

Healthy Iowans

Iowa's State Health Assessment



August 2016



Coordinated by the Bureau of Planning Services
Iowa Department of Public Health



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Executive Summary

In April 2015, a team from the Iowa Department of Public Health (IDPH) Bureau of Planning Services established a framework for Healthy Iowans, a statewide health assessment leading to a state health improvement plan. A series of meetings involved the IDPH director, executive management, and the Iowa State Board of Health in discussing and approving the framework. Following these meetings, the team began to take steps with IDPH advisory committees, external stakeholders, local public health agencies, and concerned Iowans. Overall, more than 20,000 individuals participated in the state health assessment, either as part of a local process or in statewide activities. The assessment was inclusive so there would be broad ownership of the results and a commitment to action to make improvements in Iowans' health.

The foundation for the statewide health assessment was the Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) work underway at the same time in Iowa's 99 counties. In each county, an average of around 200 Iowans took part in identifying important health issues and building a plan of action to make improvements. From these local processes, nearly 2,500 specific issues were identified. An analysis of these revealed 25 issue categories that were identified most frequently and two overarching themes that relate to nearly all issues: ❶ Healthy Equity and the Social Determinants of Health, and ❷ Life Course.

In addition, about 200 statewide stakeholder groups and 38 advisory committees with 700 members were asked directly for input on Iowa's top health issues. All Iowans also were invited via social media and the IDPH website to participate. Those providing input completed a form for submitting recommendations that included the rationale for the recommended issue; specific groups affected more than others; assets and resources available to address the issue; and current efforts or plans to address the issue. IDPH staff analyzed 285 health issues submitted by 140 advisory groups, stakeholders, and key informants. The analysis revealed 18 issues that were identified at least five times overall and by multiple stakeholders, the two previously identified overarching themes, and a third overarching theme: ❸ Health System Improvement and Evidence-Based Decision Making.

To assess how Iowa ranked with other states, IDPH staff reviewed more than 2,000 health-related indicators in national databases, reports, and scorecards to find 86 specific indicators in which Iowa ranked 40th or lower among the states in national rankings. Grouping these indicators into similar issue categories yielded additional quantitative support for 45 health issues.

To gain a fuller picture of Iowans' health issues, IDPH staff collaborated with the University of Iowa, College of Public Health, Center for Public Health Statistics in publishing the [2015 State Health Profile](#). The profile revealed important demographic, infrastructure, and disease trends that need to be addressed, particularly among rural counties and in the growing racial/ethnic population. The profile also was an important source of data used by stakeholder groups and advisory committees to support their recommendations.

Finally, objectives from [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#) were used as a yardstick for determining where improvements had been made, the overall results of the plan, and what issues still need to be addressed in the next five years. Out of 61 objectives evaluated, 66% were either achieved or moving toward the target. This means that work on 34%, or 21 objectives, needs to continue.

The four components of the Healthy Iowans state health assessment process were combined to identify [Iowa's top 26 health issues](#) and form the basis for developing a health improvement plan for 2017-2021. While this assessment represents Iowa's top health issues in 2016, it is not a static document. At least annually, wider feedback including reviews and suggested revisions by all the participants that submitted recommendations, as well as others from across the state will be used to produce a revised assessment summary.

Result: Healthy Iowans State Health Assessment (Iowa's Top Health Issues)

Iowa's Top Health Issues

Identification of Iowa's top health issues evolved through a synthesis of the components of the state health assessment described below—① local community health needs assessments (CHNA) analysis, ② an analysis of advisory groups and stakeholder recommendations; ③ Iowa's rankings among the states; and ④ demographics, current progress, assets, and resources. Criteria for inclusion as a top health issue required that the issue meet at least one of the following:

- At least 30 counties mentioned the issue in their CHNA reports.
- In the CHNA reports, it was one of the top 20 issues when weighted by population.
- It was mentioned at least five times overall and by multiple advisory groups/stakeholders as a top health issue.
- It had both at least one data indicator showing poor performance (national ranking of 40th or below) and at least one indicator not moving or moving in the wrong direction in the previous Healthy Iowans plan.






In addition, three overarching issues were selected due to frequent themes revealed in the four components of the assessment. Following is an infographic depicting the top health issues in Iowa in 2016 along with the overarching themes:



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

Overarching Themes & Iowa's Top Health Issues



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



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



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

Table 1. Iowa's Top Health Issues. 2016.

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

Summary of Methodology

Healthy Iowans, Iowa's comprehensive state health assessment, entailed casting a wide net to determine Iowa's top health issues. Overall, more than 20,000 individuals participated in the state health assessment, either as part of a local process or in statewide activities. The assessment included the 99-county identification of health issues through Community Health Needs Assessments (CHNA); the concerns of a wide range of stakeholders and advisory groups; Iowa rankings on health-related indicators compared with other states; demographic, infrastructure, and disease characteristics; progress during the last five years in achieving the health improvement goals in *Healthy Iowans 2012-2016*; and stakeholder assessments of assets and resources. This report presents findings from each assessment component as integral parts of the total assessment process.

The following graphic depicts the assessment components that were used to arrive at Iowa's 26 top health issues:

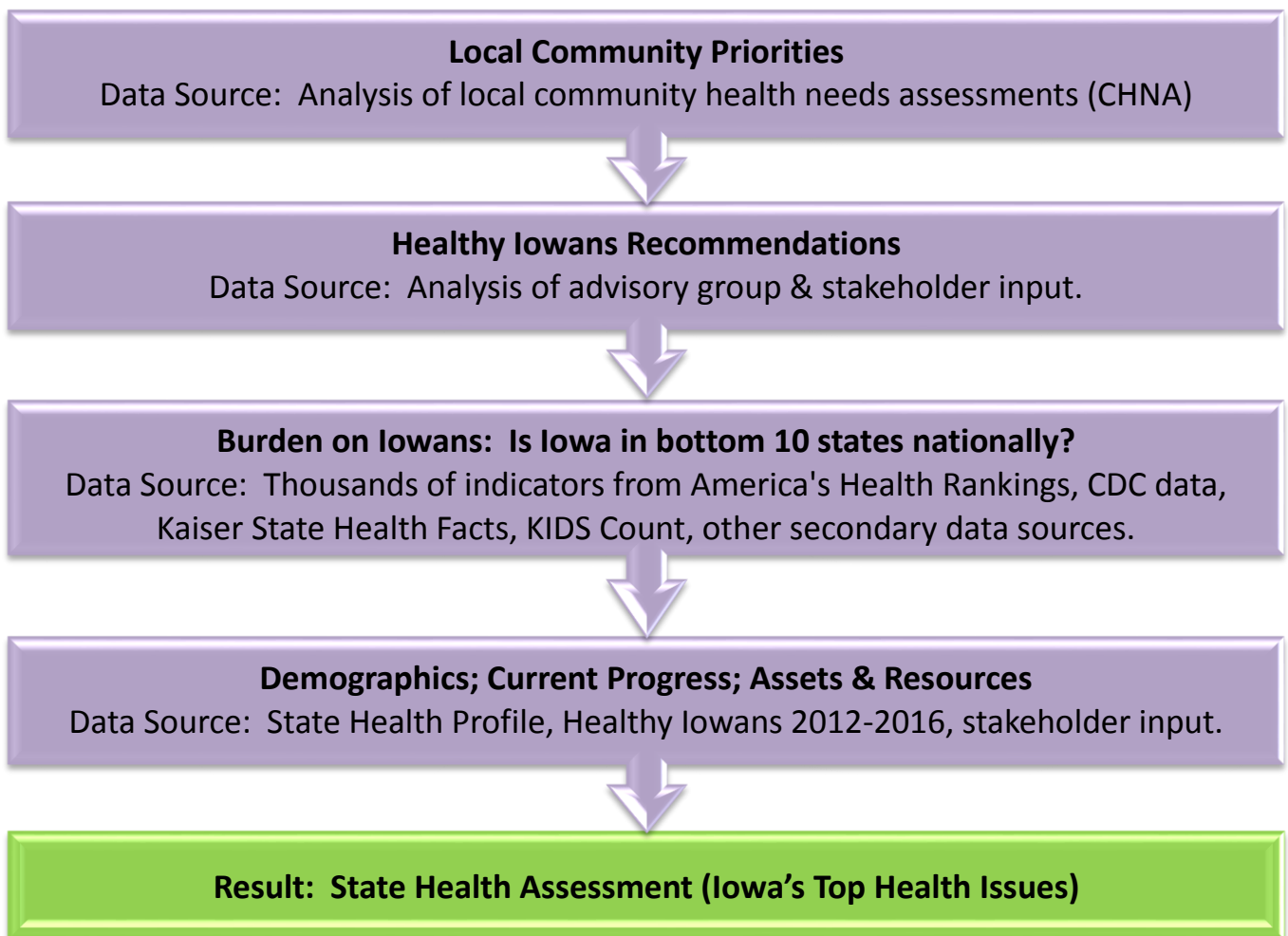


Figure 2. *Healthy Iowans: Iowa's State Health Assessment Process.*

COMPONENT 1: Local Community Priorities

Data Source: Analysis of local community health needs assessments (CHNA)



Local Community Health Needs Assessments (CHNA) Analysis Summary

In 2015 and 2016, under the leadership of local boards of health, Iowa's 99 counties successfully completed a comprehensive analysis of their top health issues, prioritized the issues to be included in a community health improvement plan, and submitted reports to the Iowa Department of Public Health (IDPH). Based on a follow-up survey, an average of 13 staff members from each local health agency along with 198 members of the community were involved in participation in community meetings, responding to surveys, and/or developing or reviewing documents. This democratic, collaborative Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) process has more than a 30-year history and has become a driving force for advancing public health. Because of its primary role in coalescing action to improve the health of Iowans at the local level, CHNA&HIP was the foundation for Iowa's state health assessment. (For a full description of CHNA&HIP along with resources and reports, see <http://idph.iowa.gov/chnahip>).

Focus Areas

Overall, counties identified 2,479 health issues in their CHNA reports. As part of the state health assessment, IDPH staff used multiple levels of categorization to group health issues according to common themes. First, issues were categorized according to the following six public health focus areas:

- Promote Healthy Living (Healthy Living)
- Prevent Injuries and Violence (Injuries and Violence)
- Prepare for, Respond to, and Recover from Public Health Emergencies (Preparedness)
- Protect Against Environmental Hazards (Environmental Hazards)
- Prevent Epidemics and the Spread of Disease (Epidemics and Spread of Disease)
- Strengthen the Health Infrastructure (Health Infrastructure)

Healthy Living and Health Infrastructure were the most common focus areas counties used to categorize health issues, with lesser emphasis on the other four focus areas (Table 1).

Table 2. Focus Areas by Number of CHNA Mentions and Number of Counties.

| FOCUS AREA | # of mentions ¹ | # of counties ² |
|-------------------------------|----------------------------|----------------------------|
| Health Infrastructure | 701 | 99 |
| Healthy Living | 962 | 98 |
| Environmental Hazards | 179 | 86 |
| Injuries & Violence | 277 | 84 |
| Epidemics & Spread of Disease | 224 | 81 |
| Preparedness | 136 | 76 |
| TOTALS | 2,479 | 99 |

¹ Number of mentions refers to the number of issues mentioned within a category. Counties could mention multiple issues per category.

² Number of counties is the number of unique counties that mentioned any topic in a category. The maximum is 99.

Top Health Issues

Issues also were categorized according to topics. The topics were developed using a combination of topics from the 2011-2012 Healthy Iowans assessment and planning process, *Healthy People 2020*, and common themes derived from the county CHNAs. Based on an analysis of the CHNAs, counties identified obesity, nutrition, and physical activity as nearly universal issues, followed by mental health, illness, and suicide. When combined with access to mental health services, the counties considered mental health issues as even more critical. Similarly, alcohol and binge drinking was the third most common issue identified, but when combined with another addiction, tobacco/nicotine use, these behavioral health issues also assumed more salience. The three highest identified issues also are risk factors linked to such chronic diseases as cancer, diabetes, and heart disease, which were often mentioned separately as well.

Adjusting for county population showed that several issues were more likely to be mentioned by rural counties with smaller populations. For example, emergency response ranked 11th in the number of counties mentioning it as an issue, but only 28th when weighted by county population. On the other hand, several issues related to social determinants of health (SDH) ranked in the top 10 when weighted by county population, suggesting these issues were more common in urban counties. This was not universally the case, however, with SDH related to access to mental and oral health providers/facilities ranking in the top 10 by both methods of analysis. Table 2 lists the top 25 health issues that were identified either by at least 30 counties or that ranked in the top 20 issues when weighted by county population.

Table 3. Top 25 Health Issues Identified by Iowa Counties.

| HEALTH ISSUES IDENTIFIED BY 30+ COUNTIES OR TOP 20 BY POPULATION | # mentions | # counties | Population Rank |
|---|---------------|---------------|--------------------|
| 1. NWS*: Obesity, Nutrition & Physical Activity | 229 | 87 | 1 |
| 2. Mental Health, Illness & Suicide | 158 | 70 | 2 |
| 3. SDH*: Access HS**: Mental Health (Lack of Providers and/or Facilities) | 76 | 69 | 3 |
| 4. Substance Abuse: Alcohol & Binge Drinking | 96 | 56 | 6 |
| 5. Tobacco/Nicotine Use | 77 | 52 | 12 |
| 6. SDH: Transportation | 89 | 49 | 14 |
| 7. Cancer | 80 | 42 | 16 |
| 8. SDH: Access HS: Oral Health/Dental (Lack of Providers and/or Facilities) | 63 | 42 | 8 |
| 9. Chronic Disease: Diabetes | 46 | 42 | 13 |
| 10. Substance Abuse: Prescription, Illegal, & Other Drugs | 63 | 40 | 17 |
| 11. Emergency Response: Network Infrastructure, Planning, Notification | 41 | 40 | 28 |
| 12. Income/Poverty / SDH: Economic Stability | 63 | 38 | 15 |
| 13. Immunizations - Unspecified Youth (ages 6-17) & HPV*** | 52 | 38 | 19 |
| 14. Injury: Falls | 46 | 37 | 23 |
| 15. Injury: Motor Vehicle Crashes | 51 | 37 | 30 |
| 16. Environmental Health: Radon | 38 | 37 | 26 |
| 17. Environmental Health: Surface and Ground Water Quality- Drinking Water, Wells, Lakes/Rivers | 38 | 36 | 21 |
| 18. Infectious Disease: Sexually Transmitted Disease (STD) | 41 | 35 | 11 |
| 19. Chronic Disease: Heart Disease | 39 | 34 | 20 |
| 20. NWS: Access to healthy food / SDH: Economic Stability | 45 | 32 | 10 |
| 21. SDH: Access HS: Insurance, Uninsured and Underinsured | 37 | 31 | 4 |
| 22. Safe, Affordable Housing / SDH: Economic Stability | 35 | 28 | 5 |

| HEALTH ISSUES IDENTIFIED BY 30+ COUNTIES OR TOP 20 BY POPULATION | # mentions | # counties | Population Rank |
|--|---------------|---------------|--------------------|
| 23. SDH: Community Education--Community Awareness of Health Issues, Health Literacy | 30 | 28 | 7 |
| 24. SDH: Access HS: Primary Care (Lack of Providers and/or Facilities) | 32 | 28 | 18 |
| 25. NWS: Access to outlets for physical activity / SDH: Neighborhood and Built Environment | 32 | 27 | 9 |

*Nutrition and Weight Status (NWS). **Social determinant of health (SDH). ***Health services (HS). **** Human papilloma virus (HPV).

Overarching Theme: Life Course

County CHNAs also revealed a strong focus on issues for different life stages. Groups that were specifically identified in the CHNAs included needs related to youth; maternal, infant, and child health; and elders. Thus, while some of the individual issues were not mentioned frequently enough to make it into the top 25 by topic, the theme of health through the life course clearly was evident and was selected as an overarching theme. Tables 3, 4, and 5 provide lists of the top issues (mentioned at least 10 times) for these stages of life.

Table 4. Top Youth-Related Health Issues by Number of Mentions and Number of Counties.

| Youth-Related Health Issue | # of mentions | # of counties |
|--|---------------|---------------|
| Immunizations | 86 | 44 |
| Mental Health, Illness & Suicide | 50 | 32 |
| Alcohol & Binge Drinking | 40 | 30 |
| NWS*: Obesity, Nutrition & Physical Activity | 49 | 30 |
| Tobacco/Nicotine Use | 28 | 28 |
| Family Planning/Reproductive Health | 24 | 23 |
| Child Abuse & Neglect | 24 | 23 |
| Prescription, Illegal & Other Drugs Abuse | 26 | 21 |
| Income/Poverty | 21 | 21 |
| Environmental Health: Lead | 14 | 14 |
| Family/Parenting Support | 13 | 13 |
| Totals | 460 | 88 |

*Nutrition and Weight Status (NWS).

Table 5. Top Maternal, Infant, and Child Health Issues by Number of Mentions and Number of Counties.

| Maternal, Infant & Child Health Issue | # of mentions | # of counties |
|---------------------------------------|---------------|---------------|
| Family Planning & Reproductive Health | 30 | 24 |
| Prenatal Health & Obstetrics | 20 | 18 |
| Family/Parenting Support | 13 | 13 |
| Single-Parent Headed Households | 11 | 11 |
| Totals | 101 | 52 |

Table 6. Top Elderly Related Health Issues by Number of Mentions and Number of Counties.

| Elderly Related Health Issue | # of mentions | # of counties |
|---|---------------|---------------|
| Falls | 22 | 22 |
| Aging in Place: Support Services | 14 | 14 |
| Mental Health, Illness & Suicide including Alzheimer's/Dementia | 15 | 13 |
| Flu Immunizations | 11 | 11 |
| SDH: Transportation | 10 | 9 |
| Totals | 120 | 58 |

*Social determinant of health (SDH).

Overarching Theme: Social Determinants/Health Equity

According to *Healthy People 2020*, social determinants of health are conditions in which people are born, live, learn, work, play, worship, and age; they have a profound impact on a wide range of health functioning and quality of life. In effect, conditions in which lowans live help explain why some lowans are healthier than others. Closely related to social determinants of health is the principle of health equity, a principle that all lowans deserve the opportunity to achieve their optimal health. In assessing their health needs, counties paid considerable attention to social determinants/health equity. Access to health and health care, a key component of social determinants/health equity was among the top identified health issues; access included lack of mental health service providers/services, lack of oral health/dental providers/services, and lack of transportation to health services (Table 6). Another important social determinant/health equity is economic stability, which included income/poverty, general transportation, access to healthy food, and safe, affordable housing as top needs (Table 7). Other such issues as access to physical activity outlets and social/community support also were mentioned (Table 8).

Table 7. Access to Health and Health Care by Number of Mentions and Number of Counties.

| Top Issues: Access to Health and Health Care | # of mentions | # of counties |
|--|---------------|---------------|
| Lack of Mental Health Providers/Services | 76 | 69 |
| Lack of Oral Health/Dental Providers/Services | 63 | 42 |
| Lack of Transportation to Health Services | 47 | 36 |
| Insurance, Uninsured, & Underinsured | 37 | 31 |
| Lack of Primary Care Providers/Services | 32 | 28 |
| Community Education--Community Awareness of Health Issues, Health Literacy | 30 | 28 |
| Quality Healthcare & Services | 32 | 26 |
| Other Lack of Providers/Services (unspecified) | 23 | 23 |
| Other Health Services (specialists, hours of operation, pharmacy) | 27 | 19 |
| Totals | 450 | 96 |

Table 8. Economic Stability by Number of Mentions and Number of Counties.

| Top Issues: Economic Stability | # of mentions | # of counties |
|--|---------------|---------------|
| Income/Poverty | 63 | 38 |
| Transportation (other than to Health Services) | 42 | 35 |
| Healthy Food Access | 45 | 32 |
| Safe, Affordable Housing | 35 | 28 |
| Affordability of Health Services | 11 | 11 |
| Single-Parent Headed Households | 11 | 11 |
| Totals | 239 | 77 |

Table 9. Other Social Determinant Issues by Number of Mentions and Number of Counties.

| Other Issues: Social Determinants | # of mentions | # of counties |
|--|---------------|---------------|
| Access to Outlets for Physical Activity | 25 | 25 |
| Built Environment Unspecified/General | 7 | 7 |
| Climate Change/Global Warming | 3 | 3 |
| Built Environment-Disability | 1 | 1 |
| Neighborhood & Built Environment Totals | 36 | 29 |
| Education Attainment Level | 9 | 9 |
| Access to Quality Childcare | 8 | 7 |
| Education Totals | 17 | 14 |
| Social & Community Support | 11 | 10 |
| Cultural Competence | 4 | 4 |
| Health Policy/Laws | 2 | 2 |
| Social & Community Context Totals | 17 | 13 |

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COMPONENT 2: Healthy Iowans Recommendations

Data Source: Analysis of advisory group & stakeholder input.



Stakeholder/Key Informant Input Summary

The second step in the Healthy Iowans state health assessment process was to solicit and analyze input from statewide stakeholders and key informants. A list of more than 200 stakeholders and key informants was drawn from private and public organizations and advisory groups involved in the previous five-year *Healthy Iowans* plan and recommendations from IDPH staff and advisory groups. These prospective partners were invited to identify the top health issues confronting Iowans. Additionally, IDPH issued a press release to solicit input from the public. An invitation to submit recommendations accompanied with a recommendation form was e-mailed to the Healthy Iowans listserv, an information channel with about 200 members. The invitation and form were placed on the Healthy Iowans website. The form contained questions about why the issue was a priority, what indicators could be used to measure progress, what specific population groups were affected more than others, what assets and resources were available to address the issue, what existing efforts address the issue, and any specific plans to address the issue. Each recommendation form included a meeting record worksheet to capture the decision-making processes used by the stakeholders.

Department advisory committees received special attention because these committees play an important role in shaping programs and related policies; input from 38 advisory committees with a diverse membership of about 700 influential stakeholders was critical to the assessment effort. Committee facilitators received orientation to the Healthy Iowans needs assessment process and their role in identifying priority issues. Another focused-effort related to data. To assist individuals and groups in identifying priority health issues and their relationship to demographics, IDPH staff worked with the University of Iowa, College of Public Health's Center for Public Health Statistics staff in compiling and publishing the [2015 State Health Profile for Iowa](#) available on the Healthy Iowans website at <http://idph.iowa.gov/healthy-iowans>.

IDPH staff analyzed more than 120 recommendation forms and 285 recommended priority health issues submitted by the following:

Advisory Groups, Stakeholders, & Key Informants Submitting Healthy Iowans Recommendations

Adolescent Health Collaborative, IDPH
AgriWellness, Inc.
AIDS Drug Assistance Program Advisory Committee
Alzheimer's Association
American Association of Retired Persons
American Cancer Society
American Diabetes Association
American Federation of State, County, and Municipal Employees
American Heart Association, Midwest Affiliate
American Lung Association in Iowa
American Planning Association, Iowa Chapter
AmeriHealth Caritas
Antibiotic Resistance Task Force
Arthritis Foundation
Behavioral Risk Factor Surveillance System Program, IDPH
Bureau of Chronic Disease Prevention & Management, IDPH
Bureau of Family Health/Adolescent Health Team, IDPH
Bureau of Planning Services, IDPH

Bureau of Substance Abuse, IDPH
Center for Agricultural Safety and Health
Center for Disabilities and Development
Center for Energy & Environmental Education
Child and Family Policy Center
Child Health Specialty Clinics
Comprehensive Cancer Control Program, IDPH
Congenital & Inherited Disorders Advisory Committee
Curry, Susan
Delta Dental of Iowa Foundation
Des Moines Affiliate of Susan G. Komen for the Cure
Des Moines University
Division of Tobacco Use Prevention & Control, IDPH
Domestic/Sexual Violence Prevention Advisory Committee
Early Hearing Detection Intervention Advisory Committee
East Central Intergovernmental Association
Easter Seals of Iowa
Economic Development Authority
Emergency Medical Services Advisory Council

Falls Prevention Coalition
 Family Planning Council of Iowa
 Farm Safety 4 Just Kids
 Food Access and Health Collaborative
 Food Safety Task Force
 Governor's Office of Drug Control Policy
 Greene County Board of Health
 Harris, April
 Health Promotion & Chronic Disease Control Partnership
 Health-Associated Infections (HAI) Advisory Group
 Healthiest State Initiative
 Healthy Siouxland Initiative
 HIV & Hepatitis Community Planning Group
 IDPH Immunization Advisory Committee
 Interagency Advisory Council
 Immunization Program, IDPH
 Iowa Advisory Council on Brain Injuries
 Iowa Antibiotic Resistance Task Force
 Iowa Association of Business and Industry
 Iowa Association of Regional Councils
 Iowa Association of Water Agencies
 Iowa Asthma Coalition
 Iowa Behavioral Health Association/Training Resources
 Iowa Bicycle Association
 Iowa Board of Pharmacy
 Iowa Breastfeeding Coalition
 Iowa Business Council
 Iowa Cancer Control Consortium
 Iowa Caregivers Association
 Iowa Department of Administrative Services
 Iowa Department of Corrections
 Iowa Department of Education
 Iowa Department of Natural Resources
 Iowa Department of Transportation
 Iowa Department on Aging
 Iowa Department of Human Rights
 Iowa Dept. of Human Rights, Office of Latino Affairs
 Iowa Dept. of Human Rights, Office of the Status of Women
 Iowa Developmental Disabilities Council
 Iowa Domestic Abuse Death Review Team
 Iowa Domestic and Sexual Violence Prevention Advisory
 Committee
 Iowa DOT Wellness Team
 Iowa eHealth Advisory Council
 Iowa Emergency Medical Services Advisory Council
 Iowa Environmental Council
 Iowa Environmental Health Association
 Iowa Falls Prevention Coalition
 Iowa Finance Authority
 Iowa Food Bank Association
 Iowa Gambling Treatment Program (IGTP) Stakeholders
 Iowa HIV and Community Planning Group
 Iowa Hospital Association
 Iowa Immunization Coalition
 Iowa Kidsight
 Iowa Maternal and Child Health Advisory Council
 Iowa Medical Examiner's Advisory Council
 Iowa Medical Society
 Iowa National Guard
 Iowa Nurses Association
 Iowa Osteopathic Medical Association
 Iowa Pharmacy Association
 Iowa Poison Control Center
 Iowa Prevention of Disabilities Policy Council
 Iowa Primary Care Association
 Iowa Sexual Violence Prevention Planning Committee
 Iowa State Public Defender
 Iowa State University Extension Service
 Iowa Statewide Independent Living Council
 Iowa Suicide Prevention Planning Group
 Iowa Tobacco Prevention Alliance
 Iowa Trauma Services Advisory Council
 Iowa Veterinary Medical Association
 ISTEP Executive Council
 ISU Extension, Outreach Local Foods Team
 Lifelong Smiles Coalition
 McMahon, Julia
 National Alliance on Mental Illness Iowa
 Occupational Health & Safety Surveillance Program, IDPH
 Office of Family Planning, IDPH
 Oral Health Center, IDPH
 Patient-Centered Health Advisory Council
 Polk County Medical Society
 PRAMS Steering Committee
 Preparedness Advisory Committee
 Prescription Monitoring Advisory Council
 Prevent Blindness Iowa
 Prevent Child Abuse Iowa
 Public Health Advisory Council
 Public Health Evaluation Committee
 Reach Out and Read Iowa
 Regional Food Systems Working Group
 State Board of Health, Substance Abuse/Gambling Program
 Licensure Committee
 Schleveiger, Julia
 Shelby County
 Spear, Cari
 State Child Death Review Team
 State Coalition Safe Kids Iowa
 State Hygienic Laboratory
 State Medical Examiner Advisory Council
 State Public Policy Group
 University of Iowa College of Dentistry
 University of Iowa, Division of Child & Community Health
 University of Iowa Public Policy Center
 Wayne County Child & Family Abuse Council

The health issues these various groups and individuals identified reflected the overarching themes of social determinants/health equity, life course approach, and health system improvement and evidenced-based decision-making. In addition, the recommendations included many of the same topics identified in the CHNA reports and analysis. Using the criterion of issues mentioned at least five times by multiple stakeholders, staff compiled a list of the most frequently mentioned health issues (Table 9). Similar to the CHNA rankings, stakeholders and advisory groups gave top ranking to obesity, nutrition, and physical activity, mental health, and tobacco/nicotine use. The CHNA ranking for substance abuse: alcohol and binge drinking needs was higher.

Table 10. Most Frequently Mentioned Health Issues from Stakeholders.

| Health Issue Category | # of mentions | # of unique stakeholders |
|--|---------------|--------------------------|
| NWS*: Obesity, Nutrition & Physical Activity | 23 | 17 |
| Mental Health, Illness & Suicide | 19 | 16 |
| SDH**: Access HS***: Mental Health (Lack of Providers and/or Facilities) | 13 | 12 |
| Tobacco/Nicotine Use | 12 | 9 |
| Environmental Health: Water Quality & Safety | 10 | 9 |
| SDH: Food Access; Food Deserts; Healthy Food; Affordability; Food Security | 8 | 8 |
| Substance Abuse: Prescription, Illegal & Other Drugs | 8 | 7 |
| Cancer | 8 | 3 |
| Chronic Disease: Diabetes | 7 | 6 |
| Injury: Falls | 7 | 6 |
| Safe, Affordable Housing | 6 | 4 |
| Substance Abuse: Alcohol and Binge Drinking | 6 | 4 |
| Health Infrastructure: Communication, IT and Data | 5 | 5 |
| SDH: Access to Outlets for Physical Activity--Parks, Sidewalks, Workout Facilities | 5 | 5 |
| Immunizations: Unspecified | 5 | 4 |
| Chronic Disease: Heart Disease & Stroke | 5 | 3 |
| SDH: Access HS: Oral Health/Dental (Lack of Providers and/or Facilities) | 5 | 3 |

*Nutrition and Weight Status (NWS). **Social determinants of health (SDH), ***Health services (HS).

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COMPONENT 3: Burden on Iowans: Is Iowa in bottom 10 states, nationally?
 Data Source: Thousands of indicators from America's Health Rankings, CDC data, Kaiser State Health Facts, KIDS Count, & other secondary data sources.



Data Indicators Review Summary

To assess how Iowa ranked with other states, IDPH staff reviewed over 2,000 indicators in national databases, reports, and scorecards and found 86 specific indicators in which Iowa ranked 40th or lower in comparison to other states. This review yielded quantitative support for 45 health issues. Following is a list of the data sources that were reviewed (Table 10), an example of how indicators were classified into health topic areas (Table 11), and a list of the health topic areas in which there was at least one indicator where Iowa ranked 40th or lower nationally (Table 12).

Table 11. Review of Report or Data Source by the Number of Indicators.

| Report or Data Source | # of indicators |
|---|-----------------|
| America's Health Rankings http://www.americashealthrankings.org/IA | 66 |
| Trust for America's Health http://healthyamericans.org/states/?stateid=IA | 50 |
| Center for American Progress https://cdn.americanprogress.org/wp-content/uploads/2016/02/23080039/StateofStates-fullreport2.pdf | 31 |
| 2015 State Health Profile for Iowa http://idph.iowa.gov/healthy-iowans | 83 |
| County Health Rankings http://www.countyhealthrankings.org | 69 |
| BRFSS http://www.cdc.gov/brfss/brfssprevalence/index.html | 72 |
| National Healthcare Quality & Disparities Report http://nhqrnet.ahrq.gov/inhqrdr/iowa/dashboard | 177 |
| Trust for America's Health Injury Prevention Policy Report http://healthyamericans.org/reports/injuryprevention15/release.php?stateid=IA | 10 |
| Health Indicators Warehouse http://www.healthindicators.gov/ | 350 |
| KIDS COUNT Data Center http://datacenter.kidscount.org/ | 290 |
| Climate Threats: States at Risk: America's Preparedness Report Card http://statesatrisk.org/ | 7 |
| National Health Security Preparedness Index http://nhspi.org/ | 7 |
| The Commonwealth Fund State Health System Ranking http://www.commonwealthfund.org/publications/health-system-scorecards | 50 |
| Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. AARP, The Commonwealth Fund, The Scan Foundation http://longtermscorecard.org/ | 30 |
| National Fire Department Census quick facts (1)/Fire death and injury rates (2)/ Specialized Services by State (15). U.S. Fire Administration. https://apps.usfa.fema.gov/census/summary https://www.usfa.fema.gov/data/statistics/fire_death_rates.html | 18 |
| Surveillance for Foodborne Disease Outbreaks United States Annual Report, CDC. http://www.cdc.gov/foodsafety/fdoss/data/food.html | 3 |
| 2011/12 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health http://childhealthdata.org/browse/survey | 106 |
| 2009/10 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health http://childhealthdata.org/browse/survey | 23 |
| State Health Facts, Henry J. Kaiser Family Foundation http://kff.org/statedata/ | Over 500 |

| | |
|--|-----|
| America's Emergency Care Environment, A State-by-State Report Card - 2014, American College of Emergency Physicians http://www.emreportcard.org/ | 136 |
| U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Material Safety, ALL Hazmat Summary by Incident State http://www.phmsa.dot.gov/hazmat/library/data-stats/incidents | 2 |
| America's Health Rankings 2016 Senior Report http://www.americashealthrankings.org/Senior/IA | 53 |
| CDC Survey of Maternity Practices in Infant Nutrition and Care http://www.cdc.gov/breastfeeding/data/mpinc/state_reports.html | 34 |

Table 12. Indicator Classification Examples.

| Full Indicator | Issue Category | Data Source | Iowa Rank |
|--|--|--|-----------|
| Board-certified emergency physicians per 100,000 pop. | SDH: Access HS: Emergency Medical Services (Lack of Providers and/or Facilities) | America's Emergency Care Environment, A State-by-State Report Card -2014, American College of Emergency Physicians | 51 |
| Rate of reported foodborne disease outbreaks per 1 million population | Environmental Health: Food Safety | Surveillance for Foodborne Disease Outbreaks United States Annual Report, CDC | 41 |
| Choice of Setting and Provider: Home health and personal care aides per 1,000 population age 65+ | SDH: Access HS: Direct Care--Home Care (Lack of Providers and/or Facilities) | Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers, The Commonwealth Fund | 48 |
| Percent of Smokers who Attempt to Quit Smoking | Tobacco/Nicotine Use | State Health Facts, Henry J. Kaiser Family Foundation | 50 |
| Percentage of Persons Aged 18-64 Who Reported Ever Receiving an HIV Test | Chronic Disease: HIV and Viral Hepatitis | State Health Facts, Henry J. Kaiser Family Foundation | 50 |
| Number of persons with diabetes (ICD-10 codes E10-E14) as the underlying cause of death per 100,000 age-adjusted | Chronic Disease: Diabetes | Health Indicators Warehouse | 46 |

Table 13. Health Issue Categories for Indicators Ranked 40th or Lower.

| Health Issue Categories in which Iowa ranked 40 th or lower nationally for at least one Indicator |
|--|
| Cancer: Breast |
| Cancer: Colorectal |
| Cancer: Leukemia |
| Cancer: Non-Hodgkin's Lymphoma |
| Cancer: Skin |
| Chronic Disease: Alzheimer's/Dementia |
| Chronic Disease: Diabetes |
| Chronic Disease: HIV and Viral Hepatitis |
| Chronic Disease: Atherosclerosis |
| Chronic Disease: High Cholesterol |
| Emergency Medical Services |
| Emergency Response: Network Infrastructure, Plan, Notification |

Health Issue Categories in which Iowa ranked 40th or lower nationally for at least one Indicator

| |
|--|
| Emergency Response: Personnel-Volunteers, Training |
| Environmental Health: Food Safety |
| Health Infrastructure: Care Transitions |
| Immunizations: Flu |
| Immunizations: Adolescent |
| Injury: Falls |
| Injury: Occupational Health and Safety (Includes Farming) |
| Maternal and Child Health: Children with Special Healthcare Needs and Missed Days of School |
| Maternal and Child Health: Adverse Childhood Experiences/Trauma Informed Care |
| Maternal and Child Health: Breastfeeding |
| Maternal and Child Health: Prenatal Health and Obstetrics--Low Birth Weight; Elective Cesareans; Substance Use |
| Mental Illness: Depression and Anxiety |
| Mental Illness: Unspecified |
| NWS*: Nutrition |
| NWS: Obesity |
| NWS: Other: Underweight Children 10-17 |
| NWS: Physical Activity |
| SDH**: Access HS***: Affordability of HS, Lack of Financial Resources |
| SDH: Access HS: Direct Care--Home Care (Lack of Providers and/or Facilities) |
| SDH: Access HS: Emergency Medical Services (Lack of Providers and/or Facilities) |
| SDH: Access HS: Mental Health (Lack of Providers and/or Facilities) |
| SDH: Access HS: Specialists |
| SDH: Access HS: Primary Care (Lack of Providers and/or Facilities) |
| SDH: Education Attainment Level (High School, College, etc.) |
| SDH: Juvenile Detention, Correctional And/or Residential Facilities Rate |
| SDH: All Available Parents in Workforce |
| SDH: Children 12-17 Working Outside the Home |
| SDH: Foster Care Rate |
| SDH: Single-Parent Headed Households |
| SDH: Unemployment Insurance Coverage |
| Substance Abuse: Binge Drinking |
| Tobacco/Nicotine Use |
| Violence: Child Abuse and Neglect |

* Nutrition and weight status (NWS). **Social determinant of health (SDH). ***Health services (HS).

COMPONENT 4: Demographics; Current Progress; Assets & Resources
 Data Source: State Health Profile, Healthy Iowans 2012-2016, stakeholder input.



Iowa Demographic Overview

Demographics, along with changes over time, are important because they give context to health issues as well as suggest possible interventions or strategies to address them. In addition to analyzing indicators for specific health issues as part of Component 3 of the state health assessment, the 2015 *State Health Profile for Iowa* on the Healthy Iowans website (<http://idph.iowa.gov/healthy-iowans>) offers a detailed analysis of general Iowa demographic trends. A summary of several important demographic shifts in Iowa follows. In particular, the analysis of demographic changes provides additional support for the overarching themes of health equity and life course, especially related to aging, diversity, and urban/rural populations.

Population Shift Toward Urbanized Areas

Based on data from the U.S. Census Bureau and its American Community Survey, from April 1, 2010 to July 1, 2013, Iowa had an overall increase of 1.5% in population, compared to a national average increase of 2.5%. Although there was an overall increase in population, only 36 of Iowa's 99 counties increased in population, while 63 counties experienced a decrease in population. The greatest decrease in population, by percentage, has occurred in the western half of the state and mostly rural areas. The following map depicts population change for each county. (See <http://www.iowadatacenter.org/data> for an updated map.)

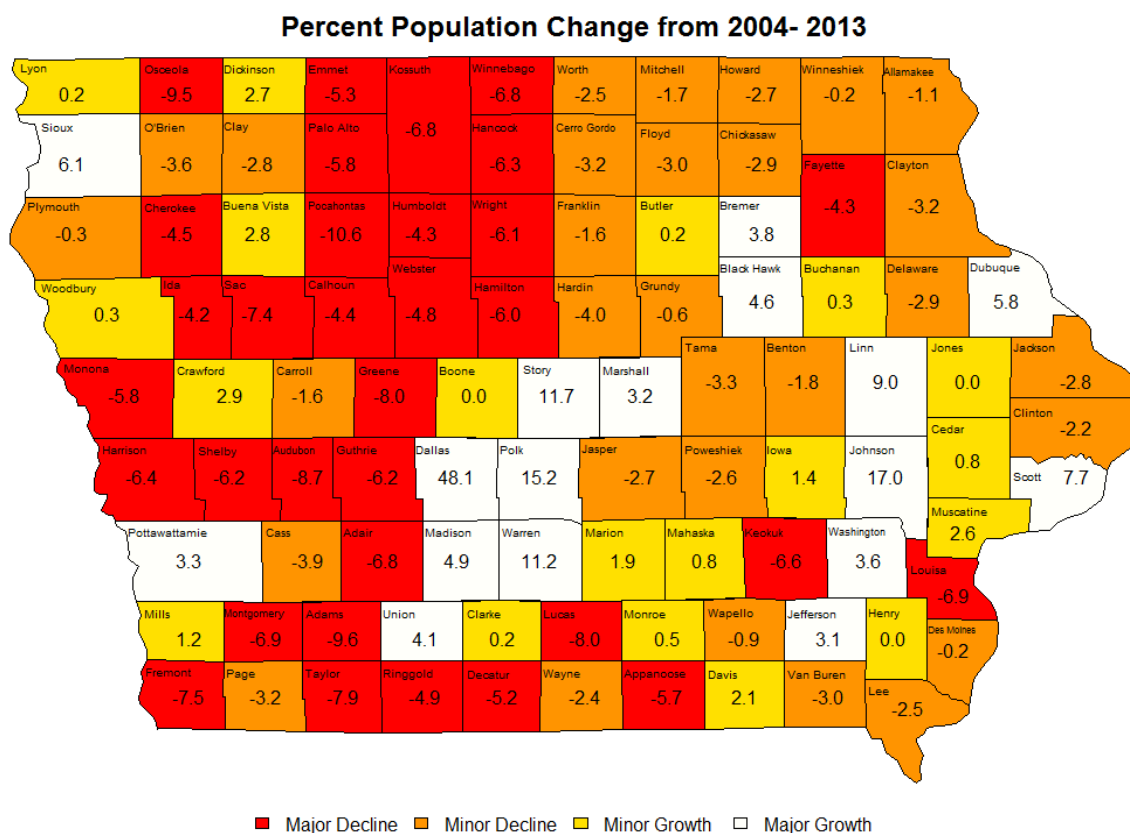


Figure 3. Population Change 2004-2013. Iowa Department of Public Health, University of Iowa, College of Public Health. *2015 State Health Profile for Iowa*, p8.

Increasing Diversity

Also important to the future of Iowa's health is the age distribution by race/ethnicity showing increased diversity among younger Iowans. This increasing diversity calls attention to the need for maternal, infant, and child services as well as for health equity and life course approaches. Overall, 92.5% of Iowans are White Non-Hispanic or Latino, with 5.5% specifying Hispanic or Latino. Only 3.3% are Black or African American, 2.0% Asian, and 1.6% two or more races. However, much broader diversity is evident when broken down by age. Even though White still holds the largest percentage, younger Iowans are increasingly more diverse.

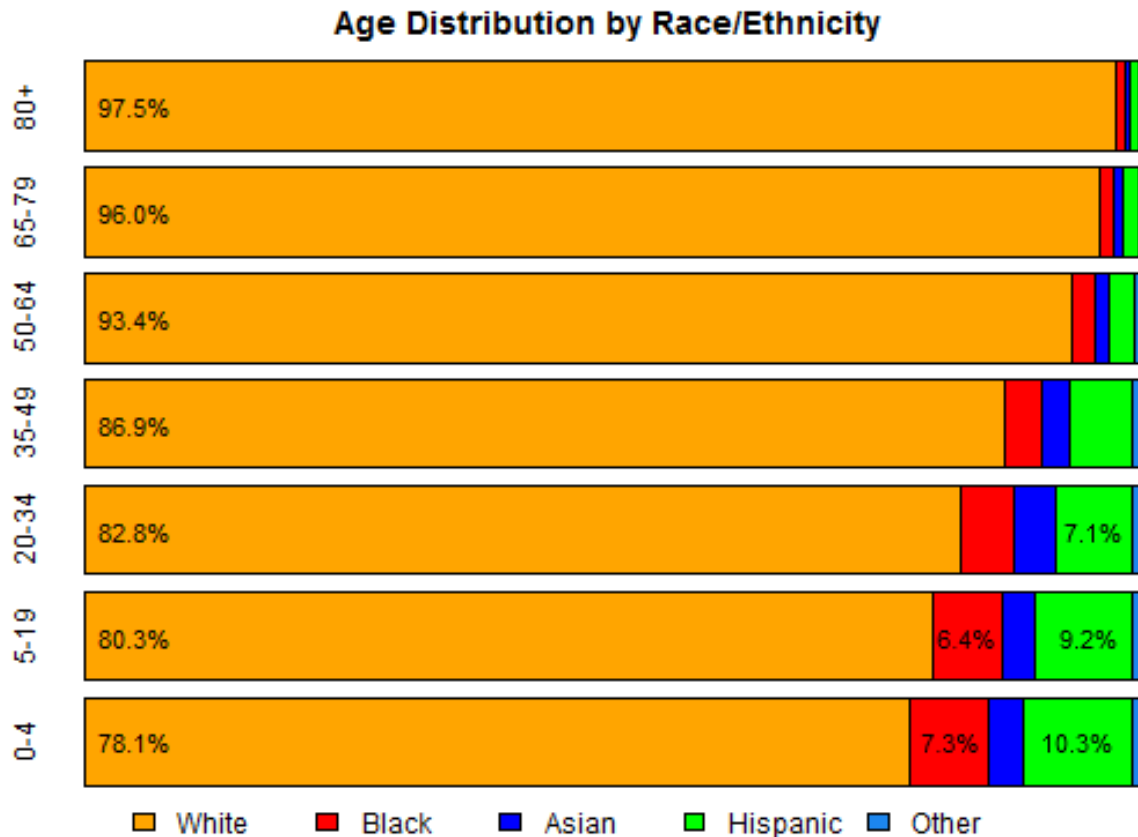


Figure 4. Age Distribution by Race/Ethnicity. Iowa Department of Public Health, University of Iowa, College of Public Health. [2015 State Health Profile for Iowa](#), p10.

Increasing Aging

The graph (figure 4) on Iowans age 65 and older by county population size indicates that smaller-sized, rural counties have a larger proportion of elderly Iowans and, therefore, a substantial need for services to this age group, and, again, for attention to health equity and life course approaches. The percentage of Iowans who are 65 and older living in a county is inversely related to the population size of the county. Those with larger total populations have a smaller proportion that are over the age of 65.

Percent of Iowans Age 65 and Older

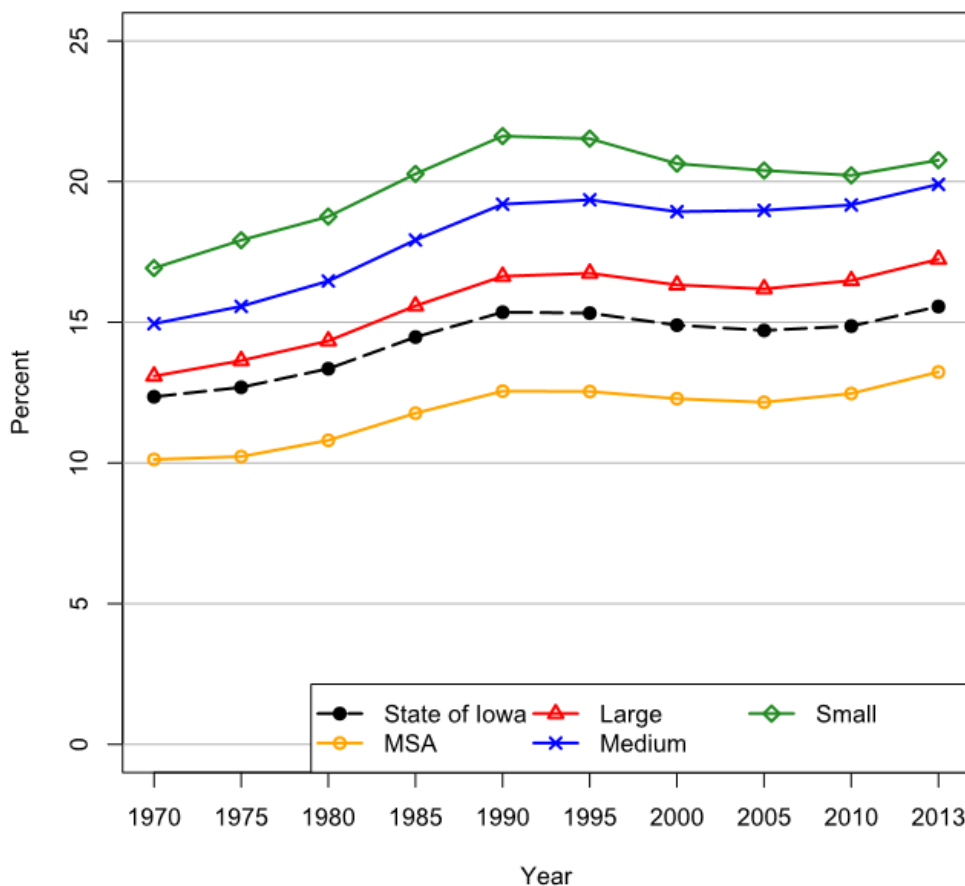


Figure 5. Percent of Iowans Age 65 and Older. Iowa Department of Public Health, University of Iowa, College of Public Health. [2015 State Health Profile for Iowa](#), p11.

Current Healthy Iowans Plan Summary of Progress

[Healthy Iowans: Iowa’s Health Improvement Plan 2012-2016: Are We Making Progress?](#) documents the progress being made in solving the health issues identified in [Healthy Iowans: Iowa’s Health Improvement Plan 2012-2016](#). Objectives in the measures of progress section of the plan were used as a yardstick for determining where improvements were made, the overall results of the plan, and what action will be needed in the next five-year improvement plan. Sixty-six percent of the 61 objectives were either achieved (23) or moved toward the targets (17). The rest of the objectives did not move at all⁴ (13) (Table 14) or moved away from the targets⁵ (8) (Table 15). Because there has been no measurable improvement, work on these objectives needs to continue. The progress report also provides details on the extent of progress including each target, baseline, most recent data, and data sources along with a chart depicting trends, the target, and, if available, an Iowa comparison with the best state, the worst state, and the national status.

Table 14. Healthy Iowans 2012-2016. Health Improvement Objectives by Achievement of Target.

| Target Achieved | Moving Toward the Target | Not Moving at All | Moving Away from the Target |
|-----------------|--------------------------|-------------------|-----------------------------|
| 23 (38%) | 17 (28%) | 13 (21%) | 8 (13%) |

³ An indicator was considered as moving toward a target if it changed in the direction of the target, when compared to the baseline, by more than 5%.

⁴ An indicator was considered not moving if it did not change by more than 5% when compared to the baseline.

⁵ An indicator was considered as moving away from a target if it changed in the opposite direction of the target, when compared to the baseline, by more than 5%.

Progress Measures by Status

Not Moving

Table 15. Healthy Iowans 2012-2016. Health Indicators that Did Not Change by at Least 5%.

| Indicator Number | HI Indicator | Issue Classification |
|------------------|--|--|
| 1-3 | An increase in the proportion of people who have one person as a health provider. | Primary Care Physician--Rate/Use, Medical Home, Care Coordination |
| 1-4 | An increase in the proportion of children whose parents report adequate health insurance. | SDH: Access HS: Insurance, Uninsured and Underinsured |
| 2-1 | An increase in the annual influenza coverage levels for all Iowa hospital employees. | Immunizations: Flu |
| 2-2 | An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adults ages 65+ influenza. | Immunizations: Flu: Elderly |
| 3-3 | A reduction in over-the-counter drug abuse among 11th grade students. | Substance Abuse: Other: OTC Drugs; Adolescents |
| 3-8 | An increase in the proportion of homes that have rules against smoking. | Tobacco/Nicotine Use |
| 4-4 | An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Women aged 50 and older having a mammogram in the past two years. | Cancer: Breast |
| 4-4 | An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Women aged 21 and older having a Pap test within the past three years. | Cancer: Cervical |
| 6-3 | An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day. | NWS: Nutrition (Choice Not Access Related) |
| 6-5 | An increase in the proportion of adults who get the recommended levels of aerobic physical activity. | NWS: Physical Activity (Choice Not Access Related) |
| 6-8 | An increase in the proportion of intended births | Maternal and Child Health: Family Planning or Reproductive Health--Pregnancy Intention |
| 7-2 | A reduction in deaths from work-related injuries. | Injury: Occupational Health and Safety (Includes Farming) |
| 7-3 | An increase in seatbelt use to reduce injuries and deaths from motor vehicle crashes. | Injury: Motor Vehicle Crashes Rate Unspecified |

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Moving Away from the Target

Table 16. Healthy Iowans 2012-2016. Health Indicators That Moved Away from the Target by at Least 5%.

| Indicator Number | HI Indicator | Issue Classification |
|------------------|--|--|
| 4-6 | An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year. | Chronic Disease: Diabetes |
| 6-9 | A reduction in the proportion of adults who are obese. | NWS: Obesity |
| 6-11 | A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security. | SDH: Food Access; Food Deserts; Healthy Food; Affordability; Food Security |
| 6-12 | A reduction in the rate of reported cases of chlamydial infection. | Infectious Disease: STD |
| 7-1 | A decrease in the hospitalization rate related to falls for those who are ages 65 and over. | Injury: Falls |
| 7-4 | A 5% reduction in the rate of all intentional and unintentional fatal injuries. | Injury: Unspecified and Violence: Unspecified |
| 7-5 | A 5% reduction in the percent of Iowa high school student youth who report forced sexual experience. | Violence: Sexual Abuse |
| 8-1 | A reduction in the percent of 11th graders who seriously consider attempting suicide. | Suicide |

Assets & Resources

Advisory groups and stakeholders completing recommendation forms responded to a question about assets and resources available to address their recommended issues. Following are samples of the responses to the top health issues and three overarching themes.

By Health Issue Category

NWS: Obesity, Nutrition & Physical Activity

- IDPH Health Promotion and Chronic Disease Control Partnership (1305), the Healthiest State Initiative, and Active Living Iowa (representing IDPH, Iowa Cancer Consortium, Iowa Chapter of the American Planning Association, Iowa Department of Transportation, Northeast Iowa Area Agency on Aging, AARP, Statewide Urban Design and Specifications, Des Moines Metropolitan Planning Organization, Iowa Bicycle Coalition, Iowa Public Health Association, American Heart Association, Healthier Iowa Coalition, Healthiest State Initiative, Wellmark, Governor's Traffic Safety Bureau, and Urban Land Institute: Iowa).
- Association of Business and Industry is collaborating with Healthiest State Initiative.
- Iowa Department of Natural Resources Parks, Wildlife, Fisheries and Law Enforcement Bureaus and lands for increased physical recreation activities in the outdoors. County Conservation Boards and City Parks & Recreation Departments.
- ISU Extension, faith-based institutions; farmers markets; food banks; local chefs, county conservation groups, YMCAs, cities, local interest groups.
- Concern about older Iowans: IDPH, Iowa Department on Aging, Iowa Food Bank Association, Iowa's Association of Area Agencies on Aging, numerous church and local community groups, AARP in Iowa and AARP Foundation, Iowa State University Extension, Food Access the World Food Prize, Iowa Food and Health Systems Collaborative, Cultivate Iowa, Iowa farmer and agricultural organizations, county groups, and hunger coalitions.

Mental Health, Illness & Suicide

- Family counseling services, counseling services at local clinics and hospitals (i.e., cancer centers), suicide prevention hotlines, and other state and national resources: IDPH and the American Association of Suicidology.
- Second Chance Act recidivism reduction grant. Iowa Department of Corrections (IDOC) is working with the National Alliance on Mental Illness to implement more peer-to-peer mentoring programs and staff training on relevant issues to help increase the success rates for those offenders with mental illnesses who are returning to their communities.
- Iowa's 1st Five Healthy Mental Development, The Adverse Childhood Experiences (ACEs) study, Iowa's Title V Maternal and Child Health Programs, Maternal, Infant and Early Childhood Home Visiting Program, Pediatric Integrated Health Homes.
- Iowa's Center for Agricultural Safety and Health, the Iowa State University Extension, the Great Plains Center for Agricultural Health, AgriSafe Clinic Network

Substance Abuse

- State alcohol licensing authority. Motor vehicle enforcement.
- The Iowa Prescription Monitoring Program (PMP), efforts of law enforcement and administrative regulators to identify abusers, Iowa Drug Courts, the Iowa Office of Drug Control Policy, educational efforts, and many local and regional activities aimed at educating the public and professionals of the problems surrounding prescription drug abuse and misuse, resources to assist in treating the problem and addicted patients including treatment programs and counselors.
- IDPH 'What Do You Throw Away' Underage Drinking Prevention Media Campaign
<http://www.whatdoyouthrowaway.org/>
- IDPH substance abuse prevention, treatment, and medication assisted treatment grants; Iowa Board of Medicine continuing education requirements for physician-prescribers; controlled prescription drug 'Take Back' efforts by local, state and federal law enforcement agencies and pharmacies, to properly dispose of unused medicines and prevent drug diversion and abuse; the Centers for Disease Control and Prevention (CDC), American Medical Association, Iowa Medical Society, Iowa Pharmacy Association, and other health care prescriber/dispenser affiliated member organizations working on revisions to guidance for prescribing opioids; Iowa Alliance of Coalitions for Change network of community coalitions, working on local level opioid reduction efforts; Iowa Office of Drug Control and Prevention grants and initiatives.
- Iowa Hospital Association, Iowa Medical Society, Alliance for Change, Iowa Healthcare Collaborative.
- Increased education on prescribing drugs that have the potential for high abuse at the University of Iowa Medical School and at Des Moines University School of Osteopathic Medicine.
- Community pharmacists can play a critical role in the return of unused medications, identifying potential medication abuse, and referring patients to treatment programs when needed.

Tobacco/Nicotine Use

- Iowa Tobacco Prevention Alliance, American Cancer Society, American Heart Association. American Lung Association, Clean Air for Everyone Citizen Action Network (CAFE IOWA CAN)
- Power of Iowa's cancer coalition, the Iowa Cancer Coalition, to communicate and receive feedback for Iowa cancer centers.
- Quitline Iowa is a powerful tool for Iowans to use to promote tobacco cessation.

Transportation

- Iowa has 35 public transit agencies covering all 99 counties. These transit agencies are able to assist in providing transportation to health appointments.

Environmental Health: Water Quality & Safety

- Local public health Grants to Counties Program for private water well services.
- Drinking water monitoring data is available through the Iowa Department of Natural Resources. The drinking water industry has participated, through monitoring projects, with various studies in the past, and would be interested in being a partner on future projects.
- Iowa Department of Natural Resources water programs including water quality monitoring, water quality protection, animal feeding operations, geological and water survey, and GIS information for watersheds.
- Iowa Department of Agriculture and Land Stewardship (IDALS) programs including Conservation Reserve Enhancement Program, Watershed Protection Fund, Farm Management Demonstration Projects, Soil and Water Conservation cost share, Conservation Reserve Program cost share, Loess Hills Program, Water Quality Initiative.
- U.S. Department of Agriculture - Natural Resources Conservation Service (NRCS) - Iowa Funding including the Regional Conservation Partnership Program (RCPP), Environmental Quality Incentives Program (EQIP), Agricultural Conservation Easement Program (ACEP), and Conservation Stewardship Program (CSP).
- U.S. Department of Housing and Urban Development (HUD) Disaster Resilience grant (that includes nutrient reduction and other water quality efforts).
- Local environmental health specialists/sanitarians.
- State Hygienic Laboratory water quality monitoring testing. Other university, college, public and private college laboratories throughout the state could provide analytical testing services if needed.

Cancer

- Partnership of vested health care providers, public health professionals, caregivers, researchers, cancer survivors, volunteers, and other Iowans who work together to reduce the burden of cancer in Iowa.
- Tobacco cessation programs, youth prevention programs including e-cigarettes, and increasing programs to support radon education, testing and mitigation across the state.

Diabetes

- National and local American Diabetes Association advocacy and IDPH Diabetes Prevention & Control program.

Lack of Oral Health/Dental Services

- IDPH Bureau of Oral and Health Delivery Systems health workforce development programs.
- Existing successful I-Smile Program for children that can be expanded to other populations (adults, older adults). Existing local I-Smile @ School programs.

Injury: Falls

- Iowa Department on Aging currently has a grant to increase the number of trainers in Iowa teaching evidence based falls prevention classes. The Iowa Falls Prevention Coalition has hosted an annual symposium on this topic. The Advisory Council on Brain Injuries has provided financial support to increase the number of trainers statewide as well as sponsorship for the symposium, and maintains a prevention task force, which could dedicate some time to this issue.
- Trauma System Advisory Council sub-committees including the System Evaluation and Quality Improvement Sub-committee (SEQIS) and the Prevention and Outreach sub-committee.

Immunizations

- Managed care organizations have multiple resources available to affect HPV vaccination rates, including member and provider education, targeted telephonic outreach, and mailings.
- Federal funds for immunization programming and the Iowa Healthcare Collaborative.
- Vaccines for children programs. Provider recommendation trainings and resources.
- Adult Immunization Plan, National Vaccine Plan, U.S. Department of Health and Human Services Strategic Plan.

- Immunization resources, stakeholder knowledge and expertise, stakeholders include: medical organizations, Iowa health care providers, Centers for Disease Control and Prevention, health insurance plans.
- Iowa Nurses Association state legislative agenda.
- Community-clinical linkages; Iowa Cancer Consortium.
- Community pharmacists are available to provide many immunizations.

Motor Vehicle Crashes

- There are nearly 400 Certified Child Passenger Safety Technicians (CPST) throughout Iowa. Even in rural areas, a Certified CPST is accessible. The Governor's Traffic Safety Bureau allots funds for statewide education, materials, and devices for technicians and families.
- The Iowa Department of Public Safety (DPS) and the Department of Transportation (DOT) have federal funds to address roadway fatalities and impaired driving.

Disaster Preparedness

- System development grants and technical assistance from IDPH.
- Preparedness planning efforts at the local public health and coalition level.
- Emergency Medical Services Advisory Council and Trauma System Advisory Council.

Sexually Transmitted Diseases

- The National Committee for Quality Assurance (NCQA) recognizes chlamydia screening among sexually active females ages 16-24 as a Healthcare Effectiveness Data and Information Set (HEDIS) measure. HEDIS measures are used to assess the quality of care within health plans and provider networks.
- The United States Preventive Services Task Force (USPSTF) recommends chlamydia screening for sexually active females 24 years of age and younger with a grade "B" recommendation. Therefore, it is covered with no cost sharing under most health plans.
- Family planning providers and other healthcare professionals are strong advocates of screening.
- USPSTF recommends gonorrhea screening for sexually active females 24 years of age and younger with a grade "B" recommendation. Screening is also recommended for sexually active females over 24 years of age who are at increased risk. Therefore, it is covered with no cost sharing under most health plans.

Adverse Childhood Experiences

- 'ACEs Too High' www.acestoohigh.com
- Centers for Disease Control and Prevention www.cdc.gov/ace
- Harvard Center on the Developing Child www.developingchild.harvard.edu
- Iowa ACEs 360 www.iowaaces360.org
- Zero to Three www.zerotothree.org
- There is state funding to support collection of data on ACEs in Iowa; Iowa's substance abuse programs are required to implement systems of trauma-informed care; training is available through Iowa Coalition Against Sexual Assault (IowaCASA)/Iowa Coalition Against Domestic Violence (ICADV); the curriculum "Seeking Safety" equips service providers to address trauma in clientele served by their programs.
- Development of "Lemonade for Life" curriculum for home visitors and other helping professionals to educate families on the impact of trauma on health and wellbeing and to suggest strategies for prevention, mitigation of trauma, and development of resiliency.

Heart Disease

- Healthiest State Initiative and American Heart Association policy initiatives.
- Training networks for health care providers.
- The State of Iowa's insurance carrier, Wellmark Blue Cross and Blue Shield, provides educational information and telephone health coaching calls to address this issue.

Safe, Affordable Housing

- Because of inspection of combustion appliances, the Iowa Department of Human Rights Weatherization Assistance Program (WAP) repaired or replaced unsafe furnaces in 61%, water heaters in 56%, and installed carbon monoxide detectors in 79% of homes receiving WAP services.
- American Planning Association-Iowa Chapter, Iowa Economic Development Authority, Iowa Finance Authority, Iowa Department of Human Rights, Iowa Environmental Health Association.

Insurance Affordability & Coverage

- Polk County Medical Society (PCMS) Volunteer Physician Network (VPN) offers free specialty care, hospitalization, labs, x-rays, follow up care, all without charge to the patient. Patients must be referred to the PCMS VPN from the 59 free clinics throughout Iowa. Des Moines hospitals and surgery centers provide that free care. The PCMS VPN also provides free interpreters to assure that the patient can convey their medical condition correctly, understand the course of treatment, and the follow up they will receive. All of the specialty care is given in the specialist own office, treated as any other paying patients, with dignity. The patient is educated on the follow up on the care that is needed when they go home, so that they can heal and return to school, work, and be productive.

Lack of Primary Care Services

- IDPH Bureau of Oral and Health Delivery Systems health workforce development programs.

Occupational & Farm Safety

- Farm Safety For Just Kids: Iowa has a statewide outreach coordinator and several volunteer chapters conducting educational programs.
- Iowa's Center for Agricultural Safety and Health (I-CASH) is a collaborative organization that includes representatives from four key institutions: U of Iowa, ISU, IDALS, and IDPH, as well as farmers, health care providers, extension personnel, researchers, and non-profit organizations.
- IDPH Occupational Health and Safety Surveillance Program (OHSSP) currently has federal funding for basic surveillance and data analysis. OHSSP is awaiting funding application results that would restore the Iowa Fatalities Assessment and Control Evaluation (FACE) program through a sub-contract to the University of Iowa College of Public Health. OHSSP partners with many government, academic, and non-profit groups to address these issues.

By Overarching Theme

Health Equity/Social Determinants of Health

- The IDPH Office of Disability, Injury, and Violence Prevention is committed to addressing accessibility of public health programs and services at the state and community level.
- The IDPH Bureau of Nutrition and Health Promotion develops and promote statewide inclusive health policies using the strategies outlined in the nine Guidelines for Disability Inclusion.
- Seventeen local public health agencies include people with disabilities in their CHNA-HIP plans. Two local public health agencies have successfully piloted a model to improve health promotion for citizens with disabilities. They are involved with a NACDD/CDD pilot project that will assess five community venues, identify priorities, and implement strategies to improve the inclusion of people with disabilities in health promotion activities. These models and activities can be replicated in additional local areas.
- One community disability service provider has developed, piloted, and implemented a successful program to improve nutrition, increase physical activity, and decrease obesity among its clients.
- Several other disability service organizations in the state have expressed an interest in developing health and wellness activities for their clients.
- Four of Iowa's major health provider associations have committed to participating in an initiative to improve access to and the quality of preventive care for their patients.
- Five statewide consumer organizations have expressed an interest in helping to improve preventive care and health promotion for Iowa citizens with disabilities.

- IDPH Title V Administrative Manual directs clinics to identify and respond to trafficking victims; Title X and STD/HIV programs provide health services where trafficking victims may be seen; Iowa Department of Justice funds local services; ICADV and IowaCASA have training resources for community providers.
- State Innovation Model (SIM), Hospital Engagement Network (HEN), IDPH statewide strategy plans, BRFSS (inclusion of health literacy questions); evidence-based health literacy tools and resources (i.e. TeachBack, assessment tools, Universal Precautions toolkit).
- The report of the Iowa Prevention of Disabilities Policy Council's Task Force to Improve Preventive Care for Iowans with Disabilities provides recommendations and specific time-oriented actions to address barriers to preventive health care for Iowans with disabilities. Iowa's health care provider organizations, disability service provider association, and a number of consumer groups have committed to participating in a work group that will work to implement the recommendations and action plans. Iowa Center for Disabilities and Development, Iowa's University Center for Excellence in Developmental Disabilities and Child Health Specialty Clinics, Iowa's Title V program for children with special health care needs have committed to monitoring adequate insurance coverage for Iowans with disabilities.

Life Course

- Two federal grants support the work of the IDPH Early Hearing Detection and Intervention (EHDI) program. The grants support the collection of screening and assessment results for all children under the age of 3. They support program evaluation and quality improvement initiatives. The grants also provide for direct follow-up with families of infants that were missed or did not pass their hearing screen/diagnostic assessment and need further testing or referrals for early intervention or family support, and for technical assistance from an audiologist to a birthing facility to decrease refer rates/increase screening skills. The EHDI program also has bilingual (Hispanic) staff to assist with follow-up. The EHDI Advisory Committee consists of a diverse membership that can work with their associations or member groups to communicate need areas and provide education and outreach.
- Iowa is piloting a comprehensive self-assessment tool to review health centers environment, policies, and practices at three sites specific to adolescents and young adults. Iowa is conducting focus groups to create communication materials to raise awareness on the importance of an adolescent well visit.
- Two Chapters of the Alzheimer's Association have statewide reach with over 30 staff members.
- Managed Medicaid health plans have multiple resources that may be used to improve the frequency of prenatal care visits for Iowa Medicaid members. Each plan has member and provider-directed educational materials, conducts care coordination of pregnant members, and may conduct in-person, community-based outreach.
- Federal funding through the Personal Responsibility Education Program (PREP) and the Abstinence Education Grant Program (AEGP); State funding for the Community Adolescent Pregnancy Prevention Program managed by EyesOpenIowa; Title X Family Planning clinics; www.IAMincontrol.org.
- Saving sight is a Lions Club mission worldwide. Lions Club members can volunteer to conduct vision screenings for young children in their communities. For 15 consecutive years, Iowa KidSight, www.IowaKidSight.org, has reached more children each year. The program plans to continue public education about the risk of undetected vision loss and identify ways to sustain vision screening programs of this type.
- Maternal and Child Health Family/Parenting Support; Sleep Environment; Developmental Milestones; Postpartum Support: Federally, the Birth to 5: Watch me Thrive! Initiative and in Iowa the 1st Five Healthy Mental Development Initiative are both leveraging existing resources to tackle this issue.
- Reach Out and Read Iowa is the only known Iowa-specific plan that addresses ACEs and early brain development through the promotion of book sharing in the home by medical providers to decrease the effects of toxic stress in those children most at risk for downstream adverse educational and health outcomes. Reach Out and Read is a grass roots organization, with partners in the communities of its 102 locations. These partners include local schools, Rotary, Lions Clubs, business, churches, and other communication organizations.
- American Academy of Pediatrics issued a Safe Sleep Campaign and recommendations to reduce SIDS and other sleep-related events

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- Title V Child and Adolescent Health Agencies; IDPH Adolescent Health Collaborative; Iowa Chapter of the American Academy of Pediatrics; School nurses; Managed Care Organizations, Healthiest State Initiative and American Heart Association policy initiatives, MCH Title V Program, Child Health Specialty Clinics.
- The Iowa Gaining Ground Coalition, Preventive Health and Health Services (PHHS) Block Grant funding, and the Public Health Modernization Fund support consistent public health services across the state.
- Heartland Regional Genetics Collaborative Transition Project; University of Iowa Division of Medical Genetics.
- State Innovation Model (SIM) project; existing healthcare systems of practice and community-based service agencies; established statewide strategy plans developed by multi-stakeholder groups.
- Patient and Family Engagement (PFE) strategies through CMS-funded initiatives, such as the Hospital Engagement Network (HEN) and Transforming Clinical Practice Initiative (TCPI). PFE is further supported through patient-centered health strategies. Many resources are available to assist healthcare systems, providers, and other partners initiate practices to engage patients and their families as partners in care.
- The Iowa Primary Care Association has been part of a national pilot project to test an evidence-based and peer-reviewed tool (PRAPARE) to assess non-clinical risk and social factors at two Federally Qualified Health Centers in Iowa. We have access to national resources involved with this project as well.
- Association of State and Territorial Health Officials (ASTHO) has developed resources to assist in the development of workforce development plans. The Midwestern Public Health Training Center is revising curriculum in a new public health administrator's course.
- Pharmacists are capable of managing and reconciling a patient's medications while a patient is transferring back to the care of their primary care physician after a hospital admission.
- The Board of Pharmacy has proposed legislation that would authorize the Board to adopt rules regarding the safe operation of telepharmacy locations within Iowa.
- Federal funding for surveillance and improvement of electronic reporting.
- State and federal funding for public health laboratories and infectious disease investigators.
- Communication, IT, and Data: IDPH data management work group, Tracking Portal User Group, Tracking Portal Administration Team, Environmental Public Health Tracking Grant, National Environmental Health Public Health Tracking Network, Public Health Informatics Institute, Iowa Hospital Association.

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NEXT STEP: Iowa's Health Improvement Plan

Engaging Iowans in the Health Improvement Plan

The next step is to set the health agenda (Healthy Iowans) for the period from 2017-2021 with a focus on the themes and issues identified in the needs assessment. In a similar, inclusive fashion characterizing the needs assessment process, a wide net has been cast inviting everyone concerned with advancing the health of Iowans to submit goals, objectives, and strategies related to the 26 critical issues, which include the three themes. The IDPH director sent e-mail invitations to state agency directors, programs within the department, and the department's advisory committee facilitators, and included an invitation in the director's monthly *Quick Reads* for public health partners and stakeholders. Special sessions were held for advisory committee facilitators. One of the sessions was videotaped, posted on the Healthy Iowans website, and e-mailed to local public health agencies and stakeholders. The Iowa Public Health Association sent an announcement to its members inviting contributions. The IDPH communications director included an announcement on Facebook and Twitter and highlighted the invitation on the IDPH home page. Other outreach methods included invitations through the Healthy Iowans' listserv that reached hospitals and clinics, a website posting, and the list of prospective partners.

Healthy Iowans Plan Submissions

The invitation to participate in *Healthy Iowans: Iowa's State Health Improvement Plan 2017-2021* contained a link to a submission form that stakeholders could use to document action toward addressing Iowa's top health issues. After selecting one of the top health issues, participants were instructed to complete a goal for the issue or theme and document the alignment with national/state plans. Goals required at least one objective to achieve the goal's outcome including a baseline year, baseline value, target year, and target value. If the objective was one included in another plan, grant, or report, this information also was requested so the improvement plan could contain links to other resources. Each objective required at least one documented strategy including the selection of strategy types—individual/interpersonal-focused, professional/provider focused, community-focused, policy-focused, or demographic and socio-economic focused; who's responsible, and due dates. The form also includes space for progress reports that will be used for annual progress reporting on objectives and strategies.

Time Line

Healthy Iowans: Iowa's State Health Improvement Plan 2017-2021 is expected to be completed in early 2017 and adopted after public comments and any subsequent revisions.