

Iowa Department of Public Health



2011



Annual Report &
Budget Summary

Promoting and protecting the health of Iowans

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Department Director's Office

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D., Director
515-281-7689

- State Board of Health
- Dental Board
- Board of Medicine
- Board of Nursing
- Board of Pharmacy
- Office of the State Medical Examiner

Division of Acute Disease Prevention and Emergency Response

Gerd Clabaugh, Deputy Director, Division Director
515-281-7996

- Center for Acute Disease Epidemiology
- Bureau of Communication and Planning
- Center for Disaster Operations and Response
- Office of Health Information Technology
- Bureau of Immunization and TB
- Bureau of Emergency Medical Services (EMS)

Division of Administration and Professional Licensure

Marcia Spangler, Division Director
515-281-4955

- Bureau of Finance
- Bureau of Health Statistics
- Bureau of Information Management
- Bureau of Professional Licensure

Division of Behavioral Health

Kathy Stone, Division Director
515-281-4417

- Office of Disability, Injury, and Violence Prevention
- Office of Gambling Treatment and Prevention
- Bureau of HIV, STD, and Hepatitis
- Bureau of Substance Abuse

Division of Environmental Health

Ken Sharp, Division Director

515-281-5099

- Bureau of Environmental Health Services
- Bureau of Lead Poisoning Prevention
- Bureau of Radiological Health
- Office of the Plumbing and Mechanical Systems Board

Division of Health Promotion and Chronic Disease Prevention

Julie McMahon, Division Director

515-281-3104

- Bureau of Chronic Disease Prevention and Management
- Center for Congenital and Inherited Disorders
- Bureau of Family Health
- Office of Health Care Transformation
- Bureau of Local Public Health Services
- Office of Minority and Multicultural Health
- Bureau of Nutrition and Health Promotion
- Bureau of Oral and Health Delivery Systems

Division of Tobacco Use Prevention and Control

Aaron Swanson, Interim Division Director

515-281-5491

- Community Partnerships
- Enforcement
- Quitline Iowa and Other Cessation Services
- Surveillance and Evaluation

Go to www.idph.state.ia.us for more information about the department, including health statistics, publications, and program information.

A Message from the Director



I am pleased to present the 2011 Iowa Department of Public Health Annual Report and Budget Summary. The past year has been a time of adjustment and change for me, the department, and public health in general. With these changes and adjustments come new opportunities, which I find exciting and full of potential for enhancing our efforts to promote and protect the health of all Iowans. This is the first report under my leadership as department director, and I am both pleased and motivated by the successes and challenges outlined in this summary of Iowa's public health efforts.

I was able to visit dozens of county public health offices and attend many county Board of Health meetings during the course of 2011. I want to thank all of our public health partners for their hospitality, and moreover, for the work they do to advance the health of Iowans. One thing I have consistently seen in my travels across the state is the collaboration between public and private partners to achieve goals of improved public health. A statewide example of this collaboration is Governor Branstad's Healthiest State Initiative. This effort to make Iowa the healthiest state in the nation by 2016 (according to the Gallup-Healthways Well-Being Index) is ambitious, but possible. I commend all our partners and individual Iowans who participated in the Start Somewhere Walk in October. This walk was literally the 'first step' towards better health for all Iowans. I look forward to more opportunities to advance this initiative, as well as build upon the successes of IDPH's Healthy Iowans program.

IDPH and its partners were actively involved in the efforts to prepare, respond and recover from the drawn-out flooding in Western Iowa. This was a challenging public health situation, as the recovery process extended for months, and in fact, still continues today. In addition to property losses and health concerns such as mold and bacteria contamination, mental health issues came to the forefront, as residents faced months of their daily lives being disrupted by the standing water. I am proud of the work done both at the state level and by local public health to address these and other flood-related concerns.

IDPH ventured further into the world of social media in 2011. A Facebook page focusing on youth addiction was launched to join IDPH's presence on Twitter. Our expansion into the social media arena will continue in 2012.



In 2012, IDPH will continue to work with the legislature and other state agencies as we determine the best way to create and sustain a health information network/exchange or 'eHealth.' In addition, IDPH is working in partnership with other state agencies to assist in the interface of mental health and substance abuse issues. These types of cross-agency partnerships and projects are indicative of the collaborative nature I contend is critical to the advancement of public health.

In this Annual Report and Budget Summary, you will find detailed descriptions of the programs and services that help IDPH achieve our mission of promoting and protecting the health of Iowans. I urge you to take a moment to read about the good work being done by each division, bureau and program. I believe public health's everyday contribution to the lives of Iowans is both significant and necessary to the future of our state.

Sincerely,

Dr. Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director, Iowa Department of Public Health

Vision

Healthy Iowans living in healthy communities.

Mission

Promoting and protecting the health of Iowans.

Guiding Principles

We strive for INNOVATION and CONTINUOUS IMPROVEMENT in our activities to promote and protect the health of Iowans.

With a collective sense of SOCIAL JUSTICE, our activities reflect an understanding and acceptance of DIVERSITY among Iowans.

We encourage COLLABORATION in our activities and in our decision-making so that we respond more effectively to emerging issues and assure the highest QUALITY of services we can provide.

We recognize the value of a healthy COMMUNITY in developing healthy Iowans. We encourage our employees, Iowa's communities, and individual Iowans to work together as PARTNERS to build a healthy Iowa.

We are committed to using EVIDENCE-BASED strategies to assure our programs focus on creating RESULTS that improve the health of Iowans.

What does Public Health do?

Public health is a partnership of local public health, the Iowa Department of Public Health (IDPH), non-profit organizations, health care providers, policymakers, businesses, and many others working together to promote and protect the health of Iowans. Public health strives to improve the quality of life for all Iowans by assuring access to quality population-based health services related to the following goals:

- Preventing injuries;
- Promoting healthy behaviors;
- Protecting against environmental hazards;
- Strengthening the public health infrastructure;
- Preventing epidemics and the spread of disease; and
- Preparing for, responding to, and recovering from public health emergencies.



How does Iowa’s Public Health System meet these goals?

In Iowa, local boards of health are responsible for protecting the public’s health. County boards of supervisors appoint the members of the local boards of health. Iowa law gives broad authority to local boards of health to decide what public health services to provide within their jurisdictions and how to provide them. Thus, the size and structure of local public health agencies and the services they provide varies greatly throughout the state. Local boards of health work with agencies, businesses, health care providers, and others to assure public health services are being provided in their jurisdiction.

The Iowa Department of Public Health (IDPH) partners with local public health, policymakers, health care providers, business and many others to fulfill our mission of promoting and protecting the health of Iowans. IDPH’s primary role is to support Iowa’s 98 county boards of health, 2 city boards of health, and 1 district board of health in this mission. To do this, IDPH provides technical support, consultation, and funding. IDPH also provides a variety of direct services such as licensing health professionals; regulating emergency medical services and substance abuse treatment providers; regulating radioactive materials; and collecting birth, death, and marriage records. The State Board of Health is the policymaking body for IDPH. Iowa’s governor appoints State Board of Health members and the department’s director.

How the Iowa Department of Public Health is Organized

Iowa has had a state public health agency since 1880 when the Eighteenth General Assembly formed the State Board of Health to “provide for the collecting of vital statistics and to assign certain duties to local boards of health.” Since then, its duties have greatly expanded. Today’s IDPH serves as the state’s leader in administering and funding public health, overseeing more than 85 programs and employing more than 425 people.

The State Board of Health is IDPH’s legally designated policy-making body. The Board has the power and the duty to adopt, promulgate, amend, and repeal administrative rules and regulations. The Board also advises and makes recommendations to the governor, General Assembly, and the IDPH director, on public health, hygiene, and sanitation. The IDPH director works closely with the State Board of Health to develop state health policy.

IDPH is organized into seven units.

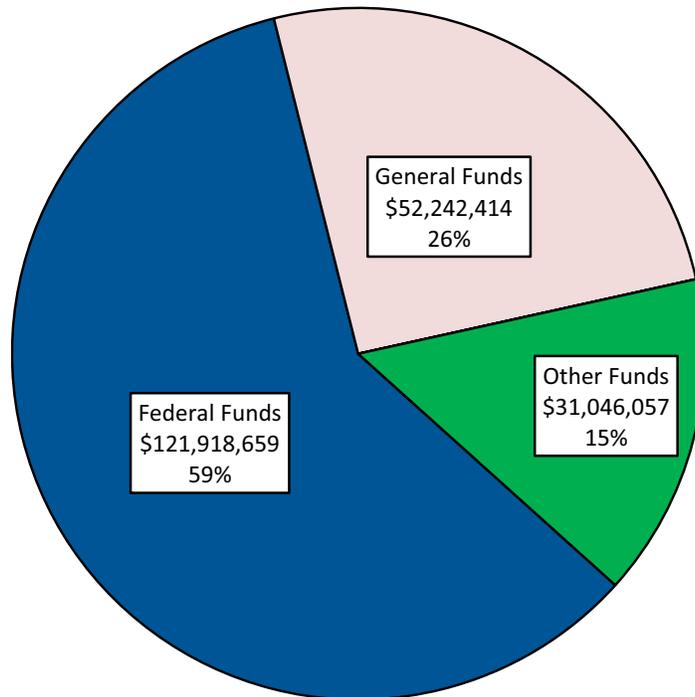
1. Director’s Office
2. Division of Acute Disease Prevention and Emergency Response
3. Division of Administration and Professional Licensure
4. Division of Behavioral Health
5. Division of Environmental Health
6. Division of Health Promotion and Chronic Disease Prevention
7. Division of Tobacco Use Prevention and Control

IDPH provides administrative support for 24 professional licensure boards that regulate and license various health professions. IDPH also provides staff for several consumer-oriented councils and task forces. Many Iowans serve on these various boards and commissions. They provide regular input into the department’s policy development, program planning, implementation, and evaluation efforts.

Contracting is done with more than 725 entities, in all 99 counties, to provide population-based health services and a limited number of personal health services. These contractors include county boards of health and boards of supervisors, community-action programs, public health nursing agencies, maternal and child-health agencies, substance abuse prevention agencies, emergency medical service providers, HIV/AIDS prevention and care providers, and many others.

Iowa Department of Public Health – Budget Summary

Total expenditures in State Fiscal Year (SFY) 2011 were \$205,207,129. The following chart shows the breakdown for expenditures by funding source:



“Other Funds” refer to fees collected and retained by individual programs or via memoranda of understanding that have been established with other state agencies, grants received from private organizations, Rebuild Iowa Infrastructure (RIFF) funds, Technology Reinvestment funds, and Underground Storage Tank funds.

The following table shows SFY 2010, 2011, and 2012 expenditure information for the department as a whole. This Annual Report and Budget Summary also includes SFY 2010, 2011, and 2012 expenditure information for individual department programs and services.

Table 1. Iowa Department of Public Health Budget Summary

	SFY2010 Actual	SFY2011 Actual	SFY2012 Estimate
State General Fund	\$50,660,855	\$52,242,414	\$47,017,955
Health Care Trust Fund	\$6,817,581	\$0	\$0
Federal funds	\$128,115,457	\$121,918,659	\$152,670,704
Other funds	\$37,013,066	\$31,046,057	\$45,576,524
Total funds	\$222,606,959	\$205,207,129	\$245,265,183
FTEs	451.64	445.30	469.85

Note: Total funds may not equal sum of individual funding sources due to rounding.

The following pages include details about department programs and services. These profiles include

- the name of the program/service,
- a main telephone number and Internet address,
- the division overseeing the program/service,
- why the program/service is important to promoting and protecting the health of Iowans,
- a description of services,
- at least one measure of progress toward our goals, and
- fiscal year 2010, 2011, and 2012 expenditure information.

If the measures of progress appeared in our 2011 department performance plan, the 2011 target will be included. The year 2011 refers to the state fiscal year in which the data was reported, not necessarily the 2011 calendar year. Not all programs will have 2011 data. In these cases, the data for the most recent year available is reported for the measure. Overall, programs met targets or showed progress toward meeting targets for 45 (58%) of the 77 reported measures in the profiles for which there were targets, a decrease from last year in which 66% of targets were met. More detailed information about how we are doing is available in the *How do we measure our progress?* section of each profile.

To take a virtual tour of IDPH and view the most recent versions of the profiles, go to www.idph.state.ia.us/WhatWeDo.

Access to Quality Rural Health Services

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 1-800-308-5986

www.idph.state.ia.us/hpcdp/health_care_access.asp



Rural Iowa has charming towns and productive farmlands. Residents are known for their strong work ethics and mid-west rural way of life. In addition, residing in rural areas sometimes means a lack of timely access to all needed health care services. There are 82 critical access hospitals, 10 rural hospitals, 140 federally certified rural health clinics and several other medical clinics and public health offices offering health and safety services to rural residents.

IDPH's Rural Health programs have a number of projects, and work with partners to ensure strategies and initiatives so rural Iowans are better able to get quality health care, occupational safety programs and disease prevention services. Transportation services also play a role in the ability of rural residents especially the elderly, to readily see their healthcare provider. In the recent IDPH Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), access to health care was ranked as the top need by Iowa counties.

Did you know?

According to the 2010 Census, 40% of Iowans live in rural areas. A greater proportion of rural residents than urban residents are uninsured or covered through public sources (23% compared to 19%). Fewer rural Americans receive insurance through their employer than their urban counterparts (64% compared to 71%). A higher number of self-employed people live in rural America. Rural workers pay higher costs for health insurance plans than urban workers.

Why is Access to Quality Rural Health Services important to promoting and protecting the health of Iowans?

- All Iowans need to be able to get timely emergency health care access.
- With the Affordable Care Act, Iowa will be adjusting to new systems of care. IDPH is assisting facilities in addressing these changes.
- All Iowans need to be able to get health care within a reasonable time, using primary care services in a timely fashion to prevent more serious health consequences and to reduce unnecessary emergency room visits.
- IDPH can effectively speak on behalf of rural health issues at the national and state levels.
- No other state entity provides a high level of assistance and advocacy for health care access.
- The Bureau of Oral and Health Delivery Systems programs maintain Iowa's commitment to become the healthiest state in the nation.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

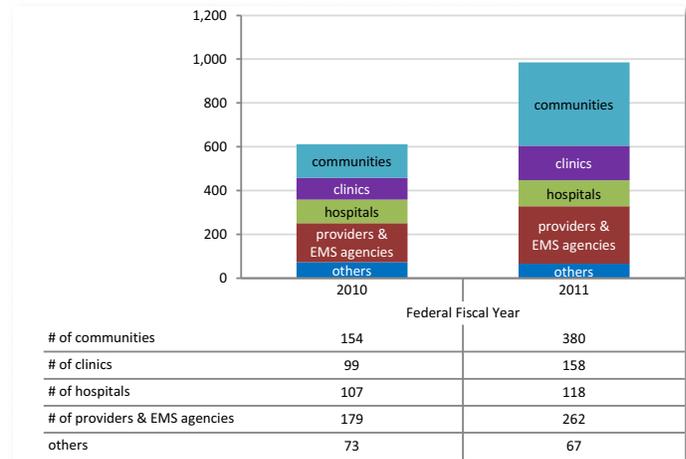
- Provide funding to rural hospitals, organizations, and health systems to assist with implementing projects that will: improve the quality of healthcare, improve financial and operational performance, and develop collaborative regional and local health delivery systems.
- Provide technical assistance for variety of improvement activities including: project management, staffing, education, technology purchases, and community engagement initiatives.
- Collect and distribute information on the local, state, and national levels on rural health issues.
- Develop projects and activities that may be used and serve as models for communities throughout Iowa.
- Coordinate Health Care Reform efforts for Health and Long Term Care and for the Direct Care Workforce.
- The Bureau of Oral and Health Delivery Systems' three health delivery system programs (State Office of Rural Health, FLEX - Medicare Rural Hospital Flexibility Program, and SHIP - Small Rural Hospital Improvement Program) use federal-state partnerships to find and solve problems regarding rural health care access.

How do we measure our progress?

- 1. Number of unduplicated technical assistance encounters (substantive information, advice, education, and training) provided to Iowa communities, clinics, hospitals, providers and others.

Data Source: Bureau progress reports. Data are available annually.

How are we doing? We continue to increase encounters and assistance with a total of 985 communities, clinics, hospitals, providers, and others to serve Iowans in FY2011.



What can Iowans do to help?

1. Learn more about the Bureau of Oral and Health Delivery Systems and the importance of rural health care access by visiting www.idph.state.ia.us/hpcdp/health_care_access.asp.
2. Take part in rural health and local community planning for health services.

Expenditures

FLEX: federal grant: 0153-0914. **State Office of Rural Health:** federal grant: 0153-0902. **SHIP:** federal grant: 0153-0916. **Health Delivery Systems:** general fund & intra state receipts*; State funds are used for a 3:1 match for the Office of Rural Health Grant: K07-0767; K09-0905/0979 (40%).

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$447,314	\$467,942	\$410,324
Federal funds	\$1,017,831	\$1,457,858	\$1,396,757
Other funds*	\$0	\$0	\$53,686
Total funds	\$1,465,145	\$1,925,800	\$1,860,767
FTEs	7.33	7.67	7.64

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Access to Quality Rural Health Services

Phone: 1-800-308-5986 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/hpcdp/health_care_access.asp

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

FLEX – Phone: 515-331-2402 ♦ www.idph.state.ia.us/hpcdp/flex_program.asp

SHIP – Phone: 515-233-2831 ♦ www.idph.state.ia.us/hpcdp/ship_program.asp

State Office of Rural Health – Phone: 515-281-7224 ♦ www.idph.state.ia.us/hpcdp/rural_health.asp

Acute Disease Epidemiology

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 1-800-362-2736

www.idph.state.ia.us/adper/cade.asp



It began with a few cases in eastern Iowa. Cases had spent time in both the Mississippi River and county swimming pools. Within a matter of weeks, there were hundreds of cases of the parasitic disease, cryptosporidiosis. Resistant to chlorine, crypto thrives in water environments. Those who ingest the parasite experience profuse diarrhea, stomach cramps, and low-grade fevers. The crypto outbreak of 2007 was the largest in Iowa history with nearly 1,000 cases reported to the Center for Acute Disease Epidemiology (CADE).

CADE works to keep Iowans healthy by studying the causes, determining the risks, and controlling the spread of diseases. By continually monitoring, tracking, and testing for diseases, CADE works to prevent future disease outbreaks.

Did you know? The majority of food-borne illness originates from food eaten and prepared at home.

Why is CADE important to promoting and protecting the health of Iowans?

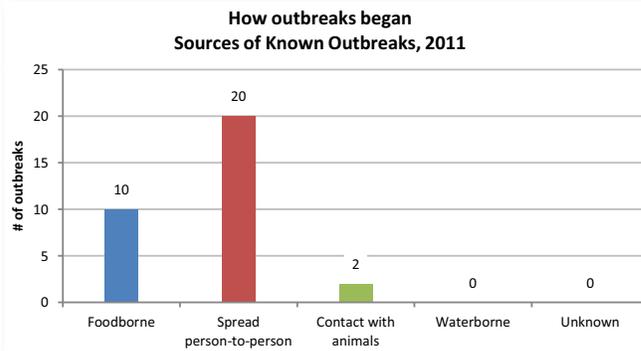
- All Iowans are affected by disease. CADE receives an average of 20 disease reports daily (about 5,000 per year) that must be investigated.
- Epidemiology (the study of disease) helps track illness to determine when there is a widespread threat to your health.
- Disease is spread in many ways. With the help of county health agencies and providers, CADE investigated and/or referred nearly 4,000 cases of infectious disease.

Which Iowa Public Health Goals are we working to achieve?

Prevent epidemics & the spread of disease

Prepare for, respond to, & recover from public health emergencies

Promote healthy behaviors

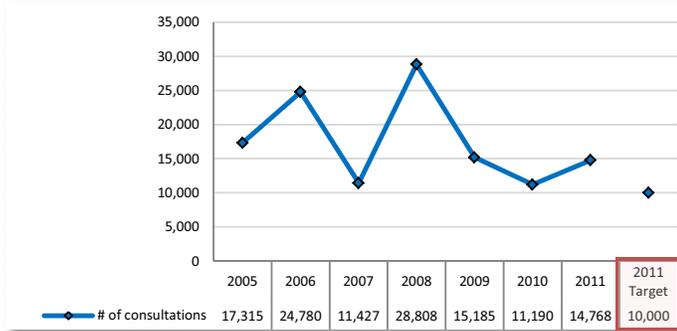


What do we do?

- Monitor and control infectious diseases.
- Plan and prepare for public health emergencies through training exercises.
- Epidemiologists work with counties to fight diseases and outbreaks.
- Develop and use ways to prevent and control diseases.
- Provide advice, equipment, and assistance to health care providers.

How do we measure our progress?

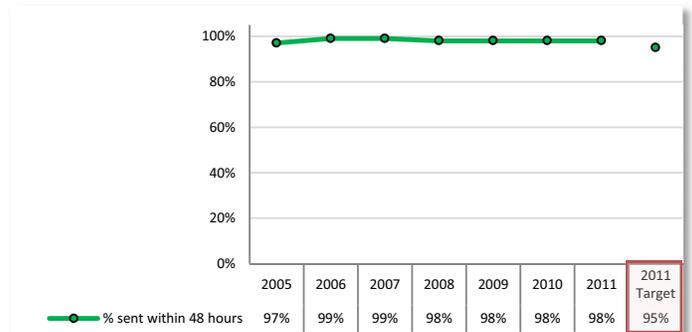
- ❶ Number of infectious disease consultations provided to clinicians, local public health officials, hospital infection control staff, and the public.



Data Source: CADE staff logs, email accounts. Data are available annually.

How are we doing? CADE continues to provide thousands of consultations each year.

- ❷ Percent of disease reports that are sent out for follow-up by local public health within 48 hours of receiving them.



Data Source: CADE disease report processing system. Data are available annually.

How are we doing? CADE refers disease reports to local public health agencies for follow up investigation. In addition, and as a reminder for investigations that remain open, CADE sends an “outstanding reports” notification to counties on a routine basis. This is one indication that local public health agencies are more aware of the importance of complete and timely disease investigation and reporting.

What can Iowans do to help?

1. All Iowans can help stay well and prevent the spread of illness with good health habits: Eat healthy foods, exercise, keep your vaccinations up-to-date, and remember to wash your hands!
2. Public health officials and health care providers should be aware of infectious diseases and remember the importance of reporting those diseases to IDPH by phone at 1-800-362-2736 or fax at 515-281-5698.
3. All Iowans can learn about diseases and the way diseases are spread by getting information and advice from trustworthy sources www.idph.state.ia.us/Cade/Default.aspx

Expenditures

General fund, federal funds, & private grants*: K15-1501; 0153-1506/1510/1512/1514/1606/AR20.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$456,322	\$447,776	\$418,192
Federal funds	\$1,276,538	\$1,804,366	\$4,295,776
Other funds*	\$276,815	\$259,087	\$170,904
Total funds	\$2,009,675	\$2,511,228	\$4,884,872
FTEs	10.39	12.07	14.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response ♦ Acute Disease Epidemiology

Phone: 1-800-362-2736 ♦ Fax: 515-281-5698 ♦ www.idph.state.ia.us/Cade/Default.aspx

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Adolescent Health

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-6924
www.idph.state.ia.us/hpcdp/adolescent_health.asp



Behaviors of young people are influenced at individual, peer, family, school, community, and societal levels. Because many societal factors contribute to adolescent health, safety, and well-being, a collaborative effort engaging multiple partners and sectors is necessary. Such joint efforts can also help to promote a more comprehensive approach to addressing adolescent health – one that views adolescents as whole persons, recognizing and drawing upon their assets and not just focusing on their risks.

Did you know?

Adolescents and young adults are youth between the ages of 10 and 24 years old. They make up 21% of the population in Iowa. This time of life is characterized by significant change and transition (second only to the 1st year of life). It provides a great opportunity to build the capacity and strength of youth to lead healthy, productive lives.

Why is the Adolescent Health program important to promoting and protecting the health of Iowans?

- As our emerging citizens, adolescents play a vital role in our community that will continue throughout their lifetime.
- The investment that Iowans make in the health and well-being of young people strengthens our state now and for the future.
- Adolescence is a period where patterns are established and lifestyle choices have both current and future implications for health and well-being.
- Risk factors in adolescent's lives include: unplanned pregnancy; homelessness; suicide; motor vehicle crashes, including those caused by drinking and driving; substance use and abuse; smoking; sexually transmitted infections (STIs) including human immunodeficiency virus (HIV); and lack of connections to caring and supportive adults, families, schools, and communities.
- Supporting young people to make positive choices – such as eating nutritiously, engaging in physical activity, and avoiding substance abuse, will decrease their risk of sustaining serious injuries or developing chronic diseases in adulthood.
- Iowa is committed to the welfare of its youth, as evidenced by the "Healthy Kids Act" which promotes nutrition standards for any food purchased on school grounds and mandates physical activity during each k-12 school day.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Prevent epidemics & the spread of disease

What do we do?

Education for Adolescents

- Healthy relationships
- Normal development
- Educational and career services
- Healthy life skills
- Sexual health
- TEEN Line resource and referral

Education for Parents and the Community

- Parent-child communication
- Education about suicide prevention

Pregnancy Prevention

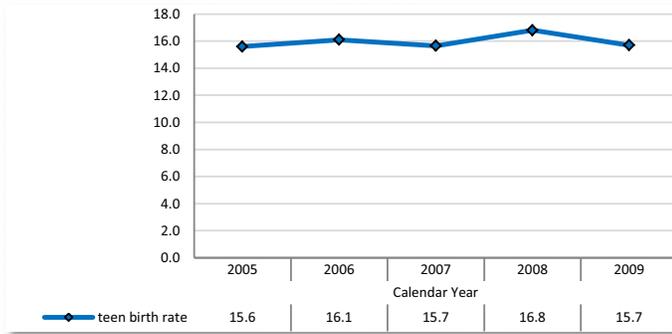
- Personal Responsibility Education Program
- Abstinence Education

Health Promotion

- All youth have safe and supportive families, schools, and communities
- All youth are healthy and socially competent
- All youth are successful in school
- All youth are prepared for a productive adulthood
- Adolescent psychosocial health screening
- Access to clinical services

How do we measure our progress?

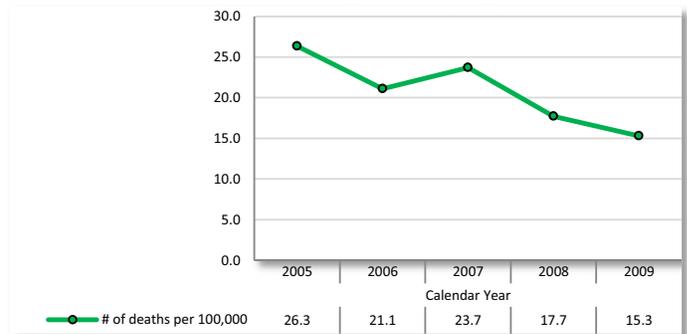
1 Number of births to teens ages 15 to 17 (per 1,000 females ages 15 to 17).



Data Source: IDPH Vital Records Birth Data. Data are available annually.

How are we doing? The teen birth rate has remained fairly stable since 2005, except for an increase in 2008.

2 Number of deaths due to motor vehicle crashes for adolescent Iowans ages 15 to 24 (per 100,000 adolescents ages 15 to 24).



Data Source: IDPH Vital Records Death Data. Data are available annually.

How are we doing? The number of deaths due to motor vehicle crashes has declined substantially since 2005.

What can Iowans do to help?

1. Learn more about adolescent health by going to www.idph.state.ia.us/hpcdp/adolescent_health.asp.
2. Share with friends and colleagues how prevention, early intervention and timely treatment improve health status for adolescents, prepare them for healthy adulthood, and decrease the incidence of many chronic diseases in adulthood.
3. Encourage routine health care visits for adolescents to receive recommended immunizations
4. Physicians and other health care providers can provide anticipatory guidance during the adolescent well visit by reviewing various risk factors that teens may encounter.

Expenditures

Federal funds: 0153-0606/0616

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$0	\$1,026	\$811,883
Total funds	\$0	\$1,026	\$811,883
FTEs	0.00	0.00	1.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Brain Injury

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-8465
www.idph.state.ia.us/bh/brain_injury.asp



You can't always see it, but it is all around you. Brain injuries can be the result of something as minor as a fall on the ice or as major as a head-on car crash. Brain Injury affects children and adults all over Iowa. Whatever the cause, to whomever the person; brain injuries can result in physical, mental, and social changes. Individuals with brain injury and their families need proper diagnosis and treatment to deal with the daily challenges they face.

The Brain Injury program works to improve the lives of Iowans living with brain injuries and their families by linking people with services and by promoting safety to prevent brain injuries from happening in the first place. A life may be changed by a brain injury – but that life goes on and the Brain Injury program works to ensure that life is the best and most productive it can be.

Did you know?

According to the Centers for Disease Control and Prevention (CDC), nearly 1.7% of people in Iowa or approximately 50,000 Iowans are currently living with long-term disabilities caused by a brain injury (CDC, 2008).

Why is the Brain Injury program important to promoting and protecting the health of Iowans?

- In 2009, there were more than 21,500 emergency department visits resulting in a diagnosis of traumatic brain injury (TBI) in Iowa; over 2,000 Iowans were hospitalized because of TBI; and more than 530 lost their lives.
- Brain injuries happen in a wide variety of ways. The top causes include falls, vehicle crashes, being hit by an object, and assaults.
- Falls, which can result in brain injury, are the leading cause of injury to elderly Iowans.
- Brain injury can cause changes in thinking, language, learning, emotions, and behavior. It can also increase the risk of epilepsy, Parkinson's disease, and other brain disorders.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

TBI cases in Iowa, 2009

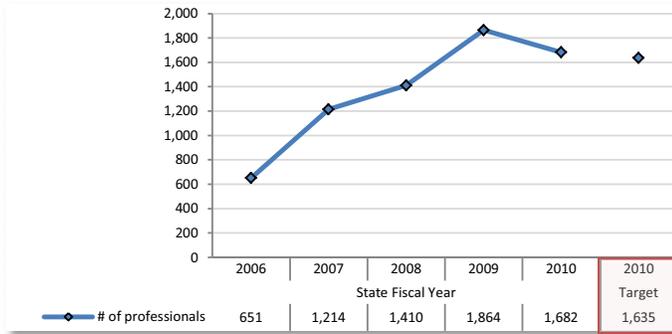


What do we do?

- Promote and carry out brain injury prevention activities.
- Provide brain injury information, awareness, and learning opportunities.
- Work through the Brain Injury Association of Iowa to match Iowans with brain injury and their families to supports and services.
- Study the needs of people with brain injury and their families to better meet their needs.
- Make recommendations to other state departments to support a comprehensive statewide service delivery system.
- Administer contracts for provider training through the Iowa Association of Community Providers.

How do we measure our progress?

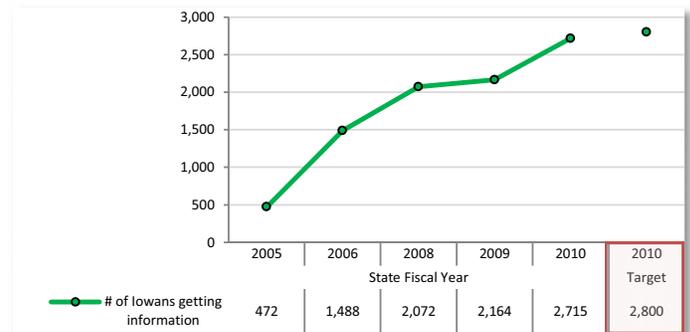
1 Number of health professionals receiving brain injury training.



Data Source: Program records. Data are available annually.

How are we doing? We continue to increase the number of health professionals trained on providing services for people experiencing brain injury. In SFY2010, 60 trainings were held with attendees representing 123 provider sites.

2 Number of lowans with brain injury that get information about living with it and preventing secondary disabilities.



Data Source: Brain Injury Association of Iowa. Data are available annually.

How are we doing? The number of lowans getting information about brain injury has increased more than 500% from 2005 to 2010.

What can lowans do to help?

1. lowans and family members experiencing brain injury can advocate for increased and appropriate brain injury related services. For more information, contact the Brain Injury Association of Iowa at www.biaia.org or call 1-800-444-6443.
2. Healthcare professionals can provide appropriate services to lowans with brain injury. For more information on special training opportunities, go to www.iowaproviders.org/contact_us.html.
3. All lowans can help prevent the likelihood of brain injury by using seat belts and helmets. To learn more about injury prevention, go to www.idph.state.ia.us/bh/brain_injury_prevention.asp

Expenditures

General fund, federal funds, & intra state receipts*: K07-0853/0854; 0153-1802.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$493,356	\$431,554	\$507,343
Federal funds	\$203,134	\$310,501	\$221,909
Other funds*	\$9,762	\$0	\$0
Total funds	\$706,252	\$742,055	\$729,252
FTEs	0.89	0.96	1.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Cancer

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-0925 Fax: 515-242-6384
www.idph.state.ia.us/hpcdp/chronic_disease_prevention_management.asp



Nearly 16,500 Iowans will be diagnosed with cancer this year and 6,300 will die. But cancer statistics are more than numbers. They represent real people. The Iowa Department of Public Health's cancer programs help educate, prevent, detect, and treat cancer, one person at a time.

"Jane," a 60 year-old Iowan with no health insurance, was having wrist surgery when her orthopedic surgeon discovered a lump in her breast. Immediately, the orthopedic surgeon contacted her family and another surgeon was brought in for an emergency breast examination. A biopsy was performed and cancer was discovered.

Thankfully, the surgeon was a Care for Yourself provider and knew that the program would cover the breast exam and biopsy. Jane's enrollment in the Iowa Department of Public Health's Care for Yourself program was completed upon leaving surgery. She is now receiving the treatment she needs to live a long life.

Did you know? Cancer is the *second* leading cause of premature death for Iowans.

Why are cancer programs important to promoting and protecting the health of Iowans?

- Cancer affects nearly all Iowans.
- Many types of cancer can be prevented, or when detected early, can be successfully treated.
- More than half of Iowans diagnosed with cancer will survive it.

Which Iowa Public Health Goals are we working to achieve?

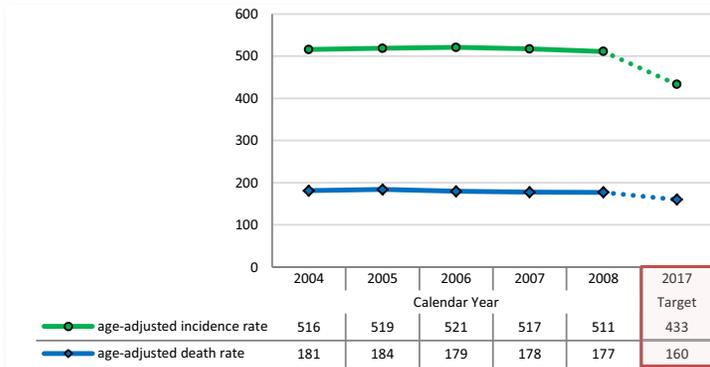
- Promote healthy behaviors
- Strengthen the public health infrastructure

What do we do?

- **Iowa Comprehensive Cancer Control Program (ICCCP)** collaborates with the Iowa Cancer Consortium and state partners to develop the state cancer control plan and put it into action.
 - ✓ The ICCCP provides financial support for many projects working to reduce the burden of cancer in Iowa. For more information please visit www.canceriowa.org or www.idph.state.ia.us/CCC/.
 - ✓ The ICCCP funds projects that educate Iowans about ways to reduce **colorectal cancer** and promote screenings.
 - ✓ The ICCCP works to raise awareness of the ways to reduce **skin cancer** among Iowans. Information for schools, homes and worksites is available at www.sunsafeiowa.org.
- **Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program** helps low-income women access breast and pelvic exams, mammograms, and Pap tests. The program reimburses health care providers for screening and diagnostic services provided to eligible women. The program also works to increase awareness across the state of the importance of early detection, diagnosis, and treatment.
- **Iowa Get Screened; Colorectal Cancer Program (IGS)** works with community partners, local public health offices, health care providers and Federally Qualified Health Centers to provide colorectal cancer screening services to Iowans at 250 percent of the federal poverty level and to:
 - ✓ Increase colorectal cancer screening rates among Iowan's ages 50 to 64;
 - ✓ Provide social marketing and public education to increase screenings and colorectal cancer detection at earlier more treatable stages to lower the mortality rate;
 - ✓ Educate health care providers about colorectal screenings;
 - ✓ Encourage policy and system changes that will increase screening rates and access to services.
- Please visit www.idph.state.ia.us/IGS/ for more information.

How do we measure our progress?

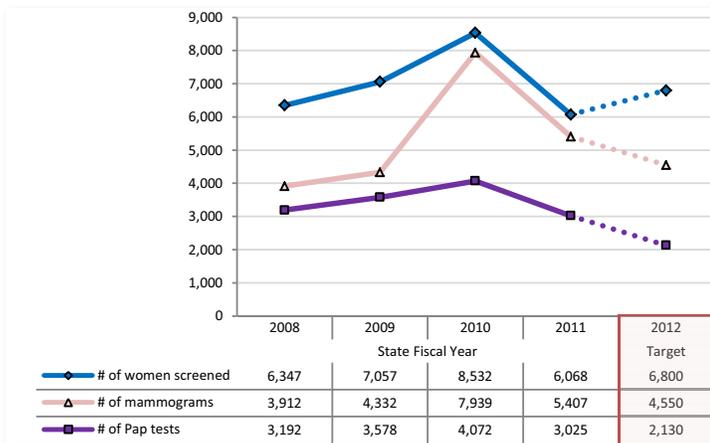
1 Cancer incidence and death rates (per 100,000 Iowans).



Data Source: State Health Cancer Registry. Data are available annually. Go to www.public-health.uiowa.edu/shri/Index.html for information about age-adjusted rates.

How are we doing? The number of cancer deaths has declined since 2005.

2 Number of women screened, and number of mammograms and Pap tests provided.



Data Source: BCCEDP Data Set. Data are available annually.

How are we doing? In SFY2011, the program screened 6,068 women. Data from 2003 shows that the Iowa program screens about 25% of eligible women ages 40 to 64 with mammography.

What can Iowans do to help?

1. Learn more about cancer risks and symptoms, prevention, early detection, treatment, and survivorship.
2. Live healthier lives; quit smoking or do not start, maintain a reasonable weight, exercise, eat a diet rich in fruits and vegetables and avoid too much sun.
3. Have regular age and risk-appropriate cancer screenings (Pap test, mammogram, skin check, colonoscopy, etc.).
4. Join the Iowa Cancer Consortium and help reduce the burden of cancer in Iowa.

Visit www.idph.state.ia.us/CCC/ and www.canceriowa.org to learn more.

Expenditures

Iowa Comprehensive Cancer Control Program: general fund, healthcare trust fund (2010 only), and federal funds: K07-0865; K58-5865; 0153-0416/0598.

Breast & Cervical Cancer Early Detection: federal funds, private grant*, and intra-state receipts* (Dept of Transportation – License Plate Sales): 0153-0408/0426/0596; K07-0852.

Iowa Get Screened Colorectal Cancer Program: federal funds: 0153-0430/0762.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$42,838	\$478,454	\$623,515
Health care trust	\$554,353	\$0	\$0
Federal funds	\$3,165,640	\$3,741,866	\$3,689,695
Other funds*	\$368,803	\$259,168	\$242,552
Total funds	\$4,131,634	\$4,479,488	\$4,555,762
FTEs	7.57	9.35	9.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Cancer

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Iowa Comprehensive Cancer Control Program: Phone: 515-281-0925 ♦ www.idph.state.ia.us/CCC/

Iowa Care for Yourself Breast and Cervical Cancer Early Detection Program: Phone: 515-281-5616 ♦ www.idph.state.ia.us/careforyourself/default.asp

Iowa Get Screened Colorectal Cancer Program: Phone: 515-281-5616 ♦ www.idph.state.ia.us/IGS/

Child Health

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 1-800-383-3826
www.idph.state.ia.us/hpcdp/family_health.asp



Successful promotion of children's health is rooted in a partnership of families, community, health care providers, and public health providers. Iowa's Child Health programs promote the development of local systems of health care to ensure that all Iowa children have regular, preventive health care. The Child Health programs strive to make family-centered, community-based, and culturally-sensitive health services available to all Iowa children.

Did you know?

Research shows that for every \$1 invested in early health care and education of a young child, Iowa will see an economic return of \$17 per child.

Why are Child Health programs important to promoting and protecting the health of Iowans?

- Child Health programs provide access to regular preventive health services that affect a child's physical and mental health, success in school, and health in later years.
- Child Health programs advocate for medical homes that provide a consistent source of comprehensive primary care and facilitate partnerships between families and providers.
- Child Health programs reach out to underserved populations, who are least likely to access preventive health services. Programs serve low-income children, adolescents, and minorities.
- Child Health programs address barriers to accessing preventive health services including health care coverage, transportation, and interpretation.
- Child Health programs link families to community-based services based upon family needs.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

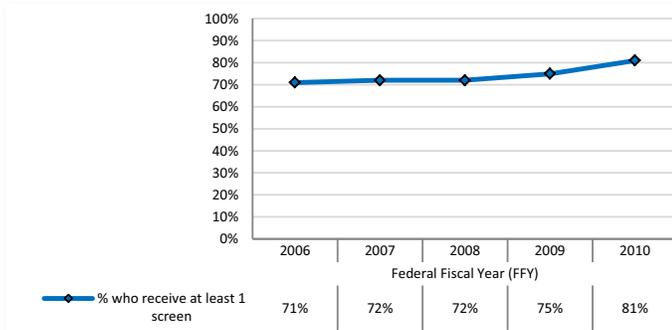
Strengthen the public health infrastructure

What do we do?

- Provide funding for 22 Child Health centers that assure child health services are available in all 99 counties for children and youth ages birth to 22. In FFY 2011, 176,838 Iowa children accessed health care services through Iowa's community-based Child Health centers.
- Encourage community-based Child Health agencies to work closely with medical providers to ensure family-centered, community-based, and culturally-sensitive preventive health services are offered.
- Provide access to community-based health resources through the toll free Healthy Families Line, a 24-hour information and referral phone line.
- Assist in developing local health care systems that meet present and future health needs.
- Support community-based child health agencies that link clients to medical and dental providers.

How do we measure our progress?

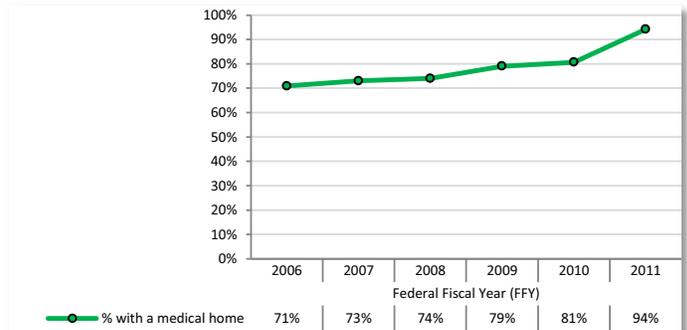
1 Percent of Medicaid enrolled children who receive at least one recommended well child exam.



Data Source: Federal CMS 416 report. Data are available annually. Beginning with federal fiscal year (FFY) 2010 data, the report is based upon the number of children continuously enrolled in Medicaid for a minimum of 90 days who receive at least one well child exam during the year.

How are we doing? This indicator of children receiving at least one recommended well child exam in a year increased by six percent during FFY 2010.

2 Percent of children served in Child Health programs who report a medical home.



Data Source: Child & Adolescent Reporting System (CAREs). Annual unduplicated counts are based upon the federal fiscal year (FFY) October-September.

How are we doing? There has been steady improvement in assuring children served by Child Health programs have a medical home.

What can Iowans do to help?

- Learn more about community-based child health services by going to www.idph.state.ia.us/hpcdp/family_health.asp, www.idph.state.ia.us/hpcdp/child_health_centers.asp, or www.idph.state.ia.us/hpcdp/epsdt_care_for_kids.asp
- Learn more about the healthy development of children. Go to www.iowaepsdt.org.
- Refer uninsured or underinsured families to Child Health centers by contacting the Healthy Families toll free line at 1-800-369-2229.

Expenditures

General fund, RIFF funds, federal funds, & intra state receipts* (Dept of Human Services); State funds are used for a 75% match for the Title V Block Grant: K05-0505/0552/0554; K64-6401; K73-7301; 0153-0506/0522/0622/0654.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$655,059	\$698,296	\$743,010
RIFF funds	\$130,000	\$100,000	\$0
Federal funds	\$1,519,602	\$1,868,772	\$2,082,101
Other funds*	\$3,198,748	\$3,474,149	\$4,168,274
Total funds	\$5,503,408	\$6,141,217	\$6,993,385
FTEs	11.84	13.60	13.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health Division of Health Promotion & Chronic Disease Prevention Child Health

Phone: 1-800-383-3826 or 515-281-4911 Fax: 515-242-6013 www.idph.state.ia.us/hpcdp/family_health.asp

5th Floor, Lucas Building 321 E. 12th Street Des Moines, IA 50319-0075

Child Health Specialty Clinics

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 319-356-1117
www.chsciowa.org



Erin's Story (as told by her mother)*

When we first adopted Erin, it was difficult for our family to get answers or help for her complex behavioral and developmental concerns. Our adoption specialist at DHS suggested that we call Child Health Specialty Clinics. At CHSC, the Advanced Registered Nurse Practitioner and Staff Nurse conducted a complete developmental and health assessment. Along with the Family Navigator, they made recommendations, helped with paperwork, and coordinated support services.

Through CHSC, our family utilized a variety of services including dietician services, physical therapy, occupational therapy, speech therapy, respite, and parenting classes, all of which have contributed to the growth and development of our daughter.

CHSC has helped us become more understanding about Erin's developmental disabilities and special health care needs. If I'm ever feeling overwhelmed or frustrated, I know I can call my Family Navigator, even if I don't have an appointment. We are now able to anticipate our daughter's needs and have become better equipped to deal with her behaviors at home and in public. Her overall development has progressed greatly and we hope that she continues to get the help she needs at school and in the community.



*Name has been changed

Did you know? About 100,000 Iowa children have some degree of a special health care need.

Why is the Child Health Specialty Clinics important to promoting and protecting the health of Iowans?

- Research suggests that about 15 to 20% of all children 0 to 18 years of age have some type of special health care need.
- Children and youth with special health care needs require services that are more intensive and comprehensive than children and youth without special care needs require. These specialty services are often not available or accessible.
- Research shows that specialty services are an important addition to primary care services for children and youth who have chronic illnesses or developmental delays.
- Federal rules require that at least 30% of each state's Title V Maternal and Child Health Block Grant be used to focus on children and youth with special health care needs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

- Improve access to direct-care pediatric specialty services, including behavioral consultations and nutrition services through telehealth technology.
- Provide community-based expertise and guidance about specialty care.
- Offer policy and planning expertise to improve the service system for all children and youth with special health care needs and their families.
- Provide care coordination to help families organize needed services so that they can be used easily.
- Provide family support through a statewide family navigator network and partnering family advocacy groups.
- Promote spread of the medical home model among community-based primary care providers, especially for improving quality of care for children and youth with special health care needs.

How do we measure our progress?

- ❶ **Percent of children with special health needs (CSHCN) ages 0-18 whose families partner in decision-making at all levels and are satisfied with the services they receive.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2002, Iowa – 58.5%; National – 57.5%.

In 2006, Iowa – 64.7%; National – 57.4%.

- ❷ **Percent of CSHCN ages 0-18 who receive coordinated, ongoing, comprehensive care within a medical home.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2002, Iowa – 57.1%; National – 52.6%.

In 2006, Iowa – 57.4%; National – 47.1%.

- ❸ **Percent of CSHCN ages 0-18 whose families have adequate private and/or public insurance to pay for the services they need.**

Data Source: National CSHCN Survey. New data are available approximately every 5 years.

How are we doing?

In 2002, Iowa – 64.5%; National – 59.6%.

In 2006, Iowa – 68.6%; National – 62.0%.

- ❹ **Percent of CSHCN ages 0-18 whose families report the community-based service systems are organized so they can use them easily.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2002, Iowa – 77.8%; National – 74.3%.

In 2006, Iowa – 92.9%; National – 89.1%.

- ❺ **Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.**

Data Source: National CSHCN Survey. Data are available approximately every 5 years.

How are we doing?

In 2002, Iowa – 2.3%; National – 5.8%.

In 2006, Iowa – 47.3%; National – 41.2%.

What can Iowans do to help?

1. Iowans who have or know of children or youth with special needs can contact CHSC by calling 319-356-1117 or visiting www.chsciowa.org.
2. All Iowans can recognize the essential public health role CHSC plays as Iowa's Title V program for children and youth with special health care needs.
3. All Iowans can tell their state legislators about the important role CHSC plays in the lives of children and youth with special health care needs.

Expenditures

General fund, health care trust fund, & federal grant: K07-0703; K58-5863; 0153-0706

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$500,159	\$803,303	\$788,303
Health care trust	\$344,944	\$0	\$0
Federal funds	\$1,775,672	\$1,542,733	\$2,185,719
Total funds	\$2,620,775	\$2,346,036	\$2,974,022
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Child Protection Centers

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-4816
www.nca-online.org



Child abuse. No one wants to imagine the mental and physical pain an abused child must endure. Unfortunately, the pain can sometimes be prolonged by the very systems designed to protect the victims. Child Protection Centers provide a safe environment where all exams and interviews can occur in one place.

It took great courage for “Allen,” a 16-year old boy, to reveal his stepfather had sexually abused him for years. It was extremely difficult and embarrassing for Allen to share the details of his abuse, but with the non-threatening environment of the Child Protection Center, he was able to give authorities enough details to take his case to trial, resulting in a guilty conviction and prison time for his stepfather.

Child Protection Centers work to ease the pain of abuse through understanding and awareness.

Did you know? In state fiscal year 2011, 3,002 children were served in one of the Iowa Department of Public Health (IDPH) funded Child Protection Centers.

Why are Child Protection Centers important to promoting and protecting the health of Iowans?

- Children who are victims of alleged child abuse are often further victimized by the numerous interviews and exams. At a Child Protection Center, all investigation can occur in one place.
- The IDPH manages four Child Protection Centers in Iowa, including; Mercy Child Advocacy in Sioux City, Mississippi Valley Child Protection Center in Muscatine, Regional Child Protection Center in Des Moines (Blank), and St. Luke’s Child Protection Center in Hiawatha.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do Child Protection Centers do?

- Provides a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting.
- Provides a multidisciplinary team including: law enforcement, counties attorneys, physicians and nurses, mental health professionals, family advocacy and child protection center staff to ensure children and families are not subjected to duplication of efforts.
- Provides a comfortable, private, child-friendly setting that is both physically and psychologically safe for children.
- Builds community awareness and understanding of child abuse.
- Coordinates and tracks investigation efforts so cases do not “fall through the cracks.”
- Improves prosecution of child abuse cases; thus, holding more offenders accountable.

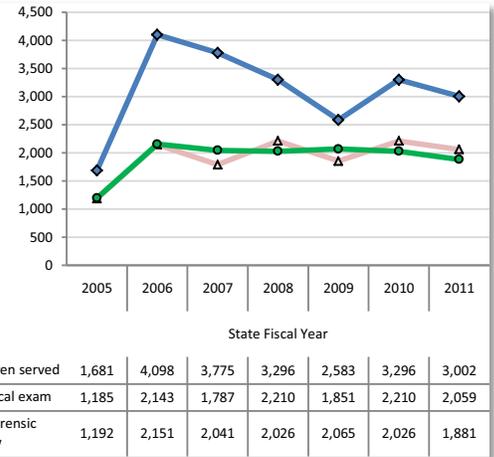
How do we measure our progress?

- ❶ Number of new children served.
- ❷ Number that had a medical exam.
- ❸ Number that had a forensic interview.

Data Source: CPC Reports to IDPH. Data are available annually.

How are we doing?

Child protection centers first received state funding in state fiscal year (SFY) 2005. The CPCs have used this funding to increase capacity and infrastructure. Based on a comprehensive assessment of needs for additional CPC services throughout the state, the Iowa Chapter of National Children's Alliance is actively approaching and assisting the areas determined to have the highest need with forming a full service CPC or a satellite center.



What can Iowans do to help?

1. Iowans who are abused or suspect that a child is being abused should seek help. If you suspect a child is being abused or neglected,
 - ✓ CALL a DHS local office 8:00 AM - 4:30 PM Monday-Friday. For an interactive map of county office locations and contact information, go to www.dhs.state.ia.us/Consumers/Find_Help/MapLocations.html or
 - ✓ CALL Iowa's Child Abuse Hotline at 1-800-362-2178.

For more information, go to

www.dhs.state.ia.us/Consumers/Safety_and_Protection/Abuse_Reporting/ChildAbuse.html.

2. All Iowans can support efforts to establish new Child Protection Centers or outreach efforts in new communities.
3. Public health professionals can build awareness of the Child Protection Centers and encourage use and support of their services. Go to www.nca-online.org to learn more.

Expenditures

Intra state receipts* (Dept of Human Services): K17-1764

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Other funds*	\$960,885	\$977,800	\$988,285
Total funds	\$960,885	\$977,800	\$988,285
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Child Protection Centers
 Phone: 515-281-4816 ♦ Fax: 515-281-4535 ♦ www.nca-online.org
 6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Communication & Planning

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-242-5224

www.idph.state.ia.us/adper/cap.asp



A plane from Chicago lands at the Des Moines airport. A passenger on that plane has measles. Because measles is a highly contagious and potentially serious disease, it is important that everyone on the plane is notified of their exposure so they can check their immunization status. The communication of vital health information is a key responsibility of the Bureau of Communication and Planning (CAP).

Within hours of a press release alerting the public of the potential measles exposure, phone calls from passengers on the plane came into IDPH. Some of those exposed were unsure of their immunization status and received follow-up testing from local public health partners. The successful collaboration between IDPH, the media, local public health agencies, and providers helped to stop the spread of measles. The CAP Bureau routinely works with other programs in IDPH to prevent threats to the health of Iowans.

Did you know?

By 2030, Iowa's population over the age of 65 will grow more than 50%. Not only will IDPH and local health partners deal with retiring employees, our public health workforce must evolve to meet the needs of this aging population.

Why is Communication and Planning important to promoting and protecting the health of Iowans?

- CAP facilitates local, state, and department assessment and planning activities that improve the function of public health for all Iowans.
- Clear and accurate information helps Iowans stay healthy, live with diseases like cancer or arthritis, and be ready for and cope with public health threats or emergencies.
- CAP works on modernizing the public health system, quality improvement, and performance improvement. These activities contribute to increasing our ability to meet the health needs of Iowans.
- A highly trained and competent workforce strengthens the public health infrastructure. This infrastructure allows IDPH to prevent epidemics and the spread of disease; protect against environmental hazards; promote healthy behaviors; prevent injuries; and prepare for, respond to, and recover from public health emergencies.
- Reducing turnover in talented employees saves the state thousands of dollars in costs associated with rehiring and training.

Which Iowa Public Health Goals are we working to achieve?

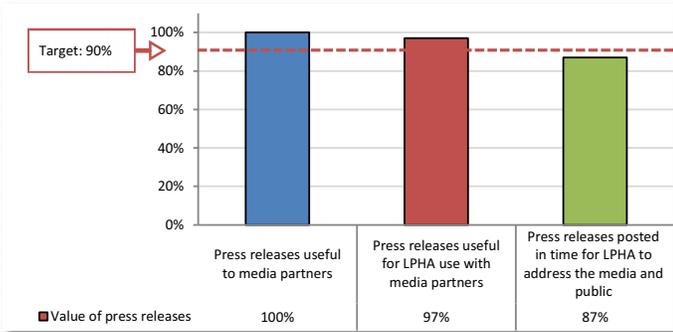
Strengthen the public health infrastructure

What do we do?

- Provide accurate information to the media and the public about health-related issues.
- Help set health goals, create plans to meet them, and then track the progress toward meeting those goals.
- Provide information to legislators about policies, services, legal requirements, and administrative rules.
- Make sure that public health data are available to make decisions about what public health services are provided.
- Coordinate planning for changes in Iowa's public health system.
- Provide technical assistance to communities in assessing their needs and writing health improvement plans.
- Recruit and work to retain qualified public health professionals.
- Handle all human resources issues including benefits, payroll, and employee relations.
- Offer trainings that improve performance of IDPH employees and enhance their knowledge base.

How do we measure our progress?

1 Percent of our critical partners that are satisfied with the effectiveness of our communication.



Data Source: 2009 H1N1 Influenza After Action Report and Improvement Plan

How are we doing? In our response to the H1N1 pandemic of 2009, 100% of our media partners classified our press releases as useful. 97% of Local Public Health Agencies (LPHA) agreed that our press releases were useful in their ability to meet their local information needs. 87% of LPHA agreed that the releases were on the IDPH website in a timely fashion so that they could distribute the information.

2 The number of IDPH employees that participate in internal training and find it useful in their daily work.

Performance Measure	Calendar Year		
	2008	2009	2010
Number of employees attending training	316	505	531
Percent of employees rating training as useful	97%	96%	97.5%
Target	90%	90%	90%

Data Source: IDPH Employee Development Surveys. Data are available annually.

How are we doing? IDPH has more than 400 employees. Training coverage has increased substantially. More than 500 employees participated in training in each of the last two years, indicating some employees attended more than one training. About 97% of those who participate, rate the trainings as useful in their daily work or potentially useful in their future work. Internal trainings utilize the unique skills and experience of department staff. The trainings convey skills to other employees with little to no cost and with large benefits in productivity and efficiency. The training also improves employee satisfaction and performance, reducing turnover.

What can Iowans do to help?

1. All Iowans should learn about important public health issues and policies. Visit the IDPH homepage at www.idph.state.ia.us.
2. Public health professionals should continue to learn about the importance of working with the media to deliver health messages to promote and protect the health of Iowans.
3. All Iowans should be aware of the public health services they can expect from local and public health, no matter where they live. For more information, go to www.idph.state.ia.us/mphi/.
4. All Iowans can participate in assessing health needs and planning improvements. To learn more, go to www.idph.state.ia.us/chnahip/default.asp and www.idph.state.ia.us/adper/healthy_iowans.asp.
5. All Iowans can learn more about public health and the wide variety of careers and services in the field. To learn more, go to www.idph.state.ia.us/employment/default.asp.

Expenditures

General fund, health care trust funds (2010 only), federal indirect funds, private grants*, private donations,* & registration fees*: K09-0969; K19-1963; K21-2211; 0153-0954/2110/2236/2238/2240/2242.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$367,526	\$372,202	\$360,121
Health care trust	\$55,215	\$0	\$0
Federal funds	\$1,098,118	\$1,207,352	\$1,430,593
Other funds*	\$517,713	\$237,250	\$12,494
Total funds	\$2,038,572	\$1,816,804	\$1,803,208
FTEs	16.36	16.47	20.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response ♦ Communication & Planning

Phone: 515-242-5224 ♦ Fax: 515-281-3121 ♦ www.idph.state.ia.us/adper/cap.asp

5th & 6th Floors, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Congenital & Inherited Disorders

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 1-800-383-3826

www.idph.state.ia.us/genetics/default.asp



Our daughter Julia was born in 2004, the third child in our family. I was aware following hospital orientation that newborn hearing screening was done for all newborns at the hospital. Our two older children had no hearing problems, and there was no history of loss in our family, so while this service was nice, I really didn't think more about it. Julia was born quickly and with no complications. We prepared to leave the hospital with her when our nurse informed us Julia had failed the newborn infant hearing screening. This still didn't raise a red flag for me, as I thought many newborns must fail. After she failed her rescreen in a week, we realized there may really be a problem. We were encouraged to visit a pediatric audiologist and ENT for further testing. We learned our daughter had hearing loss in one ear, possibly two. She was aided with a hearing aid at the age of one month and later aided with two hearing aids after it was determined she had a moderately severe loss in both ears. Julia continues to blossom. Her ability to participate in sports and dancing has not been hindered. She is a remarkable young girl that does very well in school with the aid of an FM system. We sometimes wonder when we would have noticed her loss if she hadn't been screened early. What we do know is if that happened, she could have missed out on language. Newborn hearing screening was invaluable for us. We were able to determine what was best for her and our family early on.

Did you know?

About 40,000 children are born in Iowa annually. Each year, an average of 1,850 are born with a congenital or inherited disorder, and approximately 200 babies are stillborn. Three of every 1,000 newborns or 120 babies in Iowa are diagnosed with a hearing loss each year and another 2 to 3 per 1,000 children will develop hearing loss after birth. Childhood hearing loss is the most common birth defect and most babies born with hearing loss are born to parents with normal hearing.

The Center for Congenital and Inherited Disorders (CCID) programs serve all phases of the life cycle: prenatal, neonatal, pediatric, and adult.

Why is the Center for Congenital and Inherited Disorders important to promoting and protecting the health of Iowans?

- Screening programs for the early detection of inherited or congenital disorders helps assure that interventions can be provided earlier to eliminate or reduce disability and provide family support.
- Early detection and treatment can prevent mental retardation and even death in children born with an inherited or congenital disorder.
- Children born with a hearing loss who are identified early and given appropriate intervention before 6 months of age demonstrated significantly better speech and reading comprehension than children identified after 6 months of age (Yoshinaga-Itano et al., 1998).
- By the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given appropriate educational, medical, and audiological services (White, K. R., & Maxon, A. B. (1995).

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

CCID provides the structure through which comprehensive genetic health care services, laboratory services, early hearing detection and intervention, and surveillance are developed and implemented as vital parts of Iowa's health care system. CCID assures statewide education is provided to promote health and prevent disease and develops policies and programs that assure the availability of and access to quality genetic health care, newborn screening, and laboratory services. The CCID administers eight programs:

- Early Hearing Detection and Intervention (EHDI) program – provides universal newborn hearing screening, short-term follow up, and referrals to early intervention and family support services.
- Regional Genetics Consultation Services – regional clinics provide statewide medical consultation and counseling to people with a diagnosed genetic disorder.
- Neuromuscular & Related Disorders – provides medical consultation and counseling to those with a diagnosed neuromuscular disorder, such as muscular dystrophy.
- Iowa Neonatal Metabolic Screening Program – conducts newborn dried blood spot testing and short and long term follow-up for metabolic disorders and cystic fibrosis. Testing is done for Iowa, North Dakota and South Dakota. INMSP also provides metabolic formula and medical foods for people diagnosed with PKU and other inherited disorders of metabolism that require medically necessary foods.
- Iowa Registry for Congenital and Inherited Disorders – conducts surveillance for congenital and inherited disorders and stillbirth on children born in Iowa.
- Stillbirth Surveillance Program – supports stillbirth surveillance activities of the Iowa Registry for Congenital and Inherited Disorders. Promotes stillbirths awareness initiatives.
- Family Health History Initiative – provides resources to explore and compile family health history to determine the risk of inheriting disease. Provides resources for lifestyle/behavior changes and screening tests based on the results of the family health history.
- Maternal Prenatal Screening Program – conducts prenatal testing to screen for congenital/inherited disorders of the fetus.

How do we measure our progress?

1 Percent of screen positive newborns who get timely follow up to definite diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs.

Data Source: INMSP/UHL database. Data are available annually.

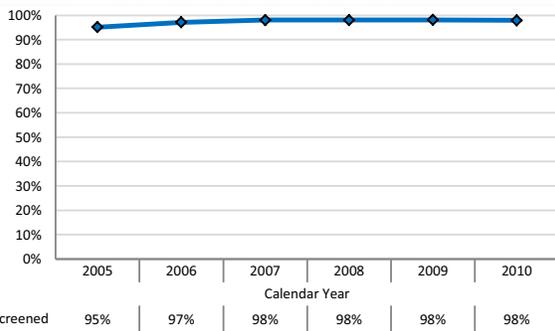
How are we doing? In 2010, all children with a presumptive positive screen received timely follow-up services (100%).

2 Percent of children, who do not have a parent-signed waiver, that are screened for disorders tested through the Iowa newborn screening panel.

Data Source: INMSP/UHL database. Data are available annually.

How are we doing? Nearly all Iowa newborns are screened using the Iowa newborn screening panel (99.97%). There were 32 NBS waivers signed in CY2010.

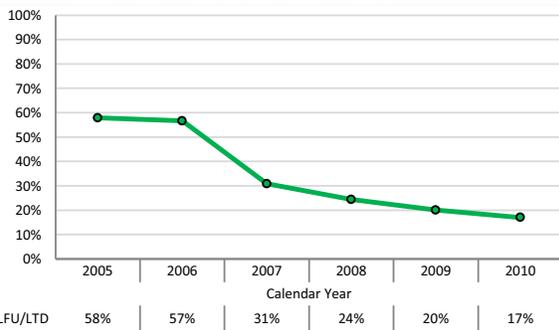
3 Percent of infants screened at birth for hearing loss.



Data Source: IDPH/EHDI database. Data are available annually.

How are we doing? Nearly all Iowa newborns are screened.

4 Percent of infants lost to follow up or documentation (LFU/LTD) among all infants who did not pass their initial birth hearing screen.



Data Source: IDPH/EHDI database. Data are available annually.

How are we doing? The number of infants that do not return for a hearing re-screen is steadily decreasing which means that a greater percentage of children are receiving recommended follow up.

What can Iowans do to help?

1. Go to www.idph.state.ia.us/genetics/ to learn about CCID programs, and www.idph.state.ia.us/iaehdi/default.asp to learn more about EHDI programs.
2. Support and promote newborn screenings by having your children screened, and encouraging others to do the same.
3. Conduct your own family health history and talk to your health care provider about the results.
4. Talk to your legislators about funding for newborn screening and genetic programs.
5. Contact the CCID advisory committee (www.idph.state.ia.us/genetics/common/pdf/committee_roster.pdf) with questions or issues.
6. Contact the EHDI advisory committee (www.idph.state.ia.us/iaehdi/advisory_committee.asp) with questions or issues.

Health care professionals can

1. Teach patients about the benefits of newborn screening.
2. Provide information to pregnant women about monitoring fetal activity.
3. Help patients gather their family health history and discuss the results with them.
4. Learn more about science-based genetic research.

Policymakers can

1. Learn about science-based genetic research and genetic programs.
2. Provide funding for public health-based genetic programs, including public health surveillance.

Expenditures

General fund, health care trust fund (2010 only), tobacco fund, underground storage tank fund (USTF) (2011 only), federal funds, private grants*, & retained fees*: K07-0705/0709/0765; 0830-0830; K67-6703; 0153-0718/0720/0722/0724. EHDI: general fund & federal funds: K05-0611; 0153-0544/0558/0682

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$976,327	\$1,030,985	\$1,104,811
Health care trust	\$155,881	\$0	\$0
USTF	\$0	\$20,000	\$0
Federal funds	\$631,174	\$556,530	\$594,186
Other funds*	\$16,072	\$56,702	\$175,876
Total funds	\$1,779,454	\$1,664,217	\$1,874,873
FTEs	3.62	3.07	5.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Dental Board

Phone: 515-281-5157
www.dentalboard.iowa.gov

Promoting & Protecting the Health of Iowans



Did you know the practice of dentistry dates back to Egyptian times? A tomb from 2600 BC marks the death of Hsy-Re, known as the “greatest to deal with teeth.” We’ve come a long way since those ancient days. Today, dentistry involves not only the repair of damaged teeth, but preventive care and even appearance-related treatments, like teeth whitening.

The Iowa Dental Board helps keep Iowans healthy by making sure only qualified dentists, dental hygienists, and dental assistants practice in Iowa. By licensing health professionals, Iowans can be confident they are receiving competent care.

Did you know? There are 9,004 dentists, dental hygienists, and dental assistants licensed in Iowa.

Why is the Iowa Dental Board important to promoting and protecting the health of Iowans?

- All Iowans deserve ethical and safe care from competent, qualified practitioners.
- Setting standards for licensure ensures that minimum standards are met.
- Licensing is an effective way to keep untrained and dishonest individuals from practicing dentistry, dental hygiene, or dental assisting in Iowa.

Which Iowa Public Health Goals are we working to achieve?

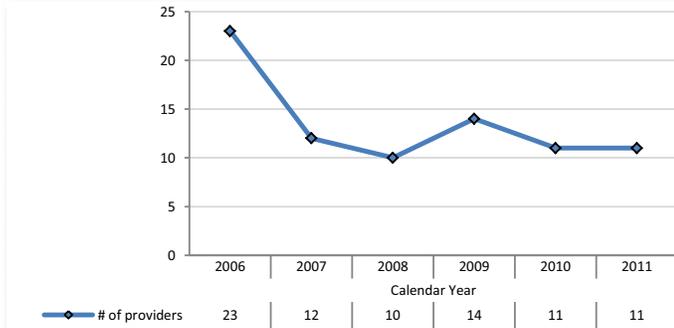
Strengthen the public health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who break the law.
- Monitor disciplined and impaired (e.g., substance abuse, mental health problems) professionals so they can return to practice as soon as it's safe.
- Provide licensure and discipline data to the public.
- Educate professional groups, students, and the public.
- Watch national health care trends to see how they might apply to Iowa.

How do we measure our progress?

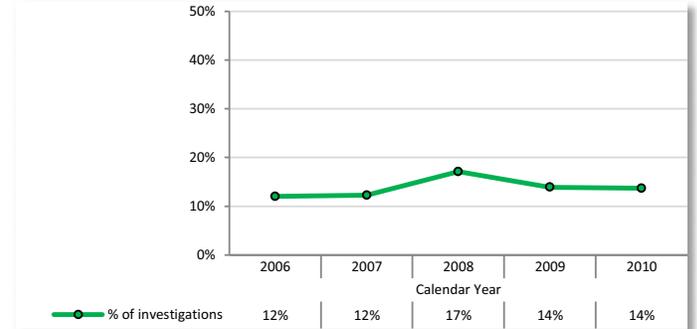
1 Number of providers participating in the Iowa practitioner recovery program.



Data Source: Manual counts. Data are available annually.

How are we doing? As of October 2011, there were 11 providers participating in our IPRC program.

2 Percent of investigations resulting in formal discipline.



Data Source: Board manual counts. Data are available annually.

How are we doing? Out of 212 complaints filed in 2010, 29 resulted in formal discipline.

What can Iowans do to help?

1. All Iowans can learn more about the Iowa Dental Board by going to www.dentalboard.iowa.gov.
2. Health professionals should learn how to comply with Iowa laws.
3. Health professionals can learn how to use the programs created to help impaired or potentially impaired professionals. For more information, go to www.dentalboard.iowa.gov/iprc.html.

Expenditures

Retained fees: K19-2062

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Retained fees	\$1,219,979	\$924,386	\$1,022,839
Total funds	\$1,219,979	\$924,386	\$1,022,839
FTEs	7.85	7.70	8.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Iowa Dental Board

Phone: 515-281-5157 ♦ Fax: 515-281-7969 ♦ www.dentalboard.iowa.gov

400 SW 8th Street, Suite D ♦ Des Moines, IA 50309-4687

Diabetes Prevention & Control

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-242-6204
www.idph.state.ia.us/hpcdp/diabetes.asp



Finding out that you or someone you love has diabetes is scary. You may feel sad, frustrated, or even angry. Diabetes is a serious health condition, but it can be controlled. The IDPH Diabetes Prevention and Control Program provides resources to help Iowans learn about the disease and how to live with it.

A female in Southern Iowa was diagnosed with type 2 diabetes in 2010. She attended diabetes classes and started counting carbohydrates and exercising. Significant weight loss occurred within the first month of diagnosis. A1c was reduced from 7.6% to 5.8% within the first four months of diagnosis. She says diabetes was the worst thing that happened in 2010, and it was the best thing that happened in 2010. Having diabetes has motivated her to take better care of her health.

Diabetes is preventable and controllable. IDPH helps Iowans learn how.

Did you know? Diabetes is the 7th leading cause of death among Iowans.

Why is Diabetes Prevention & Control important to promoting and protecting the health of Iowans?

- Approximately 173,000 (7.5%) adult Iowans have been told by a doctor that they have diabetes.
- The likelihood of having diabetes increases as we age.
- Diabetes represents 3% of all deaths in Iowa.
- Awareness of diabetes can help prevent or delay the onset of the disease.
- Strict diabetes control can prevent or reduce complications, including heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, and pregnancy complications.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

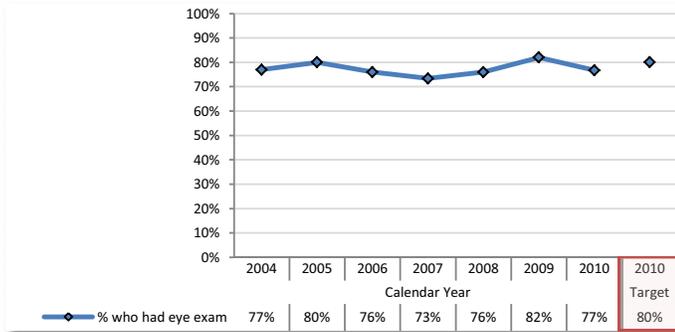
Strengthen the public health infrastructure

What do we do?

- Provide education about diabetes prevention and control through training for health care professionals.
- Provide educational materials for communities and certified outpatient diabetes education programs.
- Certify community-based outpatient diabetes education programs.
- Maintain involvement with diabetes care providers and educators statewide.
- Participate in activities like the Dilated Eye Exam Project.
- Monitor, evaluate, and report diabetes-related data.
- Work with other programs, like tobacco and colorectal cancer, to increase awareness of chronic disease risk factors and management strategies.
- Promote and support community-based self-management programs for people with chronic disease.

How do we measure our progress?

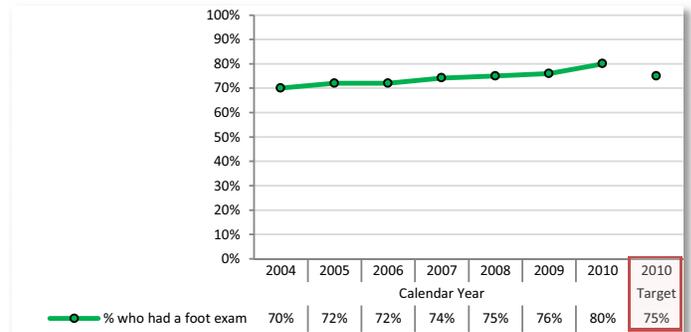
1 Percent of Iowa adults with diabetes who had a dilated eye exam in the last year.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available annually.

How are we doing? We exceeded our Healthy Iowans 2010 target for annual dilated eye exams in 2009, but there was a slight decrease in 2010.

2 Percent of Iowa adults with diabetes who had a foot exam in the last year.



Data Source: BRFSS. Data are available annually.

How are we doing? We have exceeded our Healthy Iowans 2010 target for annual foot exams.

What can Iowans do to help?

1. All Iowans can learn how to prevent or manage diabetes by visiting www.diabetes.org (American Diabetes Association).
2. Health care professionals working with people with diabetes can get quality education and resources through the Iowa Diabetes Prevention and Control Program at www.idph.state.ia.us/hpcdp/diabetes.asp.

Expenditures

Federal funds: 0153-1966

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$172,851	\$148,332	\$171,567
Total funds	\$172,851	\$148,332	\$171,567
FTEs	1.45	1.29	1.20

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Disability & Health

Promoting & Protecting the Health of Iowans

Division of Behavioral Health

Phone: 515-242-6336

www.idph.state.ia.us/bh/disability_health.asp



Two Rivers Independent Living Center (TRILC) in Sioux City provides peer support, information and referral, and independent living skill development for people with disabilities in the Siouxland area. In collaboration with the IDPH Disability & Health program, Joanie and Jeannie completed the Community Access Project training in emergency preparedness for people with disabilities. Now they provide emergency preparedness guidance through group and individual presentations. TRILC has become an asset to local emergency responders in planning for people with disabilities. Both Joanie and Jeannie use wheelchairs for mobility and understand the importance of including people with disabilities in all phases of emergency planning.

A disability is anything that limits your ability to walk, talk, hear, learn, or function day-to-day. A disability does change a life, but doesn't end it. The goal of the Disability & Health program is to help Iowans with disabilities live well and have full access to community services. This helps all Iowans toward healthier, more productive lives.

Did you know?

Nearly 19% of Iowa adults report having a disability; 90% of those involve physical limitations. Iowans with disability are more likely to have other chronic conditions, such as arthritis, high blood pressure, and diabetes. Iowans with a disability are five times more likely than those without to characterize their health status as "fair to poor".

Why is the Disability & Health program important to promoting and protecting the health of Iowans?

- A disability is any limitation that affects a person's day-to-day activities.
- Accessing services for people with disabilities can be difficult, especially in rural areas.
- People with disabilities are more likely to develop other conditions like high blood pressure, high cholesterol, depression, addiction, or obesity.
- Iowa's older population is growing. Older people are more likely to be living with disabilities.
- Helping Iowans with disabilities have access to health services and information allows them to live healthier lives.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

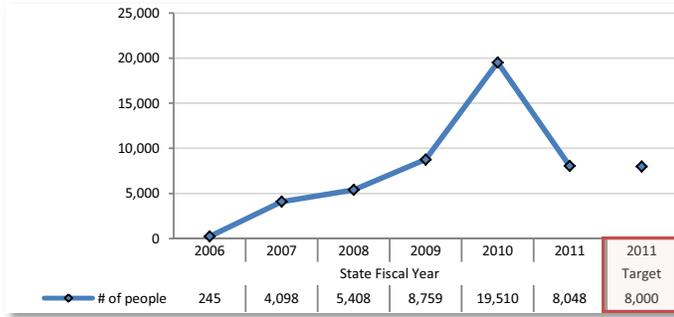
Strengthen the public health infrastructure

What do we do?

- Provide training and assistance so community health providers can improve accessibility following Americans with Disabilities Act (ADA) guidelines.
- Work with state and local responders and planners on establishing accessible sheltering locations and prepare Iowans with disabilities and their families for what to do in an emergency.
- Provide Continuity of Operations Planning to community providers to maintain essential services during an emergency or disaster.
- Work with the Center for Disabilities and Development at the University of Iowa to provide an 8-week course called "Living Well with a Disability."
- Educate pre-service health professionals on providing better service and communication to people with disabilities.
- Provide technical assistance to builders and contractors to make home and business modifications for accessibility.

How do we measure our progress?

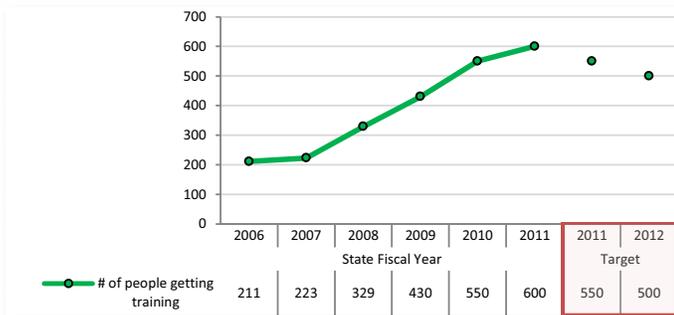
1 Number of people accessing disability-related resources.



Data Source: Program reports. Data are available annually.

How are we doing? We exceeded our 2011 target. We continue to increase the number of people we reach with disability resource information as well as the type of information we provide by expanding the information available via the Internet and through distribution of hard copies.

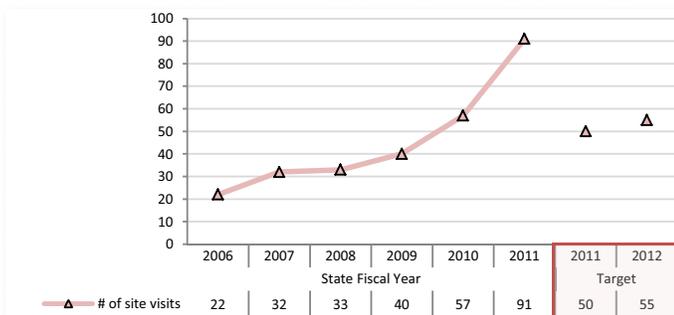
2 Number of people with disabilities and community service providers receiving training.



Data Source: Program reports. Data are available annually.

How are we doing? We exceeded our 2011 target and have expanded our training to include ADA education and resources, Continuity of Operations Planning, Emergency Preparedness planning, and establishing ADA compliant General Population Shelters.

3 Number of ADA site visits completed.



Data Source: Program reports. Data are available annually.

How are we doing? We exceeded our 2011 target and increased our scope of work to include site visits and technical assistance to emergency shelter locations.

What can Iowans do to help?

1. Iowans with disabilities can sign up for a "Living Well with a Disability" course. For more information, go to www.livingwelliowa.org.
2. Iowans with disabilities, family members, response personnel, and planners should know the importance of emergency preparedness. Accessible general population shelters need to meet minimum American's with Disabilities Act compliance and have access to durable medical equipment and consumable medical goods to meet access and functional needs. To learn more, go to www.idph.state.ia.us/bh/disability_emergency_prep.asp or call 515-242-6336.
3. Technical assistance, site visits, and accessibility audits are available to meet minimum ADA compliance. An access survey is available at www.state.ia.us/government/dhr/pd/publications/index.html or by calling 515-242-6336.

Expenditures

Federal funds: 0153-1706

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$469,641	\$369,531	\$391,937
Total funds	\$469,641	\$369,531	\$391,937
FTEs	1.68	1.54	1.45

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Disaster Operations & Response

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-281-5604

www.idph.state.ia.us/cdor



Iowa is no stranger to severe winter weather, tornadoes, and flooding. The Center for Disaster Operations and Response (CDOR) works to protect the health of Iowans by preparing for these natural phenomena along with other public health emergencies like pandemic influenza, an intentional release of a chemical agent, or other disasters that affect the health of Iowans.

CDOR doesn't work alone in this task. The bureau works with Iowa's 99 local public health agencies, 118 hospitals, community health centers, the Meskwaki tribal nation, and other public and private entities by providing guidance, tools, and resources to help prepare for, respond to, and recover from disasters.

No one can predict the next disaster, but CDOR's work with local partners helps to enhance Iowans' ability to quickly return to normal when disaster strikes.

Did you know?

CDOR administers Iowa's Health Alert Network (HAN), a web-based alerting system that can notify all local public health agencies and hospitals in Iowa, as well as emergency medical services, emergency management, law enforcement, and other key stakeholders of a public health emergency within minutes. For more information, see www.idph.state.ia.us/cdor.

Why is the Center for Disaster Operations and Response important to promoting and protecting the health of Iowans?

- Public health emergencies, from human threats such as terrorism, to natural disasters like floods and tornadoes, to disease outbreaks like pandemic flu, can affect all Iowans.
- Emergencies can happen at any time and anywhere. During such emergencies, public health and healthcare professionals are among the first responders.
- Coordinating communications, plans, and systems, helps make disaster response more effective at the federal, state, and local levels.

Which Iowa Public Health Goals are we working to achieve?

Prepare for, respond to, & recover from public health emergencies

Prevent epidemics & the spread of disease

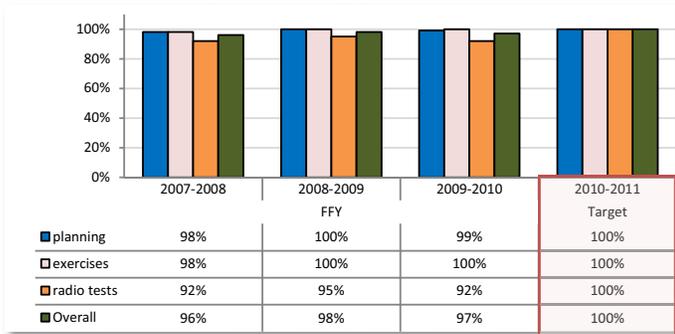
What do we do?

Administer federal preparedness grants that allow us to:

- Operate a communications system that links critical disaster response partners.
- Work to improve plans and processes to inform the public about disaster-related health risks and ways to be protected.
- Provide equipment, supplies, and other resources so state and local testing labs are able to handle increases in receiving, testing, and reporting samples.
- Provide technical assistance for the development of a round-the-clock disease reporting system.
- Recruit and maintain the Public Health Response Teams, which respond to disasters in a matter of hours and relieve overwhelmed locals until other resources can arrive on scene.
- Provide disaster planning and personal preparedness information to individuals and families in Iowa.

How do we measure our progress?

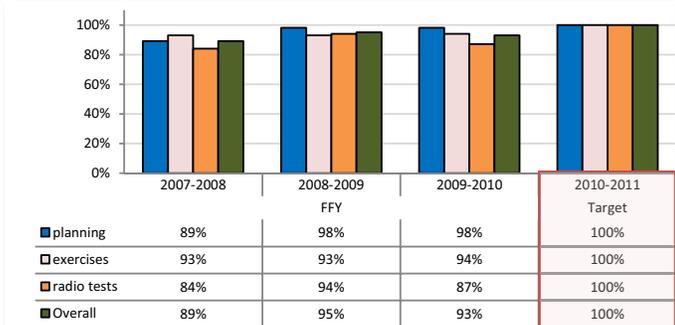
1 Percent of local public health agencies that complete preparedness activities.



Data Source: Reports from Local Public Health Agencies. Data are available annually.

How are we doing? In FY2010-2011, Iowa's local public health agencies conducted a series of operational drills to test interoperable communications, issue timely risk communication messages, dispense medical countermeasures to the public, and the ability to notify and assemble staff to respond to emergencies that can occur at any hour of the day. Agencies also tested their planning for the needs of at-risk and special populations in an emergency. Once complete, agencies submitted an after-action report and improvement plan to IDPH.

2 Percent of hospitals that complete preparedness activities.



Data Source: Reports from Iowa Hospitals. Data are available annually.

How are we doing? In FY2010-2011, Iowa hospitals conducted a series of operational drills to test tracking bed availability, interoperable communications, fatality management, medical evacuation and sheltering in place, working with local partners and private organizations for equipment, supplies, and alternate utilities; and the ability to request and receive volunteer health professionals in the event current staffing levels are inadequate to respond to an incident. Hospitals also tested their plans for a surge of at-risk or special populations in an emergency. Once complete, hospitals submitted an after-action report and improvement plan to IDPH.

What can Iowans do to help?

1. Create a family disaster plan and family disaster kit. Review the plan at least once a year. For help creating a disaster plan and more information on what should be included in the kit, go to www.protectionwahealth.org.
2. Hospitals and emergency medical services should hold practice drills and exercises with local and state partners.
3. Healthcare and public health professionals should remain vigilant with emerging infectious diseases that pose a threat to the public's health.

Expenditures

Antiviral Program: general fund, intra state receipts* (Executive Council – Iowa Code 7D.29): K19-1938. **Hospital Preparedness:** federal funds: 0153-1934. **I-SERV:** 0153-1978. **Public Health Preparedness:** federal funds & intra state receipts*: 0153-1932. **Public Health Emergency Response:** federal funds: 0153-1974.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$89,209	\$70,397	\$78,191
Federal funds	\$24,359,769	\$14,011,035	\$13,312,528
Other funds*	\$17,455	\$11,587	\$15,000
Total funds	\$24,466,433	\$14,093,019	\$13,405,719
FTEs	28.25	24.15	21.35

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Early Childhood

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 1-800-383-3826 or 515-281-4911
www.idph.state.ia.us/hpcdp/family_health.asp



Our daughter, Ellen, was attending preschool at Heartland Child Development Center. They indicated that the Lions Club would be giving a free vision screening at the school and asked for permission to have her screened. We hadn't noticed any problems with her vision whatsoever, but thought it was a good idea to have her vision checked. Even though I am a nurse, I never detected any problems. I would not have had her vision checked until just before kindergarten.

Her results suggested that she be evaluated for a possible astigmatism. I made an appointment and her doctor was very surprised that her left eye had not turned in as her vision was so poor in that eye. She wanted her in corrective lenses immediately to prevent any strabismus. When Ellen got her first pair of glasses, she cried; so did we! She was so surprised that she could see things that were far away. It was just before Christmas and when she saw the Christmas lights on the trees during the ride home, she said, "I never knew there were separate lights on the trees!" Initially, her vision would only correct to 20/40 with lenses. During the next year, we began patching her right eye in an effort to force the left eye to work harder. She progressed well and under the constant direction of her doctor, she was finally able to correct to 20/20. Also, both eyes have remained conjugate. She looks so cute in her little glasses.

Thank you for the work the Iowa KidSight Program does. If not for the screening, we may have waited too long, and her vision would have been forever impaired.

Did you know? In Iowa, there are over 240,000 young children ages 0-5. Of these approximately:

- 20% live in poverty¹.
- 16% have parents with compromised mental health status including depression or anxiety².
- 40% have mothers with less than "excellent or very good" physical or mental health³.

Why are Early Childhood programs important to promoting and protecting the health of Iowans?

- Despite a recent decline, 2009 data reported an 11% increase of reported child abuse.
- More than 3,000 Iowa children with a known developmental delay or health condition that puts them at risk for future developmental problems are helped each year through the Early ACCESS program. This number has more than doubled since 2001.
- Unintended injury is the leading cause of death and disability for children over age 1. Preventing injuries in early child care and education settings has a large impact on the health, school readiness, and lifelong potential of Iowa's children.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

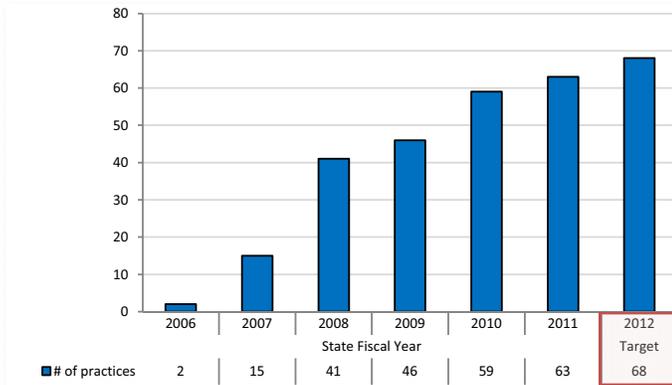
Promote healthy behaviors

What do we do?

- Early Childhood Iowa (ECI) has developed a comprehensive plan that serves as the framework for Iowa's early childhood system.
- The 1st Five program partners with primary healthcare providers to ensure quality social, emotional, and developmental screenings of children under age 5 and helps practices by offering enhanced care coordination to families in need of diverse community resources.
- The Birth to Five Community Utility project works with a Polk County pediatric practice to develop a community-based model for comprehensively addressing the specific health needs of children from birth to age 5. The project aims to develop a system for care coordination, expand the practice's medical home components, develop the professional competencies needed, and improve child health outcomes.
- Project LAUNCH seeks to develop the necessary infrastructure and system integration to assure Iowa children from birth to age 8 are thriving in safe, supportive environments, enter school ready to learn, and are able to succeed. Project LAUNCH targets traditionally underserved children and their families in Des Moines with a focus on low-income and minority populations.
- With the Iowa Department of Education, IDPH coordinates the Early ACCESS program, providing developmental evaluations and services for children from birth to age 3, and coordinates services for children with or at risk for developmental delays.
- Healthy Child Care Iowa (HCCI) supports the health and safety of children enrolled in early care and education programs through nurse consultation, health education, and facilitating health services referrals.

How do we measure our progress?

1 Number of medical practices engaged in 1st Five screenings.



Data source: 1st Five Title V Child Health Agencies. Data are available annually.

How are we doing? Between FY06 to FY12, the number of known practices in Iowa working to integrate a standardized surveillance tool during well child exams that includes assessing for social/emotional development and family risk factors increased from two to 63. During this same timeframe, the number of children birth to 5 served by this surveillance method increased from approximately 3,000 in FY06 to 65,000 in FY11. For FY12, it is estimated that approximately 5 more practices will be added. Evaluation of referrals shows that for every one referral from a medical practice, an average of 2-3 additional referrals are identified when care coordinators work with families.

2 Number of onsite visits in early childhood and education settings by a Child Care Nurse Consultant

Data Source: ECI Annual Reports and HCCI records. Data are available annually.

How are we doing? In state fiscal year 2011, there were 4,154 onsite visits in early childhood and education settings by a Child Care Nurse Consultant. This is a new statewide performance measure for Early Childhood Iowa in SFY11 and is a change from total service requests.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.parents.earlychildhoodiowa.org) to learn more about the Early Childhood Iowa project.
2. Check www.idph.state.ia.us/1stfive/ for information on children's social-emotional development and to search a current statewide map of clinics partnering with 1st Five.
3. All Iowans can make sure their babies are screened for hearing loss. Iowa law requires screening all babies before leaving the hospital. To learn more, go to www.idph.state.ia.us/iaehdi/default.asp.
4. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IKIDS1 or an email to earlyaccessia@vnsdm.org.
5. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

Federal funds & intra state receipts* (Dept of Human Services & Education): 0153-0536/0548/0676/0980. **1st Five:** general fund, health care trust, & intra state receipts* (Dept of Human Services): K05-0691; K56-5661. **Early ACCESS:** federal funds & intra state receipts* (Dept of Education): 0153-0708/AR18. **HCCI:** intra state receipts* (Dept of Human Services & Management): 0153-0540/0662. **Vision Screening:** general fund K09-0931

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$225,380	\$366,652	\$429,885
Health care trust	\$159,057	\$0	\$0
Federal funds	\$561,312	\$1,261,542	\$1,013,196
Other funds*	\$502,025	\$596,428	\$470,905
Total funds	\$1,447,774	\$2,224,622	\$1,913,986
FTEs	6.69	8.36	7.05

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Early Childhood

Phone: 1-800-383-3826 or 515-281-4911 ♦ www.idph.state.ia.us/hpcdp/family_health.asp

4th & 5th Floors, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Early ACCESS (4th floor)
Phone: 515-242-6167 Fax: 515-242-6013
www.state.ia.us/earlyaccess

1st Five (5th floor)
Phone: 515-281-8284 Fax: 515-242-6013
www.iowaepsdt.org

Healthy Child Care Iowa (5th floor)
Phone: 281-7519 Fax: 515-242-6013
www.idph.state.ia.us/hcci

¹ Kids Count Data Center, Annie E. Casey Foundation.

² Iowa Child and Family Household Health Survey, 2005.

³ Maternal and Child Health Bureau. (2007). The health and well-being of children: A portrait of states and the nation. *US Department of Health and Human Services*. Retrieved from: <http://mchb.hrsa.gov/nsch07/state/iowa.html>

Emergency Medical Services (EMS)

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-281-0620

www.idph.state.ia.us/ems



A broken leg, a heart attack, an injured child – whatever the emergency, Iowa’s Emergency Medical Services (EMS) system is ready to respond. Iowans rely on the EMS system to provide efficient, well-trained, and reliable out-of-hospital care. The EMS system must ensure this care is available to all Iowans, whether urban or rural, even when resources are scarce.

Emmet County found a way to overcome money and personnel EMS challenges by bringing together representatives from the county, cities, EMS, emergency management, public health, law enforcement, hospital, local schools, and a college to form the Emmet County Emergency Responders Association. By working together, all the people of Emmet County are assured the same high standard of care when EMS is needed.

The Emergency Medical Services system works to ensure medical help is there when Iowans need it.

Did you know?

84% of authorized EMS services in Iowa describe themselves as volunteer and respond to approximately 20% of calls for service. The 17% of EMS services staffed by paid EMS providers respond to approximately 80% of calls for service.

Iowa’s Trauma System is one of the most comprehensive and established trauma systems in the nation. If an injury occurs anywhere in Iowa, there are thousands of trained providers ready to respond in a timely manner and take the victim to one of the 118 trauma care facilities where life-saving care is immediately available.

Why are EMS programs important to promoting and protecting the health of Iowans?

- Iowa ambulance services receive 240,000 calls for help each year, resulting in 200,000 patients being transported to a healthcare facility.
- Trauma is the leading cause of death for Iowans from birth to age 40 and the 5th leading cause of death for all age groups combined.
- Because trauma most commonly affects the young, it takes a higher toll on society than heart disease, cancer, and stroke combined.
- Iowa’s Trauma System works to decrease the incidence and severity of trauma, and prevent unnecessary deaths and disabilities.
- Iowa’s Trauma System works to keep costs down while improving efficiency.
- Early CPR and defibrillation usually result in a greater than 50% long-term survival rate for witnessed cardiac arrests.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

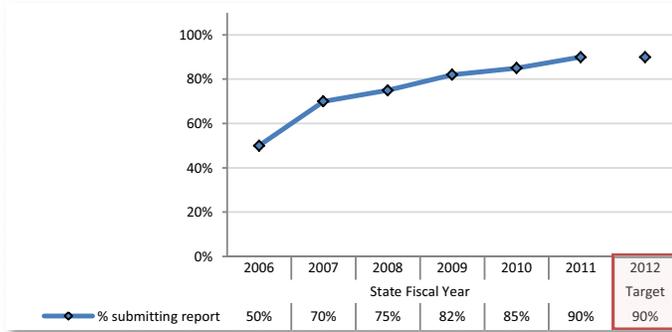
Promote healthy behaviors

What do we do?

- Regulate EMS training programs, as well as individual providers and patient care services. Regulation ensures that baseline standards for training, certification, and service authorization are met.
- Help county EMS associations by providing funds for training and system development, and by serving as a resource for local EMS services.
- Iowa’s Trauma System program
 - ✓ Certifies all licensed hospitals at a level of trauma care based on what resources are available in the community.
 - ✓ Collects, analyzes, and provides trauma data to other state programs.
 - ✓ Regulates and provides oversight of Iowa’s trauma care facilities.

How do we measure our progress?

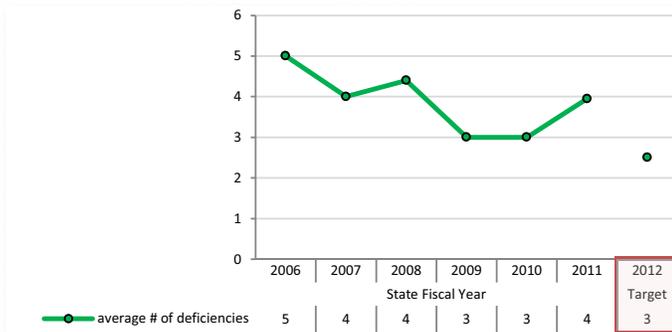
1 Percent of ambulance calls that submit a patient care report.



Data Source: Patient care reports. Data are available annually.

How are we doing? Currently, approximately 90% of ambulance calls submit a patient care report, which meets our target.

2 Average number of deficiencies per EMS site.



Data Source: Onsite review reports. Data are available annually.

How are we doing? Currently there is an average of 3.95 deficiencies per site.

What can Iowans do to help?

1. Authorized EMS service providers should make sure that all required data is submitted to the Bureau of EMS.
2. Emergency medical care providers must understand the EMS system and the rules that regulate providing emergency medical care.
3. All Iowans should attend CPR/AED training in their community. Go to www.idph.state.ia.us/ems/aed_pad.asp to learn more about CPR or AED training.
4. All Iowans can help create public access defibrillation programs in their communities.

Expenditures

General fund, federal funds, & carryover*; General funds are used for maintenance of effort match for the PHHS Block Grant: K19-1941/1943; 0153-1942/1952

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$1,162,172	\$1,168,929	\$1,097,829
Federal funds	\$399,281	\$342,518	\$371,720
Other funds*	\$97,967	\$0	\$0
Total funds	\$1,659,420	\$1,511,447	\$1,469,549
FTEs	9.46	8.20	8.35

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Environmental Epidemiology

Promoting & Protecting the Health of Iowans

Division of Environmental Health
Phone: 515-281-7462
www.idph.state.ia.us/eh/env_health.asp



Iowans may be exposed to environmental conditions that cause disease at home, outdoors, and in the workplace. Environmental Epidemiology helps protect the health of all Iowans by watching for and investigating diseases and illnesses caused by environmental conditions such as food borne illnesses, arsenic in private water wells, carbon monoxide poisonings, lead poisoning, and concerns about diseases during floods or other natural disasters. Environmental Epidemiology also seeks to prevent illnesses that are caused by environmental conditions through activities such as using data about environmental exposures more effectively to prevent disease and illness, assuring children are tested for lead poisoning, reducing exposure for lead-poisoned children, and providing information about ways to prevent harmful exposures at home, work, and play.

By working to understand and prevent harmful environmental exposures, Environmental Epidemiology helps keep Iowans safe.

Did you know?

One child out of every 14 Iowa children will be lead-poisoned by their 6th birthday – more than 4 times the national average. This means about 2,000 Iowa children born each year will become lead poisoned by their 6th birthday.

In 2010, there were 69 work-related deaths in Iowa, with an age range of 16 to 89 years. 54% involved workers who were age 55 or older. This compares to 46% in 2009, and 31% for those 55 or older across the entire U.S. (Source: IA FACE data).

Why is Environmental Epidemiology important to promoting and protecting the health of Iowans?

- Everyone is at risk for developing an environmental or occupational disease.
- Nearly 40% of Iowa houses were built before 1950, and most of these homes contain lead-based paint. Young children who live in pre-1950 houses are lead-poisoned when they put paint chips or exterior soil in their mouths or when they get house dust and soil on their hands and put them in their mouths.
- In 2009, the rate of reported work-related injury and illness in Iowa was 4.7 per 100 FTE (U.S. rate 3.6). 15,800 reported cases involved days away from work.
- In 2010, there were three reported deaths from carbon monoxide poisoning in Iowa.

Which Iowa Public Health Goals are we working to achieve?

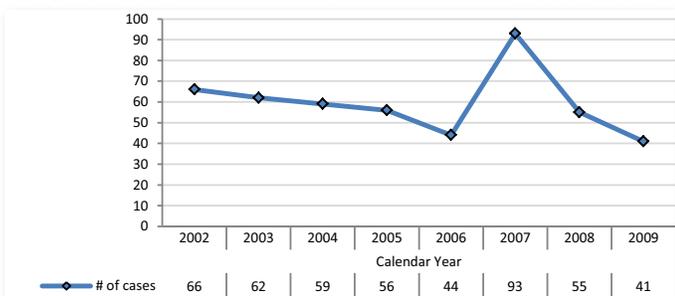
- Protect against environmental hazards
- Prepare for, respond to, & recover from public health emergencies
- Prevent epidemics & the spread of disease
- Prevent injuries
- Strengthen the public health infrastructure

What do we do?

- The Lead Poisoning Prevention program works to prevent childhood lead poisoning by assuring children are tested for lead poisoning, reducing exposure for lead-poisoned children, and educating Iowans about prevention. In 72 counties, local boards of health provide childhood lead poisoning prevention services; IDPH provides funding and technical assistance. IDPH provides direct services in 27 counties.
- Provide guidance and assistance to local public health officials and other state agencies on environmental exposures when needed.
- Work with other state and local agencies to investigate illnesses caused by food and water.
- The Occupational Health and Safety Surveillance program tracks, analyzes, and reports work-related illnesses, injuries, and deaths, and cases of lead and pesticide poisoning. It also provides information to workers, employers, and other public health programs.
- The Environmental Public Health Tracking program involves the ongoing collection, integration, analysis, interpretation, and dissemination of data from environmental hazard monitoring, and from human exposure and health effects surveillance.

How do we measure our progress?

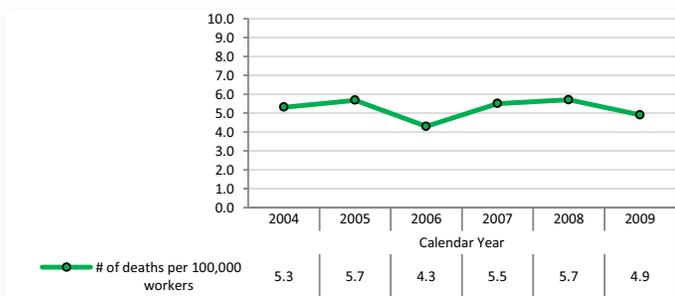
1 Annual number of pesticide associated illness and injury cases reported to poison control centers, Iowans age 16 or older.



Data Source: NIOSH and the American Association of Poison Control Centers. Data are available annually.

How are we doing? Numbers of pesticide cases and the corresponding rates per employed persons continue to vary from year to year, somewhat due to reporting patterns.

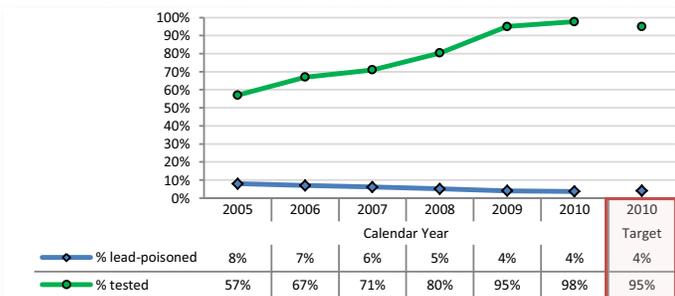
2 Number of occupational fatalities per 100,000 employed Iowans ages 16 and older.



Data Source: Work-Related Fatal Injuries Program Data and U.S. Department of Labor. Preliminary data are available annually, with a 2-year delay for final data.

How are we doing? The rate of fatal workplace injuries has varied from 4.9 deaths per 100,000 workers (87 deaths) to 5.7 per 100,000 workers (93 deaths). Roadway transportation incidents accounted for 60% (47 of 78) of the work-related deaths in 2009.

3 Percent of Iowa children who get a blood lead test by age six. 4 Percent of Iowa children getting a blood lead test who are identified as lead-poisoned.



Data Source: IDPH Childhood Blood Lead Surveillance Database. Data are available annually.

How are we doing? Virtually all Iowa children are now tested for lead poisoning. The percentage of children tested for lead who are lead-poisoned is steadily decreasing. However, there is still a need to teach providers and parents about the need for testing.

What can Iowans do to help?

1. If you have been diagnosed with an environmental-related disease, make sure your physician reports it to IDPH. For a list of reportable environmental diseases, go to www.idph.state.ia.us/adper/common/pdf/epi_manual/environmental_disease_poster.pdf.
2. All Iowans should be aware of the dangers of pesticides. Report all human pesticide exposures by calling the Iowa Statewide Poison Control Center at 1-800-972-2026. To learn more, go to www.idph.state.ia.us/eh/lead_poisoning_prevention.asp#pesticide.
3. Local public health should consult the Environmental Epidemiology program for help and guidance on possible environmental exposures and health concerns.
4. Iowa parents should be aware of possible exposure to lead hazards and have their children tested for lead poisoning. All Iowans should be aware of lead poisoning risks. To learn more, go to www.idph.state.ia.us/eh/lead_poisoning_prevention.asp.
5. Adults who work with lead should be aware that they can become lead-poisoned, their children could be poisoned by lead brought home on their clothes, and their unborn children can be exposed to lead if they are pregnant.
6. Follow laws requiring training and certification of those who identify or abate lead-based paint, and those who perform renovation, remodeling, and repainting in pre-1978 housing or child-occupied facilities.
7. Iowa workplaces should adopt safety practices to prevent fatal injuries. To learn more, go to www.publichealth.uiowa.edu/face/.

Expenditures

Funding Sources: General fund, federal funds, & retained fees.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Lead Poisoning Prevention: K13-1351; 0153-0402/1352/1362/1912/1954			
State funds	\$584,412	\$541,636	\$544,377
Federal funds	\$974,353	\$983,309	\$814,521
Retained Fees	\$114,810	\$55,015	\$771,642
Total funds	\$1,673,575	\$1,579,960	\$2,130,540
FTEs	9.16	7.95	7.45
Occupational Health & Safety: 0153-1708			
Federal funds	\$338,016	\$292,554	\$280,671
Total funds	\$338,016	\$292,554	\$280,671
FTEs	1.78	1.70	1.40
Environmental Public Health Tracking: 0153-0984			
Federal Funds	\$0	\$123,864	\$643,969
Total funds	\$0	\$123,864	\$643,969
FTEs	0.00	1.10	2.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Environmental Health ♦ Environmental Epidemiology

Phone: 515-281-7462 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/adper/env_epi.asp

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Lead Poisoning Prevention – Phone: 800-972-2026 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/lead_poisoning_prevention.asp

Occupational Health & Safety Surveillance – Phone: 800-972-2026 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/lead_poisoning_prevention.asp#occupational

Environmental Health Engineering

Promoting & Protecting the Health of Iowans

Division of Environmental Health
Phone: 515-281-0921
www.idph.state.ia.us/eh/default.asp



Every summer in Iowa, hundreds of thousands of Iowans cool off with a dip in a pool. IDPH works to make sure people are the only thing swimming in that pool; not tiny critters that can make people sick. Cryptosporidiosis ("Crypto") is a disease caused by a parasite that results in diarrhea. People get sick when they swallow the parasite. The not-so-appetizing explanation: People get sick when they swallow swimming pool water someone else swam in when they had diarrhea.

That's just what happened in 2005, when a group of Crypto cases was traced to an Iowa wading pool. Pool operators worked fast, closing the pool for special cleaning, and reopening as fast as possible. The Swimming Pools and Spas program helps keep Iowans healthy by helping keep the waters they swim in healthy, too!

Did you know? The IDPH Swimming Pools and Spas program inspects about 1,300 pools, more than 420 spas, 260 wading pools, and 260 water slides at about 1,260 locations in Iowa.

Why are Environmental Health Engineering programs important to promoting and protecting the health of Iowans?

- Environmental health engineering principles are fundamental to ensuring public health measures are in place to keep Iowans safe.
- Iowans use public swimming pools and spas at a variety of locations: municipal pools, YMCA/YWCA, hotels and motels, health clubs, and water parks.
- There are many health concerns related to swimming pools and spas, including transmission of disease, injuries, and the potential for drowning.
- Plentiful safe drinking water is important to public health.
- Improperly installed plumbing poses a risk to drinking water systems by potentially allowing drinking water and wastewater to mix.
- Proper fluoridation of water is extremely important to good oral health.

Which Iowa Public Health Goals are we working to achieve?

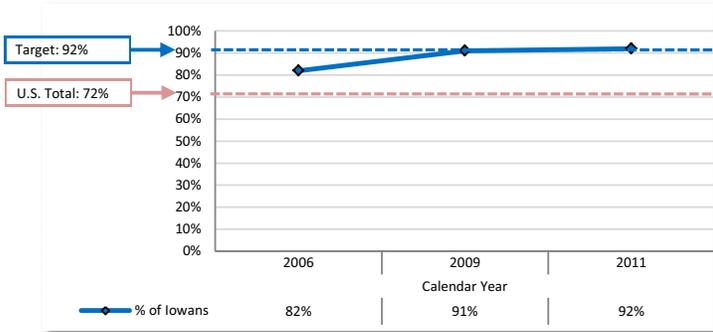
- Protect against environmental hazards
- Prevent epidemics & the spread of disease
- Prevent injuries

What do we do?

- Contract with local health departments to do inspections at public swimming pools and spas.
- Register about 2,200 pools and spas in Iowa.
- Issue construction permits and approve plans for new facilities or renovations to old ones.
- Iowa law requires that a water treatment system that claims to reduce health-related contaminants from drinking water be tested to show that the system achieves the reduction. IDPH maintains a registry of systems that comply.
- The Fluoridation program monitors the fluoridation of public water supplies, assists and trains water system operators, and helps communities with fluoridation projects.
- The Backflow Prevention Assembly Tester Registration program sets training standards for technicians who test backflow prevention devices and maintains a registry of qualified technicians.
- IDPH maintains the Iowa State Plumbing Code, the minimum standard for plumbing in Iowa cities.

How do we measure our progress?

1 Percent of lowans who are receiving optimally fluoridated water.



Data Source: IDPH Fluoride and DNR Public Water Supply Databases. Data are available annually.

How are we doing? Currently 92% of Iowa's citizens are receiving optimally fluoridated water compared to only 72% nationally.

2 Number of licensed plumbing and mechanical professionals.

Data Source: IDPH Licensing Database. Data are available annually.

How are we doing? As of July 2011, 16,554 plumbing and mechanical professionals were licensed in the state.

What can lowans do to help?

1. Stay away from swimming pools, wading pools, and spas/hot tubs if you have or recently had diarrhea. Keep sick children away from these facilities.
2. Practice good pool hygiene. Take a shower and wash your child thoroughly before swimming.
3. You can find out about the status of your community's public water fluoridation by visiting www.idph.state.ia.us/hpcdp/fluoride_search.asp.
4. Make sure only registered professionals test or repair your backflow prevention assemblies.
5. Use "Licensed in Iowa" to find a licensed professional to perform plumbing and mechanical systems work <https://eservices.iowa.gov/licensediniowa/>.

Expenditures

General fund & retained fees: K19-1903/1905/2041

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$11,153	\$18,264	\$18,204
Retained fees	\$761,578	\$1,114,845	\$1,310,272
Total funds	\$772,731	\$1,133,109	\$1,328,476
FTEs	5.05	7.27	8.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Environmental Health ♦ Environmental Health Engineering

Phone: 515-281-0921 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/default.asp

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Environmental Health Services & Outreach

Promoting & Protecting the Health of Iowans

Division of Environmental Health
Phone: 515-281-0921
www.idph.state.ia.us/eh/env_health.asp



We live in a time when it's easy to take many things for granted. Clean water, safe food, and proper waste disposal are things we expect. However, it takes properly trained people at the local level to carry out the work needed to ensure the basics we've come to expect are there consistently. IDPH works to ensure the same services and knowledge are delivered statewide, regardless the size of the community.

IDPH supports local boards of health and their employees in providing environmental health programs. Since 2001, over 1,200 attendees from local public health agencies have participated in more than 40 training programs. That's an estimated 7,000 hours of professional training! These trained individuals are key in performing routine inspections on regulated facilities as well as providing technical assistance and guidance to local public health officials and Iowans who have concern regarding environmental exposures and their health.

Did you know? In state fiscal year 2011, over 6000 private wells in Iowa had their water tested for coliform bacteria and nitrate through the Grants to Counties program.

Why is Environmental Health Services and Outreach important to promoting and protecting the health of Iowans?

- Concerns about environmental conditions continue to increase, but the level of environmental health services is not consistent across the state.
- Environmental health affects every Iowan every day. The environmental health workforce is vital to making sure Iowans are safe where they live, work, and play.
- Environmental hazards may affect Iowans in a public health emergency or natural disaster. These include food safety, availability of clean drinking water, management of waste, and air quality.
- Iowa's environmental health workforce is aging and it is important to recruit new graduates to the field of environmental health.
- During public health emergencies and natural disasters, federal resources are typically not available for the first 72 hours. Local health agencies must be prepared to respond until additional assistance arrives.

Which Iowa Public Health Goals are we working to achieve?

- Strengthen the public health infrastructure
- Protect against environmental hazards
- Prepare for, respond to, & recover from public health emergencies

What do we do?

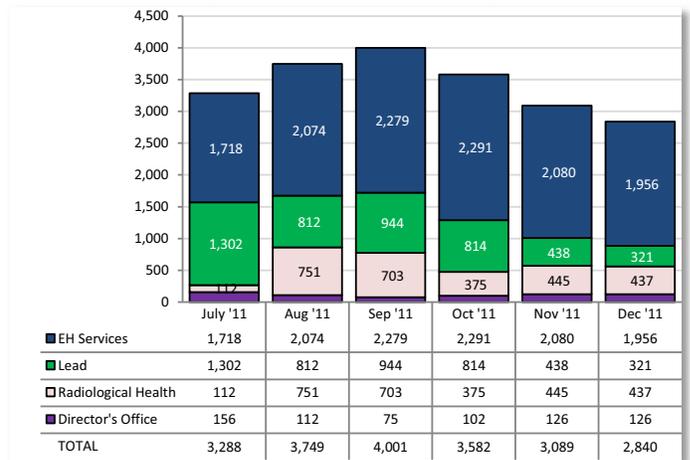
- Offer consultation to local boards of health and boards of supervisors on their role in providing environmental health services. This includes finding and hiring qualified environmental health specialists.
- Provide training and consultation services to local environmental health staff and public on issues including indoor air quality, water quality, tattoo inspections, and more.
- Provide technical assistance and consultation during a food or water related illness outbreak investigation.
- Facilitate coordination between state agencies and local public health agencies.
- Provide equipment, assistance, and back-up staff for local emergency response plans.
- The Grants to Counties Water Well program provides funding to local health departments for private well testing, plugging abandoned wells, and renovating existing wells.

How do we measure our progress?

Number of consultations provided on environmental health related issues.

Data Source: Division tracking logs. Data are available monthly.

How are we doing? The Division of Environmental Health implemented a new tracking system in July 2011. A baseline for the number of environmental health consultations provided will be established from July 2011 to June 2012. In the first 6 months of tracking, the division provided over 20,000 consultations to lowans and others on issues such as indoor air quality, water quality, lead poisoning, and radiological health and safety, which is an average of nearly 3,500 per month.



What can lowans do to help?

1. All lowans should develop a personal or family disaster plan. For more information, go to www.ready.gov.
2. lowans can contact their county environmental health office if they would like a free water test for their private well, or if they need help paying for the cost of plugging a well.
3. Local public health officials, elected officials and board of health members should call 515-281-0921 with questions about the delivery of environmental health services in Iowa.
4. Public health administrators, local boards of health, environmental health directors, and practitioners should attend regional trainings. For more information, go to www.idph.state.ia.us/EHS/Calendar.aspx.

Expenditures

General fund, federal funds, & intra state receipts* (Dept of Natural Resources): K09-0963; K13-1303/1402/1404; 0153-0974/1904.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$362,459	\$338,448	\$317,878
Federal funds	\$232,158	\$96,053	\$21,783
Other funds*	\$1,367,159	\$1,456,942	\$2,080,000
Total funds	\$1,961,776	\$1,891,443	\$2,419,661
FTEs	5.99	4.62	4.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Family Planning

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-4907
www.idph.state.ia.us/hpcdp/family_planning.asp



A client from the Decorah clinic sent her last payment to the clinic with the following note. "I wanted to also thank you. The free clinic services were very useful to me during my college years. During my annual exams, I always felt comfortable, not judged, and like the examiners actually cared about my health. I really appreciate that the yearly exams were more than just a Pap smear and that my exercise, nutrition, and lifestyle were also addressed. Thank you for all you do!" A woman from Southern Iowa wrote, "I really appreciate that I have somewhere to go for a reasonable price. Unfortunately, I couldn't come in with a payment today. I am grateful to know that I was still welcome."

The IDPH Family Planning Program provides medical services, health education, and information to Iowans to promote reproductive health in Iowa.

Did you know? In 2009, 49% of pregnancies in Iowa were unintended.

Why is the Family Planning program important to promoting and protecting the health of Iowans?

- There are about 322,270 women in Iowa ages 13-44 that need contraceptive services. An increasing number of men are seeking family planning services. Improving birth outcomes and promoting healthy families and communities are essential to promoting public health.
- The social and economic circumstances facing low-income or minority families may result in decreased access to family planning services.
- From 2001 to 2007, the number of Iowa pregnancies steadily increased to 48,305. From 2008 to 2010, the number of Iowa pregnancies dropped to 44,628. Women with intended pregnancies modify their lifestyles and obtain prenatal care earlier than do women with unintended pregnancies.
- Iowa's adolescents have higher rates of unintended pregnancy, low birth weight babies, and sexually transmitted infections (STI) than any other age cohort does. The national teen birth rate is 41.5. The birth rate for all Iowa teens is 32.1, but disparities do exist. The birth rate for Non-Hispanic Black youth is 88.4 and for Hispanic youth, it is 104.8.
- Teen childbearing in Iowa cost taxpayers (federal, state, and local) approximately \$99 million in 2008, the latest year for which those figures are available. The teen birth rate in Iowa declined 20% between 1991 and 2008, saving Iowa an estimated \$34 million in 2008 alone over what it would have incurred had the rates not fallen.
- In 2010, Title X providers in Iowa served 71,292 women and 3,781 men. Almost 60,000 of those individuals had an annual income less than 250% of the federal poverty level. Title X providers also provided 4,172 cervical cancer screenings, 16% of which required additional follow up for abnormal findings, 81,019 STI tests, and 7,393 HIV tests.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

What do we do?

Medical Services

- Birth control exams and supplies
- Tests and treatment for sexually transmitted diseases
- Cancer screening: Pap smears and breast exams
- Infertility exams, counseling, and referral
- Tests for high blood pressure and anemia
- Pregnancy tests

Information

- How to plan a healthy pregnancy
- How to talk with parents and others about sexuality
- How to make responsible sexual decisions
- How to make a reproductive life plan

Health Education

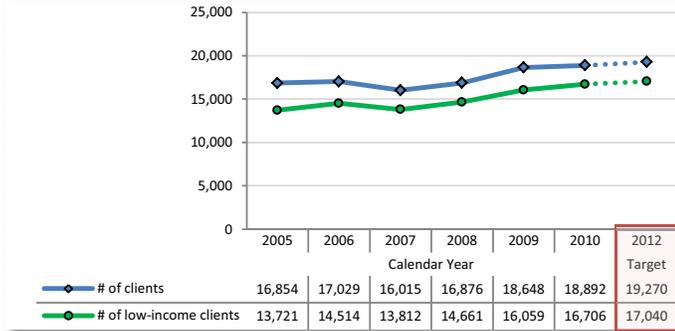
- Birth control methods
- Reproductive health and reproductive life planning
- Self-exams for breast or testicular cancer
- Sexually transmitted infections and HIV/AIDS
- Importance of nutrition
- Effects of alcohol, drugs, and tobacco on reproductive health

Community Education

- Public speakers and educational materials
- Parent-child communication
- Reproductive health
- Birth control
- Other family planning-related issues, including HIV/AIDS and STI prevention

How do we measure our progress?

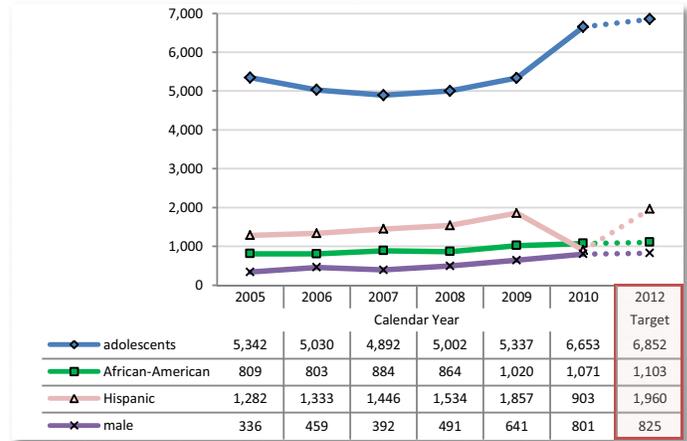
- ❶ Number of unduplicated clients served.
- ❷ Number of low-income clients served (below 150% of the federal poverty level).



Data Source: Family Planning Annual Report.

How are we doing? The number of clients increased from 2005 to 2006, but decreased in 2007. In 2008 and 2009, the numbers increased again. In 2010, Family Planning Clinics saw a 3% increase in the number of low-income clients served, now at the highest level since 2004.

- ❸ Number of adolescents (under 20 years old) served.
- ❹ Number of African-American clients served.
- ❺ Number of Hispanic clients served.
- ❻ Number of male clients served.



Data Source: Family Planning Annual Report.

How are we doing? The number of adolescent clients decreased from 2004 to 2007, increasing in 2008 and 2009. The number of male clients increased from 2004 to 2005, decreased in 2006, and increased annually from 2007 to 2010. The number of African-American clients increased from 2004 to 2006, decreased slightly in 2007, and increased from 2008 and 2010. The number of Hispanic clients increased rapidly from 2004 to 2006, and then decreased slightly in 2007. The number of Hispanic clients served increased to its highest level in 2010.

What can Iowans do to help?

1. Learn more about the Family Planning Program by going to www.idph.state.ia.us/hpcdp/family_planning.asp.
2. Share with friends and colleagues how important it is that pregnancies are planned.
3. Share with friends, colleagues, and other health professionals that no-cost or low-cost reproductive health care screening and contraception is available by calling 1-800-369-2229.

Expenditures

Federal funds: 0153-0302

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$1,135,632	\$1,411,857	\$1,449,774
Total funds	\$1,135,632	\$1,411,857	\$1,449,774
FTEs	1.62	1.66	1.65

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Finance

Promoting & Protecting the Health of Iowans

Division of Administration & Professional Licensure
Phone: 515-281-6645
www.idph.state.ia.us/apl/finance.asp



Who does the bookkeeping in your family? Who pays the bills and makes sure the money is spent wisely? It's an important task and one that requires a great deal of responsibility and attention to detail. Now, imagine keeping the books for a family of 504! The IDPH Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for the 504 employees of IDPH and the department's 65 program areas. That's a lot of beans to count!

By improving the processes and procedures for service contracts, the Bureau of Finance has been able to manage scarce resources more effectively. By handling all the financial matters for IDPH, program staff members can devote their time to promoting and protecting the health of Iowans.

The Bureau of Finance works hard to ensure the department spends every dollar as effectively and efficiently as possible.

Did you know? The Bureau of Finance paid 14,029 bills for 1,839 different contracts to over 725 different contractors that provided services to Iowans in their local communities in state fiscal year (SFY) 2011.

Why is the Bureau of Finance important to promoting and protecting the health of Iowans?

- The Bureau of Finance ensures scarce resources are spent effectively so the 65 program areas and 504 employees of IDPH can work to promote and protect the health of Iowans.
- Centralizing administrative support services in the Bureau of Finance is an effective and efficient way to monitor and assure accountability in the use of taxpayer money.

Which Iowa Public Health Goals are we working to achieve?

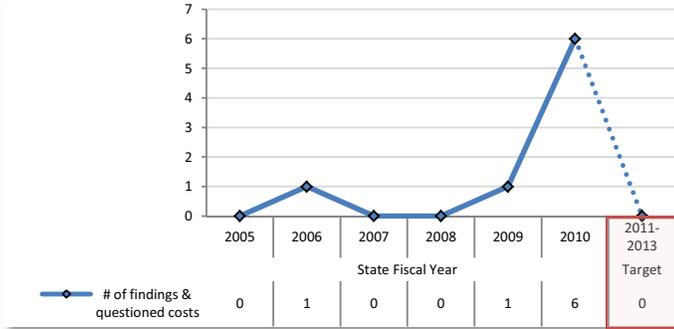
Strengthen the public health infrastructure

What do we do?

- The Bureau of Finance provides all accounting, budgeting, contractual, and purchasing services for IDPH.
- The Bureau works to improve the service contracting process by standardizing and simplifying procedures throughout the department.
- Contractors use an electronic document library system for service contract management including the submission of requests for funding, execution of contractual documents, submission of required reports, and reimbursement requests.

How do we measure our progress?

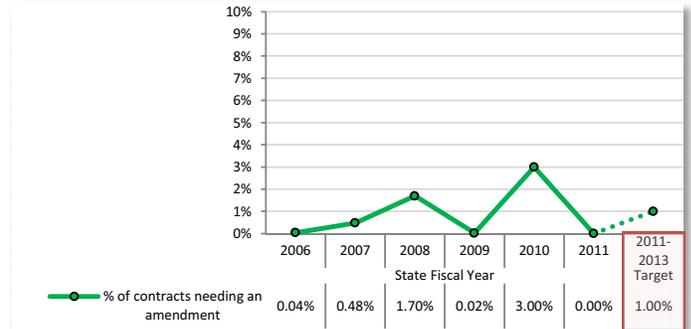
1 Audit Reports: Number of findings and questioned costs.



Data Source: State Audit Report. Data are available annually.

How are we doing? The number of audit findings has been consistently low over the past several years.

2 Service Contracting: Percent of contracts requiring a corrective amendment (contracts that need changes to correct information in the original document).



Data Source: Annual Service Contract Listing. Data are available annually.

How are we doing? We have performed better than our target in four of the last six years.

What can Iowans do to help?

1. All IDPH service contractors must follow the terms and conditions of financial management, confidentiality, staff qualifications, contract performance, and contract administration. For more information on IDPH terms and conditions, go to "Funding Opportunities" at www.idph.iowa.gov.
2. IDPH employees must ensure that the state gets the highest quality service from providers at the most reasonable cost.
3. All Iowans can recommend ways the bureau can improve its services by e-mailing the Finance Bureau Chief at cheryl.christie@idph.iowa.gov.

Expenditures

General fund (2010 & 2011 only), federal indirect funds, & indirect funds from private grants*: K21-2201; 0153-2202

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$78,685	\$25,563	\$0
Federal funds	\$92,249	\$0	\$691,346
Other funds*	\$1,012,202	\$839,583	\$687,154
Total funds	\$1,183,136	\$865,145	\$1,378,500
FTEs	15.74	14.97	17.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Finance

Phone: 515-281-6645 ♦ Fax: 515-281-3789 ♦ www.idph.state.ia.us/apl/finance.asp

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Accounts Payable – Phone: 515-281-8539

Accounts Receivable and Service Contracting – Phone: 515-281-6645

Administrative Services (Fleet, Mail, Purchasing, etc.) – Phone: 515-281-3699

Gambling Prevention & Treatment

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-8802
www.1800betsoff.org



For the vast majority of people, office pools, lottery tickets or a trip to the casino are harmless entertainment. For some, however, gambling leads to serious problems that also harm people close to them and the wider community. For problem gamblers, the Iowa Gambling Prevention and Treatment Program is here to help.

Gambling had taken control of Jeff's life two years ago. In that short time, he amassed nearly \$110,000 in credit card debt and was on the verge of bankruptcy. He spent hours away from his family and work to be at the casino. He opened extra credit cards and maxed them out. As the bills began to catch up, he knew he needed to stop but couldn't put the brakes on his habit himself. "I didn't know what I was going to do," he said. "Without Allen Hospital's gambling treatment program, I wouldn't have been able to quit. Treatment hasn't been easy but I've learned to cope with stress and the urges to gamble. I've got a long ways to go to be out of debt but I know I have the skills to do it.... I have hope."

Did you know?

Since the mid-1970's, we have gone from a nation in which legal gambling activity was extremely rare to a nation in which legal gambling is permitted in all but a few states. In Iowa, there are 20 casinos, 2,600 lottery outlets, over 3,000 social and charitable gaming licenses, and countless internet and other illegal gaming opportunities.

Why is Gambling Prevention & Treatment important to promoting and protecting the health of Iowans?

- Approximately 12% of all adult Iowans reported that they experienced a symptom of problem gambling in the last 12 months.
- More than 1 in 5 (22%) of adult Iowans have been negatively affected by the gambling behavior of a family member, friend, or someone else they know.
- Iowans with gambling problems report money spent gambling led to financial, personal, family, and work problems.
- Treatment is effective in reducing or eliminating gambling and associated problems like debt and employment problems.
- The 1-800-BETS-OFF helpline offers Iowans help and information. Almost 6,000 calls were logged to the helpline in FY2011.

Which Iowa Public Health Goals are we working to achieve?

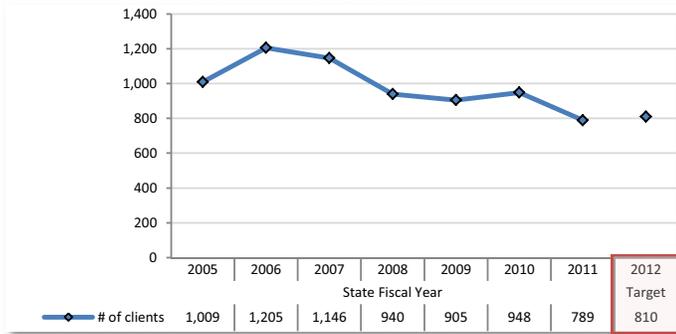
- Promote healthy behaviors
- Strengthen the public health infrastructure

What do we do?

- Fund counseling for Iowans affected by problem gambling.
- Fund recovery support services including financial counseling, housing and utility assistance, transportation, and life skills training.
- Fund proven prevention and education services for schools, community groups, casino employees, and other at-risk groups.
- Promote a Recovery Oriented System of Care that supports long-term recovery efforts of Iowans.
- Provide information about problem gambling and counseling referral through the 1-800-BETS-OFF helpline.
- Provide training and resources for problem gambling counselors and other human services professionals.

How do we measure our progress?

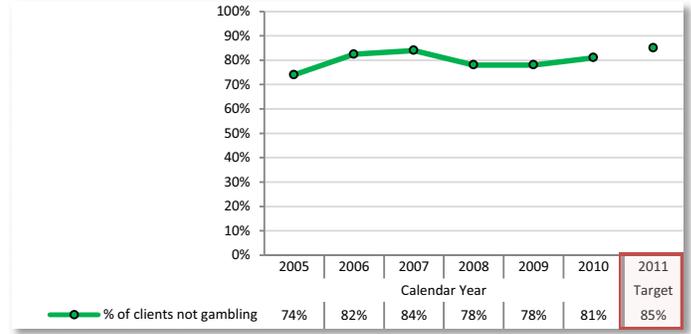
1 Number of clients admitted for counseling services to a state funded provider.



Data Source: Gambling Treatment Reporting System (GTRS). Data are available annually.

How are we doing? In SFY2011, 789 clients received counseling services.

2 Percent of discharged clients who report no gambling in the past 30 days.



Data Source: Iowa Gambling Treatment Outcome System. Data are available annually.

How are we doing? Of clients discharged from treatment in 2010, 81% reported no gambling in the past 30 days, which is slightly higher than the previous year.

What can Iowans do to help?

1. If you or someone you care about is struggling with problem gambling, call 1-800-BETS-OFF for help.
2. Pathological gambling often occurs along with other mental health or health problems. If you are a healthcare or human service professional, understand the signs and symptoms of problem gambling and how to treat it or where to refer people for help. Training on problem gambling is available through Training Resources at www.1800betsoff.org.
3. All Iowans can find more information about problem gambling at www.1800betsoff.org.

Expenditures

General fund: K01-0222

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$3,743,779	\$3,189,000	\$3,116,852
Total funds	\$3,743,779	\$3,189,000	\$3,116,852
FTEs	2.69	2.41	2.40

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Gambling Treatment Program

Phone: 515-281-8802 ♦ Fax: 515-281-4535 ♦ www.1800betsoff.org ♦ www.idph.state.ia.us/bh/gambling_treatment.asp

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

hawk-i Outreach

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-242-5980
www.hawk-i.org



Karen is a single, working mom who needed health insurance for her child. She couldn't afford it, but heard about the **hawk-i** insurance program for children in working families. She heard about the program from a **hawk-i** outreach coordinator in her community. She completed and submitted an online application, and soon after her **hawk-i** coverage began, her daughter broke her arm on the playground at school. No problem. Her daughter saw the doctor and all turned out well. This story shows how the **hawk-i** program works.

Did you know?

Over 230,000 eligible Iowa children are enrolled in Medicaid and **hawk-i**.

The **hawk-i** program offers dental-only coverage for children who have health insurance but may not have dental coverage.

Why is **hawk-i** Outreach important to promoting and protecting the health of Iowans?

- The Iowa Department of Human Services estimates that about 40,000 uninsured Iowa children under the age of 19 are below 300% of the poverty level.
- Research overwhelmingly shows that access to health care coverage increases a child's readiness to learn, improves school performance by nearly 70%, increases focus in class by 68%, and improves school attendance.
- Nearly one-third of all Americans (about 90 million people) have trouble understanding and using health information.
- According to the 2005 Iowa Child and Family Household Health Survey, 97% of those surveyed said it was very important for children to have health insurance.

Which Iowa Public Health Goals are we working to achieve?

- Promote healthy behaviors
- Strengthen the public health infrastructure

Are your teenagers covered?

- The highest percent of uninsured children occurs in the 13-18 age groups (5.6%).
- The Iowa Department of Public Health recently was awarded a grant to direct a statewide program to implement targeted outreach to families with uninsured adolescents, ages 13-19, eligible for Medicaid and **hawk-i**. The project will link eligible teens and their families through creative activities that reflect the interest and needs of teenagers to health insurance coverage.

What do we do?

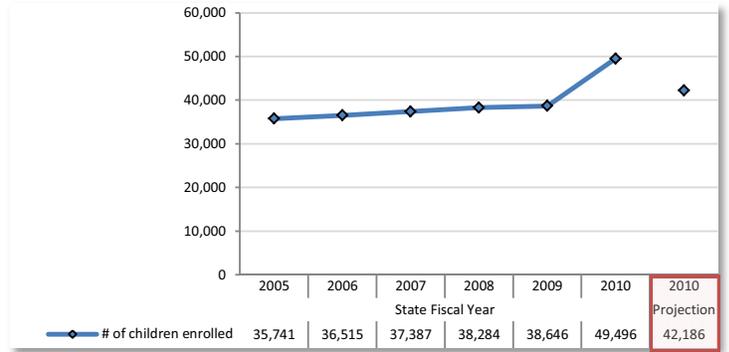
- Work with other organizations and agencies to provide information and **hawk-i** applications to families at various locations.
- Help families navigate the Medicaid and **hawk-i** enrollment process.
- Develop and deliver timely, culturally-correct education and materials to Iowans through conferences, health fairs, and trainings.
- Encourage policy and procedure changes in the Medicaid and **hawk-i** programs to increase the number of people who stay in the programs.
- Consult with other programs, such as Oral Health, to create effective outreach and communication materials for health insurance, and overall child and family health and wellness.
- Plan meetings and trainings to discuss ways to expand health care coverage outreach and education, simplify coverage programs, and coordinate coverage.

How do we measure our progress?

Number of children enrolled in Medicaid expansion & hawk-i.

Data Source: Iowa Department of Human Services. Data are available monthly.

How are we doing? Enrollment continues to grow. Iowa had projected that by June 30, 2010, with the continuation of expanded outreach efforts and expanded coverage of children in families with countable income up to 300 percent of the FPL, the total number of children enrolled in the Medicaid Expansion and hawk-i programs would reach approximately 42,186. As of June 30, 2010, enrollment reached 49,496.



What can Iowans do to help?

1. All parents, health care providers, community members, policy makers, and employers can learn about the **hawk-i** program at www.hawk-i.org.
2. Parents with questions about their eligibility for the **hawk-i** insurance program should contact **hawk-i** customer service at 1-800-257-8563. For more information, go to www.hawk-i.org.

Expenditures

Federal funds & Intra state receipts (Dept of Human Services): 0153-0534/0688

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$0	\$0	\$343,278
Intra state receipts	\$360,750	\$376,129	\$398,200
Total funds	\$360,750	\$376,129	\$741,478
FTEs	0.86	1.00	2.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ hawk-i Outreach

Phone: 515-242-5980 ♦ Fax: 515-242-6013 ♦ www.hawk-i.org

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Health Benefit Exchange

Promoting & Protecting the Health of Iowans

Office of Health Care Transformation

Phone: 515-954-9537

www.idph.state.ia.us/hcr_committees/health_benefit_exchange.asp



Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established health benefit exchanges (HBE) in each State. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through HBEs may qualify for premium tax credits and reduced cost sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The HBEs will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.

Did you know?

The Affordable Care Act requires states to have a health benefit exchange certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state.

Why is the Health Benefit Exchange important to promoting and protecting the health of Iowans?

- Historically, Iowa individual and small group health insurance markets have suffered from adverse selection and high administrative costs, resulting in low value for consumers. HBEs will allow Iowa individuals and small businesses to benefit from the pooling of risk, market leverage, and economies of scale that large businesses currently enjoy.
- HBEs will help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. HBEs will help eligible individuals receive premium tax credits or coverage through other federal or state health care programs.
- By providing one-stop shopping, HBEs will make purchasing health insurance easier and more understandable for Iowans.

Which Iowa Public Health Goals are we working to achieve?

- Promote healthy behaviors
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure

What do we do?

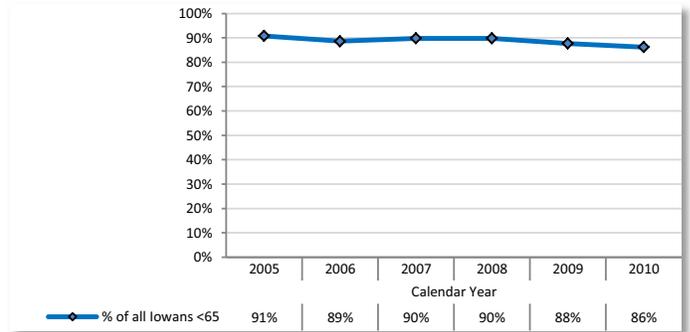
- A HBE Interagency Workgroup has been formed with IDPH, the Iowa Department of Human Services (DHS), and the Iowa Insurance Division (IID).
- In September 2010, Iowa was awarded a \$1 million, 1-year planning grant to begin the initial planning of a state based HBE.
- A major part of the planning grant was a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE. The information gathered from the meetings was compiled into a [Final HBE Regional Meeting and Focus Group Summary](#).
- Iowa has recently been awarded almost \$8 million to continue the planning process through Level 1 of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges. The grant narrative can be found here: [Iowa HBE Level 1 Narrative](#).

How do we measure our progress?

1 Percent of lowans under age 65 with health care insurance.

Data Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. Data are available annually.

How are we doing? In 2010, 86% of lowans under age 65 had health care coverage compared to 82% nationally. For lowa children, 93% had health care coverage, compared to 90% nationally. Iowa ranks higher than the national averages, but can still improve.



What can you do to help?

- Learn more about Health Benefit Exchanges and health care reform by visiting:
 - ✓ IDPH's HBE website containing educational white papers, the Regional Meeting and Focus Group Report, and grant progress reports.
 - ✓ www.healthcare.gov – federal government's website managed by HHS
 - ✓ www.whitehouse.gov/healthreform – White House website
 - ✓ <http://cciio.cms.gov/resources/other/index.html#hie> – HHS issued proposed regulation for several features of the HBE's that states are to establish under the Affordable Care Act.

Expenditures

Federal funds: 0153-0904

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$0	\$510,092	\$962,687
Total funds	\$0	\$510,092	\$962,687
FTEs	0.00	0.02	1.45

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Health Care Safety Net

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-7223
www.idph.state.ia.us/hpcdp/health_care_access.asp



If you watch a high-wire circus act closely, you'll notice that not only do the performers have a cable attached from the wire to their body, but there's also a safety net below. If the performer falls and the cable malfunctions, the safety net is there to protect the performer. That's a lot like the way the Health Care Safety Net works. It is intended to "catch" Iowans in danger of falling through the cracks in the health care system.

By focusing on community health centers, rural health clinics, small rural hospitals, and free clinics, IDPH Safety Net partners are able to reach almost 400,000 Iowans who would otherwise lack access to health care because of where they live, cultural differences, or having little or no health insurance. Iowa has approximately 14 federally qualified community health centers, 140 Certified Rural Health Clinics, 44 free clinics and 98 small rural hospitals across the state.

Good health should not be a tightrope walk for any Iowan. The Health Care Safety Net partners IDPH engages provide the assurance of access to care.

Did you know?

According to the 2010 Census, 40% of all Iowans live in rural areas where the population to provider ratio is twice as high as in urban areas. The disparity in the number of providers makes it difficult to get health care quickly, especially in case of an emergency. An estimated 49.4 million individuals were uninsured in 2010. By 2015, there could be 59.7 million people uninsured and 67.6 million by 2020.

Why is the Health Care Safety Net important to promoting and protecting the health of Iowans?

- All Iowans need to be able to get health care within a reasonable time, using primary care services in a timely fashion to prevent more serious health consequences and reduce unnecessary emergency room visits.
- Safety Net services increase access to qualified health professionals and to quality health services for underserved and uninsured Iowans. Safety Net providers, such as community health centers and free clinics, provide needed comprehensive health care services to all Iowans, regardless of ability to pay.
- In the past, free clinics in Iowa were unable to recruit enough professionals to provide free services due to the lack of professional insurance coverage. The Volunteer Health Care Provider program (VHCPP) now offers indemnification to volunteer health care providers serving Iowa's free clinics. VHCPP free clinics have served more than 30,000 Iowans to date.

Which Iowa Public Health Goals are we working to achieve?

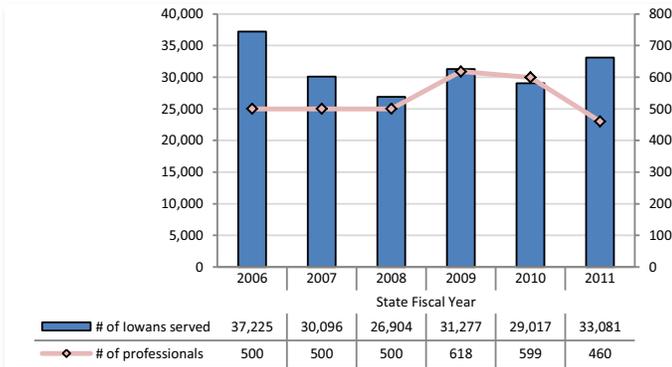
Strengthen the public health infrastructure

What do we do?

- Provide funding and contract management of the Iowa Collaborative Safety Net Provider Network.
 - 3 initiatives to expand access to specialty care.
 - 3 programs expanding access to pharmaceuticals.
 - Direct financial support to Iowa free clinics, family planning agencies, and Rural Health Clinics.
 - 6 Safety Net Medical Home development projects.
- Recruit physician assistants and advanced registered nurse practitioners to participate in a postgraduate medical training program so they can provide services in Iowa's mental health shortage areas.
- Analyze geographic areas of Iowa eligible for CMS-certified Rural Health Clinics.
- Provide indemnification to health care professionals and free clinics through the Volunteer Health Care Provider program. Currently, more than 500 professionals are enrolled.
- Provide loan repayment opportunities to primary care providers working in designated underserved areas.
- Provide funding and contract management to Iowa's critical access and small hospitals for quality improvement.
- Collaborate with Iowa Primary Care Association to identify areas of Iowa in greatest need.
- Analyze and identify areas of Iowa for Health Professional Shortage Areas leading to eligibility for loan repayment and enhanced reimbursement from Medicare.

How do we measure our progress?

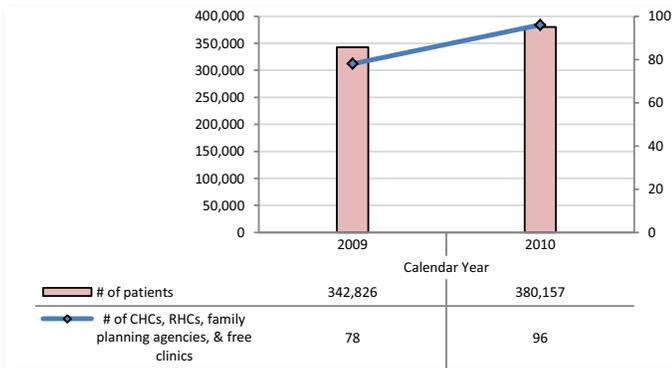
- 1 Number of providers enrolled in the Volunteer Health Care Provider Program (VHCPP).
- 2 Number of Iowans served by VHCPP professionals.



Data Source: Program database & clinic reports. Data are available annually.

How are we doing? An average of 31,267 Iowans are served each year by volunteer health care professionals. Despite a large decrease in the number of providers enrolled, the number of Iowans served increased to its highest level since 2006.

- 3 Number of clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.
- 4 Number of patients served by clinics and agencies participating in the Iowa Collaborative Safety Net Provider Network.



Data Source: Safety Net Provider Network database. Data are available annually.

How are we doing? During 2010, the Iowa Collaborative Safety Net Provider Network included 14 Community Health Centers serving 154,020 patients; 49 Rural Health Clinics serving 124,886 patients; 16 Family Planning Agencies serving 82,633 patients; and 17 free clinics serving 18,618 patients.

What can Iowans do to help?

1. If you or someone you know needs health care services, go to <http://ask.hrsa.gov/pc/> to find the health center nearest you.
2. All Iowans can volunteer to help free clinics with grant-writing, fundraising, and any general tasks needed to run the clinic.
3. Health care professionals wanting to volunteer at free clinics can visit the VHCPP Web site at www.idph.state.ia.us/hpcdp/volunteer_healthcare_provider_program.asp.

Expenditures

General fund, health care trust fund (2010 only), & intra state receipts (Dept of Human Services)(2010 only): K09-0971/0981; K60-6061/6067

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$0	\$1,071,251	\$1,110,796
Health care trust	\$1,617,829	\$0	\$0
Intra state funds	\$20,000	\$0	\$0
Total funds	\$1,637,829	\$1,071,251	\$1,110,796
FTEs	0.83	0.59	0.65

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Safety Net Services

Phone: 515-281-7223 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/hpcdp/health_care_access.asp

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Volunteer Health Care Provider Program

Phone: 515-242-6522 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/hpcdp/volunteer_healthcare_provider_program.asp

Health Information Technology (Iowa e-Health)

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response
Phone: 1-866-924-4636
www.iowaHealth.org



Imagine experiencing a heart attack hours away from home. The emergency room needs your vital health information fast. Blood type, allergies, and medications you take can affect the medical care you receive. Trouble is, it can take hours or days before the emergency room receives your medical records.

This is time you may not have.

That's why the Iowa Department of Public Health, through a public and private collaboration known as Iowa e-Health, is leading an effort to create a statewide health information exchange (HIE), which is also known as the Iowa Health Information Network (Iowa HIN). This secure network will give your primary care provider access to your vital health information when and where it is needed, in cases of emergency or during regular appointments.

Faster access that may save your life.

Did you know?

The health information exchange (or Iowa HIN) is not a central repository of health records; rather, it is a "hub" that connects different electronic health record systems throughout the state, allowing health information to flow between health care providers and, when appropriate, to IDPH.

Why is Iowa e-Health important to promoting and protecting the health of Iowans?

Iowa e-Health will help facilitate the sharing of health information across boundaries of individual practice and institutional health settings and with consumers. It is a public good that will contribute to improved:

- Clinical outcomes and patient safety
- Population health
- Access to and quality of health care
- Efficiency in health care delivery

Which Iowa Public Health Goals are we working to achieve?

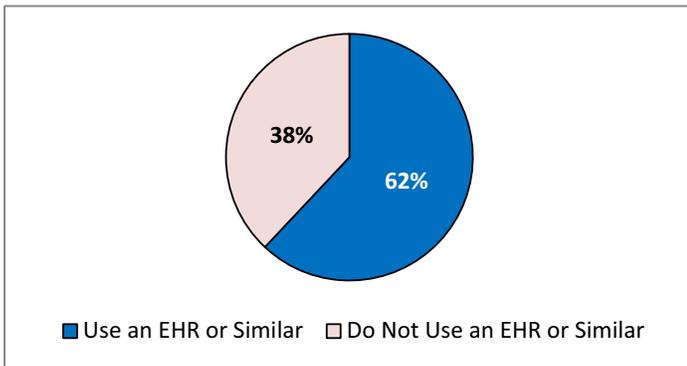
- Strengthen the public health infrastructure
- Prevent epidemics & the spread of disease

What do we do?

- Build awareness and trust of health IT.
- Promote statewide deployment and use of electronic health records and health information exchange.
- Enable a statewide health information exchange (also known as the Iowa HIN).
- Enable the electronic exchange of clinical data (e.g., continuity of care document).
- Safeguard privacy and security of health information.
- Advance coordination of health IT activities across state and federal government.
- Establish a governance model for Iowa e-Health.
- Execute and manage day-to-day business and technical operations for Iowa e-Health.
- Secure financial resources to sustain Iowa e-Health.
- Monitor and evaluate health IT progress and outcomes.

How do we measure our progress?

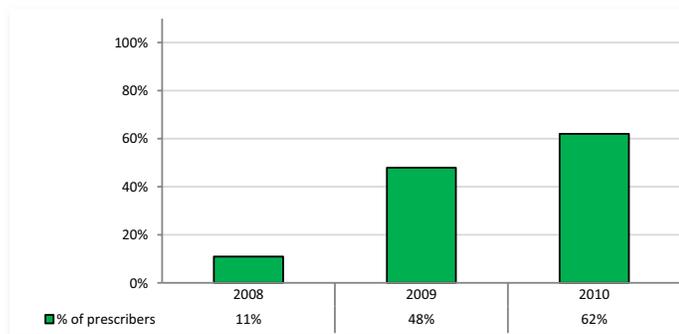
1 Percent of Iowa VFC Providers using an electronic health record (EHR) or other clinical data system.



Data Source: IRIS Interoperability Survey, 2011. n=603

How are we doing? One way to measure readiness to use Iowa e-Health services, is to evaluate the extent to which providers are using EHRs or other clinical data systems. 62% of the respondents to the 2011 IRIS Interoperability Survey indicate they are already using an EHR or other clinical data system to store and access patient health information. Last year, only 42% of the Iowa providers that completed the Iowa e-Health Provider Assessment revealed they were using an EHR or other clinical data system. This growth shows that an increasing number of providers are expanding their capacity to exchange health information electronically.

2 Percent of Iowa prescribers actively e-Prescribing using the Surescripts Network.



Data Source: Surescripts Network Data Set for the State of Iowa, 2011.

How are we doing? Iowa prescribers are leading the charge to increase the use of health information technology across the state. 62% of Iowa's prescribers sent electronic prescriptions to pharmacies through the Surescripts Network during 2010. This is up from just 11% three years ago, indicating an e-prescribing growth rate in Iowa that is faster than the national average.

As Iowa's HIN is developed and implemented, value cases will be collected and shared through the Financial Sustainability Plan to show how connection to an HIE impacts the quality, safety and efficiency of Iowa's health care.

What can Iowans do to help?

1. Every Iowan should communicate with their health care provider(s) to learn how health information technology is being used to enable delivery of high quality, safe and efficient care.
2. All Iowans are encouraged to develop and improve personal computer skills.
3. All Iowans should learn about plans to promote the adoption and use of health IT, including the Iowa HIN. For more information, go to www.iowahealth.org.
4. Public health professionals should continue to learn about how health information technology can be fully utilized to promote and protect the health of Iowans.

Expenditures

General fund, federal funds, and intra state receipts* (Dept. of Human Services): K09-0977, 0153-0982/AR10.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$158,188	\$155,958	\$150,307
Federal funds	\$18,391	\$649,873	\$3,777,606
Other funds*	\$150,677	\$160,295	\$363,987
Total funds	\$327,256	\$966,126	\$4,291,900
FTEs	1.48	5.63	5.25

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.



Health Statistics

Promoting & Protecting the Health of Iowans

Division of Administration & Professional Licensure
Phone: 515-281-4944
www.idph.state.ia.us/apl/health_statistics.asp



Each year in Iowa, about 40,000 babies are born, another 30,000 Iowans die, and 20,000 people decide to get married. Who keeps track of all these people? The IDPH Bureau of Health Statistics does. Vital records data has been kept in Iowa since 1880 and every person who was born, died, or got married since then is on file at IDPH.

Statistical data isn't just interesting trivia. It's important information that can be used to analyze and report on health trends and issues. It is also the basis for virtually all of the research conducted in the social sciences such as economics, political science, and sociology. These records are also required to prove eligibility for many programs and services, such as a driver's license, passport, or Medicaid. As a convenience, verifying the facts of birth is now available electronically for Medicaid and the DOT's driver services.

Much of Iowa's health history can be told through the "numbers" and the Bureau of Health Statistics helps ensure they "add up" to a healthier future.

Did you know? Health Statistics is responsible for maintaining and protecting the confidentiality of nearly 12 million records.

Why are Health Statistics important to promoting and protecting the health of Iowans?

- Health data is used to monitor trends in health and health care, identify health problems, and measure the effectiveness of public health programs.
- Health data is used to measure progress toward meeting the goals of Healthy Iowans 2010 and other public health plans.
- Vital records are needed to determine eligibility for many programs and services. For instance, a birth certificate is required for a driver's license or passport.
- Health statistics help us understand the health of Iowans, including disparities in health and the use of health care by different people.
- Health statistics help leaders decide where resources are needed and how they can best be used. Statistics also provide a measure of a program's success.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

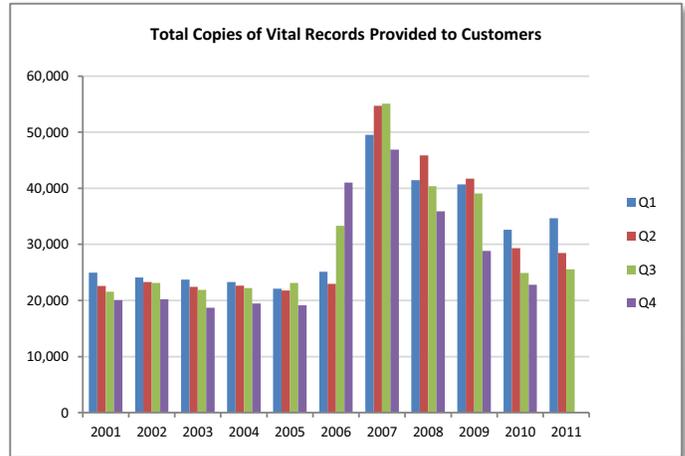
- Provide data to local, state, and national public health agencies so they can plan and measure the effectiveness of programs and make decisions about the use of resources.
- Provide data to state agencies to help them conduct their official duties.
- Provide certified copies of birth, death, and marriage records to Iowans and other entitled people to establish eligibility for many benefits, including U.S. citizenship.
- Provide a database to monitor progress on health objectives, identify emerging health issues, and support policy development.
- Publish the annual Vital Statistics of Iowa and Vital Statistics in Brief, as well as studies on important topics.

How do we measure our progress?

1 Increasing our capacity to provide records in a timely manner.

Data Source: National Center for Health Statistics report card. Data are available annually.

How are we doing? We have significantly increased the number of vital records provided to our customers over the years. After reaching a peak in 2007, we have consistently provided more records in each of the last four years than we did during the previous five-year period. Tracking this information allows planning for staff capacity and our ability to meet the demand of our customers. The requests for copies are decreasing, after the increase we experienced related to Federal Agencies requiring birth certificates for passports, social security, and Real ID requirements of a birth certificate to obtain a driver's license even if you have one in the system. Travel requirements have also contributed to the increase.



What can Iowans do to help?

1. All Iowans can learn about health trends by accessing health statistic information. For information on health trends, go to www.idph.state.ia.us/apl/health_statistics.asp.
2. All Iowans can find out how to obtain vital records. For more information on health trends, go to www.idph.state.ia.us/apl/health_statistics.asp.
3. Data providers can work with the Bureau of Health Statistics to report accurate and complete data efficiently.
4. Data providers can work with the Bureau of Health Statistics to collect data in standard formats and with standard processes.

Expenditures

Federal funds, retained fees, and other fees*: K21-2203; 0153-0456/0972/1724/AR22; 0024-0024

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$736,059	\$873,868	\$643,652
Retained fees	\$2,456,237	\$2,316,359	\$3,031,000
Other funds*	\$0	\$0	\$36,000
Total funds	\$3,192,296	\$3,190,227	\$3,710,652
FTEs	33.15	27.97	27.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Health Workforce

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-8517
www.idph.state.ia.us/hpcdp/health_care_access.asp



Recruiting any health professional to a rural setting is very difficult. We knew this from experience because it had taken us almost two years to recruit a medical director to our health center. So where to begin? We didn't have money for expensive recruiters. This is a dilemma facing all community health centers. To attract qualified providers, health centers must first find a way to get noticed by providers seeking jobs and then be in a position to be competitive in salary and benefits. Our Primary Care Association as well as the Iowa Department of Public Health Dental Director recommended putting our dental opportunity on the 3R Net website. The ad was placed in late summer of 2008. This proved to be the answer to our prayers. A young dentist from Virginia who was graduating in May 2009 saw our ad on the 3R Net website and called about our position! We actually achieved more than we had hoped for because this dentist was also bilingual in Spanish and our target patient population is overwhelmingly Spanish speaking! The initiation of dental services in our community health center was not the result of actions of any single person or entity. It "took a village" and the 3R Net was a key member of our village. We are so grateful and appreciative.

—Renee Seagren, United Community Health Center, Storm Lake

A competent, qualified, and diverse health workforce is vital to the health of Iowans, especially in rural areas where access is limited. IDPH Health Workforce programs seek to promote and expand the number of health care workers in Iowa to ensure Iowans always have health professionals available when needed.

Did you know? Sixty-two of Iowa's 75 rural counties are fully or partially designated primary health care shortage areas, meaning they have an acute shortage of primary health care professionals.

Why are Health Workforce programs important to promoting and protecting the health of Iowans?

- Sixty-two counties include a Primary Care Health Professional Shortage Area.
- Ninety Iowa counties are Mental Health Professional Shortage Areas.
- Almost half of Iowa's dentists (49%) are over age 50. Sixty-nine Iowa counties are in a Dental Health Professional Shortage Area.
- Iowa predicts a shortage of 12,000 direct care professionals between 2008 and 2018. DCPs make up the largest workforce in the state and work in homes, nursing facilities, residential care facilities, group homes, and other settings.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

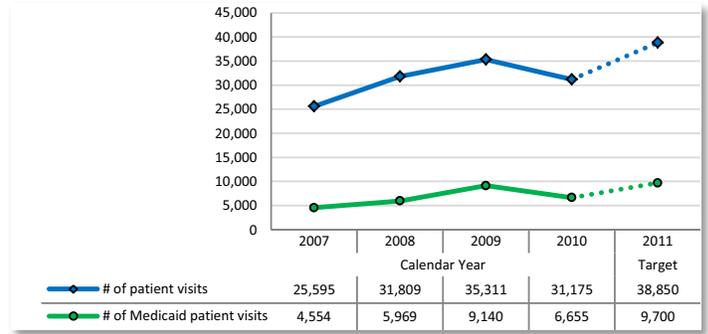
- Assist in recruiting students into primary care service-oriented careers.
- Engage in analysis and strategic planning for health care access and health care reform.
- Administer the National Health Service Corps (NHSC) program for Iowa, providing support to practice sites and clinicians.
- Lead the Personal and Home Care Aide State Training Program to develop a training and credentialing system for direct care professionals.
- Assist 25 to 30 physicians to practice in Iowa each year through the Conrad 30/J1 Visa Waiver Program.
- Coordinate public and private efforts to develop and maintain a stable, well-qualified, diverse, and sustainable health care workforce.
- Manage grants and contracts related to health workforce.
- Help professionals repay loans through the Iowa Loan Repayment Program. Loan repayment awards are made to an average of eight health professionals a year who commit to serve in shortage areas for two years.
- Help communities looking for health care professionals and professionals looking for vacancies through a free Web-based national recruitment network.

How do we measure our progress?

1 Number of underserved lowans receiving health care as a result of state health professional loan repayment.

Data Source: Reports from loan repayment grantees. Data are available annually.

How are we doing? Health professionals recruited and retained through the PRIMECARRE Loan Repayment Program serve thousands of lowans each year. Recruitment and retention incentives help Iowa compete for health professionals in short supply; however, restrictions tied to federal regulations mean that only certain health professions are included.



What can lowans do to help?

1. All lowans can learn about the Bureau of Oral and Health Delivery Systems and Iowa's health workforce by visiting www.idph.state.ia.us/hpcdp/health_care_access.asp.
2. All lowans can participate in local community planning for health services and recruitment efforts.

Expenditures

Direct Care Workers: general fund & health care trust fund (2010 only): K09-0933/0946. **Iowa Health Workforce Center:** general fund: K09-0979 (60%). **Mental Health Workforce:** general fund & health care trust fund (2010 only): K09-0965/0967/0973. **Primary Care Office:** federal funds: 0153-0912/AR02. **Dental Loan Repayment:** K09-0983. **PRIMECARRE:** general fund, federal funds, & other funds; State funds are used for a 1:1 match for the Federal Loan Repayment Grant: K09-0901; 0153-0908/AR04.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$475,778	\$893,392	\$872,123
Health care trust	\$668,566	\$0	\$0
Federal funds	\$479,445	\$555,986	\$1,395,463
Other funds	\$0	\$0	\$130,528
Total funds	\$1,623,789	\$1,449,378	\$2,398,114
FTEs	3.07	3.81	3.51

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Health Workforce

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

3R-Net ♦ PRIMECARRE ♦ Primary Care Office ♦ Iowa Health Workforce Center ♦ Direct Care Worker Advisory Council

Phone: 515-281-8517 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/hpcdp/health_care_access.asp

Heart Disease & Stroke Prevention

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 515-281-6016

www.idph.state.ia.us/hpcdp/hdsp_home.asp



Question: Do referrals of smokers to Quitline Iowa really help them to quit smoking?

In February 2010, a letter was received from a WISEWOMAN participant:

“Thanks so much for always getting a hold of me every year. If you did not offer this program, I would not get these physicals done. It means a great deal to me. With the information packet I received last year, I kept the Quitline card in my billfold until March 18, 2009. That was the day I quit smoking after 37 years. I did the Chantix thing; [it] took me two weeks. I will never smoke again. My son and his girlfriend have also quit.”

This is just one example of how WISEWOMAN works to help Iowa women reduce their risks for heart disease and stroke!

Did you know? Heart disease is the #1 killer and stroke is the #4 killer of Iowa men and women.

Why is Heart Disease and Stroke programming important to promoting and protecting the health of Iowans?

In Iowa (2010),

- 6,859 Iowans died of heart disease; the leading cause of death since records started being kept in Iowa in 1920. Another 1,531 Iowans died from stroke, the fourth leading cause of death. Deaths from these two diseases combined accounted for 30% of total deaths in Iowa.
- 4,998 deaths, 73% of heart disease deaths, were due to coronary heart disease (CHD):
 - ✓ There were 172 CHD deaths for men vs. 98 deaths for women per 100,000 Iowans in 2010, 74 more deaths (or 75% higher) for men than women.
 - ✓ There were 126 CHD deaths and 38 stroke deaths per 100,000 Iowans in 2010.
 - ✓ Iowa met both goals for the two disease death rates set by the national Healthy People 2010: Reduce the CHD death rate to 162 per 100,000 people, and the stroke death rate to 48 per 100,000 people.
 - ✓ The Healthy People 2020 goals are to reduce CHD deaths to 101 per 100,000 people, and stroke deaths to 34 per 100,000 people.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

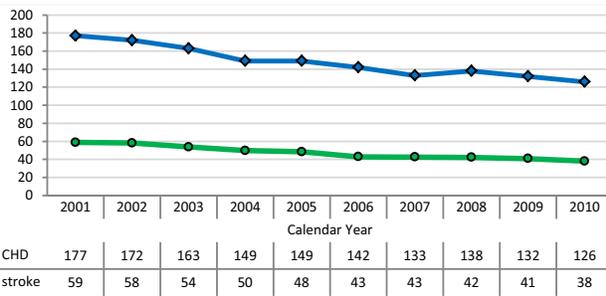
What do we do?

The Iowa Heart Disease and Stroke Prevention Program partners with many organizations across the state to plan, implement, and report statewide activities, which support Iowa's Heart Disease and Stroke Plan 2010-2014. The program works with the WISEWOMAN program to provide patient resources, continuing education coursework, and updated clinical practice guidelines to a diverse network of healthcare providers working with the WISEWOMAN program.

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) provides services to Iowa women through the *Care for Yourself* breast and cervical cancer program. WISEWOMAN provides health screenings associated with heart disease and stroke risk factors (i.e. height/weight, blood pressure, glucose, and cholesterol readings). Based on screening results, the local programs provide individualized health goals based on nutrition, physical activity, and tobacco-cessation for the women. The WISEWOMAN program serves nearly 2,200 women annually in 98 Iowa counties through 26 *Care for Yourself* sites.

How do we measure our progress?

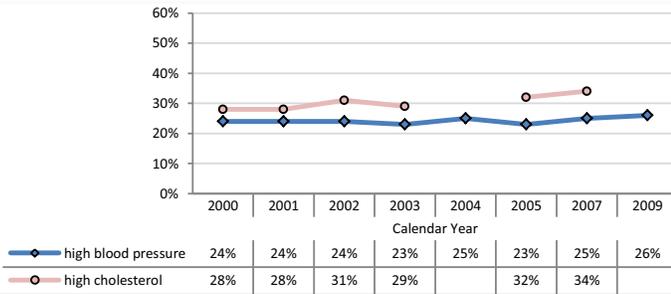
1 Age-Adjusted coronary heart disease (CHD) & stroke death rate (per 100,000 Iowans).



Data Source: Mortality Data, Vital Records, Iowa Department of Public Health. Data are available annually.

How are we doing? There were 51 fewer deaths per 100,000 Iowans from coronary hearts disease over the last 10 years – a 29% decrease in death rate. There were 21 fewer deaths from stroke per 100,000 Iowans over the last 10 years – a 35% decrease in death rate.

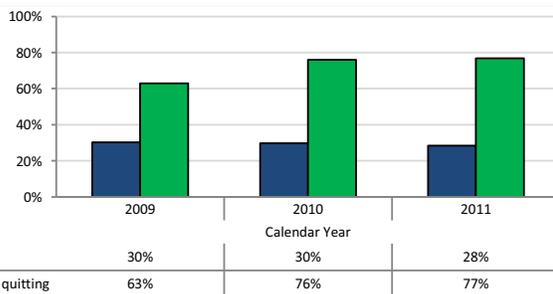
2 Age-adjusted percent of Iowa adults reporting high cholesterol and high blood pressure.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS) analysis available at http://apps.nccd.cdc.gov/ncvdss_dtm/. Data are available annually.

How are we doing? In 2009, 1 in 4 Iowa adults age 18+ (26%) reported having been told by a doctor that they had high blood pressure. The percent has stayed stable over the last 8 years. In 2007, 1 in 3 Iowa adults age 20+ (34%) reported having been told by a doctor their total cholesterol was high, up by 6 percentage points from 28% in 2000.

3 Percent of WISWOMEN participants who were offered help to quit tobacco use.



Data Source: Iowa Care For Yourself (CFY) and WISEWOMAN data. Data are available annually.

How are we doing? Smoking is one leading risk factor for cardiovascular disease. About one third of Iowa WISEWOMAN participants are smokers, much higher than Iowa's general adult population. Offering participants help to quit smoking is one of the program's proven strategies. The recent 3 years data shows that the program referred increasingly more women to Quitline or community-based cessation programs.

What can policymakers do?

1. Invest in evidence-based prevention which is less costly than treatment.
2. Use public policy to instill heart-healthy habits in children.
3. Limit tobacco use.
4. Promote early identification and treatment of high blood pressure and cholesterol.
5. Support sodium reduction efforts; engage food manufacturers and restaurants in voluntarily reducing sodium in their products.
6. Promote access to the healthcare system for all.

What can communities do?

1. Participate in coalitions and advisory groups that engage public health policy.
2. Seek policies and programs that help individuals make healthy lifestyle choices.
3. Promote or volunteer to increase rapid response and quality systems of care for heart attack and stroke.

What can Iowans do to help?

1. Know your health numbers (including blood pressure, blood cholesterol, and blood glucose levels).
2. Increase your amount of physical activity each day.
3. Eat moderate portion-sizes of fresh fruits, vegetables, whole grains, lean-meats and low-fat dairy products.
4. Reduce your sodium intake.
5. Know the symptoms of a heart attack and a stroke – and know when to call 9-1-1.

Expenditures

Federal funds: 0153-0420/0760

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$1,198,473	\$1,135,529	\$1,414,030
Total funds	\$1,198,473	\$1,135,529	\$1,414,030
FTEs	5.08	4.85	5.70

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

HIV/AIDS & Viral Hepatitis

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-5150
www.idph.state.ia.us/HivStdHep/



You could be one of 600 Iowans who doesn't know they are infected with HIV. Maybe you're one of the 50,000 Iowans who has chronic hepatitis C, but doesn't know it. Knowledge is power, especially when it comes to disease. Finding out early that you are HIV-positive or have chronic hepatitis C means that you can receive treatment earlier and live a longer, healthier life.

The HIV/AIDS and Viral Hepatitis programs provide prevention, counseling, testing, and treatment services. Disease Prevention Specialists help people newly diagnosed with HIV learn about the disease, talk to their partners about being exposed, and learn how to get into care. One person wrote the following to their disease prevention specialist: "You told me at a very low point in my life that I would be fine. You even called me six months later to say "I told you so," and you were right. Since then, I have regained my health, and have returned to work. My outlook is now happy and hopeful. Thank you."

Through personal awareness and community support, the HIV/AIDS and Viral Hepatitis programs are helping save lives.

Did you know?

Over one-third of people diagnosed with HIV last year were considered late testers – meaning that they had been infected for many years before they were tested. Should you be tested?

Why are HIV/AIDS & Viral Hepatitis programs important to promoting and protecting the health of Iowans?

- HIV diagnoses reached an all-time high in 2007 with 128 persons diagnosed. This was nearly equaled in 2009, when 127 persons were diagnosed.
- The estimated number of Iowans living with HIV/AIDS has grown to over 2,300 people, including over 500 who are infected but who do not know it.
- The number of Iowans living with hepatitis C is estimated to be over 53,000. Over 80% of these people are not aware of their infections.
- Early detection of both diseases can greatly increase the life expectancy of someone who is infected.
- Medications are available to treat HIV and hepatitis C. The AIDS Drug Assistance Program provides life-saving medications or help with insurance premiums and co-pays to over 450 Iowans each month.
- Early treatment of HIV infection means an individual is less likely to transmit the infection to partners. It also decreases the number of hospital visits, costs less, and increases the quality of life.

Which Iowa Public Health Goals are we working to achieve?

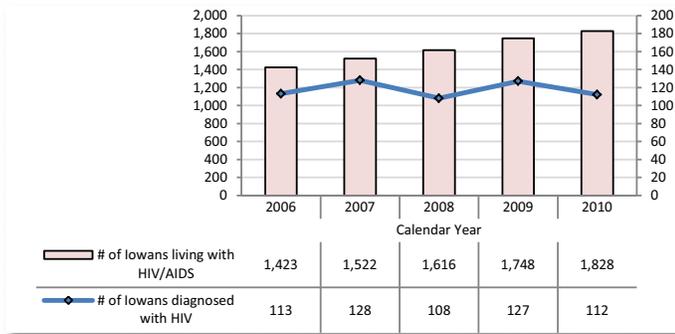
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide information, training, and funding to local public health agencies and community-based organizations for prevention programs.
- Offer counseling, testing, and referral services, including services for the partners of HIV-positive individuals.
- Provide medication, case management, and supportive services.
- The AIDS Drug Assistance program provides life-saving medication for HIV infected Iowans when no other resources, including Medicaid, are available.
- Study and investigate ways to decrease transmission among disproportionately affected people, such as African Americans, Latinos, men who have sex with men, and injection drug users.

How do we measure our progress?

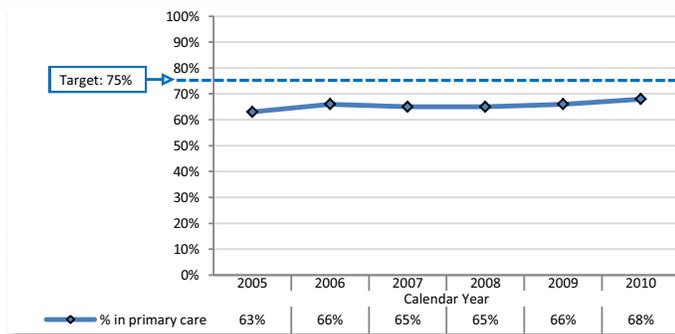
- 1 Number of Iowans diagnosed with HIV.
- 2 Number of Iowans living with HIV/AIDS.



Data Source: HIV/AIDS reporting system. Data are available annually.

How are we doing? Diagnoses have been increasing recently, particularly among white, non-Hispanic males. The number of Iowans living with HIV/AIDS is now increasing by about 100 per year.

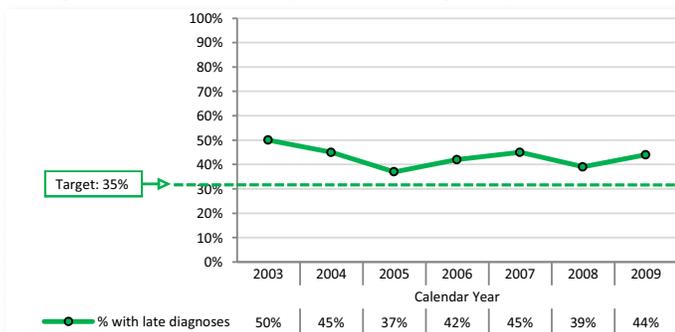
- 3 Percent of diagnosed HIV-positive people who are in HIV primary medical care.



Data Source: HIV/AIDS reporting system. Data are available annually.

How are we doing? The percentage of diagnosed HIV-positive people who are in HIV primary medical care is steady at 65-68%.

- 4 Percent of people with late diagnoses of HIV infection (AIDS diagnosis made within 1 year of HIV diagnosis).



Data Source: HIV/AIDS reporting system. Data are available annually, one year after diagnosis.

How are we doing? The percentage of people with late diagnoses of HIV infection is lower than in previous years.

What can Iowans do to help?

1. All Iowans who are at risk for HIV or hepatitis C should be tested to learn their statuses. To find out if you're at risk, go to www.idph.state.ia.us/adper/hepatitis.asp.
2. All Iowans can encourage people who have tested positive for HIV or hepatitis C to follow their treatment providers directions and take their medications faithfully.
3. Health professionals can learn about screening for HIV and hepatitis C through training programs.
4. Health professionals can learn about good resources for patients interested in the disease, medications, and testing. For more information, go to www.idph.state.ia.us/adper/hiv_aids.asp.

Expenditures

HIV: general fund, federal funds, intra state receipts* (Dept of Education), & private grant*: K07-0761; K86-8602; 0153-0804/1568/1570/1572/1574/1578/ 1580/1582. **Hepatitis:** general fund: K07-0763; K15-1529

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$627,769	\$619,425	\$613,816
Federal funds	\$4,812,218	\$5,562,990	\$6,173,239
Other funds*	\$49,224	\$14,015	\$916,771
Total funds	\$5,489,211	\$6,196,430	\$7,703,826
FTEs	15.13	15.49	15.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ HIV/AIDS and Viral Hepatitis
5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

HIV/AIDS – Phone: 515-242-5150 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/
Hepatitis B – Phone: 515-281-7228 ♦ Fax: 515-281-0466 ♦ Hepatitis C – Phone: 515-281-5027 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

Home Visiting

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 1-800-383-3826 or 515-725-2856
www.idph.state.ia.us/hpcdp/family_health.asp



"I had been with the Benton County Family Support for a year and a half. My Family Support Worker (FSW) and I meet once a week. For six years I have been in an abusive relationship with my boyfriend, I knew the right thing to do was to leave him, but I felt like I couldn't and was scared. My FSW helped me realize that I could do it and I did deserve a better life. My FSW gave me the support and guidance I needed to get out of the abusive relationship. She helped me find affordable housing in a different community and get me domestic violence therapy to help me cope with the situation. In addition, she helped me get enrolled into college to get a degree in disability services, a goal that I have had for a long time. I know that I could not have gotten through this situation without my Family Support Worker; she has given me the resources needed to create a better life for myself and my girls. I really feel like this program saved my life."

Did you know?

- Only 8% of families with young children, 0 – 5, are able to access family support programming because of the limited funding available.
- Only 4% of HOPES-HFI families had confirmed cases of child abuse in 2010, down from 7% of families in 2004.
- Research shows that the most rapid brain development occurs before age five, when children's brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships into adulthood and beyond.

Why are Home Visiting programs important to promoting and protecting the health of Iowans?

- **Lower health costs:** The Healthy Families America program helped reduce the incidence of low birth weight, which is associated with costly short- and long-term health problems such as high blood pressure, cerebral palsy, and lung disease, as well as other poor outcomes for children.
- **Better health outcomes:** One home visitation program has been shown to reduce abuse and neglect—two early indicators of long-term health problems—among children of low-income, high-risk mothers by 48 percent. Adults who experienced childhood abuse and neglect are more likely to suffer from a range of physical problems, including arthritis, asthma, and high blood pressure.
- **School readiness and workforce preparation:** At-risk children who participated in one high quality, home visiting program had better cognitive and vocabulary scores by age six and higher third-grade scores in math and reading than the control group. At-risk toddlers who participated in another voluntary home visitation program were 42.5 percent more likely to graduate from high school than their peers who did not participate.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

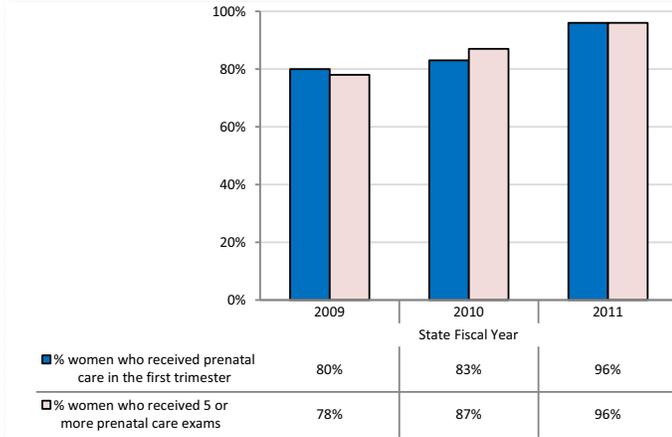
Prevent injuries

What do we do?

The Maternal Infant Early Childhood Home Visiting (MIECHV) program is responsive to the diverse needs of children and families in communities at risk and provides an opportunity to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Home visiting is one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, strong parent-child relationships, and promotes responsible parenting among mothers and fathers.

How do we measure our progress?

1. Percent of HOPES-HFI enrolled women who received prenatal care in the first trimester.
2. Percent of HOPES-HFI enrolled women who received 5 or more prenatal care exams.



Data Source: HOPES - HFI Service Reports. Data are available annually.

How are we doing? Women who receive prenatal care in their first trimester and receive at least five prenatal exams have better birth outcomes. At-risk families enrolled in the HOPES-HFI program have shown steady progress in ensuring that enrolled pregnant women are getting into prenatal care and receiving prenatal care at regular intervals.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.parents.earlychildhoodiowa.org) to learn more about the Early Childhood Iowa projects.
2. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or an email to earlyaccessia@vnsdm.org.
3. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

General fund, federal funds, & intra state receipts: K05-0559; 0153-0560.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$768,559	\$670,494	\$739,318
Federal funds	\$0	\$187,627	\$886,395
Intra state receipts	\$23,000	\$0	\$0
Total funds	\$791,559	\$858,121	\$1,625,713
FTEs	0.48	1.30	2.25

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Home Visiting

Phone: 1-800-383-3826 or 515-725-2856 ♦ www.idph.state.ia.us/hpcdp/family_health.asp

4th & 5th Floors, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

MIECHV Home Visiting (5th floor)

Phone: 515-954-0647 Fax: 515-242-6013
www.idph.state.ia.us/hpcdp/family_health_support.asp

HOPES-HFI (5th floor)

Phone: 515-725-2856
www.idph.state.ia.us/hpcdp/local_public_health_services.asp#HOPES

Immunization

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 1-800-831-6293

www.idph.state.ia.us/ImmTB/Immunization.aspx



In the 1950s, 7,813 Iowans were infected with polio, many needing braces, crutches, wheelchairs, and iron lungs. In 2009, there were no cases of polio in Iowa. Why such a dramatic decline? The polio vaccine. During the 1960s, more than 35,000 Iowans got rubella (German measles). Vaccines have changed the world we live in by providing protection against harmful diseases and, in some cases, by eliminating them altogether. According to the Morbidity and Mortality Weekly Report, the Institute of Medicine, and the Centers for Disease Control, vaccines are one of the most successful public health advances in the last century.

The Iowa Immunization program's goal is to reduce and ultimately eliminate the occurrence of vaccine preventable diseases. Working with public and private healthcare providers, the program works to increase and maintain the number of Iowans who are properly vaccinated.

Vaccines help prevent the spread of disease and the IDPH Immunization program provides the resources to do just that.

Did you know?

Vaccine preventable diseases still threaten the health of Iowans. In 2006, mumps and pertussis (whooping cough) sickened 2,306 Iowans.

Why is the Immunization program important to promoting and protecting the health of Iowans?

- Vaccines are responsible for the control of many infectious diseases once common in the U.S., including polio, measles, diphtheria, whooping cough, rubella, mumps, tetanus, and Haemophilus influenzae type b (Hib).
- Vaccines help prevent infectious diseases and save lives, giving Iowans the opportunity to live healthy in healthy communities.
- Immunizations have contributed to our increased life expectancy.
- Immunization saves money! Each year, routine immunizations save more than \$40 billion in costs to society.

Which Iowa Public Health Goals are we working to achieve?

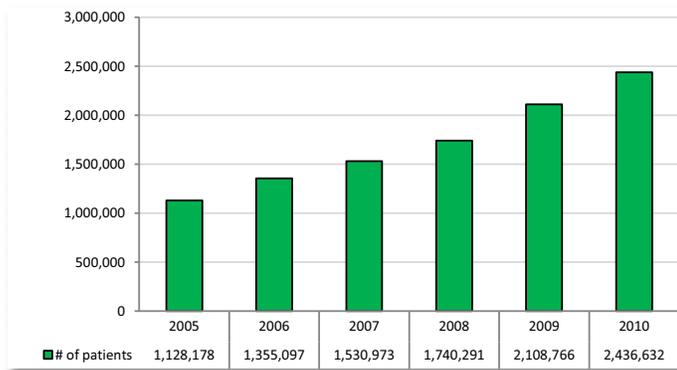
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Prepare for, respond to, & recover from public health emergencies
- Promote healthy behaviors

What do we do?

- Purchase and distribute vaccine to public and private health care providers through the Vaccines for Children (VFC) program. About 347,081 Iowans ages 18 and younger are eligible for the program because they are Medicaid eligible, uninsured, underinsured, or American Indian or Alaskan natives.
- Provide education about vaccine preventable diseases and the benefits of immunization.
- Provide funding to local public health agencies to conduct immunization clinics and outreach clinics.
- Manage the statewide Immunization Registry Information System (IRIS), which keeps immunization records for all Iowans, helping to prevent individuals from being under and over immunized.

How do we measure our progress?

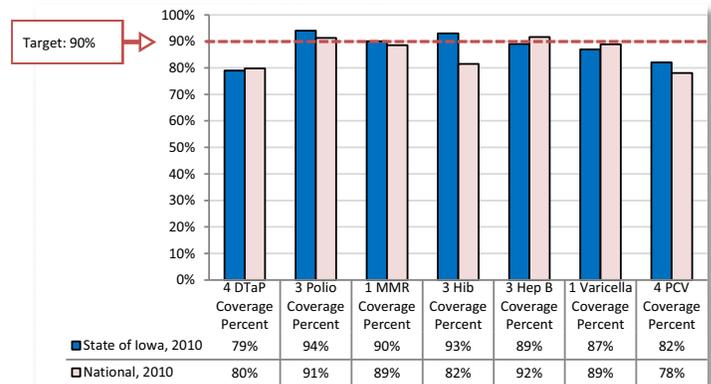
1 The number of unduplicated patients in the Immunization Registry Information System (IRIS).



Data Source: Immunization Registry Information System Data. Data are available monthly.

How are we doing? The number of patients in IRIS has more than doubled from 1.1 million in 2005 to 2.4 million records in 2010. This increase helps to reduce vaccine-preventable diseases, over vaccination, and allows health care providers to see up-to-date information when they need it most.

2 Percent of 2-year-olds covered by individual vaccines.



Data Source: Immunization Registry Information System, 2010 County Immunization Assessments and 2010 National Immunization Survey. Data are available annually.

How are we doing? Immunization rates in Iowa are consistent with national averages for vaccine rates. The goal is to reach 90% coverage for each set of vaccines.

What can Iowans do to help?

1. Keep track of and maintain immunization schedules for you and your children. For a handy immunization card, go to www.idph.state.ia.us/ImmTB/Immunization.aspx.
2. Healthcare professionals can promote the need for and the benefits of immunization.
3. Healthcare professionals should routinely give immunizations according to the recommended childhood, adolescent, and adult schedules.
4. Healthcare professionals can attend immunization educational seminars and trainings.
5. All Iowans can encourage their family, neighbors, coworkers, and friends to maintain immunization coverage.

Expenditures

General fund, federal funds: K15-1521; 0153-1522/AR06/AR08.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$751,296	\$629,375	\$593,038
Federal funds	\$3,063,731	\$3,373,402	\$4,167,090
Other funds	\$8,688	\$0	\$0
Total funds	\$3,823,715	\$4,002,777	\$4,760,128
FTEs	13.66	14.82	15.10

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Information Management

Promoting & Protecting the Health of Iowans

Division of Administration & Professional Licensure
Phone: 515-281-4258
www.idph.state.ia.us/apl/info_man.asp



Much of the work done by the Iowa Department of Public Health involves the gathering and distributing of information about health-related activities in the State of Iowa. The Bureau of Information Management is responsible for making sure that this vital two-way flow of digital information is secure and uninterrupted.

The bureau provides network and server management, desktop computer and printing support, application design and development, database design and administration, web-based information collection and delivery, project analysis and management, and many other important services to the department and the citizens of our state.

Did you know?

Information Management supports over 55 applications with users from internal IDPH staff, local public health agencies, IDPH contractors, hospitals and clinics. We support 11,110 users of the Immunization (IRIS) system, 359 WIC (IWIN) users, and 267 Vital Records (IVRS) users, just to name a few.

Why is Information Management important to promoting and protecting the health of Iowans?

- Information Management develops, maintains, and supports technology services used by programs to serve Iowans.
- When it comes to emergencies, Information Management plays a key role administering the Health Alert Network (HAN) for communication and generating information on community impacts and potentially affected populations.
- Your information is secure. When it comes to security, Information Management serves as policy advisor to IDPH leadership and implements measures to ensure confidential data is safely stored and secured.

Which Iowa Public Health Goals are we working to achieve?

- Strengthen the public health infrastructure
- Prepare for, respond to, & recover from public health emergencies

What do we do?

- Develop and support websites including the IDPH website, providing the public with access to public health information
- Provide front-line help desk support for department programs, local public health agencies, IDPH contractors and other users
- Design, develop, and support computer software, equipping IDPH programs and partners to fulfill the department's mission
- Store and secure data programs collect and use to write grants, improve services and make policy decisions
- Provide support for the emergency communication functions of IDPH via the Health Alert Network (HAN)
- Maintain and support IDPH technical infrastructure, personal computers and hardware for all department employees
- Offer technical consultation services to support programs, including project management, business process improvement, and RFP development.

How do we measure our progress?

To better serve our customers and aligning with IDPH quality improvement efforts, the Bureau of Information Management upgraded and redesigned the Help Desk. In February 2011, a new Self-Service Portal was launched for submitting and managing internal IDPH user-support requests. This new system also collects information about service requests and responses, providing the data needed to determine areas of improvement, adjust our service delivery model as needed, and most importantly, improve customer service.

Improving the Quality of Request Submissions (Tickets)

Resolution of issues is not consistently documented across tickets and the time to resolve the issue is not documented for the majority of tickets (64%). Technicians are revisiting the process for categorizing tickets as well as taking steps to ensure consistency across all technicians in recording the closure and effort to close tickets. In addition, the bureau will form a user workgroup to provide feedback on the customer experience with the Self-Service portal, focusing on the categorization of requests. This will decrease the number of uncategorized or wrongly categorized tickets.

Measuring Customer Satisfaction

While the new Self-Service portal has provided a wealth of objective operational data, the bureau is looking to gather data on customer satisfaction and establish corresponding performance metrics in the upcoming year.

February – September 2011 Ticket Overview

- 7,375 requests submitted
- 7,224 requests closed (completed)
- 134 requests remain open
- 17 requests cancelled (by user)

Top Requests by Volume

56% of Service Contract support requests are for **resetting an external user's password**. This category accounts for 12% of all Help Desk requests. Requests from SharePoint users are a large portion of these requests. The SharePoint Team is evaluating solutions to allow external users to reset their own passwords without needing to use the SharePoint Help Desk.

9.6% of Help Desk requests are for **updates to existing websites**. The bureau's Channels application allows users to manage their own web content. As more sites are moved to the Channels application, the number of these requests will be reduced.

What can Iowans do to help?

1. All Iowans can provide feedback about the IDPH website through individual IDPH programs or by using the "Contact Us" function.
2. All Iowans can use the IDPH website to find accurate health information. Go to www.idph.state.ia.us

Expenditures

General fund (2010 only), federal indirect funds, & intra state receipts* (Dept of Human Services): K21-2207; 0153-2208

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$36,351	\$0	\$0
Federal funds	\$1,101,910	\$1,029,749	\$1,126,724
Other funds*	\$267,627	\$38,661	\$268,276
Total funds	\$1,405,888	\$1,068,410	\$1,395,000
FTEs	11.85	10.57	10.95

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Injury Prevention & Emergency Medical Services for Children

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response
Injury Prevention – Phone: 515-281-0609 www.idph.state.ia.us/ems/injury_prev.asp
EMSC – Phone: 319-653-7270 www.idph.state.ia.us/ems/emsc.asp



Baby bottles, crib, diapers, stroller, car seat...the list of items needed for a new baby seems endless. But just having the items isn't enough. If you don't know how to assemble the crib, the baby can't sleep in it. If you don't know how to install the car seat, the baby isn't safe in it. In Iowa, 90% of child restraints are used incorrectly!

The Injury Prevention and Emergency Medical Services for Children (EMSC) programs work to prevent injuries to children. More than 100 child safety seat checks are conducted around the state each year, teaching parents and caregivers how to properly install a child seat.

Child safety doesn't stop at infancy. The Injury Prevention and EMSC programs also provide bike helmets and education to kids ages 2-14 across the state. Preventing injuries to children protects Iowa's most precious asset.

Did you know?

Each year, about 60 Iowa children are killed in car crashes; 34% are not properly restrained at the time of the crash. In 2010, 15,137 pediatric patients utilized the EMS system for either a medical or trauma emergency.

Why are Injury Prevention & Emergency Medical Services for Children important to promoting and protecting the health of Iowans?

- About 712,861 Iowans are under the age of 18.
- EMS units across the state have taken advantage of opportunities to learn more about taking care of patients who are children.
- Federal funding was obtained to support injury prevention programs for occupant protection within the state

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

Promote healthy behaviors

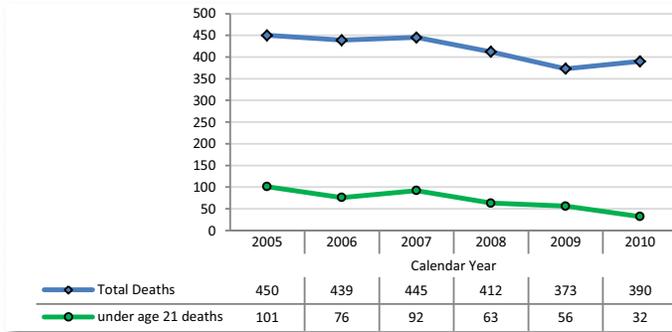
Prepare for, respond to, recover from public health emergencies

What do we do?

- Distribute injury prevention and child healthcare resource information, free of charge, to local public health departments.
- Distribute pediatric equipment bags and education to EMS services. More than 400 pediatric equipment bags have been distributed. These bags contain emergency equipment specially made to treat children.
- Injury prevention projects, including distributing child restraint seats, bicycle helmets, and educational materials, which are provided locally.
- Provide assistance for grassroots injury prevention campaigns.
- Promote the "Love Our Kids" injury prevention license plate that provides funds to grant out to communities for local injury prevention initiatives.

How do we measure our progress?

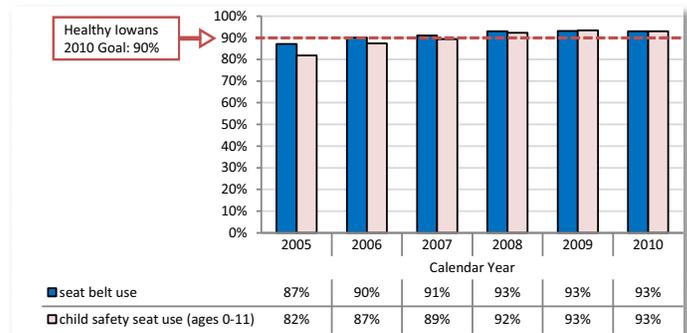
1 Number of deaths caused by motor vehicle crashes.



Data Source: FARS IDOT; GTSB. Data are available annually.

How are we doing? The number of total deaths caused by motor vehicles accidents and the number of children and young adults who have died from motor vehicle accidents have declined.

2 Percent using occupant protection systems, such as safety belts and child safety seats.



Data Source: Governor's Traffic Safety Bureau. Data are available annually.

How are we doing? Iowa currently boasts a 93% use rate of seat belts and a 93% rate for child safety seats. The Healthy Iowans 2010 goal was 90%.

What can Iowans do to help?

1. All Iowans can learn how to properly install a child restraint seat. For more information, go to www.idph.state.ia.us/ems/injury_prev.asp.
2. All Iowans can learn about the importance of wearing bicycle helmets. For more information, go to www.idph.state.ia.us/ems/injury_prev.asp.
3. Iowans and healthcare providers should recognize the need for pediatric patient care education and equipment.
4. Iowans and healthcare providers can encourage policy makers to consider children when planning health care initiatives.

Expenditures

EMSC: federal funds: 0153-1714

Injury Prevention: intra state receipts* (Dept of Transportation – License Plate Sales & Governor's Traffic Safety Bureau grant): K19-1948; 0153-1722

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$82,991	\$123,595	\$104,513
Other funds*	\$192,761	\$216,288	\$233,427
Total funds	\$275,752	\$339,883	\$337,940
FTEs	2.12	2.58	1.70

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response ♦ Injury Prevention & EMS for Children

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

EMSC

Phone: 319-653-7270

Fax: 319-653-4271

www.idph.state.ia.us/ems/emsc.asp

Injury Prevention

Phone: 515-281-0609

Fax: 515-281-0488

www.idph.state.ia.us/ems/injury_prev.asp

Local Public Health Services

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 515-281-3104

www.idph.state.ia.us/hpcdp/local_public_health_services.asp



Susan, age 63 was referred to Public Health by her Physician as she was unable to get to his office due to her multiple health problems. A Home Nursing visit was requested to assist with blood work. Susan is morbidly obese and was found sitting on a couch in an extremely cluttered and unkempt house. She was unable to move herself independently and so remained on the couch, sitting in her own feces the majority of the time.

Nursing services were provided through the LPHS funds allocated through IDPH as she had no insurance or income. Advocacy by the Public Health Nurse working with several community organizations and churches, has provided Susan with Durable Medical Equipment and a power lift recliner so she is able to move herself independently. Providing ongoing nursing assessments, lab draws, and medication assistance has enhanced Susan's health status. A Home Care Aide is providing Susan assistance with a sponge bath, shampooing her hair, and providing some light housekeeping.

Without Public Health Services, Susan would need to be in a nursing home. Her husband works at night and needs to sleep during the day so is unable to provide much assistance. As a result of services provided by Public Health, Susan is now able to transfer herself and elevate her legs. Her health status has improved immensely. She recently went to the dentist and was able to walk on her own to a vehicle for transport. Public Health Services have truly made a difference in the life of Susan!

Did you know?

Local public health services exist in all of Iowa's 99 counties and local boards of health assure that all communities have services that help promote healthy Iowans and healthier communities.

Why are Local Public Health Services important to promoting and protecting the health of Iowans?

- All Iowans deserve a local public health system that
 - ✓ supports local capacity to assess, plan, and ensure a basic standard of service delivery, and
 - ✓ serves as the mechanism to continually assess changing health needs and develop strategies to address those needs and achieve local health improvements.
- Increases the capacity of the local board of health to safeguard the health and wellness of communities by
 - ✓ providing leadership in engaging community stakeholders to support health promotion and preventive services, and
 - ✓ providing public health services that promote healthy behaviors in individuals, groups and communities to prevent and reduce illness, injury, and disease, and
 - ✓ providing gap-filling services when there are no other providers.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure
Promote healthy behaviors

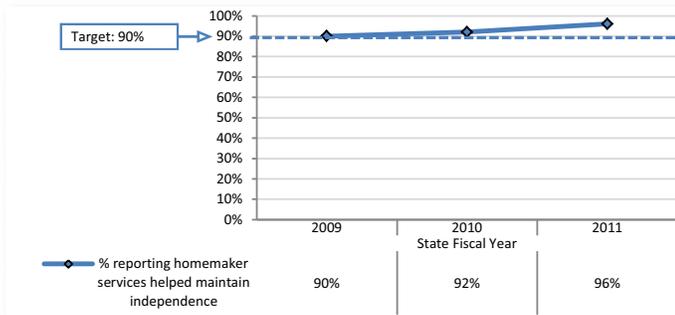
What do we do?

IDPH supports local public health services through:

- Grant funding for local programs that
 - ✓ Strengthen the public health infrastructure in supporting local needs assessment and community organizing processes necessary to encourage community change for improved health.
 - ✓ Help Iowans engage in healthy behaviors; and
 - ✓ Improve access to health services for those who "fall through the cracks" and often have no other options,
 - in-home skilled nursing, home care aide, homemaker; immunizations for children and adults when there is no other funding source
- Regional consultants provide technical assistance and support to local boards of health and local public health agencies in all 99 counties. Support is directed towards resolving community health issues, problems, or concerns; building and maintaining the knowledge and skills necessary to provide local public health services and build healthier communities; and acting as catalysts for sharing best practices between boards of health, local public health agencies, and IDPH.

How do we measure our progress?

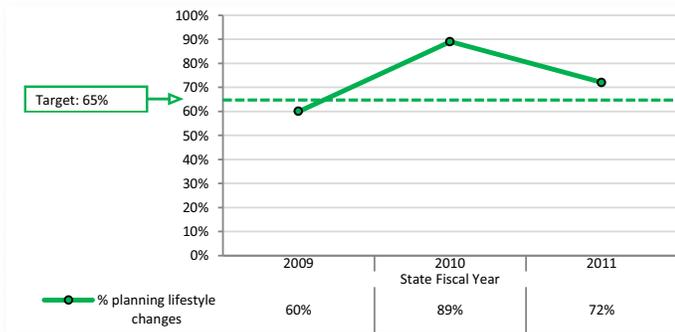
- ❶ **Percent of lowans who report that the homemaker services they received helped them stay in their home rather than going to a long-term care facility.**



Data Source: LPH service contracts End of Year Report. Data are available annually.

How are we doing? Our target is to achieve at least 90% each year. In SFY2011, we exceeded our target with 96%.

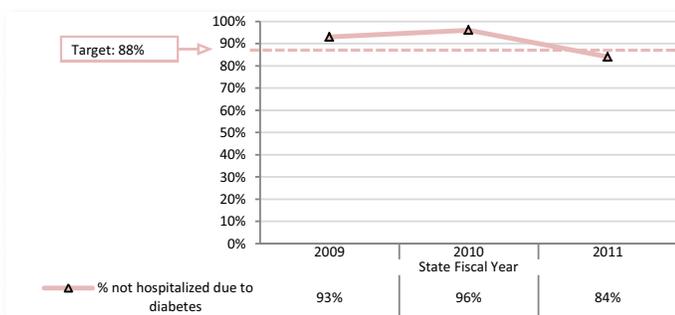
- ❷ **Percent of lowans receiving local public health services who verbalized plans to make lifestyle changes to reduce risks identified in screening and assessments.**



Data Source: LPH service contracts End of Year Report. Data are available annually.

How are we doing? SFY2009 baseline was 60%. We have set a target of achieving at least 65% each year. In SFY2010 and 2011, we exceeded our target.

- ❸ **Percent of lowans receiving health maintenance services who report having diabetes and who were not hospitalized with an acute episode related to diabetes.**



Data Source: LPH service contracts End of Year Report. Data are available annually.

How are we doing? Our target is to achieve at least 88% each year. We did not meet this target in SFY2011.

What can lowans do to help?

1. All lowans should be familiar with their local public health agency and the services provided.
2. All lowans can support local public health policies and plans.
3. All lowans should consider serving as a board of health member.
4. All lowans can create a personal and family health improvement plan.

Expenditures

Local Public Health Liaison: general fund and federal funds. State funds are used for maintenance of effort match for the PHHS Block Grant. K09-0957; 0153-0958

Local Boards of Health: general fund K09-0959

Public Health Nursing: general fund K11-1103

Home Care Aide: general fund K11-1105

Social Services Block Grant (SSBG): intra state receipts* 0153-0942

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$9,923,197	\$9,430,889	\$8,848,400
Federal funds	\$275,760	\$378,586	\$341,850
Other funds*	\$1,667,961	\$339,228	\$0
Total funds	\$11,866,918	\$10,148,703	\$9,190,250
FTEs	8.03	7.18	10.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

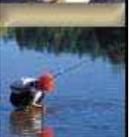
Maternal Health

Promoting & Protecting the Health of Iowans

Health Promotion and Chronic Disease Prevention

Phone: 1800-383-3826

www.idph.state.ia.us/hpcdp/maternal_health_services.asp



Crystal was 15 years old, pregnant, homeless, and a junior in high school when she first met her maternal health nurse. Crystal's mother has a long history of mental illness. Crystal has been caretaker to her bi-polar mother and younger siblings. The maternal health nurse partnered with Crystal throughout her pregnancy, finding housing and educating Crystal about pregnancy, child rearing, and goal setting for the future. Crystal also suffered from depression; her nurse arranged counseling. Last year, Crystal delivered a healthy baby girl and graduated from high school. Crystal is now working and attending class at DMACC. She feels that the Maternal Health program has had a positive impact on her and her baby's life.

Did you know?

The Maternal Health program improves the health of mothers and babies by teaching mothers about healthy lifestyle choices and nutrition, assessing oral health, screening for maternal health, mental health, and pregnancy risk factors, and improving access to prenatal care. We promote breastfeeding, as well, which improves infant health, immunity, growth, and development.

Why are Maternal Health programs important to promoting and protecting the health of Iowans?

- Early and adequate prenatal care (in the first 3 months of pregnancy) is important to a healthy pregnancy and birth. It helps reduce illness and disability through health care advice and by identifying and managing chronic or pregnancy related risks.
- According to the Iowa Barriers to Prenatal Care Survey, most Iowa women receive prenatal care; yet, low-income, teen, and minority women are more likely to receive prenatal care after the 3rd month. Barriers include financial, transportation, and a lack of knowledge that prenatal care is important. The Maternal Health program works to overcome these barriers.
- Premature, low birthweight babies have a higher risk of death and disabilities. Costs for caring for these babies are up to 15 times higher. In 2008, there were 4,621 preterm Iowa births representing 11.5% of live births. Iowa's rate is slightly better than the national rate of 12.3% of live births. Maternal Health programs provide education and counseling to decrease risk factors including tobacco cessation counseling, nutrition counseling to control glucose levels in women with diabetes, referrals for hypertension treatment, and improving access to prenatal care.
- Maternal health agencies have worked hard to improve the number of pregnant women who have a "medical home" – a regular source of prenatal medical care by a physician or midwife – from 68% in 2002 to 90% in 2010.
- Domestic and sexual violence are pervasive problems that have major impact on health conditions. Research has shown that when women are provided with support and information about their safety options, they are more likely to take steps toward safety in their interpersonal relationships. Iowa's Project Connect works to provide this information.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

IDPH funds 21 Iowa maternal health agencies that provide services to pregnant and postpartum women. For a map with contact information for these agencies, go to www.idph.state.ia.us/hpcdp/maternal_health_services.asp. Services include:

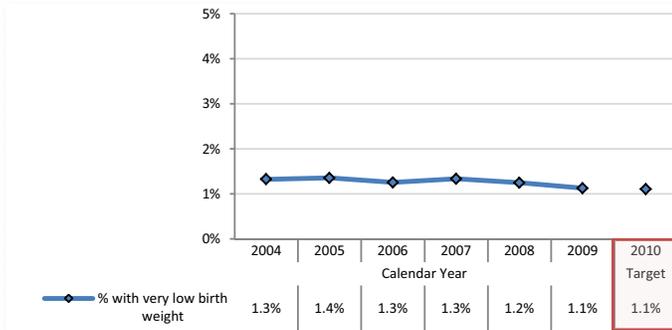
- ✓ Help in finding a medical home.
- ✓ Prenatal and postpartum health education.
- ✓ Transportation to medical visits.
- ✓ Education about lifestyle choices to improve pregnancy outcomes.
- ✓ Breastfeeding education and support.
- ✓ Psychosocial assessment including screening for perinatal depression.
- ✓ Nutrition assessment and education.
- ✓ Oral health assessment and help in finding a dentist to provide a regular source of oral health care.
- ✓ Postpartum home visits by registered nurses to assess the health of both new mothers and their babies.
- ✓ Family needs assessment and referral to community resources to help the family.
- ✓ Pregnant women may qualify for help from publicly funded health insurance (Medicaid) even if they were not eligible before pregnancy. Program staff help families find out if they qualify for services at a reduced or no cost.
- ✓ Referral to family planning and child health agencies after delivery to support the family's ongoing health care needs.

In addition, IDPH administers two maternal health specific projects.

- ✓ Project Connect is a violence prevention initiative and funded by the Office on Women's Health of the U.S. Department of Health and Human Services in conjunction with Futures Without Violence. It is designed to identify, respond to, and prevent domestic and sexual violence, as well as, promote an improved public health response to abuse.
- ✓ Iowa's Prenatal Risk Assessment Monitoring System (PRAMS), a part of the Centers of Disease Control and Prevention initiative, strives to reduce infant mortality and low birth weight. It is a population based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy.

How do we measure our progress?

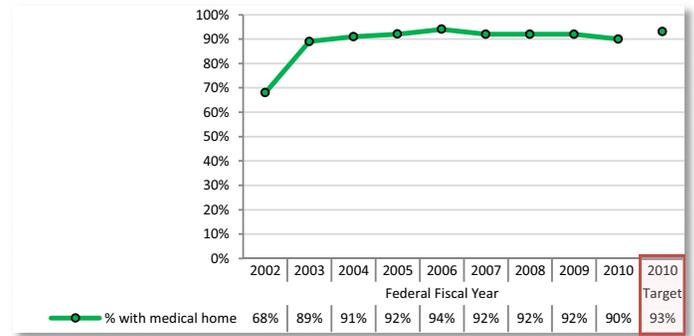
1 Percent of very low birth weight infants (less than 1500 grams) among all live births.



Data Source: Vital statistics. Data are available annually.

How are we doing? The percent of very low weight births has remained steady from 2002 to 2009. Data for 2009 shows that 1.1% of Iowa births were very low birth weight births, which meets our target.

2 Percent of women served in the maternal health program who report a medical home.



Data Source: Women's Health Information System. Data are available annually.

How are we doing? In 2002, the rate was 68% with a medical home. In 2010, our rate of women reporting a medical home was 90%, a slight decline from last year but a 22% increase since 2002.

What can Iowans do to help?

1. Health care professionals can refer Medicaid eligible/low-income women for maternal health services. Call the Healthy Families Line at 1-800-369-2229 or www.idph.state.ia.us/hpcdp/maternal_health_services.asp
2. Plan to improve your health before you are pregnant. This offers the best chance of having a health pregnancy and a healthy baby. Eat a balance diet, give up smoking, stop drinking alcohol, begin taking folic acid, see a dentist and take care of your teeth.
3. Learn more about preventing family violence at www.endabuse.org
4. Learn more about PRAMS at www.cdc.gov/prams

Expenditures

General fund, federal funds, & other receipts*; State funds are used for a 75% match for the Title V Block Grant: K05-0507/0651; 0153-0304/0454/0532/0566/0612/1980

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$352,025	\$313,714	\$295,874
Federal funds	\$1,311,346	\$1,275,642	\$1,663,752
Other funds*	\$4,270	\$82,856	\$99,794
Total funds	\$1,667,641	\$1,672,212	\$2,059,420
FTEs	2.95	2.88	4.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

State Medical Examiner

Promoting & Protecting the Health of Iowans

Phone: 515-725-1400
www.iosme.iowa.gov



For many Iowans, knowledge about what a medical examiner does may be limited to an episode of “CSI” or reruns of “Quincy.” While entertaining, these programs don’t paint a true picture of the many responsibilities of the State Medical Examiner’s Office.

The State Medical Examiner’s Office (SME) performs 650-700 autopsies per year, but that’s only a small part of what is accomplished. The SME also reviews over 4,500 death investigation reports from Iowa’s 99 counties and provides guidelines and 24-hour consultation services to county medical examiners and investigators. In addition, SME staff are responsible for signing about 600 death certificates and 350 cremation permits per year.

While the television version of a medical examiner may appear glamorous, the real-life work of the State Medical Examiner in Iowa is a vital part of Iowa’s public health system.

Did you know?

The physicians employed by the State Medical Examiner’s Office are all board certified in anatomic, clinical, and forensic pathology.

The Iowa Office of the State Medical Examiner is accredited by the National Association of Medical Examiners (NAME).

Why is the State Medical Examiner’s Office important to promoting and protecting the health of Iowans?

- Iowa has more than 27,000 deaths each year. Of these deaths, approximately 4,500 need a death investigation by the county medical examiner, deputy medical examiner, investigators, and/or the state office.
- Approximately 1,400 deaths require autopsy, and of those, between 650 and 700 are performed by the Iowa Office of the State Medical Examiner.
- State Medical Examiner forensic pathologists provide expert witness testimony at depositions, grand juries, and state and federal criminal and civil trials.
- The State Medical Examiner’s Office has staff appointed to the state’s Domestic Violence Team and Child Death Review Team, providing help and expert advice about forensic pathology questions and concerns.
- The State Child Death Review Team is under the direction of the State Medical Examiner’s Office.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

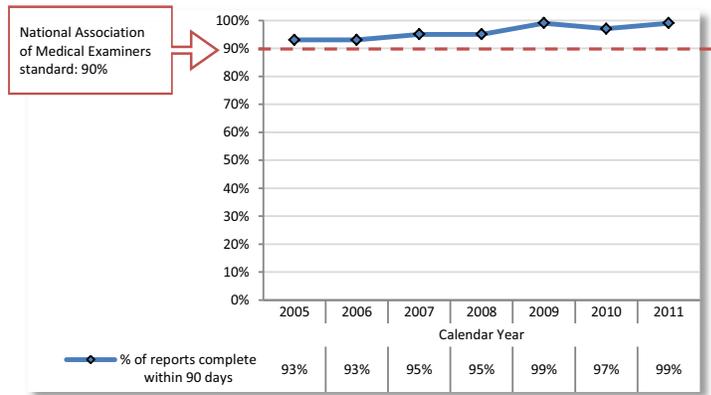
- Provide 24/7 consultation to all counties pertaining to death investigations.
- Perform 650-700 autopsies and review over 4,500 reports each year.
- Provide funding for up to six county medical examiners and medicolegal death investigators to attend training.
- Provide lectures, tours, and presentations to schools, professional groups, and other government agencies.
- Provide internships for investigators, radiology technologists, clinical laboratory scientists, and medical office specialists from many schools throughout Iowa.
- Maintain a database of medical examiner cases statewide.
- Forensic pathologists provide more than 40 lectures per year to medical students, residents, mortuary science students, and county medical examiners and their investigators.
- Provide basic death investigation training sessions across the state to county level investigators and medical examiners.
- Provide clinical rotations for medical students.
- Coordinate and lead the state’s Disaster Response Team for mass fatality incidents (Iowa Mortuary Operations Response Team [IMORT]).

How do we measure our progress?

Percent of autopsy reports completed by the State Medical Examiner's Office within 90 days of death.

Data Source: SME Database. Data are available annually.

How are we doing? In 2011, we completed 99% of all autopsies within 90 calendar days, exceeding the National Association of Medical Examiners (NAME) standard of 90%. Of the total number of autopsies we completed, 96% were completed within 60 days, and 59% were completed within 30 days. (Note: As of the publication of this report, data from the 2011 calendar year remains incomplete. Cases finalized after 12/15/2011 are not included in the above statistics.)



What can Iowans do to help?

1. Every Iowan can view the Iowa Office of the State Medical Examiner as an independent and objective investigative agency.
2. Iowans can encourage more funding for the office as it continues to grow and takes on more cases statewide.

Expenditures

General fund, federal funds (Postmortem Toxicology Study Grant), intra state receipts (Coverdell Forensic Science Improvement Grant – Governor's Office of Drug Control Policy)*, & retained fees: K19-1951; 0153-1982/1984

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$932,138	\$903,782	\$852,801
Retained fees	\$1,974,853	\$1,821,186	\$2,231,484
Federal funds	\$0	\$25,106	\$126,956
Other funds*	\$0	\$32,330	\$71,858
Total funds	\$2,906,991	\$2,782,404	\$3,283,099
FTEs	22.38	21.46	17.15

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Medical Home/Prevention & Chronic Care Management

Promoting & Protecting the Health of Iowans

Office of Health Care Transformation

Phone: 515-333-1868

www.idph.state.ia.us/medicalhome

www.idph.state.ia.us/ChronicCare



Chronic diseases, including heart disease, cancer, obesity and diabetes, account for seven out of every 10 deaths and affect the quality of life for tens of thousands of Iowans. In 2007, chronic diseases accounted for 68% of all deaths in Iowa. The dramatic growth of chronic diseases is a huge burden to Iowa. If this problem is ignored, the cost of treating chronic conditions could overwhelm health care. However, improving preventive care and keeping people healthier is one of the most effective ways to reduce health care costs and is a major focus of health care reform.

A medical home is enhanced primary care where a team of health professionals work together to coordinate care and provide improved patient-centered care. A medical home provides effective preventative care and care coordination to manage chronic diseases. The care team is available 24/7 and appointments can be made quickly, even on the same day when needed. Providers know their patients and remember their health history. The care team makes sure patients understand their conditions and helps them sort through the options. They help patients find specialists, get appointments, and make sure specialists have all the information they need.

Did you know?

75 cents of every health care dollar is spent on chronic diseases such as heart disease, cancer, and diabetes, and they account for 7 out of every 10 deaths. The good news is that 80% of chronic conditions can be prevented through improved lifestyle choices such as not smoking, improved diet, and increased physical activity.

Why is the Medical Home/Prevention & Chronic Care Management Initiative important to promoting and protecting the health of Iowans?

- The patient-centered medical home is a model of care that holds significant promise for better health care quality, improved involvement of patients in their own care, and reduced avoidable costs over time.
- A medical home is a practice that provides care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.
- Iowa's current health care system is set up to focus on treating people once they become sick. Some experts describe this as "sick care" instead of health care. Iowa will never be able to contain health care costs until we start focusing on preventing people from getting sick in the first place, and putting an emphasis on improving the choices we make that affect our risk for preventable diseases.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Prevent epidemics & the spread of disease

Strengthen the public health infrastructure

What do we do?

- Iowa's Health Care Reform Act (HF 2539) has tasked IDPH with developing a plan for implementation of a statewide patient-centered medical home system and developing a state initiative for prevention and chronic care management.
- To do this, a Medical Home/Prevention and Chronic Care Management Advisory Council was formed, which includes representation from health care, state agencies, academia and consumers.
- A number of different issue briefs have been developed by the Councils on a variety of important topics related to Medical Home and Prevention and Chronic Care Management in Iowa.
 - ✓ [Community Utility Issue Brief](#)
 - ✓ [Disease Registry](#)
 - ✓ [Patient-Centered Care: What Does it Look Like?](#)
 - ✓ [Social Determinants of Health Issue Brief](#)
 - ✓ [Chronic Disease Management Issue Brief](#)
 - ✓ [Iowa Diabetes Issue Brief](#)
 - ✓ [Prevention Issue Brief](#)

How do we measure our progress?

1 The percent of children with special health care needs having a medical home.

Data Source: 2003 National Survey of Children's Health and the 2006 National Survey of Children with Special Health Care Needs. Data are available approximately every 5 years.

How are we doing? In Iowa, 52% of families without a special health care needs child and 57% of families with a special health care needs child reported having a medical home. Nationally, these rates are only 46% and 47% respectively. Iowa ranks better than the national averages, but can still improve.

2 Iowa Community Health Center's medical home study of diabetics HgA1C levels.

Data Source: Iowa Community Health Center study of Implementing Medical Home Among 5,000 Diabetics in 2006.

How are we doing? The average HgA1C levels declined from 8.3-7.5 for a projected a cost savings of \$4.2 million over three years to the health care system. Patient-centered medical homes can improve quality of care while producing cost savings.

What can Iowans do to help?

1. Learn more about the work of the Medical Home/Prevention and Chronic Care Management Advisory Councils by visiting: www.idph.state.ia.us/medicalhome and www.idph.state.ia.us/ChronicCare. Annual Reports and Issue Briefs developed by the Councils on a variety of topics related to the spread of medical homes in Iowa are available on the "Resources" tab.
2. Advocate and support local and state medical home, prevention, and chronic disease management initiatives and pilot projects.
3. All Iowans can ask their state legislators to continue support for health care transformation and the Iowa Medical Home and Prevention and Chronic Care Management Initiative.

Expenditures

General fund & intrastate receipts: K07-0861/0863

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$287,914	\$270,095	\$0
Intrastate receipts	\$22,203	\$0	\$233,357
Total funds	\$310,117	\$270,095	\$233,357
FTEs	2.88	2.56	1.55

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Board of Medicine

Phone: 515-281-5171
www.medicalboard.iowa.gov

Promoting & Protecting the Health of Iowans



When you or a loved one are ill and need medical care, it can be stressful. You have many things to be concerned about, but worries about your doctor's competency should not be one of them. The Iowa Board of Medicine strives to ensure that only qualified, skilled physicians and acupuncturists practice in Iowa.

In addition to helping Iowans get quality medical care, the Iowa Board of Medicine helps doctors. The Board has improved the license renewal system for doctors. In FY2010, 98% of physicians renewed their license online, eliminating wait-time and allowing for immediate practice.

And, by streamlining the peer review system, the Board has been able to take disciplinary action sooner, and when necessary, remove incompetent physicians from practice.

Did you know? There are 10,593 physicians and 41 acupuncturists licensed to provide health services to Iowans.

Why is the Iowa Board of Medicine important to promoting and protecting the health of Iowans?

- Iowans deserve medical care and acupuncture from competent, qualified practitioners. By licensing providers, we help keep untrained and dishonest individuals from working in Iowa.
- The medical board provides licensure, investigation, and services for professionals with substance abuse or mental health problems. Iowa law mandates such services.
- Research shows that monitoring programs, like the Iowa Physician Health program, are highly effective in reducing the likelihood of a return to addictive or problem behavior.
- Thousands of Iowans use the Docfinder service on the medical board's Web site each year. Docfinder provides information about licensees to the public.

Which Iowa Public Health Goals are we working to achieve?

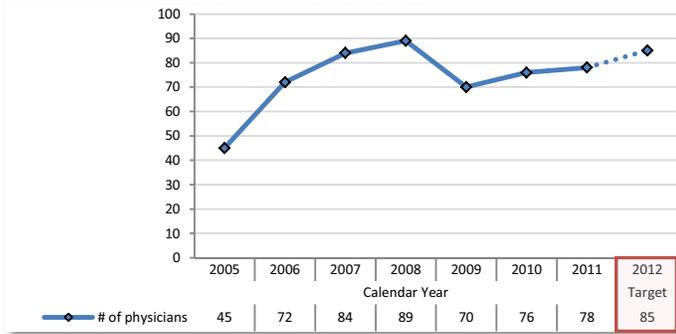
Strengthen the public health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as they are safe to practice again.
- Provide information about licensure and discipline to the public, employers, and credentialers.
- Speak to professional groups, students, and the public.
- Watch trends in other states and use that information to help form policy.

How do we measure our progress?

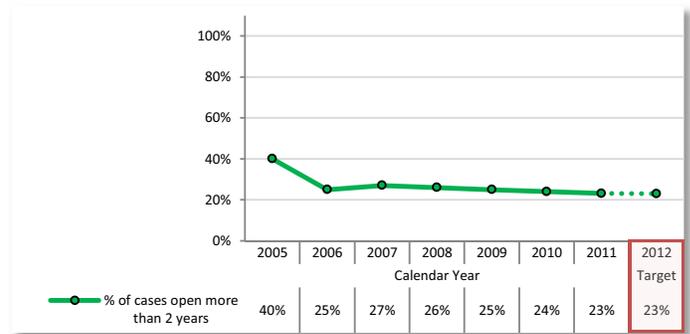
1 Number of physicians with signed contracts in the Iowa Physician Health Program.



Data Source: Manual counts. Data are available annually.

How are we doing? More than 350 physicians have participated in this monitoring program since its establishment in 1996.

2 Percent of open cases that have been open for more than two years.



Data Source: Board database. Data are available annually.

How are we doing? The percentage continues to decline, allowing the Board to be more responsive to public concerns about licensees' competence and conduct.

What can Iowans do to help?

1. All Iowans can use the Docfinder on the medical board's Web site to search for a licensed physician or acupuncturist. Go to www.medicalboard.iowa.gov to use Docfinder.
2. Physicians and licensed acupuncturists should learn about and follow ethical and medical guidelines.
3. Physicians and employers should use the Iowa Physician Health Program to deal with physicians who show an impairment or potential impairment (for example, addiction or mental health problems). Go to www.iphp.iowa.gov to learn more.

Expenditures

Retained fees: K19-2071/2075

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Retained fees	\$2,646,309	\$2,157,286	\$3,759,472
Total funds	\$2,646,309	\$2,157,286	\$3,759,472
FTEs	20.66	19.83	24.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Minority & Multicultural Health

Promoting & Protecting the Health of Iowans

Health Promotion and Chronic Disease Prevention
Phone: 515-281-4904
www.idph.state.ia.us/hpcdp/mh_default.asp



In 2009, under HF2526, the name of the office was changed to the Office of Minority and Multicultural Health (OMMH). In 2010, OMMH received a Department of Health & Human Services Office of Minority Health State Partnership Grant for 2010 – 2013. The purpose of this grant is to address increased staff needs and resources to better serve as the liaison agency within the IDPH, link with and develop partnerships in multicultural communities, increase the engagement of the OMMH Advisory Council in strategic planning and program activities, strengthen six regional multicultural coalitions, and produce a disease burden report. We continue to provide preceptorships and internships for the Des Moines University College of Osteopathic Medicine, Masters of Public Health Program and partner with other Iowa academic institutions in accordance our goal to provide internships for students of diverse ancestral heritage.

Did you know?

- ✓ In 2005, IDPH established the Office of Multicultural Health (OMH) in an effort to increase access to culturally competent health care for Iowa's minority, immigrant, and refugee populations.
- ✓ In 2006, OMH became part of Iowa law.
- ✓ In 2007, OMH developed a strategic plan with the mission to actively promote and facilitate health equity for Iowa's multicultural communities.
- ✓ In 2010, OMMH received its first federal DHHS OMH State Partnership Grant.
- ✓ In 2011, OMMH in contractual agreement with the University of Northern IA completed a 3-phase goal of establishing the opportunity for 6 regional public health minority health coalitions.

Why is Minority & Multicultural Health important to promoting and protecting the health of Iowans?

- According to the U.S. Census, Iowa had a 97% increase in its minority population from 1990 to 2000. There was a 47% increase in African Americans, a 46% increase in Native Americans, a 214% increase in Asian Pacific Islanders, and a 241% increase in the Hispanic/Latino population.
- Chronic diseases such as diabetes, cardiovascular disease, and cancer are more common in Iowa's minority and immigrant/refugee populations. To meet the needs of these growing populations, Iowa must expand its capacity to address minority and immigrant/refugee health issues. IDPH must help local public health agencies and health care providers address the health concerns of new Iowans.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

- Work with companies, communities, faith-based groups, and others across Iowa to develop strategies for providing culturally and linguistically appropriate services.
- Coordinate and provide education and training in culturally and linguistically appropriate health care and service delivery to any state, local, or regional agency, program, or institution.
- Assure access to networks, contacts, and resources necessary to apply for local, regional, and federal grants and awards.
- Assure a comprehensive health assessment for newly arriving refugees. Work with partnering agencies to assure appropriate health services are received.
- Provide information to the public about health disparities.
- Plan, evaluate, assess, and research health disparities.
- Develop legislation, rules, and policies related to health disparities.
- Work with and provide links to communities, local agencies and programs, and regional and federal entities to address the health issues that affect Iowa's minority, immigrant, and refugee populations.

► How do we measure our progress?

❶ Number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services.

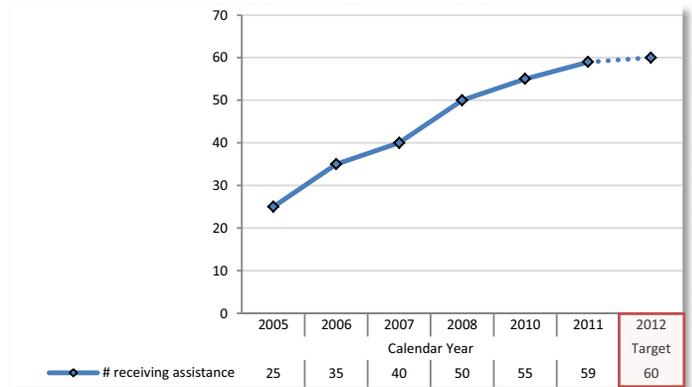
Data Source: OMH records. Data are available annually.

How are we doing? In 2011, the Executive Director of IDPH, OMMH received the Heritage Legacy Individual Award from the 13th Annual I'll Make Me a World in Iowa for recognition of an outstanding African American Iowan whose actions have contributed to the quality of life for African Americans and made the better place for all Iowans.

In 2011, we provided technical assistance and facilitated a workshop for 30 undergraduate students of diversity at Cornell College in Mt. Vernon Iowa on the importance of understanding disproportionate health related diseases and prevention of their onset. In partnership with Iowa Medical Services of Central Iowa, we held the first free African American male prostate screening event with 25 participants in attendance and, partnered with the IDPH Comprehensive Cancer Control program & Northern Plains Comprehensive Cancer Control program for *Building Relationships with Native American Populations (Cultural Competency 101)* training with 75 participants. In partnership with Community Health Partners of Sioux County Public Health, we provided assistance with the establishment of the Latino's Women's Support Services Coalition.

Within this same year, OMMH has established a lending library for the video "UNNATURAL CAUSES" which provides this tool for addressing health equity to any of the Maternal and Child Health contractors to address the state performance measure number #3. This tool is also available to any community based or public health agency. Technical assistance on the adaptation of this tool was inclusive within three presentational workshops at the Fall MCH conference held in Ames, IA.

Each year our goal is to increase by at least 10 the number of state and local programs and organizations that have received technical assistance, resources, or training about multicultural health issues and services.



► What can Iowans do to help?

1. All Iowans can become more aware of the health care and access needs of Iowa's minority, immigrant, and refugee residents.
2. All Iowans can build public, professional, and policymaker support for programs and policies to improve the health of minorities, immigrants, refugees, and their families.
3. Iowa organizations can do more to recruit and retain racial and ethnic minorities as health and human service providers.

► Expenditures

Federal funds: 0153-0404/0952

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$88,840	\$148,859	\$246,930
Other funds	\$17,337	\$8,456	\$3,000
Total funds	\$106,177	\$157,315	\$249,930
FTEs	0.60	1.09	0.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Board of Nursing

Phone: 515-281-3255
nursing.iowa.gov

Promoting & Protecting the Health of Iowans



They are there when you are born, when you are ill, and often, when you die. They are the thousands of dedicated nurses in Iowa who provide care at all stages of life.

Every Iowan deserves to be treated by nurses who are competent and licensed to work within their authorized scope of practice. The Iowa Board of Nursing ensures all nurses practicing in Iowa are qualified and competent. If an individual has a concern, the Board investigates complaints to protect the health of Iowans. One-hundred percent of complaint investigations are completed within 18 months.

The Iowa Board of Nursing works to make certain all Iowans receive the highest quality of nursing care.

Did you know? There are over 58,000 nurses providing health services in Iowa.

Why is the Iowa Board of Nursing important to promoting and protecting the health of Iowans?

- Iowans deserve care from qualified professionals.
- Iowans deserve protection from care that does not meet standards, including timely investigations of complaints about nursing practice, and discipline of nurses who are found to have violated the law.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

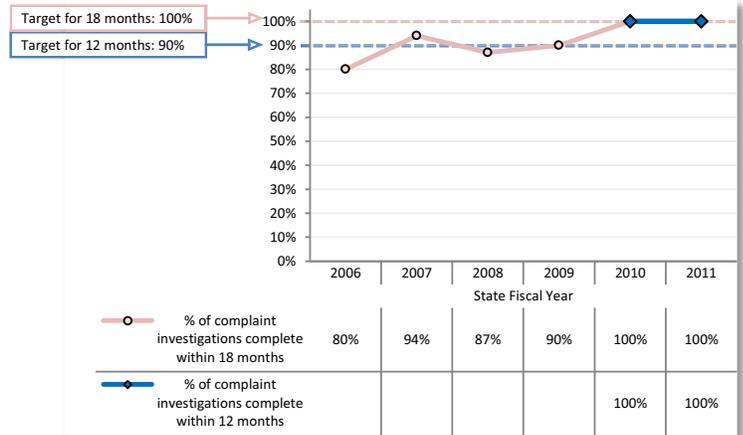
- License nurses who meet requirements.
- Approve nursing education programs.
- Approve continuing education providers.
- Promulgate rules and regulations to carry out the mandate of the laws.
- Investigate complaints and monitor disciplined licensees.
- Prosecute nurses whose practice is out of compliance with Iowa Code and Iowa Administrative Code.
- Enforce nursing continuing education requirements.
- Maintain licensee records.

How do we measure our progress?

1 Percent of complaint investigations that are completed within 12 or 18 months of receiving the complaint.

Data Source: Enforcement Case Assignment Spreadsheet. Data is available annually or by Fiscal Year.

How are we doing? During SFY2011, 100% of complaint investigations were completed within 12 months of receiving a complaint. The target for SFY2012 will be to complete 90% of complaint investigations within 12 months of receiving a complaint and 100% within 18 months. These goals were achieved in both SFY2010 and 2011, despite a 59% increase in the number of complaint cases filed and opened. The Board of Nursing had 1,074 complaint cases filed and opened in SFY2011, versus 852 in SFY2010 and 676 in SFY2009.



What can Iowans do to help?

1. Iowans and employers may contact the Iowa Nursing Board for information regarding discipline history or may retrieve discipline documents through our website nursing.iowa.gov.
2. Iowans may report nurses whose practice does not appear to meet minimum qualifications by calling 515-281-3255, emailing enforce@iowa.gov or completing a complaint form at our website nursing.iowa.gov.
3. Iowa nurses are required to report other nurses whose practice does not meet minimum standards.

Expenditures

Retained fees: K19-2082

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State appropriations	\$0	\$0	\$0
Retained fees	\$2,293,481	\$2,114,455	\$3,180,000
Total funds	\$2,293,481	\$2,114,455	\$3,180,000
FTEs	19.48	20.41	21.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Nutrition & Physical Activity

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-6650
www.idph.state.ia.us/iowansfitforlife
www.idph.state.ia.us/nutritionnetwork



Dallas County's Public Health Department used the Nutritional Environment Measures Survey for vending machines (NEMS-V) to assess the nutrition quality of snacks sold in county buildings, non-profit organizations, and businesses. The Dallas County Board of Supervisors passed a resolution stating that vending machines on county property will provide at least 30% healthier items using the NEMS-V criteria. Three additional county health departments have consulted with Iowans Fit for Life regarding the steps to pass a similar resolution.

Did you know? Over 66% of adult Iowans are overweight or obese, up from 55% in 1995.

Why is Nutrition and Physical Activity important to promoting and protecting the health of Iowans?

- Obesity-related health problems cost Iowans \$783 million each year. Medicaid and Medicare cover about 46% of these costs.
- The rate of overweight and obese Iowans has dramatically increased among adults, teens, and children.
- Less than 20% of Iowans eat fruits and vegetables five or more times per day.
- In 2010, 75% of Iowa adults reported engaging in some sort of physical activity for exercise during the past month (other than their regular job).
- Iowans in poverty are less likely to eat nutritious foods than those with higher incomes. Iowans with incomes less than \$15,000 per year are more likely to be obese.
- Environments that support physical activity and proper nutrition provide a better quality of life for Iowans.
- Iowans who are physically active and eat nutritious foods are at a decreased risk for overweight and obesity, as well as cardiovascular disease, diabetes, cancer and osteoarthritis.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

What do we do?

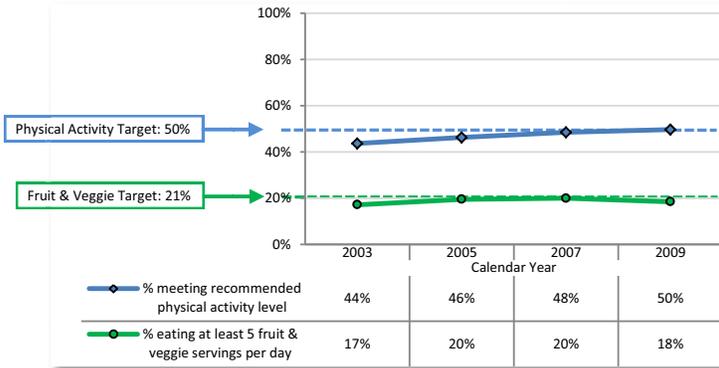
The vision of the Health Promotion Unit at IDPH is "Healthy Iowans living in healthy communities." Programs within the Health Promotion Unit include 1) Iowans Fit for Life, 2) Iowa Nutrition Network, 3) Communities Putting Prevention to Work, 4) Healthy Communities, and 5) Community Transformation Grant Program. These nutrition and physical activity initiatives:

- Make it easier for Iowans to eat well and be physically active. The healthy choice should be the easy choice.
- Bring state and local partners together to build networks dedicated to healthy eating and physical activity.
- Provide funding and support to improve the food and activity environments where Iowans live, work, and play.
- Provide resources for communities and organizations to support improvements in nutrition and physical activity environments.

How do we measure our progress?

Percent of Iowa adults...

- 1 eating 5 or more servings of fruits and vegetables per day.
- 2 meeting the recommended level of physical activity.

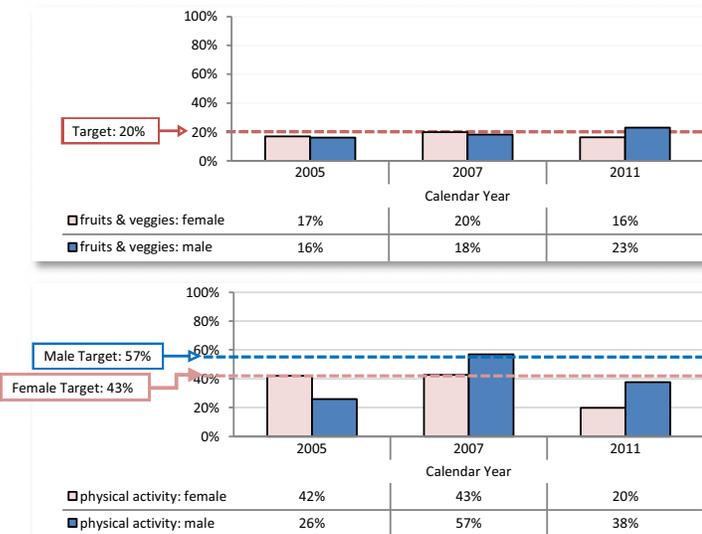


Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available every two years.

How are we doing? Iowa's fruit and vegetable consumption is below the national median of 24% and did not meet our 2009 goal. We've revised our 2011 target to reflect slower progress. Only 50% of Iowans are getting the recommended physical activity. However, this is an increase from 2003 and meets our 2011 target.

Percent of students...

- 3 who ate 5 or more servings of fruits and vegetables per day during the past 7 days.
- 4 who were physically active for a total of 60 minutes or more per day on 5 or more of the past 7 days.



Data Source: Youth Risk Behavior Surveillance System (YRBSS). Data are available every two years.

How are we doing? Overall, 19.7% of students in grades 9 through 12 reported eating five or more servings of fruit and vegetables per day during the past seven days. 29.1% of students reported being physically active for a total of 60 minutes or more per day on five or more of the past seven days. This represents a decrease from almost 50% in 2007.

What can you do to help?

1. Learn more about healthy eating and physical activity at www.idph.state.ia.us/iowansfitforlife.
2. Encourage communities where schools have 50% or more children receiving free and reduced price lunches to apply for nutrition education funding. Go to www.idph.state.ia.us/nutritionnetwork/community_basics.asp for details. Congregate meal, Head Start, and in-home visitation programs (like HOPE or NEST) may qualify for similar funding from the Food Assistance Program.
3. Visit the Iowa Hunger website (www.extension.iastate.edu/hunger) to see your county's poverty profile. Advocate for greater access to healthy foods in your community and help solve problems related to lack of access to healthy foods.
4. Find out about community resources that encourage healthy eating and physical activity. Go to www.idph.state.ia.us/pickabettersnack.

Expenditures

Health Promotion: general fund, health care trust fund (2010 only), federal funds, & private grants*: K05-0609; K09-0953/0955; 0153-0542/0562/0564/0752/0920/0924/0926/0934/0936/0940/0944/AR12.
Iowa Nutrition Network: intra state receipts* (Dept of Human Services) 0153-1108/1112.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$880,953	\$737,717	\$112,677
Health care trust	\$129,279	\$0	\$0
Federal funds	\$1,591,882	\$1,705,225	\$4,485,147
Other funds*	\$1,135,930	\$1,475,127	\$1,944,313
Total funds	\$3,738,044	\$3,918,069	\$6,542,137
FTEs	13.70	14.36	14.10

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Oral Health

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-242-6383
www.idph.state.ia.us/hpcdp/oral_health.asp



Smile! Everyone wants a bright, beautiful smile. But oral health is more than straight, shiny-white teeth. Did you know poor oral health in children can affect speech development? And, that 51 million school hours are lost each year to dental-related illness? Did you know poor oral health in adults has been linked to heart disease? Unfortunately, getting needed dental care is difficult for low-income and uninsured families in Iowa. The Oral Health Center within the IDPH Bureau of Oral and Health Delivery Systems has programs that work to improve the oral health of all Iowans, regardless of income.

The Oral Health Center (OHC) encourages local public health partners to provide preventive services, like fluoride applications and dental sealants, and to provide education and assist families in making dental appointments. As a result, more than twice as many Medicaid-enrolled children are receiving dental care than in 2000.

Expanding access to oral health care for all Iowans is truly something to smile about.

Did you know? Nearly 95% of Iowa children have health insurance, but only about 81% have insurance for dental care.

Why are Oral Health programs important to promoting and protecting the health of Iowans?

- Oral health directly affects the health and wellness of all Iowans.
- Cavities can be prevented.
- 22% of Iowa third-graders have untreated cavities; one out of every five low-income children has untreated cavities.
- Many families don't know about the importance of oral health and know little about proper oral hygiene and preventive care.
- Access to dental care is a major problem for low-income Iowa families. For children on Medicaid, 46% go without any dental services at all.
- Early access to preventive dental services saves money! For at-risk children, having fluoride applications as soon as teeth erupt reduces the chance that teeth get decayed and need fillings or crowns. A fluoride application costs just \$14. A small filling costs more than 3 times that.
- Iowa's dental workforce is aging and decreasing in number, particularly in rural parts of the state.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

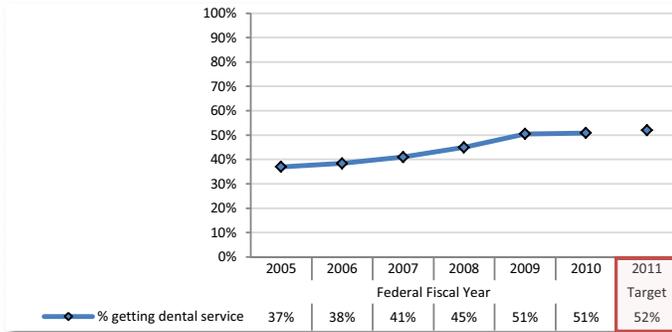
Strengthen the public health infrastructure

What do we do?

- Coordinate the I-Smile™ program, which helps local public health partners promote oral health, provide preventive services, and educate the public about the importance of early and regular oral health care.
- Increase awareness of children's oral health with physicians, nurses, and physician assistants, and train them to provide oral screenings and preventive care for families.
- Work with local public health partners to help families make appointments and find payment sources for dental care.
- Provide funding to public health agencies to provide screenings and dental sealants to low-income, uninsured, and underinsured children in grades 2-8.
- Coordinate oral health surveillance to monitor and track Iowans' oral health status and ability to access and pay for care.
- Oversee the school dental screening requirement for children newly enrolling in elementary and high school.
- Track services provided by dental hygienists working under public health supervision, to assure limited services are provided to underserved families.

How do we measure our progress?

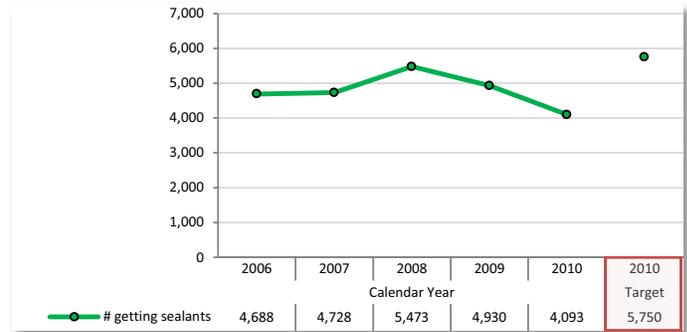
1 Percent of Medicaid-enrolled children ages 1-5 who get a dental service.



Data Source: Centers for Medicare & Medicaid Services (CMS) Form 4.16. Data are available annually.

How are we doing? Gains have been seen annually. Since 2006, I-Smile™ is helping us achieve a larger annual increase.

2 Number of children ages 0-20 getting dental sealants from hygienists practicing under public health supervision.



Data Source: IDPH Public Health Supervision year-end reports. Data are available annually.

How are we doing? Public health supervision has been allowed since 2004. State and local budgetary restraints in addition to stricter school participation criteria made in the past year may have played a role in the decrease in the number of children receiving sealants this year. In calendar year 2010, 4,093 children received 20,433 sealants.

What can Iowans do to help?

1. Learn about the importance of good oral health and how to keep your mouth healthy.
2. Use the Oral Health Center as a trusted source for oral health information and policy development.
3. Encourage sufficient funding for the Oral Health Center to help the success of its programs.

Expenditures

General fund, federal funds, intra state receipts* (Dept of Human Services), & private grants*. State funds are used for a 25% match for the Title V Maternal & Child Health Block Grant: K05-0503/0561; 0153-0502/0520/0528/1110.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$360,693	\$310,931	\$309,746
Federal funds	\$530,977	\$572,639	\$532,337
Other funds*	\$1,940,266	\$1,950,426	\$1,955,518
Total funds	\$2,831,936	\$2,833,996	\$2,797,601
FTEs	7.94	7.32	6.55

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Health Promotion & Chronic Disease Prevention ♦ Oral Health

Phone: 515-242-6383 ♦ Fax: 515-242-6384 ♦ www.idph.state.ia.us/hpcdp/oral_health.asp

4th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Iowa Board of Pharmacy

Phone: 515-281-5944
www.iowa.gov/ibpe

Promoting & Protecting the Health of Iowans



A doctor may write the prescription to cure what ails you, but it's up to your local pharmacist to fill that prescription to the exact specifications of the physician. Pharmacists play a critical role in protecting the health of Iowans. The Iowa Board of Pharmacy assures the public that only qualified, competent pharmacists practice in Iowa.

The Iowa Board of Pharmacy strives to issue licenses and registrations quickly and efficiently. In addition, the Board receives and investigates complaints from Iowans, and when necessary, disciplines pharmacists who have broken the law.

With more than 3,000 licensed pharmacists in Iowa, the Board of Pharmacy works to ensure each provides quality health services to Iowans.

Did you know? There are over 3,300 licensed pharmacists in Iowa.

Why is the Iowa Board of Pharmacy important to promoting and protecting the health of Iowans?

- The Iowa Board of Pharmacy licenses pharmacists to ensure Iowans receive competent, qualified care.
- The Iowa Board of Pharmacy helps pharmacists who are battling addiction. Research shows that monitoring programs for impaired pharmacists are highly effective in reducing relapse.
- Licensure is an effective way to keep untrained and unethical individuals from practicing pharmacy in Iowa.

Which Iowa Public Health Goals are we working to achieve?

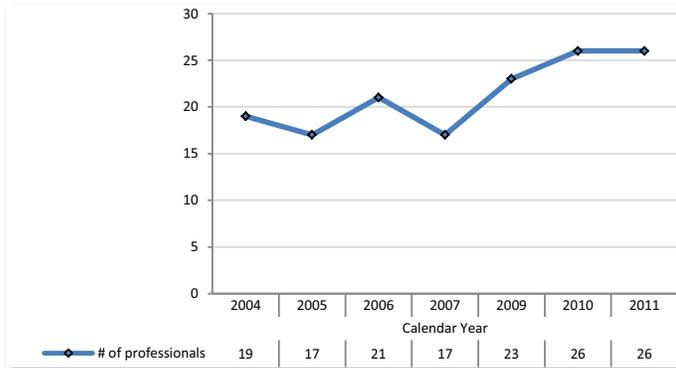
Strengthen the public health infrastructure

What do we do?

- License health professionals.
- Investigate complaints about health professionals.
- Discipline health professionals who have broken the law.
- Provide licensure and discipline data to the public, employers, and credentialers.
- Monitor disciplined and impaired health professionals so they can return to practice as soon as it is safe to do so.
- Speak to professional groups, students, and the public.
- Ensure the safe distribution of effective prescription drugs in Iowa.

How do we measure our progress?

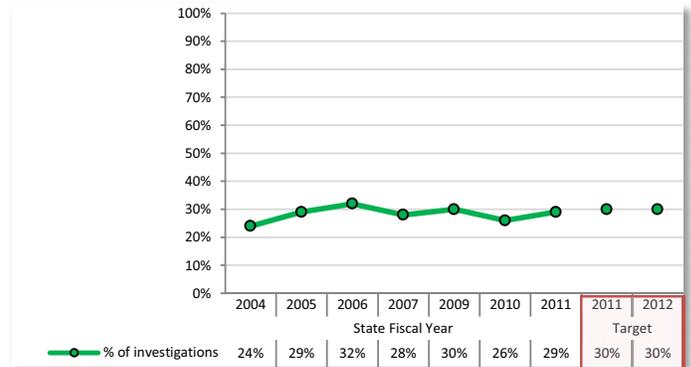
1 Number of professionals participating in the Iowa Pharmacy Recovery Network (IPRN).



Data Source: Manual counts. Data are available annually.

How are we doing? Participation in the IPRN is increasing.

2 Percent of investigations resulting in formal discipline.



Data Source: Board database. Data are available annually.

How are we doing? The percentage of investigations resulting in formal discipline is steady at about 30%.

What can Iowans do to help?

1. All Iowans can contact the Iowa Board of Pharmacy to verify that a pharmacist license is in good standing. For information, call 515-281-5944 or check the Board's online verifications at www.iowa.gov/ibpe/verification.html.
2. Health professionals can learn about ethics and rules.
3. Health professionals and their employers can go to www.iowarecovery.org to learn how to use the programs created to help impaired or potentially impaired professionals.

Expenditures

Retained fees: K19-2092

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Retained fees	\$1,609,174	\$1,619,558	\$4,520,907
Total funds	\$1,609,174	\$1,619,558	\$4,520,907
FTEs	12.57	12.17	16.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Prescription Services

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response/Behavioral Health

TB – Phone: 515-281-7504 www.idph.state.ia.us/ImmTB/TB.aspx

STD – Phone: 515-281-3031 www.idph.state.ia.us/HivStdHep/



If money is tight, it can be difficult to pay for a trip to the doctor. But what if you are diagnosed with a disease that requires expensive medications? How will you pay for that, too? The Prescription Services program is there to help, providing free treatment for Iowans with an STD or with TB infection or disease.

By treating 2000 Iowans a year for latent TB infection, approximately 200 infectious cases of TB are avoided each year. The program also provides treatment for about 7,000 Chlamydia cases per year at a cost of \$1.81 per case per Iowan and over 1,000 cases of gonorrhea at a cost of \$3.30 per case per Iowan. For Iowans not treated soon enough, 10% will develop a serious complication called Pelvic Inflammatory Disease, costing at least \$1,167 per patient to treat.

Proper treatment prevents exposing others to diseases and their complications. The Prescription Services program provides treatment free of charge because going without treatment can be much more costly.

Did you know?

Each year, this program provides medication to treat more than 20,000 Iowans for sexually transmitted diseases and TB infection and disease.

Why are Prescription Services important to promoting and protecting the health of Iowans?

- TB disease remains a public health problem in Iowa with an average of 44 new cases reported every year. Many Iowans are infected by TB, but haven't developed symptoms (latent TB infection or LTBI) and will need antibiotics to prevent them from getting the disease. About 150,000 Iowans are currently infected with TB.
- More than half of all Iowans will have an STD sometime in their life.
- Children and young adults are particularly at risk for STDs. In 2010, 74% of reported Chlamydia cases were among 15 to 24 year olds.
- Untreated STDs can lead to serious, even life-threatening complications.
- Early treatment saves money! For example, treating someone with a latent TB infection costs about \$15. Treating someone who has developed TB disease costs \$2,000.

Which Iowa Public Health Goals are we working to achieve?

- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure

What do we do?

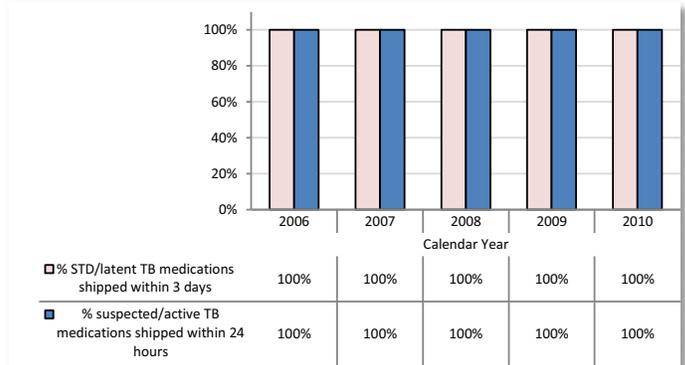
- Provide treatment for 2,000 Iowans with LTBI or TB disease each year.
- Provide treatment for more than 15,000 Iowans infected or exposed to chlamydial infection, gonorrhea, and syphilis each year.
- Ensure medications for active and suspected cases of TB are shipped within 24 hours of the prescription being written.
- Ensure medications for STD and LTBI are sent within three working days of the prescription being issued.
- Federal STD and TB grant funds cannot be used to buy medications for treating STD and TB patients. The Prescription Services program pays for medications that federal funds won't cover.

How do we measure our progress?

1. Percent of STD and latent TB infection medications shipped within three working days of the prescription request.
2. Percent of medications for suspected/active cases of TB disease shipped within 24 hours of the prescription request.

Data Source: Contract pharmacy database. Data are available monthly.

How are we doing? 100% of medications are shipped within the desired timeframe.



What can Iowans do to help?

1. Iowans of all ages should use safer sex practices, such as choosing one partner and knowing them well, regularly and correctly using latex condoms, or refraining from sex completely.
2. Iowans at risk of getting an STD should be tested, and if necessary, treated for STDs. To learn what puts you at risk of getting an STD, go to www.idph.state.ia.us/HivStdHep/.
3. Maintain a healthy lifestyle, especially when visiting countries where TB is common.
4. Health care professionals need to know about the availability and benefits of the program. Lack of awareness adversely affects Iowans who have no insurance or are underinsured.
5. Advocate for an increase in funding to continue these services. The rising costs of medication and no increases in program funding means fewer Iowans can be served each year.

Expenditures

General fund and intra state receipts*: K15-1541

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$118,167	\$112,492	\$105,937
Other funds*	\$23,600	\$0	\$0
Total funds	\$141,767	\$112,492	\$105,937
FTEs	0.00	0.00	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response/Behavioral Health ♦ Prescription Services

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

STD – Phone: 515-281-3031 ♦ Fax: 515-281-0466 ♦ www.idph.state.ia.us/HivStdHep/

TB – Phone: 515-281-7504 ♦ Fax: 515-281-4570 ♦ www.idph.state.ia.us/ImmTB/TB.aspx

Professional Licensure

Promoting & Protecting the Health of Iowans

Division of Administration & Professional Licensure
Phone: 515-281-0254
www.idph.state.ia.us/licensure



When you go to a health provider, you expect a certain level of knowledge, competency, and ethical standards. In other words, you expect someone who knows what they're doing, and who does it in a courteous, professional manner. The IDPH Bureau of Professional Licensure works to protect the public and improve access to quality health services by licensing qualified professionals.

The Bureau of Professional Licensure also strives to make the process of licensing more convenient for professionals. Online license renewal and e-payment services have begun, with the goal of a modernized Web-based program that will allow license renewal in real time from any location.

The Bureau of Professional Licensure works to help ensure consistency and quality in Iowa health services.

Did you know? You can verify the licensure status of any person or business regulated by the Bureau of Professional Licensure by name or license number. Go to www.licensediniowa.gov.

Why is Professional Licensure important to promoting and protecting the health of Iowans?

- Thousands of Iowans rely on the 43,000 professionals and 5,600 businesses regulated by Professional Licensure.
- All Iowans benefit when health care is provided by competent, ethical professionals who hold active licenses.
- Open records and open meetings let the public have input into licensure requirements, rulemaking, continuing education, and discipline of licensees and businesses.
- Licensure boards are made up of professionals and public members who make sure licensure standards are safe, effective, and clearly communicated to the public.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

What do we do?

- Process applications for initial licensure, license renewal, and reactivation of licenses.
- Coordinate, and in some cases, conduct examinations for licensure.
- Determine eligibility for licensee participation in the Volunteer Health Provider Program.
- Address all complaints and implement discipline at the licensing board's direction.
- Provide executive support to 19 licensure boards and direct services to licensees practicing in Iowa in the following professional categories:

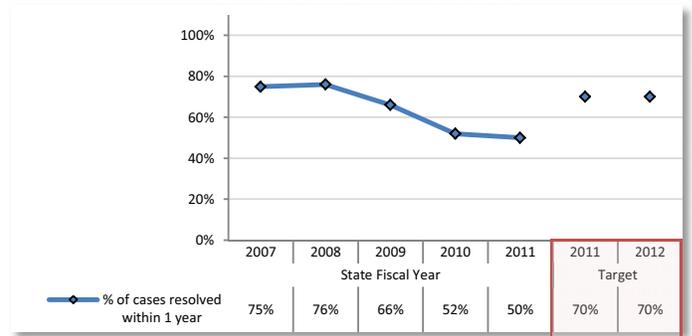
Athletic Training	Massage Therapy	Podiatry
Barbering	Mortuary Science	Psychology
Behavioral Science	Nursing Home Administrators	Respiratory Care Practitioners
Chiropractic	Optometry	Sign Language Interpreters & Translitterators
Cosmetology Arts & Sciences	Physician Assistants	Speech Pathology & Audiology
Dietetics	Physical & Occupational Therapy	Social Work
Hearing Aid Dispensing		

How do we measure our progress?

1 Percent of cases resolved within one year of receiving a complaint.

How are we doing? The boards respond to 100% of signed complaints. Following board review, some cases are referred for investigation to the Iowa Department of Inspections and Appeals. The overall number of investigations remains relatively constant. Resolution of a case within one year is related to the complexity of the complaint and the availability of evidence to make an informed decision.

In SFY11, the 19 boards received 370 complaints. Of these cases, there were 71 administratively initiated failed audits filed in June of 2011. For the remaining 299 cases, 147 (50%) were resolved within one year. From July 2010 to June 2011, 158 cases were submitted for investigation and 146 investigations were completed.



Data Source: Bureau database. Data are available monthly.

What can Iowans do to help?

1. Iowans are encouraged to report incompetent or unethical practice. Contact the board office by telephone at 515-281-0254 or submit a complaint online at www.idph.state.ia.us/licensure.
2. Professional organizations can inform the professional boards about current and emerging practices.
3. Educators can attend open meetings to share new teaching methods and trends with the boards.

Expenditures

Retained fees: K19-2054

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$2,038,157	\$1,992,274	\$3,388,408
Total funds	\$2,038,157	\$1,992,274	\$3,388,408
FTEs	16.54	15.00	16.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Administration & Professional Licensure ♦ Professional Licensure

Phone: 515-281-0254 ♦ Fax: 515-281-3121 ♦ www.idph.state.ia.us/licensure

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Radiological Health

Promoting & Protecting the Health of Iowans

Division of Environmental Health

Phone: 515-281-3478

www.idph.state.ia.us/eh/radiological_health.asp



You can't see, smell, hear, or feel it. It can save lives, but also endanger lives. The use of radiation must be carefully monitored. The IDPH Bureau of Radiological Health protects Iowans from unnecessary and potentially harmful exposure to radiation.

The machines that produce radiation (like x-ray or mammography machines) and the people who use them are tested and certified to ensure Iowans are being treated by qualified professionals with safe equipment.

You've probably heard of radon – a naturally occurring gas that seeps into homes and can cause lung cancer. The Bureau of Radiological Health licenses experts who can stop radon from getting into a home. IDPH works each day to protect the health of Iowans – even when the "enemy" is invisible!

Did you know?

In 1986, the state of Iowa entered into an agreement with the U.S. Nuclear Regulatory Commission to protect the health and safety of Iowans by regulating radioactive material in Iowa.

Why is Radiological Health important to promoting and protecting the health of Iowans?

- Exposure to radiation in large amounts can cause immediate and long-term health effects, including cancer and death.
- Iowans could be exposed to radiation at any time each day because of the common use of industrial and medical radioactive materials and machines.
- Radiation occurs naturally in the environment; however, anything beyond this natural exposure may be unnecessary and could be harmful.
- Iowa has one of the highest rates of indoor radon levels in the country.
- High quality mammography machines and images are essential to finding breast cancer early.
- Iowans of all ages are at risk for over-exposure to ultraviolet light from tanning beds.

Which Iowa Public Health Goals are we working to achieve?

Protect against environmental hazards

Strengthen the public health infrastructure

Prepare for, respond to, & recover from public health emergencies

Promote healthy behaviors

What do we do?

- Inspect, test, accredit, and certify mammography facilities, machines, radiologists, and technologists.
- Issue Permits to Practice for individuals who operate or use ionizing radiation producing machines or administer radioactive material for diagnostic or therapeutic purposes.
- Coordinate radiation emergency response by working with local, county, state, and federal agencies in case of an accident.
- License, register, and inspect facilities that use radioactive materials.
- Educate Iowans about radon gas and credential radon measurement and mitigation specialists.
- Register tanning bed facilities and post health information about the risks of tanning.
- Register X-ray producing machines.
- Investigate allegations and complaints regarding radioactive material and radiation producing machines.

▶ How do we measure our progress?

- The U.S. Nuclear Regulatory Commission (NRC) oversees the Iowa radioactive material (RAM) program and conducts an Integrated Material Performance Evaluation Program (IMPEP) review every three years. The Iowa RAM program successfully completed two consecutive IMPEP reviews scoring SATISFACTORY for all performance indicators.

Due to the outstanding score of the IMPEP reviews, the Iowa RAM program was the first agreement state program to receive an extension by the NRC for the next IMPEP review.

- The Food and Drug Administration (FDA) oversees the Iowa mammography program and conducts an annual review. The Iowa mammography program consistently meets or exceeds the requirements set by the FDA.

The Iowa program annually inspects 139 mammography facilities including 166 mammography units and 25 stereotactic facilities. To continue providing services to Iowans, the facilities must correct all non-compliances that are found.

▶ What can Iowans do to help?

1. All Iowans can make themselves aware of the possibility of exposure to radiation, especially from medical procedures.
2. All Iowans can report any misuse of radioactive materials or ionizing radiation producing machines by contacting the Bureau of Radiological Health at 515-281-3478 or melanie.rasmusson@idph.iowa.gov.
3. All Iowans should learn about radon gas and how to test for it in their homes. For more information about radon, visit www.idph.state.ia.us/eh/radon.asp.

▶ Expenditures

Federal funds, intra state receipts* (Dept of Public Defense), private grants*, & retained fees: K19-1915/1920; 0153-1922/1926.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$214,887	\$250,074	\$253,690
Retained fees	\$1,020,707	\$1,084,350	\$1,293,674
Other funds*	\$87,317	\$52,908	\$139,319
Total funds	\$1,322,911	\$1,387,332	\$1,686,683
FTEs	12.18	12.14	12.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Environmental Health ♦ Radiological Health
 Phone: 515-281-3478 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/radiological_health.asp
 5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Mammography – Phone: 515-281-0405

Radioactive Materials – Phone: 515-281-0419

Tanning Facilities – Phone: 515-281-0415

Permits to Practice – Phone: 515-281-0415

Radon – Phone: 1-800-383-5992 or 515-281-4928

X-Ray Machines – Phone: 515-281-0415

Radiation Emergency Response – Phone: 515-281-3478

Sexually Transmitted Disease Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-3031
www.idph.state.ia.us/HivStdHep/



These diseases very often have no symptoms. However, without early testing and treatment, complications can include Pelvic Inflammatory Disease (PID), chronic pelvic pain, tubal pregnancy, infertility, infecting an infant during childbirth, increased risk for HIV infection, and even death. Sexually transmitted diseases are a significant health threat in Iowa, with more than 11,000 STD infections diagnosed and treated in 2009. The Sexually Transmitted Disease (STD) Prevention program works to stop the spread of STDs in Iowa through reducing the number of Iowans who are infected without knowing they are infected, and providing treatment for those who are infected.

One of the best ways to find undetected STD infection is to screen patients during annual exams and to find, test, and treat the partners of people who are positive. The STD Program maintains a screening collaborative with 68 public clinics across Iowa targeting those most at risk for adverse outcomes of undetected infection. In both the public and private sectors, the STD Program offers technical assistance for sexual health program development, promotes clinician/patient dialogue about STD prevention, and ensures proper testing and treatment of exposed partners.

Did you know?

About 75% of reported chlamydial infections and about 65% of reported gonorrhea infections are found in young Iowans ages 15 to 24.

Why is STD Prevention important to promoting and protecting the health of Iowans?

- STD cases have increased steadily over the last ten years. The increases may have many causes, but much of it is due to cases that are not diagnosed until one partner has already infected others. Early testing and treatment is important.
- In more than half of STD infections like *Chlamydia*, gonorrhea, and certain stages of syphilis, there are no symptoms, yet there can be internal damage that is irreversible.
- National studies suggest that every dollar spent on STD education and prevention saves an estimated \$43 on complications that can lead to hospitalization, surgery, infertility, and death.

Which Iowa Public Health Goals are we working to achieve?

- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide funding for testing supplies and patient and provider education at 70 STD testing sites across Iowa.
- Offer confidential partner notification and counseling statewide to inform persons who might not otherwise know they have been exposed to an STD.
- Provide treatment medications at no expense to Iowans with STDs to stop the spread of disease.
- Monitor the number of reportable STD cases and types of risk behaviors, so that appropriate educational programs and community outreach can occur.
- Offer technical assistance to clinics, hospitals, and laboratories to ensure correct identification, treatment, and follow-up care of STD patients.
- Identify and contain STD outbreaks to prevent further spread of infection.
- Develop and enforce legislation, rules, and policies to address emerging trends in STD infection transmission.

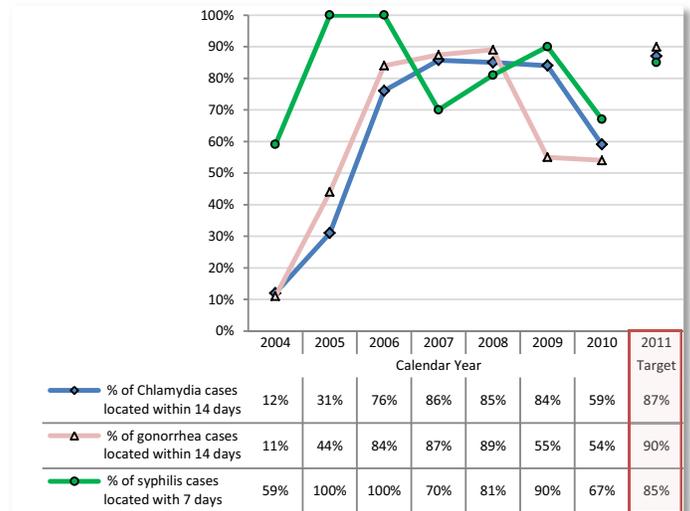
How do we measure our progress?

1. Percent of all reported infectious cases of syphilis located by state and local disease prevention specialists (DPS) within seven working days.
2. Percent of all reported cases of gonorrhea located by state and local DPS within 14 working days.
3. Percent of all priority** cases of *Chlamydia* located by state and local DPS within 14 working days.

Data Source: STD surveillance program and Iowa Disease Surveillance System. Data are available monthly and sent to state DPS and local health department clinic supervisors.

** Due to the high volume of *Chlamydia* cases, not all are located. Priority cases include those under age 18, pregnant, seen in an E.R., co-infected with another STD, re-infected, not treated by the provider, and/or specifically requested by the provider.

How are we doing? Better collaboration with medical providers and laboratories, combined with better use of the Internet to locate persons in need of services, allowed for improvements in the number of persons with syphilis located within 7 days. The ability to find persons with gonorrhea continues to improve for the same reasons. A steady increase in the number of *Chlamydia* cases, coupled with a decrease in resources to investigate these cases, has prompted the STD Prevention Program to assign only certain priority cases to public health investigators for follow-up.



What can Iowans do to help?

1. Promote abstinence-based, medically accurate, comprehensive sexual education for youth. Sharing correct and complete information with those most at risk for infection has been shown to help those persons make different decisions about the behaviors that put them at risk.
2. Iowans of all ages should use safer sex practices, such as choosing only one partner and knowing them well; regularly and correctly using latex condoms; or refraining from sex completely.
3. Iowans at risk of getting an STD should be tested, and, if necessary, treated for STDs. To learn what puts you at risk for an STD, go to www.idph.state.ia.us/HivStdHep/.
4. Health care providers, correctional systems, and educational systems should contact the IDPH STD Prevention Program at 515-281-3031 to get information about STD prevention.

Expenditures

General fund & federal funds; State funds are used for a 75% match for the Title V Block Grant: K15-1563; 0153-1564/1566

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$68,197	\$60,613	\$56,842
Federal funds	\$705,548	\$850,129	\$728,402
Total funds	\$773,745	\$910,742	\$785,244
FTEs	3.50	3.11	3.50

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Substance Abuse & Gambling Treatment Programs Licensure

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-6161
www.idph.state.ia.us/bh/admin_regulation.asp



The decision to seek help for substance abuse or problem gambling can be difficult. Finding a licensed and qualified treatment program should not be. The department's Bureau of Substance Abuse licenses substance abuse and problem gambling programs to help ensure Iowans receive quality treatment.

Did you know?

Iowa currently has 115 licensed substance abuse assessment and treatment programs, with services available to residents of every county. Eleven of those programs are funded to provide substance abuse treatment and problem gambling treatment services statewide.

Why is regulating Substance Abuse & Gambling Treatment Programs important to promoting and protecting the health of Iowans?

- Addiction to substances and problem gambling affect the health, family relationships, and employment of too many Iowans. Addiction sometimes leads to problems with the law.
- Substance abuse and problem gambling impact all Iowans. In 2010, 46,808 Iowans who contacted an addictions professional for an assessment were admitted to some level of treatment. 548 Iowans were admitted to gambling treatment.
- Iowa has experienced an epidemic of methamphetamine abuse. Over 5,000 Iowans entered treatment because of meth use in 2010.
- Alcohol continues to be the most abuse substance for Iowans. Marijuana is the second most common drug of abuse.
- Iowa law requires licensing of substance abuse and gambling treatment programs.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

What do we do?

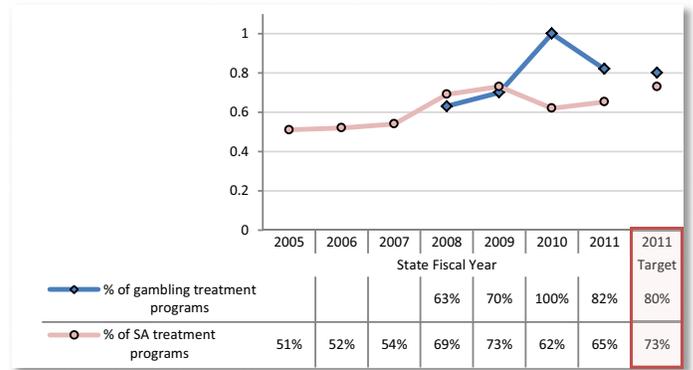
- Onsite licensing inspections of substance abuse and problem gambling treatment programs to assure they meet rules and regulations
- Complaint investigations and recommendations to the State Board of Health Substance Abuse Problem Gambling Program Committee for possible discipline.
- Technical assistance to substance abuse and problem gambling treatment programs on operating and evaluating their services.
- Maintain a complete list of licensed programs, their status, and available services as a resource to the public.
- To learn more, go to www.idph.state.ia.us/bh/admin_regulation.asp.

How do we measure our progress?

- 1 Percent of substance abuse treatment programs with 3-year licenses.
- 2 Percent of gambling treatment programs with 3-year licenses.

Data Source: Licensed SA & Gambling Treatment Programs List (see www.idph.state.ia.us/bh/admin_regulation.asp). Data are available annually.

How are we doing? Substance abuse and gambling treatment programs can be licensed for 270 days or for one, two, or three years. Three-year licenses are only available to the highest-quality programs. To be granted a 3-year license, programs must meet standards at the highest level or receive “deemed” status because of accreditation by a nationally recognized body such as CARF, COA, or JCAHO.



What can Iowans do to help?

1. Iowans looking for information about local substance abuse and problem gambling treatment programs may contact the Iowa Substance Abuse Information Center at 1-866-242-4111 or go to www.drugfreeinfo.org.
2. Health and human service professionals interested in training or staff development opportunities related to substance abuse and problem gambling may contact Training Resources at 515-309-3315 or at www.trainingresources.org.

Expenditures

Federal funds: 0153-1968

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$350,619	\$322,070	\$359,000
Total funds	\$350,619	\$322,070	\$359,000
FTEs	3.80	3.47	4.10

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Behavioral Health ♦ Substance Abuse & Gambling Treatment Programs Regulation

Phone: 515-242-6161 or 515-281-3641 ♦ Fax: 515-281-4535 ♦ www.idph.state.ia.us/bh/admin_regulation.asp

6th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Substance Abuse Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health

Phone: 515-242-5934

www.idph.state.ia.us/bh/substance_abuse.asp



“Josh” seemed like a typical Iowa boy. At age 8, he chased frogs, played baseball, and loved cookies. But at age 12, he quit sports and made new friends his parents didn’t like. At age 17, he quit school. At age 21, he was in jail. What happened? Drugs. Abuse and illegal use of alcohol, tobacco, and other drugs changes a person; not only causing health problems and heartbreak, but also costing Iowans money. Research from Iowa State University shows that every \$1 invested in overall prevention services yields a return of almost \$10. In terms of addiction, every \$1 dedicated to drug and alcohol prevention saves \$7-10 in costs of crime, incarceration, emergency room care, productivity, and premature death.

Maybe “Josh” didn’t know about the dangers of using drugs or alcohol. Maybe he didn’t know there were other ways to deal with the challenges every teenager faces. Maybe he didn’t know that most teenagers choose not to use alcohol and other drugs. Maybe if he’d received and understood substance abuse prevention messages, his life would have been different. The IDPH Substance Abuse Prevention program strives to stop the pain and cost of substance abuse by preventing it from ever starting.

Did you know?

Substance abuse is related to many serious health and social problems. At least 72 health problems that require hospitalization are caused completely or in part by substance abuse.

Why is Substance Abuse Prevention important to promoting and protecting the health of Iowans?

- Substance abuse and related problems are among society’s most far-reaching health and social concerns. About 100,000 people in the U.S. die each year because of alcohol.
- It costs every person in the U.S. nearly \$1,000 each year for health care, law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.
- Prevention works! According to the Iowa Youth Survey, the percentage of high school juniors who report binge drinking decreased from 41% in 1999 to 25% in 2010. In addition, the percentage of 11th grade students who used alcohol in the past 30 days decreased from 48% in 1999 to 32% in 2010.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

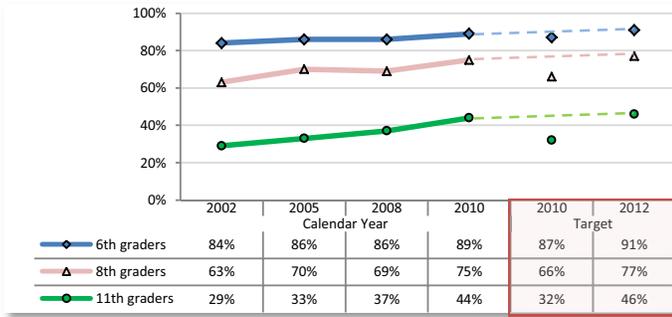
Strengthen the public health infrastructure

What do we do?

- Fund organizations that use proven prevention programs to increase abstinence from alcohol, tobacco, and other drugs by people under age 21.
- Fund organizations to utilize the Strategic Prevention Framework which is a five-step planning process that assists communities in addressing substance abuse issues.
- Fund proven prevention programs that focus on out-of-school youth development opportunities for ages 5 to 18.
- Fund coalitions to prevent or reduce substance abuse in communities.
- Fund mentoring programs certified by the Iowa Mentoring Partnership to provide or support local mentoring services.
- Maintain an Epidemiological Workgroup to assess, analyze, interpret and communicate data about substance consumption and consequences.

How do we measure our progress?

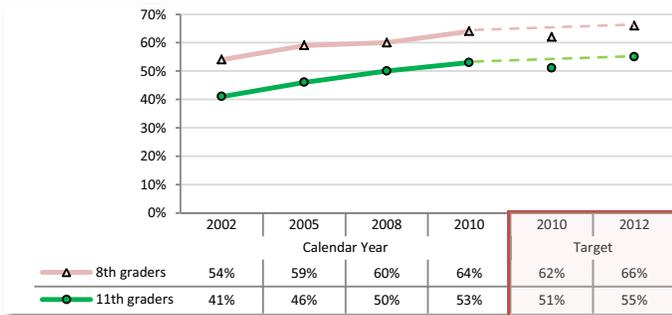
1 Percent of Iowa students (grades 6, 8, & 11) who have never used alcohol.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? 2010 numbers exceeded the targets in all three grades surveyed.

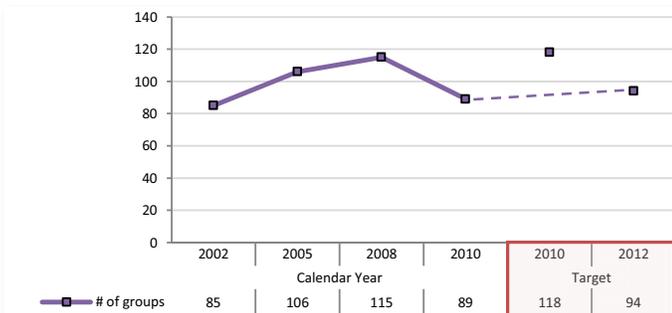
2 Percent of 8th and 11th grade students who think there is a possibility of "great risk or harm" in having three or more drinks of alcohol nearly every day.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? Through consistent prevention messages, more youth see risk or harm in daily alcohol use. 2010 values exceeded targets.

3 Number of state, county, community, and neighborhood collaborative groups to reduce problems of alcohol, tobacco, and other drugs.



Data Source: Regional Consultant Lists. Data are available annually.

How are we doing? The number of community group decreased in 2010 due to several groups aligning efforts and consolidating.

What can Iowans do to help?

1. If a family member or someone you know needs help with alcohol or drug problems, encourage them to get help by calling the Iowa Substance Abuse Information Center Helpline 24 hours a day, 7 days a week at 1-866-242-4111.
2. Learn about substance abuse by going to www.drugfreeinfo.org.
3. Get involved with local prevention efforts. To find your local substance abuse prevention agency, go to www.drugfreeinfo.org/php/srchrdir.html.
4. Check Iowa Youth Survey reports for your county by going to www.iowayouthsurvey.org.

Expenditures

General fund, federal funds, & intra state receipts*: K01-0151/0154; 0153-0152/0156/0166/0172(30%)/0174/ 0214(50%).

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$1,389,704	\$1,295,585	\$1,218,780
Federal funds	\$3,843,475	\$4,363,984	\$6,859,394
Other funds*	\$1,743,060	\$847,587	\$851,000
Total funds	\$6,976,239	\$6,507,156	\$8,929,174
FTEs	6.95	6.87	7.53

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Substance Abuse Recovery

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-5934
www.idph.state.ia.us/atr



Life is better today for Mary. Mary was homeless, unemployed, and facing criminal charges. She had lost custody of her child who was in foster care. She was fighting the disease of alcoholism. Today, after receiving primary treatment and ongoing aftercare through a substance abuse treatment program, Mary rejoices in her successes: over one year of sobriety, stable housing, full-time employment, and reunification with her daughter. During Mary's recovery, Access to Recovery assisted by providing her with transportation so she could get to recovery support services and by purchasing clothing to wear for job interviews.

Over the past three years, the IDPH Division of Behavioral Health has been working to transition addiction services to a Recovery-Oriented System of Care (ROSC). To be effective, this system of care must be a partnership encompassing community partners, prevention and treatment providers, the recovery community, and other stakeholders.

Did you know? In 2011, nearly 2,000 Iowans attended the National Recovery Month Event at Adventureland Amusement Park near Des Moines.

Why is access to Substance Abuse Recovery important to promoting and protecting the health of Iowans?

- As effective as good prevention is, it can't stop all addiction from occurring. And when addiction does occur, it is a chronic illness that requires a long-term recovery process.
- Just some of the barriers to seeking treatment and successfully working through a program of recovery include
 - ✓ child care
 - ✓ co-pays
 - ✓ sober living activities
 - ✓ housing assistance
 - ✓ integrated therapy
 - ✓ transportation
- Access to Recovery (ATR) helps people in recovery by funding these and other support services. Iowa is an ATR grantee.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

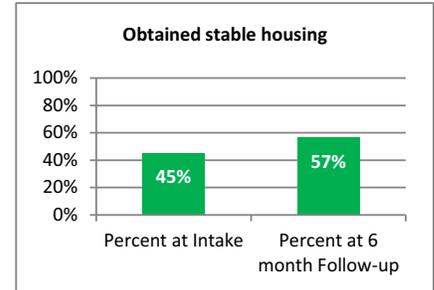
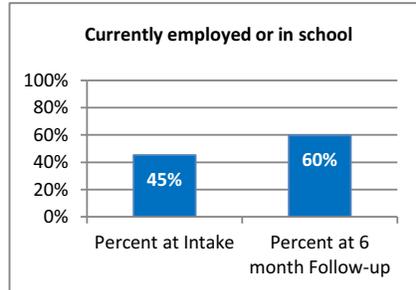
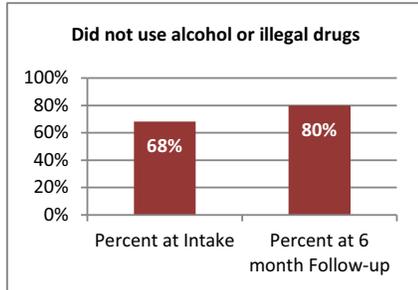
Strengthen the public health infrastructure

What do we do?

- Over 50 providers across the state participate in the Access to Recovery program, offering recovery support services to eligible Iowans.
- Recovery Peer Coaching is a new and valued service in Iowa. Individuals in recovery are matched with a coach who is experienced with successful recovery techniques and can provide assistance and guidance.
- Recovery-Oriented System of Care trainings are being offered throughout the state.
- Recovery Calls are another form of support offered in Iowa. Individuals working a recovery program can choose to have Recovery Calls providers contact them each week basis to check-in and offer support and referral.
- Through a partnership with ATR providers and Iowa Drug Courts, a pilot project has been developed to assist in meeting the recovery needs of this population.
- For the last several years, State and local celebration events have been held for National Recovery Month in September.

How do we measure our progress?

One of the requirements of the ATR project is to complete Government Performance Results Act (GPRA) Interviews. The data collected are extremely valuable in determining the effectiveness of our program. The full GPRA interview process includes an initial interview, which provides a baseline of a client's history and behaviors. As the individual continues involvement in ATR, additional interviews are completed at discharge and during a specific follow-up window of 5-8 months after admission. The following graphs represent three key focus areas from the GPRA interviews in ATR II:



What can Iowans do to help?

1. Learn more about Access to Recovery by going to www.idph.state.ia.us/atr or calling 1-866-923-1085.
2. If you know someone who needs help with alcohol or drug problems, encourage them to get help by calling the Iowa Substance Abuse Information Center's Helpline, 24 hours a day, 7 days a week at 1-866-242-4111.
3. Learn more about Substance Abuse Treatment resources and services at www.idph.state.ia.us/bh/admin_regulation.asp
4. Learn about the dangers of addiction. For more information, go to www.drugfreeinfo.org.

Expenditures

Federal funds: 0153-0130.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$4,005,651	\$2,059,951	\$3,261,991
Total funds	\$4,005,651	\$2,059,951	\$3,261,991
FTEs	2.52	2.56	2.65

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Substance Abuse Treatment

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-242-5934
www.idph.state.ia.us/bh/substance_abuse.asp



"I can look in the mirror today and be proud of myself", a grandmother shares as she reflects on her journey of recovery from heroin and cocaine addiction. After treatment and ongoing aftercare services through Scott County providers, the woman is able to enjoy healthy relationships with family, maintain full-time employment, and offer support to others struggling with substance use disorders. She gives credit to programs with staff who never gave up on her, even when she thought of giving up on herself, and to ongoing treatment and recovery support services.

IDPH works with substance abuse treatment programs statewide to:

- Reduce abuse of alcohol and other drugs
- Ensure Iowans receive substance abuse assessment and treatment when and where they need it
- Support addicted Iowans in their personal recovery efforts.

Did you know?

In Iowa, 55% of substance use disorder clients served reported alcohol as the most common primary substance used, followed by marijuana at 26%, and methamphetamine at 9.6%.
(Data Source: IDPH Central Data Repository, State Fiscal Year 2011)

Why is Substance Abuse Treatment important to promoting and protecting the health of Iowans?

- Substance use disorders and related problems are among society's most far-reaching health and social concerns. Every year, nearly 50,000 Iowans seek substance abuse assessment and treatment services through an IDPH-licensed program.
- According to the National Substance Abuse and Mental Health Services Administration, 90% of people in the U.S. who experience substance abuse problems and need treatment do not perceive the need for care.
- The National Survey on Drug Use and Health (2009) identified Iowa as one of 10 states with the highest reported binge drinking.
- In 2009, approximately one-quarter of Iowa traffic fatalities (93) involved an "alcohol-involved driver."

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

What do we do?

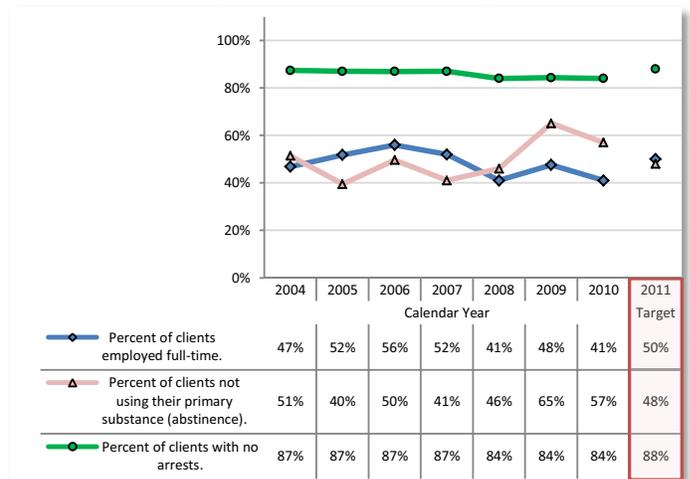
- Assessment and evaluation to determine the type of service and level of care needed.
- Residential treatment, halfway house, intensive and extended outpatient, and medication-assisted treatment, including through the Iowa Plan for Behavioral Health.
- Continuing care designed to transition from primary treatment to ongoing recovery. Culturally-specific treatment services through the [Culturally Competent Treatment Project](#).
- Treatment and care coordination for individuals re-entering communities through the [Jail-based Substance Abuse Treatment Project](#).
- Standardized collection of data from licensed providers to meet federal requirements, identify substance use trends and service needs, determine funding needs, and measure program performance.
- Recovery support services through the [Access to Recovery \(ATR\)](#) program.
- Service system improvement based in [NIATx](#) principles.
- Assure [recovery-oriented system of care](#) that welcomes and engages Iowans at any and all points in their personal recovery efforts.

How do we measure our progress?

Treatment outcomes: Six months after treatment

- ❶ Percent of clients not using their primary substance (abstinence).
- ❷ Percent of clients employed full-time.
- ❸ Percent of clients with no arrests.

How are we doing? Since 2003, the rates of abstinence, no arrests, and employment after treatment are better than what clients report at admission.



Data Source: Outcomes Monitoring System. Data are available annually.

What can Iowans do to help?

1. If you know someone who needs help with alcohol or drug problems, encourage them to call the Iowa Substance Abuse Information Center Helpline, 24 hours a day, 7 days a week, at 1-866-242-4111.
2. Learn about the dangers of addiction. For more information, go to www.drugfreeinfo.org.
3. Learn more about Access to Recovery by going to www.idph.state.ia.us/atr/ or calling 1-866-923-1085.
4. Learn more about Substance Abuse Treatment resources and services at www.idph.state.ia.us/bh/substance_abuse_treatment.asp.

Expenditures

General fund, health care trust fund (2010 only), Underground Storage Tank Fund (USTF) (2011 only), federal funds, & intra state receipts* (Depts. of Education, Human Rights, & Human Services, & Office of Drug Control Policy); State funds are used for a required maintenance of effort match for the Substance Abuse Prevention & Treatment Block Grant: K01-0101/0105; K67-6701; 0153-0102/0104/0116/0172 (70%)/0214 (50%)

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$16,260,368	\$16,430,273	\$15,913,728
Health care trust	\$1,032,905	\$0	\$0
USTF	\$0	\$500,000	\$0
Federal funds	\$11,457,427	\$11,414,012	\$10,988,433
Other funds*	\$2,496,807	\$182,703	\$0
Total funds	\$31,247,507	\$28,526,988	\$26,902,161
FTEs	5.76	4.89	5.58

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Youth Suicide Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-3763
www.idph.state.ia.us/bh/suicide_prevention.asp



When she was in middle school, Molly often said aloud that she wanted to kill herself. She was depressed and withdrawn and lacked self confidence. Looking back, the high school junior says she wasn't serious about her declarations, but the emotion behind such statements was real. "She seemed to hold things inside, and I could barely get her to talk," said her mother, Jennie. "She always looked like she was going to cry." Things are different now. Molly, 16, has dyed her hair coppery red and lost at least 40 pounds. More importantly, she's made friends. "Now, I don't want to cry," she said. The family ties Molly's transformation to TeenScreen, a program developed by Columbia University to identify kids who may be at risk for suicide, and the therapy sessions she started after school counselors identified her as at-risk in ninth grade. With a federal grant that brought TeenScreen to schools across the state, Iowa officials hope Molly's story will become more common and that the number of suicides, the second-highest killer of teens in Iowa after vehicle accidents, will decrease.

— Based on an article by Alison Gowans from the Cedar Rapids newspaper, *The Gazette* (November 2007).

Did you know? Suicide was the 2nd leading cause of death for Iowans ages 15 to 40 from 2002-2007.

Why is Youth Suicide Prevention important to promoting and protecting the health of Iowans?

- Suicide is not only the 2nd leading cause of death for Iowans ages 15 to 40; it results in thousands of friends and families left behind to try to make sense of their loved one's tragic death.
- For every suicide death, there are an estimated 25 suicide attempts. For youth, the ratio is even higher.
- In the 2010 Iowa Youth Survey, 6% of 11th grade females and 4% of 11th grade males admitted to attempting suicide in the past 12 months.
- Suicide is a preventable cause of tragic death and injury. It is estimated that 90% of those who died by suicide had a diagnosable mental health problem such as depression or bi-polar disorder.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

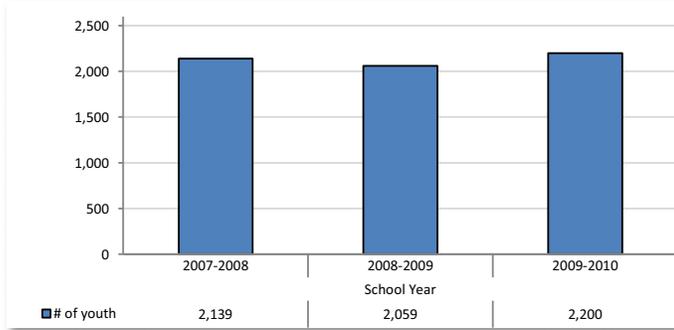
Promote healthy behaviors

What do we do?

- Provide information about symptoms of depression and warning signs for suicide.
- Provide resources for Iowans on suicide and prevention strategies.
- Reduce the stigma associated with suicide, mental illness, and seeking help.
- Develop suicide prevention strategies, with partners, in schools and communities.
- Support efforts to reach out to survivors of suicide (those left behind).

How do we measure our progress?

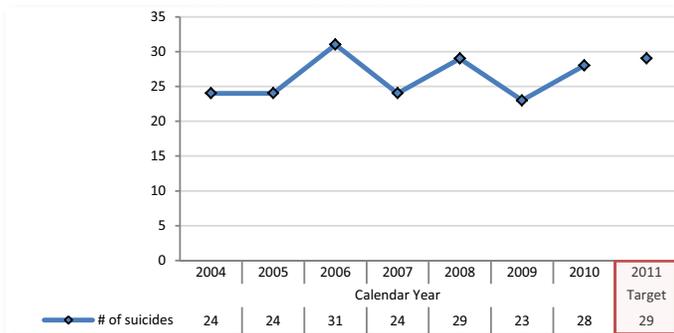
1 Number of youth receiving TeenScreen services.



Data Source: TeenScreen National Center for Mental Health Checkups at Columbia University. Data are available annually.

How are we doing? IDPH promotes TeenScreen to communities and schools in Iowa. There has been a steady increase in the number of new active screening sites throughout the state. Although Iowa experienced a one-year decrease in the total number of youth receiving TeenScreen services, we anticipate that as new programs become established and market the program, more families will take advantage of the services.

2 Number of Iowans age 19 & under who have died from suicide.



Data Source: IDPH Vital Statistics. Data are available annually.

How are we doing? The youth suicide rate fluctuates from year to year due to many variables. Unfortunately, Iowa experienced an increase in deaths from 2009 to 2010.

What can Iowans do to help?

1. Learn about the facts about suicide and depression at www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-157.pdf.
2. Go to www.outofthedarkness.org/ to find out where to attend or how to organize a suicide awareness walk in your community.
3. Take comments about suicide seriously and support others efforts in seeking help for depression and suicidal thoughts. Go to www.afsp.org/index.cfm?page_id=F2F25092-7E90-9BD4-C4658F1D2B5D19A0 to learn more.
4. Program the National Suicide Lifeline Hotline number (800-273-8255) into your cell phone and call if you're concerned about yourself or someone else. Go to www.suicidepreventionlifeline.org for more support.
5. Learn about the warning signs of suicide at www.suicidology.org/web/guest/stats-and-tools/warning-signs.

Expenditures

Federal funds: 0153-0696

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$258,520	\$420,717	\$0
Total funds	\$258,520	\$420,717	\$0
FTEs	1.11	1.07	0.00

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Tobacco Use Prevention & Control

Promoting & Protecting the Health of Iowans

Division of Tobacco Use Prevention & Control
Phone: 515-281-6625
www.idph.state.ia.us/tobacco



The Division of Tobacco Use Prevention and Control works to reduce tobacco use and the toll of tobacco-caused disease and death by preventing youth from starting, helping adults to stop, and preventing exposure to secondhand tobacco smoke.

Since early 2000, smoking rates in Iowa have declined significantly, sharply reducing the harms caused by smoking in Iowa. Current smoking rates among high school students have dropped from 32% in 1999 to 16% in 2010. Because of these declines, 84,850 fewer kids alive today in Iowa will grow up to be addicted adult smokers and 72,610 fewer of today's residents in Iowa will ultimately die prematurely from smoking.

In addition, by prompting current adult and youth smokers to quit, Iowa has locked in enormous savings over the lifetimes of each person stopped from future smoking. The substantial ongoing improvements in public health from the smoking declines detailed above have saved \$3.1 billion in future health care costs and \$400.8 million in future Medicaid costs.

Did you know? New tobacco products, called "dissolvables," look like mints, breath strips and toothpicks.

Why is Tobacco Use Prevention and Control important to promoting and protecting the health of Iowans?

- Tobacco use is the leading preventable cause of death of Iowans. More than 4,400 Iowa adults die each year from smoking and as many as 66,000 kids now under 18 and alive in Iowa will ultimately die prematurely from smoking.
- Smoking increases the risk of cancer, asthma, chronic obstructive pulmonary disease, and emphysema.
- Smoking causes coronary heart disease, Iowa's leading cause of death.
- Annual healthcare costs directly caused by smoking are now \$1.01 billion in Iowa. Iowa Medicaid covers approximately \$301 million of these costs.

Which Iowa Public Health Goals are we working to achieve?

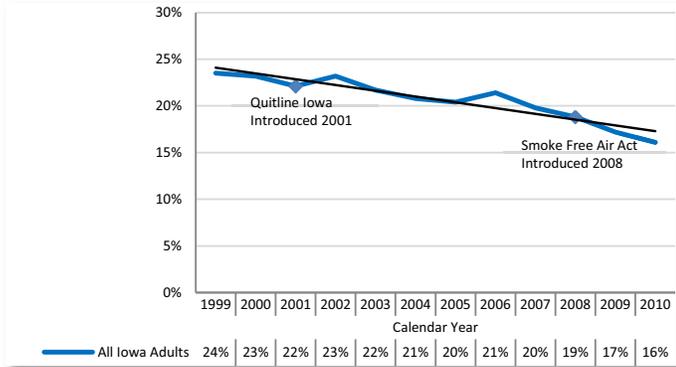
- Promote healthy behaviors
- Protect against environmental hazards
- Strengthen the public health infrastructure

What do we do?

- Forty-one Community Partnerships are funded to do tobacco prevention and control activities at the local level covering 89 counties. For more information, go to www.idph.state.ia.us/tobacco.
- Provide resources and information about the Iowa Smokefree Air Act at www.IowaSmokefreeAir.gov and 1-888-944-2247.
- Support [Quitline Iowa](http://QuitlineIowa.org) (1-800-784-8669), which provides free, effective counseling to help Iowans quit using tobacco.
- Collaborate with other state agencies to enforce laws prohibiting tobacco sales to minors and to enforce the Smokefree Air Act through education and compliance checks.

How do we measure our progress?

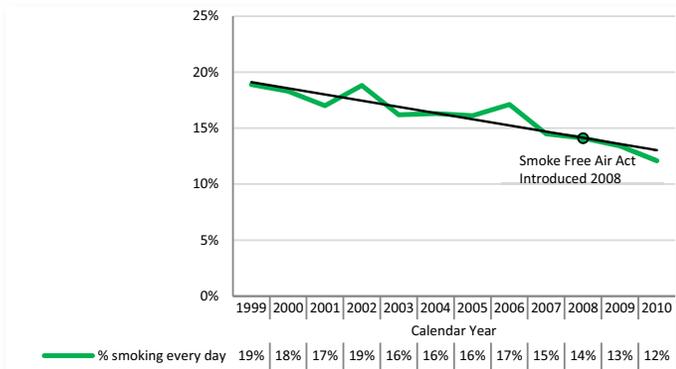
1 Percentage of current adult smokers in Iowa.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available annually.

How are we doing? The number of Iowans currently smoking continues to drop. In 1999, about 24% of adult Iowans were current smokers. In 2010, about 16% were current smokers.

2 Percentage of Iowa adults who report smoking every day.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Data are available annually.

How are we doing? The percentage of Iowans reporting smoking every day has decreased by 7% since 1999. After the Smoke Free Air act took effect in 2008, the percentage has decreased faster than the trend since 1999.

What can Iowans do to help?

1. Iowans who use tobacco should try to quit. Call 1-800-QUIT-NOW (1-800-784-8669) for help.
2. Healthcare professionals should counsel patients who smoke or chew tobacco about the dangers and, if they are ready to quit, refer them to Quitline Iowa.
3. Iowa youth can get involved in reducing tobacco use in Iowa. For information contact 515-281-6225.
4. Help to ensure that every workplace is smokefree by going to www.IowaSmokefreeAir.gov or 1-888-944-2247 for information and resources about the Iowa Smokefree Air Act or to register a complaint about potential violations of the law.
5. Iowans should support programs that work to change old social beliefs so that the use of tobacco becomes undesirable and unacceptable.

Expenditures

General fund, federal funds, & intra state receipts*: K01-0219/ 0221/0223; 0153-9342/AR14/AR16.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$5,378,186	\$6,221,618	\$3,253,830
Tobacco funds	\$0	\$0	\$0
Health care trust	\$2,099,552	\$0	\$0
Federal funds	\$1,045,182	\$2,721,241	\$2,746,625
Other funds*	\$1,763,563	\$240,000	\$280,000
Total funds	\$10,286,483	\$9,182,860	\$6,280,455
FTEs	13.96	12.35	12.90

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Tobacco Use Prevention & Control
 Phone: 515-281-6225 ♦ Fax: 515-281-6475 ♦ www.idph.state.ia.us/tobacco
 1st Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Quitline Iowa – Phone: 1-800-QUIT NOW (784-8669) ♦ www.quitlineiowa.org

Toxicology

Promoting & Protecting the Health of Iowans

Division of Environmental Health
Phone: 515-281-8707
www.idph.state.ia.us/eh/toxicology.asp
www.idph.state.ia.us/eh/hazardous_waste.asp



Toxicology is the study of the health impacts from exposure to chemicals and other toxic substances. The Toxicology Program at IDPH provides health consultations evaluating the health significance of exposures to chemicals and substances associated with environmentally contaminated areas, outside air, surface and drinking water, and any other sources of exposure to potentially toxic substances in the environment.

The Toxicology Program at IDPH is a resource for all citizens in the State of Iowa. In addition, the Toxicology Program at IDPH assists other state agencies such as the Iowa Department of Natural Resources in the establishment of environmental standards. IDPH also provides funding to the Iowa Statewide Poison Control Center, which works to reduce illness, deaths, and costs associated with poisoning through providing statewide around-the-clock emergency telephone advice.

Did you know?

Several factors play a key role in whether you will get sick from a chemical exposure. These factors are – the type of chemical, the amount of chemical, the duration of exposure (how long the exposure was), and the frequency of exposure (how many times you were exposed). If you prevent exposure to chemicals, you won't get sick or have any harmful effects on your health.

Why is Toxicology programming important to promoting and protecting the health of Iowans?

- Improper management of hazardous wastes, chemical spills and accidents, and previous industrial use of land may expose Iowans to dangerous chemicals.
- Iowans are concerned about environmental exposures to chemicals that can affect their health or the health of their children.
- Iowans need trusted health information to prevent harmful exposures and disease-related exposures to toxic substances.
- People of all ages are at risk of exposure to poisons. 52% of Iowans exposed to poisons are children.

Which Iowa Public Health Goals are we working to achieve?

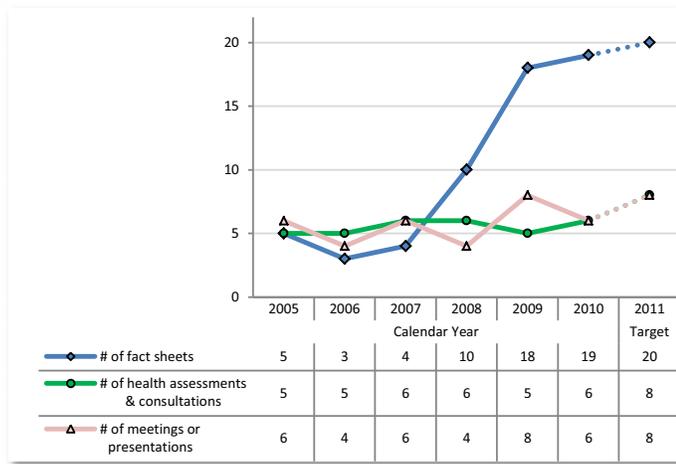
- Protect against environmental hazards
- Prevent injuries
- Prepare for, respond to, & recover from public health emergencies

What do we do?

- Prepare health assessments and health consultations for state and federal agencies and for communities.
- Develop fact sheets and informational documents for state agencies and communities summarizing health effects from exposure to specific sites and specific chemicals.
- Provide reliable medical information for healthcare providers and the public.
- Provide advice and information to local officials, medical professionals, and the public about potential chemical exposures during natural disasters or other emergencies.
- Work with the Department of Natural Resources to monitor recreational lakes and beaches for blue-green algal blooms and track cases of human illness related to exposure to these blooms.

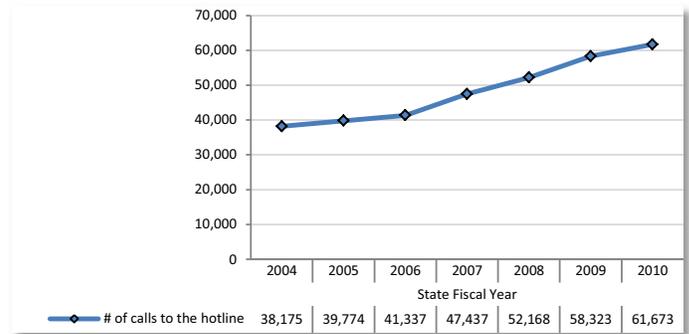
How do we measure our progress?

- ❶ Number of community meetings attended or presentations made to communities.
- ❷ Number of fact sheets developed.
- ❸ Number of health assessments and health consultations completed.



Data Source: Evaluation by ATSDR and program records. Data are available annually.

- ❹ Number of calls to the Poison Control Center emergency hotline.



Data Source: Evaluation of call logs. Data are available annually.

How are we doing? We have been meeting the goals set by the Agency for Toxic Substances and Disease Registry (ATSDR) for this program. We continue to meet with the public to discuss health assessments and consultations. We attempt to provide fact sheets with each consultation and for other special situations. Chemical fact sheets are being developed that discuss exposure to common chemicals and chemicals of special concern. Three out of four poisoning cases can be managed safely at home. This is the primary economic benefit of the Poison Center, saving millions of dollars in unnecessary health care costs.

What can Iowans do to help?

1. All Iowans can learn about existing or potential exposure to hazardous chemicals and how to protect themselves.
2. Physicians and healthcare providers need to get accurate information about the health risks from exposure to environmental chemicals and how these exposures can be diagnosed in their patients. For more information, go to www.atsdr.cdc.gov.
3. Industry and emergency response workers can learn how to prevent chemical spills by going to www.chemsafety.gov.
4. All Iowans need to be aware of potential poisons in their homes and how they can keep themselves and their children safe. To learn more, visit www.iowapoisson.org

Expenditures

General fund, federal funds, underground storage tank fund (2011 only)* & intra state receipts (2010 only)*: K19-1911; K67-6707; K92-9210; 0153-01304/1318

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$525,520	\$464,449	\$436,582
Federal funds	\$281,466	\$217,425	\$131,906
Other funds*	\$50,000	\$100,000	\$0
Total funds	\$856,986	\$781,874	\$568,488
FTEs	1.88	1.30	0.75

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Environmental Health ♦ Toxicology
 Phone: 515-281-8707 ♦ Fax: 515-281-4529 ♦ www.idph.state.ia.us/eh/toxicology.asp
 5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Hazardous Waste Site Assessment – www.idph.state.ia.us/eh/hazardous_waste.asp ♦ Iowa Poison Control Center – Phone: 1-800-222-1222 www.iowapoisson.org

Tuberculosis Control

Promoting & Protecting the Health of Iowans

Division of Acute Disease Prevention & Emergency Response

Phone: 515-281-7504

www.idph.state.ia.us/adper/tb_control.asp



It's a disease as old as antiquity. Archeologists have found mummies with signs of it. Your grandparents or great-grandparents called it "consumption." Today, we know the disease as tuberculosis, or TB. Although an ancient disease, it's still around and the Iowa Department of Public Health's Tuberculosis Control program continues the fight against TB.

You may not know that Christmas Seals were introduced to help raise funds to fight TB. The organization that pioneered the Christmas Seals, the National Tuberculosis Association, became what's now known as the American Lung Association.

Less than two decades ago, Iowa averaged 65 TB cases each year. Now, through the efforts of the TB Control program, the number of cases has fallen to an annual average of 44 cases.

Did you know?

Patients who do not take their medications correctly or who are improperly treated can develop a virtually untreatable form of TB.

Why is the TB Control program important to promoting and protecting the health of Iowans?

- Tuberculosis remains a public health problem in Iowa with an average of 44 cases reported each year.
- Thousands of Iowans are diagnosed with latent TB infection each year. Latent TB infection (LTBI) can lead to future cases of TB disease.
- Infectious cases of TB must be treated to prevent others from becoming infected.

Which Iowa Public Health Goals are we working to achieve?

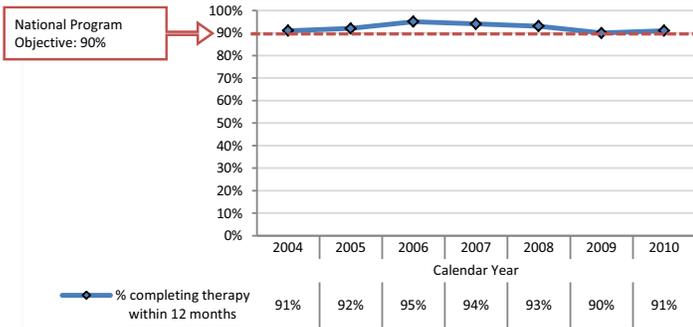
- Prevent epidemics & the spread of disease
- Strengthen the public health infrastructure
- Promote healthy behaviors

What do we do?

- Provide funding for local health departments to give TB tests, treatment, and chest x-rays for TB patients.
- Provide funding for the University of Iowa Hygienic Lab to perform TB testing.
- Maintain a system to ensure positive TB lab tests are reported to IDPH for surveillance and disease investigation.
- Advise healthcare providers who evaluate and treat Iowans with TB and LTBI.

How do we measure our progress?

- ❶ Percent of patients with newly diagnosed TB, for whom therapy for one year or less is indicated, who complete therapy within 12 months.

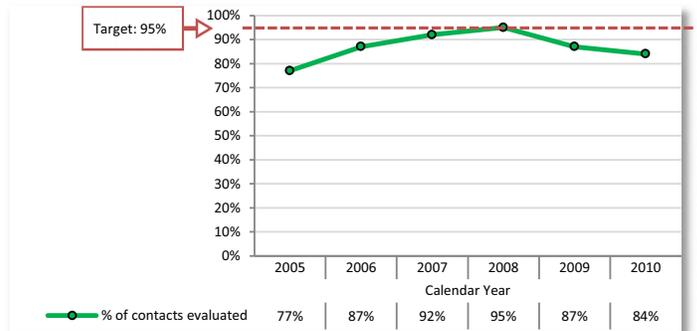


Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa consistently meets or exceeds the national program objective of 90%. Completion of therapy for patients with infectious TB is assured by local health departments providing directly observed therapy (DOT). This means a designated health care worker watches the patient take each dose of medication. This is the **only** way to ensure completion of therapy and thus stop the transmission of disease. DOT is the **standard of care** in the most effective TB control programs in the country. The TB Control Program provides incentive funding to local public health departments to perform DOT. Consequences of incomplete therapy include:

- treatment failure,
- relapse, and
- multiple drug resistant tuberculosis (MDR-TB).

- ❷ Percent of contacts to sputum AFB-smear positive TB cases evaluated for infection and disease.



Data Source: CDC software program - Tuberculosis Information Management System. Data are compiled annually, but possibly not complete until 9 months into the next year.

How are we doing? Iowa prioritizes the evaluation of those with recent and significant exposure to infectious TB and is above the national average for this objective. All infectious cases require a contact investigation by the local health department to identify contacts who:

- Have TB disease so that they can be given treatment and further transmission can be stopped.
- Have Latent TB Infection (LTBI) so that they can be given treatment for LTBI, and active disease can be prevented.

What can Iowans do to help?

1. Maintain a healthy lifestyle, especially when visiting other countries where TB is common. For more information, go to wwwn.cdc.gov/travel/yellowBookCh4-TB.aspx.
2. Local public health should follow recognized standards when caring for TB patients. For more information, go to www.idph.state.ia.us/adper/tb_control.asp.
3. Clinicians should be vigilant about the early diagnosis of TB and ensure proper treatment. For more information, go to www.cdc.gov/tb/pubs/PDA_TBGuidelines/default.htm.

Expenditures

General fund & federal funds: K15-1601; 0153-1602

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$60,987	\$60,746	\$56,896
Federal funds	\$267,453	\$365,702	\$304,173
Total funds	\$328,440	\$426,448	\$361,069
FTEs	1.70	1.73	1.80

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ♦ Division of Acute Disease Prevention & Emergency Response ♦ Tuberculosis Control

Phone: 515-281-7504 ♦ Fax: 515-281-4570 ♦ www.idph.state.ia.us/adper/tb_control.asp

5th Floor, Lucas Building ♦ 321 E. 12th Street ♦ Des Moines, IA 50319-0075

Violence Prevention

Promoting & Protecting the Health of Iowans

Division of Behavioral Health
Phone: 515-281-5032
www.idph.state.ia.us/bh/injury_violence.asp



A young woman seen at a local family planning clinic was not returning for necessary follow-up on her care. In the past, staff would have written her off as 'non-compliant.' Instead, the clinic nurse gently probed about what was preventing her from making scheduled appointments. The nurse discovered that the client's boyfriend had been locking her in their apartment so she could not leave. They talked with the young woman about her boyfriend's behavior and the impact it could have on her health and risk for pregnancy. The staff's attitude became more positive and supportive of the client as opposed to judgmental and closed. The client was more willing to talk about options for interpersonal safety with the health care staff.

IDPH violence prevention programs seek to reduce the rate of injury and death from intentional violence, especially suicide, domestic, and sexual violence. By supporting prevention programs and conducting professional training, communities are better able to recognize, appropriately intervene, and prevent further violence.

Did you know?

Intentional injuries, such as interpersonal violence and suicide, are among the leading causes of death and injury for younger Iowans. People exposed to interpersonal violence and other adverse conditions in childhood are more likely to experience depression, substance abuse, and other health problems later in life.

Why is Violence Prevention important to promoting and protecting the health of Iowans?

- An average of 19 Iowans die each year due to domestic violence homicides or suicides.
- One in five Iowa women will experience physical violence by an intimate partner and one in 10 will experience sexual violence in their lifetimes. Men also experience this, but at much lower rates.
- Children who see violence often suffer the consequences later in life, such as increased substance use, mental health problems, and other chronic health conditions.
- Research has shown that preventing the first act of sexual or domestic violence can stop the cycle of violence that often occurs in families and high-risk populations like women and low-income Iowans.
- Public health methods are effective in preventing violence through community involvement, education, and challenging the beliefs and habits that support violence.

Which Iowa Public Health Goals are we working to achieve?

Prevent injuries

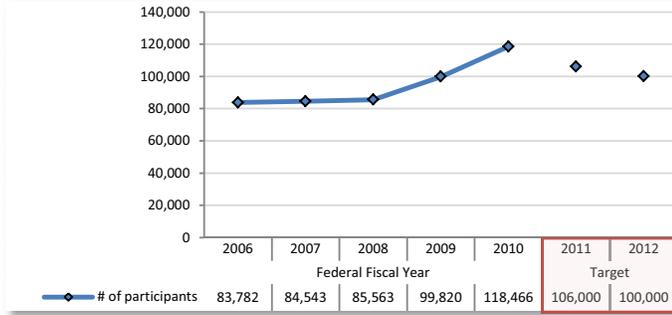
Promote healthy behaviors

What do we do?

- Analyze violence data (including domestic abuse homicides and suicides) and release reports on violence prevention issues.
- Provide training and technical assistance to identify, assess, intervene, report, and document domestic violence and sexual assault for healthcare providers and other community professionals.
- Coordinate public information campaigns to change social beliefs that contribute to violence.
- Provide funding, training, and technical assistance for targeted prevention campaigns aimed at individuals, organizations, and communities.
- Make recommendations to state officials, agencies, and community leaders on how to prevent violence.

How do we measure our progress?

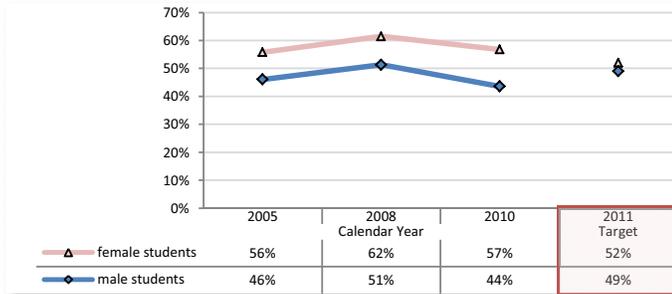
1 Number of students and professionals participating in sexual and domestic violence prevention programs.



Data Source: Iowa Coalition Against Sexual Assault. Data are available annually.

How are we doing? State funding has allowed us to regain momentum after a decrease in 2005 due to a drop in federal funding; however, both sources of funds have decreased the number of communities conducting prevention programming.

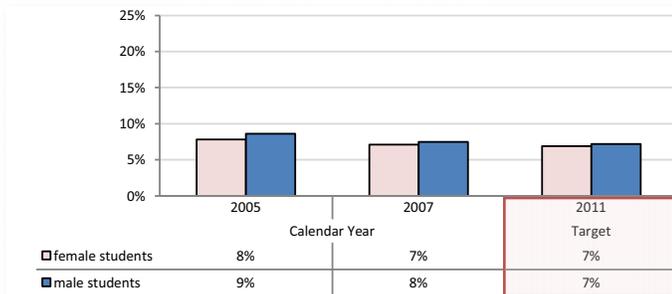
2 Percent of Iowa students (grades 6, 8, & 11) who report experience with being bullied.



Data Source: Iowa Youth Survey. Data are available every two years.

How are we doing? We achieved our 2011 target for male students in 2005 and 2010. Female students are still more likely than male students are to report being bullied.

3 Percent of Iowa 9-12 grade students who report they were hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend.



Data Source: Youth Risk Behavior Survey. Data are available every two years.

How are we doing? Since 2005, there has been a decrease of 1.4% in the number of Iowa high school students reporting physical violence by a dating partner. Iowa's 2009 data was insufficient to allow for accurate estimates; the next available data will be in 2012 for 2011.

What can Iowans do to help?

1. Get involved when you see bullying, harassment, or other types of early violence to help stop the development of behavior that leads to more violence.
2. Contact local victim service programs, hotlines, or law enforcement to report violence in domestic situations. For more information, contact the Iowa Domestic Violence Hotline at 1-800-942-0333 or the Iowa Sexual Abuse Hotline at 1-800-284-7821.
3. Healthcare professionals can routinely screen for violence during patient visits, properly document findings, and refer patients for help when abuse is found. The Violence Prevention program offers training for hospitals and healthcare professionals. For more information, go to www.idph.state.ia.us/bh/violence_against_women.asp.
4. Iowa health and youth-serving professionals can incorporate information into their programs about risk factors for violence and protection against violence. To learn more, go to www.icyd.org or www.cdc.gov/ViolencePrevention/.

Expenditures

General fund, federal funds, & intra state receipts*: K19-1965; 0153-1752/1756/1758.

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
State funds	\$232,477	\$224,063	\$210,619
Federal funds	\$419,123	\$423,635	\$435,890
Other funds*	\$47,813	\$58,198	\$58,553
Total funds	\$699,413	\$705,896	\$705,062
FTEs	0.93	1.19	1.05

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

WIC – Special Supplemental Nutrition Program for Women, Infants and Children

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention
Phone: 515-281-4919
www.idph.state.ia.us/wic/default.aspx



When money is tight, difficult decisions must be made. For some Iowans, that means buying a used car instead of a new one. But for others, the decision may be between paying the rent and buying food. The IDPH WIC program ensures that some of the most vulnerable Iowans — low-income pregnant, breastfeeding, or postpartum women and their children up to age five — never have to go without good nutrition.

WIC services are the gateway to good health. Families looking for help with food through WIC also find access to other services such as prenatal care, well-child care, immunizations, lead screening, and many others that help families stay healthy.

Through WIC, all Iowa children and their mothers have access to a healthy start.

Did you know?

Each month, the Iowa WIC Program serves approximately 71,000 women, infants, and children, which is approximately 88% of those estimated to be eligible for services.

Why is WIC important to promoting and protecting the health of Iowans?

- More than 45% of infants born in Iowa receive WIC.
- One in every three pregnant women in Iowa receives WIC.
- Nearly one in five children in Iowa between ages 1 and 5 participates in WIC.
- WIC strengthens families by influencing lifetime nutrition and health behaviors.
- The WIC program coordinates services with many other programs including prenatal and postpartum care, well child care, immunizations, lead poisoning prevention programs, early intervention services, child care, Head Start, *hawk-i*, breastfeeding support, parenting education programs, food assistance programs, and more.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

Strengthen the public health infrastructure

What do we do?

- Provide access to nutrient-rich foods.
- Offer nutrition education and support in making positive behavior changes in diet and physical activity.
- Provide breastfeeding education and support.
- Make referrals for health care and social services.
- Offer community-based services through 20 local contractors.
- Improve access to Iowa grown fruits and vegetables through the WIC Farmers Market Nutrition Project (in cooperation with the Iowa Department of Agriculture and Land Stewardship).
- Stimulate the Iowa economy by buying over \$46 million dollars of food from more than 650 Iowa grocery stores and pharmacies that accept WIC checks for the prescribed supplemental foods.
- Support Iowa agriculture by providing supplemental foods produced in the state (milk, fruit juice, whole wheat bread, and eggs).
- Provide statistics to local, state, and federal public health programs and organizations to monitor the nutrition and health status of women, infants, and children.

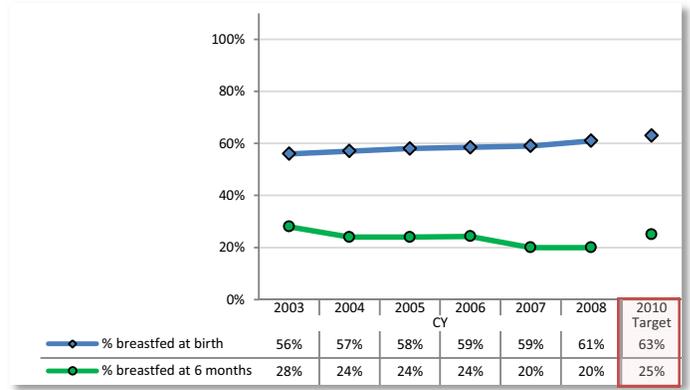
How do we measure our progress?

- ❶ Percent of WIC infants breastfed at birth.
- ❷ Percent of WIC infants breastfed at 6 months.

Data Source: CDC Pediatric Nutrition Surveillance Data. Data are available annually with the release determined by CDC priorities.

How are we doing? Initiation rates continue to increase slowly, just as the rates for all Iowa infants are increasing. Of all Iowa infants born in 2007, 74% of were ever breastfed (Data Source: National Immunization Survey).

Duration rates have increased, but at a much slower pace. Duration rates are particularly a challenge because Iowa has the highest rate of maternal employment for families with children under age 6. The women served by WIC are also more likely to work in places that do not support breastfeeding. Of all Iowa infants born in 2007, 42% were still being breastfed at 6 months of age (Data Source: National Immunization Survey).



What can Iowans do to help?

1. All Iowans can promote and support breastfeeding. Breastfeeding is the best way to feed healthy newborns. To learn more about breastfeeding, go to www.idph.state.ia.us/wic/breastfeeding.aspx.
2. All Iowans can refer potentially eligible families to WIC. For more information about WIC, go to www.idph.state.ia.us/wic/families.aspx.
3. All Iowans can provide information about WIC services in your community. Free outreach materials are available from the state WIC office. Go to www.idph.state.ia.us/wic/Resources.aspx?SubPg=Outreach to access the online website to order materials.

Expenditures

Program caseload levels are dependent upon the number of individuals who can be supported with the funds that are allocated. However, substantial cost savings are achieved through manufacturer rebates on infant formula, enabling WIC to serve more participants. The dollar amounts of the rebates are shown in the table to the right. **Total expenditures** reflect the actual amount of money spent using federal funds *plus* the savings from the rebates.

Federal funds: 0153-0508/0512/0514/0516/0608/0614/0652/0678

	State Fiscal Year 2010 Actual	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Estimate
Federal funds	\$49,330,417	\$47,887,429	\$49,417,360
Manufacturer rebates	\$15,755,724	\$13,985,236	\$14,512,684
Total expenditures	\$65,086,141	\$61,872,665	\$63,930,044
FTEs	13.59	14.03	15.60

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.