



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

2018 Progress Report



Bureau of Planning Services
Iowa Department of Public Health

July 2018



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Introduction

This report documents progress Iowa has made during the first year of implementing *Healthy Iowans 2017-2021*, Iowa's state health improvement plan. It is based on reports received from about 90 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 from 2017 is often not yet available, but this report shows which objectives and strategies are on track and which may be falling behind.

Overall, in assessing 2017 progress on five-year objectives, partners reported that 23 percent of objectives already are met and an additional 39 percent are not met, but moving in the right direction. The trend is going in the wrong direction (away from the target) for only 13 percent of objectives. Nearly 85 percent of strategies are on track or already complete. Following are some promising trends and strategies that are moving in the right direction that can improve the health of Iowans, along with a few negative trends worthy of continued vigilance or enhanced efforts. [Appendix A](#) includes a complete progress report for each objective and strategy, including notes describing accomplishments or barriers and revisions to the plan where necessary. The current plan published on the [Healthy Iowans website](#) reflects those changes.

Improving Iowans' Health: Promising Trends

Health Equity

- Easter Seals Iowa has made significant progress in achieving healthy weights among their clients with disabilities by promoting a complete wellness approach (Objective 5-3).
- Data for 2016 show continued downward improvement in the percentage of people with HIV disease classified as stage 3 (AIDS) within three months of their diagnosis (Objective 8-2). In 2014, 38% were classified as stage 3 compared to 24% in 2016. The 2021 target was set based on the 2014 data. The target may need to be adjusted if expanding HIV testing efforts across the state to get Iowans diagnosed early continues to be successful.
- Through the Volunteer Physician Network of the Polk County Medical Society, 3,685 low-income Iowans received specialty medical care in 2017 (Objective 12-1).

Life Course

- An estimated 17,708 children are no longer exposed to pesticides because 245 public and private institutions made their grounds/lawns pesticide-free in 2017 (Objective 2-1).
- Use of the Medicare Annual Wellness visits by Iowans ages 65 and older, which includes a cognitive assessment, continued to make steady progress in 2016 toward the 2021 target (Objective 4-1). Over 70,000 Iowans received a cognitive assessment that increases early detection of Alzheimer's and diseases of dementia.

Health System Improvement

- Increased person and family engagement in health care decision making (Objective 1-1).
- Improved care for sudden cardiac arrest patients through the distribution of over 250 devices to EMS services and hospitals across the state that provide a steady supply of oxygen to the heart and brain (Objectives 2-1, 2-2, 2-3).
- [Concussion Guidelines for Iowa Schools](#) includes concussion management protocols for students returning to the classroom (Strategy 4-1.2).
- A higher baseline of satisfaction among parents of children with special health care needs with the communication among the child's doctors and other health care providers (Objective 9-1).
- Increased use of the Iowa Public Health Tracking Portal's data resources (Objective 10-1).
- Improved the State Hygienic Laboratory's capability to detect and confirm anti-microbial resistance (Objectives 12-1 and 12-2).

Healthy Living: Obesity, Nutrition & Physical Activity

- Lack of physical activity is associated with cardiovascular illness, cancer, osteoporosis, diabetes, falls and other debilitating conditions. The baseline percentage of adults engaged in some sort of physical activity for exercise during the past month increased from 74% in 2015 to 77% in 2016 (Objective 1-1).
- The Iowa Department of Education's Summer Meals Program grew from 504 sites in 2016 to 531 in 2017, thus making some headway in addressing youth hunger (Objective 4-1).
- Thirty cities, including 20 of Iowa's largest cities, have a complete streets policy that expands the use of streets beyond drivers of motorized vehicles (Objective 8-1).

Mental Health, Illness, and Suicide

- A total of 2,000 individuals and over 700 service providers participated in 24 statewide forums hosted by the Department of Corrections in partnership with the Department of Human Services for community service providers, corrections and community members to discuss services for mental health and individuals returning to the community from prison (Strategy 5-1.1).

Addictive Behaviors (Substance Abuse and Tobacco)

- Seventy-six counties have at least one pharmacy participating in the statewide standing order that permits purchase by virtually any Iowan of Naloxone, an opioid-rescue drug (Substance Abuse Objective 2-1).
- The baseline percentage of 11th graders who have never used alcohol increased from 48% in 2014 to 50% in 2016 (Substance Abuse Objective 4-1).
- Tobacco use is the biggest, single risk factor for premature death. For youth under 18, the baseline percentage of tobacco use dropped from 6% in 2014 to 4% in 2016 (Tobacco Objective 1-1). In 2015, 18.1% of adults smoked; in 2016, the figure was 16.7% (Tobacco Objective 1-2).

Environmental Health: Water Quality

- In 2016, 95.4% of regulated water supplies met all health-based drinking water standards, an increase from 94.5% in 2015 (Objective 1-1).
- The Grants to Counties Program more than doubled the number of private water wells tested for arsenic from 2016 (1,040) to 2017 (2,767) (Objective 4-1).

Chronic Disease (Cancer and Heart Disease)

- Lung cancer is the leading cause of cancer death for men and women. New baseline data show an average of 63.2 new lung cancer cases per 100,000 Iowans per year from 2012-2014 (age-adjusted incidence rate), which is lower (better) than the original 2017 target. The target has been reduced accordingly (Cancer Objective 3-3).
- Decreased barriers to breast cancer screenings, diagnosis and treatment through funding programs in Iowa (Cancer Objectives 6-2 and 6-3).
- Coronary heart disease is the most common type of heart disease, the leading cause of death. The coronary heart disease mortality rate continued falling from 105 per 100,000 Iowans in 2015 to 102.8 per 100,000 in 2016 (Heart Disease Objective 1-1). This figure already is better than the national Healthy People 2020 goal of 103.4.
- Implementation of a plan to address undiagnosed hypertension in Iowa's Federally Qualified Health Centers resulted in a 74% blood pressure control rate (Heart Disease Objective 2-1).

Injury and Violence (Falls, Motor Vehicle Crashes and Adverse Childhood Experiences)

- The number of falls per 1,000 patients in hospitals has been sharply reduced from 3.27/1,000 in 2014 to 1.01/1,000 in 2017 due to performance improvement strategies (Falls Objective 1-1).
- Traffic fatalities have declined from an average of 396 per year (2007-2011) to an average of 339 per year (2012-2017) (Motor Vehicle Crashes Objective 1-1).

- About 90 policymakers and state agency officials were provided information about the impact of Adverse Childhood Experiences (ACEs) on health (Adverse Childhood Experiences (ACEs)/Trauma Informed Care Objective 1-1).

Acute Disease (Adolescent Immunizations and Flu Immunizations)

- During the 2017-2018 school year, 94% of seventh graders and 93% of 12th graders received meningococcal vaccine to protect them against meningitis, a serious infection causing long-term disabilities, brain damage and hearing loss (Adolescent Immunizations Objective 2-1).
- During the 2017 flu season, 94% of health care workers at hospitals received flu vaccine to prevent the spread of the disease to patients under their care (Flu Immunizations Objective 1-1).

Insurance Affordability & Coverage

- The number of children enrolled in Iowa's Child Health Insurance Program has increased from 58,199 in 2015 to 62,420 in 2017 (Objective 1-1).

Primary Care

- The University of Iowa, Division of Child and Community Health educated 1,200 primary care practices about the use of Shared Plans of Care to share information and coordinate care with providers serving children and youth with special care needs (Objective 1-2).
- In 2017, Iowa KidSight provided vision screenings to 50,290 children 6 months of age through kindergarten at no charge to families (Objective 2-1).

Negative Trends Affecting Iowans' Health

Health Equity

- Poverty (0 objectives) and safe, affordable, healthy homes (2 objectives)—two top health issues in Iowa and powerful determinants of health—are addressed very minimally in Iowa's Health Improvement Plan.
- The baseline proportion of people with disabilities who report doing physical activity or exercise during the past 30 days other than their regular job declined from 64% in 2015 to 62% in 2016, which will require greater improvement to meet the 2018 target of 70% (Objective 5-2).
- The 2016 HIV diagnosis rates (number of diagnoses per 100,000 population) for African American/Blacks (42 per 100,000) and men who have sex with men (371 per 100,000) showed even greater disparities making strategies in the plan even more important (Objective 8-1).

Life Course

- The percentage of pregnancies conceived within 18 months of a previous birth among low-income Iowans rose slightly from the 2014 baseline of 33.4% to 35.7% in 2016. This means greater improvement is necessary to meet the 30% target by 2021 (Objective 1-1).

Healthy Living (Obesity, Nutrition & Physical Activity, Oral Health and Sexually Transmitted Diseases)

- In 2016, 32% of Iowa adults reported heights and weights that are considered obese—the 13th highest rate in the U.S. Because many chronic diseases are associated with obesity, it is Iowa's number one health threat (Obesity, Nutrition & Physical Activity Objective 2-1).
- Although 90% of Iowans have access to fluoridated water, only 63% have optimally fluoridated water that meets the standard level to prevent tooth decay (Oral Health Objective 1-1).
- Gonorrhea cases among black, non-Hispanics in Iowa increased from 586 per 100,000 in 2014 to 726 per 100,000 in 2016, moving farther from the 2021 target of 300 per 100,000 (Sexually Transmitted Diseases Objective 1-2).

Mental Health, Illness, and Suicide

- The annual number of deaths by suicides increased from 406 (2012-2014) to 424 in 2016 (Objective 1-1).
- The Army National Guard has not achieved its goal of reducing suicide by 50%. In 2018, there were six deaths by suicide; in 2014-16, there were eight (Objective 2-2).

Addictive Behaviors (Substance Abuse and Tobacco)

- Deaths from opioid overdoses continue to be a concern (Substance Abuse Objective 1-1).
- Drug tests in the Iowa Army National Guard have shown that soldiers are having difficulty meeting the drug testing goals (Substance Abuse Objective 5-1).
- Efforts to increase the tobacco tax, increase funding for tobacco control and prevention, cover casinos under the Smoke-Free Air Act and prohibit e-cigarettes in public places have not been successful (Tobacco Objective 1-1, Strategies 1-1.1 through 1-1.3).

Transportation

- Neither the single objective nor the two strategies for transportation made progress in 2017. Transportation—a top health issue in Iowa and powerful determinant of health—is addressed very minimally in Iowa’s Health Improvement Plan.

Environmental Health: Water Quality

- Efforts to clean up Iowa’s surface and ground waters and prevent pollution, with a focus on protecting drinking water and popular recreation waters continue to present challenges for Iowa, especially relating to funding and rules (Objectives 3-1 and 3-2).

Injury and Violence (Motor Vehicle Crashes and Occupational & Farm Safety)

- Alcohol-impaired driving fatalities increased 15.22% from the 2010-2014 average of 92 per year to 106 in 2016 (Motor Vehicle Crashes Objective 1, Strategy 3).
- Although the average rate of fatal occupational injuries has decreased, Iowa’s average rate of 5.2 per 100,000 full-time employees (FTE) is higher than the national rate of 3.4 per 100,000 (Occupational & Farm Safety Objective 1-1).

Disaster Preparedness

- There currently are no statewide goals, objectives or strategies related to disaster preparedness included in Iowa’s Health Improvement Plan.

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Acknowledgments

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

Alzheimer's Association
American Cancer Society
American Heart Association
American Stroke Association
Arthritis Foundation
CAFÉ (Clean Air for Everyone) Citizen Action Network
Care Coordination State Plan Task Force/Workgroup
Center for Disabilities and Development at 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 Advisory Council on Brain Injuries
IDPH Brain Injury Program
IDPH Breastfeeding Program
IDPH Bureau of Chronic Disease & Management
IDPH Bureau of Emergency and Trauma Services
IDPH Bureau of Environmental Health Services
IDPH Bureau of Family Health
IDPH Bureau of Health Statistics
IDPH Bureau of HIV, STD, and Hepatitis
IDPH Bureau of Nutrition and Physical Activity
IDPH Bureau of Oral & Health Delivery Systems
IDPH Bureau of Substance Abuse
IDPH Child and Adolescent Health Program
IDPH Data Management 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 Trauma Informed Work Group
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 – <i>hawk-i</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 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 Prevention Alliance
Iowa Tobacco Use Prevention & Control Commission
Iowa Transportation Coordination Council
Lions Clubs of Iowa
Polk County Medical Society
Prevent Child Abuse Iowa
Public Health Advisory Council
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

Appendix A. Complete Progress Reports for Objectives & Strategies

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Health Equity/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: <http://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

Mar 23, 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 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.

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.

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
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 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.

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.

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.

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

April 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: To-date, two FQHCs continue to use the PRAPARE tool annually with patients. The Iowa PCA has been successful in securing funding to expand the use of the tool among additional FQHCs, which will occur throughout 2018 and into 2019. Funding will also be used to develop and document a data model for analyzing PRAPARE data with EMR and other data sets. This will be made available to other providers in Iowa through the State Innovation Model initiative.

Health Equity & the Social Determinants of Health

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

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

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

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

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.

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
Feb 15, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Title X providers continue to provide culturally sensitive and age-appropriate outreach. In 2016, Title X providers served 10,628 individuals of racial and ethnic diversity. This represents 28.2% of all clients served. Twenty-eight percent far exceeds the racial and ethnic diversity in Iowa. There were 2,234 clients with Limited English Proficiency served, accounting for 5% of the clients served.

Health Equity & the Social Determinants of Health

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

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health Equity & the Social Determinants of Health

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

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

Report Date

Jan 30, 2018

Year

2017

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 IDPH workforce skill assessment survey was not conducted in 2017.

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%203.3.16.pdf

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Dec 31, 2018

Report Date

Jan 30, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: This training will be incorporated into the Inclusive Health Community of Practice to be held in 2018.

Health Equity & the Social Determinants of Health

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

Strategy Source & Location

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

Who's Responsible

Iowa Department of Public Health Disability and Health Program

Target Date

Sep 30, 2020

Report Date

April 18, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Monthly phone calls on disability and ADA compliance-related technical assistance are offered to the Red Cross Disability Integration Group. Guidance on parking and entrances for county courthouses has been provided. Plans are underway for a conference presentation on accessible sheltering and establishing partnerships.

Health Equity & the Social Determinants of Health

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

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

Report Date
Apr 10, 2018

Year
2016

Value
62.0%

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: 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.

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
Jan 31, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Development of awareness materials has been delayed. This will be completed during 2018.

Health Equity & the Social Determinants of Health

Strategy 5-2.2 ORIGINAL: Develop Iowa disability service organization capacity using the Easter Seals Iowa WE wellness empowerment model. Strategy Type
Professional/provider-focused

REVISED: Develop Iowa disability service organization capacity using the Easter Seals Iowa WE wellness empowerment strategies.

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
Jan 30, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 2 organizations have received technical assistance from Easter Seals during FY17. An additional 5 organizations have been identified to receive technical assistance in

the remainder of FY18. This strategy should be revised to replace the word "model" with "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

Jan 30, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The University of Iowa Center for Disabilities and Development conducted a survey of local public health organizations. From this survey, agency staff were invited to participate in a community of practice on disability inclusion. This community of practice will run from February 2018-July 2018.

Health Equity & the Social Determinants of Health

Objective 5-3 Increase the percentage of Easter Seals Iowa clients measuring in the healthy body mass index (BMI) range.

Baseline Year	Baseline Value	Target Year	Target Value
2012-15	20%	2018	30%

Data Source & Location
Easter Seals Iowa database (unpublished)

Report Date

Apr 25, 2018

Year

2017

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: 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.

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

April 25, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The internal health and wellness team sponsored 50 health and wellness events and 50% of those activities clients participated in them.

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.

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.

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: April 25, 2018

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

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	Baseline Value	Target Year	Target Value
		2016	0 (No funding)	2019	1 (Public funding)

Data Source & Location | To be developed.

Report Date
 Mar 21, 2018

Year
 2018

Value
 0

Progress on Objective

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

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

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 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Regrouping with stakeholders late spring to organize policy change for next year.

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

ORIGINAL: Increase prevention and treatment efforts that focus on rural and ethnic/minority at-risk populations with arthritis.

REVISED: 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.

Health Equity & the Social Determinants of Health

Strategy 7-1.1

ORIGINAL: Create guidance and information hubs to assist rural and ethnic/minority individuals with arthritis find resources and appropriate care.

REVISED: 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
Feb 28, 2018

Progress on Strategy

Complete On track Off track No progress

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.

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.

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 13, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 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 targeted three audiences: MSM, Minorities, and Minority MSM.

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 Iowans diagnosed early.

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 13, 2018

Progress on Strategy

Complete On track Off track No progress

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.

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.

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
April 27, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Rural Outreach Liaisons were hired and strategically placed throughout the state to partner with stakeholders to increase testing, provide linkage to care and obtain viral suppression.

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

<u>Report Date</u>	<u>Year</u>	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
Feb 21, 2018	2017	
	<u>Value</u>	
	TBD	

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.

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>	Progress on Strategy <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
Feb 21, 2018	

Progress notes: Education and training were offered to providers and stakeholders throughout 2017. The content was featured as 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.

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

Report Date
Feb 21, 2018

Progress on Strategy

Complete On track Off track 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.

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

Report Date
Feb 21, 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: See Revision notes above. There was increased activity in 2017; we anticipate increases for the coming reporting periods with anticipated delay between activity and data improvement. Given a new measure for performance, we may consider adjusting the goal in the future.

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
Feb 21, 2018

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.

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

Feb 21, 2018

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.

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 Not met, 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 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.

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

Mar 15, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: According to the Barriers to Prenatal Care Survey, 2016 data shows 29% of pregnancies were unintended. This rate has been improving. We have focused on teaching reproductive life planning in our 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 15, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Sixty of our Birthing Hospitals (82%) provide on-site education using, The Period of PURPLE Crying, a program from the National Center on Shaken Baby Syndrome Prevention. Iowa Department of Public Health staff provide assistance and DVD/booklets for family distribution upon request through grant funds from Early

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	2017 2021	2,400 3,000 per year

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

Report Date: April 19, 2018
 Year: 2017
 Value: 3,685

Progress on Objective

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

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

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: May 10, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: This program is needed, as evidenced by the number of lowans receiving services. Continuation will depend on funding.

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

Safe, Affordable Housing

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

Alignment with National Plans

Healthy People 2020, Social Determinants of Health

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

Alignment with State / Other Plans

State of Iowa Consolidated Plan for Housing and Community Development

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

Safe, Affordable Housing

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

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

Report Date

Mar 9, 2018

Year

2018

Value

426

Progress on Objective

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

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

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

March 9, 2018

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: \$4.4 million was awarded for housing in 2017.

Safe, Affordable Housing

Objective 1-2 Improve water and wastewater systems serving low and moderate income individuals.

Baseline Year	Baseline Value	Target Year	Target Value
2015	21,541	2019	25,000

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

Report Date
Mar 9, 2018

Year
2018

Value
25,629

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: \$12.4 million was awarded to improve water and wastewater systems in 2017.

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 9, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes:

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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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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

Life Course

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

Iowa Counties with Local Strategies

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

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

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

Goal #1 Assure that children have a healthy start.

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

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

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

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

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

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Feb 15, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: In 2017, both Title X grantees worked with Federally Qualified Health Centers (FQHCs) to introduce and train providers on the importance of pregnancy spacing and reproductive life planning. IDPH subcontractors presented information to local public health agencies. Maternal health agencies were expected to provide education to clients as part of their work plan. IDPH partnered with IME on a CMS Adult Quality Improvement project to improve access to immediate postpartum contraception and to increase the use of most and moderately contraception postpartum. Trainings were offered to providers around the use of immediate

postpartum LARCs and counseling for effective pregnancy spacing. Training was provided to Title X contractors on Client Centered Counseling to assure clients had an opportunity to make informed decisions about contraceptive use and identify methods that may fit their lifestyle.

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

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

Alignment with National Plans

Healthy People 2020, Environmental Health, Objective 16
<https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>

Alignment with State / Other Plans

N/A

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

Objective 2-1	Increase the number of institutional/public land owners (parks, child care centers, schools, churches, businesses, colleges, health care facilities) committed to pesticide-free lawn management.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	10	2021	ORIGINAL: 100 REVISED: 500

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

Report Date	Year	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
Feb 8, 2018	2017	
	Value	
	245	

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.*

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

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

Strategy Source & Location

TBD

Who's Responsible

University of Northern Iowa, Center for Energy & Environmental Education

Target Date

Jan 1, 2020

Report Date	Progress on Strategy <input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress
Feb 8, 2018	

Progress notes: Direct outreach and relationship building. Connected with and distributed information directly to schools, childcare providers, park directors, etc., and

drafted boilerplate best management practice IPM policy for statewide childcare centers.

Increased visibility of program and increased community knowledge by creating lawn signs, website, and social media pages; created logo, literature and brochures (introducing program, summarizing evidence of harm). Developed 22 partners, received 4 endorsements, and held 39 outreach events. Engaged 65 undergraduate students.

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

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

Alignment with National Plans

Title V National Priority Measure

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

Alignment with State / Other Plans

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

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

Objective 3-1	By 2020, complete a transition readiness assessment and comprehensive plan of care, including a medical summary and emergency care plan beginning by age 14 for 60% of youth with special health care needs (YSHCN).	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.

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

Strategy 3-1.1 In collaboration with YSHCN and family members, identify transition tools that appeal to youth and families of all cultures and align with the six core transition elements recommended by the American Academy of Pediatrics, Got Transition and the Lucile Packard Standards.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

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

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Feb 19, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: CHSC has developed a transition checklist that will be given to all families of children age 12 and over who come to CHSC for an appointment with an ARNP. Based on which items they identify as needing help with, they will be given additional transition-specific resources.

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

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

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

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: 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.

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

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

Strategy Source & Location

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

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

Who's Responsible

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

Target Date

Jan. 1, 2020

Report Date
Feb 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The transition workgroup has collected data from all CHSC staff about the transition-related activities being conducted at CHSC regional centers.

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

Objective 3-3	Create a comprehensive, regionally-based resource directory of transition services for YSHCN.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0	2020	1

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

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: This database is still being developed.

Strategy 3-3.1 ORIGINAL: Document transition resources available for YSHCN in their communities in the web portal to be created through the Systems Integration Grant (SIG) and Regional Autism Assistance Program (RAP), including resources on shared decision-making, self-advocacy, and the inclusion of health in specialized education plans.

Strategy Type
Individual/interpersonal-focused

REVISED: Continue to document transition resources available for YSHCN in their communities in the web portal through the Systems Integration Grant (SIG) and Regional Autism Assistance Program (RAP), including resources on shared decision-making, self-advocacy, and the inclusion of health in specialized education plans.

Strategy Source & Location

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

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

Who's Responsible

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

Target Date

Jan 1, 2020

Report Date

Jan 1, 2017

Progress on Strategy

Complete On track Off track No progress

Progress notes: This web portal was developed as part of a three-year grant that is now completed. The information from this portal was transitioned to the the UI Children's Hospital website. Strategy is revised to reflect ongoing activities.

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

Alignment with National Plans

National Plan to Address Alzheimer's

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

Alignment with State / Other Plans

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

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

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

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

Report Date

Year

Feb 20, 2018

2016

Value

70,538

Progress on Objective

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

Progress notes: The Alzheimer's Association has conducted numerous training sessions with the healthcare community to improve early diagnosis and detection. As a result of work with Broadlawn's Medical Center to implement the new billing code by CMS to diagnose dementia and create care plan for those affected. Over the last three years, we've increased physician referrals to the Association by 400%.

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

Strategy 4-1.1 Promote the Medicare annual wellness visit regularly through local programs, support groups, and community events in an effort to increase the number of 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

Feb 20, 2018

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. From 2015 to 2017, we have experienced an increase of 199% in the service contacts provided (from 44,369 to 88,369 service contacts).

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

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

Data Source & Location: Alzheimer's Disease Facts and Figures report. https://www.alz.org/documents_custom/2016-facts-and-figures.pdf

<u>Report Date</u>	<u>Year</u>	<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
May 16, 2018	2017	
	<u>Value</u>	
	1,034	

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.

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

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

Strategy Source & Location

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

Who's Responsible

Alzheimer's Association

Target Date

Dec 31, 2018

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 20, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Service contacts have increased by 199%. The Alzheimer's Association in Iowa recently launched a radio program to support rural Iowans in North Central Iowa.

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>

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

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

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
Feb 21, 2018

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: Person and Family Engagement (PFE) best practices and resources were shared with hospital community throughout 2017 through learning communities, PFE Community of Practice events, and on-site technical assistance (TA) support.

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

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

Health System Improvement & Evidence-Based Decision Making

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

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

Report Date: 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

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: Mar 28, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: IDPH staff members have been working closely with hospitals and EMS agencies.

Health System Improvement & Evidence-Based Decision Making

Objective 2-2	Increase the number of emergency medical providers and hospital personnel who have received train the trainer education on how to efficiently and safely use the Lucas device system.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	220	2019	870

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.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 29, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Training is in progress.

Health System Improvement & Evidence-Based Decision Making

Objective 2-3	Improve data systems to track the equipment and report usage and performance of the equipment.	<u>Baseline Year</u>	<u>Baseline Value</u>	<u>Target Year</u>	<u>Target Value</u>
		2016	0 No system	2019	1 system

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

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

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

Health System Improvement & Evidence-Based Decision Making

Strategy 2-3.1 Continue to improve on process to track usage and number of lives saved while using the devices. 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

<u>Report Date</u>	<u>Progress on Strategy</u>
Mar 28, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Device usage and lives saved conducted through a voluntary reporting system via the University of North Dakota.

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

- | | |
|--|--|
| <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: 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

Feb 19, 2018

Progress on Strategy

- Complete On track Off track No progress

Progress notes: IDPH has contracted with 18 local 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 ORIGINAL: By 2018, 25% 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
2017	0%	2018	25%
2018	6.27%	2019	50%

REVISED: By 2019, 50% of school districts will have a concussion management protocol for supporting students returning to the classroom following concussion.

Data Source & Location: To be developed.

Report Date

January 2018

Year

2018

Value

6.27%

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: 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.

Health System Improvement & Evidence-Based Decision Making

Strategy 4-1.1 ORIGINAL: By June 2017, develop and conduct a baseline 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

REVISED: Annually, conduct a survey for school districts and accredited non-public schools to determine whether or not they have a protocol in place.

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

Jan 30, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Questionnaire was developed and sent out to school districts.

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

Jan 30, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: [Concussion Guidelines for Iowa Schools](#)

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

Health System Improvement & Evidence-Based Decision Making

Strategy 4-1.4 ORIGINAL: Through June 2018, 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

REVISED: Through 2021, provide training and technical assistance to school districts and accredited non-public schools wishing to develop and implement concussion management protocols.

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

Mar 8, 2018

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.

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.

Health System Improvement & Evidence-Based Decision Making

Strategy 5-1.1 ORIGINAL: Create an on-line training module for deaths certifiers. REVISIED: 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 19, 2018

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

Objective 5-2	Increase the quality of death records by decreasing unspecified drug mortality records so that there are no more than 5% of the mortality records with a drug poisoning death containing only the code of T50.9 (i.e., T50.9 is defined as other and unspecified drugs) within 150 days after submission to NCHS.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	5.825%	2018	5%

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

Report Date
Feb 19, 2018

Year
2017

Value
TBD

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

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

Health System Improvement & Evidence-Based Decision Making

Strategy 5-2.1 ORIGINAL: Create an on-line training module for deaths certifiers.
 REVISED: 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 19, 2018

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 bureau is working on the final review of the on-line training module.

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	
<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: Data will be available on 5/10/18.

Health System Improvement & Evidence-Based Decision Making

Strategy 5-3.1 ORIGINAL: Create an on-line training module for deaths certifiers.
 REVISED: Create an online training module on death records for death certifiers.

Strategy Type
Professional/provider-focused

Strategy Source & Location

CDC Technical Proposal 2016-Q-00953

Who's Responsible

Iowa Department of Public Health, Bureau of Health Statistics

Target Date

Apr 1, 2018

Report Date

Feb 19, 2018

Progress on Strategy

Complete On track Off track No progress

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

Health System Improvement & Evidence-Based Decision Making

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

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Health System Improvement & Evidence-Based Decision Making

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.

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 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Public Health Advisory Council has begun this work and is on track to be completed by the deadline.

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 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Additional work needs to be completed before this work can begin.

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.

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

Feb 9, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Quality improvement activities included revising the data sharing and research agreement templates, applications and informational website. The process has been simplified and communication has been improved.

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.

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

Feb 9, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Trainings and bureau meeting presentations were held throughout 2017, and 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
Feb 9, 2018

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 joined the Early Childhood Iowa Integrated Data System project, and through this has promoted the use of IDPH data and IDPH data governance throughout the ECI network. We have also worked with researchers, and published an IDPH research agenda to inform the research community about IDPH data and health priorities.

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		Baseline Year	Baseline Value	Target Year	Target Value
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.		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	
<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: 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.

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
Feb 19, 2018

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

Progress notes: We are 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.

Health System Improvement & Evidence-Based Decision Making

Objective 9-2	By 2020, increase the percent of CYSHCN that report having access at the community level to pediatric specialty and ancillary therapies and other follow-up services needed for CYSHCN.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	44%	2020	49%

Data Source & Location: National Survey of Children's Health, Quality of Care Composite
<http://www.census.gov/programs-surveys/nsch.html>

Report Date
April 17, 2018

Year
2017

Value
Not available

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: Updated data are not yet available.

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

<u>Report Date</u> Feb 19, 2018	Progress on Strategy
	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: In 2017, over 1,650 telehealth visits were completed, an increase of 37% over 2016. CHSC currently provides telemedicine services to families with providers in the areas of Psychiatry, Nutrition, Genetics, Neurology, Behavioral Pediatrics, Psychology, and Neonatology. In 2018, CHSC will expand the telehealth network to include specialists in Hematology, General Pediatrics, and Developmental Pediatrics.

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
		2016	16,159	2020	23,658
		2017	24,465		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.

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
Feb 9, 2018

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.

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

<u>Report Date</u> Feb 9, 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: Based on the needs assessment, BRFSS data were identified as the most wanted data for the portal.

Health System Improvement & Evidence-Based Decision Making

Strategy 10-2.2 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>Year</u> <input type="text" value="2017"/>	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
<u>Value</u> <input type="text" value="8"/>		

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

Health System Improvement & Evidence-Based Decision Making

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

Strategy Source & Location

Iowa Department of Public Health, Data Management Program

Who's Responsible

Iowa Department of Public Health, Data Management Program

Target Date

Dec 31, 2018

Report Date

Feb 9, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: BRFSS and Vital Statistics were two areas of interest identified by the IDPH needs assessment.

Health System Improvement & Evidence-Based Decision Making

Strategy 10-3.2 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.

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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.

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 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: All hospitals are in the plans to become a part of the IHIN network. We have moved to a new platform as of March 13, 2018 and are in processes to connect hospitals. Spencer Hospital went live 5/10/18.

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
May 11, 2018

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: IHIN is working closely with all the existing and new participants on-boarding process from ICA to Orion Health. We are early stages of converting to our new vendor.

Health System Improvement & Evidence-Based Decision Making

Goal #12 Develop, sustain, and enhance laboratory testing capabilities to detect and confirm novel anti-microbial resistance mechanisms to prevent transmission of difficult-to-treat pathogens.

Alignment with National Plans

- National Strategy for Combating Antibiotic Resistant Bacteria
https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf
- CDC Antibiotic Resistance Lab Network <https://www.cdc.gov/drugresistance/solutions-initiative/ar-lab-networks.html>
- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement - Antimicrobial-resistant bacteria
<https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html>

Alignment with State / Other Plans

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

Health System Improvement & Evidence-Based Decision Making

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	Year
April 18, 2018	2017
	Value
	1

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

Progress notes: *Groundwork has been laid to advance laboratory testing capabilities for detecting and confirming novel 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.

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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL received CDC funding to participate in the antimicrobial resistance laboratory network (ARLN). Two webinars in conjunction with IDPH were held to train and update submitting staff on current policies and procedures of submitting isolates for confirmation. Both webinars were recorded and informational slides published to all participating facilities. SHL staff provide feedback to submitting facilities when questions or issues arise.

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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: As noted above, SHL established routine carbapenemase testing of suspected isolates submitted by facilities around the state. Some of those confirmed isolates were related to outbreaks in long term care facilities, in which additional screening samples were collected and submitted to our regional ARLN laboratory facility at the Minnesota Department of Health. Colonized patients were treated using standardized infection control and prevention practices and the outbreaks were contained. This was a joint effort between the laboratory and the Iowa health care associated infections (HAI) program.

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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: In early 2017, SHL validated and brought on-line the Carba-R assay for rapid molecular detection of carbapenemase-producing organisms. Later in the year, they validated a modified CIM assay to phenotypically detect carbapenemases. In 2018, SHL validated broth microdilution testing to provide more accurate and easily interpretable results.

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.

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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Two webinars in conjunction with IDPH were held to train and update submitting staff on current policies and procedures of submitting isolates for confirmation. Both webinars were recorded and informational slides published to all participating facilities.

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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2017, SHL and IDPH staff coordinated activities on two high-profile long-term care facility outbreaks to stop the spread. In one case, a novel resistance gene was identified and confirmed through interactions with CDC specialists.

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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: All facilities willing to participate are supplied with culture materials for isolate submission and a Fed-Ex routing number to use. Additionally, individual SHL staff provide consultation with facilities when questions/concerns arise.

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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
April 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.

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.1 Utilize educational and technical expertise from SHL staff to develop adjunct instructors and increase professional development. **Strategy Type** Professional/provider-focused

Strategy Source & Location

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

Who's Responsible
State Hygienic Laboratory

Target Date
Jan. 1, 2019

Report Date
Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL and Kirkwood Community College agreed to utilize the training laboratory space within SHL part-time as an instructional site. Four SHL staff to date have expressed interest in serving as adjunct instructors for one of the first course offerings in Biosafety.

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.2 ORIGINAL: Work with state legislators to develop a bill to reinstate or reauthorize and fund HRSA's Allied Health Special Projects Program (D37) in order to recruit and retain faculty and students, develop curriculum, support the distribution of clinical laboratory personnel practitioners in underserved areas, or support the continuing development of these professions.

REVISIED: Recommend deleting this strategy.

Strategy Type
Policy-focused

Strategy Source & Location

Health Resources and Services Administration (HRSA) grants listing
<https://datawarehouse.hrsa.gov/Tools/FindGrants.aspx>

Who's Responsible

State Hygienic Laboratory

Target Date

Jan 1, 2019

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: No activity or progress to date. Recommend dropping this strategy.

Health System Improvement & Evidence-Based Decision Making

Strategy 13-1.3 Establish a new medical laboratory technician (MLT) program at Kirkwood Community College.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan 1, 2019

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Kirkwood Community College has submitted paperwork to establish a program. They have hired a program director, Kizer Friedley, and begun developing coursework.

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Iowa Health Issue: Transportation

Iowa Counties with Local Strategies

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

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

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.

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 12, 2018

Progress on Strategy

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

Progress notes: This topic has not been brought to the ITCC by the Department of Public Health. The ITCC would be open to discussing this topic at a future meeting to discuss solutions and strategies.

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 12, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: This publication is on the Iowa DOT Office of Public Transit website <https://iowadot.gov/transit/publications-and-studies#309461157-health-care-and-public-transit>
The majority of the information is current.

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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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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 (*hawk-i*) board to the Governor, General Assembly, and Council on Human Services. Available at <http://dhs.iowa.gov/ime/about/hawk-i-annual-reports>

Report Date

Mar 27, 2018

Year

2017

Value

62,420

Progress on Objective

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

Progress notes: The number of children enrolled in CHIP has increased substantially.

Insurance Affordability & Coverage

Strategy 1-1.1 *hawk-i* 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, 2018

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 increased numbers of children enrolled in CHIP reflects the efforts of coordinators working in a variety of settings.

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	ORIGINAL: 6,328 REVISED: 6,868

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

Report Date
Mar 27, 2018

<u>Year</u>	2017
<u>Value</u>	6,243

<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 target value needs to be increased to 6,868.

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 - hawk-i program

Target Date
Jan 1, 2020

Report Date
Mar 27, 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

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.

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Iowa Health Issue: Lack of Primary Care Services

Iowa Counties with Local Strategies

Davis, Keokuk, Linn, Muscatine, Scott

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

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, 20% of CYSHCN served by the University of Iowa, Division of Child and Community Health (DCCH) will have a Shared Plan of Care.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	0	2020	1,200 per year

Data Source & Location | DCCH Chart Reviews

Report Date

Mar 8, 2018

Year

2017

Value

120

Progress on Objective

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

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

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 8, 2018

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 CHSC Program Coordinator continues to work with Regional Center staff to implement Shared Plans of Care.

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 8, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: As part of the Shared Plan of Care implementation, additional community partners are identified and invited to participate in the Shared Plan of Care process.

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 8, 2018

Progress on Strategy

Complete On track Off track No progress

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. As part of this implementation, families and providers are continuously trained on the Shared Plan of Care protocol.

Lack of Primary Care Services

Objective 1-2 By 2020, 20% of primary care practices that serve children are educated about use of the Shared Plan of Care to share information and coordinate care with specialists and the care team serving CYSHCN.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0	2020	1,200 per year

Data Source & Location DCCH program records

Report Date

Mar 8, 2018

Year

2017

Value

1200

Progress on Objective

Met, trend in right direction Not met, 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 still identifying additional strategies to engage Primary Care Providers in the Shared Plan of care.

Lack of Primary Care Services

Strategy 1-2.1 Develop tools and trainings that will inform providers, staff, and families of CYSHCN on the importance of the Shared Plan of Care and how to use it, assuring that families receive coordinated, family-centered care that is documented. This would include providing information on how to refer CYSHCN to relevant care coordinators and other resources in their communities. Strategy Type
Professional/provider-focused

Strategy Source & Location

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

Who's Responsible

DCCH Medical Home Workgroup

Target Date

Jan 1, 2021

Report Date

Mar 8, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: CHSC staff are continuing to implement the Shared Plan of Care protocol which includes training providers, staff, and families.

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 8, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Over 120 families have been trained on the Shared Plan of Care process.

Lack of Primary Care Services

Strategy 1-2.3 Develop or select a tool that increases provider's, teacher's and family's knowledge on shared decision making practices. Knowledge of shared decision-making practices will enhance and promote the use of the 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

Apr 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: To help improve the coordination of services across systems for CYSHCN and their families, a committee has supported the roll-out of the shared plan of care (SPoC) tool and process. Staff are focused on implementing the quality assurance tool and piloting a process to document family and youth goals in ACT.md. Work that has been done recently to increase the number of children and youth who receive care coordination strengthened by the development of a plan of care that is jointly developed, shared, and monitored among the CYSHCN, their family, and care team members:

- A total of 151 Shared Plans of Care have been developed, shared and monitored

- A new template was created in a software platform called ACT.md to focus on family and/or youth goals
- Staff started to implement a clinic workflow process where all families and youth are asked their goals for their child or themselves and those goals documented in ACT.md
- Shared plan of care Epic documentation guidelines were created and disseminated to staff
- Secretarial support were given a training on ACT.md to help in the creation and implementation of SPoC
- Project staff presented at the AMCHP annual conference on Iowa's experience and lessons learned in implementing SPoC
- Project staff collaborated with Oregon and Indiana on efforts to evaluate the SPoC
- Project staff facilitated one on one trainings with center staff to guide the implementation of the care planning process

Lack of Primary Care Services

Goal #2 Increase in the number of young children who receive a vision screening.

Alignment with National Plans

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

Alignment with State / Other Plans

N/A

Lack of Primary Care Services

Objective 2-1	Provide vision screenings in communities throughout Iowa to children 6 months of age through kindergarten at no charge to families.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	46,025	2018 2021	50,000 51,750

Data Source & Location : Iowa KidSight Screening Stats. Iowa Children Screened by Year/Month.
http://www.medicine.uiowa.edu/kidsight/Screening_Statistics/

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u>			
Feb 2, 2018	2017	<input checked="" type="checkbox"/> Met, trend in right direction	<input type="checkbox"/> Not met, trend in right direction		
	<u>Value</u>	<input type="checkbox"/> Met, no trend	<input type="checkbox"/> Not met, no trend		
	50,290	<input type="checkbox"/> Met, trend in wrong direction	<input type="checkbox"/> 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.

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 2, 2018

Progress on Strategy
 Complete On track Off track No progress

Progress notes: In 2017, there were 180 volunteers trained throughout Iowa to conduct vision screenings through the Iowa KidSight program. A new on-line training mechanism was also developed and rolled out that 46 additional volunteers from 31 different Iowa Lions Clubs utilized as a refresher or to become trained.

Lack of Primary Care Services

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

Alignment with National Plans

Community pharmacy enhanced services network
<https://www.communitycarenc.org/population-management/pharmacy/community-pharmacy-enhanced-services-network-cpesn/>

Alignment with State / Other Plans

Aligns with the state innovation model <http://www.ihconline.org/asp/sim/sim.aspx>
 Iowa Healthcare Collaborative has a Statewide Strategy designated to increasing vaccination rates.
<http://www.ihconline.org/asp/toolkits.aspx>

Lack of Primary Care Services

Objective 3-1 ORIGINAL: Expand Iowa Community Pharmacy Enhanced Services Network (CPESN) and development of quality assurance, network requirements, and outcome measures.
 REVISED: 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
2016	90 participants signed agreement	2018	200 pharmacies signed agreement
REVISED: 2017	REVISED: At least 2 payers	REVISED: 2021	REVISED: 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.

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

April 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: IPA continues to support CPESN® Iowa by offering education, tools, and resources to transform their practice sites and succeed in value-based healthcare models.

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

April 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 109) was reintroduced in January 2017. 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.

Lack of Primary Care Services

Strategy 3-1.3 NEW (MOVED FROM 3-2.1) Share successful models from other states with the Medicaid Managed Care Organizations and commercial payers to expand coverage to pharmacist services.

Strategy Type

Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Lack of Primary Care Services

Objective 3-2 ORIGINAL: Expand preventive care and chronic care management services that are covered at local pharmacies by their health plan.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0 payers	2019	2 payers

REVISED: moved to Objective 3-1 and revised. Objective 3-2 will be deleted.

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

Report Date

April 23, 2018

Year

2017

Value

At least 2 payors, but varies greatly

Progress on Objective

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

Progress notes: Pharmacists can provide preventive healthcare services (i.e. immunizations) and disease state management (i.e., medication therapy management) to help members of their communities meet healthy goals, optimize medication therapy, and reduce overall healthcare costs. The coverage and scope of these services and other value-based services varies greatly by payor and creates inconsistencies in access to services.

Lack of Primary Care Services

Strategy 3-2.1 ORIGINAL: 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
REVISED: Moved this strategy to 3-1.3 for Objective 3-1.

Strategy Source & Location

New strategy

Who's Responsible

Iowa Pharmacy Association

Target Date

Jan 1, 2021

Report Date

Apr 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Iowa Medicaid covers Pharmaceutical Case Management services and most adult immunizations at the pharmacy level. Expansion of coverage of these services (and similar value-based services) to other payors would help meet the preventive health and disease state management needs of Iowa's communities.

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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.

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
Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Target Date revised subsequent to reduction in funding to implement all strategies. Expanded efforts in informing legislators and others about DCW issues and challenges based on 2017 SOLUTIONS. 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. Have used face-to-face

meetings, print/electronic media and social media to inform public policy. Many strategies planned to meet this objective have been modified due to reduction of funding. The same challenge is impacting other stakeholders thus limiting progress towards meeting objective.

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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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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	ORIGINAL: By December 31, 2017, increase HPV vaccination rates* among Iowa female adolescents 13-17 years of age to 80%.	Baseline Year	Baseline Value	Target Year	Target Value
	* ≥ (greater than or equal to) 3 HPV doses	2015	49.8%	2020	80%
	REVISED: By December 31, 2020, increase HPV vaccination rates* among Iowa female adolescents 13-17 years of age to 80%.		REVISED: 62.3%		
	* ≥ (greater than or equal to) 2 HPV doses				

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

Feb 28, 2018

Year

2016

Value

41.3%

REVISED:

52.1%

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: According to the 2018 Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger (CDC), routine HPV vaccination should start at 11-12 years of age (can start at 9 years). If given on schedule, this is a two-dose series. Three-dose series are only administered if the first dose is delayed until age 15 or older. Therefore, adherence to the new guidelines would consist of only two doses given, thereby reducing the percentage of female Iowa adolescents receiving ≥ 3 doses of HPV vaccine. This objective may need revision. If the objective reads ≥ 2 doses of HPV for females 13 to 17 years of age, the 2016 value is 52.1%.

Adolescent Immunizations

Strategy 1-1.1 Increase the number of HPV vaccine Assessment Feedback Incentive eXchange (AFIX) visits completed at Vaccines for Children (VFC) Program provider sites by 25%. **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

Dec 31, 2020

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

Progress notes: In 2017, the Iowa Department of Public Health, Immunization Program staff conducted 371 Assessment Feedback Incentive eXchange (AFIX) visits at Vaccines for Children (VFC) Program sites. This is an increase of 115 (45%) AFIX visits from 2016. AFIX serves to assist and support health care providers by identifying low immunization rates, determining opportunities for improving immunization delivery practices, and ensuring providers are:

- Aware of and knowledgeable about their immunization rates and missed opportunities to vaccinate
- Motivated to incorporate changes into their current practices
- Ready to try new immunization service strategies
- Capable of sustaining improvements to their vaccination delivery services

Adolescent Immunizations

Strategy 1-1.2 Increase the number of VFC Program providers that select and implement a quality improvement strategy to increase adolescent HPV vaccination rates. 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

Dec 31, 2020

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

Progress notes: During calendar year 2017, the Iowa Department of Public Health Immunization Program staff conducted 371 Assessment Feedback Incentive eXchange (AFIX) visits at Vaccines for Children (VFC) Program sites. During AFIX visits, health care providers select quality improvement activities to enhance immunization practices with the intended outcome of increased immunization rates among patients. In 2017, health care providers selected 849 quality improvement strategies to increase adolescent HPV vaccination rates. This is an increase of 359 quality improvement strategies from 2016. Of the 849 quality improvement strategies selected in 2017, 393 were fully implemented.

Adolescent Immunizations

Strategy 1-1.3 ORIGINAL: Educate providers about recommendations on and benefits of the HPV vaccine. Strategy Type
Professional/provider-focused

REVISED: Encourage providers to strongly recommend the HPV vaccine as a cancer prevention vaccine.

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 5, Action I

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

<u>Report Date</u>	<u>Progress on Strategy</u>
Apr 17, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: A partnership between the Iowa Cancer Consortium, American Cancer Society, UnityPoint Clinics, and the Iowa Chapter of the American Academy of Pediatrics provided tailored education to UnityPoint Clinic staff focused on increasing HPV vaccination rates within clinics. Education was followed by support to implement one evidence-based clinic practice change.

Additionally, through this same partnership, webinars were held for MCO clinic practice consultants and account executives. The webinar included the following topics: HPV 101, the importance of strong provider recommendation, quality improvement initiatives to increase HPV vaccination rates, evaluation, and introduction to the HPV-Free Iowa Toolkit, and available support materials.

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.

Adolescent Immunizations

Strategy 1-1.4 ORIGINAL: Implement office-based reminder systems to increase the number of patients who complete the HPV vaccination series. Strategy Type
Professional/provider-focused

REVISED: 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 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

<u>Report Date</u>	<u>Progress on Strategy</u>
Apr 17, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: A partnership between the Iowa Cancer Consortium, American Cancer Society, UnityPoint Clinics, and the Iowa Chapter of the American Academy of Pediatrics provided tailored education to UnityPoint Clinic staff focused on increasing HPV vaccination rates within clinics. Education was followed by support to implement one evidence-based clinic practice change. Each participating clinic set unique rate goals based on its individual clinic population.

Additionally, through this same partnership, webinars were held for MCO clinic practice consultants and account executives. The webinar included the following topics: HPV 101, the importance of strong provider recommendation, quality improvement initiatives to increase HPV vaccination rates, evaluation, and introduction to the HPV-Free Iowa Toolkit, and available support materials.

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 evidence-based practices such as office-based reminder systems.

Adolescent Immunizations

Strategy 1-1.5 ORIGINAL: Support school-based clinics that offer the HPV vaccine series. Strategy Type
Professional/provider-focused

REVISED: Collaborate with school- and university-based clinics to offer the HPV vaccine.

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 5, Action H

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan 1, 2022

Report Date
Apr 17, 2018

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

Progress notes: This strategy is not included in the Cancer Plan 2018-2022.

Adolescent Immunizations

Objective 1-2

ORIGINAL: By December 31, 2017, increase HPV vaccination rates* among Iowa male adolescents 13-17 years of age to 80%.

* \geq (greater than or equal to) 2 or 3 HPV doses

REVISED: By December 31, 2020, increase HPV vaccination rates* among Iowa male adolescents 13-17 years of age to 80%.

* \geq (greater than or equal to) 2 HPV doses

Baseline Year	Baseline Value	Target Year	Target Value
2015	23.9%	2020	80%
	REVISED: 37%		

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
Feb 23, 2018

Year
2016

Value
36.6
REVISED: 46.5%

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

Progress notes: National Immunization Survey-Teen (NIS-Teen), 2016, human papillomavirus (HPV) vaccination coverage rate among adolescent males 13-17 years of age for Iowa is 36.6%. The HPV vaccination coverage rate for males 13-17 years of age in the United States is 31.5%. Data is calculated based upon receipt of ≥ 3 doses of HPV vaccine. If the objective reads ≥ 2 doses of HPV for males 13 to 17 years of age, the 2016 Iowa value is 46.5%.

Adolescent Immunizations

Strategy 1-2.1

Increase the number of HPV vaccine AFIX visits completed at VFC Program provider sites by 25%.

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
Dec 31, 2020

Report Date
Feb 23, 2018

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: Immunization Program staff conducted 371 Assessment Feedback Incentive eXchange (AFIX) visits at Vaccines for Children (VFC) Program sites. This is an increase of 115 (45%) AFIX visit from 2016. AFIX serves to assist and support health care providers by identifying low immunization rates, determining opportunities for improving immunization delivery practices, and ensuring providers are:

- Aware of and knowledgeable about their immunization rates and missed opportunities to vaccinate
- Motivated to incorporate changes into their current practices
- Ready to try new immunization service strategies
- Capable of sustaining improvements to their vaccination delivery services

Adolescent Immunizations

Strategy 1-2.2 Increase the number of VFC Program providers that select and implement a quality improvement strategy to increase adolescent HPV vaccination rates. 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

Dec 31, 2020

Report Date

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During calendar year 2017, the Iowa Department of Public Health, Immunization Program staff conducted 371 Assessment Feedback Incentive eXchange (AFIX) visits at Vaccines for Children (VFC) Program sites. During AFIX visits, health care providers select quality improvement activities to enhance immunization practices with the intended outcome of increased immunization rates among patients. In 2017, health care providers selected 849 quality improvement strategies to increase adolescent HPV vaccination rates. This is an increase of 359 quality improvement strategies from 2016. Of the 849 quality improvement strategies selected in 2017, 393 were fully implemented.

Adolescent Immunizations

Strategy 1-2.3 ORIGINAL: Educate providers about recommendations on and benefits of the HPV vaccine. Strategy Type
Professional/provider-focused

REVISED: 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 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

Apr 17, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: A partnership between the Iowa Cancer Consortium, American Cancer Society, UnityPoint Clinics, and the Iowa Chapter of the American Academy of Pediatrics provided tailored education to UnityPoint Clinic staff focused on increasing HPV vaccination rates within clinics. Education was followed by support to implement one evidence-based clinic practice change.

Additionally, through this same partnership, webinars were held for MCO clinic practice consultants and account executives. The webinar included the following topics: HPV 101, the importance of strong provider recommendation, quality improvement initiatives to increase HPV vaccination rates, evaluation, and introduction to the HPV-Free Iowa Toolkit, and available support materials.

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.

Adolescent Immunizations

Strategy 1-2.4 ORIGINAL: Implement office-based reminder systems to increase the number of patients who complete the HPV vaccination series.

REVISED: 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

2018-2022 Iowa Cancer Plan: Goal 5, Action D

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

Apr 17, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: A partnership between the Iowa Cancer Consortium, American Cancer Society, UnityPoint Clinics, and the Iowa Chapter of the American Academy of Pediatrics provided tailored education to UnityPoint Clinic staff focused on increasing HPV vaccination rates within clinics. Education was followed by support to implement one evidence-based clinic practice change. Each participating clinic set unique rate goals based on its individual clinic population.

Additionally, through this same partnership, webinars were held for MCO clinic practice consultants and account executives. The webinar included the following topics: HPV 101, the importance of strong provider recommendation, quality improvement initiatives to increase HPV vaccination rates, evaluation, and introduction to the HPV-Free Iowa Toolkit, and available support materials.

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 evidence-based practices such as office-based reminder systems.

Adolescent Immunizations

Strategy 1-2.5 ORIGINAL: Support school-based clinics that offer the HPV vaccine series.

REVISED: Collaborate with school- and university-based clinics to offer the HPV vaccine.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 5, Action H

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Report Date

April 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Work on this strategy has not been done.

Adolescent Immunizations

Goal #2 Increase the number of adolescents in 7th and 12th grades who receive meningococcal vaccine.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases, Objectives 3 & 11

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

Iowa Administrative Code, Chapter 7 <http://idph.iowa.gov/immtb/immunization/laws>

Adolescent Immunizations

Objective 2-1

ORIGINAL: For the 2017-18 school year, increase the percent of adolescents who receive meningococcal vaccine upon entry into 7th and 12th grades to 90%.

Baseline Year	Baseline Value	Target Year	Target Value
2016-17	0%	2019-20	95%

REVISED: Increase the percent of adolescents who receive meningococcal vaccine upon entry into 7th and 12th grades to 95%.

Data Source & Location: School and Childcare Audits, Iowa Department of Public Health
<http://idph.iowa.gov/immtb/immunization/audits>

Report Date

Feb 23, 2018

Year

2017-2018

Value

94.3% (7th)
92.8% (12th)

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: 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.

Adolescent Immunizations

Strategy 2-1.1

Distribute educational materials to health care providers regarding school immunization requirements and the benefit of meningococcal vaccine.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Iowa Department of Public Health, Immunization Program & Iowa Immunization Coalition

Target Date

Feb 15, 2020

Report Date

Feb 23, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: During calendar year 2017, 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 14,200 English and 1,650 Spanish brochures during 2017.

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 Updated: 4/07/2017
- Immunization Requirements Chart-Updated
- Iowa Immunization Law and You Brochure
- Certificate of Immunization Exemption-Medical
- Provisional Certificate
- Iowa Immunization Administrative Code

Adolescent Immunizations

Strategy 2-1.2 Assess school meningococcal immunization coverage levels for 7th and 12th grade students annually. **Strategy Type** Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Immunization Program Strategy

Who's Responsible

Local Public Health Agencies and Iowa Department of Public Health, Immunization Program

Target Date

Mar 1, 2020

Report Date

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During the 2017-18 school year 94.3% (37,743/40,025) of students in 7th grade received all of the required vaccines to attend school. Students enrolling in 7th grade and born after September 15, 2004 are required to receive one dose of Tdap and one dose of meningococcal vaccine.

During the 2017-18 school year 92.8% (36,066/38,860) of students in 12th grade received all of the required vaccines to attend school. In addition to other required vaccines, students enrolling in 12th grade who were born on or after September 15, 1999, are required to receive 2 doses of meningococcal vaccine or one dose after 16 years of age.

Adolescent Immunizations

Goal #3 Increase adolescent immunization rates by increasing access to adolescent vaccines administered by pharmacists.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases

<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

N/A

Adolescent Immunizations

Objective 3-1	Secure legislation to expand access to adolescent immunizations administered by pharmacists.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	No legislation	2019	Legislation passed

Data Source & Location Iowa Code: <https://www.legis.iowa.gov/law/iowaCode>
 Currently, pharmacists can administer any vaccine per protocol to patients >18 years of age and influenza and other emergency vaccinations to patients >6 years of age.
<https://www.legis.iowa.gov/docs/iac/rule/02-17-2016.657.8.33.pdf>

Report Date

Mar 13, 2018

Year

2017

Value

Proposed Legislation

Progress on Objective

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

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 13, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Pharmacy Association met with pharmacy, physician, public health, and policy stakeholders throughout the course of 2017 to determine the best course of action for expanding immunization access. Furthermore, the Iowa Pharmacy Association indicated statewide protocols for adolescent immunizations as a legislative priority for 2017/2018. In addition, the Iowa Pharmacy Association and Iowa Public Health Association convened a group of stakeholders in November 2017 to discuss strategies to improve immunization rates in Iowa.

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 23, 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

Progress notes: Fifteen community pharmacies across Iowa are currently involved in a research project involving immunizations. In this project, pharmacists are using a bidirectional interface with the state immunization registry to assist with identifying immunization needs. Pharmacists use this information to perform a clinical review and educate patients on their unmet vaccination needs. Similar projects in other states indicate that this pharmacist-based intervention and public education results in resolving at least 31% of unmet vaccination needs. Results from Iowa's scaled demonstration project will be available in 2018/2019.

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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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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

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

Progress notes: The target was achieved with the trend continuing in a positive direction for subsequent flu seasons.

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
9/30/2020

Report Date
Feb 23, 2018

Progress on Strategy

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

Progress notes: During the 2017-18 influenza season, the Iowa Department of Public Health Immunization Program developed and distributed an influenza vaccine poster. The poster was available in two sizes, 8.5 X 11" and 11 X 17". The poster promoted receiving the flu vaccine with the slogan of "Get a Flu Shot Before the Flu Gets You." The Immunization Program distributed 367 posters during 2017.

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

Feb 21, 2018

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.

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

Met, trend in right direction Not met, 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 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%).

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

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During the 2017-18 influenza season, the Iowa Department of Public Health Immunization Program developed and distributed an influenza vaccine poster. The poster was available in two sizes, 8.5 X 11" and 11 X 17". The poster promoted receiving the flu vaccine with the slogan of "Get a Flu Shot Before the Flu Gets You." The Immunization Program distributed 367 posters during 2017.

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

Mar 16, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Consistent with the Iowa Nurses Association resolutions adopted at their annual meetings, the Iowa Nurses Association members have supported efforts to improve vaccination rates for children and adults through lobbying and in their chosen fields.

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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 ORIGINAL: Reduce the annual number of deaths by heroin and other opioid overdoses in Iowa by 20%, from 38 (2015) to 30 by 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2015	59	2020	47

REVISED: Reduce the annual number of deaths from opioid¹ overdoses in Iowa by 20%, from 59 (2015) to 47 by 2020.

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
86

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 original objective and baseline were based on estimated numbers. The objective and baseline have been revised to reflect final numbers.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 26, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Obtaining data has been more cumbersome than originally anticipated. Will continue trying.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 26, 2018	<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 tied to strategy 1-1.1. Until the data can be secured, targeting high-intensity areas is pending.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 26, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The IPCC has been in contact with these agencies to determine how IPCC services can best be used to track the use of naloxone provided to civilians and non-medical first responders.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 7, 2018	<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/2018/04/iowa_opioid_response_update_april_2018.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 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Legislation passed on 2 key Mental Health bills that Polk County Medical Society advocated and lobbied, signed into law by Governor Reynolds HF 2456 and SF 2311

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 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Currently working our Polk County Medical Society Legislative Priorities for the 2018 Iowa Legislature to work with hospitals on legislation passed on 2 key Mental Health bills that Polk County Medical Society advocated and lobbied, signed into law by Governor Reynolds HF 2456 and SF 2311 legislation that would help to initiate the programs, education, and housing needed for substance abuse and mental health.

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

ORIGINAL: Educate pharmacies on the process to utilize the new opioid antagonist statewide standing order.

REVISED: All 99 of Iowa's counties have at least one pharmacy participating in the opioid antagonist statewide standing order.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0	2019	99

Data Source & Location | Iowa Board of Pharmacy. <https://pharmacy.iowa.gov/document/pharmacies-participating-naloxone-distribution>
Based on Opioid antagonist standing order: <https://pharmacy.iowa.gov/document/naloxone-standing-order>

Report Date

Mar 13, 2018

Year

2017

Value

76

Progress on Objective

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

Progress notes: Overall, approximately 35% of Iowa community-based pharmacies are known to be participating in the naloxone statewide standing order. However, it appears that these pharmacies are only in 76 counties, leaving 23 of Iowa's counties without adequate access to naloxone. The Iowa Pharmacy Association continues to provide outreach to Iowa pharmacies to engage in the naloxone standing order.

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 23, 2018

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. The toolkit includes information about the standing order, Board of Pharmacy rules, FAQs, template policies and procedures, training webinars, and community/patient education materials.

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/document/pharmacies-participating-naloxone-distribution>

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

Who's Responsible

Iowa Pharmacy Association

Target Date

Dec 31, 2019

Report Date

Mar 26, 2018

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 [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 is in the process of developing more resources aimed towards patients and the public to increase awareness and understanding of the naloxone standing order.

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 ORIGINAL: 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

REVISED: Objective and strategy are complete.

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

Report Date

Mar 13, 2018

Year

2017

Value

8

Progress on Objective

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

Progress notes: IPA worked collaboratively with other key stakeholders to create programming for the IPA Goes Local events and hosted eight events throughout the state in 2017. The programming was accredited for 90 minutes of continuing pharmacy education (CPE) and continuing medical education (CME). IPA Goes Local events were held on March 14, April 6, April 13, May 1, May 18, August 31, September 21, and October 10.

Substance Abuse

Strategy 3-1.1 ORIGINAL: 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

REVISED: Objective and strategy are complete.

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.

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

<u>Report Date</u> Feb 12, 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: IDPH administers funding to provide substance abuse prevention services to all 99 counties through 18 contractors. This funding focuses on services across the life span with a priority on alcohol, specifically underage drinking prevention. All contractors are providing services focused on underage drinking/binge drinking prevention. Underage drinking rates continue to decline in Iowa.

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>

<u>Report Date</u> Feb 5, 2018	<u>Year</u> 2016 <u>Value</u> 42%	<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: 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.

<u>Report Date</u> Feb 5, 2018	<u>Year</u> 2015 <u>Value</u> 38%	<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: See 2016 progress notes.

Substance Abuse

Strategy 4-2.1 Ensure access to substance abuse treatment and recovery supports through funding and coordination of treatment and recovery providers across the state.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health Program Profile for Substance Use Disorders
<http://idph.iowa.gov/About/Program-Profiles>

Who's Responsible
Iowa Department of Public Health, Bureau of Substance Abuse

Target Date
Dec 1, 2019

Report Date
Feb 5, 2018

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 has expanded availability of medication-assisted treatment services across the state, creating additional capacity. As IDPH prepares to release a new RFP for the re-procurement of a substance use disorder provider network, recovery supports have been discussed as possible services to be included. Doing so would result in recovery supports being available to all clients receiving treatment services as opposed to only available through discretionary grants.

Substance Abuse

Objective	Baseline Year	Baseline Value	Target Year	Target Value
Objective 4-3 Reduce prescription drug abuse among 11th grade students.	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	
<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: Grant funding is available for only three counties. IDPH is working on coordination and developing effective strategies.

Substance Abuse

Strategy 4-3.1 Implement Strategic Prevention Framework (SPF) for Prescription (Rx) Drugs. 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
9/30/2021

Report Date
Feb 12, 2018

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: 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.

Substance Abuse

Objective	Baseline Year	Baseline Value	Target Year	Target Value
Objective 4-4 NEW OBJECTIVE (submitted by the Iowa Pharmacy Association): Reduce the number of opioid prescriptions dispensed per 100 Iowans.	2014	72.3	2021	TBD

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

Substance Abuse

Strategy 4-4.1 Educate pharmacies and patients on partially filling CII medications when appropriate (such as opioids for acute pain) to prevent overuse, misuse, addiction, and diversion.

Strategy Type
Professional/provider-focused

Strategy Source & Location

<https://www.cdc.gov/drugoverdose/data/prescribing.html>

Who's Responsible
Iowa Pharmacy Association

Target Date
Jan 1, 2021

Substance Abuse

Goal #5 Reduce the overall number of substance abuse illicit urinalysis and increase the number of self-referrals for substance abuse (alcohol and drug) in the Iowa Army National Guard (IA ARNG) through urinalysis testing at the unit level, substance abuse screening, and prevention education/training.

Alignment with National Plans

Army Regulation 600-85 The Army Substance Abuse Program http://www.monterey.army.mil/Substance_Abuse/inc/R600_85.pdf

Alignment with State / Other Plans

Screening, Brief Intervention, and Referral to Treatment, Iowa Department of Public Health <http://www.idph.iowa.gov/sbirt>

Substance Abuse

Objective 5-1 ORIGINAL: Reduce illicit drug positives by 10%, from 99 positives in training year 2016 to 89 positives in training year 2017.
REVISED: 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	2017	89
		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

- Met, trend in right direction
- Not met, 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 year 2017 showed a significant increase with 138 Illicit positives (39% higher than 2016).

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
May 11, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: On average, 36% of units are meeting requirements in any given month.

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

May 11, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 97% of units have scheduled to complete minimum 2 hrs (M-DAY) and 4 hrs (AGR) prevention training in TY2018. 45% of units have completed training.

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

May 11, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: All units on track for completing Periodic Health Assessment to include the SBIRT screening within TY2018.

Substance Abuse

Objective 5-2 ORIGINAL: Increase soldiers' self referrals (to their commanders) for substance abuse (alcohol and drug) from 15 in 2016 to 30 in 2017 in the IA ARNG.

Baseline Year	Baseline Value	Target Year	Target Value
2016	15	2017	30
2017	15	2018	30

REVISED: 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.

Data Source & Location IA ARNG SharePoint: Only accessible from IA ARNG computer platforms.

Report Date

May 11, 2018

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: Currently, approximately 20 referrals complete or in progress.

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

May 11, 2018

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

May 11, 2018

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 TY 2018. Units are falling off goal by 20 or more so far this year. Strategies have been employed to increase participation.

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Iowa Health Issue: Tobacco

Iowa Counties with Local Strategies

Buchanan, Calhoun, Cedar, Cerro Gordo, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Franklin, Greene, Hamilton, Hancock, Humboldt, Iowa, Jones, Linn, Louisa, Madison, Muscatine, Sioux, Tama, Van Buren, Winnebago, Woodbury, Worth

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

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%.	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.

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

May 8, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Efforts to increase the tobacco tax have not been successful. Education of legislators will continue.

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

May 8, 2018

Progress on Strategy

Complete On track Off track 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, America 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

May 8, 2018

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

<u>Report Date</u>	<u>Progress on Strategy</u>
March 16, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> 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 Target Date
Iowa Nurses Association (INA) Public Policy Committee Jan 1, 2019

<u>Report Date</u>	<u>Progress on Strategy</u>
March 16, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> 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 Target Date
Iowa Nurses Association (INA) Public Policy Committee Jan 1, 2019

<u>Report Date</u>	<u>Progress on Strategy</u>
March 16, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> 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	
<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: All Community Partnerships promote Quitline Iowa as well as educate health professionals about Ask, Advise and Refer system in the entire state

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	Progress on Strategy
Mar 13, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: As of December 2017, IPA has drafted proposed legislation to create a framework for pharmacist statewide protocols. If passed, under this statewide protocol pharmacists would be able to initiate a prescription and dispense tobacco cessation medications for eligible patients subsequent to appropriate screening.

Tobacco

Strategy 1-2.2 ORIGINAL: Create and disseminate patient education materials to assist in public knowledge of pharmacist-provided services and medication availability under statewide protocol. Strategy Type
Individual/interpersonal-focused

REVISED: Remove. Legislation calling for statewide protocols for nicotine replacement therapy is pending.

Strategy Source & Location
Iowa Pharmacy Association new strategy

Who's Responsible
Iowa Pharmacy Association

Target Date
Dec 31, 2019

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

Progress notes: Legislation and regulations related to statewide protocols for tobacco cessation products is pending. More efforts will be put towards patient/community education regarding pharmacist-provided tobacco cessation products once passed.

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

Report Date
Feb 19, 2018

Year
2018

Value
5,978

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

Progress notes: In April 2016, Managed Care Organizations (MCOs) assumed responsibility for Medicaid. Because over 70% of our users for Quitline Iowa in the past were on Medicaid we saw a significant decrease in users to Quitline Iowa as the MCOs have their own cessation protocols. This change may account for a decrease in Quitline users. 2016 BRFSS data shows that 49.3% of adult Iowans know about Quitline Iowa.

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

Report Date
Feb 19, 2018

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: Every Community Partnership or local contractor promotes the Quitline referral process-- Ask, Advise and Refer -- to health professionals in their service area. This process continues to be a priority for the Division.

Tobacco

Objective 1-4 ORIGINAL: By March 31, 2018, increase the number of properties (low-income, affordable, Public Housing Authority, and market rate) that adopt a smoke-free policy from 905 to 1,000.

Baseline Year	Baseline Value	Target Year	Target Value
2016	905	2018	1,000
2018	1,064	2019	1,200

REVISED: 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.

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

Report Date
Feb 19, 2018

Year
2018

Value
1,064

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

Progress notes: IDPH Division of Tobacco Use Prevention and Control staff continue to provide technical assistance to the Iowa Finance Authority, National Association of Housing and Redevelopment Officials (HUD related housing), and other property managers to adopt a smoke-free policy for their properties.

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

Report Date

Nov 30, 2017

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Division of Tobacco Use Prevention and Control continues to address smoking in housing. There are eight Community Partnerships serving 13 counties that address smoke free housing in their service area.

Tobacco

Objective 1-5

ORIGINAL: Increase the adoption of 100% tobacco-free and nicotine-free campus policies from 280 to 350 school districts, private school systems, and colleges/universities by March 30, 2018.

Baseline Year	Baseline Value	Target Year	Target Value
2016	280	2018	350
2018	317	2020	482

REVISED: 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.

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

Progress on Objective

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

Progress notes: Local contractors and Division staff continue to provide technical assistance to public and private school districts adopt a tobacco and nicotine free policy.

Tobacco

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

March 30, 2020

Report Date

Feb 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: There are 22 colleges/universities/community colleges/trade schools that have tobacco free campus policies. Seven have tobacco and nicotine free policies.

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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

ORIGINAL: Increase the percentage of men and women ages 50 to 75 who are up to date on their colorectal cancer screening* from 68% (2014) to 80% by 2018.

REVISED: 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.

* 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.

Baseline Year	Baseline Value	Target Year	Target Value
2014	68%	2018	80%
2016	68.6%	2022	80%

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 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: 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

ORIGINAL: Increase public knowledge about colorectal cancer screening options.

REVISED: Educate the public about the importance of cancer screening guidelines.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 2, Priority I, Strategy B

REVISED: 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
Feb 21, 2018

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

Progress notes: The Iowa Cancer Consortium 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 colorectal cancer. The Colorectal Cancer Workgroup has met twice in 2018 and is working on developing actions for collaborative efforts addressing public knowledge about colorectal cancer screening options.

Cancer

Strategy 1-1.2

ORIGINAL: Work with Iowa communities to identify and address barriers to screening.

REVISED: 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

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 2, Priority I, Strategy B

REVISED: 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 21, 2018

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

Progress notes: The Iowa Cancer Consortium 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 access to services and colorectal cancer. 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including access to recommended cancer screening.

Cancer

Strategy 1-1.3

ORIGINAL: Offer training and tools to providers regarding how to educate patients about recommended screenings and their value.

REVISED: 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

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 2, Priority III, Strategy A

REVISED: 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
Feb 21, 2018

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

Progress notes: The Iowa Cancer Consortium 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 screening.

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

Apr 9, 2018

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 14,681 Iowans age 50-75, including a total of 6 health systems, 11 clinics, and 116 health care providers. The clinics are using Fecal Immunochemical Test or FITs at the primary screening test. A majority of the clinics do not have access to free fecal 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 23, 2018

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, a patient navigation training was held in coordination with the ACS to educate 11 clinicians from five clinics on how to incorporate the "Paying for Colorectal Cancer Screening Patient Navigation Toolkit."

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

Apr 9, 2018

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 2016, the Department's screening program detected four 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.

Cancer

Strategy 1-2.1 Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Primary Care Association

Who's Responsible

Iowa Primary Care Association Performance Improvement Team

Target Date

Jan 1, 2021

Report Date
Mar 23, 2018

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.

Cancer

Goal #2 NEW: 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	NEW: 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 459.3	2022	mortality 153.9 incidence 402.0

Data Source & Location | Surveillance, Epidemiology and End Results Program (SEER) data, State Health Registry of Iowa. <https://www.public-health.uiowa.edu/shri/>

Cancer

Strategy 2-1.1 NEW: Convene at least 10 educational and collaborative opportunities to increase the expertise of partners and stakeholders in prevention, early detection, treatment, quality of life and health equity. Strategy Type: Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 1

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

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Cancer

Goal #3 Decrease incidence of lung cancer.

Alignment with National Plans

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

Healthy People 2020, Tobacco Use, <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Best Practices for Comprehensive Tobacco Control Programs - 2014

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

President's Cancer Panel. 2008-2009 - Reducing Environmental Cancer Risk: What We Can Do Now

https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP_Report_08-09_508.pdf

Environmental Protection Agency. 2016 - National Radon Action Plan

https://www.epa.gov/sites/production/files/2015-11/documents/nrap_guide_2015_final.pdf

Alignment with State / Other Plans

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

Cancer

Objective 3-1

ORIGINAL: Increase the percent of current smokers ages 18 and older, all races, both sexes, who reported they quit smoking for a day or more during the past year from 56.4% to 57.9% by 2017.

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

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

Baseline Year	Baseline Value	Target Year	Target Value
2015	56.4%	2017	57.9%
2016	52.5%	2022	57.8%

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

Report Date

Year

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 lowans quitting for a day is a barometer of the difficulty they face in quitting permanently.

Cancer

Strategy 3-1.1

ORIGINAL: Increase the proportion of smokers who are aware of smoking cessation services available to them.

REVISED: 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

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy C

REVISED: 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

Feb 23, 2018

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: No data is available to track this strategy.

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

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy C
REVISED: 2018-2022 Iowa Cancer Plan: Goal 2, Action M

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

<u>Report Date</u> Feb 23, 2018	<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: Data cannot be accessed because there is so much variation among insurance policies.

Cancer

Strategy 3-1.3 ORIGINAL: Eliminate the sale of e-cigarettes in malls, drug stores, and pharmacies. Strategy Type
Policy-focused

REVISED: 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 Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy C
REVISED: 2018-2022 Iowa Cancer Plan: Goal 2, Action G

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

<u>Report Date</u> Feb 23, 2018	<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: Lack of progress has been an incentive to a refocus.

Cancer

Objective 3-2	ORIGINAL: Decrease the percentage of Iowa 6th, 8th, and 11th grade students reporting current use of any tobacco from 6% to 5%.	Baseline Year	Baseline Value	Target Year	Target Value
	REVISED: Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.	2014 2016	6% 19%	2020 2022	5% 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/>

<u>Report Date</u> Feb 23, 2018	<u>Progress on Objective</u> <input type="checkbox"/> Met, trend in right direction <input type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input checked="" type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
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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.

Cancer

Strategy 3-2.1 ORIGINAL: Increase the proportion of public/private schools and school districts implementing 100% comprehensive tobacco-free policies. Strategy Type
Policy-focused

REVISED: Increase the number of school districts, colleges/universities, workplaces, housing units and parks that implement comprehensive tobacco and nicotine-free policies.

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy A

REVISED: 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

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including tobacco.

Cancer

Strategy 3-2.2 ORIGINAL: Maintain or increase funding to the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control at CDC recommended levels. Strategy Type
Policy-focused

REVISED: 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 Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy A

REVISED: 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 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including tobacco.

Cancer

Strategy 3-2.3 ORIGINAL: Explore increasing the tobacco tax. Strategy Type
Policy-focused
REVISED: Increase the tax on tobacco products.

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority II, Strategy A

REVISED: 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 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Though not led by the Consortium, ACSCAN is currently leading a coalition of health organizations who are pursuing legislation to increase the tobacco tax by \$1.50 per pack. The Iowa Cancer Consortium Board of Directors has voiced support of these efforts.

Cancer

Objective 3-3 Decrease age-adjusted incidence per 100,000 of lung cancer by reducing exposure to radon.

Baseline Year	Baseline Value	Target Year	Target Value
2006 - 2008	68.5	2017	63.7
2012- 2014	63.2	2022	49.1

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

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.

Cancer

Strategy 3-3.1 ORIGINAL: Educate the public about radon and its link to lung cancer.

Strategy Type

Individual/interpersonal-focused

REVISED: 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 Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority VI, Strategy A

REVISED: 2018-2022 Iowa Cancer Plan: Goal 7, Action B

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2021

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon.

Cancer

Strategy 3-3.2 ORIGINAL: Advocate for and support comprehensive legislation requiring newly constructed homes and buildings to be built according to radon control methods in the 2000 International Residential Building Code.

Strategy Type

Policy-focused

REVISED: Require newly constructed homes and buildings to be built using passive radon control methods according to the 2015 International Residential Building Code.

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority VI, Strategy A

REVISED: 2018-2022 Iowa Cancer Plan: Goal 7, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon.

Cancer

Strategy 3-3.3

ORIGINAL: Support financial assistance and incentives for radon mitigation.

REVISED: 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

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority VI, Strategy A

REVISED: 2018-2022 Iowa Cancer Plan: Goal 7, Action C

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including radon. The Radon Workgroup is currently exploring statewide resources for financial support of radon mitigation.

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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	ORIGINAL: Increase percent of female adolescents and male adolescents ages 13-17 who have received the complete HPV vaccine series recommended for full protection.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	27%	2022	29.7%

REVISED: Increase the percentage adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses.

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.

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

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/lowa-Cancer-Plan.aspx>

Cancer

Objective 5-1

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

* Note that skin cancer incidence has been on an upward trend. While the 2022 target is higher than the baseline, it is a reduction of the projected 2022 rate.

Baseline Year	Baseline Value	Target Year	Target Value
2006-2008	20.7	2017	19.7
2012-2014	24.9	2022	27.5

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

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.

Cancer

Strategy 5-1.1

ORIGINAL: Provide public education about the harm of exposure to ultraviolet rays from tanning beds.
REVISED: Increase public education about the harms of exposure to ultraviolet light from tanning beds.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority V, Strategy B
REVISED: 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 21, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including UV and Sun Safety.

Cancer

Strategy 5-1.2

ORIGINAL: Advance policy that minimizes, if not eliminate, the use of tanning beds.
REVISED: Advocate for prohibiting the use of tanning beds for all Iowans under the age of 18.

Strategy Type

Policy-focused

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017: Goal 1, Priority V, Strategy B

REVISED: 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

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Cancer Consortium has newly revised the Iowa Cancer Plan for 2018-2022. Workgroups have been convened to lead statewide collaborative work around specific goal areas in the new cancer plan, including UV and Sun Safety.

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 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

<u>Report Date</u> Feb 19, 2018	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: We fund and continue to fund these types of programs.

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/>

<u>Report Date</u> Feb 19, 2018	Year 2018	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
	Value 4	

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.

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.	<u>Strategy Type</u> Individual/interpersonal-focused
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Strategy Source & Location
Komen Iowa 2015 Community Profile Report
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible
Susan G. Komen Iowa's Mission Initiatives Committee

Target Date
Jan 1, 2020

<u>Report Date</u> Feb 18, 2018	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: 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/>

<u>Report Date</u> Feb 18, 2018	Year 2017	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
	Value TBD	

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

May 8, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: In 2017, we funded five programs based on demonstration of need.

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

ORIGINAL: Increase the percent of women between 50 and 74 years of age who have had a mammogram in the past two years from 81% to 88% by 2020.

REVISED: Increase the percentage of women between 50-74 years of age who have had a mammogram in the past two years from 77.6 % (2016) to 85.4% by 2022.

Baseline Year	Baseline Value	Target Year	Target Value
2014	81%	2020	88%
2016	77.6%	2022	85.4%

Data Source & Location: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System <http://nccd.cdc.gov/BRFSSPrevalence>

Report Date

Jan 1, 2018

Year

2016

Value

77.6%

Progress on Objective

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

Progress notes: Inconsistent guidelines as to timing of mammograms and need for mammogram make it hard for women to understand the need for regular mammograms.

Cancer

Strategy 7-1.1 ORIGINAL: Maintain collaboration with key cancer partners to focus on public education to raise the breast cancer screening rates in Iowa. Strategy Type
Individual/interpersonal-focused

REVISED: Educate the public about the importance of cancer screening guidelines.

Strategy Source & Location

ORIGINAL: Iowa Cancer Plan 2012-2017 Goal #2: Priority 1: Strategy B
REVISED: 2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

<u>Report Date</u> Mar 23, 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: Collaboration with key cancer partners continues to focus on public education to inform women of the need for 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>

<u>Report Date</u> Mar 23, 2018	<u>Year</u> 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
	<u>Value</u> 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.

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

ORIGINAL: Iowa Cancer Plan 2012-2017 Goal #2: Priority 1: Strategy B
REVISED: 2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

<u>Report Date</u> Mar 23, 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: Collaboration with key cancer partners continues to focus on public education to inform women of the need for regular cervical cancer screening.

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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

ORIGINAL: Increase the percentage of adults who report being told by a healthcare provider that they have pre-diabetes or borderline diabetes from 8% to 10% by 2017.

Baseline Year	Baseline Value	Target Year	Target Value
2014	8%	2017	10%
2013	6.2%	2020	

REVISED: 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.

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

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

Progress notes: Although trending upwards, Iowa has many initiatives directly geared towards increasing this number. The Diabetes Statewide Strategy and Diabetes Prevention Action Plan both have specific work focusing on increasing awareness for individuals who have prediabetes. One out of three individuals in Iowa have prediabetes and only nine out of ten know they have it; however, in Iowa, only 7.8 percent of the population has spoken with their doctor and knows about their condition.

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/sixteen/diabetes/index.htm>)

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2021

Report Date
Feb 9, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: As of October 2017, NDPP in Iowa has had 971 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 9, 2018

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. Data is trending in the right direction, as demonstrated by the following BRFSS screening reports: 2011, 5.4%; 2013, 6.2%; 2014, 7.8%; 2016, 7.8%.

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%.

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 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 8,974 people were enrolled in comprehensive outpatient diabetes self-management in 2016.

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Iowa Health Issue: Heart Disease

Iowa Counties with Local Strategies

Allamakee, Black Hawk, Cedar, Cerro Gordo, Buchanan, Franklin, Greene, Hardin, Keokuk, Linn, Monona, Pocahontas, Ringgold, Shelby, Tama, Taylor, Van Buren

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

Heart Disease

Goal #1 Decrease the rate of coronary heart disease as the primary cause of death.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective 1-1	Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	107.5	2020	103.4

Data Source & Location: CDC Wonder, Compressed Mortality file, ICD-10 codes I20-I25. <http://wonder.cdc.gov/cmfi-icd10.html>

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.

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

Jan 29, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The national Million Hearts Initiative has now been extended through 2022 (Phase 2). Iowa's Million Hearts Action Plan accomplishments through 2017 have been documented and a final report is almost ready for distribution. A meeting of original partners and newly recruited partners was held on November 29, 2017 and a report on those proceedings will be distributed soon. New partners were needed due to the fact that objectives have been added which original partners were not able to address sufficiently (increasing the referral and use of cardiac rehab, for example). Next partners will need to decide on what Phase 2 plan objectives will be. It is hoped that partners can develop and publish the 2020 Action Plan by the end of June 2018.

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 (Note: Future strategy cannot be determined until CDC funding request is approved in September 2018.)

Target Date

Jun 29, 2018

Report Date

Apr 30, 2018

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 DP004845. The program's goal is to screen 600 uninsured or under-insured, 40-64 year old women for cardiovascular disease by June 29, 2018, as well as provide follow-up screenings (BP+) to 300 of these participants, following participant participation in the WW healthy lifestyle programs. Screening includes blood pressure, height and weight measurements, as well as testing for diabetes (glucose testing) and cholesterol. Participants are also provided with access to healthy lifestyle programs, at no cost to them. These lifestyle programs include 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) and access to medication therapy management (MTM) services (4 sessions per participant). The WW program is offered in ten regions in Iowa, covering 52 counties. The Iowa Department of Public Health contracts with local boards of health to implement the WW program at the local level, in these ten regions. As of March 31, 2018, the WW program had screened 459 participants and of these, 331, 29, 13, and 16 participants had participated in the HC, Weight Watchers, SMBP, and MTM programs, respectively. As of March 31, 2018, 222 of the 459-screened participants had also undergone BP+ screening. Participants were provided with \$25 gas vouchers to help them with transportation needs to access health care visits or to attend the healthy lifestyle programs.

The WW program also contracts with the University of Iowa to update and maintain the Iowa Care for Yourself WISEWOMAN database as needed. The database is used to collect data on and track and monitor participant screenings, as well as participant participation in the WW healthy lifestyle programs.

This year WW staff collaborated with the Comprehensive Cancer Control Program and the Iowa Cancer Consortium to reach out to churches within the Iowa WW program areas and that were involved in the Body and Soul program. Meetings were set up and carried out with African American churches in Des Moines (Polk Program) Cedar Rapids (Linn Program), Council Bluffs (Cass Program), Sioux City (Woodbury Program), and Waterloo (Black Hawk Program). In total, seven churches were engaged. Respective WW regional program care coordinators

(RPCC) were also present at these meetings. The meetings were held with church pastors and key church leaders, including community members responsible for leading health ministries within the respective churches. At each meeting the WW RPCC gave an overview of the Iowa Care for Yourself WISEWOMAN (CFY WW) program, including program participation criteria, enrollment, and screening services provided. The relationship that the program has with local health care providers was also discussed. The churches were also provided with literature on the CFY WW program. These meetings served to establish relationships between the regional WW programs and local churches and communities. Through these meetings, the regional coordinators collaborated with the churches to enroll eligible congregation members into the CFY WW program.

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 (Note: The strategy cannot be revised until CDC funding is approved in September 2018.)

Target Date

Jun 29, 2018

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 13, 2018	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: IDPH contracts with local health care providers to provide screening services to the WW participants. Participating providers are offered training opportunities on the WW screening protocols as well as the program's lifestyle programs such as MTM and SMBP. A training video was also developed and shared with all contracted WW healthcare providers in November 2017. The providers were encouraged to watch the training video and to share it with all their clinicians that participate in the WW program. The WW training video may be accessed at this link: <https://www.youtube.com/watch?v=PQzWjiWLR0&feature=youtu.be>. An informative newsletter was also developed and disseminated with the WW providers in October 2017. The newsletter provided information on the WW healthy lifestyles programs and online provider continuing education opportunities offered by the American College of Preventive Medicine.

As part of this year's evaluation plan, the Iowa WW program conducted a survey with health care providers contracted with the program, to assess the impact of WW educational materials on provider screening protocols and provider implementation of WW protocols. The survey was used to collect data on: Barriers to the implementation of the WW hypertension and diabetes screening protocols; provider support for patient education and active patient engagement in treatment; and coordination of patient care between providers and the program's regional program care coordinators (RPCC). Data from this survey are currently being analyzed. Analyzes results will be used to identify any program changes required to ensure optimal service delivery to all WW program participants, as well as implementation of best practices.

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

Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Unfortunately, in the tight budget once again this year, we have not been able to make much headway toward funding for a heart disease and stroke consortium. We have made great progress on education and awareness as well as infrastructure for system of care in these areas that will help us toward achieving this overall strategy.

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

Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Education and Awareness have been a big priority around this strategy this year as we work toward updating the statewide standards for the registry.

Heart Disease

Strategy 1-1.6 Enact food and beverage service and vending standards for units of government and institutional feeding consistent with those developed by the American Heart Association (AHA), or by the U.S. Department of Health and Human Services/General Services Administration (HHS/GSA), or by the National Alliance for Nutrition and Activity (NANA).

Strategy Type

Policy-focused

Strategy Source & Location

American Heart Association

CDC Food Service Guidelines <http://www.cdc.gov/obesity/strategies/food-serv-guide.html>

Center for Science in the Public Interest, <https://cspinet.org/nutritionpolicy/Healthy-Meeting-Guidelines.pdf>

Who's Responsible

Iowa Department of Public Health, American Heart Association, and Healthier Iowa Coalition

Target Date

Jun 29, 2018

Report Date

Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Looks like we will need to revisit this goal given that the due date is this summer. We have done some education and awareness, but could use a regrouping of the organizations working on this to discuss strategy and next steps.

Heart Disease

Goal #2 Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective 2-1

Meet or exceed a 75% blood pressure control rate (based on their 2015 UDS rate) at 11 federally qualified health centers (FQHCs) and develop a plan for addressing undiagnosed hypertension

Baseline Year	Baseline Value	Target Year	Target Value
2015	64.3%	2017 2021	75%

Data Source & Location: Uniform Data System, HRSA (baseline value an average across the 11 FQHCs with varying individual FQHC performance)

Report Date

April 2018

Year

2017

Value

74.4%

Progress on Objective

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

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

Jan 29, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: IDPH continues to contract with the Iowa Primary Care Association (IPCA) and their affiliate, IowaHealth+ (the ACO composed of 11/14 FQHCs in Iowa) to assist with training, education and other activities that will assist them in improving their HTN control rates. In 2016, the HTN control rate had improved to 70.7% for IowaHealth+ FQHCs and 70.1% for all of the Iowa FQHCs. In addition during 2016, 11 of the IowaHealth+ FQHCs had control rates (70% or higher) qualifying them to apply to the national Million Hearts Initiative to be designated as a 2017 Million Hearts Champion. Four of those applying were designated as finalists; and one FQHC, River Hills Community Health Center in Ottumwa, Iowa with a control rate of 80.3%, was designated as one of twenty-one national 2017 Million Hearts Champions.

Disaster Preparedness

Iowa Health Issue: Disaster Preparedness

Iowa Counties with Local Strategies

Bremer, Calhoun, Cerro Gordo, Greene, Hamilton, Hardin, Humboldt, Ida, Jefferson, Marshall, Mitchell, Palo Alto, Pocahontas, Sioux, Worth

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

Disaster Preparedness

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

Alignment with National Plans

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

Alignment with State / Other Plans

Disaster Preparedness

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

Baseline Year	Baseline Value	Target Year	Target Value

Data Source & Location

Disaster Preparedness

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

Strategy Type

Strategy Source & Location

Who's Responsible

Target Date

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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 2014-2017
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

- | | |
|--|---|
| <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 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.

Water Quality

Strategy 1-1.1 Spread awareness of how water quality impacts Iowans' health, the environment, and the economy through all water programs.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Iowa Department of Natural Resources Strategic Plan

Who's Responsible

DNR Environmental Services

Target Date

Jul 1, 2021

Report Date

May 1, 2018

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 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
May 1, 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

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
May 1, 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

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.

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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	ORIGINAL: 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
	REVISED: On an annual basis, reduce the health risk across the state by assessing and managing heavy metal exposure (arsenic and lead).	2017	0 - Not assessing/managing	2021	1 - Assessing/managing

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

Report Date: Mar 21, 2018

Year: 2017

Value: 1

Progress on Objective

Met, trend in right direction Not met, 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, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: SHL is working with ISU Extension Service and the Center for Health Effects of Environmental Contamination to secure funding and to build educational components of arsenic in drinking water and the health impact outreach program.

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, 2018

Progress on Strategy
 Complete On track Off track 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
April 17, 2018

Progress on Strategy
 Complete On track Off track 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

Met, trend in right direction Not met, 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 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
Mar 21, 2018

Progress on Strategy
 Complete On track Off track No progress

Progress notes: One recent collaboration is a study of the neonicotinoid presence in private wells and the long-term goal is to study human exposure. SHL hosted a graduate student from University of Iowa to perform the private well testing.

Water Quality

Strategy 2-2.2 Establish a bio-monitoring program for pesticide and pharmaceutical residues.

Strategy Type
Policy-focused

Strategy Source & Location

New strategy

Who's Responsible

State Hygienic Laboratory

Target Date

Jan. 1, 2019

Report Date

Mar 21, 2018

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

Mar 21, 2018

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.

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.

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
April 27, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Both organizations advocated for a sales tax to implement the trust fund, but their efforts were unsuccessful.

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

April 27, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: A little progress was made with formation of WMA Association of Iowa.

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.

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

April 27, 2017

Progress on Strategy

Complete On track Off track No progress

Progress notes: The Iowa Environmental Council, Luther College, the Iowa Groundwater Association, and other partners held a forum in Decorah on CAFOs, karsts, and water quality.

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

Progress notes: This 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%208-24-16.pdf>

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

April 27, 2018

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: Expansion is limited without a statewide plan.

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Water Quality

Goal #4 Ensure that Iowans using private wells for water supply have a safe water supply.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Water Quality

Objective 4-1 Each year, complete testing of private wells for bacteria (coliform), nitrate, and arsenic.

Baseline Year	Baseline Value	Target Year	Target Value
2016	Bacteria 8,800 Nitrate 6,700 Arsenic 1,040	2021	Bacteria 10,000 Nitrate 6,500 Arsenic- 1,150

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

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.

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
Feb 19, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Redirection of funds to high volume counties resulted in a 6% increase in use of Grants to Counties money.

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

Feb 19, 2018

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.

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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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

Radon

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

Alignment with National Plans

Alignment with State / Other Plans

Radon

Objective 1-1 See Chronic Disease: Cancer, Goal 3, Objective 3-3.

Baseline
Year

Baseline
Value

Target
Year

Target
Value

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Data Source
& Location

Radon

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

Strategy Type

Strategy Source & Location

Who's Responsible

Target Date

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

Obesity, Nutrition & Physical Activity

Goal #1 Increase the number of Iowans living active and healthy lifestyles.

Alignment with National Plans

Healthy People 2020, Physical Activity <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

Alignment with State / Other Plans

N/A

Obesity, Nutrition & Physical Activity

Objective 1-1	Increase the percentage of adults engaged in some sort of physical activity for exercise during the past month.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	73.7%	2020	77.7%

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

Report Date

Feb 21, 2018

Year

2016

Value

77.3%

Progress on Objective

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

Progress notes: The 2016 value of 77.3% is close to the 2020 target value.

Obesity, Nutrition & Physical Activity

Strategy 1-1.1 Pilot the Iowa Walking College, an interactive, online educational program for walkable community advocates based on the America Walks National Walking College.

Strategy Type

Community-focused

Strategy Source & Location

U.S. Surgeon General's Call to Action - Step It Up.
<https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/>

Who's Responsible

Iowa Healthiest State Initiative in partnership with Active Living Iowa Committee

Target Date

Dec 31, 2019

Report Date

Feb 21, 2018

Progress on Strategy

- Complete On track Off track No progress

Progress notes: The Iowa Walking College completed the first year pilot in September 2017. Fourteen participants completed the college. The college will be held again in 2018.

Obesity, Nutrition & Physical Activity

Strategy 1-1.2 Increase the number of complete street policies in Iowa. Strategy Type
Policy-focused

Strategy Source & Location

Iowa Healthiest State Initiative <http://www.iowahealthieststate.com/>

Who's Responsible

Iowa Healthiest State in partnership with Active Living Iowa Committee

Target Date

Dec 31, 2019

<u>Report Date</u> February 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: There are 30 cities in Iowa with a complete streets policy. 20 of the largest 58 cities currently have a policy in place.

Obesity, Nutrition & Physical Activity

Objective 1-2 Increase adult consumption of at least one fruit and one vegetable each day by 10%.	Baseline Year	Baseline Value	Target Year	Target Value
	2015	fruits 58.3% vegetables 73.1%	2021	fruits 64.1% vegetables 80.4%

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

<u>Report Date</u> April 18, 2018	<u>Year</u> 2017 <u>Value</u> N/A	<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
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Progress notes: Waiting for BRFSS data from 2017.

Obesity, Nutrition & Physical Activity

Strategy 1-2.1 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 and Community Farmers Markets

Target Date

Dec 31, 2019

<u>Report Date</u> April 18, 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: Increased the number of markets offering DUFB from 6 to 13 in 2017. Additionally, piloted electronic technology in the Downtown Des Moines Farmers Market.

Obesity, Nutrition & Physical Activity

Goal #2 Reduce the number of Iowa children, youth and adults who are obese.

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>

Alignment with State / Other Plans

Million Hearts Initiative <http://publications.iowa.gov/22069/>

Iowa State University Extension & Outreach 2014-2018 Work Plan
<http://www.extension.iastate.edu/ag/staff/info/2014-2018%20Plan%20of%20Work.pdf>

Obesity, Nutrition & Physical Activity

Objective 2-1	Decrease the obesity rates for youth and adults in Iowa by at least three percentage points by 2020, thus helping prevent heart disease and stroke.	Baseline Year	Baseline Value	Target Year	Target Value
		Youth 2012 Adults 2015	Youth 13.2% Adults 32.1%	2020	Youth 10% Adults 29%

Data Source & Location: The State of Obesity: Better Policies for a Healthier America.¹ <http://stateofobesity.org/states/ia/>
 America's Health Rankings² <http://www.americashealthrankings.org/explore/2015-annual-report/measure/youthobesity/state/IA>

¹ Adults ages 18+.

² CDC, Youth Behavioral Risk Surveillance System. Percentage of high school students who were greater or equal to the 95th Percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

Report Date
Mar 21, 2018

Year
2016

Value
Adults
32.0%

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: No data available for youth until June 2018. The obesity rate for adults has dropped slightly.

Obesity, Nutrition & Physical Activity

Strategy 2-1.1 Require that all road construction and reconstruction create complete streets that are safe and convenient for all users and all modes of transportation. **Strategy Type**
Community-focused

Strategy Source & Location

Smart Growth America
<https://www.smartgrowthamerica.org/app/legacy/documents/cs/policy/cs-policyelements.pdf>

Centers for Disease Control and Prevention (CDC). State Action Guides accompanying the State Indicator Report on Physical Activity, 2014 <https://www.cdc.gov/physicalactivity/resources/state-action-guides.html>

Who's Responsible

American Heart Association, Healthier Iowa Coalition, local cities, Metro Planning Organizations and Regional Planning Associations

Target Date

Jul 1, 2020

Report Date
Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The target date on this should be pushed back to 2020 to give the coalition time to do outreach, education and pass local complete streets policies that will help achieve the overall strategy. There is progress being made in the passage of local complete streets policies and education and outreach, but we would be extremely behind with the indicated target date.

Obesity, Nutrition & Physical Activity

Strategy 2-1.2 Codify safe routes to the school program and secure funding (federal dollars, state revenue, or local revenue) for programs. Strategy Type
Policy-focused

Strategy Source & Location

Safe Routes to School Partnership <http://www.saferoutespartnership.org/>

American Heart Association (AHA)

http://www.heart.org/HEARTORG/General/FAST-Act_UCM_480915_Article.jsp#.WB1hD_KQzIU

Who's Responsible

American Heart Association, Healthier Iowa Coalition, local cities and schools

Target Date

Jul 1, 2020

Report Date

Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: There has been education, awareness and small local wins, but no progress so far on the actual codification of safe routes to school and securing funding given the road block on lack of funding for many programs in the state right now and competing interests.

Obesity, Nutrition & Physical Activity

Strategy 2-1.3 Include physical education (PE) as an indicator in the education accountability plans and accountability reporting of schools for quality physical education based on required and optional assessment measures. (Required measures include 225 minutes per week of physical education in middle school and a minimum of 150 minutes per week of physical education in elementary school.) Strategy Type
Policy-focused

Strategy Source & Location

U.S. Department of Education <http://www2.ed.gov/policy/elsec/leg/essa/index.html>

SHAPE America, Shape of the Nation Report 2016

http://www.shapeamerica.org/advocacy/son/2016/upload/Shape-of-the-Nation-2016_web.pdf

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/healthyschools/shi/index.htm>; http://www.cdc.gov/physicalactivity/downloads/state_pdfs/14_248165_ia_tag508.pdf

Who's Responsible

American Heart Association (AHA), Partners in Healthier Iowa Coalition, Iowa Association for Health, Physical Education, Recreation and Dance (IAHPERD)

Target Date

Jul 1, 2020

Report Date

Mar 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: IAHPERD and AHA proposed legislation this year to help track data on physical education implementation throughout the state. We are hoping to find opportunities to get this language moving this session. If we are unable, we have plans to do some local school policy adoption and outreach to help with education and awareness toward strengthening PE in schools.

Obesity, Nutrition & Physical Activity

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

Data Source : Iowa State University Extension and Outreach

Data Source

Report Date
Mar 22, 2018

Year
2017

Value
75%

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 training was even more successful than anticipated, increasing participant preparedness beyond the 2021 target.

Obesity, Nutrition & Physical Activity

Strategy 2-2.1 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 22, 2018

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: 75% of 1,246 childcare participants reported preparedness to apply or teach health promoting dietary behaviors.

Obesity, Nutrition & Physical Activity

Strategy 2-2.2 Incorporate nutrition, active play, and screen time standards into the state child care licensing structure for licensed home-based child care providers, child care centers or outside the provider's home. Strategy Type
Policy-focused

Strategy Source & Location
YMCA, The Standards, <http://www.ymca.net/hepa/standards/>
American Heart Association national guidelines for physical activity
http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Physical-Activity_UCM_001080_SubHomePage.jsp

Who's Responsible
American Heart Association, Healthier Iowa Coalition, YMCA, and more TBD

Target Date
Jul 1, 2020

Report Date
Mar 21, 2018

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 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 2-2.3 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 22, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 46% Vegetable increase, N= 787; 45% Fruit increase, N=787

Obesity, Nutrition & Physical Activity

Strategy 2-2.4 Increase the percent of 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 22, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 47% increase in physical activity, N=787

Obesity, Nutrition & Physical Activity

Goal #3 Improve access to nutritious meals, including access to fresh produce, for older Iowans ultimately empowering them to stay active and healthy.

Alignment with National Plans

Healthy People 2020, Nutrition & Weight Status
<https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>

Alignment with State / Other Plans

Iowa State Plan on Aging <https://www.iowaaging.gov/about>

Obesity, Nutrition & Physical Activity

Objective 3-1 Increase consumption of fruits and vegetables in high nutrition-risk congregate meal participants by three percentage points by 2018.

Baseline Year	Baseline Value	Target Year	Target Value
2015	Fruits 26% Vegetables 39%	2018	Fruits 29% Vegetables 42%

Data Source & Location Iowa Department on Aging Social Assistance Management Software (SAMS) database

Report Date
Apr 30, 2018

Year
2017

Value
Fruit 17%;
vegetables 14%;

Progress on Objective

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

Progress notes: Values may be impacted by data conversion in 2017.

Obesity, Nutrition & Physical Activity

Strategy 3-1.1 Increase access through distribution of fresh produce at congregate meal sites by August 2018. Strategy Type
Community-focused

Strategy Source & Location

Growing Bolder Plan and Iowa Nutrition Network SNAP-Ed Plan SF2017 (to be posted on the website)

Who's Responsible

Growing Bolder Coordinator and Iowa Nutrition Network SNAP-Ed Program Manager, Iowa Department on Aging and Iowa Department of Public Health

Target Date

Aug 1, 2018

Report Date

Mar 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Fresh Produce Box Projects were piloted in four counties during the summer of 2017. Three congregate meal sites in Warren County received produce boxes as part of the pilot, as well as one in Polk County and two in Des Moines County. The project will reach an estimated 22 counties in 2018, expanding beyond congregate meal sites and into low-income senior housing and home-delivered meal programs

Obesity, Nutrition & Physical Activity

Strategy 3-1.2 ORIGINAL: Monitor fruit and vegetable intake of high nutrition-risk congregate meal participants receiving fresh produce and report to Growing Bolder stakeholders and area agencies on aging to facilitate process improvement. Strategy Type
Professional/provider-focused

REVISED: Delete from the Revised Health Improvement Plan.

Strategy Source & Location

Growing Bolder Plan (to be posted on the website)

Who's Responsible

Iowa Department on Aging Policy and Planning Division and Growing Bolder Coordinator, Iowa Department on Aging and Iowa Department of Public Health

Target Date

Aug 1, 2018

Report Date

Mar 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Strategy 3-1.2 has been removed and is no longer included in the Growing Bolder strategic plan.

Obesity, Nutrition & Physical Activity

Strategy 3-1.3 ORIGINAL: Collaborate with state agencies, area agencies on aging, community leaders, and Growing Bolder stakeholders to develop a sustainability plan for the Growing Bolder produce box. Strategy Type
Community-focused

REVISED: Collaborate with state agencies, area agencies on aging, community leaders, and Iowa Senior Hunger Partnership stakeholders to develop a sustainability plan for the produce box project.

Strategy Source & Location

ORIGINAL: Growing Bolder Plan (to be posted on the website)

REVISED: Growing Bolder Plan has been revised: Iowa Nutrition Network SNAP-Ed Plan SF 2018

Who's Responsible

Growing Bolder Coordinator, Iowa Department on Aging Revision: Iowa Nutrition Network Community Health Consultant, Iowa Department of Public Health

Target Date

Sep 30, 2018

Report Date

Mar 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Prior to implementation, produce box contractors brainstormed sustainable funding sources, local champions supportive of similar initiatives and potential partners. As they implement the project in 2018, it is anticipated that the sustainability plan will continue to take shape.

Obesity, Nutrition & Physical Activity

Objective 3-2	Increase nutrition risk scores of congregate and home-delivered meal participants in Iowa by one percentage point by 2018.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	30%	2018	31%

Data Source & Location | Iowa Department on Aging (IDA) SAMS data base (to be posted on the website.)

Report Date
Apr 30, 2018

Year
2017

Value
32%

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: Values may be impacted by data conversion in 2017.

Obesity, Nutrition & Physical Activity

Strategy 3-2.1 Monitor nutrition risk scores of meal participants and provide technical assistance to area agencies on aging to maximize services to those at high nutrition risk.

Strategy Type
Professional/provider-focused

Strategy Source & Location

IDA Performance Plan SFY 2017 and Area Plan on Aging 2018-2021 (to be posted on the website)

Who's Responsible
Iowa Department on Aging

Target Date
Jun 30, 2019

Report Date
Apr 30, 2018

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 high nutrition risk scores for combined congregate and home-delivered meals showed a 78% improvement in nutrition risk scores. For congregate meal participants in 2017, there was a 17% improvement in fruit intake and a 14% improvement in vegetable intake.

Obesity, Nutrition & Physical Activity

Goal #4 During the summer when school is not in session, increase the availability of meals for children.

Alignment with National Plans

U.S. Department of Agriculture Strategic Plan 2014-2018 Strategic Goal 4: Ensure that all of America's children have access to safe, nutritious, and balanced meals. <https://www.usda.gov/documents/usda-strategic-plan-fy-2014-2018.pdf>

Alignment with State / Other Plans

Central Iowa Opportunity Community Plan (Dallas, Polk & Warren counties) Performance Measure #4
<http://www.unitedwaydm.org/blog/opportunity-creating-prosperity-for-all>

Obesity, Nutrition & Physical Activity

Objective 4-1	Increase the number of meal sites by 12% from 504 (2016) to 565 by 2021.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	504	2021	565

Data Source & Location: Iowa Department of Education, Bureau of Nutrition & Health Services Summer Food Service Program (SFSP) Sponsor Application
<https://www.educateiowa.gov/documents/summer-food-service-program/2016/06/2016-open-feeding-sites-county>

Report Date: Feb 21, 2018

Year:

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 Summer Meals Program saw a nice increase in the number of meal sites in 2017 with 531 service sites. This demonstrates an increase of 5.3% from the base year, making good headway on the goal to increase by 12%.

Obesity, Nutrition & Physical Activity

Strategy 4-1.1 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: Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The state agency has developed a Sustainable Growth Plan to identify action steps for each of the following categories:

- Broaden and Maximize Community Partners
- Retain Strong Experienced Sponsors
- Expand Community Awareness
- Increase Access to Summer Meals
- Increase the use of Local Foods and related Educational Activities

Within this plan we have strategies to build on our partnerships with other agencies to disseminate information out to the organizations they work with about the need for summer sponsors, meal sites, vendors, and volunteers. As well as to assist with the promotion of current sites. These agencies include USDA Rural Development, the Iowa Food Bank Association, Iowa State University Extension, Iowa Dept. of Public Health, the United Way and others.

Outreach was conducted to Iowa schools not currently participating in the SFSP that have 50%+ free/reduced school eligibility and/or have eligible census block regions in their communities.

The state agency is working with the University of Iowa on a project to use data to map the gap in Iowa summer feeding locations. Once mapping is completed, the University of Iowa will be conducting a series of interviews with key community stakeholders to obtain additional information to help with the development of future summer meal sites.

A state-wide press release was issued in January and an article was included in the February edition of the School Leader's Update. Information on the Summer Program will be included in many partner newsletters as well. A SFSP display booth was set up last Fall at the Iowa Hunger Summit and will be displayed at the upcoming Food Bank of Iowa Annual Conference and School Nurse Conference.

Obesity, Nutrition & Physical Activity

Strategy 4-1.2 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

Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: A sponsor debrief survey was conducted in the Fall of 2017 to obtain feedback from current program sponsors. The state agency provides monthly correspondence to sponsors, including relevant information on program deadlines, upcoming conference calls and webinars, grant opportunities, resources, and best practices. A monthly webinar series called SFSP Tibdits was implemented in January 2018 to provide sponsors with additional technical support. The subject of each webinar is driven by the common findings we see during summer reviews as well as some best practices, such as Farm to Summer.

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Obesity, Nutrition & Physical Activity

Goal #5 At a minimum, maintain the current level of participation in the Healthy Opportunities state employee wellness program.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Obesity, Nutrition & Physical Activity

Objective 5-1	NEW OBJECTIVE: In partnership with Wellmark Blue Cross Blue Shield, use results from the state employee 2016 Workplace Assessment to develop a defined communication strategy incorporating public relations strategies to engage state employees in wellness programs.	Baseline Year	Baseline Value	Target Year	Target Value
		2018	0 - no communication strategy	2019	1

Data Source & Location: Iowa Department of Administrative Services (Unpublished assessment)

Obesity, Nutrition & Physical Activity

Strategy 5-1.1 NEW STRATEGY: Meet with IDPH Nutrition Bureau and other state agencies on a regular basis to develop a coordinated strategy, implement it, and assess results.

Strategy Type: Professional/provider-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Department of Administrative Services and Wellmark Blue Cross Blue Shield

Target Date

Jan 1, 2019

Obesity, Nutrition & Physical Activity

Objective 5-2	Improve/enhance communications to State Police Officers Council employees with the intention of maintaining current participation levels.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	93%	2017-2019	93%

Data Source & Location: State of Iowa Healthy Opportunities Program Summary/Wellmark

Report Date

Feb 23, 2018

Year

2017

Value

91%

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: Due to changes made for other groups, no enhancements were made to the communications sent to SPOC-covered employees in the wellness program. The communications sent in previous years were updated and provided again in 2017.

Obesity, Nutrition & Physical Activity

Strategy 5-2.1 ORIGINAL: In partnership with Wellmark Blue Cross Blue Shield, use the results from State Police Officers' 2016 Workplace Assessment to develop a defined communication strategy incorporating public relations strategies to engage eligible employees.

Strategy Type
Individual/interpersonal-focused

REVISED: In partnership with Wellmark Blue Cross Blue Shield and the DAS-HRE Communications Officer, continue to refine Healthy Opportunities communications pieces and touchpoints throughout the annual wellness campaign to engage eligible employees and maintain high participation levels.

Strategy Source & Location

Iowa Department of Administrative Services (Unpublished assessment)

Who's Responsible

Iowa Department of Administrative Services, Wellmark

Target Date

Mar 31, 2019

Report Date

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: As noted in the progress report for the objective, this strategy has been delayed. We do continue to work with Wellmark and our internal communications officer to provide information to all employees on health and wellness topics. We are in the process of identifying the topics to communicate the the strategy we'll use to disseminate information and engage employees.

Obesity, Nutrition & Physical Activity

Goal #6 Increase fruit and vegetable consumption among low-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 Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

Obesity, Nutrition & Physical Activity

Objective 6-1 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

Feb 21, 2018

Year

2017

Value

74.67%

Progress on Objective

Met, trend in right direction Not met, 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 redemption rate for the fruit and vegetable dollars (Cash Value Benefits - CVBs) has increased from the baseline year and has almost reached the target value. Activities continue

to move forward that are listed in Strategy 6-1.1. Participants started using eWIC cards in 2016, which may also contribute to the increased use of CVBs.

Obesity, Nutrition & Physical Activity

Strategy 6-1.1 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

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 21, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Fruit and vegetable consumption always continues to be promoted at WIC clinics. Many local WIC agencies focused on fruit and vegetable intake for their FFY17 action plans. Some local WIC agencies partner with Iowa State Extension to help promote fruit and vegetable intake. Local agencies also continue to promote the completion of fruit and vegetable lessons in WICHealth.org and eKitchen videos in WICHealth.org. No specific WIC media campaigns occurred in 2017 regarding fruits and vegetables.

Obesity, Nutrition & Physical Activity

Objective 6-2

Increase the number of children that participate in the Supplemental Nutrition Assistance Program Education (SNAP-Ed).

Baseline Year	Baseline Value	Target Year	Target Value
2016	25,689	2021	28,258

Data Source & Location: SNAP-Ed Education and Administrative Reporting System (EARS) Form (unpublished data)

<u>Report Date</u>	<u>Year</u>
Feb 21, 2018	2017
	<u>Value</u>
	25,515

<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: There is a slight decrease in the number of children who participated in SNAP-Ed direct education (less than 1% decrease) in 2017. However, SNAP-Ed uses other approaches (other than direct education) to reach children with nutrition education. These approaches include policy, system and environmental changes (PSE) and social marketing. Reach numbers reported in this objective do not include PSE and social marketing reach. Additionally, an RFP will be released in March 2018 to solicit applicants for another 6-year project period. As a result of the RFP process, SNAP-Ed reach may increase.

Obesity, Nutrition & Physical Activity

Strategy 6-2.1 Increase the number of communities that participate in the Iowa Nutrition Network School Grant Program. (Eligible communities must have one or more elementary school where more than 50% of the students participate in free and reduced price meals.)

Strategy Type
Community-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Nutrition Network (INN)
<https://idph.iowa.gov/inn/school-grants>

Who's Responsible
Iowa Nutrition Network (INN)

Target Date
Dec 31, 2021

<u>Report Date</u> Feb 21, 2018	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 change in the number of communities participating in the Iowa Nutrition Network School Grant Program (IDPH's youth SNAP-Ed program). The number of communities participating may increase as a result of the RFP issued in 2018.

Obesity, Nutrition & Physical Activity

Strategy 6-2.2 Target Iowa Nutrition Network School Grant Program communities with the Pick a better snack social marketing campaign using multiple channels. Strategy Type
Community-focused

Strategy Source & Location

Iowa Nutrition Network - SNAP-Ed funded initiative <https://idph.iowa.gov/inn/school-grants>

Who's Responsible
Iowa Nutrition Network (INN) - ISU Extension, school districts, public health agencies, and community action agencies

Target Date
Dec 31, 2021

<u>Report Date</u> Feb 21, 2018	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: Three social marketing campaigns targeted Iowa Nutrition Network School Grant Program communities in 2017. Efforts focused on 14 communities, although many Iowa communities were impacted due to the nature of mass media advertising. A variety of channels were used including TV, billboards, radio, Facebook and print (school posters). Reported social marketing reach (unduplicated) for all campaigns in 2017 was 942,800 SNAP-Ed participants.

Obesity, Nutrition & Physical Activity

Objective 6-3 By 2021, increase consumption of fruit and vegetables by low income older Iowans (SNAP-Ed).	Baseline Year	Baseline Value	Target Year	Target Value
	2015	13.8%	2021	14.5%

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

<u>Report Date</u> Feb 21, 2018	<u>Year</u> 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
	<u>Value</u> N/A	

Progress notes: 2017 data from BRFSS is not available yet.

Obesity, Nutrition & Physical Activity

Strategy 6-3.1 Increase access to fruits and vegetables by distributing produce boxes (donated produce); distribute to a minimum of 36 locations the first year of distribution. Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location

Box coordinators in six Area Agencies on Aging (Unpublished)

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

Target Date
Sep 30, 2018

Report Date

Mar 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Produce box contractors are on track to distribute produce to a minimum of 36 sites in 2018. This includes congregate meal sites, senior centers, low-income senior housing and in conjunction with home-delivered meal programs. Eight contractors will distribute produce to a total of 22 counties in 2018. Produce is donated for this project and includes donations from local growers, food banks, community gardens, retailers and others.

Obesity, Nutrition & Physical Activity

Goal #7 Increase breastfeeding rates.

Alignment with National Plans

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>

Obesity, Nutrition & Physical Activity

Objective 7-1 Increase access to breastfeeding friendly environments.

Baseline Year
2015

Baseline Value
75
composite score

Target Year
2017
2019

Target Value
77
composite score

Data Source & Location: Maternity Practices in Infant Nutrition and Care (mPINC) - State composite score
http://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html

Report Date

Feb 26, 2018

Year

2017

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: No further, current data to add. The mPINC survey that is issued by CDC and completed voluntarily by all birthing hospitals and centers, is being revised and is in the approval process. Once approved, CDC is expecting to distribute to hospitals/centers in fall of 2018.

Obesity, Nutrition & Physical Activity

Strategy 7-1.1 Increase the number of birthing hospitals adhering to the evidence-based 10 Steps to Successful Breastfeeding as indicated in the maternity Practices in Infant Nutrition and Care Survey.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Maternity Practices in Infant Nutrition and Care (mPINC)

http://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html

Who's Responsible

Iowa Department of Public Health Breastfeeding Program

Target Date

Jun 29, 2018

Report Date

Feb 26, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: As of 2018, two birthing hospitals in IA received Baby Friendly designation

Obesity, Nutrition & Physical Activity

Strategy 7-1.2 Develop or enhance partnerships between 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

Sep 28, 2018

Report Date

Feb 26, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: All Peer Counseling Programs in the state have continued 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 fiscal year, all WIC agencies are required to develop and enhance their partnerships with birthing hospitals.

Obesity, Nutrition & Physical Activity

Goal #8 Increase the percentage of Iowans who engage in the recommended amounts of physical activity.

Alignment with National Plans

Healthy People 2020, Physical Activity <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

Alignment with State / Other Plans

State Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

Obesity, Nutrition & Physical Activity

Objective 8-1 Increase the number of complete streets policies.

Baseline Year	Baseline Value	Target Year	Target Value
2016	19	2018	25

Data Source & Location National Complete Streets Coalition

<https://smartgrowthamerica.org/program/national-complete-streets-coalition/policy-development/policy-atlas/>

Report Date

Feb 21, 2018

Year

2017

Value

30

Progress on Objective

Met, trend in right direction Not met, 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 currently 30 cities in Iowa with a complete streets policy. Twenty of the largest 58 cities currently have a policy in place.

Obesity, Nutrition & Physical Activity

Strategy 8-1.1 Contract with Metropolitan Planning Organizations (MPOs) to educate member municipalities and encourage them to enact complete streets policies.

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Department of Public Health, CDC-funded 1305 project

Who's Responsible

Iowa Department of Public Health, Bureau of Nutrition and Health Promotion

Target Date

Jun 29, 2018

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Currently there are contracts with two MPOs funded by 1305; the Des Moines Area Metropolitan Planning Organization and the Bi-State Regional Commission. Additionally, three agencies are receiving funding through national Public Health Block Grant dollars: Metropolitan Area Planning Agency (MAPA), the Central Iowa Regional Transportation Planning Agency (CIRTPA), and the Southeast Iowa Regional Planning Commission (SEIRPC).

Obesity, Nutrition & Physical Activity

Goal #9 Improve the healthy weight status of all Iowans by creating supportive policy, systems, or environments for healthy eating and physical activity.

Alignment with National Plans

Healthy People 2020, Nutrition & Weight Status

<https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>

Alignment with State / Other Plans

State Innovation Model, Statewide Strategy Plans, Obesity <https://idph.iowa.gov/SIM>

Obesity, Nutrition & Physical Activity

Objective 9-1	By 2021, increase the number of retail locations that sell healthier food options in underserved areas with a high Hispanic population.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	0	2021	20

Data Source & Location: Hispanic retailers participating in the Shop Healthy Iowa Hispanic retail intervention in six Iowa communities

Report Date

Feb 20, 2018

Year

2018

Value

14

Progress on Objective

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

Progress notes: Since the inception of Shop Healthy Iowa, 16 store managers have been offered program participation; 14 stores have implemented the program.

Obesity, Nutrition & Physical Activity

Strategy 9-1.1 Organize market strategy trainings and identification of store-layouts for Hispanic retailers so they can implement increased produce options and sales. Strategy Type Professional/provider-focused

Strategy Source & Location

A Shop Healthy Iowa Toolkit

Who's Responsible

Iowa Department of Public Health, Bureau of Nutrition and Health Promotion

Target Date

Sep 28, 2018

Report Date

Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The toolkit is currently in print and is ready to be posted on the IDPH website.

Obesity, Nutrition & Physical Activity

Objective 9-2

By 2021, increase the number of educational settings (0-18 years) that adopt nutrition and physical activity policies, systems, and environmental change.

Baseline Year	Baseline Value	Target Year	Target Value
2016	61	2021	73

Data Source & Location | Iowa Nutrition Network School Grant Program (INNSGP)) reporting
Iowa Department of Public Health, CDC-funded 1305 Annual Performance Report (Unpublished)

Report Date

Feb 21, 2018

Year

2017

Value

51

Progress on Objective

Met, trend in right direction Not met, 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 for 2017 was based on the 2017 SNAP-Ed EARS report and SNAP-Ed Evaluation Framework indicator MT5. Over the past year, our understanding of the SNAP-Ed framework has improved, so the 2017 data may be more accurate than the baseline (2016) data. Also, the SNAP-Ed EARS report form changed for 2017 to improve reporting, another reason the 2017 data may be more accurate. We continue to provide more training and support to contractors for making PSE changes. We actually think we're trending in the right direction.

Obesity, Nutrition & Physical Activity

Strategy 9-2.1 By 2021, increase the number of SNAP-Ed schools implementing Farm to School strategies.

Strategy Type
Policy-focused

Strategy Source & Location

Iowa Nutrition Network- SNAP-Ed funded

Who's Responsible

Iowa Nutrition Network (INN)

Target Date

Jan 1, 2021

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Most of the policy, system and environmental changes adopted in SNAP-Ed schools as part of the Iowa Nutrition Network School Grant Program (INNSGP) are related to farm to school. As noted in Objective 9-2, our reporting of PSE changes is likely more accurate than it was a year ago. We suspect that the number of educational settings with PSE changes, which are mostly farm to school related, has increased. The INNSGP will release an RFP in March that will include funding for farm to school activities. Providing more funding for farm to school may further increase the number of schools that implement farm to school strategies.

Obesity, Nutrition & Physical Activity

Strategy 9-2.2 Target seven school districts funded through the CDC Chronic Disease, Nutrition, Physical Activity and Obesity, and School Health Grant to develop policies supporting the school nutrition and physical activity environment.

Strategy Type
Policy-focused

Strategy Source & Location

CDC Chronic Disease, Nutrition, Physical Activity, and Obesity, and School Health Grant (Unpublished)

Who's Responsible

Iowa Department of Public Health, Bureau of Nutrition and Health Promotion

Target Date

Jun 29, 2018

Report Date

Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Six districts have submitted applications for funding during the 2017/2018 school year. Each district is working on 1) developing strategies to influence nutrition standards for the foods and beverages offered or sold at school and developing a plan for implementing, monitoring and reporting on their local wellness policy; and 2) implementing changes in their school's physical education program to make progress on the policy continuum or implementing changes in the physical activity opportunities provided during, before or after the school day in addition to completing the policy continuum.

Obesity, Nutrition & Physical Activity

Objective 9-3

Increase the number of Iowa communities that implement CDC-recommended Community Strategies to Prevent Obesity.

Baseline Year	Baseline Value	Target Year	Target Value
2016	38	2021	68

Data Source & Location: 0609 State of Iowa Childhood Obesity funds (unpublished)

Report Date

Feb 20, 2018

Year

2017

Value

46

Progress on Objective

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

Progress notes: Forty-six communities have implemented the CDC-recommended strategies with technical assistance from the Iowa Association of Regional Councils.

Obesity, Nutrition & Physical Activity

Strategy 9-3.1

Contract with Iowa Association of Regional Councils to identify and target communities that identified obesity, nutrition, and physical activity in their county 2016 Community Health Needs Assessment and Health Improvement Plan.

Strategy Type

Policy-focused

Strategy Source & Location

0609 State Childhood Obesity Funds, CDC Recommended Community Strategies to Reduce Obesity, 2016 Iowa Community Health Needs Assessment and Health Improvement Plans (See list of counties identifying initiatives to reduce obesity.)

Who's Responsible

Iowa Department of Public Health, Bureau of Nutrition and Health Promotion

Target Date

Jun 29, 2021

Report Date

Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: In June 2017, 5 communities (Lawton, Greenfield, Preston, Fort Madison, and Forest City) completed their projects in implementing evidence-based strategies to enhance the nutrition and physical activity environments. Such improvements included enhancements to farmers' markets, install sidewalks and playground equipment, community and school gardens, walkability audits, and complete street polices. In July 2017, for FY18 four communities (Dubuque, Malvern, Mt. Pleasant, and West Union) were selected to receive funding to promote 5-2-1-0 and policy, system, and environmental changes around nutrition and physical activity in the community.

Obesity, Nutrition & Physical Activity

Goal #10 Reduce the total number of Iowa Army National Guard (IA ARNG) soldiers flagged for not meeting the Army physical fitness standards, creating a healthier and ready force.

Alignment with National Plans

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

N/A

Obesity, Nutrition & Physical Activity

Objective 10-1	Reduce the annual number of Soldiers who are flagged in the IA ARNG for not passing the Army's physical fitness standards by 20% from 764 (2016) to 611 by 2019.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	764	2019	611

Data Source & Location: Unit Personnel System/Command Management System, JFHQ.

Report Date
May 11, 2018

Year
2017

Value
963

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: Numbers bumped up in 2017, we are again trending down.

Obesity, Nutrition & Physical Activity

Strategy 10-1.1 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 '18: (published) Lean in '19 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, 2018

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: All units have Health Promotion NCO's

Obesity, Nutrition & Physical Activity

Strategy 10-1.2 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 '18: (published) Lean in '19 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, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: All units tracking requirements of Lean in '18, Lean in '19 is completed and will be published in August 2018.

Obesity, Nutrition & Physical Activity

Strategy 10-1.3

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, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes:

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Iowa Health Issue: Oral Health

Iowa Counties with Local Strategies

Clarke, Greene, Henry, Lee, Montgomery, Webster

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

Oral Health

Goal #1 All Iowans will have access to optimally fluoridated water.

Alignment with National Plans

Healthy People 2020, Oral Health, Objective 13 <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <http://idph.iowa.gov/ohds/oral-health-center/reports>

Oral Health

Objective 1-1	Increase the percent of Iowans served by community water systems that have access to optimally fluoridated water (based on 0.7ppm proposed national standard) from 91% to 94%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	91%	2021	94%

Data Source & Location: Water Fluoridation Reporting System (WFRS) https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx

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.

Oral Health

Strategy 1-1.1 Launch a fluoridation education and outreach effort so that every child in Iowa through age 12 who lives in households with incomes below 300% of poverty level will be cavity-free.

Strategy Type: Individual/interpersonal-focused

Strategy Source & Location

Delta Dental of Iowa Strategic Plan

<https://www.deltadentalia.com/foundation/strategic-goals>

Who's Responsible
Delta Dental of Iowa Foundation

Target Date
Jan 1, 2020

Report Date
Mar 8, 2018

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: Delta Dental of Iowa Foundation partners with and funds the Iowans for Oral Health Coalition specifically focused on fluoridation in Iowa. During the grant year, 388 educational contacts were made to 5,800+ individuals which included: public health administrators and local boards of health; individuals in an ESL class in Marshalltown; Spanish-speaking individuals at the Oktoberfest event in Marshalltown; members of the Iowa Dental Association; WIC employees through article in Friday Facts (250+); IPHA members and partners through articles in Public Health Matters (2,700+); dentists mailed informational post cards (2,500). Additional Iowans were reached but not tracked through presentations at city council meetings and the letter to the editor in the Grinnell newspaper. This project has significantly affected 3 groups: local dentists, local boards of health and bilingual community members in Marshalltown, IA.

Local dentists: Working through the Iowa Dental Association (IDA), dentists have been made aware of threats to the retention of community water fluoridation (CWF) especially in small rural Iowa communities. IDA notified dentists serving these populations when a threat was identified in a given community. Some of the comments by dentists indicated they were not aware of the opposition that exists. Dentists in Slater, Clarence, and those served by the Poweshiek Water Association (PWA) became actively involved in the retention of CWF. Through their involvement, many local citizens were made aware of the importance of CWF to oral health.

Local Boards of Health (LBOH): Similar to the dentists, some individuals in the LBOHs were not aware of the studies involving CWF as well as the threats. In the case of the PWA, LBOHs sent letters to the governing board of the association, wrote position statements supporting CWF, also met with the board, and wrote a letter to the editor. A collaboration was formed among the counties served by PWA to respond to the threat. These collaborators are interested in disseminating more educational materials and information to help more people understand the link between fluoridation and oral health.

Marshalltown bilingual residents: The group of individuals in Marshalltown concerned with drinking the city water appreciated the educational materials to continue to promote the safety, good taste, and oral health advantages of the water. The LBOH used the education to become more involved in the PWA threat; the ESL class gained knowledge on the safety and reasons to drink the city water; the public school system installed more water bottle filling stations; and the water department distributed water bottles and filled them at their water bottle filling wagon at Oktoberfest. This was a chance to promote the city water and also make it a community project. Materials from the American Academy of Pediatrics were hung at water fountains and water bottle filling stations in English and Spanish explaining the link of CWF to oral health.

Oral Health

Strategy 1-1.2 Provide information and educational materials to health care providers, the general public, water professionals, and Iowans for Oral Health Coalition related to the safety, effectiveness, and cost effectiveness of water fluoridation.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2020

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

Progress notes: During FY17, IDPH staff provided ongoing information and educational materials according to the state CWF Plan.

Oral Health

Strategy 1-1.3 Assess and monitor the fluoridation status of Iowa community water systems.

Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

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

Progress notes: IDPH staff provided ongoing assessment and monitoring of CWF status in Iowa.

Oral Health

Goal #2 By 2020, assure optimal oral health for aging Iowans.

Alignment with National Plans

Healthy People 2020, Oral Health, Objectives 3-2 & 3-3 <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <https://idph.iowa.gov/ohds/oral-health-center/reports>

Oral Health

Objective 2-1	Increase access to oral health education and services for aging Iowans by a trained and qualified workforce.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	TBD	2020	TBD

Data Source & Location: To be developed.

<u>Report Date</u>	Year
Feb 20, 2018	2018
	Value
	TBD

<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: Work on measuring impact continues with greater recognition of outputs and outcomes and both direct and indirect (spread).

Oral Health

Strategy 2-1.1 ORIGINAL: Advocate for licensed dental hygienists performing educational and oral screening services without supervision of a licensed dentist and without restriction on the location of those services. Strategy Type
Policy-focused

REVISED: 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 Source & Location

New strategy

Who's Responsible

Iowa Caregivers

Target Date

Dec 31, 2019

Report Date

Feb 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Target date adjusted due to Iowa Dental Board's schedule. Iowa CareGivers was a strong supporter of a revision of Administrative Rules allowing dental hygienists to provide oral health education without supervision of a dentist. The Iowa Dental Board approved this rule revision. No locations needed to be specified.

Oral Health

Strategy 2-1.2 Continue the grant of Oral Health Education for Direct Caregivers (OHEDC). Strategy Type
Policy-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa CareGivers

Target Date

Dec 31, 2019

Report Date

Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Iowa CareGivers was awarded a continuation grant from Delta Dental of Iowa Foundation that allowed continuation and expansion of the Oral Health Education for Direct Care Workers, better known as Mouth Care Matters. Modifications were made to the training to eliminate/reduce barriers. These included reducing the training to one-day and removal of Core (Prepare to Care) as a prerequisite to taking MCM. It was recognized that other health care providers would benefit from MCM. As a result, nurses have been trained in several long term care programs. Evaluation of impact continues to be very positive.

Oral Health

Strategy 2-1.3 Increase awareness of Prepare to Care training including specialty endorsements such as Oral Health/Mouth Care Matters. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa CareGivers

Target Date

Dec 31, 2019

Report Date

Feb 20, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Target date revised subsequent to reduction in appropriations to support Prepare to Care and Mouth Care Matters. Iowa CareGivers has used multiple venues to increase awareness of Prepare to Care training and Mouth Care Matters (MCM). These include meetings with Community College administration and staff, Iowa DIA, Iowa Dept. on Aging, etc. with the purpose of achieving sustainability of the programs. A "What's Up" communication was distributed to DCW throughout the state to further promote the training programs. Efforts are "off track" in that funding for continuation of the Prepare to Care program has been eliminated (FY2018). While there is less funding support, MCM has continued as a specialty endorsement and as a stand-alone training. DCW and employers report positive impact in efforts to increase/improve access to oral health care for disabled and aging Iowans.

Oral Health

Goal #3 Iowans will have improved access to preventive oral health services through I-Smile™ Program expansion.

Alignment with National Plans

Healthy People 2020, Oral Health <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>

Alignment with State / Other Plans

Iowa Oral Health Plan 2016-2020 <http://idph.iowa.gov/ohds/oral-health-center/reports>

Oral Health

Objective 3-1	Increase the percent of 3rd grade children who have at least one sealant on a permanent first molar from 59.4% to 70%.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	59.4%	2021	70%

Data Source & Location | 2016 Iowa Third Grade Oral Health Survey Report
<http://idph.iowa.gov/ohds/oral-health-center/reports>

Report Date
March 2018

Year	2017
Value	59.4%

<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: There is no new data available, as a new third grade survey will not be completed for 3-5 years; however, an annual percent increase is anticipated based on expansion of the school-based sealant program that occurred in 2016-17.

Oral Health

Strategy 3-1.1 Provide technical assistance and training to local I-Smile™ school contractors. Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date
March 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

Progress notes: During FY17, IDPH staff provided ongoing technical assistance, including contractor sites visits and a contractor training.

Oral Health

Strategy 3-1.2 Work with partners to promote the I-Smile™ @ School Program and dental sealants for children. Strategy Type
Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

March 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY17, IDPH collaborated with Dental Dental of Iowa Foundation, Department of Education staff, school nurses, and local I-Smile program staff to promote and expand the program.

Oral Health

Objective 3-2	Increase the percent of Medicaid-enrolled children ages 0-2 who receive a dental service from 35.3% to 45.3%.	<u>Baseline Year</u>	<u>Baseline Value</u>	<u>Target Year</u>	<u>Target Value</u>
		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.

Oral Health

Strategy 3-2.1 Provide technical assistance and training to local I-Smile™ contractors. Strategy Type
Professional/provider-focused

Strategy Source & Location

I-Smile program plan, Iowa Department of Public Health

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

March 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY17, IDPH staff provided ongoing technical assistance, including contractor sites visits and quarterly trainings.

Oral Health

Strategy 3-2.2 Work with partners to promote the I-Smile Program and early and regular care for children. Strategy Type
Community-focused

Strategy Source & Location

I-Smile program plan, Iowa Department of Public Health

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

Report Date

March 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY17, IDPH staff collaborated with local I-Smile program staff, Delta Dental of Iowa Foundation staff, and physicians to create "Cavity Free Iowa," an initiative to increase dental screenings and fluoride varnish for children 0-3 years. Efforts also continued to promote oral health through WIC and Head Start programs.

Oral Health

Objective 3-3

Increase the percent of older Iowans who visited a dentist in the past year from 72% to 75% for ages 65-74 and from 68% to 70% for ages 75 and over.

Baseline Year
2014

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

Target Year
2021

Target Value
75% (65-74)
70% (75+)

Data Source & Location

Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

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+.

Oral Health

Strategy 3-3.1

Provide technical assistance and training to local I-Smile™ Silver contractors.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Report Date

March 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: During FY17, IDPH staff provided ongoing technical assistance and training to local I-Silver contractors, including site visits and regular trainings.

Oral Health

Strategy 3-3.2

Work with Lifelong Smiles Coalition and other partners to promote and expand the I-Smile™ Silver Program.

Strategy Type

Community-focused

Strategy Source & Location

Iowa Oral Health Plan 2016-2020

Who's Responsible

Iowa Department of Public Health, Delta Dental of Iowa Foundation

Target Date

Jan 1, 2020

Report Date

March 2018

Progress on Strategy

Complete

On track

Off track

No progress

Progress notes: During FY17, IDPH staff provided leadership on the Lifelong Smiles Coalition and committees to strengthen partnerships and advance the I-Smile Silver initiative.

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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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

Sexually Transmitted Diseases (STD)

Goal #1 Reduce the burden of sexually transmitted diseases (STD) among disproportionately impacted populations.

Alignment with National Plans

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan
<https://www.cdc.gov/nchhstp/strategicpriorities/>

Alignment with State / Other Plans

Iowa's work plan for Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPs) <https://idph.iowa.gov/Portals/1/Files/HIVSTDHEP/Final%20Narrative%203-22.pdf>

Sexually Transmitted Diseases (STD)

Objective 1-1	By 2021, increase the percentage of sexually active females ages 16-24 who are screened at least annually for chlamydia to 60% using the HEDIS measure.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	37%	2021	60%

Data Source & Location: Centers for Disease Control and Prevention. Chlamydia Screening Percentages Reported by Commercial and Medicaid Plans by State and Year. <https://www.cdc.gov/std/chlamydia/chlamydia-screening-2014.htm>

Report Date

Feb 20, 2018

Year

2015

Value

37%

Progress on Objective

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

Progress notes: Progress on this has been stagnant. The Medicaid Managed Care Organizations (MCOs) in Iowa have had many competing priorities. We have not yet been able to establish a dialogue to discuss the chlamydia HEDIS measure. We have not been able to obtain recent data on the chlamydia HEDIS measure to even understand their baselines.

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> Feb 20, 2018	<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
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Progress notes: Progress has been made but it has been slow. Limited and outdated data on the chlamydia HEDIS measure make it very difficult to know where to focus resources. We continue to promote the chlamydia HEDIS measure within the small network of clinics that provide safety net STD testing and have identified strategies to increase chlamydia screening within the population identified by the HEDIS measure at these sites.

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>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
	<u>Value</u> 726	

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.

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

<u>Report Date</u> Feb 20, 2018	<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
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Progress notes: Some progress has been made but it has been slow. Reductions in the numbers of clinics and non-profit organizations we work with for outreach has adversely affected progress. There are fewer of these organizations and those that remain have increased workloads without any increases in staffing or other resources. We have initiated work across programs in the bureau and with the Polk County Health Department to identify additional strategies, external resources and technical assistance, and ways in which we can work collaboratively to stretch our limited resources.

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

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

Progress notes: Though progress has been gradual, we have seen a reduction in the number of infectious syphilis cases in the state. Efforts to increase testing in populations that are most affected (and reduce the time 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).

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
Feb 20, 2018

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: MSM populations and medical providers who care for them are increasingly aware of the syphilis epidemic. Individuals are being tested more frequently and subsequently accessing more timely treatment. Partnerships with the Ryan White program, AIDS Services Organizations (ASOs), large county health departments, family planning clinics, and Iowa's programs working with pre-exposure prophylaxis (PrEP) for HIV have been invaluable in making progress with this strategy.

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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	ORIGINAL: Decrease the number of falls per 1,000 in the healthcare setting by 20%.	Baseline Year	Baseline Value	Target Year	Target Value
	REVISED: Maintain the continuous goal of a 20% reduction in the healthcare setting.	2014	3.27	2018 2021	2.61 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.

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

ORIGINAL: Iowa Hospital Association-Quality Team
 REVISED: Iowa Hospital Association-Quality Team and Iowa Healthcare Collaborative

Target Date

Dec 31, 2019

Report Date

Feb 13, 2018

Progress on Strategy

- Complete On track Off track No progress

Progress notes: See Objective 1-1 progress notes.

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	ORIGINAL: Increase the number of collaborative practice agreements in long-term care facilities related to fall prevention.	Baseline Year	Baseline Value	Target Year	Target Value
	REVISED: Develop templates for collaborative practice agreements in long-term care facilities related to falls prevention.	2015	0	2019	TBD

Data Source & Location: To be developed.

Report Date: May 30, 2018

Year:

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: IPA's LTC Advisory Committee recognized collaborative practice agreements as a priority area and IPA will work to develop related templates/resources.

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 26, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: It is difficult to track number of collaborative practice agreements being used by pharmacists in Iowa, including falls prevention collaborative practice agreements in long-term care facilities. The Iowa Pharmacy Association will develop a template collaborative practice agreement for falls prevention for pharmacists to use. However, some progress has been made with the Board of Nursing to expand authority for ARNPs to enter into collaborative practice agreements with pharmacists, which could increase the number of collaborative practice agreements in use. Formal notice of intended action currently pending.

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, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Union, Webster, Winneshiek, Woodbury

Falls

Strategy 3-1.1 ORIGINAL: By 2018, increase the number of local health departments participating in county or regional falls prevention coalitions.

REVISED: 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

Feb 28, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: No progress has been made; no survey was sent out in 2017.

Falls

Strategy 3-1.2 ORIGINAL: Analyze and provide updated data on trends related to deaths and hospitalizations from falls by county. Strategy Type
Policy-focused

REVISED: Each year, analyze and provide updated data on trends related to deaths and hospitalizations from falls by county.

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

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: No policy briefs were created, however a [Falls In Iowa report](#) was published in January 2017 and recommendations for statewide strategies for falls prevention were developed in the fall of 2017.

Falls

Objective 3-2 ORIGINAL: Increase the number of health clinics conducting routine screening for falls and referral to evidence-based programs to 20.

REVISED: 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
2016	0	2019	20
2017	12%	2020	25%

Data Source & Location

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

Report Date

Feb 23, 2018

Year

2017

Value

12%

Progress on Objective

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

Progress notes: Work will begin on this objective in 2018.

Falls

Strategy 3-2.1 ORIGINAL: Develop a 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

REVISED: 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 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

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Statewide strategy was completed in fall of 2017.

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

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Work will begin on this strategy in 2018.

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

Feb 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Work will begin on this strategy in 2018

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Iowa Health Issue: Motor Vehicle Crashes

Iowa Counties with Local Strategies

Buchanan, Calhoun, Mitchell

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

Motor Vehicle Crashes

Goal #1 Increase traffic safety.

Alignment with National Plans

Healthy People 2020, Injury & Violence Prevention, Objective 13

<https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives>

National Highway Traffic Safety Administration Counter Measures That Work

<https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/811736.pdf>

Alignment with State / Other Plans

Iowa State Strategic Highway Safety Plan <https://www.iowadot.gov/traffic/shsp/home>

Governor's Traffic Safety Bureau Highway Safety Plan <http://www.dps.state.ia.us/commis/gtsb/publications.shtml>

Motor Vehicle Crashes

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

Data Source & 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

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

Progress notes: In spite of a significant increase in traffic fatalities in 2016, a linear trend continues downward. The spike in traffic fatalities in 2016 prompted additional analysis of traffic crash data and current trends being seen by traffic safety partners in the state.

Motor Vehicle Crashes

Strategy 1-1.1 ORIGINAL: Increase the statewide safety belt usage rate 0.032% from the 2015 observational survey rate of 92.96% to 92.99% for the 2017 survey.

REVISIED: 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

March 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Based on weighted data, Iowa's overall seat belt use rate for 2017 was 91.4%. This is down from the 2015 baseline rate of 92.96%.

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

Motor Vehicle Crashes

Strategy 1-1.3

Reduce alcohol-impaired fatalities 1.08% from the 2010-2014 average of 92 to 91 by December 31, 2017.

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

May 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Alcohol-impaired driving fatalities increased 15.22% from the 2010-2014 average of 92 to 106 in 2016 (FARS data).

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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/hivstdhiep/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 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.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 1-1.1 Host two lobby days during the 2017 legislative session to raise awareness regarding the impact of ACEs. Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Policy Priority of the ACEs Policy Coalition

Who's Responsible

ACEs Policy Coalition (Child and Family Policy Center co-chairs this Coalition)

Target Date

Jun 30, 2017

<u>Report Date</u> Feb 19, 2018	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: There have been multiple presentations, educational events, and lobbying efforts at the Iowa Capitol. Iowa ACEs hosted a lobby day in January 2017 and another one in March of 2017. A screening of the documentary "Resilience" was scheduled in January 2018 for Iowa legislators. This strategy will be revised in the strategic planning process scheduled to take place in the second half of 2018.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Objective 1-2 Adopt strategies focused on preventing and mitigating childhood adversity.	Baseline Year	Baseline Value	Target Year	Target Value
	2016	0	2017 2018-19	1

Data Source & Location | Child and Family Policy Center analysis of legislation passed during the 2017 session.

<u>Report Date</u> Feb 19, 2018	<u>Year</u> 2017	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
	<u>Value</u> 1	

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.

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> Dec 31, 2017	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: A Resiliency Proclamation was signed by Governor Reynolds in February of 2018 that designated March as “Resilient Iowa Month”. This strategy will be revised in the strategic planning process scheduled to take place in the second half of 2018.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 1-2.2 Develop and expand programs that improve child health and family well-being.

Strategy Type
Policy-focused

Strategy Source & Location

Child and Family Policy Center legislative priorities

Who's Responsible

Child and Family Policy Center

Target Date

Jan 3, 2021

Report Date

Feb 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The following action has been taken: maintenance of 1st Five Healthy Development in 2017; expansion of planning sites to implementation sites; continuation of Lemonade for Life training, particularly for home visitors and family support; development of education and technical assistance for pediatric providers through the Central Iowa ACEs pediatric project.

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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	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	Year	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
Dec 31, 2017	2017	
	Value	
	1	

Progress notes: A trauma-informed prevention and care coordinator has been hired.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-1.1 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	Progress on Strategy
Jun 30, 2017	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Hired Statewide Trauma Informed Prevention and Care Coordinator as well as an HIV Trauma Informed Specialist.

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	2017 2018-19	1

Data Source & Location: Work Group records.

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
May 29, 2018	2017	
	Value	
	0	

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.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 2-2.1 Develop mission and vision statements for the work group. Strategy Type
Professional/provider-focused

Strategy Source & Location

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Who's Responsible

Iowa Department of Public Health Trauma Informed Work Group

Target Date

Dec 31, 2021

Report Date	<u>Progress on Strategy</u>
May 21, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: An outside facilitator has been contracted to formalize the strategic plan with workgroup mission and vision statements, goals and target dates.

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

Report Date	<u>Progress on Strategy</u>
May 21, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Operating and membership procedures of an IDPH workgroup are 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

Report Date
May 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The communication plan is in progress. The HIV bureau hired a communications specialist who will assist 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.

Report Date
Dec 31, 2017

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 to integrate principles of trauma-informed care across the department has been laid and will be part of the new traumatic-informed strategy.

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
Dec 31, 2017

Progress on Strategy

Complete On track Off track No progress

Progress notes: An assessment of which programs at the Iowa Department of Public Health is underway. A mechanism to track and evaluate the quality of programming will be a part of the formal strategic planning scheduled to take place in the second half of 2018.

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
Dec 31, 2017

Progress on Strategy

Complete On track Off track No progress

Progress notes: This strategy has not been started. It is anticipated that this will be included in the comprehensive statewide trauma-informed prevention and care strategic plan to be developed by the end of 2018.

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	2017 2018-19	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.

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
May 21, 2018

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 have materials available but not collated; Beginning the collection process. Need to identify the organizations and agencies that utilize "best practice" models for interventions that include trauma-informed care.

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.

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 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: A two-day workshop was held in September 2017 in Iowa City, participants were involved in identifying and mapping out statewide stakeholders/ agencies/ individuals. In progress - stakeholders have been identified. Prevent Child Abuse Iowa is a part of an alliance against human trafficking. There is a dedicated Human Trafficking Coordinator at the Iowa Attorney General's office in the Crime Victims Assistance Division.

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

May 21, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Statewide strategic planning process begins March 2018 with a contracted facilitator. Currently, the Trauma Informed Prevention and Care Coordinator and HIV Trauma Informed specialist attend various community and agency meetings involving trauma-informed care.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Goal #3 Assure that children and their caretakers 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

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

Progress notes: Due to legislative budget cuts for the UIHC, Child Protection clinic was closed. The program currently is focusing on implementing this objective in the inpatient pediatric population and their family members that are being evaluated for child abuse. Data from the University of Iowa and Blank Children's Hospital are being combined for a data summary.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 3-1.1 Conduct trauma, resiliency, and needs surveys on every child and their immediate caregivers assessed in a child protection clinic. The same should be conducted in select children (i.e. with developmental, behavioral, and mental health problems) and their caretakers in primary care clinics, hospital inpatient units, pediatric specialty clinics.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

University of Iowa Children's Hospital Child Protection Clinic patients and family members
University of Iowa Children's Hospital Child Protection Inpatient Unit

Who's Responsible

University of Iowa Children's Hospital Child Protection Inpatient Unit

Target Date

Dec 31, 2021

Report Date

Mar 19, 2018

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 strategy is being implemented only on inpatient units, with plans to expand it to include suicide population on pediatric inpatient units at the University of Iowa Hospitals and Clinics. In addition, other agencies involved include Orchard Place/ Child Guidance Center and Blank Star Center. There is an ongoing need to identify all clinics/agencies that collect this data. This work also is happening at other child advocacy centers across the state. Mental health agencies have integrated the use of trauma assessments for children and adults to assess for appropriate treatment options.

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.

Report Date

Year

Mar 19, 2018

2017

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: 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.

Adverse Childhood Experiences (ACEs)/Trauma Informed Care

Strategy 3-2.1 Conduct face-to-face interviews with family members following the trauma, resiliency, and needs surveys.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

University of Iowa Children's Hospital Child Protection Inpatient Unit

Who's Responsible

University of Iowa Children's Hospital Child Protection Inpatient Unit

Target Date

Dec 31, 2021

Report Date

Mar 19, 2018

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Inpatients are being screened for ACEs by medical providers. The goal for 2018 is to hire a dedicated social worker to conduct such screening.

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Iowa Health Issue: Occupational & Farm Safety

Iowa Counties with Local Strategies

N/A

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.

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 19, 2018

Progress on Strategy

- Complete On track Off track No progress

Progress notes: Iowa's Occupational Health Indicators (OHI) are calculated annually. Due to data availability, there is currently a 3-year lag in this process. The 2015 Iowa data will be completed by June 30, 2018. A report of prior Iowa OHI data from 2005-2014 is still in development. The OHSSP annual report and a Burden of Occupational Injury in Iowa, 2009-2013 report are posted at <https://idph.iowa.gov/lpp/occupational-health>.

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 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The OHSSP annual report and a Burden of Occupational Injury in Iowa, 2009-2013 report are available on the program web page. OHSSP is the coordinator for the 2018 Farm Progress Show Health & Safety Tent in August, providing many opportunities for dissemination.

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 19, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: There are many partners and stakeholders working together in Iowa on agricultural safety. One partnership is Iowa's Center for Agriculture Safety and Health, bringing together the University of Iowa, Iowa State University, the Iowa Department of Agriculture and Land Stewardship, and the Iowa Department of Public Health. Materials developed for seasonal campaigns and annual reports are online at <https://www.public-health.uiowa.edu/icash/> and provide many examples of the collaboration that occurs in Iowa. OHSSP is the coordinator for the 2018 Farm Progress Show Health & Safety Tent in August bringing together stakeholders for exhibits, training, displays, and data dissemination.

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: <http://idph.iowa.gov/chnahip/health-improvement-plans>

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

Feb 5, 2018

Year

2016

Value

449

Progress on Objective

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

Progress notes: The increase in the suicide rate for Iowa mirrors what is seen nationally, with suicide rates increasing over the past decade.

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

12/31/2021

Report Date

Feb 5, 2018

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: More suicide prevention activities are occurring in Iowa than ever before. Much of this credit is due to the Iowa Chapter of American Foundation for Suicide Prevention. The Iowa Chapter has been active in providing services and increasing outreach statewide.

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

12/31/2021

Report Date

Feb 5, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Iowa has approximately 15 suicide bereavement support groups active across the state. The last two years, a group has hosted a Summit for facilitators of these groups to support them, offer networking opportunities, and better align them with broader suicide prevention activities. In addition, annual Survivors of Suicide Loss Day has been held in Iowa.

Mental Health, Illness & Suicide

Strategy 1-1.3 Provide de-identified data from the Iowa Office of the State Medical Examiner's Case Management System to policy makers in an effort to support suicide prevention efforts, initiatives, and policy change. Strategy Type
Policy-focused

Strategy Source & Location

Iowa Plan for Suicide Prevention 2015-2018

Who's Responsible

Iowa Office of the State Medical Examiner and the Iowa Department of Public Health, Bureau of Behavioral Health

Target Date

Dec 31, 2020

Report Date

Mar 23, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: The IOSME has developed and began entering data into the IOSME FAS case management system. Data on suicide numbers in Iowa has been requested from various constituents, including from the State CDRT. In 2017, 458 Iowans died from suicide ([Vital Statistics of Iowa in Brief, 2017](#)). In 2016, 449 Iowans died from suicide ([Vital Statistics of Iowa Annual Report, 2016](#)). An increase was noted in suicide numbers from 2016 to 2017.

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 ideation's by 25% over the next two years, from 67 (2015-2016; as of Oct. 24, 2016) to 50 by the end of 2018.	Baseline Year	Baseline Value	Target Year	Target Value
		2015-16	67	2018	50

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

Report Date
May 11, 2018

Year
TYTD 2018

Value
73

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: 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.

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 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 2017 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
May 11, 2018

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: 51 out of 53 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 2017 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

May 11, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 683 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 2018 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

May 11, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: 564 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 by 50% from 8 (2014-16) to 4 (2017-2019) in the Iowa Army National Guard.

Baseline Year

2014-16

Baseline Value

8

Target Year

2017-19

Target Value

4

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

Report Date

May 11, 2018

Year

2018

Value

6

Progress on Objective

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

Progress notes: The data calls for greater attention to this health problem and new strategies.

Mental Health, Illness & Suicide

Strategy 2-2.1 ORIGINAL: Ensure that at least one Master Resilience Trainer (MRT) is trained at each unit in the Iowa Army National Guard.

Strategy Type

Policy-focused

REVISED: 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 Source & Location

Training Year 2018 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Unit commanders supported by Iowa Army National Guard Resilience Team

Target Date

Oct 1, 2019

Mental Health, Illness & Suicide

Strategy 2-2.2 Provide/train Applied Suicide Intervention Skills Training (ASIST; aka gatekeepers) to at least 10% of each unit in the Iowa Army National Guard annually. **Strategy Type** Individual/interpersonal-focused

Strategy Source & Location

Training Year 2017 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (unpublished)

Who's Responsible

Commanders identify individuals and Suicide Prevention Office provides training.

Target Date

Oct 1, 2019

Mental Health, Illness & Suicide

Strategy 2-2.3 Provide/train Ask, Care, Escort-Suicide Intervention (ACE-SI) to at least 10% each of each unit in the Iowa Army National Guard annually. **Strategy Type** Individual/interpersonal-focused

Strategy Source & Location

Training Year 2017 Unit Level Ready and Resilient Suicide Prevention Program Requirements Plan, JFHQ (Unpublished)

Who's Responsible

Commanders identify individuals, Suicide Prevention Office provides training

Target Date

Oct 1, 2019

Mental Health, Illness & Suicide

Goal #3 Increase access to behavioral health services across the continuum.

Alignment with National Plans

Healthy People 2020, Mental Health & Mental Disorders

<https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/objectives>

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 3-1 Build a care continuum that includes sub-acute services, crisis intervention, crisis homes, nursing facility care community-based services, and more hospital inpatient beds for acutely-ill behavioral health patients.	Baseline Year	Baseline Value	Target Year	Target Value
	2016	0	2021	1 continuum of care

Data Source & Location | Iowa Hospital Association 2017 Position Paper
<https://www.ihaonline.org/Advocacy/Legislative-Agenda>

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.

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

Jan 1, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: IHA has continued work at the Capitol to make progress legislatively and will build on the success of legislation passed in the recent legislative session.

Mental Health, Illness & Suicide

Goal #4 Educate pharmacists to provide services to evaluate mental health pharmacotherapy and make referrals as appropriate.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 4-1 Pharmacists are educated to provide and utilize the PHQ-9 and assessing the appropriateness of anti-depressant treatment.

Baseline Year	Baseline Value	Target Year	Target Value
2016	0 training session	2019	74 pharmacies offering depression screenings

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

Report Date

Mar 13, 2018

Year

2017

Value

not completed

Progress on Objective

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

Progress notes: Pharmacies focused on providing enhanced patient care services are offering PHQ-9 depression screenings to (1) Screen for patients that may have depression and refer to appropriate professional help and/or (2) Monitor effectiveness and safety of pharmacotherapy for patients currently on anti-depressant therapy.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
Mar 13, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: The Iowa Pharmacy Association has held two webinars related to PHQ-9 screenings and mental health training in the community pharmacy environment. The Iowa Pharmacy Association has been working with the Iowa Behavioral Health Association to bring additional behavioral health resources and education to 8 Iowa communities in the upcoming year.

Mental Health, Illness & Suicide

Objective 4-2 NEW OBJECTIVE: 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

<u>Report Date</u>	<u>Year</u>	<u>Progress on Objective</u>
May 7, 2018	2017	<input type="checkbox"/> Met, trend in right direction <input checked="" type="checkbox"/> Not met, trend in right direction <input type="checkbox"/> Met, no trend <input type="checkbox"/> Not met, no trend <input type="checkbox"/> Met, trend in wrong direction <input type="checkbox"/> Not met, trend in wrong direction
	<u>Value</u>	
	Not Available	

Progress notes: Work on this objective began in 2018.

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

<u>Report Date</u>	<u>Progress on Strategy</u>
Mar 13, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Two IPA staff members are in the process of being trained as Mental Health First Aid instructors, a public education program that teaches a five-step action plan to help someone who may be experiencing a mental health or substance use challenge. Similar to traditional physical First Aid and CPR, Mental Health First Aid is help provided to a person developing a mental health problem or experiencing a crisis until professional treatment is obtained or the crisis resolves.

The training helps in assessing a situation and connecting someone to appropriate care if they are experiencing a mental health or substance use problem. The program focuses on learning risk factors, warning signs, and resources for mental illness and substance use disorders.

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 mental health issues by 25% over the next five years.	Baseline Year	Baseline Value	Target Year	Target Value
		2016	ORIGINAL: 4,698 REVISED: 7,733	2021	ORIGINAL: 3,523 REVISED: 5,800

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.

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

Report Date
Mar 6, 2018

Progress on Strategy

Complete On track Off track No progress

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.

Mental Health, Illness & Suicide

Strategy 5-1.2 ORIGINAL: Under the direction of the National Alliance on Mental Illness (NAMI), educate individuals with mental health health issues so they may manage their mental health issues on a daily basis.

Strategy Type
Individual/interpersonal-focused

REVISED: Under the direction of the National Alliance on Mental Illness (NAMI), educate individuals with mental health health issues so they may manage their mental health issues on a daily basis. This includes an apprenticeship program for peer to peer.

Strategy Source & Location

Ongoing programs/trainings in each Iowa Department of Corrections institution (unpublished)

Who's Responsible

Department of Corrections executive officer for mental health

Target Date

Dec 31, 2018

Report Date

Mar 6, 2018

Progress on Strategy

Complete On track Off track No progress

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.

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, 2018

Progress on Strategy

Complete On track Off track No progress

Progress notes: Every institution signs up individuals for Medicaid before release, nearly at a 100% completion rate.

Mental Health, Illness & Suicide

Goal #6 Improve state employees' health and wellbeing.

Alignment with National Plans

N/A

Alignment with State / Other Plans

N/A

Mental Health, Illness & Suicide

Objective 6-1	Improve/enhance communications to Executive Branch Non-Contract wellness-eligible employees to increase the use of Employee Assistance Services.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	1,669	2017	2,000

Data Source & Location: New objective

Report Date: Feb 23, 2018

Year

2017

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: Employee Assistance Services program was up for renewal in 2017. The previous vendor was in place through July 2017 and the new vendor has been providing EAP services since August 2017. We do not have a combined utilization numbers to provide for 2017.

Mental Health, Illness & Suicide

Strategy 6-1.1 In partnership with Wellmark Blue Cross and Blue Shield, use the results from the state employees' 2016 Workplace Assessment to develop a defined communication strategy incorporating public relations strategies to engage eligible employees.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

New strategy

Who's Responsible

Iowa Department of Administrative Services, Employee Assistance Vendor

Target Date

Mar 31, 2017

Report Date: Feb 23, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Due to competing priorities, we have gotten off track on this strategy. However, we do continue to collaborate with Wellmark's marketing and communications staff and leverage the skills and input of our internal communications officer to develop a defined communication strategy related to health and well-being resources. We are currently developing the topics that will be communicated throughout the remainder of 2017.

Mental Health, Illness & Suicide

Goal #7 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 7-1	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.

Mental Health, Illness & Suicide

Strategy 7-1.1 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 19, 2018

Progress on Strategy

- Complete
- On track
- Off track
- No progress

Progress notes: Targeted Health Promotion Plan created for SFY 2018 for 1-800-BETS OFF and Your Life Iowa (YLI). Initial SFY 2018 results for 1-800-BETS continue to build off an 87% increase in site visits obtained in SFY 2017. On 10/23/17, www.1800BETSOFF.org moved to a new home at yourlifeiowa.org/gambling.

Mental Health, Illness & Suicide

Strategy 7-1.2 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

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 19, 2018	<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 YLI as of 7/1/17, with YLI website going live on 10/23/17.

Mental Health, Illness & Suicide

Strategy 7-1.3 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

<u>Report Date</u>	<u>Progress on Strategy</u>
Feb 19, 2018	<input type="checkbox"/> Complete <input checked="" type="checkbox"/> On track <input type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: Initial SFY 2018 budget allocated \$150,000 for BETS OFF and \$115,000 for Your Life Iowa (YLI) for the purpose of Health Promotion, 98% of goal.

Mental Health, Illness & Suicide

Strategy 7-1.4 NEW STRATEGY: 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

<u>Report Date</u>	<u>Progress on Strategy</u>
May 24, 2018	<input type="checkbox"/> Complete <input type="checkbox"/> On track <input checked="" type="checkbox"/> Off track <input type="checkbox"/> No progress

Progress notes: For SFY 2017, 81% of attempted warm hand offs were successful. This was a drop from 88% in SFY 2016. For SFY 2018, through January, remains at 81%. Working through data collection and reporting issues.