

# IDPH

IOWA Department  
of PUBLIC HEALTH

## **Strategic Plan**

**January 2017 – December 2022**

Revised January 2022

Protecting and Improving the Health of Iowans

# Acknowledgements

## Suggested Citation:

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# IDPH Moving Forward

2021 was a remarkable year for public health in our country, our state, and the Iowa Department of Public Health (IDPH). As a lead agency for the state's COVID-19 response, the department was tasked with distributing millions of vaccine doses across the state and as well as assisting local governments, public health agencies and school districts with their response plans to ensure the safety of all Iowans, especially those most vulnerable to the novel coronavirus.

In addition to the agency's focus on responding to the pandemic, we have continued our focus on protecting and improving the health of all who live, learn, work and play in Iowa by doing everything we can to ensure Iowans have access to the resources and services needed to be healthy. As part of this commitment, we continued our work with our colleagues at the Iowa Department of Human Services to align our work and [create a new health and human services organizational structure](#) that optimizes delivery of services, supports efficiency and ease of work for staff, and integrates the departments' programs and services with community and other available resources.

In November 2021, the IDPH leadership team met to review progress on the 2017-2021 strategic plan. The team also discussed updates and additional steps to extend the plan through 2022.

The IDPH Strategic Plan has been embraced by IDPH employees because it provides a framework for action and connects individual employees' work to the larger goals of the department. It continues to reflect the department's desire to be an integrated flow of programs and services, all building on our collective vision of Healthy Iowans in Healthy Communities, which we see as essential to becoming the healthiest state in the nation. And, in fulfilling our vision for IDPH as Iowa's Leader for Population Health, we reaffirm our mission of Protecting and Improving the Health of Iowans. The plan's three goals continue to be vitally important to ensuring healthier Iowans; and, research shows that healthier people are better learners and better workers/entrepreneurs.<sup>[1]</sup> Thus, this plan specifically supports three of [Governor Reynolds' priorities for Iowa](#):

- Ensuring Iowa's Economic Prosperity
- Making Iowa an Employment Destination
- Preparing Students for the Workforce

In addition, through our work to fulfill our mission of protecting and improving the health of Iowans ([What We Do to Fulfill Our Mission](#)), we support several more of the Governor's priorities including

- Building Iowa's Health Care Workforce
- Confronting Iowa's Child Care Crisis
- Ensuring Strong, Safe Communities
- Expanding Housing Opportunities
- Improving Access to Child Care
- Improving Access to Quality Health Care
- Innovating Iowa's Workforce

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[1] Read [Why Healthy Communities Matter to Business](#) (May 2016) by the Robert Wood Johnson Foundation for a brief introduction to the connections between health, education, and the business environment.

# VISION for Iowa

Healthy Iowans in Healthy Communities

## MISSION

Protecting and Improving the Health of Iowans

## VISION for IDPH

Iowa's Leader for Population Health

## GUIDING PRINCIPLES

### **ACCOUNTABILITY**

We act with integrity and strive for fairness in all we do.

### **COLLABORATION/TEAMWORK**

We value internal and external partnerships, and remain flexible to new and diverse ideas.

### **COMMUNICATION**

We use timely, effective and open dialogue to increase collaboration and participation in protecting and improving health.

### **HEALTH EQUITY**

We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work and play.

### **QUALITY**

We are dedicated to efficiency, effectiveness and the continuous improvement of our processes and services.

### **RESULTS ORIENTED**

We strive for excellence through decision-making that is priority-focused, data-driven and evidence-based.

### **WORKFORCE DEVELOPMENT**

We continually work to develop the skills and competencies of our workforce.

Prepare for,  
Respond  
to, and  
Recover from  
Emergencies

Protect Against  
Environmental  
Hazards

Promote  
Healthy Living

Prevent  
Epidemics and  
the Spread of  
Disease

Prevent  
Injuries and  
Violence

Improve  
and Support  
Public Health  
Performance

Assure Access  
to Quality  
Health  
Services

## What We Do to Fulfill Our Mission

Public health is a partnership of local public health, IDPH, non-profit organizations, health care providers, policymakers, businesses and many others working together to protect and improve the health of Iowans. Public health strives to improve the quality of life for all Iowans by identifying systemic and structural barriers, including social determinants of health, that result in health inequities among people in Iowa, and by assuring access to evidence-based population-health programs, services and activities in the following areas:

### Prepare for, Respond to, and Recover from Emergencies

- Build public health and hospital capacity to prepare for, respond to and recover from emergencies such as disease outbreaks, epidemics and natural or man-made disasters.

### Protect Against Environmental Hazards

- Monitor and regulate environmental health hazards.
- Monitor for environmental-related diseases.
- Protect Iowans from excessive exposure to radiation.

### Promote Healthy Living

- Promote healthy living for all ages.
- Prevent and treat addictive behaviors such as alcohol, drug, tobacco and nicotine use, and problem gambling.
- Advance healthy eating and active living.
- Prevent and manage chronic disease.
- Prevent and treat dental disease while promoting positive oral health practices.

### Prevent Epidemics and the Spread of Disease

- Monitor for diseases and infections.
- Detect and investigate diseases and infections.
- Provide disease prevention and control services, such as immunizations, or STD and HIV/AIDS screening and treatment.

## **Prevent Injuries and Violence**

- Monitor for intentional (violent behaviors) and unintentional injuries.
- Support the EMS system and trauma programs.
- Provide education and services to prevent unintentional injuries.
- Provide education and services to promote the health of people with disabilities and to reduce the amount and severity of disability-related secondary conditions.
- Provide education and services to prevent violent behavior.

## **Improve and Support Public Health Performance**

- Collect, maintain, analyze and distribute public health data.
- Assess and improve operational procedures and management systems.
- Assure an adequate and competent public health workforce.
- Build communication and information technology capacity.
- Support community assessment, planning and evaluation systems.
- Support local public health system development.

## **Assure Access to Quality Health Services**

- License and regulate health professionals.
- Support health care system development.
- Assist in linking people to physical, mental and oral health services.
- Assess health service availability.
- Provide health-related services when they are not otherwise available.

# Our Plan for Improving What We Do

Prepare for, Respond  
to, and Recover  
from Emergencies

Protect Against  
Environmental  
Hazards

Promote Healthy  
Living

Prevent Epidemics  
and the Spread  
of Disease

Prevent Injuries  
and Violence

Improve and Support  
Public Health  
Performance

Assure Access  
to Quality  
Health Services

## Focus Area: Population Health Leadership

### Goal 1

Strengthen the department's capacity as Iowa's chief health strategist (CHS).

#### Objectives/Indicators

1. Increase the use of CHS tactics within IDPH programs.
2. Increase the percentage of staff performance plans with CHS tactics identified (partnerships, performance improvement, health equity).
3. Increase the percentage of IDPH staff trained in CHS tactics.
4. Maintain national public health accreditation.

#### Strategies

- 1.1. Strengthen department capacity in CHS tactics.
  - CHS Tactic 1: What do we know? Data.
  - CHS Tactic 2: What can we do? Strategies.
  - CHS Tactic 3: Who can help? Partnerships.
- 1.2. Prepare for Public Health Accreditation Board (PHAB) reaccreditation.

#### Actions

- 1.1.1. Train staff in CHS tactics.
- 1.1.2. Develop and support a data equity workgroup to provide resources to help staff improve their use of data for health equity efforts.
- 1.1.3. Assess the strength/quality of existing partnerships using the IDPH Partnership Assessment Tool.
- 1.1.4. Bring together a Healthy Iowans partnership group to guide the process of developing and implementing the state health improvement plan.
- 1.2.1. Convene reaccreditation teams to facilitate the documentation collection process.

## Focus Area: Foundational Capabilities

### Goal 2

Strengthen the department's capability and capacity to improve population health through communications, workforce development, performance improvement (PI), and health equity.

#### Objectives/Indicators

##### Communications

1. Increase IDPH staff agreement with "I am satisfied with the information I receive about what's going on in other parts of the department."
2. Increase IDPH staff agreement with "I know the IDPH vision and mission."
3. Increase IDPH staff agreement with "I see a clear link between my work and the department's strategic plan."

##### Workforce

1. Increase IDPH staff agreement with "IDPH has the right people & skills to meet needs."
2. Increase IDPH staff agreement with "Department management encourages me to develop my job skills so I can advance my career."
3. Increase IDPH staff agreement with "I am recognized for my work."
4. Increase IDPH staff participation in internal training.

##### Performance Improvement

1. Increase IDPH staff agreement with "We have good processes for doing our work."
2. Increase IDPH staff agreement with "I have influence in defining/improving my work processes."
3. Increase IDPH staff agreement with "I know how the measures I use in my work fit into the department's overall measures of improvement."
4. Increase the percent of respondents who select "In Place" for the "performance improvement institutionalization" prompt in the PI culture assessment.
5. Increase IDPH staff participation in formal quality improvement (QI).
6. Increase IDPH staff participation in performance management.
7. Increase the number of QI adventures stemming from performance management.

##### Health Equity

1. Increase IDPH staff participation in health equity training.
2. Increase communication to staff on health equity efforts at IDPH.
3. Increase the number of programs that have identified a performance measure addressing population health disparities.

#### Strategies

- 2.1 Enhance internal and external communications, including IDPH branding: improving how we communicate and what is communicated.
- 2.2 Implement workforce development strategies to assure human resource capabilities match needs today and in the future.
- 2.3 Improve organizational practices using performance improvement.



- 2.4 Implement communications, workforce development, PI, and health equity strategies in alignment with Public Health Accreditation Board (PHAB) standards and measures.
- 2.5 Build staff knowledge, understanding, and capacity to apply tools and concepts related to health equity and the social determinants of health.

### **Actions**

- 2.1.1. Communicate with staff and stakeholders about the IDPH strategic plan.
- 2.1.2. Continue to use established communication methods (e.g. weekly emails from Deputy Director, all staff meetings) and develop and use new communication methods to inform staff about important organizational functions/processes.
- 2.1.3. Provide training to staff on internal and external communication and meeting facilitation.
- 2.2.1. Provide department-wide support on data visualization techniques and quantitative and qualitative data collection methods.
- 2.2.2. Implement the department's Workforce Development Plan.
- 2.3.1. Engage in PI activities such as quality improvement and performance management trainings, QI adventures, and scheduled performance management meetings.
- 2.3.2. Identify one population health QI adventure as related to PHAB reaccreditation.
- 2.3.3. Identify QI opportunities using the performance management structure.
- 2.3.4. Establish an Information Management Project Management Office to build project governance, standards, resource capacity, and tools to improve the effectiveness of project delivery.
- 2.3.5. Through the new Project Management Office, build project portfolio communication dashboards to demonstrate project alignment to strategy and overall project portfolio health.
- 2.4.1 Update the communications, workforce development, and PI plans in alignment with version 2022 of the PHAB standards and measures.
- 2.5.1 Formalize commitment to health equity by adopting the IDPH Health Equity Framework.
- 2.5.2 Track progress on the IDPH health equity implementation plan.
- 2.5.3 Implement a health equity assessment tool to assess current IDPH health equity efforts and identify areas for improvement.
- 2.5.4 Support the integration of health disparities data with IDPH performance measures.

## Focus Area: Iowa's Top Health Issues<sup>1</sup>

### Goal 3

Implement a collaborative approach to addressing Iowa's top health issues throughout the department.

#### Objectives/Indicators

1. Documented outcomes/metrics of progress in Healthy Iowans (SHA/SHIP) progress reports showing changes in the selected population health issues.
2. Increase the number of linkages identified and established (3.1.2).
3. Increase staff participation in wellness activities.

#### Strategies

- 3.1 Develop and implement collaborative activities throughout the department related to addressing obesity and other chronic diseases<sup>2</sup> in Iowa.

#### Actions

- 3.1.1. Include in Healthy Iowans a process to track and report on outcomes/metrics of progress toward improvement of the selected population health issues.
- 3.1.2. Use information from the "Oakridge Neighborhood Plan: Closing the Gap on Social Determinants of Health (SDOH) and Chronic Disease Needs in Polk County, Iowa" project to identify and establish linkages among relevant department programs and services for Oakridge residents.
- 3.1.3. Use the IDPH Wellness Committee to identify, develop, and implement wellness activities for department staff.

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<sup>1</sup> According to the 2016 Healthy Iowans state health assessment and health improvement planning process. See [Appendix A](#) for an infographic listing the top health issues identified by [Healthy Iowans](#), Iowa's health assessment and health improvement planning process.

<sup>2</sup> Obesity (including nutrition and physical activity) was identified as Iowa's top health issue in the 2016 Healthy Iowans state health assessment. In addition, the following **chronic diseases** were identified as top health issues: diabetes, cancer and heart disease. Further, the SDOH were identified as an overarching theme that impacts all of these chronic diseases. These issues are addressed by multiple partners in [Healthy Iowans: Iowa's Health Improvement Plan 2017-2021](#). See the [2021 Progress Report](#) for details about goals, objectives, and strategies to address these issues.

## IDPH's Strategic Planning Process

IDPH used the following process to conduct its strategic planning process. It was adapted from the 2014 ASTHO: Strategic Planning Guide.<sup>3</sup> Each step is described in detail on the following pages. The timeline for the development of the plan is also provided.



<sup>3</sup> Association of State and Territorial Health Officials. [“Strategic Planning Guide: Guidance and Resources to Assist State and Territorial Health Agencies in Developing a Strategic Plan”](#), 2014.

## Strategic Planning Timeline (2016-2023)

Task	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Jan 18	Jan 19	Oct 19	Jan 20	Jan 21	Nov 21	Jan 22	Jul 22	Jan 23
Mission, Vision, Guiding Principles	a	b	b	c												
Environmental Scan/SWOT	a	b	b	c												
Strategic Priorities/Work Plans		b	b	c	d	d,e										
Documentation, feedback, finalization					d	d,e	d,f						d	d,e,f		
Implementation																
Ongoing Review, Evaluate, & Revise (biannual minimum)																
Strategic Planning Retreat																

**Note:** Boxes are shaded to show when the task occurred/will occur. The following key provides details about the tasks.

**a**=Training on Public Health 2030 and foundational capabilities; **b**=Distribute environmental scan documents (Table 1). Survey public, staff, contractors/stakeholders, State Board of Health (bullet 4); **c**=Planning retreat Oct. 4 - 5, 2016; **d**=Documentation subcommittee; **e**=Full committee feedback; **f**=Employee feedback

## IDPH Strategic Planning Committee and Initial Environmental Scan

In 2016, the IDPH strategic planning committee ([Appendix B](#)) used a variety of resources to inform its decision-making during the initial strategic planning process. First, as part of a comprehensive environmental scan, committee members reviewed and reflected upon a compilation of important documents (Table 1) provided prior to a two-day strategic planning meeting. Second, committee members were encouraged to have discussions with their staff, partners and other stakeholders about priorities for the future. Finally, committee members engaged in strategic discussions during the meeting based on their own experiences and expertise.

**Table 1. Important Documents reviewed for the Environmental Scan, 2016**

<ul style="list-style-type: none"> <li>2014-2016 IDPH Strategic Plan &amp; Final Strategic Plan Status Report</li> </ul>
<ul style="list-style-type: none"> <li>2015 Iowa State Health Profile</li> </ul>
<ul style="list-style-type: none"> <li>2016 Employee Survey Summary (comparing results from 2011 through 2016)</li> </ul>
<ul style="list-style-type: none"> <li>2016 Strategic Planning Survey results: Over 500 staff, partners and other stakeholders responded to a survey asking for input in reviewing the plan's main elements (vision, mission, guiding principles) and for their opinions about department strengths, weaknesses, opportunities and threats (SWOT).</li> </ul>
<ul style="list-style-type: none"> <li>Department Strategic Framework with Goals, Strategies, &amp; Program Areas to Meet Goals</li> </ul>
<ul style="list-style-type: none"> <li>Existing IDPH mission, vision, and guiding principles</li> </ul>
<ul style="list-style-type: none"> <li>Foundational Public Health Services Factsheet</li> </ul>
<ul style="list-style-type: none"> <li>FY2017 YTD department budget</li> </ul>
<ul style="list-style-type: none"> <li><i>The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist</i></li> </ul>
<ul style="list-style-type: none"> <li>IDPH Table of Organization</li> </ul>
<ul style="list-style-type: none"> <li>IDPH Workforce Development Plan 2016</li> </ul>
<ul style="list-style-type: none"> <li>Public Health 2030 Scenarios</li> </ul>
<ul style="list-style-type: none"> <li>Top Health Issues in Iowa infographic (from <i>Healthy Iowans</i> state health assessment and health improvement planning process)</li> </ul>

During the two-day meeting, the IDPH strategic planning committee identified the issues from the environmental scan documents that they believed were most important to consider in driving improvement for IDPH over the next five years (Table 2). As is common in planning processes, the results of these discussions focused heavily on weaknesses and threats, but also documented important strengths to consider and offered many opportunities for improvement.

In addition, one theme was particularly important in driving the discussion over the two days: the idea that the public health system is at a crossroads. Whether from the perspectives of the public health workforce, partners or other stakeholders, there does not seem to be a clear unifying vision for IDPH or for the public health system for the future. While this is certainly a threat to what the public health system does and how it does it, it also presents an opportunity for IDPH to strengthen its role as Iowa’s chief health strategist in defining the role public health should and must play in *Protecting and Improving the Health of Iowans* and in assuring *Healthy Iowans in Healthy Communities*. The following table summarizes the top strengths, weaknesses, opportunities and threats identified by the IDPH strategic planning committee.

Table 2. Environmental Scan: Top Issues chosen by IDPH Strategic Planning Committee, 2016	
<b>Strengths</b>	
<ul style="list-style-type: none"> <li>● Communication and Collaboration: working with partners and bringing together resources, partners and data sources to respond to important issues.</li> <li>● Workforce: staff are competent, knowledgeable and dedicated. Employees are responsive and respected; they are subject matter experts.</li> </ul>	
<b>Weaknesses</b>	
<ul style="list-style-type: none"> <li>● Communication and Collaboration: internal communication and coordination is inconsistent department-wide and across programs. IDPH functions primarily in silos. Need to improve communication to funders and licensees about the value of regulatory processes and how to navigate them.</li> <li>● Data: IDPH needs to be the source for data to measure results. There is a need for more and better data to monitor progress and to drive decision-making; decision-makers lack sufficient information to make important choices about their community's health.</li> <li>● Funding: IDPH chases funding. Requirements of funding influence the department’s staffing structure rather than an overall staffing strategy.</li> <li>● Leadership: IDPH lacks a single, unified brand. The role IDPH plays on issues is inconsistent, from being a leader to only serving as a resource. There is confusion on why the focus is on certain areas.</li> <li>● Technology: using technology effectively or having access to needed technology. There is an inconsistent knowledge base and use across the department.</li> <li>● Workforce: IDPH has great staff, but tries to be everything to everybody. Concern whether IDPH has the right staff in the right places, and staff ability to change to meet new challenges.</li> </ul>	

**Table 2. Environmental Scan: Top Issues chosen by IDPH Strategic Planning Committee, 2016 (continued)**

**Opportunities**

- Communication and Collaboration: timelier, improved communication and collaboration. Assure additional information about local public health activities & needs is shared across the department.
- Data: be the source for data to measure results. Market what is available and how to use it to monitor progress and drive decision-making.
- Funding: negotiate with funders & policymakers regarding policy recommendations/resources. Conduct a thorough review of grant capabilities & use focused intentional creative thinking. Leverage funding across programs.
- Leadership: pick a direction & commit to it. IDPH should be the strategist/leader. Take on more risk and be more goal-oriented.
- Workforce: continue supporting & educating the workforce.

**Threats**

- Communication and Collaboration: not being able to communicate department & program decisions effectively.
- Funding: state and federal budgetary constraints/reduction and/or redirection of funding. Lack of funding flexibility may result in funding lower priority activities at the expense of more critical activities. How does IDPH fund being the strategist rather than working within silos? How does the public health system match services/activities with available resources?
- Leadership: public health is at a crossroads. How can IDPH facilitate change in the public health system still driven by what funding sources require? Funders dictate to IDPH; IDPH dictates to recipients what public health is. It is a constant challenge to assure the capacity to respond to health crises while maintaining normal operations: federal grant obligations cannot be put aside when an emergent event takes time and resources.
- Population Changes: include diversity, aging, education, income, health behaviors and disease trends. Customer/client/public expectations and disparate needs (e.g., rural versus urban).
- Technology: changing technology and communication options. Greater need for data.
- Workforce: changes in skills necessary to work efficiently and effectively. Changing local public health structure – staff turnover/retirements, shrinking workforce/capacity, organizational changes, foundational capabilities and accreditation. Increased focus on population level services and systems; decreased need for providing clinical care.

## **Vision, Mission, Guiding Principles**

The next step was to revisit the department’s vision, mission and guiding principles to ensure they represent the collective voice of IDPH staff and stakeholders, and reflect the most current and applicable values that IDPH must follow in leading the department and Iowa to a healthier future. The vision (Vision for Iowa) and mission statements were modified slightly from previous statements. Guiding principles were revised to reflect current priorities and terminology. And, for the first time, IDPH developed an organizational vision statement (Vision for IDPH) that reflects what IDPH needs to become to achieve the Vision for Iowa and to best implement the mission.

## **IDPH Strategic Priorities and Work Plans**

The results from the environmental scan discussion and the new vision, mission and guiding principles formed the basis for identifying IDPH’s key strategic priorities for the next five years. The IDPH strategic planning committee identified three areas of focus, with initial goals, indicators, strategies and action steps that will provide a solid foundation for achieving *Healthy Iowans in Healthy Communities*.

## **Strategic Plan Implementation**

Strategic plan implementation developed a more collaborative, cohesive department structure for addressing strategic issues. Doing this required broad participation from staff at all levels. In many cases, it required teams to interact with other teams. In addition, teams included external partners as appropriate. Some teams may be longer-term than others, depending on the strategies and actions they are working to achieve.

### **TEAMS**

Each action requires a team to implement it and to spread the goals, strategies and actions throughout/across the department. Teams include representation from across the department. The size of the team depends on the action, but the intent is to collaborate across the department, break down silos and improve understanding across the department of the issues included in the strategic plan. The teams include division directors, bureau chiefs and program staff.

### **LEADS**

Leads serve as champions for the strategies/actions and the teams (similar to a committee chair or coach). The leads are responsible for making sure the teams have the right “players,” for having clear goals everyone on the team is moving toward, and for ensuring that the team gets the support it needs to achieve those goals. The leads are not expected to be subject matter experts. Instead, they encourage broad, department-wide perspectives on their assigned strategies/actions. The leads communicate with IDPH management about their team’s progress.

### **FACILITATION**

Initially, Public Health Performance staff facilitated the teams. Ultimately, teams develop roles within the team and define their own responsibilities for keeping the team moving forward and ensuring the work is done. Public Health Performance staff maintain quarterly progress reporting and consult on procedural, cross-team and other planning-related issues.

## **Strategic Plan Evaluation and Revisions**

### **EVALUATION**

Public Health Performance staff develop biannual status reports using input from teams and leads. Reports include status indicators showing progress on goals, objectives, strategies and actions, as well as narrative reports on the actions taken to implement strategies. The status reports are published on the IDPH website to ensure availability to staff, stakeholders and the public. At least annually, the IDPH strategic planning committee reviews progress on the plan and develops any required revisions based on these status reports.

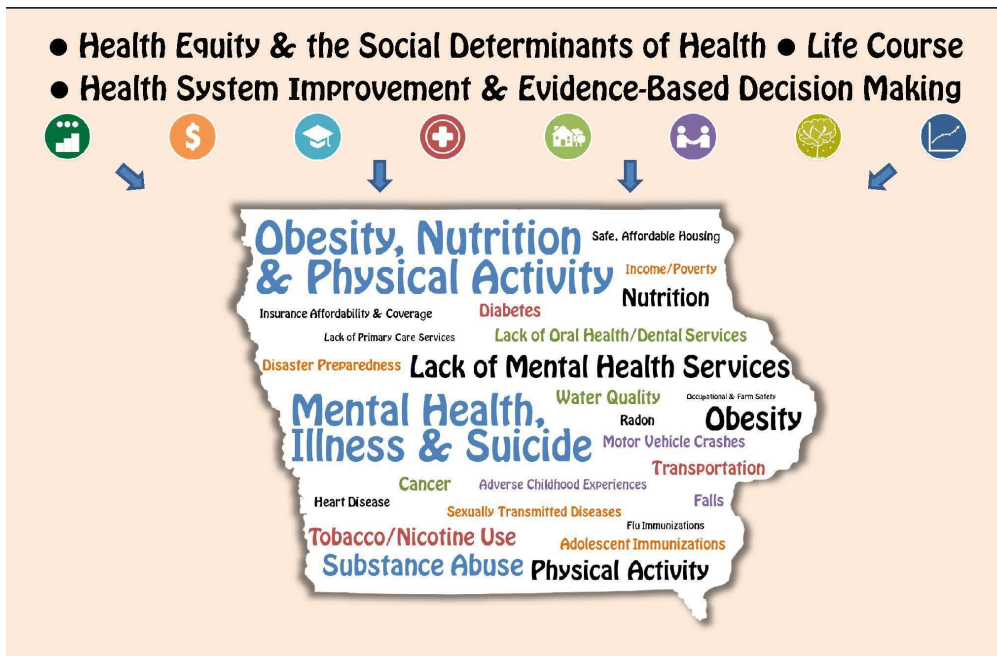
### **REVISIONS**

To keep the plan relevant and responsive, minor revisions to the plan (e.g., timelines, leads, adding or revising actions/strategies) may be approved by the department’s executive team (director, deputy director and division directors) and will be made as necessary following biannual status reports. Major changes (i.e., vision/mission/guiding principles/focus areas/goals/objectives) require approval by the IDPH strategic planning committee. Following approval, the revised plan is published on the IDPH website noting the month and year of the revisions.

# Appendix A: Infographic - Iowa's Top Health Issues



## 2016 Top Health Issues in Iowa\*



\* 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) & the number of times the issue was identified as a priority by statewide committees, organizations, or state agencies.

Iowa Department of Public Health

August 2016

### Overarching Themes



**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 and the built environment, & 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, & older adulthood.



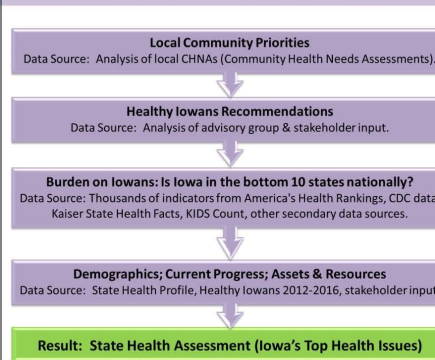
**Health System Improvement & Evidence-Based Decision Making** as described by Iowans during the assessment process include care coordination, partnerships, patient engagement, accreditation, care transitions, workforce development (recruitment, training, retention, succession), & the use of data, information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

### Top Health Issues

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

Iowa Department of Public Health

### State Health Assessment Methods:



To learn more about Iowa's state health assessment, visit <http://idph.iowa.gov/healthy-iowans> or contact the Healthy Iowans program at [HealthyIowans@idph.iowa.gov](mailto:HealthyIowans@idph.iowa.gov)

August 2016

Download this document as a PDF at [Top Health Issues in Iowa](#)



## Appendix B: IDPH Strategic Planning Committee

Sarah Reissetter	Deputy Director
Dennis Klein	Iowa State Medical Examiner
Kent Nebel	Iowa Board of Medicine
Kathy Weinberg	Iowa Board of Nursing
Andrew Funk	Iowa Board of Pharmacy
Ann Garvey	Center for Acute Disease Epidemiology

### Division Directors

Ken Sharp	Acute Disease Prevention, Emergency Response & Environmental Health
Jill Stuecker	Professional Licensing and Regulation
Jerilyn Oshel	Tobacco Use Prevention & Control

### Bureau Chiefs

Jill Myers-Gadelmann	Chronic Disease Prevention & Management
Rebecca Curtiss	Emergency & Trauma Services
Marcus Johnson-Miller	Family Health
Melissa Bird	Health Statistics
Randy Mayer	HIV, STD, and Hepatitis
Don Callaghan	Immunization & TB
Jeff Van Engelenhoven	Information Management
Owen Parker	Medical Cannabidiol
Jill Lange	Nutrition & Health Promotion
Susan Dixon	Policy and Workforce Services
Steven Garrison	Professional Licensure
Marisa Roseberry	Public Health Performance
Angela Leek	Radiological Health
DeAnn Decker	Substance Abuse