



2014 Progress Report

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Introduction

This report documents the progress Iowa is making in implementing *Healthy Iowans: Iowa's Health Improvement Plan 2012-2016*; an assessment of progress is based on survey responses to questions from the partners who contributed to the plan's development.

The statewide plan, first published in May 2011, was the culmination of nearly two years of work by more than 500 members in advisory committees and task forces, state departments, local public health agencies, non-profit associations, universities, and professional associations. This broad-based partnership served to connect health planning efforts that already were underway in the private and public sectors. Partners submitted objectives along with strategies and resources to improve the health of Iowans over five years; they also agreed to take steps to implement the plan and report yearly progress. Public comments constituted the final step in plan development. The Iowa Department of Public Health served as the coordinating agency for the document: www.idph.state.ia.us/adper/healthy_iowans_plan.asp.

Central to the plan are 39 critical needs selected through a process that began in all 99 counties. The critical needs are organized into nine topic areas. The topic areas, in turn, are comprised of two sections. First, measures of progress are featured alongside baseline data and general objectives to be achieved by 2016. The second section provides details submitted by partners that explain what they are doing to achieve the objectives. Also included in this section are names of the organizations responsible for carrying out the strategies.

To maintain the plan's relevance in responding to challenges that have emerged since 2012 publication, each year the Iowa Department of Public Health has asked contributing partners to report progress, identify barriers impeding the progress, and suggest changes in the objectives/strategies in the improvement plan. Yearly revisions to the plan reflect those changes: (www.idph.state.ia.us/adper/healthy_iowans.asp). Because measures of progress are slated to be achieved over a five-year period (2012-2016), a report on these measures will be issued in 2016. When available, data for the measures have been updated to reflect the most current information available.

When asked to assess 2013-2014 progress in achieving the objective/strategy, 71% of respondents said that they were making progress in taking action (54%) or had completed taking the action (17%). About 19% reported that they were making some progress, but it was behind schedule; nearly 11% reported no progress.

Based on answers to the question about how *Healthy Iowans* has been used in their agency, respondents considered coordinating efforts with other groups most valuable (60%) followed by preparing grants or other funding requests (36%), linking to other planning documents (29%), and guiding policy development (20%). Other responses (13%) were so varied they could not be classified.

The following highlights a number of advances that have been made in implementing objectives and strategies in the plan and some of the roadblocks inhibiting progress in 2013-2014.

Significant Advances to Improve Iowans' Health

Access to Quality Health Services and Support

- A study of access to chemotherapy services, the first of its kind, showed that oncologist services are very limited for patients with cancer and are dependent on the absolute numbers of providers as well as their geographic distribution.
- The Iowa Physician Orders for Scope of Treatment (IPOST) legislation has enabled all Iowans who are frail and elderly and who have a chronic medical conditions or terminal illness to make decisions about life-sustaining treatment when the patient is no longer able to make health care decisions.
- An Office of Health Care Transformation has become the locus for health care reform information and technical assistance for providers and the public.

Acute Disease

- There are fewer cases of select vaccine-preventable diseases than in previous years, an indication that health care professionals have increased their efforts to promote and administer vaccines for protecting Iowans.
- The Iowa Healthcare Collaborative has reported that 95% of hospital employees have received influenza vaccination to safeguard patients and the spread of the disease.
- A foodborne illness reporting hotline has quintupled the cases of foodborne illness and has enhanced public health's capacity to track and respond to outbreaks.

Addictive Behaviors

- The number of methamphetamine labs seized in the state declined, a reflection of the reduced availability of the drug.
- Under one of the strongest synthetic drug control measures in the nation, 43 separate compounds plus five broader classes of synthetic cannabinoids are banned in the state. In 2013, three more synthetic drug compounds were added to the list of Schedule 1 Controlled Substances.
- Health care providers are paying increased attention to patients addicted to tobacco. The number of patient referrals to Quitline Iowa, a tobacco cessation telephone counseling service, has doubled since 2011.

Chronic Disease

- Seventy-four percent of HIV-infected individuals received regular, medical HIV care to extend their capacity for living with the disease.

- A stronger link between clinical health systems and public health is being forged to increase the diagnosis and treatment of persons with high blood pressure.

Environmental Health

- Nearly 100% of all children entering school have a blood lead test—a result of a legislative mandate. This advance is especially significant since older houses often have been painted with lead paint, and Iowa’s housing stock is one of the oldest in the country.
- A plan to assure that Iowa meets the federal public health standards for air quality is being implemented.

Healthy Living

- The percentage of children, ages 2-5 years old in the Women, Infants and Children (WIC) Program who were overweight/obese has dropped from 22.2% in 2010 to 19.3% in 2013.
- Data from the Healthiest State Initiative showed that Iowa is in the top 10 states on the Gallup Wellbeing Index for the second year in a row, the number of Iowans not smoking has improved by 2.5%, and the consumption of fruit and vegetables improved by 1.6%.
- The preterm birth rate in the African American population has decreased from 16.6% in 2010 to 15.6% in 2012, a sign that efforts to improve birth outcomes are being successful.
- Data on older Iowans who received congregate or home-delivered meals and who were at high-nutrition risk improved their nutrition risk score.
- The number of counties with school-based dental sealant contracts and programs has increased from 40 to 73.
- The rate of gonorrhea has dropped from over 60 per 100,000 in 2012 to 48 per 100,000 in 2013.
- The pregnancy rate among adolescents ages 15-17 has dropped from 15.5 per 1,000 births in 2011 to 14.4 per 1,000 births in 2013.

Injury and Violence

- Collaboration among a number of partners resulted in an enhanced graduated driver’s license law for young drivers to gain driving experience before obtaining full driving privileges.
- Preliminary data on work-related fatalities in 2013 showed that there were 59 cases, the lowest number since 2001 when there were 60 cases.
- According to the Department of Transportation data, crash fatalities have dropped to a record low of 318.

Mental Health and Mental Disorders

- The Iowa Legislature appropriated \$1.3 million to address mental health issues among children from birth to age 5 so that development delays can be caught in time for these children to grow into healthy young adults.
- The redesign of the state's mental health service system is underway with counties organized into 14 Mental Health and Disability Service regions and one county exempted from forming a multi-county region.

Preparedness and Response

- All 99 counties have formed coalitions for a comprehensive, sustained response to public health emergencies.
- Preparation to handle emergencies has included training volunteers, increasing communication with special populations, development of a mortuary operations response team for sustaining mass fatality operations, and an exercise to rapidly communicate emergency notification.

Major Roadblocks to Improving Public Health

Access to Quality Health Services and Support

- For cancer patients residing in rural areas, visiting an oncologist may require considerable travel.
- A centralized access point for a statewide, coordinated long-term care information and service system is behind schedule.

Acute Disease

- Although hospitals are developing policies to reduce antibiotic use, long-term care has shown a limited willingness to engage in antibiotic stewardship plans.
- Lack of funding to develop and maintain competency in detecting novel mechanisms of antibiotic resistance in bacteria has resulted in no progress.

Addictive Behaviors

- Federal funding is nearly exhausted for supporting a collaborative response to children endangered by parental/caregiver drug abuse, distribution, manufacture, or cultivation.
- Iowa's Smokefree Air Act of 2008 does not cover casinos; employees are exposed to second-hand smoke causing cancer.

Chronic Disease

- Mapping has not taken place for analyzing the relationship between late diagnosis of HIV and specific social determinants of health such as income, education, and proximity to testing or other health care facilities.

Environmental Health

- Except for lead, funding is not available to support a database for assessing potential environmental exposure to metals such as arsenic; support for the lead program also has diminished.

Healthy Living

- The requirement that children have vision tests before entering kindergarten and again before entering third grade has not been implemented because the rules have not been published.
- The school breakfast program has fallen short of its goal of increasing student participation by 20%.

Injury and Violence

- Bullying continues to be a major problem in the public schools. The most recent survey of students in grades 6, 8, and 11 showed that 57% of them were bullied.
- There has been no improvement in the percentage of Iowans 16 years or older who have elevated blood lead levels—a risk for acute and chronic disease.
- Although farming is considered a hazardous occupation, a comprehensive surveillance system to track farm injuries, illnesses, and fatalities has not been developed.

Acknowledgments

Approximately 100 staff members from private and public sector groups worked on the plan and submitted progress reports. Their efforts are greatly appreciated. The following is a list of contributing organizations and advisory groups:

- [1st Five Healthy Mental Development Initiative](#)
- [Advisory Council on Brain Injuries](#)
- [Alzheimer's Association](#)
- [American Lung Association in Iowa Asthma Coalition](#)
- [American Lung Association in Iowa COPD Coalition](#)
- [Arthritis Foundation](#)
- [Center for Disabilities and Development, U of Iowa Hospitals and Clinics](#)
- [Center for Rural Health and Primary Care Advisory Committee](#)
- [Child Health Specialty Clinics](#)
- [Congenital and Inherited Disorders Advisory Committee](#)
- [Delta Dental of Iowa Foundation](#)
- [Direct Care Worker Advisory Council](#)
- [Early Childhood Iowa](#)
- [Early Hearing Detection Advisory Committee](#)
- [Easter Seals of Iowa](#)
- [Family Planning Council of Iowa](#)
- [Farm Safety For Just Kids](#)
- [Healthiest State Initiative](#)
- [Healthy Homes and Lead Poisoning Prevention Advisory Committee](#)
- [Iowa Immunization Coalition](#)
- [Iowa Academy of Ophthalmology](#)
- [Iowa Antibiotic Task Force](#)
- [Iowa Army National Guard](#)
- [Iowa Breastfeeding Coalition](#)
- [Iowa Cancer Consortium](#)
- [Iowa Cardiovascular and Stroke Task Force](#)
- [Iowa Department of Agriculture and Land Stewardship](#)
- [Iowa Department of Corrections](#)
- [Iowa Department of Education](#)
- [Iowa Department of Human Services](#)
- [Iowa Department of Natural Resources](#)
- [Iowa Department of Public Health](#)
- [Iowa Department of Public Safety](#)
- [Iowa Department of Transportation](#)
- [Iowa Department on Aging](#)
- [Iowa Economic Development Authority](#)
- [Iowa e-Health Executive Committee and Advisory Council](#)
- [Iowa Emergency Medical Services Advisory Council](#)
- [Iowa Falls Prevention Workgroup](#)
- [Iowa Healthcare Collaborative](#)
- [Iowa KidSight](#)
- [Iowa Medicaid Enterprise](#)
- [Iowa Office of the State Medical Examiner, Iowa Department of Public Health](#)
- [Iowa Optometric Association](#)
- [Iowa Physician Orders on Scope of Treatment \(IPOST\) Coalitions in Linn and Jones Counties](#)
- [Iowa's Center for Agricultural Safety and Health](#)
- [Iowa Statewide Poison Control Center](#)
- [Iowa Tobacco Prevention Alliance](#)

- Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group
- [Iowans Fit for Life](#)
- [March of Dimes](#)
- Maternal and Child Health Advisory Committee
- [Medical Home/Prevention and Chronic Care Management Advisory Council](#)
- [National Association of Addiction Treatment Providers](#)
- [Office of Drug Control Policy](#)
- [Office of Minority and Multicultural Health Advisory Council](#)

- [Prevent Blindness Iowa](#)
- [Prevention of Disabilities Policy Council](#)
- [Project Launch](#)
- [Reach Out and Read Iowa](#)
- [State Hygienic Laboratory at U of Iowa](#)
- [Tobacco Use Prevention and Control Commission](#)
- [University of Iowa College of Public Health](#)
- [University of Iowa Department of Emergency Medicine](#)

Access to Quality Health Services and Support

What Critical Needs Are Included

Affordability/Insurance
Availability and Quality of the Health Care Workforce
Health Care Quality
Transportation



Measures of Progress

- 1-1 An increase in the proportion of people with health insurance.**
Target: 100%.
Baseline: 88.4% (2009-2010).
Most recent data: 89.9% (2011-2012).
Data Source: [U.S. Census Bureau. Number and Percentage of People without Health Insurance Coverage by State.](#)
- 1-2 An increase in the number of direct care professionals¹ in the state.**
Target: 83,000.
Baseline: 73,214 (2012).
Most recent data: 78,009 (2014).
Data Source: [Direct Care Worker Advisory Council's Final Report](#), p. 8.
- 1-3 An increase in the proportion of people who have one person as a health provider.**
Target: 82.5%.
Baseline: 75% (2011).
Most recent data: 76% (2012).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p.16.

¹ A direct care professional is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. This definition excludes nurses, case managers, and social workers. Direct care professionals provide hands-on care and support to individuals of all ages in settings ranging from services in-home and community-based settings to acute care in hospitals.

1-4 An increase in the proportion of children whose parents report adequate² health insurance.

Target: 86%.

Baseline: 78% (2007).

Most Recent Data: 80% (2011-2012).

Data Source: [Indicator 3.4, National Survey of Children's Health](#).

1-5 An increase in the number of county emergency medical services (EMS) systems that voluntarily implement the Iowa EMS System Standards that include training, education, and quality improvement.

Target: 50% will meet one-half of the standards.

Baseline: 4% (2010).

Data Source: [EMS System Standards Final Project Report April 2010](#).

1-6 A continuation of the same level of non-medical transportation services to medical appointments for the anticipated increase in Medicaid members.

Target: 1.14%.

Baseline: 1.14% (FY 2011).

Most Recent Data: 1.2% (FY 2013)

Data Source: Iowa Medicaid Program Data.

² Adequacy criteria include: the child's health needs are met; the child is allowed to see needed providers; and out-of-pocket expenses are reasonable.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Affordability / Insurance

Lead Organizations

- 1-1.1 Provide local boards of health and local public health agencies in Iowa with information and tools necessary to prepare for changes in the health care delivery system and to implement the changes in response to the Affordable Care Act³ and the new health care environment.

Iowa Department of Public Health

Progress: This is an ongoing objective. Information/tools provided to local agencies include weekly updates on the Affordable Care Act-related topics in Iowa, a monthly factsheet pulling out the key information and links, the Check Up newsletter which describes the progress of health reform in Iowa, and answering questions from local agencies.

Availability and Quality of the Health Care Workforce

Lead Organizations

- 1-1.2 Provide state-recognized credentials to at least 60,000 professionals.

Direct Care Worker Advisory Council

Some progress but behind schedule: The legislatively-directed Direct Care Worker Advisory Council recommended in their 2012 report that the Iowa Legislature establish a Board of Direct Care Professionals within the Iowa Department of Public Health (IDPH), which would oversee and regulate the direct care profession. The legislation was introduced in 2012 and 2013 but was not approved. Although the board that would credential workers has not been established, the legislature has continued to direct the work of the council. The current requirement is that the council and IDPH make the Prepare to Care curriculum and associated certificates available statewide on a voluntary basis. Progress is being made by offering instructor trainings and therefore increasing capacity statewide to offer the trainings. IDPH is offering part of the training at no cost online. Community colleges are beginning to train instructors to offer it, and workforce development centers are identifying funding to support unemployed or underemployed individuals in a pathway in direct care. To date, approximately 500 direct care professionals have been trained in the Prepare to Care pathways.

³ The [Affordable Care Act](#) requires states to have a health benefit exchange (HBE) certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans.

1-1.3 Increase training for students in direct care programs to work with persons with disabilities.

Prevention of Disabilities Policy Council

Progress: The Center for Disabilities and Development (CDD) has continued to train students going into the health professions regarding communicating effectively with people with disabilities using two formats—a large group interactive panel where people with disabilities discuss communication issues and needs and small group simulations that provide groups of six to eight students with direct hands-on experiences in working with people with disabilities and their families. This training continues to expand to additional pre-service health provider training programs in Iowa. CDD now provides at least one of the two trainings to physician and physician assistant training programs at the University of Iowa (UI) and Des Moines University; nurse practitioner and nursing programs at the UI; and the radiology tech training program at the UI. Dental students at the UI College of Dentistry will be added to the group this spring. In addition, CDD has collaborated with the UI College of Public Health to produce and pilot an online training module entitled "Assuring Access to Health Care for Persons with Disabilities." This module is intended to help spread communications training to additional pre-service health provider training programs and current practitioners in the state. The module will be strategically disseminated over the next year.

1-1.4 By 2013, analyze the supply and distribution of oncologists.

U of Iowa College of Public Health

Completed: The study, "Access to Chemotherapy Services by Availability of Local and Visiting Oncologists," published in the *Journal of Oncology Practice*, Vol. 10, Issue 1, showed that oncologist practices are based in only 14 cities: "Half of the Iowa population resides in cities that have local access to oncologists. However, for the other half of the state population who reside in rural areas, visiting one of these oncologists often involves considerable travel. Moreover, 69% of Iowa oncologists are located in just three cities..." <http://jop.ascopubs.org/content/10/1/26.abstract?sid=3b112d61-debd-4f2e-878c-b8d8941bfe37> (This objective will be deleted from the revised *Healthy Iowans*.)

Health Care Quality

Lead Organizations

1-1.5 Develop a statewide, coordinated long-term care information and service system.

Iowa Department on Aging

Some progress but behind schedule: The department is collaborating with the Department of Transportation and the Department of Human Services to develop a centralized access point for long-term supports and services statewide. A memorandum of agreement for this effort has been completed.

1-1.6 Increase the number of safety net and rural providers connected to the Iowa Health Information Network⁴ from 0 to 50⁵ so that service providers can communicate with each other in exchanging health records electronically.*

Iowa e-Health Executive Committee and
Advisory Council

Completed: At this time, 198 safety net providers in Iowa are using the Iowa Health Information Network's direct secure messaging to exchange patient information electronically. This number is reduced from last year's report due to the fact there is better data this year to determine a more accurate count of users by provider type.

1-1.7 Adopt a protocol in all 99 counties providing patient autonomy for making a final treatment choice.*

Iowa Physician Orders for Scope of
Treatment pilot project coalitions in Linn
and Jones counties

Completed: On July 1, 2012, the Iowa Physician Orders for Scope of Treatment (IPOST) was signed into law enabling the use of the IPOST form for all Iowa citizens who are frail and elderly or who have a chronic, critical medical condition or a terminal illness and for which a physician orders for scope of treatment is consistent with the individual's goals of care. The form, signed by the patient and attending physician or nurse practitioner, records the patient's preferences for life-sustaining treatment when the patient is unable to make health care decisions.

1-1.8 Produce policy recommendations and strategies to reform the health care payment system. Rather than be reimbursed by the volume of services they provide, providers will be reimbursed for providing care coordination and delivering quality services that are proven to keep people healthy, reduce errors, and help avoid unnecessary care.

Medical Home/Prevention and Chronic
Care Management Advisory Council

Progress: The Patient-Centered Health Advisory Council has met on a quarterly basis to discuss the need to reform the health care payment system but has not made any specific recommendations.

1-1.9 By 2013, evaluate approaches used to implement the TeamSTEPPS⁶ quality improvement program in Iowa community hospitals.*

U of Iowa College of Public Health

Progress: The college has recruited 17 Iowa Critical Access Hospitals into a prospective study and is conducting site visits quarterly to monitor their progress in implementing the TeamSTEPPS quality improvement program.

⁴ The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

⁵ The initial focus will be on large health systems and primary care providers along with federally qualified health centers.

⁶ Team STEPPS is a teamwork system jointly developed by the Department of Defense and the Agency for Healthcare Research and Quality to improve patient safety, communication, and teamwork skills among health care professionals.

1-1.10 Establish a statewide, patient-centered medical home⁷ system.

Medical Home/Prevention and Chronic Care Management Advisory Council

Progress: Currently, there are 52 clinics and 327 practitioners in Iowa that are National Committee for Quality Assurance-recognized medical homes in Iowa.

1-1.11 Inform, educate, and empower local boards of health and the local public health agencies to prepare for changes in the health care delivery system.

Iowa Department of Public Health

Progress: The Office of Health Care Transformation staff continually provides local agencies with weekly updates on health reform initiatives as well as a consolidated monthly factsheet highlighting critical information. Staff also provides technical assistance and responds to questions on a regular basis.

1-1.12 Assist counties in reducing the burden on the administrative volunteer EMS community and providing a quality, efficient, and effective EMS that is responsive to the organizational needs noted in their EMS System Standard Self-Assessment.

Emergency Medical Services Advisory Council

Progress: The number of county EMS associations that have completed the EMS System Standards has increased from 72 to 82.

Transportation

Lead Organizations

1-1.13 Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

Iowa Department of Transportation

Progress: From April 2012-December 2013, the Iowa DOT Office of Public Transit provided State Transit Assistance Special Project funding to 17 of Iowa's 35 public transit systems to provide transportation to IowaCare clients to medical appointments under a program called TransitCares. 5,257 rides were provided in that time. While IowaCare has ended and so, therefore, has TransitCares, the Iowa DOT Office of Public Transit continues to have this funding source available for any start-up project a public transit agency may want to try with health and human service agency input and support to provide access to health care services or other quality of life pursuits.

⁷ A medical home is comprised of a primary care team of health professionals working to coordinate and provide enhanced patient-centered care.

1-1.14 Promote the non-emergency medical transportation services that are available for Medicaid members through training, presentations, and other channels.

Iowa Medicaid Enterprise

Progress: Results of the promotion efforts are demonstrated by the fact that non-emergency medical transportation services for Medicaid members continue to remain at a higher level than the 2011 baseline level.

Other Plans Relating to Access to Quality Health Services and Support:

[Iowa e-Health Strategic and Operational Plan](#)

[Iowa Cancer Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa State Plan on Aging 2014-2015](#)

*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

Acute Disease

What Critical Needs Are Included

Immunization and Infectious Disease
Outbreak Management and Surge Capacity

Measures of Progress

2-1 An increase in the annual influenza coverage levels for all Iowa hospital employees.

Target: 95%.

Baseline: 92% (2010-2011).

Most Recent Data: 95% (2012-2013).

Data Source: Iowa Health Care Collaborative.

**2-2 An increase in the immunization coverage for all universally recommended vaccines for the following populations:
Children 19-35 months of age.**

Target: 90%.

Baseline: 77% coverage of 4:3:1:3:3:1:4⁸ series (2009).

Most Recent Data: 75% (2012).

Data Source: [CDC National Immunization Survey](#).



⁸ For children aged 19-35 months and referring to the recommended doses of: diphtheria/tetanus/pertussis-containing vaccine (4), polio (3); measles/mumps/rubella-containing vaccine (1); plus ≥ 2 or ≥ 3 doses of Haemophilus influenza type b (Hib) vaccine depending on brand type (primary series only)(3), 3+ doses of hepatitis B vaccine (3), 1+ doses of varicella vaccine (1), and 4+ doses of pneumococcal conjugate vaccine (4).

Adolescents.

Target: 90%.

Baseline: 71% coverage for 1 dose of Td or Tdap; 61.2% coverage for Tdap; 46.4% coverage for MCV; 42% coverage for HPV (2009)⁹.
Most Recent Data: 80% coverage for 1 dose of Td or Tdap; 78% coverage for Tdap; 64% coverage for MCV; 57.5% coverage for HPV (2012).

Data Source: [CDC National Immunization Survey](#).

All adults.

Target: 90%.

Baseline: 46.9% received an influenza immunization in the last 12 months; 30.6% had ever received a pneumonia vaccination (2011).
Most Recent Data: 45.5% received an influenza immunization in the last 12 months; 31% had ever received a pneumonia vaccination (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 65.

Adults age 65 and over.

Target: 90%.

Baseline: 70.2% received an influenza immunization in the last 12 months; 70.9% had ever received a pneumonia vaccination (2011).
Most Recent Data: 70.1% received an influenza immunization in the last 12 months; 70.8% had ever received a pneumonia vaccination (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 65.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Immunization and Infectious Disease	Lead Organizations
<p>2-1.1 Work with health care providers to reduce by 50% indigenous¹⁰ cases of vaccine-preventable diseases.</p> <p>Progress: The Iowa Department of Public Health, Center for Acute Disease Epidemiology, <i>Diseases by Year Report</i> indicates that there are fewer cases of select vaccine preventable diseases from the previous years.</p>	<p>Iowa Department of Public Health; Iowa Immunization Coalition</p>

⁹ Td = tetanus/diphtheria vaccine; Tdap = tetanus/ diphtheria/pertussis-containing vaccine; MCV = meningococcal conjugate vaccine; HPV = human papillomavirus vaccine.

¹⁰ Indigenous diseases are diseases that occur in the United States and are not brought in from other countries.

2-1.2 Increase the use of the Iowa Health Information Network¹¹ to report disease and immunization records.

Iowa e-Health Executive Committee and
Advisory Council

Progress: There are 226 organizations (hospitals, clinics, and pharmacies) that are submitting data electronically to IRIS. We are planning to pilot connectivity to IRIS via the IHIN with at least one organization beginning in early 2014. Additionally, 22 facilities representing 78 hospital/lab sites have registered to submit electronic data to IDSS. Several of the 22 facilities are working in the smartLab setting up their mapping interface and testing messages, but no one is submitting anything over one of the automated IHIN connections (VPN, Web Services, or Direct™ Secure Messaging) yet.

2-1.3 Continue to annually measure the influenza vaccination coverage of hospital employees.

Iowa Healthcare Collaborative

Progress: Data obtained by Iowa Healthcare Collaborative showed that 95% of health care workers received influenza vaccine during the 2012-13 influenza season.

2-1.4 Align efforts to promote antibiotic stewardship in the hospital setting as well as in long-term care facilities.

Iowa Antibiotic Resistance Task Force Iowa
Department of Public Health

Some progress, but behind schedule: IDPH is working with stakeholders on antibiotic stewardship. More hospitals are developing policies to reduce antibiotic use. Long-term care is showing limited willingness to engage in antibiotic stewardship plans.

2-1.5 Develop the capacity to detect and confirm novel anti-microbial resistance¹² mechanisms to prevent transmission of difficult-to-treat pathogens.

State Hygienic Laboratory at U of Iowa

No progress: Lack of funding to develop and maintain competency in the area of detecting novel mechanisms of antibiotic resistance in bacteria has resulted in no progress.

¹¹ The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

¹² Anti-microbial resistance results from the misuse of antibiotics and occurs when microbes develop ways to survive the use of medicines meant to kill or weaken them.

Outbreak Management and Surge Capacity

Lead Organizations

2-1.6 Improve the food-borne outbreak reporting system.

Iowa Department of Public Health

Progress: The foodborne illness reporting hotline implemented in 2011 through efforts of IDPH and the Department of Inspections & Appeals has resulted in a nearly 5 fold increase in the number of outbreaks reported from 2011 to 2013.

2-1.7 By 2015, provide training on food-borne outbreak responses that reach all city and county health departments.

Iowa Department of Public Health

Progress: In 2013, IDPH provided >10 infectious disease investigation/epidemiology training opportunities for all city and county health departments.

2-1.8 By 2014, increase the use of an after-action review process to evaluate 100% of foodborne outbreak investigations.

Iowa Department of Public Health

Completed: In 2013, IDPH evaluated one large-scale and three small-scale outbreaks with an after action report (AAR). By the end of 2013, IDPH was evaluating all small-scale outbreaks with a brief, online AAR and all large-scale outbreaks with an in-person AAR.

Other Plans Relating to Acute Disease

[Iowa e-Health Strategic and Operational Plan](#)

[Iowa Cancer Plan](#)

[Iowa Strategic Immunization Plan 2012](#)

Addictive Behaviors

What Critical Needs Are Included

Alcohol and Binge Drinking
Drugs
Tobacco

Measures of Progress

- 3-1 A reduction in current youth alcohol use (grades 6, 8, and 11)**
Target: 16%.
Baseline: 17% (2010).
Most Recent Data: 13% (2012).
Data Source: [Iowa Youth Survey](#), p. 96.

- 3-2 A reduction in adult binge drinking.**
Target: 21%.
Baseline: 23% (2011).
Most Recent Data: 22% (2012).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 42.

- 3-3 A reduction in over-the-counter drug abuse among 11th grade students.**
Target: 4%
Baseline: 5% (2010)
Most Recent Data: 3% (2012).
Data Source: [Iowa Youth Survey](#), p. 97.

- 3-4 A reduction in prescription drug abuse among 11th grade students.**
Target: 6%.
Baseline: 7% (2010).
Most Recent Data: 6% (2012).
Data Source: [Iowa Youth Survey](#), p. 97.



3-5 A reduction in current marijuana use among 11th grade students.

Target: 12%.

Baseline: 13% (2010).

Most Recent Data: 11% (2012).

Data Source: [Iowa Youth Survey](#), p. 97.

3-6 A reduction in current cigarette smoking among 11th grade students.

Target: 15.5%.

Baseline: 17% (2010).

Most Recent Data: 12% (2012).

Data Source: [Iowa Youth Survey](#), p. 96.

3-7 A reduction in current smoking among adults.

Target: 17%.

Baseline: 20% (2011).

Most Recent Data: 18% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 38.

3-8 An increase in the proportion of homes that have rules against smoking.

Target: 87%.

Baseline: 83% (2011).

Most Recent Data: 82% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 40.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Alcohol and Binge Drinking

Lead Organizations

3-1.1 Fund 23 counties with the highest need for improvement, based on indicators for underage drinking, adult binge drinking, and a combined legal consequences rate.

Iowa Department of Public Health

Progress: We are currently in Year 5 of five years of funding to 23 counties in addressing underage drinking and adult binge drinking.

3-1.2 By 2013, select a task force to create a five-year strategic plan for substance abuse prevention that includes substance abuse prevention in rural areas.*

Iowa Department of Public Health

Completed: A task force has been selected and is developing a five-year strategic plan.

3-1.3 Create a community-based services network and support for all aspects of addictions continuum with clear linkages to services for other complex issues.

Iowa Department of Public Health

Progress: Division leadership is providing oversight and guidance on this objective. Further progress will be made within the next year.

3-1.4 Evaluate Mental Health Parity and Addiction Act implementation by compiling potential parity violations.

National Association of Addiction Treatment Providers

Progress: The final rule on parity has been issued by the Department of Health and Human Services in Washington, D.C.

Drugs **Lead Organizations**

3-1.5 Each year, disrupt and dismantle 80 drug trafficking organizations.

Iowa Department of Public Safety

Completed: Based on the Division of Narcotics Enforcement, the number of drug trafficking organizations (DTO) disrupted or dismantled has been at least 80 DTOs.

3-1.6 Increase from 48 to a minimum of 70 counties having a collaborative response to children endangered by parental/caregiver drug abuse, distribution, manufacture, or cultivation.*

Office of Drug Control Policy

Some progress but behind schedule: Federal funding to support these teams is nearly exhausted, and we have found that formal teams are sometimes difficult to define and/or count. Instead of creating new groups, our focus has turned instead to instilling a collaborative mindset and institutionalized response to protect drug endangered children.

3-1.7 Initiate and support statewide efforts to reduce methamphetamine manufacturing.

Office of Drug Control Policy

Progress: The Iowa Department of Public Safety collected reports of 290 methamphetamine labs seized in 2013, down from 382 in 2012, and about 80% below Iowa's meth lab high water mark of 1,500 in 2004.

3-1.8 Strengthen controls on synthetic drugs to reduce accessibility and use by youth.

Progress: In 2012, the Iowa Legislature passed and Governor Branstad signed into law one of the strongest synthetic drug control measures in the nation, banning 43 separate synthetic cannabinoid and cathinone compounds plus five broader classes of synthetic cannabinoids. Subsequent legislation and emergency rules have expanded Iowa's controls. Since 2010, a total of 64 different "compounds" and five "classes" of harmful synthetic drugs have been outlawed.

Tobacco

Lead Organizations

3-1.9 Increase the number of patient referrals sent to Quitline Iowa by health care providers from 4,331 in 2011 to 10,000.*

Iowa Department of Public Health

Progress: In FY 2013, the number of patient referrals from health care providers to Quitline was 8,355. This figure indicates that providers are advising patients to stop using tobacco.

3-1.10 Increase from 39 to 100 the number of multi-unit housing complexes that have at least one building with a voluntary 100% smoke-free policy.*

Iowa Department of Public Health

Completed: The number of complexes with at least one building with a voluntary 100% smoke-free policy increased to 203, doubling the expected number in the objective.

3-1.11 By 2013, develop a comprehensive strategy for youth tobacco prevention in Iowa.

Tobacco Use Prevention and Control Commission

Progress: Work on a comprehensive youth tobacco strategy is under way.

3-1.12 By 2013, support expansion of Iowa's Smokefree Air Act of 2008 to include casinos.

Iowa Tobacco Prevention Alliance

No progress reported.

Other Plans Relating to Addictive Behaviors:

[Iowa Cancer Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa Strategic Plan: Strategic Prevention Framework State Incentive Grant](#)

[Iowa Drug Control Policy Strategy 2014](#)

*The strategy or objective will be updated in the revised *Healthy Iowans* to reflect current effort.

Chronic Disease

What Critical Needs Are Included

Arthritis, Osteoporosis, and Chronic Back Conditions
Cancer
Chronic Infectious Diseases: HIV and Viral Hepatitis
Diabetes
Heart Disease and Stroke
Neurological Disorders
Respiratory Conditions



Measures of Progress

- 4-1 A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.**
Target: 39%.
Baseline: 44% (2011).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 66.
- 4-2 A decrease in the age-adjusted rate¹³ of all cancer deaths.**
Target: 160.4/100,000 (2017).
Baseline: 177/100,000 (2007).
Most Recent Data: 172/100,000 (2010).
Data Source: [CDC Wonder, Compressed Mortality file](#).
- 4-3 A decrease in the age-adjusted incidence of all cancers.**
Target: 465.6/100,000.
Baseline: 489.1/100,000 (2007).
Most Recent Data: 480/100,000 (2010).
Data Source: [Iowa Cancer Registry, Invasive Cancer Incidence Rates](#), Accessed April 10, 2014.

¹³ An age-adjusted rate is a way of making fairer comparisons between groups with different age distributions.

4-4 An increase in cancer screenings for breast, colorectal, and cervical cancer in the following populations:

Women aged 50 and older having a mammogram in the past two years.

Target: 88%.

Baseline: 77.3% (2010).

Most Recent Data: 78% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 47.

Colorectal cancer screenings for men and women aged 50 and older.

Target: 70%.

Baseline: 64.1% (2010).

Most Recent Data: 67% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 79.

Women aged 21 and older having a Pap test within the past three years.

Target: 92%.

Baseline: 83.9% (2010).

Most Recent Data: 78% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 79.

4-5 A decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis.

Target: 35%.

Baseline: 44% (2009).

Most Recent Data: 35% (2011).

Data Source: [IDPH HIV/AIDS Slide Sets](#), 2012 End-of-Year Slide Set, slide 5.

4-6 An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.

Target: 85%.

Baseline: 76% (2010).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p.35.

4-7 An increase in the proportion of persons with high blood pressure who are taking their medication.

Target: 75%.

Baseline: 66% (2009).

Data Source: [CDC Division for Heart Disease and Stroke Prevention: Data Trends & Maps, Iowa](#).

4-8 A decrease in coronary heart disease deaths.

Target: 111/100,000 (age-adjusted rate).

Baseline: 126/100,000 (2010 age-adjusted rate).

Most Recent Data: 119/100,000 (2012 age-adjusted rate).

Data Source: [Heart Disease & Stroke Prevention program profile](#), p. 2.

4-9 A decrease in deaths attributed to stroke.

Target: 35/100,000 population (age-adjusted rate).

Baseline: 38/100,000 population (2010 age-adjusted rate).

Most Recent Data: 34/100,000 population (2012 age-adjusted rate).

Data Source: [Heart Disease & Stroke Prevention program profile](#), p. 2.

4-10 Revised Measure: An increase in the number of Medicare beneficiaries who use their annual wellness visit, which includes an assessment of cognitive function. Rationale for revised measure: Lack of data source for the original measure.

Original Measure (Developmental): An increase in the number of persons with Alzheimer's disease and other dementias who receive a comprehensive diagnosis.

Revised Target: 37,950.

Revised Baseline: 24,272 (2011).

Most Recent Data: 35,285 (January-November 2013).

Data Source: [Centers for Medicare and Medicaid Services Preventive Services Utilization by State](#).

4-11 A reduction in the rate of emergency department visits for children with asthma, ages 0 to 15.

Revised Target: 56/10,000.

Revised Baseline: 62/10,000 (average annual rate, 2003-2008).

Most Recent Data: 62/10,000 (average annual rate, 2006-2011).

Data Source: Iowa Department of Public Health, Public Health Tracking program.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Arthritis, Osteoporosis, and Chronic Back Conditions

Lead Organizations

- 4-1.1 Increase the number of evidence-based arthritis interventions offered through the Programs through Better Living from 26 program locations to 45.*

Arthritis Foundation

No progress: The national Arthritis Foundation office is shifting focus away from Programs for Better Living to free up resources for more juvenile arthritis programming, research funding, and general educational opportunities.

- 4-1.2 Collaborate with other groups to address the importance of physical activity, self-management, and proper nutrition to reduce limitations in activity related to arthritis and other chronic diseases.

Arthritis Foundation

Some progress but behind schedule: Although the national Arthritis Foundation is shifting its focus, the objective can fit within the new approach.

Cancer

Lead Organizations

- 4-1.3 Decrease cancer incidence by building and sustaining coalitions with key stakeholders to enhance cancer prevention activities including educating policy makers and key stakeholders on the chronic disease burden and evidence-based interventions for effective primary-prevention health policies.*

Iowa Cancer Consortium

Progress: The Iowa Cancer Consortium has continued to bring together Iowa's cancer control partners through conferences and state-wide initiatives. Their membership reached 258 total members representing health care professionals, cancer survivors, researchers, legislators, public health representatives, caregivers, and volunteers in Iowa. A summary of their annual report is located at: www.canceriowa.org/2013AnnualReport.aspx.

4-1.4 Increase the number of Iowans following recommended cancer screening guidelines through partnerships with insurance companies, health care organizations, and workplaces.*

Iowa Cancer Consortium

No Progress: Planning is currently underway to place a cancer screening toolkit online to create an interactive training for health care providers to help increase cancer screening rates in Iowa clinics.

4-1.5 Increase health care provider awareness and knowledge of quality-of-life issues for cancer survivors by collaborating with professional organizations, health professional training programs, and health care providers on improved training and education.*

Iowa Cancer Consortium

Progress: Through the leadership of the Iowa Cancer Consortium, three survivorship activities were planned and funded. A Quality of Life webinar will be held to develop and test web-based quality of life interventions for ovarian cancer survivors. A workshop focusing on palliative care and enhancing clinical communication skills is planned with the American Cancer Society, Holden Comprehensive Cancer Center, and Mercy Medical Center – Des Moines. Planning for a survivorship-focused blood cancer symposium is underway in collaboration with Linn County Public Health and Mercy Hall Perrine Cancer Center.

4-1.6 Collaborate with the Iowa Cancer Consortium and other groups to address health disparities in African-American, Native American, and Latino populations.

Office of Minority and Multicultural Health
Advisory Council

Progress: Activities to address disparities included but were not limited to serving on the Iowa Cancer Consortium health disparities subcommittee; providing resources and support for the Native American cancer support leadership group; and offering a variety of workshops and technical assistance for African Americans, Latinos, and Native Americans. Increased awareness was measured by pre/post testing, scale rating, and verbal confirmation.

Chronic Infectious Diseases: HIV and Viral Hepatitis

Lead Organizations

4-1.7 By 2013, use GIS¹⁴ mapping to analyze the correlations between late diagnoses¹⁵ of HIV and specific social determinants of health, such as income, education, and proximity to testing or other health care facilities.*

Iowa Department of Public Health

Some progress but behind schedule: A data file from CDC has been received, but was unusable. Work continues to obtain a new file and to complete the project.

¹⁴ A geographic information system allows data to be displayed visually in a way that reveals patterns, trends, and relationships to other data.

¹⁵ Late diagnoses refer to persons diagnosed with AIDS within a year of their HIV diagnoses.

4-1.8 Increase from 66% to 75% HIV-infected individuals who receive regular HIV medical care.*

Iowa Department of Public Health

Progress: Seventy-four percent of HIV-infected individuals living in Iowa in 2013 received regular HIV medical care. The upward trend in the proportion in care is probably most indicative of changes in surveillance practices, such as the increase in the proportion of laboratory values that are collected electronically. In addition, there was a summer 2013 surveillance project to locate persons who seemed to be out of care in Iowa which illustrated that a significant portion of persons who appeared to be out of care were not residents of Iowa anymore.

4-1.9 Increase from 600 to 800 high-risk individuals who are aware of his or her hepatitis C virus status.

Iowa Department of Public Health

Progress: In 2013, contracted counseling, testing, and referral (CTR) providers tested 451 high-risk individuals for presence of the hepatitis C virus.

Diabetes

Lead Organizations

4-1.10 By 2013, distribute Diabetic Communication reports to optometrists, primary care providers, and diabetes educators to enhance communication between primary care physicians and eye-care providers.*

Iowa Optometric Association

Progress: The Iowa Optometric Association continues to distribute Diabetic Communication reports at no cost to optometry offices, diabetic educators and other provider offices to promote the communication between providers, resulting in improved patient care. An electronic version has also been made available to optometry offices.

4-1.11 Improve health outcomes for diabetic Medicaid members in Care Management programs by increasing A1C compliance¹⁶ by 1% each year.

Iowa Medicaid Enterprise

Progress: The diabetic Medicaid member A1C compliance rate increased from 81.7% in 2012 to 82.7% in 2013, a 1.00% increase. For members in care management programs, the rate of A1C compliance increased from 86.7% in 2012 to 88.3% in 2013, a 1.6% increase. Members in care management programs continue to receive follow-up reminders on A1C completion and motivational interviewing techniques are also use in health coaching.

¹⁶ The A1C test measures the average blood glucose control for the past two months.

4-1.12 Improve outcomes for diabetic Medicaid members in Care Management programs by increasing low-density lipoprotein compliance by 1% each year.

Iowa Medicaid Enterprise

Progress: The diabetic Medicaid member low-density lipoprotein compliance rate continues to increase. The rate increased from 61.2% in 2012 to 63.8% in 2013, a 2.6% increase. For members enrolled in care management, the low-density lipoprotein compliance rate increased from 65.2% in 2012 to 68.0% in 2013, a 2.8% increase. In the care management program, an increase in compliance was achieved through member health coaching as well as sending testing reminders to members by mail and contacting them by phone.

4-1.13 Increase by 10% health literacy-based interventions for managing diabetes among target outpatient settings.*

Iowa Healthcare Collaborative

Some progress but behind schedule: Progress has been limited by the organizational changes to the lead organization for this objective, Health Literacy Iowa. Health Literacy Iowa is no longer a distinct programmatic entity with Iowa Health Systems/UnityPoint. Rather, the program has been transferred to the Iowa Healthcare Collaborative (IHC). Under this transition, Health Literacy Iowa is no longer a distinct program with its own funding and staff resources. IHC facilitates Health Literacy Iowa as a resource initiative with resources housed on the IHC website.

4-1.14 Inform the public through social marketing about the importance of blood pressure screening and medication adherence and the national Million Hearts Initiative.

Iowa Cardiovascular and Stroke Task Force

Progress: Since the last progress report, the funding mechanism from CDC has changed. The new grant has a slightly different emphasis from the previous grant. The new grant focuses on work with clinical health systems rather than with the general public. Although primary prevention isn't one of the activities, there is an emphasis on working with clinical health systems to increase diagnosis and treatment of individuals who may have high blood pressure (HBP) readings charted at visits but have not been diagnosed and started treatment. The task force has been working to identify all Iowa clinical health systems, and their administrators, clinic managers, care coordinators and quality improvement coordinators. The Million Hearts Initiative is being publicized through a provider e-bulletin, *Chronic Disease Connections*. Whenever possible, program staff attends events where providers are present to spread information about screening for HBP, care coordination, team care and appropriate use of electronic health records to promote population health with patients with chronic diseases and conditions. This would include work to have clinical health systems adopt specific treatment protocols with patients who have high blood pressure readings.

4-1.15 Institute a program for obese women at the Iowa Correctional Institution for Women to reduce the risk of cardiovascular disease.

Iowa Department of Corrections

No progress: The move to a new facility has required a temporary delay in starting the program with the goal of resuming it in the summer.

Neurological Disorders

Lead Organizations

4-1.16 Encourage Medicare beneficiaries to use their annual wellness visits to assess their cognitive function to create a personalized prevention plan.*

Alzheimer's Association

Progress: An assessment of cognitive functions is part of the annual wellness visit for Medicare beneficiaries. The following Iowa data from the Center for Medicare and Medicaid shows a substantial increase:

Use of Medicare Annual Wellness Visit in Iowa	
Year	Number of Seniors
2011	24,272
2012	32,519
2013*	35,825

* 2013 is for January-November

Source: Center for Medicare and Medicaid Services

4-1.17 Increase awareness about Alzheimer's disease and the importance of early detection through promoting the "Know the Ten Signs: Early Detection Matters" program.

Alzheimer's Association

Progress: The "Know the Ten Signs: Early Detection Matters" program was offered multiple times in 2013 reaching approximately 450 people. This education program is just one of many offered to community and professional audiences by the four Alzheimer's Association chapters in Iowa.

4-1.18 Improve the appropriateness of prescribing anti-psychotic medications in dementia and monitoring their helpful and adverse effects.

U of Iowa College of Public Health

Some progress but behind schedule: Antipsychotic use in nursing home residents who are not excluded from the Centers for Medicare and Medicaid Services (CMS) quality metric calculation has been reduced by over 10% in since 2012.

4-1.19 By 2015, offer a program for 700 people with disabilities who, with increased knowledge and resources, can live a healthier lifestyle.

Easter Seals of Iowa

Progress: We have produced a curriculum/toolkit for staff members who work with clients with disabilities. The document is a reference to several educational and resource materials on wide arrange of health topics. We have met with each department at Easter Seals to review the materials in the toolkit and added it to plans for reviewing clients' interest and participation in wellness-related activities.

Respiratory Conditions

Lead Organizations

4-1.20 Improve outcomes of asthmatic Medicaid members in Care Management programs by increasing controller medication compliance by 2% each year.

Iowa Medicaid Enterprise

Progress: The proportion of asthmatic Medicaid members receiving controller medications continues to increase. The rate increased from 75.9% to 78.1 % in 2013, a 2.2% increase. For members enrolled in care management and receiving controller medications, the rate increased from 76% to 78.4%, a 2.4% increase.

4-1.21 By 2013, train staff in 30 local health departments to identify environmental triggers in the homes, schools, and workplaces of patients with asthma.*

American Lung Association in Iowa Asthma Coalition

Completed: In 2013, 17 attended the American Lung Association in Iowa's Asthma Educator Course. Of those 17 participants, three of them to the National Asthma Education Certification Board (NAECB) exam to become an AE-C. An additional 75 healthcare professionals attended the Healthy Lung Expo event where asthma education was provided.

4-1.22 Increase the number of health care professionals referring tobacco users to tobacco cessation services by providing educational trainings and resources to clinics, physicians, and nurses.

American Lung Association in Iowa COPD Coalition

Progress: By January 2014, calls to the Quitline Iowa program for tobacco cessation doubled.

4-1.23 By 2014, develop an education tool, "Managing Your COPD: What you need to know," for patients and caregivers to manage and control COPD.

American Lung Association in Iowa COPD Coalition

Some progress, but behind schedule: During 2013, there was no education tool created. However, education to patients and health care professionals on managing COPD was completed. We will continue to use and promote already created education tools for COPD

4-1.24 Monitor asthma trends and determine focus areas for a strategic state plan with asthma surveillance data.

American Lung Association in Iowa Asthma Coalition

No progress: A strategic state plan with asthma surveillance data has not materialized. Barriers have included funding.

(This objective will be deleted from the revised Healthy Iowans.)

Other Plans Relating to Chronic Disease:

[Iowa Cancer Plan](#)

[Asthma in Iowa](#)

[American Lung Association in Iowa COPD Coalition 2010 – 2012 Strategic Plan](#)

[Iowa Comprehensive Heart Disease and Stroke Plan 2010-2014](#)

[2013 Alzheimer's Disease Facts and Figures](#)

[The Scope of COPD in Iowa](#)

*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

Environmental Health

What Critical Needs Are Included

- Air Quality
- Healthy Homes
- Lead Poisoning and Screening
- Water Quality

Measures of Progress

- 5-1 An increase in the number of lives saved from fires by smoke detectors.**
Target: 204 Lives Saved.
Revised Baseline: 186 Lives Saved (2011).
Most Recent Data: 217 Lives Saved (2012).
Data Source: [Reports to the State Fire Marshal](#).
- 5-2 A decrease in the number of children who are lead-poisoned before they are age 6.**
Target: 1,100.
Baseline: 1,405 (2010).
Most Recent Data: 1,089 (2012).
Data Source: [Current Annual Report of Iowa Notifiable and Other Diseases, IDPH Childhood Blood Lead Level Data](#).
- 5-3 An increase in the number of private drinking water wells tested for arsenic.**
Target: 150 wells tested per year.
Baseline: 473 wells tested from 2006 to 2008.
Data Source: [Arsenic in Iowa's Water Sources: Surveillance, Research, Education, and Policy](#).



What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Air Quality

Lead Organizations

- 5-1.1 By 2013, complete a plan for controlling fine particulate emissions to assure that the National Ambient Air Quality Standards for PM_{2.5}¹⁷ are met statewide.*

Iowa Department of Natural Resources

Completed: The state implementation plan for protecting the 24-hour fine particulate standards has been implemented in Iowa. The plan was submitted to the federal Environmental Protection Agency in July 2013.

Healthy Homes

Lead Organizations

- 5-1.2 Continue developing viable Iowa communities with decent housing and suitable living environment and expanding economic opportunities primarily for persons of low and moderate incomes.

Iowa Economic Development Authority

Progress: The Iowa Economic Development Authority continues to develop viable Iowa communities with decent housing, suitable living environment, and expanded economic opportunities primarily for persons of low and moderate incomes. Grants through a Community Block Grant program are available to communities that apply for funds.

- 5-1.3 By 2014, increase the number of smoke alarms installed in homes from 36,600 to 40,000 along with 100 detectors for those with hearing impairments.

Iowa Department of Public Safety

Progress: Smoke detectors were installed but it is unknown how many. Staff is not available to continue this program.
(This objective will be deleted from the revised *Healthy Iowans*.)

- 5-1.4 Increase an awareness of the importance of having a plan to escape from a fire.

Iowa Department of Public Safety

No progress: This objective cannot be measured.
(This objective will be deleted from the revised *Healthy Iowans*.)

¹⁷ PM_{2.5} refers to fine particles in the air. At 11 of the 17 fine particle air-monitoring sites in Iowa, air pollution levels are at or exceed 80% of the federal public health air pollution standards for fine particles.

5-1.5 Maintain the current number of homes with a lead-poisoned child where remediation is completed to the current number of 118 each year.

Healthy Homes and Lead Poisoning Prevention Advisory Committee

Progress: Funding has permitted remediation of 118 homes.

5-1.6 By 2014, take steps to implement the *Healthy Homes Strategic Plan*.

Healthy Homes and Lead Poisoning Prevention Advisory Committee

Some progress but behind schedule: The strategic plan was developed based on the contingency of future funding. CDC funding for this program was cut, and IDPH has retained a small amount of the activities included in the plan.

5-1.7 Engage the scientific community in developing a comprehensive understanding of the quality of radon data and develop a plan to communicate and address radon health risks.

Iowa Department of Public Health

Some progress but behind schedule: Insufficient funds prevent the development of a useable database.

Lead Poisoning and Screening

Lead Organizations

5-1.8 Continue the blood lead-testing rate of 98% for the 2004 birth cohort¹⁸ through the 2009 birth cohort.

Iowa Department of Public Health

Completed: Every year IDPH staff was able to check the progress that was made with the blood lead testing rate with the latest birth cohorts by evaluating the blood lead data that is collected at the local and state level. This information confirms that blood lead testing rate remains high, very close to 100%. This rate has been achieved as a result of the mandate requiring all children to have at least one lead test before school age.

5-1.9 Investigate and establish a database to assess potential environmental exposure to other metals, such as arsenic, cadmium, chromium and mercury beyond lead by analyzing all venous blood lead specimens submitted between 2012 and 2016 for these additional metals; compare the Iowa database with baseline data from CDC.

State Hygienic Laboratory at U of Iowa

No progress: A sustained biomonitoring program beyond lead has not been implemented or supported in the state. Support for the lead program has diminished.

¹⁸ A birth cohort is a group of children born during a given period of time; e.g., children born in 2004 are part of the 2004 birth cohort.

Water Quality

Lead Organizations

- 5-1.10 Reduce exposure to elevated nitrate levels in drinking water among an estimated 25,000 to 68,000 persons relying on private wells and for 1,387 persons who rely on public water systems through education and information dissemination.

Iowa Department of Natural Resources; Iowa Department of Public Health

Progress for private wells: Educational efforts continue to help inform private well users about the potential problems with nitrates and overall well water quality. The Iowa Department of Natural Resources (DNR) works directly with local county environmental health departments that use the Grants to Counties Well Program to provide no-cost water testing and water analysis interpretation – a service available for all private well users. DNR has also updated its private well web pages to include water quality specific items that help inform, educate, and provide additional resources to help well users determine the water quality in their water well. DNR has included consumer friendly private well links and documents from national organizations like the Environmental Protection Administration, the CDC, the Water Systems Council, and the National Groundwater Association. The website tools are provided in a self- help format with contact information on how to find answers to questions that are not part of the current guidance. The web resource is updated routinely to improve the quantity and quality of information available. Consumer information includes a booklet both online and in booklet form that well users can access through the web site, the local county offices, and a number of other state and local governmental offices.

Progress for public water supply systems: Of the 1,902 systems in Iowa, 7 systems serving 1,946 people exceeded the nitrate maximum contaminant level at least once in 2013 and provided educational information and notice to their consumers. Three other systems serving 315 people also exceeded and did not provide the information for various reasons.

- 5-1.11 Continue funding sanitary sewer system improvements, water system improvements, water and wastewater treatment facilities, storm water projects related to sanitary system improvements, and rural water connections.

Iowa Economic Development Authority

Progress: Through a state-run Community Development Block Grant program, the Iowa Economic Development Authority funds sanitary sewer system improvements, water system improvements, water and wastewater treatment facilities, storm water projects related to sanitary system improvements, and rural water connections in communities with 50,000 or less populations. Annual awards are given on a competitive basis.

5-1.12 Assess exposure to emerging contaminants such as pesticide degradates, perfluorinated compounds (e.g., fabric protectors), polychlorinated diphenyl ethers (e.g., flame-retardants) in surface and ground water by establishing a monitoring program and subsequent education and information dissemination to mitigate and minimize exposure.

State Hygienic Laboratory at U of Iowa

Some progress but behind schedule: Monitoring for pesticides and degradates of the chloroacetanilide herbicides has been included in ambient water monitoring the past two years fiscal years (07/01/12 – 05/31/14) in surface water. There has been some limited monitoring of some of the other contaminants in surface and ground water, but a sustained monitoring program has not been established.

5-1.13 Reduce exposure to arsenic to persons who rely on drinking water from private wells by establishing a monitoring program and subsequent education and information dissemination to mitigate and minimize exposure.

State Hygienic Laboratory at U of Iowa

Some progress, but behind schedule: Cerro Gordo County Health Department has established a program to address arsenic exposure, but a statewide program has not been developed.

Other Plans Relating to Environmental Health:

[Implementing the PM2.5 Ambient Air Quality Standard in the State of Iowa](#)

[Iowa Cancer Plan](#)

[Healthy Homes Strategic Plan](#)

*This strategy or objective will be updated in the revised *Healthy Iowans* to reflect current effort.

Healthy Living

What Critical Needs Are Included

- Healthy Growth and Development
- Nutrition and Food
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Vision and Hearing



Measures of Progress

- 6-1 An increase in the proportion of public high school students who graduate in 4 years or less.**
Target: 90%.
Baseline: 88.8% (2010).
Most Recent Data: 89.3% (2012).
Data Source: [Annual Condition of Education Report](#)

- 6-2 A reduction in the non-Hispanic African-American infant mortality rate.**
Target: 9 per 1,000 live births.
Baseline: 12 per 1,000 live births (2010).
Most Recent Data: 10 per 1,000 live births (2012).
Data Source: [Iowa Department of Public Health, Vital Statistics](#).

- 6-3 An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day.**
Target: 20%.
Baseline: 13.5% (2011).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 52.

- 6-4 An increase in the proportion of Iowa infant's breastfed at birth.**
Target: 80.0%.
Baseline: 74.5% (2011).
Data Source: [Iowa Breastfeeding Incidence](#), p. 3.
- 6-5 An increase in the proportion of adults who get the recommended levels of aerobic physical activity.**
Target: 53%.
Baseline: 48% (2011).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 49.
- 6-6 An increase in the proportion of low-income children, adolescents, and young adults aged 1 to 20 on Medicaid who receive any preventive dental service.**
Target: 45%.
Baseline: 40% (2010).
Most Recent Data: 40% (2012).
Data Source: [EPSDT Preventive Dental Services Report](#).
- 6-7 An increase in the number of pre-kindergarten children who receive a comprehensive eye vision screening.**
Target: 48,172.
Baseline: 32,272 (2010-2011).
Most Recent Data: 37,401 (2012-2013).
Data Source: [Iowa KidSight. A State-Wide Vision Screening Program for Infants and Children](#).
- 6-8 An increase in the proportion of births that are intended.**
Target: 75%.
Baseline: 66% (2010).
Most Recent Data: 68% (2012).
Data Source: [Iowa's Barriers to Prenatal Care Project](#), p. 15.

6-9 A reduction in the proportion of adults who are obese.

Target: 27%.

Baseline: 29% (2011).

Most Recent Data: 30% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 22.

6-10 Revised Measure: Reduce overweight/obesity in children ages 2 to 5 who are enrolled in the WIC program. Rationale for revised measure: Lack of data source for the original measure.

Original Measure: A stop in the rise in elementary school children considered overweight and obese.

Revised Target: 17%.

Revised Baseline: 22.2% (2010).

Most Recent Data: 19.3% (2013).

Data Source: Iowa Department of Public Health, IWIN, Iowa WIC Data System.

6-11 A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.¹⁹

Target: 39%.

Baseline: 41% (2011).

Data Source: [Iowa WIC Food Security Survey](#), p. 4.

6-12 A reduction in the rate of reported cases of chlamydial infection.

Target: 300 cases/100,000 population.

Baseline: 350 cases/100,000 population (2010).

Most Recent Data: 366 cases/100,000 population (2012).

Data Source: [Iowa STD Statistics, Iowa Reportable Sexually Transmitted Disease Data](#), p. 1.

¹⁹ Food security is defined as access by all people at all times to enough food for an active, healthy life. Low food security means that individuals may go hungry. Very low food security means that hunger is an even greater problem.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Healthy Growth and Development

Lead Organizations

6-1.1 Where possible, align the resources for smoking cessation, healthy eating, and exercise to reach the goal of Iowa as the healthiest state in the nation.

Healthiest State Initiative; Iowa Department of Public Health

Progress: The focus five nutrition, tobacco cessation, dental health, workplace wellbeing, and lifelong learning workgroups have finalized their strategies and incorporated existing resources into those plans. Deployment of those plans is on target for Spring/Summer of 2014. Iowa's Wellbeing Index score increased again in 2013 to 68.2 and Iowa is ranked in the top 10 for the second year in a row. Specifically, the number of Iowans not smoking improved by 2.5% and our consumption of produce (5+ servings at least 4 days per week) improved by 1.6%.

6-1.2 Increase the average daily attendance rate from 95.5% to 96% for children enrolled in kindergarten to eighth grade in public schools.*

Iowa Department of Education

Completed: Data from the State Report Card for No Child Left Behind (2013) show Iowa public school grade K-8 Average Daily Attendance Rates for 2011-12 are at 96.1%.

6-1.3 Continue funding for the green infrastructure and sustainable development in communities that are an integral part to the communities' overall environmental, physical, and social health.

Iowa Economic Development Authority

Progress: The Iowa Economic Development Authority has funding available as part of the state Community Block Grant program to continue funding green infrastructure and sustainable development in communities that are an integral part to the communities' overall environmental, physical, and social health. This funding can be combined with other project in our competitive programs or come in alone on a case-by-case basis.

6-1.4 Decrease the preterm birth rate in the African-American population by 2%.

Iowa Department of Public Health; Iowa Medicaid Enterprise; March of Dimes

Progress: The preterm birth rate in African American population has decreased by 1%. The 2012 birth data show the rate is 15.6%; this is 1% lower than the 2010 rate of 16.6%.

<p>6-1.5 Develop an understanding by all local boards of health of the importance of genomics²⁰ and family health history in planning the provision of local health services.*</p> <p>No progress: No human resources are available to commit to this activity.</p>	<p>Congenital and Inherited Disorders Advisory Committee</p>
<p>6-1.6 Distribute 1,000 copies of a health literacy series of books, "What to Do," along with training to targeted pediatric populations.</p> <p>Progress: Iowa Healthcare Collaborative (IHC) distributed 1,000+ copies of the "What to Do" booklets at annual IHC conferences, including the annual conference, medical home conference, and four hospital engagement network learning community conferences. Attendees included physicians and providers, nurses, health administrators, health/patient education staff and others. An update related to targeted Child Health Specialty Clinics pediatric population training is pending.</p>	<p>Iowa Healthcare Collaborative</p>
<p>6-1.7 Increase the number of children served by Reach Out and Read Iowa from 55,000 to 75,000, with a focus on children and families at highest risk for low literacy and low health literacy.</p> <p>No progress: The collaborative is unable to report any progress until there is an update from Reach Out and Read Iowa.</p>	<p>Iowa Healthcare Collaborative</p>
<p>6-1.8 Increase policy participation by the Maternal and Child Health Advisory Council through strategic plan development.*</p> <p>Completed: The Maternal and Child Health Advisory Council developed and implemented a strategic plan in September 2013.</p>	<p>Maternal and Child Health Advisory Committee</p>
<p>6-1.9 By 2013, increase by 5% the number of policies, practices, and incentives that promote healthy eating and physical activity.</p> <p>Completed: The number of policies, practices, and incentives promoting healthy eating and physical activity increased from the baseline of 25 in 2012 to 97 in 2013, a 388% increase. Examples include: Councils of Government community systems and environmental change (at least one per funded community), each Nutrition Environment Measures Survey - Vending (NEMS-V) mini-grant funded community, each Iowans Fit for Life mini-grant funded community (for NEMS-V, walkability, or screen time), the Baby Friendly Hospital Initiative mini-grant hospitals, and the Healthy Hospital Initiative locations. (This objective will be deleted from the revised <i>Healthy Iowans</i>.)</p>	<p>Iowans Fit for Life</p>

²⁰ Genomics is the study of all the genes of a cell or tissue at the DNA (genotype), mRNA (transcriptome) or protein (proteome) levels.

6-1.10 By 2013, increase the number of facilities/environments to promote healthy eating and physical activity by 5%.

Iowans Fit for Life

Completed: The facilities/environments that are promoting healthy eating and physical activity increased from a baseline of 45 in 2012 to 103 in 2013, a 128% increase. These figures cover programs funded through Iowans Fit for Life mini-grants and some Iowans Fit for Life projects in partnership with the Iowa Cancer Consortium. (This objective will be deleted from the revised *Healthy Iowans*.)

6-1.11 By 2013, increase statewide partnerships addressing nutrition, physical activity, and obesity by 5%.

Iowans Fit for Life

Completed: Based on an estimated number of partnerships in 2012, there was a 16-20% increase in statewide partnerships. Recent partnership additions include the Sodium Task Force, Community Transformation Grant (CTG) partnerships, and the American Heart Association's Obesity Coalition. (This objective will be deleted from the revised *Healthy Iowans*.)

6-1.12 By 2013, increase the number of community coalitions addressing nutrition, physical activity, and obesity by 5%.

Iowans Fit for Life

Completed: The number of local community coalitions increased from 31 to 42, a 35% increase. Coalitions include 10 newly funded Council of Government communities. (This objective will be deleted from the revised *Healthy Iowans*.)

6-1.13 Increase the breastfeeding knowledge of health care professionals by conducting breastfeeding training in at least three communities.

Iowa Breastfeeding Coalition

Progress: The objective was centered on training to increase breastfeeding awareness and knowledge. In 2012, 11 trainings occurred with 265 people being trained. In 2013, 2 trainings occurred with 23 people trained. Two trainings are planned for 2014. Participants indicated that the content was useful and would share it with others.

Nutrition and Food

Lead Organizations

6-1.14 By 2013, increase the student participation in the School Breakfast Program from 13.7 million to 17 million meals (20%).

Iowa Department of Education

Some progress but behind schedule: Meal claims are submitted by Iowa schools to determine school breakfast participation. The claims are required for reimbursement. There has been an 11% increase (13.7 million to 15.3 million) of school breakfasts served during the 2012-13 school year.

During the 2012-2013 School Year, the Iowa Department of Education partnered with the Midwest Dairy Council to hold an Iowa School Breakfast Challenge. The challenge encouraged schools to increase their breakfast participation by at least 20%. The schools with the highest increase were awarded cash prizes, provided by the Midwest Dairy Council. Following is the link where the results are posted: <https://www.educateiowa.gov/pk-12/nutrition-programs/school-breakfast-program/iowa-school-breakfast-challenge>.

Starting in January 2014, the Department of Education began working with the University of Iowa on a school meal breakfast campaign to help determine some of the barriers of breakfast participation at the high school level. Students will be part of the campaign development and promotion.

6-1.15 Improve access to locally grown fresh fruits and vegetables by increasing the redemption rate of WIC farmer's market checks from 52% to 55% for Women, Infants, and Children (WIC) participants.

Iowa Department of Agriculture and Land Stewardship; Iowa Department of Public Health

Progress: The redemption rate for 2013 was 54.3% which was excellent considering it was a bad growing year with a wet spring and a dry summer. This means markets had limited products and closed early.

6-1.16 Maintain the current redemption rate of checks used for buying food at farmers markets at 83% for eligible seniors.

Iowa Department of Agriculture and Land Stewardship; Iowa Department of Public Health

Some progress, but behind schedule: The rate of redemption last year increased to 81.85%, but is not yet at 83%

6-1.17 Improve access to locally grown fresh fruits and vegetables by increasing Food Assistance EBT²¹ purchases for food at farmers markets by 15% each year for those enrolled in the Food Assistance Program (baseline \$85,282 in 2011).

Iowa Department of Human Services; Iowa Department of Public Health

Some progress but behind schedule: Weather conditions including a wet spring followed by a summer drought presented a major deterrent to progress.

6-1.18 Continue providing fresh and minimally processed Iowa-grown food in school meals and snacks.

Iowa Department of Agriculture and Land Stewardship

Progress: IDALS continues to assist participating school districts in providing fresh and minimally processed Iowa-grown food in school meals and snacks.

6-1.19 Improve provision of and access to nutritious meals for older Iowans through the congregate and home-delivered meal program with an increase of 2% of the high nutrition-risk participants who will maintain or improve their nutrition-risk score.

Iowa Department on Aging

Progress: Program data for SFY2012-2103 showed a 1% increase for high nutrition-risk program participants. Since people in the nutrition program are older and less likely to have significant improvement in nutrition-risk score, preventing decline is of the utmost importance.

6-1.20 Increase congregate and home-delivered meal participation rate by 5%.*

Iowa Department on Aging

No progress: Program data from SFY2012 to SFY2013 show that participation in the nutrition program decreased by 4.6%. Several congregate meal sites have closed or reduced the number of days meals are served due to low participation. These reductions occur most often in rural communities where older adults have moved to areas in order to receive additional services or have died.

²¹ Food Assistance EBT purchases are purchases made through Food Assistance debit cards.

Oral Health

Lead Organizations

6-1.21 By 2020, launch a major fluoridation effort so that every child in Iowa through age 12 who lives in households with incomes below 300% of poverty level will be cavity-free.

Delta Dental of Iowa Foundation

Progress: A second grant was awarded to the Iowa Public Health Association (IPHA) to coordinate Iowans for Oral Health, a coalition focused on maintaining fluoridation as a public health benefit for Iowans. A community toolkit was developed to help educate community members on health benefits, safety, and cost savings of fluoridation. Iowans for Oral Health responded to threats of defluoridation throughout the state by mobilizing several groups that helped engage local community and health leaders and provided access to scientific-based resources. Work on this project continues.

6-1.22 Increase the proportion of Iowans who receive fluoridated water from water systems that meet the proposed national standard of 0.7 parts per million of water fluoridation from 91% to 94%.

Center for Rural Health and Primary Care
Advisory Committee

Some progress but behind schedule: There is a growing public resistance to water fluoridation in Iowa from a well-organized action group. Efforts in resisting decreasing both urban and rural water system fluoride are well underway, but opportunities to increase new systems have diminished.

6-1.23 Increase the number of counties with school-based oral health preventive services.

Center for Rural Health and Primary Care
Advisory Committee

Progress: Funding from a CDC grant and a partnership with Delta Dental of Iowa Foundation allowed IDPH to expand school-based dental sealant contracts and programs are now in an additional 33 counties.

6-1.24 Initiate a statewide oral health coalition with representation from various organizations to pool expertise and resources for more credibility and value regarding oral health issues that affect Iowans.

Iowa Department of Public Health

Progress: Progress has been made on this objective through the following: Oral Health Center (OHC) staff continues to coordinate the I-Smile coalition with various state and local stakeholders who focus on improving oral health for children. In efforts to determine the need for and structure of a broader Iowa oral health coalition, OHC staff has assessed the structure and functions of current state and local oral health coalitions and also coalitions in other states. In addition, OHC staff has focused this year on meeting with various partners (e.g. Delta Dental, Iowa Public Health Association, Iowa Primary Care Association, University of Iowa) to determine common oral health interests and goals.

Physical Activity

Lead Organizations

6-1.25 Increase by 2% Iowans' overall participation rate in more physically active, natural-resources-based outdoor recreation activities as listed in Iowa's Statewide Comprehensive Outdoor Recreation Plan.

Iowa Department of Natural Resources

Some progress but behind schedule: Meetings with the Iowa Parks Foundation have focused efforts on planning for developing regional park plans and systems of public land to increase the availability and access to outdoor recreational use. Efforts have been to identify and evaluate necessary components such as availability, access, and gap analysis.

6-1.26 Reduce by 5% the disparity in physical activity and obesity between persons with disabilities and those without disabilities.

Prevention of Disabilities Policy Council

Progress: This objective is tied to work done by programs at IDPH and the University of Iowa Center for Disabilities & Development related to a grant, "Improving the Health of People with Disabilities." During 2013, there were three communities that targeted an increase in physical activities among persons with disabilities as a goal within their work on the Community Transformation Grant. The communities have been promoting better access to sidewalks and trails for people with disabilities. Measurements of change in disparity may be available by 2014 or 2015.

6-1.27 Increase awareness of at least 5% to 10% among Iowans about the link between outdoor recreation and healthy lifestyles, based on benchmarks established in the 2011 Statewide Comprehensive Outdoor Recreation Plan (SCORP) survey.

Iowa Department of Natural Resources

Some progress but behind schedule: The public surveys for the DNR's Statewide Comprehensive Outdoor Recreation Plan (SCORP) and the Iowa Parks Foundation's Strategic Plan have been completed. The data in these surveys will serve as benchmarks used to assess progress on the objective over the next 4 years.

Reproductive and Sexual Health

Lead Organizations

6-1.28 By 2013, implement at least one school-based pilot screening project for adolescents in the highest gonorrhea morbidity areas of the state.*

Iowa Department of Public Health

Some progress, but behind schedule: No school-based screening project for adolescents in high schools has been piloted. Major setbacks have occurred because the school district with which we were working backed out of the project after several meetings. Some of the staff in upper administration became very nervous about the project and were concerned about negative backlash from the community. The district chose to abandon the project rather than risk backlash from the community. Since this time, we have reached out to another school district elsewhere in the state. The district has expressed interest but we are very early in the process. We hope to keep momentum going and have a pilot launched at the new site during the 2014-15 school year.

6-1.29 Reduce the rate of reported cases of gonorrhea from 60 cases per 100,000 to fewer than 45 cases per 100,000.

Iowa Department of Public Health

Progress: Preliminary surveillance data indicate that the rate of gonorrhea in Iowa dropped substantially in 2013. In 2012, the rate was over 60 per 100,000. Preliminary 2013 data indicate the rate is 48 per 100,000. Although we did not reach our goal of 45 per 100,000, we came very close and made great progress toward it.

6-1.30 By 2014, increase access to publicly funded family planning clinics.

Family Planning Council of Iowa

Progress: Access is defined as both physical facilities and the sustainability of the system through participation in the changing health environment. Ground has been lost in the area of physical facilities. Funding cuts at the national level have caused the closure of publicly funded family planning clinics across Iowa. There has been no state funding to make up for the lost federal revenue. Progress has been made in the participation of family planning clinics in the changing health care environment. All publicly funded family planning clinics are in the provider networks of the Affordable Care Act Qualified Health Plans.

6-1.31 Reduce the number of pregnancies conceived within 18 months of previous births from 33.6% to 31%.*

Family Planning Council of Iowa; Iowa Department of Public Health

Progress: An assumption of progress was made but data to determine actual change will not be available from vital records birth certificates until April or May 2014.

6-1.32 Reduce pregnancy rates among adolescent females ages 15 to 17 from 22 per 1,000 pregnancies to 18 per 1,000 pregnancies in 2013.*

Family Planning Council of Iowa; Iowa Department of Public Health

Progress: Pregnancy rate among adolescent females ages 15 to 17 between 2011 and 2013 dropped. In 2011, this rate was 15.5 per 1,000 pregnancies and, in 2013, it dropped to 14.4 per 1,000 pregnancies.

Vision and Hearing **Lead Organizations**

6-1.33 Promote and provide vision screening or assessments to children under 18 years old.

Iowa Optometric Association; Prevent Blindness Iowa; and Iowa KidSight

Progress: In 2012, Iowa KidSight conducted 2,179 vision-screening sessions, screening 37,073 children, with 2,583 requiring referral to an eye care professional. In 2013, Iowa KidSight conducted 2,415 vision-screening sessions, screening 39,442 children, with 2,839 requiring referral to an eye care professional. Prevent Blindness also has been promoting and providing screenings. The Iowa Optometric Association has continued to distribute student vision cards to pre-k and kindergarten children in the public and private schools to promote a comprehensive eye exam prior to entering school.

6-1.34 Reduce visual impairments and preventable blindness in school-aged and preschool children by 5%.

Iowa Academy of Ophthalmology; Prevent Blindness Iowa; Iowa Optometric Association

Some progress but behind schedule: A law was passed last session to require vision screening prior to entering kindergarten and again when entering third grade; however, rules have not yet been published so implementation has not occurred.

6-1.35 Reduce visual impairments and preventable blindness in adults by 5%.*

Iowa Academy of Ophthalmology; Prevent Blindness Iowa

Some progress but behind schedule: Questions related to vision are being added to the Behavioral Risk Factor Surveillance Survey in 2014.

6-1.36 Increase by 25% the number of infants who are screened for hearing loss a) no later than one month of age; b) diagnosed no later than 3 months of age; and c) enrolled in early intervention services no later than 6 months of age. Early Hearing Detection Advisory Committee

Some progress but behind schedule: The percentage of infants screened no later than 1 month of age declined from 98.4% in 2011 to 97.1% in 2012. During the same period, infants diagnosed no later than 3 months of age increased from 76.7% to 90.6%. This progress is due to a designated follow-up coordinator hired to follow up infants needing a hearing screen/assessment. The percentage of infants enrolled in early intervention no later than 6 months of age decreased from 50% in 2011 to 21% in 2012. This decrease in percentage may be due to the diagnostic provider not making timely referrals for reasons unknown, missing or underreported data, and the Early Hearing Detection Intervention program not having adequate staff to perform follow-up activities.

Other Plans Relating to Healthy Living:

[Iowans Fit for Life State Plan](#)

[Iowa State Plan on Aging FFY 2010 to 2013](#)

[Iowa Cancer Plan](#)

[Iowa Economic Development Authority Strategic Plan](#)

[Outdoor Recreation in Iowa: A Statewide Comprehensive Outdoor Recreation Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

*The strategy or objective will be updated in the revised *Healthy Iowans* to reflect current effort.

Injury and Violence

What Critical Needs Are Included

- Falls
- Interpersonal Violence
- Motor Vehicle Injuries and Death
- Occupational Health and Safety
- Poisoning



Measures of Progress

7-1 A decrease in the hospitalization rate related to falls for those who are ages 65 and over.

Target: 1,013/100,000 population.

Baseline: 1,125/100,000 population (Average annual rate, 2006-2010).

Data Source: [Falls in Iowa by County](#), p. 2

7-2 A reduction in deaths from work-related injuries.

Target: 5.4/100,000 FTE workers.

Baseline: 6.0/100,000 FTE workers (Annual Crude Fatality Rate, 2008).

Most Recent Data: 6.3/100,000 FTE workers (2011).

Data Source: [U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries](#)

7-3 An increase in seatbelt usage to reduce injuries and deaths from motor vehicle crashes

Target: 96%.

Baseline: 93% (2011).

Most Recent Data: 92% (2012).

Data Source: [Iowa Department of Public Safety, Governor's Traffic Safety Bureau, Iowa Seat Belt Use Survey](#), p. 7.

7-4 A 5% reduction in the rate of all intentional and unintentional fatal injuries.

Target: 49.5/100,000 population (age-adjusted rate).

Baseline: 52/100,000 population (age-adjusted rate, 2010).

Data Source: [National Center for Injury Prevention and Control, CDC. WISQARS Online Database.](#)

7-5 A 5% reduction in the percent of Iowa high school student youth who report forced sexual experience.

Target: 6%.

Baseline: 6.3% (2007).

Most Recent Data: 6.9% (2011).

Data Source: [CDC Youth Risk Behavior Surveillance System](#).

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Falls	Lead Organizations
<p>7-1.1 Decrease by 10% the death rate related to falls for those aged 55 and over.</p> <p>Some progress but behind schedule: In 2009, the death rate related to falls for those aged 55 and over was 51.4 per 100,000; in 2012, it was a 50.0 per 100,000.</p>	Advisory Council on Brain Injuries
<p>7-1.2 Promote the use of evidence-based fall prevention strategies to community health professionals and monitor data on fall injuries and deaths.</p> <p>Progress: The Iowa Fall Prevention Coalition has promoted the use of evidence-based fall prevention strategies to community health professionals by distributing the new CDC "STEADI" toolkit to healthcare professionals statewide. The toolkit includes materials for assessing fall risk, resources for patient education and referral and tools for clinic patient management. The coalition also sponsored a webinar for professionals in October 2013 to provide further information and resources. In August 2013, IDPH posted updated data on fall-related deaths, hospitalizations, ED visits and cost. The data was averaged between 2008 and 2012 and is available by county. It is posted at this link: http://www.idph.state.ia.us/FallPrevention/.</p>	Iowa Falls Prevention Coalition

Interpersonal Violence

Lead Organizations

7-1.3 Promote research on effective interventions to prevent interpersonal violence.

U of Iowa College of Public Health

Progress: IDPH and the University have identified several projects for collaboration, identified and circulated RFAs for projects, and have identified two MPH practicums to be housed in IDPH to address the issue.

7-1.4 Promote healthy relationships in prevention programming and use of social media.

Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group

Progress: Funds for sexual violence prevention activities in Iowa are received through federal and state sources. During 2013, IDPH and the Iowa Coalition Against Sexual Assault have directed community prevention programs to emphasize the promotion of healthy relationships in the development of local prevention strategies. This effort is in addition to reducing risk factors that contribute to this kind of interpersonal violence. There are more community programs using social media such as Facebook, Twitter and UTube to promote their prevention messaging. Over the coming year, stronger efforts to measure the use of these strategies will be developed.

7-1.5 Reduce the percent of Iowa youth who report being bullied in the past 30 days to 45%.

Iowa Department of Education

No progress: According to the Iowa Youth Survey, which is administered every other year to 6th, 8th, and 11th grade students across Iowa, the percent of students reporting being bullied has not decreased. In 2008, 56% of students reported being bullied. In 2010, 50% of students reported being bullied. Finally, in 2012, 57% of students reported being bullied. The survey will be administered again in the fall of 2014.

7-1.6 Advance policy and organizational change to reduce the consequences of interpersonal violence.*

Iowa Department of Public Health

Progress: Community contractors doing sexual violence prevention report that they are increasing their efforts to work with local schools and college campuses on bullying prevention and sexual assault response policies. Additionally, several are working to introduce climate change interventions in the same organizations. A bill to include teen dating violence as a category in the Iowa Criminal Code covering Domestic Assault will be proposed by domestic violence advocates during the 2014 legislative session.

Motor Vehicle Injuries and Death

Lead Organizations

7-1.7 Decrease the number of motor vehicle crashes causing injury and death.

Iowa Department of Public Safety

Progress: Iowa Department of Transportation statistics come from all crash reports completed by law enforcement. Fatalities in the calendar year 2013 were down to a record low of 318. The following figures are the fatality rates for the preceding 4 years:

2012 - 365

2011 - 360

2010 - 390

2009 - 371

Even though one life lost is unsuccessful, great strides have made in light of the fact that in past years, the fatality rate has been over 500.

7-1.8 Increase public awareness of high-risk driving behavior and the consequences of those choices.

Iowa Department of Transportation

Progress: The DOT is preparing to launch the Zero Fatalities campaign, an outreach to Iowans to bring awareness to the dangers and responsibilities of driving. The DOT has a consultant on-board to begin developing marketing elements, and it is anticipated they will be released in the fall of 2014.

7-1.9 Improve the statewide ATV-related crash and injury surveillance system for recreational and work-related crashes, injuries, and fatalities to meet the Centers for Disease Control and Prevention minimum surveillance system guidelines for injury prevention and occupational safety.

U of Iowa Department of Emergency
Medicine; Iowa Department of Public
Health

Some progress but behind schedule: Steps to improve the surveillance system include an updated trauma registry dictionary to prepare for an updated database; a common data elements list for all injury surveillance; and ATV and 4-wheel utility vehicle descriptive data in an updated state highway system crash report to allow better extraction of surveillance data.

7-1.10 Reduce alcohol-related fatalities through continued, strong enforcement and legislative initiatives that may include passage of stronger interlock²² system usage.

Iowa Department of Public Safety

Progress: All information comes from crash reports that are filled out by law enforcement. Iowa has been on a downward path from 252 alcohol-related fatalities in 1988 to 84 alcohol-related fatalities in 2012. The figures for 2013 are not available.

7-1.11 Provide endpoint data²³ on annual deaths resulting from motor vehicle crashes.

Office of the State Medical Examiner (Iowa Department of Public Health)

Progress: The Iowa Office of the State Medical Examiner is still receiving 2013 reports from Iowa counties involving motor vehicle crash-related fatalities that have been investigated by county medical examiners.

7-1.12 Form a statewide task force to improve Iowa's graduated driver's license legislation.*

U of Iowa College of Public Health

Completed: The University of Iowa Injury Prevention Research Center collaborated with the Center for Advocacy and Outreach at Blank Children's Hospital to establish a coalition of partners to advocate for an enhanced graduated driver's license (GDL) law in Iowa. The efforts included hosting a CDC-funded communications workshop to enhance the partners' abilities to articulate the need for an enhanced law when communicating with policy makers. The efforts resulted in an enhanced GDL system being passed by the 2013 Iowa Legislature and signed into law by Governor Branstad.

Occupational Health and Safety

Lead Organizations

7-1.13 Reduce the proportion of adults who have elevated blood lead levels as well as those that have other exposures by 5%.

Iowa Department of Public Health

No progress: A total of 3,163 Iowans 16 years of age or older were tested in 2013. Of these, 856 (27.0%) had a blood lead level of 10 micrograms per deciliter or higher, essentially the same percentage as in 2012 (27.2%) and an increase from 2010 (25.3%). Blood lead levels of 10 mcg/dL or higher are above the average US adult level of 1.2mcg/dL, and can increase risks for acute and chronic disease. Over 85% of adult lead exposures in Iowa occur in the workplace.

²² An interlock device measures the driver's blood alcohol content and disables the vehicle's ignition if the driver's breath contains alcohol.

²³ Data details about the causes and manners of fatal motor vehicle collisions.

7-1.14 Develop a comprehensive injury surveillance system targeting the agricultural industry.

Iowa Department of Public Health; U of Iowa College of Public Health

Some progress, but behind schedule: A decision was made to improve the ability to do agricultural injury surveillance by better utilizing existing data sets. In addition, partners would work with data owners to include data elements needed to capture injury data related to agricultural activities. IDPH Emergency Medical Services has worked with stakeholders to develop an updated data dictionary for the trauma registry, and the department developed a list of data elements needed for injury surveillance.

7-1.15 Pursue inclusion of behavioral health conditions that have been diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders' Criteria as part of a comprehensive injury surveillance system targeting the agricultural industry.

Iowa Department of Public Health

No progress: The Center for Rural Health and Primary Care Advisory Committee listed this as an objective for Iowa but the committee itself does not work towards completing this objective. The role of the Advisory Committee is to advise the department on what rural health issues need addressed.

7-1.16 Decrease by 25% overall fatal and nonfatal injuries in the farm population.

Center for Agricultural Safety and Health; Iowa Department of Public Health

No progress: The Center for Rural Health and Primary Care Advisory Committee listed this as an objective for Iowa but the committee itself does not work towards completing this objective. The role of the Advisory Committee is to advise the department on what rural health issues need addressed.

7-1.17 Decrease by 50% occupational-related fatal injuries in farm youth.

Center for Agricultural Safety and Health; Iowa Department of Public Health

No progress: The Center for Rural Health and Primary Care Advisory Committee listed this as an objective for Iowa but the committee itself does not work towards completing this objective. The role of the Advisory Committee is to advise the department on what rural health issues need addressed.

7-1.18 Increase awareness about farm safety and health among children and youth through presentations and media contacts.

Farm Safety For Just Kids

Some progress but behind schedule: The Farm Safety For Just Kids chapters (9) and outreach coordinators (1) have decreased in number although the number of Iowa farm safety and health events have stayed somewhat consistent: 34 events reaching 5,400 people, utilizing 418 volunteers, and amassing 1,639 volunteer hours.

7-1.19 Reduce deaths from work-related injuries in Iowa by 10%.

Iowa Department of Public Health

Progress: The Iowa Fatality Assessment and Control Evaluation (FACE) program identified 80 work-related traumatic fatalities in the state for 2012 which was below the ten-year average of 82.5 cases (2002-2011) and a decrease of 9 cases from 2011. Preliminary data for 2013 identified 59 Iowa work-related traumatic fatalities in the State of Iowa, which is the lowest case count since 2001 (60 cases), although the final number may be slightly higher. It is unknown at this time which actions taken by various stakeholders impacted this decrease.

7-1.20 Increase prevention of injuries, illnesses, and fatalities including behavioral health compromises among the agricultural and rural population.

Center for Rural Health and Primary Care
Advisory Committee

No progress: The Center for Rural Health and Primary Care Advisory Committee listed this as an objective for Iowa but the committee itself does not work towards completing this objective. The role of the advisory committee is to advise the department on what rural health issues need to be addressed.

Poisoning

Lead Organizations

7-1.21 Increase the infrastructure for poisoning surveillance in Iowa.

U of Iowa College of Public Health

Progress: The University Injury Prevention Research Center will support a project that begins in August 2014 that will work within existing infrastructures to assess the feasibility of enhancing the poison surveillance systems. This project will involve IDPH and the Iowa Poison Control Center.

7-1.22 Develop a data system that adequately identifies the causes for the annual increase in unintentional poisoning deaths.

Iowa Statewide Poison Control Center

Progress: Staff at the Poison Control Center has been working with the Iowa Department of Public Health Bureau of Vital Records to establish a system. Complete data are not available from the Centers for Disease Control and Prevention. Because the case counts of poisoning deaths were so low, the only useful data could be obtained for about four of the largest counties in Iowa.

Other Plans Relating to Injury and Violence:

[Section V of the Iowa Rural and Agricultural Safety Resource Plan](#)

[Iowa Comprehensive Highway Safety Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

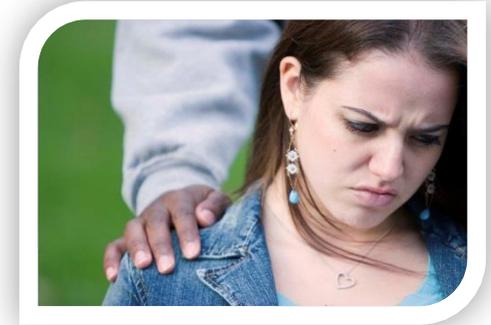
[Iowa Plan for Sexual Violence Prevention 2009-2017](#)

*The objective or strategy will be updated in the revised *Healthy Iowans* to reflect current effort.

Mental Health and Mental Disorders

What Critical Needs Are Included

- Co-occurring Disorders
- Mental and Emotional Well-being
- Mental Illnesses
- Suicide



Measures of Progress

- 8-1 A reduction in the percent of 11th graders who seriously consider attempting suicide.**
Target: 13%.
Baseline: 14% (2010).
Most Recent Data: 15% (2012).
Data Source: [Iowa Youth Survey](#), p. 39.

- 8-2 An increase in the proportion of children screened for being at risk for developmental, behavioral, and social delays using a parent-reported, standardized screening tool.**
Target: 23%.
Baseline: 19% (2007).
Most Recent Data: 34% (2011-2012).
Data Source: [Indicator 4.16, National Survey on Children's Health](#).

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Co-occurring Disorders

Lead Organizations

- 8-1.1 Align the Iowa Department of Public Health's addictions service system transition with the Iowa Department of Human Services' Mental Health and Disability Services System Redesign.²⁴

Iowa Department of Public Health and Iowa Department of Human Services

Progress: IDPH is updating licensure standards for substance abuse use disorder programs.

Mental and Emotional Well-being

Lead Organizations

- 8-1.2 Develop an infrastructure that includes the following: a) establishment of a state professional association; b) a public awareness campaign; and c) implementation of evidence-based programs and practices to improve the social, emotional, and behavioral health of young children and their families in Iowa.

Early Childhood Iowa; Project Launch; 1st Five Healthy Mental Development Initiative

Progress: The Iowa Association for Infant and Early Childhood Mental Health has been established and has a membership of nearly 60 professionals from around the state. A board of directors is in place, along with a committee structure, an organizational mission statement, a dues structure and a website under development. In addition, the group has developed and printed documents designed to raise public awareness of the importance of infant and early childhood mental health. We continue to implement evidence-based programs and practices through Iowa's Project LAUNCH initiative, and diligently monitor for additional funds to sustain our work beyond the grant funding.

²⁴ In 2011, the Iowa State Legislature passed legislation requiring a regional administrative system to deliver a set of services to replace the current system by the summer of 2013.

8-1.3 By 2013, use lessons learned from the 1st Five Healthy Mental Development Initiative to make recommendations to Early Childhood Iowa, Project Launch, and the Medical Home/Prevention and Chronic Care Management Advisory Council, for supporting a statewide partnership system of care between medical providers and community-based agencies around mental and behavioral services for children ages birth to 5.*

Iowa Department of Public Health; Iowa Department of Human Services; Child Health Specialty Clinics; Early Childhood Iowa

Progress: A state appropriation of \$1.3 million for the 1st Five Healthy Mental Development Initiative has meant increased sharing of information, lessons learned, and program evaluation with Early Childhood Iowa and Project Launch. Regular meetings are taking place with staff from the Medical Home/Prevention and Chronic Care Management Advisory Council on community utility and how 1st Five can inform that model. A contract with Child Health Specialty Clinics enhances the scope of the 1st Five service delivery model by developing the capacity of medical providers and public health professionals to integrate recommended early identification guidelines and referral processes that lead to follow-up care. 1st Five is in two phases (community planning and implementation) throughout 49 counties. The most prevalent barrier to the initiative includes lack of funding for full statewide implementation.

Mental Illnesses

Lead Organizations

8-1.4 By 2013, redesign the state's mental health service system to be administered in 5 to 15 regional groups of counties.*

Iowa Department of Human Services

Progress: Counties have formed 14 Mental Health and Disability Services (MHDS) regions ranging from 3 to 22 counties. Polk County received a waiver to allow it to operate as one county as opposed to a multiple-county region. All regions are working on their 28E governance agreements with most submitting to the Department of Human Services for approval. By April 1, 2014, the regions will be submitting their regional management plans outlining the region's service delivery system. The MHDS regions are to be fully operational by July 1, 2014.

8-1.5 Reduce jail bed usage by those who suffer from mental illness by 25%.

Iowa Department of Corrections

Progress: A comprehensive jail diversion program-mental health courts study completed by the Iowa Division of Criminal and Juvenile Justice Planning (CJJP) in December 2012 contained recommendations regarding research, statewide collaboration and partnerships, prevention, criminal justice diversion, mental health court considerations, funding, and responsibilities. The Iowa Department of Corrections has recently convened a statewide offender reentry task force supported by funds from the U.S. Bureau of Justice Assistance and will use this group in part to continue discussions regarding interagency collaboration and planning with regard to mentally ill offenders and their reentry into Iowa's communities.

8-1.6 Decrease by 30% the number of problem gamblers committing illegal acts to finance their gambling during the past 30 days of admission to discharge.

Iowa Department of Public Health

Progress: In the Iowa Gambling Treatment Outcomes 2013 Report, 22% of clients admitted to Problem Gambling Treatment reported committing illegal acts to get money to gamble within 30 days prior to admission. Of those discharged (74) during the reporting period, 0% committed illegal acts for money to gamble within the 30 days prior to discharge.

Suicide

Lead Organizations

8-1.7 Reduce the number of suicides in the Iowa Army National Guard from the 4-year total number of 9 suicides by implementing a comprehensive resilience, risk reduction, and suicide prevention plan.

Iowa Army National Guard

Progress: Based on an analysis of suicide completions in 4 year intervals for the periods of 2007-2010, 2008-2011, 2009-2012 and 2010-2013, suicide completions are below the 4-year total number of 9 suicides. The plan is to continue this progress.

Other Plans Relating to Mental Health and Mental Disorders:

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa Strategic Plan: Strategic Prevention Framework State Incentive Grant](#)

*The objective or strategy will be updated in the revised *Healthy Iowans* to reflect current effort.

Preparedness and Response

What Critical Needs Are Included

Human Resource Capacity
Planning
Technical and Communication Capacity



Measures of Progress

9-1 An increase in the number of public health emergency volunteers.

Target: 1,515 volunteers.
Baseline: 1,210 volunteers (2011).
Most Recent Data: 1,715 volunteers (2014).
Data Source: <https://www.iaserv.org/>.

9-2 At least one general shelter that is fully accessible to persons with disabilities in 25% of the counties.

Target: 25 counties.
Baseline: 0 (2011).
Most Recent Data: 12 (2013).
Data Source: Iowa Department of Public Health Disability and Health Program Assessment Data.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Human Resource Capacity

Lead Organizations

- 9-1.1 Increase by 25% membership (from 40 to 50 members) in the Iowa Mortuary Operations Response Team for sustaining mass fatality operations.

Office of the State Medical Examiner
(Iowa Department of Public Health)

Progress: The Iowa Mortuary Operations Response Team (IMORT) continues to develop slowly. Over the past year, IMORT has lost some participants (volunteers) and recruiting continues. Currently, there are 54 members, some not yet registered under I-SERV. Registration under I-SERV is required to be an official member of IMORT. Work will continue to register these individuals.

- 9-1.2 Increase by 25% the number of volunteers registered on the Iowa Statewide Emergency Registry for Volunteers for supporting a response to a public health emergency.

Iowa Department of Public Health

Progress: Measurement is completed by assessing the I-SERV data base.

Planning

Lead Organizations

- 9-1.3 By 2013, increase the state's emergency and preparedness response capacity through a 50% increase in the number of individuals who have completed "Volunteer Management" on the Prepare Iowa Learning Management System.

U of Iowa College of Public Health

Completed: Course completion data indicated that the number of individuals completing the training nearly tripled; in 2012 the number of completions was 72 and in 2013, the number increased to 144. *(This objective will be deleted from the revised Healthy Iowans.)*

- 9-1.4 By 2014, assist county preparedness committees in identifying the tools, individuals, and resources needed to assess and develop a plan to make at least one general shelter in 25 counties fully accessible to persons with disabilities.

Center for Disabilities and Development, U
of Iowa Hospitals and Clinics; Iowa
Department of Public Health.

Progress: One general shelter in 12 counties is fully accessible to persons with disabilities.

9-1.5 Provide evidence that all 99 county public health agencies have joined or formed health care coalitions with appropriate local partners to provide a comprehensive, sustained response to public health emergencies.

Iowa Department of Public Health

Progress: Counties are engaging in coalition building and coordination with intra-county and, in some cases, multi-county partnerships related to preparedness.

Technical and Communication Capacity

Lead Organizations

9-1.6 Demonstrate the ability of county public health agencies to rapidly communicate public health emergency notifications to the public, stakeholders, and emergency responders.

Iowa Department of Public Health

Completed: A full-scale exercise that was completed in February 2014 demonstrated the ability of nine counties to complete this measure.

9-1.7 By 2013, increase the state's ability to communicate appropriately with special populations in the event of a public health emergency through a 50% increase in the number of individuals who have completed "Risk Communication for Special Populations" on the Prepare Iowa Learning Management System.

U of Iowa College of Public Health

Completed: Course completion data indicated that in 2012, 72 individuals finished the risk communication course, and in 2013, the number increased to 144 individuals finishing the course.

(This objective will be deleted from the revised Healthy Iowans.)

Other Plans Relating to Preparedness and Response:

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa Strategy for Homeland Security and Emergency Management 2009-2014](#)

Appendix A. Thirty-nine Critical Health Needs

Access to Quality Health Services and Support

- Affordability
- Insurance
- Availability and Quality of the Health Care Workforce
- Health Care Quality
- Transportation

Acute Disease

- Immunization and Infectious Disease
- Outbreak Management and Surge Capacity

Addictive Behaviors

- Alcohol and Binge Drinking
- Drugs
- Tobacco

Chronic Disease

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Infectious Diseases: HIV and Viral Hepatitis
- Diabetes
- Heart Disease and Stroke
- Neurological Disorders
- Respiratory Conditions

Environmental Health

- Air Quality
- Healthy Homes

- Lead Poisoning and Screening
- Water Quality

Healthy Living

- Healthy Growth and Development
- Nutrition and Food
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Vision and Hearing

Injury and Violence

- Falls
- Interpersonal Violence
- Motor Vehicle Injuries and Death
- Occupational Health and Safety
- Poisoning

Mental Health and Mental Disorders

- Co-occurring Disorders
- Mental and Emotional Well-being
- Mental Illnesses
- Suicide

Preparedness and Response

- Human Resource Capacity
- Planning
- Technical and Communication Capacity