www.hhs.gov/about/strategic-plan/strategic-goal-3/index.html>

Alignment with State / Other Plans

- ACEs 360 Iowa <http://www.iowaaces360.org/>
- Iowa Child Abuse Prevention Program <http://www.pcaiowa.org/programs/icapp/>
- Iowa's Comprehensive HIV Plan 2017-2021 <https://idph.iowa.gov/hivstdhep/hiv>
- The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>
- Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>
- University of Iowa Child Protection Program <https://uichildrens.org/medical-services/child-protection-program>

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-1	COMPLETE: Hire a statewide Trauma Informed Prevention and Care Coordinator.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2017	1

Data Source & Location: To be developed documentation that coordinator position exists and is filled.

Report Date: Dec 31, 2017
 Year: 2017
 Value: 1

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: A trauma-informed prevention and care coordinator has been hired.

Report Date: April 10, 2019
 Year: 2018
 Value: 0

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: There is currently no Trauma Informed Prevention and Care Coordinator and no plans to refill the position. To be able to do this, dedicated general funds would need to be allocated our blended funding from vested partners.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-1.1 COMPLETE: Recruit applicants with a foundational understanding of impact of trauma on development/health outcomes/post-traumatic growth, and experience in engaging, managing and supporting state and community-level coalitions. Strategy Type
Community-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Mar 1, 2017

Report Date

April 10, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Though there is not a state-wide trauma-informed prevention and care coordinator, efforts have been made in many programs and agencies to screen for trauma-informed principles knowledge. However, this is mostly anecdotal evidence and is not currently being tracked.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-2	Develop a strategic plan for a Trauma Informed Work Group at the Iowa Department of Public Health that recognizes the impact of trauma across the public health continuum.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2018-19	1

Data Source & Location Work Group records.

Report Date

May 29, 2018

Year

2017

Value

0

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The groundwork has been laid for a strategic plan that will include all five divisions in the department. The target has been revised to reflect ongoing work in 2018-2019.

Report Date

April 10, 2019

Year

2018

Value

0

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: A consultant has been hired to assist with the development of a strategic plan. A draft plan is near completion and is expected to be finalized in 2019

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-2.1 Develop mission and vision statements for the work group. Strategy Type
Professional/provider-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health Trauma Informed Work Group

Target Date

Dec 31, 2021

<u>Report Date</u> April 10, 2019	Progress on Strategy <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: The vision and mission of the IDPH workgroup was finalized and is as follows: The vision of the IDPH Trauma Leadership Workgroup is Healthy Iowans living in resilient and thriving communities. The mission is for IDPH to be a leader in creating resilient and thriving communities promoting action, based on evidence connecting trauma with health and well-being, utilizing the organizational trauma continuum.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-2.2 Develop operating and membership procedures to ensure effective communication on the impact of trauma to key stakeholders at the Iowa Department of Public Health. **Strategy Type**
Policy-focused

Strategy Source & Location
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible
Iowa Department of Public Health Trauma Informed Work Group Target Date
Dec 31, 2021

<u>Report Date</u> March 29, 2019	Progress on Strategy <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Operating and membership procedures of an IDPH workgroup continue to be in process.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-2.3 Develop a communication plan for the Trauma Informed Work Group to formalize distribution of information to Iowa Department of Public Health programs. **Strategy Type**
Professional/provider-focused

Strategy Source & Location
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible
Iowa Department of Public Health Trauma Informed Work Group Target Date
Dec 31, 2021

<u>Report Date</u> Mar 29, 2019	Progress on Strategy <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: The communication plan is in progress. The HIV bureau hired a communications specialist, Jenna Sheldon, who is assisting in the communication plan development and distribution.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-3	Increase the number of Divisions within the Iowa Department of Public Health that universally integrate principles of trauma-informed care across programs.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	5 divisions

Data Source & Location To be developed.

<u>Report Date</u> Dec 31, 2017	Year 2017	Progress on Objective <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	Value 0	

Progress notes: The groundwork to integrate principles of trauma-informed care across the department has been laid and will be part of the new traumatic-informed strategy.

Report Date
Mar 29, 2019

Year
2018

Value
0

Progress on Objective	
<input type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input checked="" type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: Though the strategic plan and corresponding work-plan is not complete at this time, it is likely that the first step to integrate trauma informed principles into programs at IDPH will be to create a resource inventory.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-3.1 Conduct an assessment to determine which programs at the Iowa Department of Public Health are utilizing principles of trauma-informed care in their funding and technical assistance decisions.

Strategy Type
Professional/provider-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible
Iowa Department of Public Health

Target Date
Dec 31, 2021

Report Date	Progress on Strategy
Mar 29, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: An assessment of which programs at the Iowa Department of Public Health are utilizing trauma-informed care principles continues to be underway. An electronic detailing sheet has been developed and is being refined and gaining approval prior to distribution to the bureau chiefs and programs. This detailing sheet will act as the mechanism for tracking and evaluating the quality of programming as well as gaining an overall inventory of trauma informed activities taking place within programs.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-3.2 Develop a database to track number of Iowa Department of Public Health programs that are informed about the life-long impact of trauma on physical and behavioral health.

Strategy Type
Professional/provider-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible
Iowa Department of Public Health

Target Date
Dec 31, 2021

Report Date	Progress on Strategy
Mar 29, 2019	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: This strategy is being addressed in the Iowa Department of Public Health Trauma Informed Care strategic plan within a goal surrounding workforce training and wellness. The strategic plan goal was formulated in order to ensure that employees at the Iowa Department of Public Health are trained in trauma and resilience informed principles. The determination of what modules to include in training, how trainings will be delivered, and how to track employee completion is planned to be developed in 2019.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-4 Develop an inventory of trauma-informed resources available on risk and protective factors for adverse experiences.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2019	1

Data Source & Location | To be developed.

Report Date
May 29, 2018

Year
2017

Value
0

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: An inventory of trauma-informed resources will be part of the new strategic plan. The target year has been revised to 2018-2019.

Report Date
Apr 10, 2019

Year
2018

Value
0

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Developing a resource inventory has been prioritized for 2019.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-4.1 Gather resources on trauma-informed principles, procedures, interventions and available data, and compile into an inventory available for public consumption. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible
Iowa Department of Public Health

Target Date
Dec 31, 2021

Report Date
Mar 29, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Prevent Child Abuse Iowa, Child and Family Policy Center, Central Iowa ACES 360, as part of the statewide Trauma Informed Leadership Team (TILT), have materials available, but not yet fully collated, and the three entities are in the initial stages of creating a survey. The survey will span statewide with the intention of collecting what services are going on. The comprehensive survey will be given to advocates, professionals, and community organizations. After the survey, the TILT group will identify organizations and agencies that utilize "best practice" models.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 2-5 Develop a statewide trauma-informed care planning group to formalize cross-sector collaboration to address the impact of trauma on Iowans and promote social well-being.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2018	1

Data Source & Location | To be developed.

Report Date
May 21, 2018

Year
2018

Value
1

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The state wide Trauma Informed Leadership Team (TILT) held its first strategic planning session (May 2018) under the leadership of an outside facilitator. The state-wide team consists of approximately 25 persons representing various groups, agencies, and diverse

sectors from across the state. Continued monthly meetings are scheduled through October 2018 with the outcome of a trauma informed state-wide strategic plan and implementation suggestions. The IDPH TIC workgroup continues to meet to update the trauma informed care strategic plan for IDPH.

Report Date
Apr 10, 2019

Year
2018

Value
1

Progress on Objective	
<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction
<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend
<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> Not met, trend in wrong direction

Progress notes: The Trauma Informed Leadership Team (TILT) continues to meet with the outside facilitator approximately every 3-4 months, and has begun to develop a blueprint/charter to finalize the group's existence and to clarify roles and responsibilities. The blueprint, or charter, is in draft form.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-5.1 Identify external agencies, including those addressing the issue of human trafficking, that are involved in trauma-informed care and establish relationships in order to increase cross-sector collaboration efforts to address trauma across the lifespan of Iowans.

Strategy Type
Community-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>

Who's Responsible

Iowa Department of Public Health, Prevent Child Abuse Iowa

Target Date

Dec 31, 2021

Report Date
May 1, 2019

Progress on Strategy			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The Network Against Human Trafficking is a state-wide association of volunteers, community leaders, and agency directors working to address human trafficking in Iowa. Their leadership has created legislation and training to eliminate human trafficking in Iowa. Liz Cox is the chair.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-5.2 Establish a procedure for collaboration and coordination between the Iowa Department of Public Health and other agencies developing and utilizing trauma-informed care practices.

Strategy Type
Community-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

The Washington State's ACEs Public-Private Initiative <http://www.appi-wa.org/about/guiding-principles>

Who's Responsible

Iowa Department of Public Health

Target Date

Dec 31, 2021

Report Date
Apr 10, 2019

Progress on Strategy			
<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input checked="" type="checkbox"/> No progress

Progress notes: None noted.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Goal #3 Assure children and their caretakers that are affected by adverse childhood experiences receive relevant services.

Alignment with National Plans

Healthy People 2020, Injury and Violence Prevention (IVP) IVP-38 & 42
<https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention>

Alignment with State / Other Plans

N/A

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 3-1 Identify children and their caretakers affected by adverse childhood experiences (ACEs).	Baseline Year	Baseline Value	Target Year	Target Value
	2016	0	2021	TBD

Data Source & Location: University of Iowa Children's Hospital Child Protection Clinic clientele, University of Iowa Children's Hospital Child Protection Clinic records

Report Date: Mar 19, 2018

Year: 2017

Value: N/A

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Due to legislative budget cuts for the UIHC, Child Protection clinic was closed. The program currently is focusing on implementing this objective in the inpatient pediatric population and their family members that are being evaluated for child abuse. Data from the University of Iowa and Blank Children's Hospital are being combined for a data summary.

Report Date: Mar 29, 2019

Year: 2018

Value:

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The primary change has been additional training provided to staff and completion of a research project at the University of Iowa in order to understand staff's knowledge base on both ACEs and TIC. This research created awareness of what resources towards trauma sensitive communications exist. The existence of the Children's Mental Health subcommittees and the Child Wellbeing groups is very beneficial for more improvement to be made in the future. Trainings in hospitals and clinics have been improved. The Iowa ACEs 360 Pediatric Project and Trauma-Informed Care Guide are examples of this work. Most mental health centers are screening for trauma/aces as well as advocacy centers.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 3-1.1 Conduct trauma, resiliency, and needs surveys on every child and their immediate caregivers assessed in a child protection clinic. The same should be conducted in select children (i.e. with developmental, behavioral, and mental health problems) and their caretakers in primary care clinics, hospital inpatient units, pediatric specialty clinics.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

University of Iowa Children's Hospital Child Protection Clinic patients and family members
 University of Iowa Children's Hospital Child Protection Inpatient Unit

Who's Responsible
University of Iowa Children's Hospital Child Protection Inpatient Unit

Target Date
Dec 31, 2021

<u>Report Date</u> Mar 29, 2019	Progress on Strategy <input type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input checked="" type="checkbox"/> No progress
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Progress notes: Unity Point/Blank STAR continue to use a general behavioral assessment that includes ACEs questions, however no specific needs surveys are reported being completed at this point in time.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 3-2 Refer families to relevant needed services.	Baseline Year	Baseline Value	Target Year	Target Value
	2016	0	2021	TBD

Data Source & Location University of Iowa Children's Hospital Child Protection Program Inpatient and Outpatient clientele.

<u>Report Date</u> Mar 19, 2018	<u>Year</u> 2017	Progress on Objective <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
<u>Value</u> TBD		

Progress notes: Inpatient families being evaluated for child abuse and neglect at the University of Iowa Hospital and Clinics are being referred to services. Blank STAR Center in addition to adults being provided "education" in these areas are being referred to relevant services. Needed: follow up on the services being delivered. Referrals continue to take place at other advocacy centers in the state and within different mental health and social service agencies in the central Iowa area. More agencies and organizations have yet to be identified.

<u>Report Date</u> Mar 29, 2019	<u>Year</u> 2018	Progress on Objective <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
<u>Value</u>		

Progress notes: Blank Hospital's general pediatric, developmental, and hematology clinics have established a connection with Every Step Care and Support Services. Every Step is on-site at each clinic full-time. Orchard Place reported that National Alliance on Mental Illness (NAMI) have done some work around crisis planning as well as the Coalition to Advance Mental Health in Iowa for Kids (CAMHI4KIDS). United Way, Orchard Place, and Unity Point remain involved with CAMHI4KIDS.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 3-2.1 Conduct face-to-face interviews with family members following the trauma, resiliency, and needs surveys. Strategy Type Individual/interpersonal-focused

Strategy Source & Location

University of Iowa Children's Hospital Child Protection Inpatient Unit

Who's Responsible
University of Iowa Children's Hospital Child Protection Inpatient Unit

Target Date
Dec 31, 2021

<u>Report Date</u> Mar 8, 2019	Progress on Strategy <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: Research has been completed on staff's knowledge base of ACEs and TIC that has increased awareness of resources toward trauma-sensitive communications. Also,

two leaders from Montefiore Hospital were part of staff training. Unity Point/Blank STAR report conducting a behavioral health assessment they utilize with families that assess most ACEs areas, however no specific interviews are being conducted based on a specific needs survey or screen. In the last year, Lana Herteen was hired as a Behavioral Health Consultant at Blank General Pediatrics primary care clinic.

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FOCUS AREA

Iowa Health Issue: Occupational & Farm Safety

Iowa Counties with Local Strategies

N/A

Goals, Objectives & Strategies

Occupational & Farm Safety

Goal #1 By 2020, reduce deaths from work-related injuries.

Alignment with National Plans

Healthy People 2020, Occupational Safety & Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/occupational-safety-and-health/objectives>

Alignment with State / Other Plans

Iowa Department of Public Health, Occupational Health and Safety Surveillance Program (OHSSP) July 2015-June 2020 work plan (unpublished)

Occupational & Farm Safety

Objective 1-1	Reduce the 5-year rolling average rate of fatal occupational injuries in Iowa from 5.8 per 100,000 full-time workers to no more than the national rate of 3.4 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2010-14	5.8	2020	3.4

Data Source & Location: Iowa Burden of Occupational Injury
<https://idph.iowa.gov/lpp/occupational-health>

Report Date
Feb 19, 2018

Year	2012-2016
Value	5.2

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The five-year rolling average rate in Iowa decreased from 5.8/100,000 FTE to 5.5 (2011-2015 data) and 5.2 for 2012-2016 data. The U.S. five year rate has remained unchanged at 3.4/100,000 FTE. The IA annual rate decreased from a high of 6.6/100,000 in 2012, to a rate of 3.9/100,000 in 2015. The IA annual rate in 2016 increased to 4.8/100,000 full-time workers.

Report Date
Feb 19, 2019

Year	2013-2017
Value	4.8

Progress on Objective

- Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The five-year rolling average rate in Iowa decreased from 5.2/100,000 FTE to 4.8 for 2013-2017 data. The U.S. five year rate remained unchanged at 3.4/100,000 FTE. The 2017 IA CFOI rate of 4.7/100,000 is the lowest annual rate since 2006 (4.6).

Occupational & Farm Safety

Strategy 1-1.1 Conduct data collection and analysis annually to track and trend occupational health indicators, including those for fatalities in high-risk industries and occupations, older worker fatalities, and self-employed or small business worker fatalities.

Strategy Type
Policy-focused

Strategy Source & Location

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who's Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

Report Date

Feb 14, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: Iowa's Occupational Health Indicators (OHI) are calculated annually, with a 3-year lag due to data availability. The 2016 Iowa data will be completed by June 30, 2019. The OHSSP annual report and the Burden of Occupational Injuries in Iowa, 2009-2013 report are posted at <https://idph.iowa.gov/Environmental-Health-Services/Occupational-Health-and-Safety-Surveillance> as well as additional data summaries as available.

Occupational & Farm Safety

Strategy 1-1.2 Disseminate findings to workers, employers, safety and health professionals, policy makers, and the public.

Strategy Type
Community-focused

Strategy Source & Location

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who's Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

Report Date

Feb 14, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: The OHSSP annual report and additional data reports are posted on the program web page. Materials are shared through a variety of mechanisms and partnerships throughout the year.

Occupational & Farm Safety

Strategy 1-1.3 Maintain and coordinate a network of stakeholders that can develop data-driven recommendations, materials, and resources for dissemination to key contacts.

Strategy Type
Community-focused

Strategy Source & Location

IDPH Occupational Health & Safety Surveillance Program 2015-2020 work plan

Who's Responsible

Iowa Department of Public Health, OHSSP

Target Date

Jul 28, 2019

Report Date

Feb 14, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: IDPH OHSSP works with a variety of agencies and programs to meet this objective.

FOCUS AREA: Mental Health, Illness, & Suicide

Iowa Health Issue: Mental Health, Illness & Suicide

Iowa Counties with Local Strategies

Adair, Adams, Allamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Calhoun, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Davis, Decatur, Des Moines, Dubuque, Greene, Henry, Howard, Iowa, Jasper, Jones, Keokuk, Lee, Linn, Lucas, Madison, Marshall, Mills, Monroe, Muscatine, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Union, Van Buren, Warren, Washington, Webster, Winneshiek

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Mental Health, Illness & Suicide

Goal #1 Prevent suicide deaths.

Alignment with National Plans

2012 National Strategy for Suicide Prevention

<http://www.surgeongeneral.gov/library/reports/nationalstrategy-suicide-prevention/fullreport.pdf>

Alignment with State / Other Plans

Overall Goal, Iowa Suicide Prevention Plan 2015-2018 <https://idph.iowa.gov/substance-abuse/youth-suicide-prevention>

Mental Health, Illness & Suicide

Objective 1-1 Reduce the annual number of deaths by suicide by 10% from an average of 406 each year (2012-14) to 365 by 2018.

Baseline Year	Baseline Value	Target Year	Target Value
2012-14	406	2018	365

Data Source: Iowa Department of Public Health, Bureau of Health Statistics. Vital Statistics of Iowa. Table 24: Suicide Deaths by & Location: Race and Age, Resident Data. <http://idph.iowa.gov/health-statistics/data>

Report Date

Year

Feb 5, 2018

2016

Value

449

Progress on Objective

- | | |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend | <input type="checkbox"/> Not met, no trend |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: The increase in the suicide rate for Iowa mirrors what is seen nationally, with suicide rates increasing over the past decade.

Report Date

Year

Mar 1, 2019

2017

Value

476

Progress on Objective

- | | |
|--|---|
| <input type="checkbox"/> Met, trend in right direction | <input type="checkbox"/> Not met, trend in right direction |
| <input type="checkbox"/> Met, no trend | <input type="checkbox"/> Not met, no trend |
| <input type="checkbox"/> Met, trend in wrong direction | <input checked="" type="checkbox"/> Not met, trend in wrong direction |

Progress notes: Suicide rates continue to rise nationally. In addition, the suicide prevention grant Iowa had expired with no new grants available until one was received that began September 2018.

Mental Health, Illness & Suicide

Strategy 1-1.1 Identify, coordinate, and establish suicide prevention activities across multiple sectors and settings by 2021.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Suicide Prevention Plan 2015-2018, Goal #1.

Who's Responsible

Iowa Suicide Prevention Planning Group

Target Date

Dec 31, 2021

Report Date

Mar 1, 2019

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input type="checkbox"/> On track	<input checked="" type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: More suicide prevention activities continue to happen across Iowa largely due to local efforts. IDPH had a suicide prevention grant that allowed for much integration and linkage, but when that grant ended IDPH was not able to continue the work. Good news is that IDPH received a zero suicide grant in the fall of 2018 and has begun picking up this work.

Mental Health, Illness & Suicide

Strategy 1-1.2 Provide care and support to individuals affected by suicide attempts and deaths to promote healing, and implement community strategies to help prevent further suicides.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Suicide Prevention Plan 2015-2018, Goal #5.

Who's Responsible

Iowa Suicide Prevention Planning Group

Target Date

Dec 31, 2021

Report Date

Mar 1, 2019

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Iowa has approximately 20 suicide bereavement support groups active across the state. These groups are loosely connected and checked in with on a quarterly basis to offer support and ensure all posted details are accurate. In addition, annual Survivors of Suicide Loss Day has been held in Iowa. Promotion of Your Life Iowa and the National Suicide Prevention Lifeline continues with advertising and materials distributed statewide.

Mental Health, Illness & Suicide

Strategy 1-1.3 Provide de-identified data from the Iowa Office of the State Medical Examiner's Case Management System to policy makers in an effort to support suicide prevention efforts, initiatives, and policy change.

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Plan for Suicide Prevention 2015-2018

Who's Responsible

Iowa Office of the State Medical Examiner and the Iowa Department of Public Health, Bureau of Behavioral Health

Target Date

Dec 31, 2020

Report Date

Feb 12, 2019

<u>Progress on Strategy</u>			
<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: The IOSME has continued to enter data into the FAS case management system. By the end of 2019, FAS should be able to electronically submit data regarding suicide numbers to policy makers and other requesting agencies. In the meantime, the IOSME continues to manually provide data to requesting persons and agencies.

Mental Health, Illness & Suicide

Goal #2 Reduce the bi-annual numbers of suicidal ideation (thoughts of engaging in suicide behavior) and the number of deaths by suicide in the Iowa Army National Guard.

Alignment with National Plans

Army Regulation 600-63, Army Health Promotion, 14 April 2015; Army Regulation 350-53, Comprehensive Soldier and Family Fitness (unpublished)

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 2-1	Reduce the number of suicidal ideations by 25% over the next two years, from 46 (2018) to 35 by the end of 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	46	2020	35

Data Source & Location: Commanders Critical Information Requirement (CCIR) tracker (unpublished)

Report Date

May 11, 2018

Year

TYTD 2018

Value

73

Progress on Objective

- Met, trend in right direction
- Met, no trend
- Met, trend in wrong direction
- Not met, trend in right direction
- Not met, no trend
- Not met, trend in wrong direction

Progress notes: Previous target goal for TY 2018 is 50. We are at 73 at 7 months in to Training Year 2018. We believe upward trend is due to better reporting of soldiers, not necessarily more suicidal ideations, because more units are getting the word out about available resources to the soldiers.

Report Date

Apr 18, 2019

Year

CY 2019

Value

18

Progress on Objective

- Met, trend in right direction
- Met, no trend
- Met, trend in wrong direction
- Not met, trend in right direction
- Not met, no trend
- Not met, trend in wrong direction

Progress notes: Previous target goal for Training Year (CY) 2018 is 50, end the CY with 46 CCIRs for suicidal ideations. We are at 18 as of April 18, 2019. The upward trend is due to better reporting of soldiers, not necessarily more suicidal ideations, because more units are getting the word out about available resources to the soldiers.

Mental Health, Illness & Suicide

Strategy 2-1.1 Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard. The Adjutant Generals policy orders all units to have one MRT trained by the end of October 2017. As of 24 October 2016, 39 are trained out of 53 required.

Strategy Type

Policy-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Unit commanders supported by Iowa Army National Guard Resilience team

Target Date

Oct 1, 2019

Report Date

Apr 18, 2019

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: 44 out of 50 units have trained MRT.

Mental Health, Illness & Suicide

Strategy 2-1.2 Provide Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Commanders identify individuals and Suicide Prevention Office provides training.

Target Date

Oct 1, 2019

<u>Report Date</u>	<u>Progress on Strategy</u>
Apr 18, 2019	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: 712 Soldiers currently hold certification (+10%)

Mental Health, Illness & Suicide

Strategy 2-1.3 Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (Unpublished)

Who's Responsible

Commanders identify individuals, and Suicide Prevention Office provides training.

Target Date

Oct 1, 2019

<u>Report Date</u>	<u>Progress on Strategy</u>
Apr 18, 2019	<input type="checkbox"/> Complete <input type="checkbox"/> On track <input checked="" type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: 417 currently trained. This is less than 10%. We believe more may be trained and reporting of training is not completed.

Mental Health, Illness & Suicide

Objective 2-2	Reduce the total number of deaths by suicide in the Iowa Army National Guard by 50% from 8 (2014-16) to 4 (2017-2019).	Baseline Year	Baseline Value	Target Year	Target Value
		2014-16	8	2017-19	4

Data Source & Location Commanders Critical Information Requirement (CCIR) tracker (unpublished)

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u>
May 11, 2018	2017-2018	
	<u>Value</u>	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
	7	

Progress notes: The data calls for greater attention to this health problem and new strategies.

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u>
Apr 18, 2019	1Jan2017-18Apr2019	
	<u>Value</u>	<input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input checked="" type="checkbox"/> Not met, trend in wrong direction
	8	

Progress notes: The data calls for greater attention to this health problem and new strategies. Total number of suicides in CYs 2017-2018 is seven (7) and in CY 2019, we are currently at one (1) suicide.

Mental Health, Illness & Suicide

Strategy 2-2.1 Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard. The Adjutant General's policy orders all units to have one MRT trained by the end of October 2017. As of 24 October 2016, 39 are trained out of 53 required.

Strategy Type
Policy-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Unit commanders supported by Iowa Army National Guard Resilience Team

Target Date

Oct 1, 2019

Report Date

Apr 18, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: 44 out of 50 units have a trained MRT.

Mental Health, Illness & Suicide

Strategy 2-2.2 Provide/train Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Commanders identify individuals and Suicide Prevention Office provides training.

Target Date

Oct 1, 2019

Report Date

Apr 18, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: 712 Soldiers certified in ASIST. >10%.

Mental Health, Illness & Suicide

Strategy 2-2.3 Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Training Year 2019 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ. (Unpublished)

Who's Responsible

Commanders identify individuals, Suicide Prevention Office provides training

Target Date

Oct 1, 2019

Report Date

Apr 18, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: 417 Soldiers Certified in ACE-SI, <10%.

Mental Health, Illness & Suicide

Goal #3 Increase access to behavioral health services across the continuum.

Alignment with National Plans

Healthy People 2020, Mental Health & Mental Disorders

<https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 3-1	Build a care continuum that includes sub-acute services, crisis intervention, crisis homes, nursing facility care community-based services, and more hospital inpatient beds for acutely-ill behavioral health patients.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	1 continuum of care

Data Source & Location | Iowa Hospital Association 2017 Position Paper
<https://www.ihaonline.org/Advocacy/Legislative-Agenda>

Report Date: Mar 19, 2018

Year: 2018

Value: Partially met

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: IHA has worked hard legislatively to improve the care continuum for mental health services and was successful in supporting the passage of legislation to establish a mental health system.

Report Date: Apr 15, 2019

Year: 2018

Value: Partially met

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: IHA has been a strong supporter of establishing a children's mental health system.

Report Date: Mar 5, 2020

Year: 2020

Value: Partially Met

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: IHA has worked hard support legislative policy that supports improving access and funding for the mental health system in the state.

Mental Health, Illness & Suicide

Strategy 3-1.1 Advocate for the following: increase crisis stabilization services in local communities, increase utilization of "transitional level of care units," increase sub-acute services, decrease days waiting placement.

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Hospital Association 2017 Position Paper

Who's Responsible
Iowa Hospital Association

Target Date
Dec 31, 2021

Report Date
Mar 5, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: IHA continues to work hard legislatively to increase access and funding for mental health services including the pediatric population. See IHA's 2020 position paper <http://www.ihaonline.org/Portals/0/behavioral%20health%20position%20paper%20FINAL%20V3.pdf>

Mental Health, Illness & Suicide

Goal #4 Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 4-1 Pharmacists are educated to provide and utilize the PHQ-9 and assessing the appropriateness of anti-depressant treatment.

Baseline Year
2016

Baseline Value
0 training session

Target Year
2019

Target Value
74 pharmacies offering depression screenings

Data Source & Location | New objective, to be developed.

Report Date
Mar 14, 2020

Year
2019

Value
74

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: A major payer in Iowa completed research on a three-year value based pharmacy program pilot. Pharmacists demonstrated great health outcomes value through reduction in total healthcare costs by focusing on key education and counseling areas with their patients. One of the measures of the project was with utilizing PHQ-9 depression assessments. The payer plans to continue offering top performing pharmacies value based contracts to continue offering enhanced clinical services to their patients.

Mental Health, Illness & Suicide

Strategy 4-1.1 Hold education and training meetings with pharmacists involved in treatment of patients with mental health care needs.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Pharmacy Association

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Report Date

Mar 14, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Pharmacy Association collaborated with Iowa Behavioral Health during 2019 to provide education and resources to 5 different communities.

Mental Health, Illness & Suicide

Objective 4-2

Train pharmacists, pharmacy technicians, and student pharmacists with the skills to recognize mental health condition exacerbations or crises developing and refer to appropriate professional help.

Baseline Year	Baseline Value	Target Year	Target Value
2017	0	2020	100

Data Source & Location Iowa Pharmacy Association

Report Date

Mar 19, 2019

Year

2018

Value

70

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: In conjunction with the Iowa Behavioral Health Association, the Iowa Pharmacy Association brought Mental Health First Aid training to 8 different communities across Iowa. So far, 70 different pharmacy professionals have been trained with plans for more. Research is being conducted to study the impact of the training.

Report Date

Mar 14, 2020

Year

2019

Value

152

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: In conjunction with IDPH and the Nebraska Pharmacists Association, the Iowa Pharmacy Association brought Mental Health First Aid trainings to more communities in Iowa and Nebraska in 2019. 82 more pharmacy professionals have been trained with plans for more. Research was conducted to study the impact of the training. The study showed that following the Mental Health First Aid trainings, participants were more engaged in asking patients about their mental health. https://communitypharmacyfoundation.org/resources/grant_docs/CPFGGrantDoc_8681.pdf

Mental Health, Illness & Suicide

Strategy 4-2.1

At least 100 pharmacists, pharmacy technicians, and student pharmacists across Iowa are trained in Mental Health First Aid.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Pharmacy Association

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2020

Report Date

Mar 14, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: In conjunction with the Iowa Behavioral Health Association, the Iowa Pharmacy Association brought Mental Health First Aid training to 4 more communities across Iowa in 2019, as well as one training in Lincoln, Nebraska. So far, 130 different pharmacy professionals in Iowa, and 152 pharmacy professionals total have been trained with plans for more. Research was conducted to study the impact of the training. The study showed that following the Mental Health First Aid trainings,

Mental Health, Illness & Suicide

Goal #5 Reduce the use of prisons in Iowa to house individuals with chronic mental health issues.

Alignment with National Plans

N/A

Alignment with State / Other Plans

Iowa Department of Corrections Strategic Plan <http://publications.iowa.gov/21093/>

Mental Health, Illness & Suicide

Objective 5-1	Reduce the number of individuals in prison who have chronic and serious mental health issues by 25%.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	8,371	2021	6,278

Data Source & Location: Iowa Corrections Offender Network and ICON-Medical module.

Report Date: June 30, 2017

Year: 2017

Value: 6,425

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: We changed our Mental Health Issues in 2017. We now measure mental health issues for an entire fiscal year vs. a point in time.

Report Date: Mar 20, 2019

Year: 2018

Value: 8,371

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The 2018 figure reflects a revision in the objective because it includes individuals in prison with chronic as well as serious mental health disease.

Report Date: Mar 6, 2020

Year: 2019

Value: 9,459

Progress on Objective

Met, trend in right direction Not met, trend in right direction

Met, no trend Not met, no trend

Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: The 2019 figure reflects a revision in the objective because it includes individuals in prison with chronic as well as serious mental health disease. Data referenced include those within FY2019.

Mental Health, Illness & Suicide

Strategy 5-1.1 Educate service providers in the community on addressing the needs of persons reentering the community from prison. Strategy Type Professional/provider-focused

Strategy Source & Location

Department of Corrections series of scheduled meetings in each of the eight judicial districts (unpublished)

Who's Responsible

Department of Corrections Statewide Reentry Coordinator

Target Date

Mar 31, 2017

<u>Report Date</u> Mar 6, 2018	<u>Progress on Strategy</u> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: In partnership with DHS, the IDOC hosted 24 forums for community service providers, corrections, and community members on services for MH and individuals returning to the community. A total of 2,000 participated and over 700 service providers participated state-wide.

<u>Report Date</u> Mar 20, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: We conducted Partnering for Lasting Change. It's a reentry simulation for individuals (community partners) to experience what it is like to reenter the community from incarceration. We had 512 participants this year. We are planning on more community events for next year.

<u>Report Date</u> Mar 20, 2020	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: In FY 2019 there were no additional participants for Partnering for Lasting Change. However, the DOC continues to actively work to engage community stakeholders to improve reentry efforts for returning citizens.

Mental Health, Illness & Suicide

Strategy 5-1.2 Under the direction of the National Alliance on Mental Illness (NAMI), educate individuals with mental health issues so they may manage their mental health issues on a daily basis. This includes an apprenticeship program for peer to peer.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Ongoing programs/trainings in each Iowa Department of Corrections institution (unpublished)

Who's Responsible

Department of Corrections executive officer for mental health

Target Date

Dec 31, 2018

<u>Report Date</u> Mar 6, 2018	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: In IDOC's prisons, we have trained over 200 offenders on NAMI's Peer to Peer Curriculum which educates individuals on MH. IDOC is moving this program into an apprenticeship program.

<u>Report Date</u> Mar 20, 2019	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: We trained 438 individuals incarcerated for the NAMI peer to peer program this past year.

<u>Report Date</u> March 12, 2020	<u>Progress on Strategy</u> <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
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Progress notes: The peer to peer program became an official apprenticeship in 2018. Five apprentices have completed the program and the DOC currently has 9 apprentices enrolled within two institutional facilities. One additional facility is on track to implement a peer to peer apprenticeship program in the near future. To date, 596 incarcerated individuals have participated in the NAMI peer to peer program.

Mental Health, Illness & Suicide

Strategy 5-1.3 Begin Medicaid sign-up while individuals are still in prison, as part of the reentry process. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Each Iowa Department of Corrections institution (unpublished)

Who's Responsible

Department of Corrections Statewide Reentry Coordinator

Target Date

Ongoing

Report Date

Mar 6, 2020

Progress on Strategy

Complete On track Off track No progress

Progress notes: Before release, 100% of individuals sign up for Medicaid.

Mental Health, Illness & Suicide

Goal #6 By 2020, increase the number of lowans who receive problem gambling treatment.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 6-1 Increase admissions by Iowa Gambling Treatment Program-funded providers by 10% each year.	Baseline Year	Baseline Value	Target Year	Target Value
	2015	268	2020	390

Data Source & Location | I-SMART - Problem Gambling Domain, Office of Problem Gambling Treatment and Prevention
<http://www.idph.iowa.gov/igtp/reports>

Report Date

Feb 19, 2018

Year

2016

Value

298

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Saw 11% increase over SFY 2015.

Report Date

Feb 28, 2019

Year

2018

Value

228

Progress on Objective

Met, trend in right direction Not met, trend in right direction
 Met, no trend Not met, no trend
 Met, trend in wrong direction Not met, trend in wrong direction

Progress notes: Transition Year to new RFP Procurement, high staff turnover at multiple funded agencies.

Mental Health, Illness & Suicide

Strategy 6-1.1 Develop Annual Targeted Health Promotion Plan/Strategy to drive call to action by lowans who are struggling with gambling related behaviors or their loved ones. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)

Who's Responsible

Office of Problem Gambling Treatment and Prevention, funded providers, and ZLR (contractor)

Target Date

Jun 30, 2020

Report Date Feb 28, 2019	<u>Progress on Strategy</u>			
	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Targeted Health Promotion plan created for SFY 2019, but only \$125,000 available for 1800-BETS OFF Activity. SFY 2018 call volume for problem gambling calls dropped to under 5,000 annual contacts. SFY 2018 gambling page visits to yourlifeiowa.org/gambling have increased to over 25,000 page views (October 2017-September 2018). Focus on health promotion activities was digital directed at increasing visits to yourlifeiowa.org/gambling.

Mental Health, Illness & Suicide

Strategy 6-1.2 COMPLETE: Release an RFP for an integrated call center.

Strategy Type

Policy-focused

Strategy Source & Location

Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention. RFP will focus on Suicide Prevention, assistance for substance and gambling related issues, including value added services until decision to engage or not engage in services.

Who's Responsible

Iowa Department of Public Health, Bureau of Substance Abuse, Office of Problem Gambling and Prevention

Target Date

Feb 1, 2017

Report Date Feb 19, 2018	<u>Progress on Strategy</u>			
	<input checked="" type="checkbox"/> Complete	<input type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: BETS OFF helpline and website merged with Your Life Iowa (YLI) as of 7/1/17, with YLI website going live on 10/23/17. <https://yourlifeiowa.org/>

Mental Health, Illness & Suicide

Strategy 6-1.3 Annually, allocate a minimum 10% of the General Appropriation for Health Promotion activities.

Strategy Type

Strategy Source & Location

Iowa Department of Public Health, Office of Problem Gambling and Prevention

Who's Responsible

Iowa Department of Public Health, Office of Problem Gambling and Prevention

Target Date

June 30, 2020

Report Date Feb 28, 2019	<u>Progress on Strategy</u>			
	<input type="checkbox"/> Complete	<input checked="" type="checkbox"/> On track	<input type="checkbox"/> Off track	<input type="checkbox"/> No progress

Progress notes: Initial SFY 2019 budget allocated \$135,000 for BETS OFF. It is expected that an additional \$200,000 will be available for final SFY 2019 media buys for BETS OFF and YLI health promotion, achieving over 124% of goal.

Mental Health, Illness & Suicide

Strategy 6-1.4 Ensure that each month a minimum of 85% of the "warm-hand-offs" attempted for problem gambling by the Your Life Iowa Call Center are successful.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Public Health, Office of Problem Gambling and Prevention; Foundation 2 (Your Life Iowa contractor); IDPH funded problem gambling providers

Who's Responsible

Iowa Department of Public Health, Office of Problem Gambling and Prevention;
Foundation 2 (Your Life Iowa contractor); IDPH funded problem gambling providers

Target Date

Jun 30, 2020

Report Date

Feb 28, 2019

Progress on Strategy

Complete On track Off track No progress

Progress notes: For SFY 2018, 79.4% of attempted warm hand offs were successful. The statewide back-up process was re-initiated implemented in November 2018, and improvement has been shown. For December and January, warm hand off % is 85.7%. For the 7 hand-offs in November and December that that failed, 6 were connected to the statewide back-up.

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